## **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.

For calenda	ar plan year 2016 or fi	scal plan year beginning 01/01/2	2016	and ending 12	2/31/2016					
A This ret	urn/report is for:	a single-employer plan			er) (Filers checking this box must attach a n accordance with the form instructions.)					
	•	a one-participant plan	a foreign plan							
<b>B</b> This retu	ırn/report is	the first return/report	the final return/report							
		an amended return/report	a short plan year return	n/report (less than 12 m	onths)					
C Check b	oox if filing under:	Form 5558	automatic extension		DFVC program					
D ( II	Daria Blancia	special extension (enter desc	• /							
Part II		ormation—enter all requested in	itormation							
1a Name (		D CONTRIBUTION RETIREMENT	ΓPLAN		<b>1b</b> Three-digit plan number (PN) ▶	001				
					<b>1c</b> Effective date of plan 07/01/1996					
Mailing	address (include roo	oyer, if for a single-employer plan) m, apt., suite no. and street, or P.C			<b>2b</b> Employer Identification Number (EIN) 91-6013536					
	City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)  EATTLE FOUNDATION				2c Sponsor's te	lephone number 622-2294				
4004 FTH AV	VENUE OTE 4000				2d Business coo	le (see instructions)				
	'ENUE, STE. 1900 'A 98101-3615				81	3000				
3a Plan ad	dministrator's name a	nd address X Same as Plan Spo	nsor.		<b>3b</b> Administrator	's EIN				
					3c Administrator	's telephone number				
		e plan sponsor has changed since	the last return/report filed for	or this plan, enter the	<b>4b</b> EIN 91	-6013536				
a Sponso	or's name THE SEATT	mber from the last return/report.  FLE FOUNDATION			4c PN	001				
<b>5a</b> Total r	number of participants	at the beginning of the plan year.			5a	78				
<b>b</b> Total r	number of participants	at the end of the plan year			5b	83				
		account balances as of the end of			5c	79				
<b>d(1)</b> Tota	al number of active pa	rticipants at the beginning of the p	lan year		5d(1)	49				
		articipants at the end of the plan ye			5d(2)	51				
than '	100% vested	terminated employment during the			5e	0				
		or incomplete filing of this retur her penalties set forth in the instru								
SB or Sche		nd signed by an enrolled actuary,								
SIGN HERE		valid electronic signature.	04/12/2017	KIRSTINE JOHNSON						
					ual signing as plan	administrator				
SIGN HERE										
	Signature of emplo	oyer/plan sponsor name, if applicable) and address (in	Date nclude room or suite numbe	Enter name of individer )	ual signing as emple Preparer's telepho					
Troparor o	mamo (moraamig mm)	iamo, ii applicazio, ana accioco (ii	notate reem of earle manipe	. ,	Troparor o toropino	ano numbo.				

