# 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).

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.

		0.1/0.1	0[1]					
For calenda	ar plan year 2016 or fi	scal plan year beginning 01/01	/2016	and ending 12	2/31/2016			
A This retu	urn/report is for:	a single-employer plan	a multiple-employer pla	an (not multiemployer) ( aployer information in ac		-		
71	a,. op oo .o	a one-participant plan	a foreign plan	, ,			,	
<b>B</b> This retu	rn/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 p	rogram		
		special extension (enter des	scription)					
Part II	Basic Plan Info	ormation—enter all requested i	information					
1a Name					<b>1b</b> Thre	o-digit		
		TES 401(K) & PROFIT SHARING	G PLAN			number	001	
					_ ` ′	tive date of	plan /1994	
2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box)						oyer Identif	ication Number	
City or	City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)				(EIN)		028706	
STEPHEN EI	NSTEIN & ASSOCIA	TES, PC			2C Spor	212-267	none number -3550	
39 BROADWAY							see instructions)	
SUITE 1250 NEW YORK,						5411	10	
		nd address X Same as Plan Sp	oncor		3h ∧dmi	nistrator's E	-INI	
Ja Piali at	aministrator s name a	nd address A Same as Flam Sp	oursur.		7 Administrator 5 Env			
					3c Admi	nistrator's t	elephone number	
4 If the n	ame and/or EIN of th	e plan sponsor has changed sinc	ee the last return/report filed for	or this plan, enter the	4b EIN			
name,	EIN, and the plan nu		4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN, and the plan number from the last return/report.					
	a Sponsor's name				4c PN			
	5a Total number of participants at the beginning of the plan year				4c PN 5a		30	
<ul> <li>b Total number of participants at the end of the plan year</li> <li>c Number of participants with account balances as of the end of the plan year (only defined contribution plans</li> </ul>					_			
<b>C</b> Number	number of participants er of participants with	at the end of the plan year account balances as of the end of	of the plan year (only defined	contribution plans	5a		27	
C Number	number of participants er of participants with ete this item)	at the end of the plan yearaccount balances as of the end c	of the plan year (only defined	contribution plans	5a 5b 5c		27 27	
c Number complete com	number of participants er of participants with ete this item)	at the end of the plan year account balances as of the end o	of the plan year (only defined	contribution plans	5a 5b 5c 5d(1)		27 27 21	
c Number completed (1) Total d(2) Total e Number	number of participants er of participants with ete this item)	at the end of the plan year	of the plan year (only defined plan yearvearvear with accrued be	contribution plans	5a 5b 5c 5d(1) 5d(2)		27 27 21	
c Number completed (1) Total (2) Total e Number than 1	number of participants er of participants with ete this item)	at the end of the plan year	of the plan year (only defined plan year rear he plan year with accrued be	contribution plans	5a 5b 5c 5d(1) 5d(2) 5e	hlished	27 27 21	
c Number completed (1) Total (2) Total (2) Total (2) Total (3) Total (4) Total (4) Total (4) Total (5) Tot	er of participants with ete this item)	at the end of the plan year	plan year (only defined plan year	contribution plans nefits that were less unless reasonable car examined this return/re	5a 5b 5c 5d(1) 5d(2) 5e use is estal port, includi	ng, if applic	27 27 21 20 able, a Schedule	
c Number completed (1) Total (2) Total (2) Total (2) Total (3) Total (4) Total (4) Total (4) Total (5) Tot	aumber of participants are of participants with ete this item)	at the end of the plan year	plan year (only defined plan year	contribution plans nefits that were less unless reasonable car examined this return/re	5a 5b 5c 5d(1) 5d(2) 5e use is estal port, includi	ng, if applic	27 27 21 20 able, a Schedule	
c Number complete d(1) Total d(2) Total e Number than 1 Caution: A Under pena SB or Schebelief, it is t	pumber of participants or of participants with ete this item)	at the end of the plan year	plan year (only defined plan year with accrued bear ructions, I declare that I have as well as the electronic ver	nefits that were less  unless reasonable car examined this return/re sion of this return/repor	5a 5b 5c 5d(1) 5d(2) 5e use is estal port, includit, and to the	ng, if applice best of my	27 27 21 20 able, a Schedule knowledge and	
c Number completed (1) Total (2) Total (2) Total (2) Total (3) Event (4) Eve	aumber of participants are of participants with ete this item)	at the end of the plan year	plan year (only defined plan year	contribution plans  nefits that were less  unless reasonable car examined this return/repor	5a 5b 5c 5d(1) 5d(2) 5e use is estal port, includit, and to the	ng, if applice best of my	27 27 21 20 able, a Schedule knowledge and	
c Number completed (1) Total (2) Tot	aumber of participants or of participants with ete this item)	at the end of the plan year	plan year (only defined plan year with accrued bear ructions, I declare that I have as well as the electronic ver	contribution plans  nefits that were less  unless reasonable car examined this return/repor stephen einstein Enter name of individ	5a 5b 5c 5d(1) 5d(2) 5e use is estal port, includi t, and to the	ng, if applice best of my	27 27 21 20 able, a Schedule knowledge and	
c Number completed (1) Total (2) Total (2) Total (2) Total (3) Total (4) Tot	aumber of participants or of participants with ete this item)	at the end of the plan year	plan year (only defined plan year	contribution plans  nefits that were less  unless reasonable car examined this return/re sion of this return/repor  STEPHEN EINSTEIN  Enter name of individ	5a 5b 5c 5d(1) 5d(2) 5e use is estal port, includi t, and to the ual signing	ng, if applice best of my	knowledge and ninistrator r or plan sponsor	
c Number completed (1) Total (2) Tot	aumber of participants or of participants with ete this item)	at the end of the plan year	plan year (only defined plan year	contribution plans  nefits that were less  unless reasonable car examined this return/re sion of this return/repor  STEPHEN EINSTEIN  Enter name of individ	5a 5b 5c 5d(1) 5d(2) 5e use is estal port, includi t, and to the ual signing	ng, if applice best of my as plan adn	27 27 21 20 20 20 20 20 20 20 20 20 20 20 20 20	
c Number completed (1) Total (2) Tot	aumber of participants or of participants with ete this item)	at the end of the plan year	plan year (only defined plan year	contribution plans  nefits that were less  unless reasonable car examined this return/re sion of this return/repor  STEPHEN EINSTEIN  Enter name of individ	5a 5b 5c 5d(1) 5d(2) 5e use is estal port, includi t, and to the ual signing	ng, if applice best of my as plan adn	27 27 21 20 20 20 20 20 20 20 20 20 20 20 20 20	

