For	rm 5500-SF	Short Form Annu		oyee	OMB Nos. 1210-0110 1210-0089	
	rtment of the Treasury mal Revenue Service	This form is required to be file		d 4065 of the Employee Re		2016
Employee B	epartment of Labor enefits Security Administration	Income Security Act of 1974	(ERISA), and sections (Revenue Code (the Co		Internal	This Form is Open to Public Inspection
	enefit Guaranty Corporation	Complete all entries in		structions to the Form 55	500-SF.	
Part I	Annual Report Ic ar plan year 2016 or fisc	dentification Information al plan year beginning 01/01/2	2016	and anding 12	2/31/2016	
		a single-employer plan		and ending 12 plan (not multiemployer) (I		ing this box must attach a
A This ref	turn/report is for:	a one-participant plan		employer information in ac		•
B This retu	urn/report is	the first return/report an amended return/report	the final return/repo	rt turn/report (less than 12 mo	onths)	
C Check	box if filing under:	X Form 5558	automatic extensio		DFVC p	rogram
		special extension (enter desc	. ,			
Part II	Basic Plan Infor	mation—enter all requested in	formation		_	-
1a Name DEFIANCE I	of plan BOATS, LLC 401(K) PLA	AN & TRUST			(PN)	number 001
					1C Effect	tive date of plan 07/01/2012
Mailing	g address (include room,	er, if for a single-employer plan) , apt., suite no. and street, or P.C country, and ZIP or foreign post		netructions)	2b Empl (EIN)	oyer Identification Number 61-1592218
DEFIANCE E					2c Spor	sor's telephone number 360-813-3600
7510 BREE I BREMERTO	DRIVE N, WA 98312				2d Busir	ess code (see instructions) 339900
3a Plan a	dministrator's name and	l address 🛛 Same as Plan Spor	nsor.		3b Admi	nistrator's EIN
					3c Admi	nistrator's telephone number
4 If the r	name and/or FIN of the r	plan sponsor has changed since	the last return/report file	d for this plan, enter the	4b EIN	
name		ber from the last return/report.			4c PN	
		t the beginning of the plan year			5a	45
_		t the end of the plan year			5b	43
C Numb	er of participants with ac	ccount balances as of the end of	the plan year (only defir	ed contribution plans	5c	24
	,	cipants at the beginning of the pl			5d(1)	38
• •		icipants at the end of the plan ye	-		5d(2)	33
e Numb	per of participants that te	erminated employment during the	e plan year with accrued	benefits that were less	5e	5
Caution: A	A penalty for the late or	r incomplete filing of this return	n/report will be assess	ed unless reasonable cau		
SB or Sche		er penalties set forth in the instruct signed by an enrolled actuary, a ete.				
SIGN	Filed with authorized/va	alid electronic signature.	10/11/2017	STANLEY PALMER		
HERE	Signature of plan ad	Signature of plan administrator Date Enter		Enter name of individu	ual signing a	as plan administrator
SIGN						
HERE	Signature of employe	er/plan sponsor	Date	Enter name of individu	ual signing a	as employer or plan sponsor
Preparer's	name (including firm nar	me, if applicable) and address (ir	nclude room or suite nur	nber)	Preparer's	telephone number
L		see the Instructions for Form 550				Form 5500-SE (2016)

6a	Were all of the plan's assets during the plan year invested in eligib	le assets?	(See instructions.)	Yes No
b	Are you claiming a waiver of the annual examination and report of a under 29 CFR 2520.104-46? (See instructions on waiver eligibility a	and condit	tions.)	Yes No
	If you answered "No" to either line 6a or line 6b, the plan cann			
С	If the plan is a defined benefit plan, is it covered under the PBGC in	nsurance p	program (see ERISA section 4021)? Yes No Not determined
Pa	rt III Financial Information			
7	Plan Assets and Liabilities		(a) Beginning of Year	(b) End of Year
а	Total plan assets	7a	64739	83064
b	Total plan liabilities	7b		
С	Net plan assets (subtract line 7b from line 7a)	7c	64739	83064
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount	(b) Total
а	Contributions received or receivable from:	a (1)	8674	
	(1) Employers	8a(1)		
	(2) Participants	8a(2)	17556	
	(3) Others (including rollovers)	8a(3)		
b	Other income (loss)	8b	3377	
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c		29607
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	10065	
е	Certain deemed and/or corrective distributions (see instructions).	8e		
f	Administrative service providers (salaries, fees, commissions)	8f	1217	
g	Other expenses	8g		
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h		11282
i	Net income (loss) (subtract line 8h from line 8c)	8i		18325
j	Transfers to (from) the plan (see instructions)	8j		

