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.

2016

OMB Nos. 1210-0110

1210-0089

This Form is Open to **Public Inspection**

Part I	Annual Report I	Identification Information	l			
For calend	dar plan year 2016 or fis	scal plan year beginning 01/01/2	2016 and ending 1	2/31/201	6	
A This re	eturn/report is for:	a single-employer plan a one-participant plan	a multiple-employer plan (not multiemployer) list of participating employer information in a a foreign plan		-	
B This ref	turn/report is	the first return/report an amended return/report	the final return/report a short plan year return/report (less than 12 n	nonths)		
	box if filing under:	Form 5558 special extension (enter descri	. ,	DFV	C program	
Part II	Basic Plan Infor	rmation—enter all requested inf	formation			
1a Name	e of plan G, LLC 401(K) PROFIT S	SHARING PLAN		р	hree-digit lan number PN)	001
				1c E	ffective date of 01/01	•
Mailin	g address (include room	yer, if for a single-employer plan) n, apt., suite no. and street, or P.C e. country, and ZIP or foreign post	D. Box) tal code (if foreign, see instructions)	(E	-111)	47311
UNDBERG, LLC		2c Sponsor's telephone number 425-283-5070				
P.O. BOX 59 13201 BEL- BELLEVUE,	RED ROAD			2 d B	usiness code (3 54133	see instructions)
3a Plan a	administrator's name an	d address 🛚 Same as Plan Spor	nsor.	3b A	dministrator's E	EIN
•						elephone number
name		e plan sponsor has changed since nber from the last return/report.	the last return/report filed for this plan, enter the	4b E		
_		at the beginning of the plan year		5a		(
_				5b		5
C Numb	per of participants with a	account balances as of the end of	the plan year (only defined contribution plans	5c		42
d(1) To	tal number of active par	ticipants at the beginning of the pl	lan year	5d(1)	(
d(2) To	tal number of active par	ticipants at the end of the plan year	ar	5d(2	2)	5-
than	100% vested		e plan year with accrued benefits that were less	5e		
			n/report will be assessed unless reasonable ca			able a Celessiul
			ctions, I declare that I have examined this return/re as well as the electronic version of this return/repo			

SIGN	Filed with authorized/valid electronic signature.	DERMOTT		
HERE	Signature of plan administrator	Date	Enter name of	of individual signing as plan administrator
SIGN				
HERE	Signature of employer/plan sponsor	Date	Enter name of	of individual signing as employer or plan sponsor
Preparer's	s name (including firm name, if applicable) and address	(include room or suite nur	mber)	Preparer's telephone number

