Form 5500-SF	Short Form Annu	al Return/Repo Benefit Pla	ort of Small Employ	All Employee OMB Nos. 1210-011 1210-008			
Department of the Treasury Internal Revenue Service	This form is required to be file		-	rement	2015		
Department of Labor Employee Benefits Security Administration			6057(b) and 6058(a) of the Int	ternal This	Form is Open to blic Inspection		
Pension Benefit Guaranty Corporation			nstructions to the Form 5500		bic inspection		
Part IAnnual Report IdFor calendar plan year 2015 or fisc	dentification Information al plan year beginning 07/01/2		and ending 06/3	0/2016			
Por calendar plan year 2013 of lisc	X a single-employer plan		er plan (not multiemployer) (F		box must attach a		
A This return/report is for:	a one-participant plan		employer information in acco				
<b>B</b> This return/report is	the first return/report an amended return/report	the final return/rep	ort eturn/report (less than 12 mon	ths)			
C Check box if filing under:	 Form 5558	automatic extensio	n	DFVC pro	gram		
Part II Basic Plan Infor	special extension (enter desc mation—enter all requested in	1 7					
1a Name of plan	<b>mation</b> —enter all requested in	rormation		<b>b</b> Three-digit			
O'NEILL & SONS, INC. 401(K) PLA	Ν			plan number (PN) ▶	001		
			1	C Effective date	•		
2a Plan sponsor's name (employe Mailing address (include room	er, if for a single-employer plan) , apt., suite no. and street, or P.C	). Box)	2	2b Employer Ider	/01/1982 htification Number -0969002		
	, country, and ZIP or foreign post		nstructions)	2c Sponsor's tele			
			2	-	e (see instructions)		
9418 OLD HIGHWAY 99 SOUTH FUMWATER, WA 98501				11	5110		
<b>3a</b> Plan administrator's name and	l address XSame as Plan Spon	sor.	3	<b>3b</b> Administrator's	s EIN		
			3	<b>3c</b> Administrator's	s telephone number		
4 If the name and/or EIN of the	plan sponsor has changed since	the last return/report file	ad for this plan, enter the	<b>ib</b> ein			
a Sponsor's name				IC PN			
<b>5a</b> Total number of participants a	t the beginning of the plan year			5a	22		
	t the end of the plan year			5b	19		
<b>C</b> Number of participants with ac	ccount balances as of the end of	the plan year (defined b	enefit plans do not	5c	14		
<b>d(1)</b> Total number of active parti	cipants at the beginning of the pl	an year		5d(1)	12		
d(2) Total number of active parti				5d(2)	9		
				5e	1		
Caution: A penalty for the late or Under penalties of perjury and othe SB or Schedule MB completed and belief, it is true, correct, and completed	er penalties set forth in the instru d signed by an enrolled actuary, a	ctions, I declare that I have a second se	ave examined this return/report	rt, including, if app			
	alid electronic signature.	01/30/2017	DANIEL O'NEILL				
HERE Signature of plan ad		Date	Enter name of individual	l signing as plan a	dministrator		
SIGN HERE Signature of employ	or/nion onorgan	Data	Entor name of individual		vor or plan analysis		
Preparer's name (including firm na		Date Include room or suite nu	Enter name of individual nber )	reparer's telephor			

