## 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 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).

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

1210-0089

OMB Nos. 1210-0110

2015

This Form is Open to Public Inspection

Part I Annual Report Identification Inform	mation			
For calendar plan year 2015 or fiscal plan year beginning	01/01/2016	and ending 01/1	3/2016	_
<b>A</b> This return/report is for:			ilers checking this box must attach a ordance with the form instructions)	
a one-participant plar		. ,	,	
<b>B</b> This return/report is ☐ the first return/report	x the final return/rep	ort		
an amended return/re	eport X a short plan year ı	eturn/report (less than 12 mon	ths)	
C Check box if filing under: Form 5558  special extension (en	automatic extensiter description)	on	DFVC program	
Part II Basic Plan Information—enter all requ	<u> </u>			
· · · · · · · · · · · · · · · · · · ·	lested information	Τ,	h Throo digit	_
1a Name of plan ALLEGRO RESORTS MARKETING 401(K) PLAN			Three-digit plan number (PN) ▶ 001	
		1	Effective date of plan 01/01/2007	
2a Plan sponsor's name (employer, if for a single-employer	er nlan)	-		
Mailing address (include room, apt., suite no. and stree City or town, state or province, country, and ZIP or fore	et, or P.O. Box)	instructions)	Employer Identification Number (EIN) 65-0394262	
ALLEGRO RESORTS MARKETING CORP		, , , , , , , , , , , , , , , , , , ,	Sponsor's telephone number 305-262-5909	
6303 BLUE LAGOON DRIVE SUITE 250		2	2d Business code (see instructions)	
MIAMI, FL 33126-6004			541600	
3a Plan administrator's name and address Same as Pla	an Sponsor.	3	<b>3b</b> Administrator's EIN	
		-	3c Administrator's telephone number	
		`	Administrator's telephone number	
4 If the name and/or EIN of the plan sponsor has change	ed since the last return/report fi	ed for this plan, enter the	<b>4b</b> EIN	
name, EIN, and the plan number from the last return/r			4c PN	
5a Total number of participants at the beginning of the pla	an vear			1
<b>b</b> Total number of participants at the end of the plan year			5b	0
Number of participants with account balances as of the complete this item)	e end of the plan year (defined		5c	0
<b>d(1)</b> Total number of active participants at the beginning			5d(1)	0
d(2) Total number of active participants at the end of the	plan year		5d(2)	0
Number of participants that terminated employment d than 100% vested				0
Caution: A penalty for the late or incomplete filing of th				
Under penalties of perjury and other penalties set forth in the SB or Schedule MB completed and signed by an enrolled a belief, it is true, correct, and complete.				
SIGN Filed with authorized/valid electronic signature.	08/11/2016	ANA LUCIA MOLINARE	S	
HERE Signature of plan administrator	Date	Enter name of individua	I signing as plan administrator	
Signature of plan administrator		1		
SIGN				_
	Date		I signing as employer or plan sponsor Preparer's telephone number	