Part IV Plan Characteristics

9a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 2E 2F 2G 2J 3D 3H

b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:

Part V Compliance Questions

10	During the plan year:		Yes	No	N/A	Amount
а	Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)	10a		x		
b	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	10b		Х		
C	Was the plan covered by a fidelity bond?	10c		Х		
d	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	10d		Х		
е	Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service, or other organization that provides some or all of the benefits under the plan? (See instructions.).	10e		х		
f	Has the plan failed to provide any benefit when due under the plan?	10f		Х		
g	Did the plan have any participant loans? (If "Yes," enter amount as of year-end.)	10g		Х		
h	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	10h		Х		
i	If 10h was answered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3	10i				

Part	VI	Pension Funding Compliance						
11		is a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and co m 5500) and line 11a below)						Yes 🗙 No
11a	Ente	er the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40			11a			
12		his a defined contribution plan subject to the minimum funding requirements of section 412 of the Co						Yes 🗙 No
		SA? Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)						
а	,	valver of the minimum funding standard for a prior year is being amortized in this plan year, see instr	uctior	ns, and	d enter t	he date	of the lett	er ruling
	gran	ting the waiver	onth_		_ Day		_ Year	
lf	you c	ompleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 1	3.					
b	Enter	the minimum required contribution for this plan year			12b			
С	Enter	the amount contributed by the employer to the plan for this plan year			12c			
d		tract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the le ative amount)			12d			
е	Will	the minimum funding amount reported on line 12d be met by the funding deadline?				Yes	No	N/A
Part	VII	Plan Terminations and Transfers of Assets						
13a	Has	a resolution to terminate the plan been adopted in any plan year?				Yes	s XI	No
		es," enter the amount of any plan assets that reverted to the employer this year			13a			
b	Wer	e all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brough rol of the PBGC?	nt und	er the			Yes	X No
c	lf, d	uring this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the assets or liabilities were transferred. (See instructions.)			to			
1		Name of plan(s):		13c(2)	EIN(s)		13c(3) PN(s)
Part	VIII	Trust Information						
14a	Name	e of trust			14b ⊺	Frust's E	IN	
14c	Name	e of trustee or custodian					s or custo ne number	
Par	t IX	IRS Compliance Questions						
15a	Is the	plan a 401(k) plan? If "No," skip b		Yes		[No	
		did the plan satisfy the nondiscrimination requirements for employee deferrals under section)(3) for the plan year? Check all that apply:		Desig safe h	n-basec arbor	ł	"Prior y test	ear" ADP
				"Curre ADP t	ent year est	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	N/A	
16a		t testing method was used to satisfy the coverage requirements under section 410(b) for the plan ? Check all that apply:		Ratio perce test	entage		verage enefit test	□ N/A
16b		he plan satisfy the coverage and nondiscrimination requirements of sections 410(b) and 401(a)(4) e plan year by combining this plan with any other plan under the permissive aggregation rules?		Yes			No	
	the le		-			-		
	letter		ter the	e date	of the m	nost rece	ent determ	ination
18	Were	ed Benefit Plan or Money Purchase Pension Plan Only: any distributions made during the plan year to an employee who attained age 62 and had not separce?		from	Ye	s	No	
19	Was	any plan participant a 5% owner who had attained at least age 70 ½ during the prior plan year?			Ye	s	No	