60		1						X Yes 🗌 No		
-	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									
	If you answered "No" to either line 6a or line 6b, the plan cann f the plan is a defined benefit plan, is it covered under the PBGC ir					_				
		isulance p	Solution (See ENISA Se	CIION 4	021):		165			
Par 7				f V .				(h) Find of Voor		
	Plan Assets and Liabilities Total plan assets	7a	(a) Beginning		ar 329			(b) End of Year 261107		
	Total plan liabilities	7a 7b		210	525			201107		
	Net plan assets (subtract line 7b from line 7a)	70 70		276	329			261107		
_	Income, Expenses, and Transfers for this Plan Year		(a) Amou	Int			(b) Total			
	Contributions received or receivable from:		(4) /					(1) 1000		
	(1) Employers	8a(1)			0	_				
	(2) Participants	8a(2)		6	717					
-	(3) Others (including rollovers)	8a(3)				_				
	Other income (loss)	8b		-21	798	_		45004		
-	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) Benefits paid (including direct rollovers and insurance premiums	8c				_		-15081		
	to provide benefits)	8d			141					
е	Certain deemed and/or corrective distributions (see instructions)	8e								
f	Administrative service providers (salaries, fees, commissions)	8f								
g	Other expenses	8g								
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h						141		
	Net income (loss) (subtract line 8h from line 8c)	8i						-15222		
j	Transfers to (from) the plan (see instructions)	8j								
Par										
9a	If the plan provides pension benefits, enter the applicable pension 2E 2F 2G 2J 2K 2R 3D	feature co	odes from the List of Pla	an Cha	racteri	stic Co	odes in	the instructions:		
В	If the plan provides welfare benefits, enter the applicable welfare f	eature coo	des from the List of Pla	n Chara	acterist	ic Coo	des in th	ne 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 contribu									
	described in 29 CFR 2510.3-102? (See instructions and DOL's V Program)			10a		x				
b	Were there any nonexempt transactions with any party-in-interest									
	reported on line 10a.)			10b		Х				
С	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 by fraud or dishonesty?	fidelity bo	nd, that was caused	10d		х				
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.)			10e		Х				
f	Has the plan failed to provide any benefit when due under the pla	n?		10f		Х				
g	Did the plan have any participant loans? (If "Yes," enter amount a	is of year e	ənd.)	10g	X			8786		
h	If this is an individual account plan, was there a blackout period? 2520.101-3.)	•		10h		Х				
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						
j	Did the plan trust incur unrelated business taxable income?			10j						
Part	VI Pension Funding Compliance									

11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Scher 5500) and line 11a below)	lule SB	(Form	Yes	X No
11a	Enter the unpaid minimum required contribution for all years from Schedule SB (Form 5500) line 40	11a			
12	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section	302 of E	RISA?	Yes	X No

Form 5500-SF 2015

Page **3 -** 1

					1				
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)								
a	a If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, and enter the date of the letter ruling granting the waiver								
lf	you c	ompleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line	13.		<b>.</b>				
b	Enter	the minimum required contribution for this plan year		12b					
-		the amount contributed by the employer to the plan for this plan year		12c					
d		ract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the 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?			Ye	es X No			
		es," enter the amount of any plan assets that reverted to the employer this year		13a					
h		e all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brou							
	of th	e PBGC?	-			Yes X	No		
С		ring this plan year, any assets or liabilities were transferred from this plan to another plan(s), identi h assets or liabilities were transferred. (See instructions.)	fy the plan(s) to						
1	13c(1)	Name of plan(s):	13c(2)	EIN(s)		13c(3)	PN(s)		
Part	VIII	Trust Information	-						
14a	Name	of trust		<b>14b</b> Trust's EIN					
14c Name of trustee or custodian						<b>14d</b> Trustee's or custodian's telephone number			
Par	t IX	IRS Compliance Questions							
15a	Is th	e plan a 401(k) plan?		Ye	es	No			
15b		es," how does the 401(k) plan satisfy the nondiscrimination requirements for employee deferrals an hing contributions (as applicable) under sections 401(k)(3) and 401(m)(2)?		Design- based safe harbor method			ADP/ACP test		
15c	testir	ADP/ACP test is used, did the 401(k) plan perform ADP/ACP testing for the plan year using the "c ng method" for nonhighly compensated employees (Treas. Reg sections 1.401(k)-2(a)(2)(ii) and 1.4 2)(ii))?		Yes		No	No		
16a	Chec	k the box to indicate the method used by the plan to satisfy the coverage requirements under sect	ion 410(b):	Ratio percentage test			Average benefit test		
16b		the plan satisfy the coverage and nondiscrimination tests of sections 410(b) and 401(a)(4) by con lan with any other plans under the permissive aggregation rules?	0	Ye	es	No			
17a	Has	he plan been timely amended for all required tax law changes?		Ye	es	No	N/A		
	for ta	the last plan amendment/restatement for the required tax law changes was adopted///x law changes and codes).	•				tructions		
17c		plan sponsor is an adopter of a pre-approved master and prototype (M&P) or volume submitter placer letter, enter the date of that favorable letter/ and the letter's serial r		t to a f	avorable 	IRS opinion	or		
17d		plan is an individually-designed plan and received a favorable determination letter from the IRS, e mination letter/	nter the date of	the pla	in's last fa	avorable			
18		e Plan maintained in a U.S. territory (i.e., Puerto Rico (if no election under ERISA section 1022(i)(2 e), American Samoa, Guam, the Commonwealth of the Northern Mariana Islands or the U.S. Virgir		Ye	S	No			
19	Were	in-service distributions made during the plan year?		Ye	es	No			
	lf "Y€	es," enter amount		19					
20	Were	required minimum distributions made to 5% owners who have attained age 70 ½ (regardless of w d), as required under section 401(a)(9)?		Y	es	No	N/A		