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<ul> <li>Were all of the plan's assets during the plan year invested in eligib</li> <li>Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility</li> <li>If you answered "No" to either line 6a or line 6b, the plan cannot be a second or the plan cannot be</li></ul>	an indepen and condition ot use For	dent qualified public a ons.) m 5500-SF and mus	ccount	ant (IQ	PA)  Form	5500.		×	Yes	No No
C If the plan is a defined benefit plan, is it covered under the PBGC in	nsurance pr	ogram (see ERISA se	ection 4	021)? .		Yes	No	Not o	letermin	ned
Part III Financial Information	1									
7 Plan Assets and Liabilities		(a) Beginning					(b) En	d of Yea		
a Total plan assets	. 7a		34	435					0	
<b>b</b> Total plan liabilities	. 7b		0.4	105						
C Net plan assets (subtract line 7b from line 7a)	. 7с			435	-				0	
8 Income, Expenses, and Transfers for this Plan Year a Contributions received or receivable from:		(a) Amou	unt				(b)	Total		
(1) Employers	. 8a(1)									
(2) Participants	. 8a(2)									
(3) Others (including rollovers)	. 8a(3)									
<b>b</b> Other income (loss)	. 8b		-2	2824						
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	. 8c								-2824	
Benefits paid (including direct rollovers and insurance premiums to provide benefits)	. 8d		31	547						
Certain deemed and/or corrective distributions (see instructions)	. 8e									
f Administrative service providers (salaries, fees, commissions)	. 8f			64						
g Other expenses	. 8g									
h Total expenses (add lines 8d, 8e, 8f, and 8g)	. 8h								31611	
i Net income (loss) (subtract line 8h from line 8c)	. 8i								-34435	
j Transfers to (from) the plan (see instructions)	. 8j									
Part IV Plan Characteristics										
9a If the plan provides pension benefits, enter the applicable pension 2E 2F 2G 2J 2K 2T 3D	feature cod	des from the List of Pl	an Cha	racteris	stic Co	des in t	the instr	uctions:		
B If the plan provides welfare benefits, enter the applicable welfare f	footure code	os from the List of Pla	n Char	octorict	ic Coc	loc in th	o inetru	otions:		
in the plan provides wellare benefits, effer the applicable wellare i	eature coue	es nom the List of Fia	ii Cilai	acterist	ic Coc	162 111 111	ie ilistiu	ciioris.		
Part V Compliance Questions										
10 During the plan year:				Yes	No	N/A		Amo	unt	
Was there a failure to transmit to the plan any participant contributed described in 29 CFR 2510.3-102? (See instructions and DOL's \Program)	/oluntary Fi	duciary Correction	10a		X					
<b>b</b> Were there any nonexempt transactions with any party-in-interest					V					
reported on line 10a.)			10b		X					
C Was the plan covered by a fidelity bond?			10c		X					
<b>d</b> Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?			10d		Χ					
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 t	he benefits under	10e		X					
f Has the plan failed to provide any benefit when due under the pla			10f		X					
g Did the plan have any participant loans? (If "Yes," enter amount a			10g		Χ					
h If this is an individual account plan, was there a blackout period? 2520.101-3.)	(See instru	ctions and 29 CFR	10g 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	he required	notice or one of the	10i							
j Did the plan trust incur unrelated business taxable income?			10j							
Part VI Pension Funding Compliance			ıvj		<u> </u>		<u> </u>			
11 Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)								Ιп	Yes X	No
11a Enter the unpaid minimum required contribution for all years from						11a		··  <u>                                   </u>	, <u>-</u>	
12 Is this a defined contribution plan subject to the minimum funding							RISA?.	ПП	Yes X	No

