Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation

Annual Report Identification Information

Short Form Annual Return/Report of Small Employee Benefit Plan

This form is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA), and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

2016

This Form is Open to Public Inspection

OMB Nos. 1210-0110

1210-0089

▶ Complete all entries in accordance with the instructions to the Form 5500-SF.

				and ending 12	2/31/2010	
A This ret	urn/report is for:	a single-employer plan		plan (not multiemployer) (employer information in ac	`	
		a one-participant plan	a foreign plan	. ,		,
B This retu	ırn/report is	the first return/report	the final return/repo	rt		
		an amended return/report	H	turn/report (less than 12 m	nonths)	
C Check b	oox if filing under:	X Form 5558	automatic extension	n	DFVC program	
		special extension (enter desc	<u>' </u>			
Part II		ermation—enter all requested in	nformation		46 70 00	T
1a Name AERO PREC	of plan CISION, LLC 401(K) P	LAN			1b Three-digit plan number	
	, , , , ,				(PN) •	001
					1c Effective date o	f plan 1/2014
Mailing	address (include roo	yer, if for a single-employer plan) m, apt., suite no. and street, or P.			2b Employer Identi (EIN) 46-3	fication Number
City or AERO PREC		e, country, and ZIP or foreign pos	stal code (if foreign, see ir	structions)	2c Sponsor's telep	
					2d Business code	
	ERCE STREET				3399	
TACOMA, W	A 98402					
3a Plan a	dministrator's name a	nd address X Same as Plan Spo	oneor		3b Administrator's	EIN
Ju Flan at		la address Modifie as Flair ope	J1301.		OD Administrators	LIIV
					3c Administrator's	telephone number
4 If the r	name and/or FIN of th	a plan sponsor has changed since	a the last return/report file	d for this plan, enter the	Ab EIN	
		e plan sponsor has changed since mber from the last return/report.	e the last return/report file	d for this plan, enter the	4b EIN	
	EIN, and the plan nu		e the last return/report file	d for this plan, enter the	4c PN	
name, a Sponso	EIN, and the plan nu or's name			·	4c PN 5a	
name, a Sponso 5a Total r b Total r	EIN, and the plan nur or's name number of participants number of participants	at the beginning of the plan year at the end of the plan year			4c PN	
name, a Sponso 5a Total r b Total r c Number	EIN, and the plan number's name number of participants number of participants er of participants with	mber from the last return/report. at the beginning of the plan year	f the plan year (only defin	ed contribution plans	4c PN 5a	55 82 26
name, a Sponso 5a Total r b Total r c Number comple	EIN, and the plan number's name number of participants number of participants er of participants with ete this item)	at the beginning of the plan year at the end of the plan year	f the plan year (only defin	ed contribution plans	4c PN 5a 5b	82 26
name, a Sponso 5a Total r b Total r c Number comple d(1) Total d(2) Total	EIN, and the plan number's name number of participants number of participants er of participants with ete this item)	at the beginning of the plan year at the end of the plan year	f the plan year (only defin	ed contribution plans	4c PN 5a 5b 5c	82 26 52
name, a Sponso 5a Total r b Total r c Number comple d(1) Total d(2) Total e Number	EIN, and the plan number's name number of participants number of participants er of participants with ete this item)	at the beginning of the plan year at the end of the plan year	f the plan year (only defin	ed contribution plans	4c PN 5a 5b 5c 5d(1)	82
name, a Sponso 5a Total r b Total r c Number completed d(1) Total d(2) Total e Number completed than a	EIN, and the plan number's name number of participants or of participants with ete this item)	at the beginning of the plan year at the end of the plan year	of the plan year (only defin	ed contribution plans benefits that were less	4c PN 5a 5b 5c 5d(1) 5d(2) 5e use is established.	82 26 52 77 0
name, a Sponsor 5a Total r b Total r c Number completed d(1) Total e Number than r Caution: A Under penais B or Schee	EIN, and the plan number of participants number of participants or of participants with ete this item)	at the beginning of the plan year at the end of the plan year	of the plan year (only defin	ed contribution plans benefits that were less ed unless reasonable can ve examined this return/re	4c PN 5a 5b 5c 5d(1) 5d(2) 5e use is established. eport, including, if applic	82 26 52 77 0 cable, a Schedule
name, a Sponsor b Total r c Number completed d(1) Total e Number than a Caution: A Under penal SB or Scheleief, it is t	EIN, and the plan number of participants number of participants er of participants with ete this item)	at the beginning of the plan year at the end of the plan year	of the plan year (only defin	ed contribution plans benefits that were less ed unless reasonable can ve examined this return/re	4c PN 5a 5b 5c 5d(1) 5d(2) 5e use is established. eport, including, if applic	82 26 52 77 0 cable, a Schedule