JAN/	311/	2111773	WON	10:00	AM	Great	West
			401,	10100	*****	ar vuo	110-0-0

FAX No. 360-754-3301

P. 002

5110/ 50/ 2017/ MON 10:00 AM		гла г	10.00/104-0001		r. UUZ	
Form 5500-SF S	hort Form Annua	l Return/Report Benefit Plan	of Small Employe	e	OMB Nos. 1210-0110 1210-0089	
Internet Revenue Service	This form is required to be	a filed under sections 104	and 4065 of the Employee		2015	
Employee Banefits Security Administration	the In	stemal Rovenue Code (th	•	T	his Form is Open to Public	
	Complete all entries in ac ification information	cordance with the inst	ructions to the Form 6500-9	3F.		
For calendar plan year 2015 or fiscal plan	Near bealming	07/01/2015	and ending	06/30	[	
A This return/report is for:	kingle-employer plan	a multiple-employer	plan (not multiemployer) (Fil employer Information in acc	ers check	ng this box must attach	
	inst return/report amended return/report	☐ the final return/repo ☐ a short plan year ret	rt um/report (less than 12 mon	tha)		
	rm 5658 scial extension (enter descri	automatic extension			VC program	
Basic Plan Informati	On enter all requested !	information				
13 Name of plan O'Neill & Sons, Inc. 401				(PN) I 1C Effecti	ive date of plan	
2a Plan sponsor's name (employer, if fo Mailing Address (include room, apt., City or town, state or province, coun	suite no. and street or P.O.	. Box) al code (if foreign, see ins		07/01/1982 2b Employer Identification Number (EIN) 91-0969002		
O'Neill & Sons, Inc.				(360	or's telephone number ) 754-3722	
9418 Old Highway 99 Sout	њ		1	2d Busine 1151	ess code (see instructions) 10	
US Treventor VA 98501 33 Pian administrator's name and addre	ss 🛣 Same as Plan Spo	osor Name		3b Admin	istrator's EIN	
	ĺ			3c Admin	istrator's telephone number	
If the name and/or EIN of the plan sp name, EIN, and the plan number from	consor has changed since it in the last return/report.	he last return/report filed	for this plan, enter the	ID EIN		
a Sponsor's name				IC PN		
a Total number of participants at the b		****		5a	22	
b Total number of participants at the ex		****		5b	19	
<ul> <li>Number of participants with account complete this item)</li> </ul>	balances as of the end of the	he plan year (defined ben	efit plans do not	5c	14	
d(1) Total number of active participants				id(1)	12	
d(2) Total number of active participants				id(2)	9	
Number of participants that terminate less than 100% vested	d employment during the p	lan year with accrued be	nefits that were	5e	1	
Caution: A penalty for the late or inco	mplete filling of this return	vreport will be assessed	d unless reasonable cause	ls establi:	shed.	
Under penalties of perjury and other pena SB or Schedule MB completed and signe belief, it is true, correct, and complete.	aities set forth in the instruct	tions, I declare that I have	e examined this return/report	including	If applicable a Schedula	
an USI (Vin	1 LLU	1-30-17	Daniel O'Neill			
Signature of plan administrate		Date	Enter name of individual si	gning as p	lan administrator	
The second secon						
Preparer's name (Including firm name, if a		Date	Enter name of individual signature of individual signature of the second		mployer or plan sponsor lephone number	
· · · · · · · · · · · · · · · · · · ·				openitin 15 119	nebowie intuitiet	