	F	orm 5500-SF 2015 Page <b>3</b> - 1					
	(If "Ye	s," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)					
а		aiver of the minimum funding standard for a prior year is being amortized in this plan year, see in: ng the waiver		enter the Day	e date of	the letter ru Year	ling
If		mpleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line		Day_		Τσαι	
b	Enter ti	he minimum required contribution for this plan year		12b			
С	Enter th	ne amount contributed by the employer to the plan for this plan year		12c			
	Subtra	act the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the	left of a	12d			
		ve amount)			Yes	No	N/A
Part		e minimum funding amount reported on line 12d be met by the funding deadline?  Plan Terminations and Transfers of Assets			163	NO	IN/A
		resolution to terminate the plan been adopted in any plan year?			X Ye	sПNo	
		s," enter the amount of any plan assets that reverted to the employer this year		13a		<u> </u>	(
b	Were	all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brou PBGC?	ght under the co	ontrol	×	Yes	No
С	If duri	ng this plan year, any assets or liabilities were transferred from this plan to another plan(s), identiassets or liabilities were transferred. (See instructions.)					
•	13c(1) N	lame of plan(s):	13c(2)	EIN(s)		13c(3) F	PN(s)
Part		Trust Information					
14a	Name o	f trust		14b 1	rust's Ell	N	
14c	Name	of trustee or custodian				s or custodi	an's
					telepnon	e number	
Par	t IX	IRS Compliance Questions					
15a	Is the	plan a 401(k) plan?		☐ Ye	s	No	
	10 110			_ D	esign-		
15b		"," how does the 401(k) plan satisfy the nondiscrimination requirements for employee deferrals an ng contributions (as applicable) under sections 401(k)(3) and 401(m)(2)?		ha	sed safe arbor ethod	ADF test	P/ACP
15c		DP/ACP test is used, did the 401(k) plan perform ADP/ACP testing for the plan year using the "c		Ye		No	
		method" for nonhighly compensated employees (Treas. Reg sections 1.401(k)-2(a)(2)(ii) and 1.4(ii))?					
16a		the box to indicate the method used by the plan to satisfy the coverage requirements under section			atio ercentage		erage efit test
16b		he plan satisfy the coverage and nondiscrimination tests of sections 410(b) and 401(a)(4) by come with any other plans under the permissive aggregation rules?		Ye		No	
17a		e plan been timely amended for all required tax law changes?		Ye	S	No	N/A
17b		ne last plan amendment/restatement for the required tax law changes was adopted//law changes and codes).	Enter the ap	plicable	code	(See ins	tructions
17c	If the p	lan sponsor is an adopter of a pre-approved master and prototype (M&P) or volume submitter planger is an adopter of a pre-approved master and prototype (M&P) or volume submitter planger is an adopter of that favorable letter/ and the letter's serial representations.		t to a fa	vorable I	RS opinion	or
17d	If the p	lan is an individually-designed plan and received a favorable determination letter from the IRS, entire termination letter from the IRS, entire termination letter from the IRS, entire termination letter from the IRS, entire from the IRS, en		the plai	 n's last fa	vorable	
18	Is the I	Plan maintained in a U.S. territory (i.e., Puerto Rico (if no election under ERISA section 1022(i)(2, American Samoa, Guam, the Commonwealth of the Northern Mariana Islands or the U.S. Virgin		Yes	S	No	
19	Were in	n-service distributions made during the plan year?		Ye	s	No	
	If "Yes	," enter amount	·····	19			
20		equired minimum distributions made to 5% owners who have attained age 70 $\frac{1}{2}$ (regardless of w ), as required under section 401(a)(9)?		Ye	s	No	N/A