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	Were all of the plan's assets during the plan year invested in eligib		•						X Ye	s No
	Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility of you answered "No" to either line 6a or line 6b, the plan cann	and condit	ions.)						X Ye	es No
	If the plan is a defined benefit plan, is it covered under the PBGC ir						-	No	Not de	termined
Par	t III Financial Information						_			
7	Plan Assets and Liabilities		(a) Beginning	of Year				(b) End	of Year	
а	Total plan assets	7a		517099				•	158427	73
b	Total plan liabilities	7b		0	)					
С	Net plan assets (subtract line 7b from line 7a)	7c	1	517099	)				158427	73
8	Income, Expenses, and Transfers for this Plan Year		(a) Amoun	ıt				(b) <sup>-</sup>	Γotal	
	Contributions received or receivable from:			46000						
	(1) Employers	8a(1)		41833						
	(2) Participants	8a(2)		41000						
	(3) Others (including rollovers)  Other income (loss)	8a(3) 8b		42517	,					
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							13035	50
	Benefits paid (including direct rollovers and insurance premiums	00								
	to provide benefits)	8d		62676						
е	Certain deemed and/or corrective distributions (see instructions).	8e								
f	Administrative service providers (salaries, fees, commissions)	8f		500	)					
g	Other expenses	8g								
<u>h</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							6317	
	Net income (loss) (subtract line 8h from line 8c)	8i							6717	<u> </u>
	Transfers to (from) the plan (see instructions)	8j								
	t IV Plan Characteristics									
9a	If the plan provides pension benefits, enter the applicable pension 2A 2E 2J 2K 3D									
b	If the plan provides welfare benefits, enter the applicable welfare for	eature cod	es from the List of Pla	n Chara	acteris	tic Cod	des in t	the instr	uctions:	
Part	V Compliance Questions									
10	During the plan year:				Yes	No	N/A		Amoun	t
а	Was there a failure to transmit to the plan any participant contributes described in 29 CFR 2510.3-102? (See instructions and DOL's Verogram)	oluntary F	iduciary Correction	10a		X				
b	Were there any nonexempt transactions with any party-in-interest reported on line 10a.)			10b		X				
С	Was the plan covered by a fidelity bond?			10c	X					250000
d	Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?			10d		X				
е	Were any fees or commissions paid to any brokers, agents, or oth carrier, insurance service, or other organization that provides som the plan? (See instructions.)	ne or all of	the benefits under	10e		X				
f	Has the plan failed to provide any benefit when due under the pla	ın?		10f		X			_	
g	Did the plan have any participant loans? (If "Yes," enter amount a	-		10g	X					57798
h	2520.101-3.)	` 		10h		X				
i	If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10			10i						