Form 5500-SF	Short Form Annua	l Return/Report of Benefit Plan	Small Employee		OMB Nos. 1210-0110 1210-008
Department of the Treasury Internal Revenue Service	This form is required to b	e filed under sections 104 and	d 4065 of the Employee		016
Department of Labor ployee Benefits Security Administration	Retirement Income Security	Act of 1974 (ERISA), and sec Internal Revenue Code (the C	tion 6057(b) and 6058(a) of ode).	Ins	s Open to Public spection
Pension Benefit Guaranty Corporation	Complete all entries in a	accordance with the instruct	ions to the Form 5500-SF.		
art I Annual Report	Identification Information	n01/01/2016	and ending 1	12/31/2016	
calendar plan year 2016 or fis			in (not multiemployer) (Filer		x must attach
This return/report is for: This return/report is:	x a single-employer plan a one-participant plan the first return/report an amended return/report	a list of participating en a foreign plan the final return/report	n/report (less than 12 months	dance with the for	m instructions.)
Check box if filing under:	x Form 5558	automatic extension		DFVC progra	m
	special extension (enter des	scription)			
Denis Diaminf	ormation enter all requeste				
Name of plan			11	D Three-digit plan number	001
Defiance Boats, LL	C 401(k) Plan & Trust		10	(PN) ► C Effective date of 07/01/2012	of plan
Plan sponsor's name (emp	loyer, if for a single-employer pla		21	b Employer Ident (EIN) 61-15	ification Number
Mailing Address (Include ro City or town, state or provin Defiance Boats, LI	noom, apt., suite no. and street, or nee, country, and ZIP or foreign p	ostal code (if foreign, see insti	ructions) 20	C Sponsor's telep (360) 813-	hone number
Derlance Boats, In			2	d Business code	(see instructions)
7510 Bree Drive				339900	
US Bremerton WA 98312 Plan administrator's name	and address X Same as Plan	Sponsor	3	b Administrator's	EIN
If the name and/or EIN of	the plan sponsor has changed sin umber from the last return/report	nce the last return/report filed t	for this plan, enter the	b EIN	
a Sponsor's name			4	C PN	
a Total number of participan	ts at the beginning of the plan ye	ar		5a	45
Total number of participar	ts at the end of the plan year			5b	43
Number of participants wit	h account balances as of the end	of the plan year (only defined	contribution plans	5c	24
complete this item)	participants at the beginning of the			5d(1)	38
				5d(2)	33
Number of participants the	participants at the end of the plan at terminated employment during	the plan year with accrued be	nefits that were	5e	5
less than 100% vested				e is established	
The second se	te or incomplete filing of this r d other penalties set forth in the in d and signed by an enrolled actu omplete.	atructions I declare that I have	e examined this return/repo	rt. including, if app	olicable, a Schedu my knowledge an
SIGN STR	alma	10-11-17	STANLEY 1	alner	
HERE Signature of plan a	dministrator	Date	Enter name of individual s	4	ministrator
Atur A	Almer	10-11-17	STAN 1EY	alner	
HERE Signature of employ	ver/plan sponsor	Date	Enter name of individual s		
Preparer's name (including fin Skip this question	m name, if applicable) and addre	ess (include room or suite num	ber) P	Preparer's telephor Skip this ques	ne number stion
		for Form FFOO SE			Form 5500-SF (