Form 5500-SF 2016 Page **2**

b Are you claiming a walver of the annual examination and report of an independent qualified public accountant (ICPA) where In No. 1 is a marker eligibility and conditions. If you answered "No!" to either line is a or line this, the plan cannot use Form \$500-\$F and must instead use Form \$500. If you answered "No!" to either line is a or line this, the plan cannot use Form \$500-\$F and must instead use Form \$500. In No! of the PRISC insurance program (see ERISA section 4021)*		Were all of the plan's assets during the plan year invested in eligib		,						X Ye	es No
C if the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)?	b	under 29 CFR 2520.104-46? (See instructions on waiver eligibility	and condi	tions.)		·····				X Ye	es 🗌 No
Part III Financial Information Financial Informa	С						_	-	_	□ Not de	termined
7		<u>_</u>	<u> </u>	<u> </u>				ı			
a Total plan isabilities. 7a	7			(a) Beginning	of Year				(b) End	of Year	
b Total plan liabilities	a		7a	(a) Dogg					(b) Liiu		90
C. Net plan assets (subtract line 7b from line 7a)	b	·			0)				4	19
a Contributions received or receivable from: (1) Employers. (2) Participants			7c		0)				343624	1 1
(1) Employers 8a(1) 156245 (2) Participants 8a(2) 309745 (3) Others (including rollovers) 8a(3) 2833902 b Other income (loss) 8a(3) 2833902 c Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) 8b 136349 c Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) 8c 3436241 d Benefits paid (including direct rollovers and insurance premiums to provide benefits) 9c 4 for provide benefits 9c 4 for provide for providers (salaries, fees, commissions) 8c 9c 4 for provide providers (salaries, fees, commissions) 8c 9c 4 for provides 9c 4 for providers (salaries, fees, commissions) 8c 9c 4 for provides 9c 4 for providers (salaries, fees, commissions) 9c 4 for provides 9c 4 for providers (salaries, fees, commissions) 9c 4 for provides 9c 4 for providers (salaries, fees, commissions) 9c 4 for provides 9c 4 for providers (salaries, fees, commissions) 9c 4 for providers (salaries, fees, commissions) 9c 4 for providers 9c 6 for providers 9c 6 for providers 9c	8	Income, Expenses, and Transfers for this Plan Year		(a) Amour	nt				(b) T	otal	
(2) Participants	а								``		
(a) Others (including rollovers)											
b Other income (loss). C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)		(2) Participants	8a(2)			_					
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)		, , , , , , , , , , , , , , , , , , , ,	8a(3)								
d Benefits paid (including direct rollovers and insurance premiums to provide benefits)			8b		136349						
e Certain deemed and/or corrective distributions (see instructions). 8			8c							343624	1 1
e Certain deemed and/or corrective distributions (see instructions). f Administrative service providers (salaries, fees, commissions)	d	· · · ·	8d		0						
f Administrative service providers (salaries, fees, commissions)	е.	•			0)					
g Other expenses (add lines 8d, 8e, 8f, and 8g)	f				C)					
h Total expenses (add lines 8d, 8e, 8f, and 8g) 8h 0 i Net income (loss) (subtract line 8h from line 8c) 8i 3436241 j Transfers to (from) the plan (see instructions) 8j 0 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 2J 2K 2H 3D 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: a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-1027 (See instructions and DOL's Voluntary Fiduciary Correction Program) 10a b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.) 10b C Was the plan covered by a fidelity bond? 10c d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? 10c e 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) 10g f Has the plan failed to provide any benefit when due under the plan? 10f t ff this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 250.101-3) 10h i If 10h was answered "Yes," check the box if you either provided the required notice or one of the	a				0)					
i Net income (loss) (subtract line 8h from line 8c)		·									0
Transfers to (from) the plan (see instructions) Bi										343624	11
Part IV Plan Characteristics	÷	i Tanafan ta (family the alor (accinety attack)									
9a	Par	, , , , ,	oj								
Part V Compliance Questions		If the plan provides pension benefits, enter the applicable pension	feature co	odes from the List of Pl	an Cha	racteri	stic Co	odes in	the inst	ructions:	
10 During the plan year: 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) b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported 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's fidelity bond, that was caused by fraud or dishonesty? e 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.) f Has the plan failed to provide any benefit when due under the plan? g Did the plan have any participant loans? (If "Yes," enter amount as of year-end.) 10	b		eature cod	des from the List of Pla	n Chara	acterist	tic Cod	des in t	he instru	uctions:	
10 During the plan year: 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) b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported 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's fidelity bond, that was caused by fraud or dishonesty? e 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.) f Has the plan failed to provide any benefit when due under the plan? g Did the plan have any participant loans? (If "Yes," enter amount as of year-end.) 10	Dor	t V Compliance Questions									
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)						Voc	No	N/A		A	
described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program). b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)			ıtiono withi	in the time period		res	NO	N/A		Amoun	t
reported on line 10a.)	а	described in 29 CFR 2510.3-102? (See instructions and DOL's V	oluntary F	Fiduciary Correction	10a		X				
d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	b				10b		X				
by fraud or dishonesty?	С	Was the plan covered by a fidelity bond?			10c	X					500000
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.) Has the plan failed to provide any benefit when due under the plan? Did the plan have any participant loans? (If "Yes," enter amount as of year-end.) Hif this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) If 10h was answered "Yes," check the box if you either provided the required notice or one of the	d	• • • • • • • • • • • • • • • • • • • •	•	•	10d		X				
g Did the plan have any participant loans? (If "Yes," enter amount as of year-end.)	е	Were any fees or commissions paid to any brokers, agents, or oth carrier, insurance service, or other organization that provides some	her persor ne or all of	s by an insurance the benefits under	10e		X				
h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	f	Has the plan failed to provide any benefit when due under the pla	an?		10f		X				
2520.101-3.)	g	Did the plan have any participant loans? (If "Yes," enter amount a	as of year-	end.)	10g		X				
	h	·	•		10h		X				
	i				10i						