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Part	VI	Pension Funding Compliance					
11		s a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and con 5500) and line 11a below)					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		es X No
	(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 t Day		of the lette Year _	r ruling
lf	you co	ompleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 1	3.				
b	Enter	the minimum required contribution for this plan year		. 12b			
С	Enter	the amount contributed by the employer to the plan for this plan year		12c			
	Subt	ract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the letive amount)	eft of a	12d			
е	Will t	he minimum funding amount reported on line 12d be met by the funding deadline?		. 🔲	Yes	No	N/A
Part	VII	Plan Terminations and Transfers of Assets					
13a	Has a	a resolution to terminate the plan been adopted in any plan year?			Yes	s X N	0
	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		e 		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	<b>2)</b> EIN(s)		13c(3	<b>)</b> PN(s)
Part	VIII	Trust Information					
14a	Name	of trust		14b	Trust's E	ΞIN	
14c	Name	of trustee or custodian				s or custodi 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 [	"Prior ye test	ar" ADP
			Gur 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 perd test	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 determi	nation
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?	•••••	. Ye	s	No	

#### NOTE TO USER:

- A copy of this authorization must be kept in your records (but is not included in the filing).
- You must agree to communicate any inquiries and information received from EFAST2,
   DOL, IRS or PBGC regarding the return/report upon electronically signing the filing.
- To sign on behalf of the plan administrator, you must register as a "signer" at the DOL EFAST2 website and a signed copy of the 5500 form should be attached to the electronic filing as an "other attachment".

### Stephen Einstein & Associates, PC 401(k) & Profit Sharing Plan

Authorization to Electronically Sign and File 5500

I hereby authorize any employee of Bury & Associates, Inc. ("Service Provider") to electronically sign and file 5500 forms on my behalf for the 2016 filing year.

I further understand the following:

- I must sign a paper copy of the completed 5500 form.
- An image of my signature will be included with the rest of the return/report posted by the Department of Labor on the internet for public disclosure. (Not applicable if this is a one participant 5500SF filing.)
- I may revoke or change this authorization at any time by written notification to Service Provider.