name, a Sponsor b Total r c Number completed d(1) Total e Number than a Caution: A Under penass or Schebelief, it is t	EIN, and the plan number of participants number of participants er of participants with ete this item)	at the beginning of the plan year at the end of the plan year	of the plan year (only defin	ed contribution plans benefits that were less ed unless reasonable car ve examined this return/re version of this return/repor	4c PN 5a 5b 5c 5d(1) 5d(2) 5e use is established. eport, including, if applic	82 26 52 77 0 cable, a Schedule y knowledge and
name, a Sponsor b Total r c Number completed d(1) Total e Number than a Caution: A Under penal SB or Scheleief, it is t	EIN, and the plan number of participants number of participants of participants of participants with ete this item)	at the beginning of the plan year at the end of the plan year	f the plan year (only definance) plan year pear pe plan year with accrued according to the plan year with according to the plan year. 10/11/2017	ed contribution plans benefits that were less ed unless reasonable car ve examined this return/re version of this return/repor	4c PN 5a 5b 5c 5d(1) 5d(2) 5e use is established. eport, including, if applicit, and to the best of m	82 26 52 77 0 cable, a Schedule y knowledge and
name, a Sponsor 5a Total r b Total r c Number completed d(1) Total d(2) Total e Number than a Caution: A Under penal SB or Schele belief, it is t SIGN HERE	EIN, and the plan number of participants number of participants of participants of participants with ete this item)	at the beginning of the plan year at the end of the plan year	f the plan year (only definance) plan year pear pe plan year with accrued according to the plan year with according to the plan year. 10/11/2017	ed contribution plans benefits that were less ed unless reasonable car ve examined this return/re version of this return/repor SCOTT H. DOVER Enter name of individ	4c PN 5a 5b 5c 5d(1) 5d(2) 5e use is established. eport, including, if applicit, and to the best of my	26 52 77 0 cable, a Schedule y knowledge and
name, a Sponso 5a Total r b Total r c Number completed d(1) Total e Number than r Caution: A Under pena SB or Schebelief, it is t SIGN HERE	EIN, and the plan number of participants number of participants of participants with ete this item)	at the beginning of the plan year at the end of the plan year	f the plan year (only defined blan year	ed contribution plans benefits that were less ed unless reasonable car ve examined this return/repor SCOTT H. DOVER Enter name of individ Enter name of individ	4c PN 5a 5b 5c 5d(1) 5d(2) 5e use is established. eport, including, if applicit, and to the best of m	26 52 77 0 cable, a Schedule y knowledge and ministrator
name, a Sponso 5a Total r b Total r c Number completed d(1) Total e Number than r Caution: A Under pena SB or Schebelief, it is t SIGN HERE	EIN, and the plan number of participants number of participants of participants with ete this item)	at the beginning of the plan year at the end of the plan year	f the plan year (only defined blan year	ed contribution plans benefits that were less ed unless reasonable car ve examined this return/repor SCOTT H. DOVER Enter name of individ Enter name of individ	4c PN 5a 5b 5c 5d(1) 5d(2) 5e use is established. eport, including, if applient, and to the best of my	26 52 77 0 cable, a Schedule y knowledge and ministrator
name, a Sponso 5a Total r b Total r c Number completed d(1) Total e Number than r Caution: A Under pena SB or Schebelief, it is t SIGN HERE	EIN, and the plan number of participants number of participants of participants with ete this item)	at the beginning of the plan year at the end of the plan year	f the plan year (only defined blan year	ed contribution plans benefits that were less ed unless reasonable car ve examined this return/repor SCOTT H. DOVER Enter name of individ Enter name of individ	4c PN 5a 5b 5c 5d(1) 5d(2) 5e use is established. eport, including, if applient, and to the best of my	26 52 77 0 cable, a Schedule y knowledge and ministrator
name, a Sponso 5a Total r b Total r c Number completed d(1) Total e Number than r Caution: A Under pena SB or Schebelief, it is t SIGN HERE	EIN, and the plan number of participants number of participants of participants with ete this item)	at the beginning of the plan year at the end of the plan year	f the plan year (only defined blan year	ed contribution plans benefits that were less ed unless reasonable car ve examined this return/repor SCOTT H. DOVER Enter name of individ Enter name of individ	4c PN 5a 5b 5c 5d(1) 5d(2) 5e use is established. eport, including, if applient, and to the best of my	26 52 77 0 cable, a Schedule y knowledge and ministrator