If you answered "No" to either line 6a or line 6b, the plan cann If the plan is a defined benefit plan, is it covered under the PBGC i	an independe and conditior ot use Form	ee instructions.) ent qualified public account ns.) 5500-SF and must instea ogram (see ERISA section 4	ant (I ad us	QPA) se Form	5500		XYes No XYes No No Not determine
art III Financial Information	- Constanting of the local division of the		_			(1-) E	ad of Voor
Plan Assets and Liabilities	Same Day	(a) Beginning of Y		-		(D) E	nd of Year
Total plan assets	. 7a	64	,739	-			83,064
Total plan liabilities	7b				- inter		
Net plan assets (subtract line 7b from line 7a)	7c		,739	9		,	83,064
Income, Expenses, and Transfers for this Plan Year		(a) Amount		A REAL			b) Total
Contributions received or receivable from:	8a(1)	8	,674	4			
(1) Employers		17	,55	6			and maintain the
(2) Participants							
(3) Others (including rollovers) Other income (loss)		3	,37	7			
Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)							29,607
Benefits paid (including direct rollovers and insurance premiums				-			
to provide benefits)	8d	10	,06	5	Standing .		
Certain deemed and/or corrective distributions (see instructions)	8e			_			
Administrative service providers (salaries, fees, commissions) .	8f	1	,21	7			
Other expenses	8g		00.404	Rices 4			11,282
Total expenses (add lines 8d, 8e, 8f, and 8g)	8h				-		18,325
Net income (loss) (subtract line 8h from line 8c)	8i		100				10,525
Transfers to (from) the plan (see instructions)	8j						
Part IV Plan Characteristics If the plan provides pension benefits, enter the applicable pension 2E 2F 2G 2J 3D 3H			-				
 a If the plan provides pension benefits, enter the applicable pension 2E 2F 2G 2J 3D 3H b If the plan provides welfare benefits, enter the applicable welfare 			-				
 If the plan provides pension benefits, enter the applicable pension 2E 2F 2G 2J 3D 3H If the plan provides welfare benefits, enter the applicable welfare Part V Compliance Questions 			racte	ristic Co	odes in	n the inst	tructions:
 If the plan provides pension benefits, enter the applicable pension 2E 2F 2G 2J 3D 3H If the plan provides welfare benefits, enter the applicable welfare Part V Compliance Questions During the plan year: 	feature code	es from the List of Plan Cha	racte		odes in		
 If the plan provides pension benefits, enter the applicable pension 2E 2F 2G 2J 3D 3H If the plan provides welfare benefits, enter the applicable welfare Part V Compliance Questions During the plan year: Was there a failure to transmit to the plan any participant contr 	feature code	es from the List of Plan Cha	racte	ristic Co	odes in	n the inst	tructions:
 a If the plan provides pension benefits, enter the applicable pension 2E 2F 2G 2J 3D 3H b If the plan provides welfare benefits, enter the applicable welfare c Compliance Questions c During the plan year: a Was there a failure to transmit to the plan any participant contraction described in 29 CFR 2510.3-102? (See instructions and DOL's) 	feature code ibutions with Voluntary Fi	in the time period iduciary Correction	racte	Yes N	odes in	n the inst	tructions:
 a If the plan provides pension benefits, enter the applicable pension 2E 2F 2G 2J 3D 3H b If the plan provides welfare benefits, enter the applicable welfare c Compliance Questions c During the plan year: a Was there a failure to transmit to the plan any participant contribution described in 29 CFR 2510.3-102? (See instructions and DOL's Program) b Were there any ponexempt transactions with any party-in-inter 	feature code ibutions with Voluntary Fi	in the time period iduciary Correction include transactions	racte	Yes N	odes in o l	n the inst	tructions:
 a If the plan provides pension benefits, enter the applicable pension 2E 2F 2G 2J 3D 3H b If the plan provides welfare benefits, enter the applicable welfare c Orrest V Compliance Questions c During the plan year: a Was there a failure to transmit to the plan any participant contradescribed in 29 CFR 2510.3-102? (See instructions and DOL's Program) b Were there any nonexempt transactions with any party-in-interreported on line 10a.) 	feature code ibutions withi Voluntary Fi est? (Do not	in the time period iduciary Correction include transactions	10a	Yes N	odes in o t	n the inst	tructions:
 a If the plan provides pension benefits, enter the applicable pension 2E 2F 2G 2J 3D 3H b If the plan provides welfare benefits, enter the applicable welfare Part V Compliance Questions During the plan year: a Was there a failure to transmit to the plan any participant contr described in 29 CFR 2510.3-102? (See instructions and DOL's Program) b Were there any nonexempt transactions with any party-in-inter reported on line 10a.) c Was the plan covered by a fidelity bond? 	feature code ibutions withi Voluntary Fi est? (Do not	in the time period iduciary Correction include transactions	racte	Yes N	odes in o l	n the inst	tructions:
 a If the plan provides pension benefits, enter the applicable pension 2E 2F 2G 2J 3D 3H b If the plan provides welfare benefits, enter the applicable welfare Part V Compliance Questions During the plan year: a Was there a failure to transmit to the plan any participant contradescribed in 29 CFR 2510.3-102? (See instructions and DOL's Program) b Were there any nonexempt transactions with any party-in-interreported on line 10a.) c Was the plan have a loss, whether or not reimbursed by the plan by fraud or dishonesty? 	feature code ibutions with Voluntary Fi est? (Do not	es from the List of Plan Cha in the time period iduciary Correction include transactions ond, that was caused	10a	Yes N	odes in o t	n the inst	tructions:
 a If the plan provides pension benefits, enter the applicable pension 2E 2F 2G 2J 3D 3H b If the plan provides welfare benefits, enter the applicable welfare Part V Compliance Questions During the plan year: a Was there a failure to transmit to the plan any participant contradescribed in 29 CFR 2510.3-102? (See instructions and DOL's Program) b Were there any nonexempt transactions with any party-in-interreported on line 10a.) c Was the plan covered by a fidelity bond? d Did the plan have a loss, whether or not reimbursed by the plan by fraud or dishonesty? a Wore any fees or commissions paid to any brokers, agents, or 	feature code ibutions with Voluntary Fi est? (Do not n's fidelity bo other person	es from the List of Plan Cha in the time period iduciary Correction include transactions ond, that was caused ms by an insurance	10a 10b 10c	Yes N	odes in o I K K	n the inst	tructions:
 a If the plan provides pension benefits, enter the applicable pension 2E 2F 2G 2J 3D 3H b If the plan provides welfare benefits, enter the applicable welfare Part V Compliance Questions During the plan year: a Was there a failure to transmit to the plan any participant contradescribed in 29 CFR 2510.3-102? (See instructions and DOL's Program) b Were there any nonexempt transactions with any party-in-interreported on line 10a.) c Was the plan covered by a fidelity bond? d Did the plan have a loss, whether or not reimbursed by the plan by fraud or dishonesty? e Were any fees or commissions paid to any brokers, agents, or carrier insurance service, or other organization that provides service organization that provides service or other organization that provides service organization that provides s	feature code ibutions with Voluntary Fi est? (Do not n's fidelity bo other person come or all of	es from the List of Plan Cha in the time period iduciary Correction include transactions ond, that was caused ns by an insurance f the benefits under	10a 10b 10c	Yes N	odes in o I K K	n the inst	tructions:
 a If the plan provides pension benefits, enter the applicable pension 2E 2F 2G 2J 3D 3H b If the plan provides welfare benefits, enter the applicable welfare Part V Compliance Questions During the plan year: a Was there a failure to transmit to the plan any participant controned escribed in 29 CFR 2510.3-102? (See instructions and DOL's Program) b Were there any nonexempt transactions with any party-in-interreported on line 10a.) c Was the plan covered by a fidelity bond? d Did the plan have a loss, whether or not reimbursed by the plan by fraud or dishonesty? e Were any fees or commissions paid to any brokers, agents, or carrier, insurance service, or other organization that provides sthe plan? (See instructions.) 	feature code ibutions withi Voluntary Fi est? (Do not n's fidelity bo other person other person	in the time period iduciary Correction include transactions ond, that was caused ns by an insurance f the benefits under	10a 10b 10c 10d	Yes N	odes ir	n the inst	tructions:
 a If the plan provides pension benefits, enter the applicable pension 2E 2F 2G 2J 3D 3H b If the plan provides welfare benefits, enter the applicable welfare Part V Compliance Questions During the plan year: a Was there a failure to transmit to the plan any participant contred described in 29 CFR 2510.3-102? (See instructions and DOL's Program) b Were there any nonexempt transactions with any party-in-interreported on line 10a.) c Was the plan covered by a fidelity bond? d Did the plan have a loss, whether or not reimbursed by the plan by fraud or dishonesty? e Were any fees or commissions paid to any brokers, agents, or carrier, insurance service, or other organization that provides set the plan? (See instructions.) 	feature code ibutions with Voluntary Fi est? (Do not n's fidelity bo other person come or all of plan?	es from the List of Plan Cha in the time period iduciary Correction include transactions ond, that was caused ns by an insurance f the benefits under	10a 10b 10c 10d 10e	Yes N	o I Santa Santa Santa Santa Santa Santa Santa	n the inst	tructions:
 a If the plan provides pension benefits, enter the applicable pension 2E 2F 2G 2J 3D 3H b If the plan provides welfare benefits, enter the applicable welfare Part V Compliance Questions During the plan year: a Was there a failure to transmit to the plan any participant controned escribed in 29 CFR 2510.3-102? (See instructions and DOL's Program) b Were there any nonexempt transactions with any party-in-interreported on line 10a.) c Was the plan covered by a fidelity bond? d Did the plan have a loss, whether or not reimbursed by the plan by fraud or dishonesty? e Were any fees or commissions paid to any brokers, agents, or carrier, insurance service, or other organization that provides sthe plan? (See instructions.) 	feature code ibutions withi Voluntary Fi est? (Do not other person other person other or all of plan?	es from the List of Plan Cha in the time period iduciary Correction include transactions ond, that was caused ins by an insurance f the benefits under end.)	10a 10b 10c 10d 10e	Yes N	odes in c 1 K K K K K K K X X X	n the inst	tructions:

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Page 3 -

-				and the second se							
Part \	/1	Pension Fundin	g Compliance			and an amplete Cr	bodulo	SB			
11 1	s this a	defined benefit plan	subject to minimum	funding requirements	? (If "Yes," see instructions a	and complete St	neuule			es X	No
112	Enter th	e unnaid minimum re	auired contributions	for all years from Sch	edule SB (Form 5500) line	40	11a				
12	la this s	a defined contribution	plan subject to the r	minimum funding requ	irements of section 412 of t	he Code or sect	ion 302	of	D Y	'es X	No
	115 111/00	a " complete line 122	or lines 12h 12c 12	2d and 12e below, as	applicable.)						
a	f a wai	ver of the minimum fu	inding standard for a	prior year is being an	nortized in this plan year, se	e instructions, a	nd ente Da	r the date	of the Yea	letter ruli r	ng
	aranting	the waiver			(Form 5500), and skip to	WORth	Da	<u>y</u>			
lf yo	u com	pleted line 12a, com	piete lines 3, 9, and	nlan vear			12b				
					1		12c				
c	Enter th	he amount contributed	by the employer to	in line 12b Enter the	year e result (enter a minus sign t	o the left of a	424				
		ct the amount in line '	2c from the amount	in line 120. Enter the			12d				_
е	Will the	e minimum funding an	nount reported on lin	e 12d be met by the t	funding deadline?			Yes	No	N//	4
Part	STRUCTURE PARTY		ons and Transf	and the second states of the second se							
13a	Has a r				•			Yes	X	No	
	If "Yes.	" enter the amount of	f any plan assets that	it reverted to the emp	loyer this year		13a				
b	Were a	all the plan assets dis	tributed to participan	ts or beneficiaries, tra	insferred to another plan, or	brought under t			Yes [X No	
с	If durir	ng this plan year, any	assets or liabilities v	were transferred from	this plan to another plan(s),	identify the plan	(s) to				
	which a	assets or liabilities we	ere transferred. (See	instructions.)		13c(2) E			130	(3) PN(5)
13	ic(1) Na	ame of plan(s):				100(2)					
Part			ion - Skip Thes	e Questions			146	Trust's E	IN		
14a	Name	of trust									
14c	Name	of trustee or custodia	an in				140	Trustee telephor	COMPANY ROLL		
Part	XIX	IRS Complian	ce Questions - :	Skip These Ques	stions						
							Yes			No	
15k	How d 401(k)	did the plan satisfy the)(3) for the plan year?	e nondiscrimination r Check all that apply	equirements for empl /:	oyee deferrals under sectior		Design- safe hai "Curren ADP tes	bor t year"		"Prior ye test N/A	ear" AD
16a	What year?	testing method was u Check all that apply:	used to satisfy the co	overage requirements	under section 410(b) for the	plan	Ratio percent test	age 🗌	Avera bene	age fit test	□ N/
	for the	e plan year by combin	hing this plan with an	ly other plan under the	s of sections 410(b) and 401 e permissive aggregation rul	es:	Yes			No	
	a If the	plan is a master and	prototype plan (M&F	P) or volume submitter	r plan that received a favoral	ble IRS opinion					
17	o If the	plan is an individually	/-designed plan that	received a favorable	determination letter from the	e IRS, enter the	date of t	he most r	ecent d	etermina	ation
18	Were	ed Benefit Plan or Mo any distributions ma	de during the plan ye	ear to an employee w	ho attained age 62 and had	not separated fr	om	Yes		No	
19	Was	any plan participant a	5% owner who had	attained at least age	70 ½ during the prior plan y	ear?		Yes	s 🗌	No	