## 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 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)

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

OMB Nos. 1210-0110 1210-0089

2015

This Form is Open to **Public Inspection** 

Part I	Annual Report	Identification Information	704 1004 6	and anding	01/13/20	1 6
For calendar	plan year 2015 or fi	iscal plan year beginning	01/01/2016  a multiple-employer plan	and ending		·
•		X a single-employer plan	list of participating emplo	over information in acc	ordance with the for	m instructions)
A This retur	n/report is for:	a one-participant plan	a foreign plan	•		
<b>B</b> This return	n/report is	the first return/report	the final return/report			
		an amended return/report	a short plan year return/re	eport (less than 12 mo	onths)	
C Check bo	x if filing under:	☐ Form 5558	automatic extension		DFVC pro	gram
• 0,,,,,,,,,	g	special extension (enter desc				
Part II	Basic Plan Info	ormation—enter all requested in				
1a Name of					<b>1b</b> Three-digit plan number	
		KETING 401(K) PLAN			(PN) ▶	001
					1c Effective date	of plan
					01/01/20	
2a Plan spo	onsor's name (empl	oyer, if for a single-employer plan)	2. Part		2b Employer Ider (EIN) 65-0	ntification Number
Mailing City or t	address (include ro	om, apt., suite no. and street, or P.0 ace, country, and ZIP or foreign pos	tal code (if foreign, see instruc	ctions)	2c Sponsor's tele	
	RESORTS MAR				(305) 26	
					2d Business code	e (see instructions)
6000 DI	III I TOOON DD	THE CHIEF 250			541600	
6303 RT	JE LAGOON DR	IVE SUITE 250	FL	33126-6004		
MIAMI	luininterio nomo	and address Same as Plan Spor		33120 0001	3b Administrator	s EIN
3a Plan ad	ministrator's name	and address Adame as han open				
					3C Administrator	s telephone number
			u t t t t t t t t t t t t t t t t t t t	this plan, optor the	4b EIN	
4 If the n	ame and/or EIN of t	the plan sponsor has changed since number from the last return/report.	e the last return/report filed for	tills platt, effici the	4D CIN	
a Sponso		idiliber nom the last retains open.			4c PN	
		nts at the beginning of the plan year			5a	1
<b>b</b> Total n	number of participan	nts at the end of the plan year			5b	0
c Numbe	er of participants wit	th account balances as of the end of	of the plan year (defined benef	it plans do not	5c	0
					5d(1)	0
		participants at the beginning of the			5d(2)	0
d(2) Tota	al number of active	participants at the end of the plan y at terminated employment during tl	ear ne plan year with accrued ben	efits that were less	5e	
					.	0
Caution: A	penalty for the lat	te or incomplete filing of this retu other penalties set forth in the instr	urn/report will be assessed u	examined this return/re	eport, including, if ap	plicable, a Schedule
SB or Sche	edule MB completed	and signed by an enrolled actually	, as well as the electronic vers	sion of this return/repo	rt, and to the best of	my knowledge and
belief, it is	true, correct, and co	omplete.	1 0 10	Ana Lucia Mo		
SIGN	Chis	dolynes	08-10-16			administrator
HERE	Signature of pla	n administrator	Date	Enter name of individ	dual signing as plan	administrator
SIGN					1 -1 -1	lover or plan energy
HERE	Signature of em	ployer/plan sponsor	Date // Date number		Preparer's teleph	loyer or plan sponsor one number
Preparer's	name (including fire	m name, if applicable) and address	(module room or suite number	• ,		
					Ì	
1						
					1	