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	Were all of the plan's assets during the plan year invested in eligib Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility	an indepe	ndent qualified public a	account	ant (IC	PA)			X Yes	No 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 ir	nsurance p	orogram (see ERISA se	ection 4	021)?		Yes	No	Not deter	mined
Pa	rt III Financial Information									
7	Plan Assets and Liabilities		(a) Beginning	of Year				(b) End	of Year	
а	Total plan assets	7a		104879)				162207	
b	Total plan liabilities	7b							0	
С	Net plan assets (subtract line 7b from line 7a)	7c		104879	١				162207	
8	Income, Expenses, and Transfers for this Plan Year		(a) Amour	nt				(b) T	otal	
а	Contributions received or receivable from:	0-(4)		0						
	(1) Employers	8a(1)		48819						
	(2) Participants	8a(2)		0						
	(3) Others (including rollovers)	8a(3)		10852						
	Other income (loss)	8b			-				59671	
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) Benefits paid (including direct rollovers and insurance premiums	8c							00071	
	to provide benefits)	8d		1438						
е	Certain deemed and/or corrective distributions (see instructions).	8e		0						
f	Administrative service providers (salaries, fees, commissions)	8f		905						
g	Other expenses	8g		0						
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							2343	
<u>i</u>	Net income (loss) (subtract line 8h from line 8c)	8i							57328	
j	Transfers to (from) the plan (see instructions)	8j		C)					
Pai	t IV Plan Characteristics									
9a	If the plan provides pension benefits, enter the applicable pension 2A 2E 2F 2G 2J 2K 2T 3D	feature co	odes from the List of Pl	an Cha	racteri	stic Co	odes in	the instr	uctions:	
b	If the plan provides welfare benefits, enter the applicable welfare for	eature cod	des from the List of Pla	n Chara	acterist	tic Cod	des in t	he instru	ctions:	
Par	t 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 contributed described in 29 CFR 2510.3-102? (See instructions and DOL's Verogram)	oluntary F	Fiduciary Correction	10a		X				
b	Were there any nonexempt transactions with any party-in-interest reported on line 10a.)			10b		X				
С	Was the plan covered by a fidelity bond?			10c	X					10488
d	Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?			10d		X				
е	Were any fees or commissions paid to any brokers, agents, or oth carrier, insurance service, or other organization that provides som the plan? (See instructions.)	ne or all of	the benefits under	10e	X					1314
f	Has the plan failed to provide any benefit when due under the pla	ın?		10f		X				
g	Did the plan have any participant loans? (If "Yes," enter amount a	as of year-	end.)	10g		X				
h	If this is an individual account plan, was there a blackout period? 2520.101-3.)			10h		X				
i	If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10			10i						