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) If you answered "No" to either line is a or line 6b, the plan cannot use Form 5500-5F and must instead use Form 5500. If you answered "No" to either line is a or line 6b, the plan cannot use Form 5500-5F and must instead use Form 5500. If you answered "No" to either line is a or line 6b, the plan cannot use Form 5500-5F and must instead use Form 5500. If you answered "No" to either line is a or line 6b, the plan cannot use Form 5500-5F and must instead use Form 5500. If you answered "No" to either line is a or line 6b, the plan cannot use Form 5500-5F and must instead use Form 5500. If you answered "No" to either line is a line is a set of the plan instead use Form 5500. If you answered "No" to either line is a line is a line instead use Form 5500. If you answered "No" to either line is a line is a line is a line instead use Form 5500. If you answered "No" is a line		Were all of the plan's assets during the plan year invested in eligib		` ,						X Yes	No
C if the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)?	D									X Yes	No
Part III   Financial Information   (a) Beginning of Year   (b) End of Year   (c) End of Year   (d) End of Year   (d) End of Year   (e) E							_				
7 Plan Assets and Liabilities 7 Read (a) Beginning of Year (b) End of Year 8 (10 Plan Assets 4731209 8412717 8	С	If the plan is a defined benefit plan, is it covered under the PBGC in	nsurance p	orogram (see ERISA se	ection 4	021)?		Yes	No	Not determi	ined
a Total plan isobitities	Pa	rt III Financial Information									
D Total plan isabilities	7	Plan Assets and Liabilities						(	b) End of Y	'ear	
C Net plan assets (subtract line 7b from line 7a)	a	Total plan assets	7a	4	731209					5462717	
8 Income, Expenses, and Transfers for this Plan Year a Contributions received or receivable from: (1) Employers. 8a(1) 257280 (2) Participants. 8a(2) 4444524 (3) Others (including rollovers). 8a(3) 21395 b Other income (loss). 8b 338889 c Total income (add lines 8a(1), 8a(2), 8a(3), and 8b). 8c Total income (add lines 8a(1), 8a(2), 8a(3), and 8b). 8c Total income (add lines 8a(1), 8a(2), 8a(3), and 8b). 8c Total income (add lines 8a(1), 8a(2), 8a(3), and 8b). 8c Total income (add lines 8a(1), 8a(2), 8a(3), and 8b). 8c Total income (add lines 8a(1), 8a(2), 8a(3), and 8b). 8c Total income (add lines 8a(1), 8a(2), 8a(3), and 8b). 8c Total income (add lines 8a(1), 8a(2), 8a(3), and 8b). 8c Total income (add lines 8a(1), 8a(2), 8a(3), and 8b). 8c Total income (add lines 8a(1), 8a(2), 8a(3), and 8b). 8c Total income (add lines 8a(1), 8a(2), 8a(3), and 8b). 8c Total income (add lines 8a(1), 8a(2), 8a(3), and 8b). 8c Total income (add lines 8a(1), 8a(2), 8a(3), and 8b). 8c Total income (add lines 8a(1), 8a(2), 8a(3),	b	Total plan liabilities	7b		841					0	
a Contributions received or receivable from: (1) Employers	<u>C</u>	Net plan assets (subtract line 7b from line 7a)	7c	4	730368					5462717	
(2) Participants	8	Income, Expenses, and Transfers for this Plan Year		(a) Amour	nt				(b) Tota	<u> </u>	
(2) Participants	а		92/1)		257290						
(3) Other s(including rollovers)				,	444524						
b Other income (loss).  c Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)											
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)		, , , , , , , , , , , , , , , , , , , ,									
d Benefits paid (including direct rollovers and insurance premiums to provide benefits)			1							1061798	
e Certain deemed and/or corrective distributions (see instructions).  e Certain deemed and/or corrective distributions (see instructions).  f Administrative service providers (salaries, fees, commissions)			00								
f Administrative service providers (salaries, fees, commissions)			8d		329449						
g Other expenses	<u>e</u>	Certain deemed and/or corrective distributions (see instructions).	8e		0						
Total expenses (add lines 8d, 8e, 8f, and 8g)	f	Administrative service providers (salaries, fees, commissions)	8f		0						
Net income (loss) (subtract line 8h from line 8c)	g	Other expenses	8g		0						
Part IV   Plan Characteristics   Plan Characteristics	<u>h</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							329449	
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:    Description   Example	i_	Net income (loss) (subtract line 8h from line 8c)	8i							732349	
9a	j	Transfers to (from) the plan (see instructions)	8j								
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	Pai	t IV Plan Characteristics									
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 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)	9a	If the plan provides pension benefits, enter the applicable pension 2L 3D 2G 2T 2F	feature co	odes from the List of Pl	an Cha	racteris	stic Co	des in	the instruct	ions:	
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.)  h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)  10 If 10h was answered "Yes," check the box if you either provided the required notice or one of the	b	If the plan provides welfare benefits, enter the applicable welfare f	eature cod	les from the List of Pla	n Chara	acterist	ic Cod	les in t	he instruction	ns:	
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.)  h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)  10 If 10h was answered "Yes," check the box if you either provided the required notice or one of the	Par	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)						Yes	No	N/A		mount	
described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)		<u> </u>	ıtions withi	n the time period		100	110	IVA		inount	
reported on line 10a.)	-	described in 29 CFR 2510.3-102? (See instructions and DOL's \	oluntary F	iduciary 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				50	00000
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.)      If 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 person 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	ın?		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						

ı	Form	550	0-SF	201	16

Page 3-	1	
Page 3-	1	

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
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(	<b>2)</b> 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 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** 

The state of the s			SELECTIVE CONTROL OF THE CONTROL OF	4010010	016
For calendar plan year 2016 o					
A This value (see set in feet	X a single-employer plan				
A This return/report is for:	a one-participant plan		ployer information in ac	cordance with the	a form instructions.)
	П	a loroigh plan			
B This return/report is	the first return/report	the final return/report			
	님	=	/report (less than 12 mg	onths)	
			moper (1000 that 12 th	_	
Check box if filing under:	Form 5558	automatic extension		DFVC prograr	n
	special extension (enter desc	ription)			
Part II Basic Plan In	formation—enter all requested in	formation			
1a Name of plan				0	1
SEATTLE FOUNDATION	DEFINED CONTRIBUTION I	RETIREMENT PLAN		2 T T T T T T T T T T T T T T T T T T T	er  001
					ate of plan
2a Plan sponsor's name (em	ployer, if for a single-employer plan)				
Mailing address (include r	oom, apt., suite no. and street, or P.0				
		tal code (if foreign, see instru	uctions)	2c Sponsor's	telephone number
Seattle Foundation					
1601 5th Avenue. S	te 1900				ode (see instructions)
2002 000 11101140, 0				813000	
Seattle	WA 98101-361	.5			
3a Plan administrator's name	and address Same as Plan Spo	nsor		<b>3b</b> Administra	tor's EIN
				3c Administra	tor's telephone number
		the last return/report filed fo	or this plan, enter the	<b>4b</b> EIN 91-0	5013536
	· ·	E EOUNDAMION		<b>40</b> DN 001	
					78
				DD QC	83
				5c	7:
				5d(1)	4.9
					5
than 100% vested					(
Caution: A penalty for the la	te or incomplete filing of this retur	n/report will be assessed	unless reasonable car	use is establishe	ed.
SB or Schedule MB completed	other penalties set forth in the instru d and signed by an enrolled actuary.	ctions, I declare that I have as well as the electronic ver	examined this return/re sion of this return/repor	port, including, if t_and to the best	of my knowledge and
belief, it is true, correct, and cr	implete.			.,	
SIGN LUR IN	a liver	4/12/17	KIRSTINE JOHN:	SON	
HERE Signature of plan	n administrator	Date	Enter name of individ	ual signing as pla	an administrator
				V V	
C Check box if filing under:    Form 5558	mlause or alon openoor				
, ,			2		· - · · · · · · · · · · · · · · · · · ·
				l .	