Dated: 14 17 By: V

#### Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Admir

## 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).

Part | Annual Report Identification Information

OMB Nos. 1210-0110 1210-0089

2016

This Form is Open to **Public Inspection** 

For colonda		t identification information fiscal plan year beginning		1001				10/21	7001			
FOI CAIGITUS	ar plan year 2016 or			L/201		and end		12/31/				
△ This ref	urn/report is for:	X a single-employer plan								oox must attach a rm instructions.)		
r more.	анитеротств юг.	a one-participant plan		oreign pla		pioyer miorina	dorr in Boo	ordance with	u 10 (0	im mandonona.		
B This retu	ım/report is	☐ the first return/report	The 1	final retu	ırn/report							
	omerconi, • 10000 500 € 301.	an amended return/report	=			n/report (less th	nan 12 mo	inths)				
C Observed			_	55.7	•		-	-				
C Check	oox if filing under:	☐ Form 5558	aut	omatic e	extension		L	DFVC prog	ram			
		special extension (enter des										
Part II		ormation—enter all requested in	nformation	1								
1a Name								1b Three-d	•			
STEPHEN	EINSTEIN & F	ASSOCIATES 401(K) & P	ROFIT	SHAR	ING PL	AN		plan nur (PN) ▶	nber	001		
							F	1c Effective	date	of olan		
			8				1	01/01/				
Mailing	address (include ro	loyer, if for a single-employer plan) om, apt., sulte no. and street, or P.	O. Box)						er Ider	tification Number		
City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) STEPHEN EINSTEIN & ASSOCIATES, PC				ľ	2c Sponso	's tele	phone number					
01111111	STEPHEN EINSTEIN & ASSOCIATES, PC					L	212-26					
39 Broadway					1			(see instructions)				
Suite 1	(1-4m) (10-4m) (1-4m)							541110				
NEW YOR	RK	NY 10006										
3a Plan a	dministrator's name	and address X Same as Plan Spo	onsor.					3b Administrator's EIN				
		2					-					
								O Pomins	. ator t	s telephone number		
		he plan sponsor has changed since	e the last i	return/re	port filed f	or this plan, ent	ter the	4b EIN				
	77	umber from the last return/report.						Ac DN				
	or's name					<del></del>		4c PN 30				
12	(3)	ts at the beginning of the plan year						5b		30		
		ts at the end of the plan year					-	30		27		
	E. S. (2011) 1001 (11)	n account balances as of the end o	200		3.50	52		5c		27		
20 20 20		participants at the beginning of the						5d(1)		21		
	-	participants at the end of the plan y						5d(2)		20		
		at terminated employment during the										
than	100% vested							5e				
Caution: A	penalty for the lat	e or incomplete filing of this retu other penalties set forth in the instr	rn/report	will be	assessed	unless reason	rable cau	se is establis	hed.	dicable a Schedule		
SB or Sche	attles or perjury and conducted true correct, and co	and signed by an enrolled actuary	, as well a	s the ele	ectronic ve	rsion of this ret	um/report	, and to the be	est of	my knowledge and		
SIGN	Va			7/2	4117	Stephen	Einste	in				
HERE	Signature of plan	administrator		Date		Enter name	of individu	lual signing as plan administrator				
SIGN						Stephen						
HERE	0:	la confesa e a a a a a a a a a a a a a a a a a		Date		<del> </del>			emple	yer or plan sponsor		
Preparer's		lioyer/plan sponsor name, if applicable) and address	(include re		uite numb		Of III divide	Preparer's te				
, toparor o	(moderning min					e e						
							}			<del>,</del>		
				•			I					