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Page 3 -	1	

Part	VI	Pension Funding Compliance					
11		s a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and constructions and constructions and constructions and constructions and constructions and constructions are supplied to the constructions and constructions are supplied to the constructions are supplied to the construction and construction are supplied to the construction are supplied to the construction and construction are supplied to the construction and construction are supplied to the construction are supplied to the construction and construction are supplied to the construction and construction are supplied to the construction and construction are supplied to the constru				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
If	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		1			
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

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

2016

This Form is Open to Public Inspection

Part I	Annual Report	Identification Information				
For calend	lar plan year 2016 or f	scal plan year beginning	01/01/2016	and ending	12/31/20	<u>16</u>
A This re	turn/report is for:	X a single-employer plan	a multiple-employer pl	an (not multiemployer) nployer information in a		
71 111010	turn port to for.	a one-participant plan	a foreign plan			•
B This ret	urn/report is	X the first return/report	the final return/report			
	·	an amended return/report	a short plan year return	n/report (less than 12 m	nonths)	
C Check	box if filing under:	☐ Form 5558	automatic extension		DFVC program	
		special extension (enter descr	_			
Part II	Basic Plan Info	rmation—enter all requested inf	*			
1a Name					1b Three-digit	
	•	Profit Sharing Plan			plan number (PN) ▶	001
		,			1c Effective dat	
				·	01/01/20	
Mailing	g address (include roo	yer, if for a single-employer plan) m, apt., suite no. and street, or P.O			2b Employer Ide (EIN) 81-1	entification Number 347311
	town, state or provinc rg, LLC	e, country, and ZIP or foreign posta	al code (if foreign, see insti	ructions)	2c Sponsor's te	lephone number
Hullabe.	rg/ mic				425-283-	
P.O. Bo	ox 597				20 Business cod 541330	le (see instructions)
13201 F	Bel-Red Road				241330	
Bellevi	ıe	WA 98005				·
3a Plan a	dministrator's name ar	nd address 🛛 Same as Plan Spor	ISOF.		3b Administrato	's EIN
					3c Administrator	's telephone number
\$		•			OO Marinionato	o totephone names
		e plan sponsor has changed since t	he last return/report filed fo	or this plan, enter the	4b EIN	
name a Spons	•	mber from the last return/report.			4c PN	
•		at the beginning of the plan year			5a	0
		at the end of the plan year			5b	55
	•	account balances as of the end of t			5c	
	•					42
		rticipants at the beginning of the pla	·		5d(1)	0
		rticipants at the end of the plan yea			5d(2)	54
e Numb	er of participants that 100% vested	terminated employment during the	plan year with accrued bei	netits that were less	5e	1
Caution: A	penalty for the late	or incomplete filing of this return	report will be assessed	uniess reasonable ca	use is established	
SB or Sche	alties of perjury and other dule MB completed ar rue, correct, and confi	ner penalties set forth in the instructed actuary, a selection of the second section of the section o	tions, I declare that I have s well as the electronic ver	examined this return/re sion of this return/repor	port, including, if ap t, and to the best of	plicable, a Schedule my knowledge and
SIGN	Tue, Correct, and cons	77/1//	2/22/17	Patrick McDern	nott	
HERE	Signature of plan o	desiration (1921	Enter name of Individ		administrator
01011	Signature of plan a	unumstrator	Date	Enternante of individ	uai siyriiriy as piatr	administrator
SIGN HERE						
in the	Signature of emplo	yer/plan sponsor ame, if applicable) and address (in	Date	Enter name of individ	ual signing as empl Preparer's telepho	
i ichaici s i	name (minuming mill fi	ame, ii applicable) and address (III	olde room or suite numbe	·· ,	. reparer e reseptit	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
	•					
	,					