For Paperwork Reduction Act Notice and OMB Control Numbers, see the Instructions for Form 5500-SF.

Form	5500-SF	2015
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Page 2

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6a Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)

**b** Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA)

XYes No under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.) If you answered "No" to either line 6a or line 6b, the plan cannot use Form 5500-SF and must instead use Form 5500.

X Yes No

Pa	art III Financial Information								
7	Plan Assets and Liabilities	(	a) Beginning of Yea	r		(b) End	of Year		
а	Total plan assets		276,3	,329 261,107					
b	Total plan liabilities	7b							
С	Net plan assets (subtract line 7b from line 7a)		276,3	29		261,107			
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount			otal			
а	Contributions received or receivable from:	0-(4)		0					
	(1) Employers		6,7	-					
	(2) Participants		0,7	1/					
h	(3) Others (including rollovers) Other income (loss)		(21,79	0 \					
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) .		(21,79	0)			(15,001)		
d	Benefits paid (including direct rollovers and insurance						(15,081)		
<u> </u>	to provide benefits)		1	41					
е	Certain deemed and/or corrective distributions (see ins	tructions) 8e							
f	Administrative service providers (salaries, fees, commi	ssions) 8f							
g	Other expenses	8g							
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h					141		
i	Net income (loss) (subtract line 8h from line 8c)	8i					(15,222)		
j	Transfers to (from) the plan (see instructions)	8j							
Pa	art IV Plan Characteristics								
		le welfare feature codes from the	List of Plan Characte	ristic C	odes in	the instruction	ns:		
Pa	art V Compliance Questions								
10				Yes	No I	A/A	Amount		
а	a Was there a failure to transmit to the plan any partici								
	described in 29 CFR 2510.3-102? (See instructions a				x				
h	Program) b Were there any nonexempt transactions with any pa				^				
	reported on line 10a.)				x				
С	<b>c</b> Was the plan covered by a fidelity bond?	****	10-						
C	<b>d</b> Did the plan have a loss whether or not reimbursed				x				
		by the plan's fidelity bond, that wa				_			
-		by the plan's fidelity bond, that wa	s caused		x x				
е	by fraud or dishonesty?	agents, or other persons by an ins	s caused 10d						
е	<ul> <li>by fraud or dishonesty?</li> <li>Were any fees or commissions paid to any brokers, a carrier, insurance service, or other organization that</li> </ul>	agents, or other persons by an ins	s caused 10d urance s under						
f	<ul> <li>by fraud or dishonesty?</li> <li>Were any fees or commissions paid to any brokers, a carrier, insurance service, or other organization that the plan? (See instructions.)</li> </ul>	agents, or other persons by an ins provides some or all of the benefit	s caused 10d urance s under 10e		x				
f	<ul> <li>by fraud or dishonesty?</li> <li>Were any fees or commissions paid to any brokers, a carrier, insurance service, or other organization that the plan? (See instructions.)</li> <li>If Has the plan failed to provide any benefit when due of the plan failed to provide any benefit when due of the plan failed to provide any benefit when due of the plan failed to provide any benefit when due of the plan failed to provide any benefit when due of the plan failed to provide any benefit when due of the plan failed to provide any benefit when due of the plan failed to provide any benefit when due of the plan failed to provide any benefit when due of the plan failed to provide any benefit when due of the plan failed to provide any benefit when due of the plan failed to plan failed</li></ul>	agents, or other persons by an ins provides some or all of the benefit under the plan?	s caused 10d urance s under 10e 10f	x	x x		8,786		
f	<ul> <li>by fraud or dishonesty?</li> <li>Were any fees or commissions paid to any brokers, a carrier, insurance service, or other organization that the plan? (See instructions.)</li> <li>f Has the plan failed to provide any benefit when due of Did the plan have any participant loans? (If "Yes," er</li> </ul>	agents, or other persons by an ins provides some or all of the benefit under the plan? ter amount as of year end.)	s caused 10d urance s under 10e 10f 10g	x	x x		8,786		