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Part	VI	Pension Funding Compliance					
11		s a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and con 5500) and line 11a below)				Y	es No
11a	Ente	r the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40		11a		•	
12		is a defined contribution plan subject to the minimum funding requirements of section 412 of the Co			f	ΠY	es X No
	ERIS (If "\	A?				🖰	
а		raiver of the minimum funding standard for a prior year is being amortized in this plan year, see inst ing the waiver		nd enter i		of the letter Year _	ruling
lf	you co	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			
	Subt	ract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the letive amount)	eft of a	12d			
е	Will t	he 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	a resolution to terminate the plan been adopted in any plan year?			Yes	s X No)
	If "Y€	es," enter the amount of any plan assets that reverted to the employer this year		13a			
b		e all the plan assets distributed to participants or beneficiaries, transferred to another plan, or broug				Yes X	No
С		rring this plan year, any assets or liabilities were transferred from this plan to another plan(s), identif h assets or liabilities were transferred. (See instructions.)	fy the plan(s) to			
	13c(1)	Name of plan(s):	13c(2) EIN(s)		13c(3)	PN(s)
Part	VIII	Trust Information					
14a	Name	of trust		14b	Trust's E	EIN	
14c	Name	of trustee or custodian				s or custodia ne number	an's
Par	t IX	IRS Compliance Questions		•			
15a	Is the	plan a 401(k) plan? If "No," skip b	Yes			No	
15b		did the plan satisfy the nondiscrimination requirements for employee deferrals under section (3) for the plan year? Check all that apply:		gn-based harbor	d [Test	ar" ADP
				rent year test	,"	N/A	
16a		testing method was used to satisfy the coverage requirements under section 410(b) for the plan Check all that apply:	Rat	centage		verage enefit test	□ N/A
16b		ne plan satisfy the coverage and nondiscrimination requirements of sections 410(b) and 401(a)(4) be plan year by combining this plan with any other plan under the permissive aggregation rules?	Yes			No	
	the le		<u>'</u>				
	letter		nter the date	e of the n	nost rec	ent determir	ation
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 sepa		Ye	s [No	
19	Was	any plan participant a 5% owner who had attained at least age 70 $\frac{1}{2}$ during the prior plan year?			s	No	

Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation

Short Form Annual Return/Report of Small Employee **Benefit Plan**

This form is required to be filed under sections 104 and 4085 of the Employee Retirement income Security Act of 1974 (ERISA), and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

▶ Complete all entries in accordance with the instructions to the Form 5500-SF.