	Form 5500-SF 2016		Page 2						
b	Were all of the plan's assets during the plan year invested in eligible. Are you claiming a waiver of the annual examination and report of a under 29 CFR 2520.104-46? (See instructions on waiver eligibility of the plan answered "No" to either line 6a or line 6b, the plan cannul of the plan is a defined benefit plan, is it covered under the PBGC in	an indeper and condit ot use Fo	ndent qualified public actions.)	ccounta instea	ant (IQ d use	PA) Form	5500.		
	rt III Financial Information	E & // II							_
	Plan Assets and Liabilities	12 354	(a) Beginning o		000		(b	End of Year 5,462,7	17
a	Total plan assets	7a	4,	731,	_			3,462,7	1 /
b	Total plan liabilities	7b			841			5,462,7	_
	Net plan assets (subtract line 7b from line 7a)	7с		730,	368			17778	1 /
8 a	Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from: (1) Employers	8a(1)		257 <b>,</b> :				(b) Total	
	(2) Participants	8a(2)		21,		N.E.			
	(3) Others (including rollovers)	8a(3)		338,					
	Other income (loss)	8b		330,	389		1000	1,061,7	00
<u>c</u>	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c			100			1,001,7	90
u	to provide benefits)	8d		329,	449				
е	Certain deemed and/or corrective distributions (see instructions)	8e			0	3/6			
f	Administrative service providers (salaries, fees, commissions)	8f			0	100.0			
g	Other expenses	8g			0				¥.
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h	Want Sir Family	d 344	MILE			329,4	49
i	Net income (loss) (subtract line 8h from line 8c)	8i		MILES				732,3	49
j	Transfers to (from) the plan (see instructions)	8j				ratio.	e Filiki		N.
_	t IV Plan Characteristics				- 10				
9a	If the plan provides pension benefits, enter the applicable pension 2L 3D 2G 2T 2F	feature co	odes from the List of Pla	an Cha	racteri	stic Co	odes in t	ne instructions:	
b	If the plan provides welfare benefits, enter the applicable welfare for	eature cod	des from the List of Plar	n Chara	acteris	tic Cod	des in the	e instructions:	
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 North Program)	oluntary F	Fiduciary Correction	10a		Х			
k	Were there any nonexempt transactions with any party-in-interest reported on line 10a.)	,		10b		Х			
C	Was the plan covered by a fidelity bond?			10c	Х		E0.5	500,	000

Χ

Χ

X

Χ

Χ

10d

10e

10g

10h

**d** Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused

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

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.)

h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR

by fraud or dishonesty?.....

the plan? (See instructions.).....

2520.101-3.)

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.....

Page 3-

Form 5500-SF 2016

Part '	VI Pension Funding Compliance					
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and c (Form 5500) and line 11a below)				Ye	s 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 of section 412 of the Contribution plan subject to the minimum funding requirements of section 412 of the Contribution (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)				Y6	s X No
a	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see ins	tructions, ar	nd enter t	he date	of the letter	ruling
	granting the waiver	onth	Day		Year	
	you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line		T			
b	Enter the minimum required contribution for this plan year		12b			
	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 (enter a minus sign to the I negative amount)		12d			
	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?		O.	Yes	⊠ 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 broug control of the PBGC?		е	[	Yes X	No
	If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identi which assets or liabilities were transferred. (See instructions.)				THE CONTROL OF THE CO	HTF240A451
1	3c(1) Name of plan(s):	13c(	<b>2)</b> EIN(s)		13c(3)	PN(s)
Part						
14a :	Name of trust		14b	Trust's E	IN	
14c	Name of trustee or custodian				s or custodia ne number	in's
Part	IX IRS Compliance Questions					
15a	ls the plan a 401(k) plan? If "No," skip b	Yes	3	[	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:	□ safe	ign-base harbor	L	Prior yea	ar" ADP
40		☐ ADF	rrent year test		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:	Raf	centage		verage enefit 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?	Yes	3		No	
	If the plan is a master and prototype plan (M&P) or volume submitter plan that received a favorable IRS the letter and the serial number					
	If the plan is an individually-designed plan that received a favorable determination letter from the IRS, e letter	nter the dat	e of the r	nost rece	ent determin	ation
	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 sep service?		Ye	es [	No	
19	Was any plan participant a 5% owner who had attained at least age 70 ½ during the prior plan year?		\ \ Ye	es	No	