f	<ul> <li>by fraud or dishonesty?</li> <li>Were any fees or commissions paid to any brokers, a carrier, insurance service, or other organization that the plan? (See instructions.)</li> <li>If Has the plan failed to provide any benefit when due of the plan failed to provide any benefit when due of the plan failed to provide any benefit when due of the plan failed to provide any benefit when due of the plan failed to provide any benefit when due of the plan failed to provide any benefit when due of the plan failed to provide any benefit when due of the plan failed to provide any benefit when due of the plan failed to provide any benefit when due of the plan failed to provide any benefit when due of the plan failed to provide any benefit when due of the plan failed to plan failed</li></ul>	agents, or other persons by an ins provides some or all of the benefit under the plan? ter amount as of year end.) cout period? (See instructions and	s caused 10d urance s under 10e 10f 29 CFR 10g	x	x x		8,786		
f	<ul> <li>by fraud or dishonesty?</li> <li>Were any fees or commissions paid to any brokers, a carrier, insurance service, or other organization that the plan? (See instructions.)</li> <li>Has the plan failed to provide any benefit when due of Did the plan have any participant loans? (If "Yes," enh If this is an individual account plan, was there a black 2520.101-3.)</li> </ul>	agents, or other persons by an ins provides some or all of the benefit under the plan? ter amount as of year end.) cout period? (See instructions and er provided the required notice or	s caused 10d urance s under 10e 10f 129 CFR 10h one of the	x	x x x		8,786		
f g h	<ul> <li>by fraud or dishonesty?</li> <li>Were any fees or commissions paid to any brokers, a carrier, insurance service, or other organization that the plan? (See instructions.)</li> <li>Has the plan failed to provide any benefit when due of Did the plan have any participant loans? (If "Yes," enh If this is an individual account plan, was there a black 2520.101-3.)</li> <li>If 10h was answered "Yes," check the box if you eith</li> </ul>	agents, or other persons by an ins provides some or all of the benefit under the plan? ter amount as of year end.) cout period? (See instructions and er provided the required notice or CFR 2520.101-3	s caused 10d urance s under 10e 10f 10g 129 CFR 10h one of the 10i	x	x x x		8,786		
f g h i	<ul> <li>by fraud or dishonesty?</li> <li>Were any fees or commissions paid to any brokers, a carrier, insurance service, or other organization that the plan? (See instructions.)</li> <li>f Has the plan failed to provide any benefit when due to g Did the plan have any participant loans? (If "Yes," er</li> <li>h If this is an individual account plan, was there a blact 2520.101-3.)</li> <li>i If 10h was answered "Yes," check the box if you eith exceptions to providing the notice applied under 29 0</li> </ul>	agents, or other persons by an ins provides some or all of the benefit under the plan? ter amount as of year end.) cout period? (See instructions and er provided the required notice or CFR 2520.101-3	s caused 10d urance s under 10e 10f 10g 129 CFR 10h one of the 10i	x	x x x		8,786		
f g h i	<ul> <li>by fraud or dishonesty?</li> <li>Were any fees or commissions paid to any brokers, a carrier, insurance service, or other organization that the plan? (See instructions.)</li> <li>f Has the plan failed to provide any benefit when due of g Did the plan have any participant loans? (If "Yes," en h If this is an individual account plan, was there a black 2520.101-3.)</li> <li>i If 10h was answered "Yes," check the box if you eith exceptions to providing the notice applied under 29 (J Did the plan trust incur unrelated business taxable in art VI Pension Funding Compliance</li> <li>1 Is this a defined benefit plan subject to minimum fund</li> </ul>	agents, or other persons by an ins provides some or all of the benefit under the plan? ter amount as of year end.) cout period? (See instructions and er provided the required notice or CFR 2520.101-3	s caused 10d urance s under 10e 10f 10g 129 CFR 10h one of the 10i 10j	olete So	x x x x x x x x x x x x x x x x x x x	•	8,786		