	Form 5500-SF 2015		Page <b>2</b>									
	Were all of the plan's assets during the plan year invested in eligible	le assets?	(See instructions.)						X	Yes	7 N	<u> </u>
h	Are you claiming a waiver of the annual examination and report of a	an indepen	dent qualified public ac	countai	nt (IQF	PA)			_		_	
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility a If you answered "No" to either line 6a or line 6b, the plan canno	and conditi	ons.)				5500	•••••	<u>K</u>	Yes [		O
_	If you answered "No" to either line 6a or line 6b, the plan carm If the plan is a defined benefit plan, is it covered under the PBGC in	ot use roi Isurance ni	rogram (see ERISA see	ction 40	21)?	[T]	Yes [	ŪNo Γ	Not	determi	ned	
Pai		<u> </u>	(a) Beginning	of Ves		1		(b) End	d of Y	ar		
	Plan Assets and Liabilities	7a	(a) Degiiiiiig	34	,435	5		(0) =				0
	Total plan assets	7b				1						
	Net plan assets (subtract line 7b from line 7a)	7c		34	,435	5						0
	Income, Expenses, and Transfers for this Plan Year		(a) Amou	nt				(b)	Total			_
	Contributions received or receivable from:								-			
	(1) Employers	8a(1)	<u> </u>			+-						_
	(2) Participants	8a(2)				-						
	(3) Others (including rollovers)	8a(3)		-2	,824	,						
	Other income (loss)	8b 8c			102	+				-:	2,82	24
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)  Benefits paid (including direct rollovers and insurance premiums	80				1						
u	to provide benefits)	. 8d		31	,54	7						
е	Certain deemed and/or corrective distributions (see instructions)	8e										
f	Administrative service providers (salaries, fees, commissions)	. 8f			64	4						_
g	Other expenses	. 8g				-				2	1,6	1 1
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	. 8h				-					4,4	
_ <u>i</u> _	Net income (loss) (subtract line 8h from line 8c)	. 8i				+-				-3	4,4	<del>33</del>
<u>j</u>	Transfers to (from) the plan (see instructions)	- 8j										
Pa	t IV Plan Characteristics		de from the Lint of Di	on Char	octorio	etic Co	des in t	the inst	ruction	s·		—
9a	If the plan provides pension benefits, enter the applicable pension 2E 2F 2G 2J 2K 2T 3D	i teature co	odes from the List of Pi	an Chai	acters	Sile Oc	ues III	the man	dollon	J.		
В	If the plan provides welfare benefits, enter the applicable welfare	feature cod	des from the List of Pla	n Chara	cterist	ic Coc	les in th	ne instru	uctions	:		
					···							
Par	t V Compliance Questions				¥	l Na	N/A					
10	During the plan year:	utiona with	in the time period		Yes	No	N/A		An	nount		
ē	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)	Voluntary f	Fiduciary Correction	10a		Х						
_	Were there any nonexempt transactions with any party-in-interes	t? (Do not	include transactions						-		-	
	reported on line 10a.)	·····		10b		Х		ļ				
	Was the plan covered by a fidelity bond?			10c		Х						
-	Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?	s fidelity bo	ond, that was caused	10d		Х						
	Were any fees or commissions paid to any brokers, agents, or of	ther persor	ns by an insurance		,							
	carrier, insurance service, or other organization that provides sor the plan? (See instructions.)	me or all o	t the benefits under	10e		Х						
1	Has the plan failed to provide any benefit when due under the pl	an?		10f		Х						
	Did the plan have any participant loans? (If "Yes," enter amount	as of year	end.)	10g		Х	ļ.,,					
	If this is an individual account plan, was there a blackout period?     2520.101-3.)	? (See insti	ructions and 29 CFR	10h		Х						
i	If 10h was answered "Yes," check the box if you either provided exceptions to providing the notice applied under 29 CFR 2520.1	the require	ed notice or one of the	. 10i								
	1 to different towards in norma?			10j	ļ 	<u> </u>	ļ					
Pa	t VI Pension Funding Compliance									_		
11		ments? (If	"Yes," see instructions	and co	mplete	Sche	dule SE	3 (Form		Yes	X	No
							1	1				
11	a Enter the unpaid minimum required contribution for all years from Is this a defined contribution plan subject to the minimum fundir	m Schedul	e SB (Form 5500) line	40			. 11a			_	X	