P	age	2

	Were all of the plan's assets during the plan year invested in eligit 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	endent qualified public	accoun	tant (K	QPA)			X Ye	es No
	If you answered "No" to either line 6a or line 6b, the plan can	not use Fe	orm 5500-SF and mus	st Inste	ad use	e For	n 5500		_	_
	If the plan is a defined benefit plan, is it covered under the PBGC in	nsurance	program (see ERISA s	ection 4	1021)?		Yes	∐No	☐ Not de	termined
Pa	rt III Financial Information		T							
	Plan Assets and Liabilities		(a) Beginning	of Yea				(b) End		
	Total plan assets	7a			0				3,4	136,290
<u>b</u>		7b			0					49
	Net plan assets (subtract line 7b from line 7a)	7c								36,241
8	Income, Expenses, and Transfers for this Plan Year		(a) Amou	nt				(b) T	otal	
a	Contributions received or receivable from: (1) Employers	8a(1)		156,	245					
	(2) Participants	8a(2)		309,	745		·····			
	(3) Others (including rollovers)	8a(3)	2,	833,	902					
	Other income (loss)	8b		136,	349					
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							3,4	36,241
	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d			0					
е	Certain deemed and/or corrective distributions (see instructions)	8e			0			•		-
f	Administrative service providers (salaries, fees, commissions)	8f			0					
g	Other expenses	8g			0					
	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h			\dashv					0
	Net income (loss) (subtract line 8h from line 8c)	8i							3,4	36,241
Ť	Transfers to (from) the plan (see instructions)	81			o					,
Pa	rt IV Plan Characteristics	U)	<u> </u>		1_			•	<u> </u>	·····
9a	If the plan provides pension benefits, enter the applicable pension 2E 2J 2K 2H 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	les from the List of Pla	n Chara	acterisi	ic Co	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 contribut described in 29 CFR 2510.3-102? (See instructions and DOL's V Program)	oluntary F	iduciary Correction	10a		X				,
b	Were there any nonexempt transactions with any party-in-interest reported on line 10a.)	? (Do not	Include transactions	10b		х				
С	Was the plan covered by a fidelity bond?			10c	х				9	500,000
d	Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?			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.)	er person	s by an insurance the benefits under	10e		Х				
f	Has the plan failed to provide any benefit when due under the plan	n?		10f		х				
g	Did the plan have any participant loans? (If "Yes," enter amount a	s of year-e	end.)	10g		Х				
h	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			10ì						

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Part	t VI Pension Funding Compliance				
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions ar (Form 5500) and line 11a below)	d complete	Schedule S	В	Yes No
118	a Enter the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40				
12				f I 🗆	Yes 🗓 No
	ERISA?(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)	***************	*************		
	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see granting the waiver.	Month	, and enter t Day		
<u> </u>	f you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to lir	ie 13.		1	
	D Enter the minimum required contribution for this plan year		420		
	Enter the amount contributed by the employer to the plan for this plan year				
	Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the negative amount)	************		Voc. No.	11 144
	Will the minimum funding amount reported on line 12d be met by the funding deadline?		[<u></u>	Yes No	∐ N/A
Part		-	<u> </u>		
_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 year		13a		
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or bro			Yes	X No
C	If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), ide which assets or liabilities were transferred. (See Instructions.)	entify the pla	ın(s) to		
	13c(1) Name of plan(s):	13	c(2) EIN(s)	13c	(3) PN(s)
Part	t VIII Trust Information	J		<u> </u>	
14a	Name of trust		14b 1	Trust's EIN	
14c	Name of trustee or custodian	<i>,</i>		Trustee's or custo telephone numbe	
Par	t IX IRS Compliance Questions		•		
15a	ı is the plan a 401(k) plan? if "No," skip b	Y	es ø	∏ No	
	How did the plan satisfy the nondiscrimination requirements for employee deferrals under section 401(k)(3) for the plan year? Check all that apply:	Sa 	esign-based afe harbor current year DP test	☐ test	year" ADP
16a	What testing method was used to satisfy the coverage requirements under section 410(b) for the plan year? Check all that apply:	p	tatio ercentage est	Average benefit test	□ N/A
	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?	<u></u> ⊔ '	es	☐ No	
	If the plan is a master and prototype plan (M&P) or volume submitter plan that received a favorable IR the letter and the serial number			····	
17b	If the plan is an individually-designed plan that received a favorable determination letter from the IRS, letter	enter the d	ate of the m	ost recent detern	nination
1.	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 se service?	parated fro	m Yes	s 🗌 No	
19	Was any plan participant a 5% owner who had attained at least age 70 ½ during the prior plan year?		Yes	No No	