OMB Nos. 1210-0110 1210-0089

2016

This Form is Open to **Public Inspection**

Part I		Identification Information				
For calenda	ar plan year 2016 or fi	scal plan year beginning	01/01/2016	and ending	12/31/2	016
A This retu	um/report is for:	a single-employer plan	a multiple-employer pla	n (not multiemployer) (ployer information in ac		
	an proport to tot.	a one-participant plan	a foreign plan			•
B This retu	ım/report is	the first return/report	the final return/report			
		an amended return/report	a short plan year return	/report (less than 12 m	onths)	
C Check b	oox if filing under:	 ☑ Form 5558	automatic extension		DFVC program	n
		special extension (enter des	cription)			
Part II	Basic Plan Info	ormation—enter all requested in	nformation	·		
1a Name					1b Three-digit	3
Aero Pre	ecision, LLC	401(k) Plan			plan numb (PN) ▶	Br 001
					1c Effective da 01/01/20	•
		oyer, If for a single-employer plan) om, apt., suite no. and street, or P.				dentification Number
City or	town, state or province	ce, country, and ZIP or foreign pos	stal code (if foreign, see instr	uctions)		telephone number
Aero Pr	recision, LLC				253-272	•
2320 Co	ommerce Stree	t			2d Business c 339900	ode (see Instructions)
Tacoma		WA 98402				
	dministrator's name a	nd address X Same as Plan Sp	onsor.		3b Administrat	tor's EIN
					3C Administrat	tor's telephone number
4 If the r	name and/or EIN of th	e plan sponsor has changed since	e the last return/report filed for	or this plan, enter the	4b EIN	
name,	, EIN, and the plan nu	imber from the last return/report.				
a Spons		- K			4c PN	
	, ,	s at the beginning of the plan year			5a	55
		s at the end of the plan year			5b	82
		account balances as of the end of			5c	26
d(1) Tota	al number of active pa	articipants at the beginning of the	plan year		5d(1)	52
	·	articipants at the end of the plan y	. •		5d(2)	77
e Numb	per of participants that	t terminated employment during th	ne plan year with accrued be	nefits that were less	5e	C
		or incomplete filing of this retu				
Under nens	alties of perium and o	ther penalties set forth in the instr	uctions I declare that I have	examined this return/re	port including if	anniicable, a Schedule
belief, it is	true, correct, and con	and signed by an enrolled actuary	, as well as the electronic ve	rsion of this return/repor	rt, and to the best	of my knowledge and
SIGN	V 700	4N/	10/11/17	Scott H. Dove		
HERE	Clausture of plan				lual alaska as ats	desirabates
	Signature of plan	administrator	Date	I Enter name of individ	iuai signing as dia	in administrator
SIGN	Signature of plan	administrator	Date	Enter name of individ	idai signing as pia	in administrator
HERE	Signature of empl	oyer/plan sponsor	Date	Enter name of individ		aployer or plan sponsor
HERE	Signature of empl		Date	Enter name of individ		ployer or plan sponsor
HERE	Signature of empl	oyer/plan sponsor	Date	Enter name of individ	lual signing as em	ployer or plan sponsor
HERE	Signature of empl	oyer/plan sponsor	Date	Enter name of individ	lual signing as em	ployer or plan sponsor
HERE	Signature of empl	oyer/plan sponsor	Date	Enter name of individ	lual signing as em	ployer or plan sponsor

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b Are you claiming a walver of the under 29 CFR 2520.104-46? (If you answered "No" to eith	during the plan year invested in eligible to annual examination and report of a See instructions on walver eligibility a ler line 6a or line 6b, the plan cannuplan, is it covered under the PBGC in	in independ and condition ot use Fort	dent qualified public account ons.)	ant (IQ	PA) Form	6500.	X Yes	No No No mined
Part III Financial Informa	ation							
7 Plan Assets and Liabilities			(a) Beginning of Year			(b) En	d of Year	
a Total plan assets		7a	104,	879			16	2,207
b Total plan liabilities		7b						0
C Net plan assets (subtract line	7b from line 7a)	7c	104,	879			16:	2,207
8 Income, Expenses, and Trans	fers for this Plan Year		(a) Amount			(b)	Total	
a Contributions received or rece (1) Employers	ivable from:	8a(1)		0			SNI - I	
(2) Participants		8a(2)	48,	819		100		The Carlo
(3) Others (including rollovers	3)	8a(3)		0			1 4 9 7	100
b Other Income (loss)		8b	10,	852	37.17			200
C Total income (add lines 8a(1),	8a(2), 8a(3), and 8b)	8c	e e en en				5	9,671
	rollovers and insurance premlums	8d	1,	438	gn.			
e Certain deemed and/or correct	tive distributions (see instructions)	80		0				
f Administrative service provide	rs (salaries, fees, commissions)	8f	- HEALTH IN	905	H.		5 Same	
g Other expenses		8g		0		4 - 7.91.		5,000
h Total expenses (add lines 8d,	8e, 8f, and 8g)	8h		Vi.				2,343
i Net Income (loss) (subtract lin	e 8h from line 8c)	81					5	7,328
j Transfers to (from) the plan (s	ee Instructions)	8]		0		2.794	7	
Part IV Plan Characterist	tics							
2A 2E 2F 2G 2J 2								
b If the plan provides welfare b	enefits, enter the applicable welfare for	eature code	es from the List of Plan Char	racteris	tic Co	des in the ins	tructions:	
Part V Compliance Que	stions							
10 During the plan year:				Yes	No	N/A	Amount	
	nit to the plan any participant contribu 3-1027 (See instructions and DOL's \				v			