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6a b	Were all of the plan's assets during the plan year invested in eligib Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility	an indeper	ndent qualified public a	ccount	ant (IC	(PA)		
	If you answered "No" to either line 6a or line 6b, the plan cann	ot use Fo	rm 5500-SF and mus	t inste	ad use	Form	5500.	<b>.</b>
	If the plan is a defined benefit plan, is it covered under the PBGC in	surance p	rogram (see ERISA se	ection 4	021)?	[	Yes	No Not determined
	rt III Financial Information							
7	Plan Assets and Liabilities		(a) Beginning	of Year			(	b) End of Year
a		7a	1,	517,	099			1,584,273
	Total plan liabilities	7b			0			
С	Net plan assets (subtract line 7b from line 7a)	7¢	1,	517,	099			1,584,273
8	Income, Expenses, and Transfers for this Plan Year		(a) Amoun	it				(b) Total
а	Contributions received or receivable from:	- 11		46,	000			
	(1) Employers	8a(1)						
	(2) Participants	8a(2)		41,	833			
	(3) Others (including rollovers)	8a(3)						
	Other income (loss)	d8		42,	517			
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						130,350
	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		62,	676			
<u>e</u>	Certain deemed and/or corrective distributions (see instructions)	8e						
f	Administrative service providers (salaries, fees, commissions)	8f			500			
g	Other expenses	8g						
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h						63,176
I	Net income (loss) (subtract line 8h from line 8c)	81						67,174
j	Transfers to (from) the plan (see instructions)	81						
Pa	rt IV Plan Characteristics	- 4	<del></del>					
9a		feature co	des from the List of Pla	an Cha	racteri	stic Co	des in	the instructions:
b	If the plan provides welfare benefits, enter the applicable welfare for	eature cod	les from the List of Pla	n Chara	cterist	ic Co	des in ti	he instructions;
Pa	t V Compliance Questions							
10	During the plan year:	70			Yes	No	N/A	Amount
ε	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	•		40-		Х		
t	Were there any nonexempt transactions with any party-in-interest reported on line 10a.)	? (Do not	include transactions	10a		х		
	Was the plan covered by a fidelity bond?			10c	Х			250,000
-	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		
	Were any fees or commissions paid to any brokers, agents, or other carrier, insurance service, or other organization that provides som the plan? (See instructions.)	ner person ne or all of	s by an insurance the benefits under	10e		х		
	Has the plan failed to provide any benefit when due under the pla	n?		10f		Х		
-	Did the plan have any participant loans? (If "Yes," enter amount a			10g	Х			57,798
	If this is an individual account plan, was there a blackout period?     2520.101-3.)			10h		х		
	If 10h was answered "Yes," check the box if you either provided t exceptions to providing the notice applied under 29 CFR 2520.10			101				T. O

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Form			

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Page J	- 1

Part	VI Pension Funding Compliance						
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and (Form 5500) and line 11a below)	complete	Schedule S	В	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 CERISA?	ode or se	ction 302 of		Ye	s 🛭 No	
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)						
a	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see ins granting the waiver	itructions, Aonth	and enter t		of the letter i Year	uling	
If	you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line						
<u>b</u>	Enter the minimum required contribution for this plan year		12b				
C	Enter the amount contributed by the employer to the plan for this plan year		12c				
d	Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the negative amount)	left of a	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?			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 brougeontrol of the PBGC?	ght under	the		Yes X	No	
С	If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), ident which assets or liabilities were transferred. (See instructions.)						
	3c(1) Name of plan(s):	13	c(2) EIN(s)		13c(3) l	PN(s)	
			. mr Fild-san Transportant of Fagure		NATE OF AN AND AN AND AN AND AN AND AN AND AN AND AND	promoved by agenciate a strong for the strong of a strong	
Part	VIII Trust Information						
14a	Name of trust		14b 1	Trust's El	N		
14c	Name of trustee or custodian		1	14d Trustee's or custodian's telephone number			
Par	t IX IRS Compliance Questions						
15a	Is the plan a 401(k) plan? If "No," skip b.	O Y	es		] 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:	U sa	esign-based ife harbor turrent year DP test	L	"Prior yea test N/A	r ADP	
	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		erage nefit 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?		es	L	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						
17b	If the plan is an individually-designed plan that received a favorable determination letter from the IRS, e letter	nter the d	ate of the m	nost rece	nt determina	ation	
18	Defined Benefit Plan or Money Purchase Pension Plan Only: Were any distributions made during the plan year to an employee who attained age 62 and had not sep service?		m Ye	s [	] No		
19	Was any plan participant a 5% owner who had attained at least age 70 ½ during the prior plan year?		Ye	s [	] No		

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