Fo	m 5500-SF 2015 Page <b>3 -</b>					
(If "Yes	" complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)		-4 "		lottor rulin	
a If a wait	ver of the minimum funding standard for a prior year is being amortized in this plan year, see inst to the waiverM.	Oriui	nter the Day_	e date of the	ear	<del></del>
If you com	pleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 1	3.	12b			
<b>b</b> Enter the	e minimum required contribution for this plan year					
<b>c</b> Enter the	amount contributed by the employer to the plan for this plan year		12c			
negativ	t the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the le e amount)		12d			
e Will the	minimum funding amount reported on line 12d be met by the funding deadline?		Ш	Yes	No	N/A
	lan Terminations and Transfers of Assets					
13a Hasan	esolution to terminate the plan been adopted in any plan year?			X Yes	No	
If "Yes,	enter the amount of any plan assets that reverted to the employer this year		13a			
of the l	ll the plan assets distributed to participants or beneficiaries, transferred to another plan, or broug PBGC?			X	Yes N	0
C If durin	g this plan year, any assets or liabilities were transferred from this plan to another plan(s), identifessets or liabilities were transferred. (See instructions.)	fy the plan(s) to		<u></u>		
	ame of plan(s):	13c(2)	EIN(s)		13c(3) PN	l(s)
						<u>-</u>
Part VIII	Trust Information		445	T (1- FIN		
<b>14a</b> Name o	ftrust		14D	Trust's EIN		
14c Name	of trustee or custodian		14d	Trustee's telephone		n's
Part IX	IRS Compliance Questions		ΤΠν			
<b>15a</b> is the	plan a 401(k) plan?		<u> </u>		No	
15b If "Yes match	"how does the 401(k) plan satisfy the nondiscrimination requirements for employee deferrals ar ng contributions (as applicable) under sections 401(k)(3) and 401(m)(2)?	nd employer		Design- pased safe narbor method	ADP test	/ACP
	NDP/ACP test is used, did the 401(k) plan perform ADP/ACP testing for the plan year using the "onethod" for nonhighly compensated employees (Treas. Reg sections 1.401(k)-2(a)(2)(ii) and 1.	701(111)		'es	∏No	•
	the box to indicate the method used by the plan to satisfy the coverage requirements under sec			Ratio percentage test	Ave ben	rage efit test
16b Does	the plan satisfy the coverage and nondiscrimination tests of sections 410(b) and 401(a)(4) by col an with any other plans under the permissive aggregation rules?	mbining		/es	□ No	
17a Has t	ne plan been timely amended for all required tax law changes?		ـ نـا		No Constitution	N//
	the last plan amendment/restatement for the required tax law changes was adopted				(See inst	
17c If the	plan sponsor is an adopter of a pre-approved master and prototype (M&P) or volume submitter plan sponsor is an adopter of a pre-approved master and prototype (M&P) or volume submitter plan is a pre-approved master and prototype (M&P) or volume submitter plan is a pre-approved master and prototype (M&P) or volume submitter plan is a pre-approved master and prototype (M&P) or volume submitter plan is a pre-approved master and prototype (M&P) or volume submitter plan is a pre-approved master and prototype (M&P) or volume submitter plan is a pre-approved master and prototype (M&P) or volume submitter plan is a pre-approved master and prototype (M&P) or volume submitter plan is a pre-approved master and prototype (M&P) or volume submitter plan is a pre-approved master and prototype (M&P) or volume submitter plan is a pre-approved master and prototype (M&P) or volume submitter plan is a pre-approved master and prototype (M&P) or volume submitter plan is a pre-approved master and prototype (M&P) or volume submitter plan is a prototype (M&P) or volume submitter plan is a pre-approved master and prototype (M&P) or volume submitter plan is a pre-approved master and prototype (M&P) or volume submitter plan is a pre-approved master and prototype (M&P) or volume submitter plan is a pre-approved master and prototype (M&P) or volume submitter plan is a pre-approved master and prototype (M&P) or volume submitter plan is a pre-approved master and prototype (M&P) or volume submitter plan is a pre-approved master and prototype (M&P) or volume submitter plan is a pre-approved master and prototype (M&P) or volume submitter plan is a pre-approved master and prototype (MAP) or volume submitter plan is a pre-approved master and prototype (MAP) or volume submitter plan is a pre-approved master and prototype (MAP) or volume submitter plan is a pre-approved master and prototype (MAP) or volume submitter plan is a pre-approved master and prototype (MAP) or volume submitter plan is a pre-approved master and prototype (MAP) or volume submit					UI
17d If the	plan is an individually-designed plan and received a favorable determination letter from the IRS,					
40	Plan maintained in a U.S. territory (i.e., Puerto Rico (if no election under ERISA section 1022(i)(), American Samoa, Guam, the Commonwealth of the Northern Mariana Islands or the U.S. Virg	2) has been in Islands)?			∏No	
19 Were	in-service distributions made during the plan year?		-	Yes	∐No	
If "Ye	s," enter amount		19			
20 Were	required minimum distributions made to 5% owners who have attained age 70 ½ (regardless of d), as required under section 401(a)(9)?	wnether or not		Yes	∐ No	
	· · · · · · · · · · · · · · · · · · ·					