10	During the plan year:		Yes	No	N/A	Amount
a	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		х		
b	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	10b		х	17.0	
C	Was the plan covered by a fidelity bond?	10c	х			10,488
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	- 4	
0	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	x			1,314
f	Has the plan falled 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	-4	
h	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	10h		х	-112	
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	101				

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Part VI Pension Funding Compliance					***
11 Is this a defined benefit plan subject to minimum funding requirements? (If "Yes, (Form 5500) and line 11a below)					Yes No
11a Enter the unpaid minimum required contributions for all years from Schedule SB	(Form 5500) line 40	11a			
12 Is this a defined contribution plan subject to the minimum funding requirements ERISA? (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable				0	Yes X No
If a waiver of the minimum funding standard for a prior year is being amortized in granting the waiver.	n this plan year, see Instructions, an	d enter	the date of	the lett Year	er ruling
If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5	500), and skip to line 13.				
b Enter the minimum required contribution for this plan year		12b			
C Enter the amount contributed by the employer to the plan for this plan year		12c			
d Subtract the amount in line 12c from the amount in line 12b. Enter the result (en negative amount)	ter a minus sign to the left of a	12d			
e Will the minimum funding amount reported on line 12d be met by the funding de	adline?		Yes	No	N/A
art VII Plan Terminations and Transfers of Assets					
13a Has a resolution to terminate the plan been adopted in any plan year?			Yes	X	No
If "Yes," enter the amount of any plan assets that reverted to the employer this y	/ear	. 13a			
b Were all the plan assets distributed to participants or beneficiaries, transferred to control of the PBGC?				Yes	X No
c If, during this plan year, any assets or liabilities were transferred from this plan t which assets or liabilities were transferred. (See instructions.)	o another plan(s), identify the plan(s	s) to			
13c(1) Name of plan(s):	13c(2	EIN(s)		13c	(3) PN(s)
Part VIII Trust Information	- 2/				
14a Name of trust		14b	Trust's Eli	N	
14c Name of trustee or custodian		14d	Trustee's telephone		
Part IX IRS Compliance Questions	- 10				
15a is the plan a 401(k) plan? if "No," skip b	Yes			No	
	n Desi	ian-base	d n	"Prior	Vear" ADP

	How did the plan satisfy the nondiscrimination requirements for employee deferrals under section		Design-based safe harbor	i	Prior ye	ear" ADP
	401(k)(3) for the plan year? Check all that apply:	0	"Current year ADP test	p	N/A	
16a	What testing method was used to satisfy the coverage requirements under section 410(b) for the plan year? Check all that apply:		Ratio percentage test		Average benefit test	□ N/A
16b	Did the plan satisfy the coverage and nondiscrimination requirements of sections 410(b) and 401(a)(4) for the plan year by combining this plan with any other plan under the permissive aggregation rules?		Yes		∏ No	
17a	If the plan is a master and prototype plan (M&P) or volume submitter plan that received a favorable IRS of the letter and the serial number	oinia	n letter or advi	sory	letter, enter th	e date of
17b	If the plan is an individually-designed plan that received a favorable determination letter from the IRS, enter letter	er th	e date of the n	nost r	ecent determi	nation
18	Defined Benefit Plan or Money Purchase Pension Plan Only: Were any distributions made during the plan year to an employee who attained age 62 and had not separa service?		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	