Yes X No 12 Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA? ...

	Form 5500-SF 2015 Page <b>3-</b>						
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)						
	I fa waiver of the minimum funding standard for a prior year is being amortized in this plan year, ranting the waiver.	see instr Mont			e date of t Yea		uling
	ou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to		I D	ay		ai	
<b>,</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			
	Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign t			.20			
	negative amount)			12d			
e	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?			Y 🗌	es 🗴 N	0	
	If "Yes," enter the amount of any plan assets that reverted to the employer this year		13a				
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or of the PBGC?	-			[	Yes	X No
С	If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), which assets or liabilities were transferred. (See instructions.)	identify t	he plan(s) to				
1	3c(1) Name of plan(s):		13c	(2) EIN(	s)	13c(3)	PN(s)
Part	VIII Trust Information						
14a M	Name of trust			<b>14b</b> ⊤	rust's EIN		
14c	Name of trustee or custodian				rustee or ophone nur	custodian' nber	S
Part	IX IRS Compliance Questions						
15a	Is the plan a 401(k) plan:			☐ Ye	s	□ No	
	If "Yes," how does the 401(k) plan satisfy the nondiscrimination requirements for employee deferrance matching contributions (as applicable) under sections 401(k)(3) and 401(m)(2)?			bas bas	sign- sed safe bor thod	ADP/2 test	ACP
	If ADP/ACP test, did the 401(k) plan perform ADP/ACP testing for the plan year using the "current testing method" for nonhighly compensated employees (Treas. Reg. section 1.401(k)-2(a)(2)(ii) an 2(a)(2)(ii))?	-	m)-	🗌 Ye	S	No No	
	Check the box to indicate the method used by the plan to satisfy the coverage requirements under		. ,	Ra Pe Te:	rcentage	Avera	age fit Test
	Does the plan satisfy the coverage and nondiscrimination tests of sections 410(b) and 401(a)(4) b this plan with any other plans under the permissive aggregation rules?			Ye:	S	No No	
17a	Has the Plan been timely amended for all required law changes?		••••••	Ye:	S	🗌 No	□ N/A
	Date of the last plan amendment/restatement for the required tax law changes was adopted	_//	Enter the	e applica	able code	(Se	е
17c	If the plan sponsor is an adopter of a pre-approved master, prototype (M&P), or volume submitter			a favora	able IRS c	pinion or	
17d	advisory letter, enter the date of that favorable letter / / and the letter's ser If the plan is an individually-designed plan and recieved a favorable determination letter from IRS, determination letter /////			e of plan	's last favo	orable	
	s the Plan maintained in a U.S. territory (i.e., Puerto Rico (if no election under ERISA section 1022 made), American Samoa, Guam, the Commonwealth of the Northern Mariana Islands or the U.S.			Ye:	s	No No	
19	Were in-service distributions made during the plan year?			Ye	S	🗌 No	_
	If Yes, enter amount			19			
	Were minimum required distributions made to 5% owners who have attained age 70 $\frac{1}{2}$ (regardless not retired) as required under section 401(a)(9)?			Ye	S	No No	□ N/A