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

Pa	rt I Annual Report	t Identification Information				
For c	calendar plan year 2016 or f	iscal plan year beginning 01/01/2	2016 and ending	2/31/2016		
Ат	his return/report is for:	X a single-employer plan	a multiple-employer plan (not multiemployer) list of participating employer information in a	•	Ū	
		a one-participant plan	a foreign plan			,
Вт	nis return/report is	the first return/report	the final return/report			
		an amended return/report	a short plan year return/report (less than 12 r	nonths)		
C 0	Check box if filing under:	Form 5558	automatic extension	DFVC p	orogram	
		special extension (enter descr	. ,			
Pa	rt II Basic Plan Info	ormation—enter all requested inf	formation			
	Name of plan SELF, INC. 401(K) RETIRE	MENT PLAN			number	004
				(PN)	/	001
				1C Effe	ctive date of 04/01	plan /2013
		oyer, if for a single-employer plan)		2b Emp		ication Number
		om, apt., suite no. and street, or P.C ce, country, and ZIP or foreign post		(EIN	/	511152
	SELF, INC.	so, country, and En or loroigh poor	ai oodo (ii lotolgii, ooo iilottaatiolo)	2c Spo	nsor's telepl 206-624	none number -9357
				2d Busi	ness code (see instructions)
	KING STREET #800 FLE, WA 98104				51910	00
3a	Plan administrator's name a	and address X Same as Plan Spor	nsor.	3b Adm	inistrator's E	EIN
				3c Adm	inistrator's t	elephone number
				, tain	milotrator o t	
4		ne plan sponsor has changed since umber from the last return/report.	the last return/report filed for this plan, enter the	4b EIN		
a	Sponsor's name			4c PN		
5a	Total number of participants	s at the beginning of the plan year		5a		90
b	Total number of participants	s at the end of the plan year		5b		162
С			the plan year (only defined contribution plans	5c		162
d(1) Total number of active pa	articipants at the beginning of the pl	an year	5d(1)		8
			ar	5d(2)		14
e`	Number of participants tha	t terminated employment during the	plan year with accrued benefits that were less	5e		

Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.

Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including, if applicable, a Schedule SB or Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.

<u>belief, it is t</u>	rue, correct, and complete.						
01014	Filed with authorized/valid electronic signature.	05/31/2017	JAMES NIDA				
HERE	Signature of plan administrator	Date	Enter name of individual signing as plan administrator				
SIGN							
HERE	Signature of employer/plan sponsor	Date	Enter name of individ	ual signing as employer or plan sponsor			
Preparer's i	name (including firm name, if applicable) and address (include i	oom or suite numbe	r)	Preparer's telephone number			

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b Any you claiming a waiver of the annual examination and report of an independent qualified public accountant (ICPA) under 20 FF 250: 104-46 (See instructions on waiver etigbility and conditions). If you answered "No" to either line 8 ar I line 8b, the plan cannot use Form \$500-\$F and must instead use Form \$500. If you answered "No" to either line 8 ar I line 8b, the plan cannot use Form \$500-\$F and must instead use Form \$500. If you answered "No" to either line 8 ar I line 9b. If you answered "No" to either line 8 ar I line 9b. If you answered "No" to either line 8 ar I line 9b. If you answered "No" to either line 8 ar I line 9b. If you answered "No" to either line 8 ar I line 9b. If you answered "No" to either line 8 ar I line 9b. If you answered "No" to either line 8 ar I line 9b. If you answered "No"		Were all of the plan's assets during the plan year invested in eligib		,						X Yes	S 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 Yes	s No
Part III Financial Information (a) Beginning of Year (b) End of Year (b) End of Year (c) End of Year (d) End of Year (e) End							_	-		¬	
7 Plan Assets and Liabilities 7 Ra 1529033 2945945 294		<u> </u>	nsurance p	orogram (see ERISA se	ection 4	021)?		Yes	∐No	Not dete	ermined
a Total plan labilities	Pa			i		r					
D Total plan liabilities	7	Plan Assets and Liabilities							(b) End o		
C Net plan assats (subtract line 7b from line 7a)		·		1	529933					294594	o
8 Income, Expenses, and Transfers for this Plan Year a Contributions received or receivable from: (1) Employers. 8a(1) 466431 (2) Participants. (2) Participants. 8a(2) 729965 (3) Others (including rollovers). 8a(3) 129973 b Other income (noted). 8b 232628 C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)				1	E20022					2045044	=
a Contributions received or receivable from: (1) Employers (2) Participants		•	7c		529933						5
(1) Employers 8a(1) 469431 (2) Participants 8a(2) 722965 (3) Others (including rollovers) 8a(3) 129973 (3) Others (including rollovers) 8a(3) 129973 (4) Others (including rollovers) 8a(3) 129973 (5) Other income (loss) 8b 232628 (6) Other income (loss) 8b 232628 (7) Other income (loss) 8b 232628 (8) Other income (loss) 8b 232628 (8) Other income (loss) 8b 232628 (8) Other loss (loss) 8b 232628 (9) Other expenses 8c 1558997 (9) Other expenses 8c 17532 (1) Other expenses 8c 1				(a) Amour	nt				(b) To	otal	
(2) Participants	а		8a(1)		466431						
(3) Others (including rollovers)					729965						
b Other income (loss)		.,			129973						
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	b	, , , , , , , , , , , , , , , , , , , ,			232628						
d Benefits paid (including direct rollovers and insurance premiums to provide benefits)		· · ·								1558997	7
e Certain deemed and/or corrective distributions (see instructions). e Certain deemed and/or corrective distributions (see instructions). e Certain deemed and/or corrective distributions (see instructions). g Other expenses. g Other expenses. g Other expenses (add lines 8d, 8e, 8f, and 8g)			- 33								
f Administrative service providers (salaries, fees, commissions)			8d		125453						
g Other expenses	e	Certain deemed and/or corrective distributions (see instructions).	8e								
h Total expenses (add lines 8d, 8e, 8f, and 8g)	f	Administrative service providers (salaries, fees, commissions)	8f		17532	2					
Net income (loss) (subtract line 8h from line 8c)	g	Other expenses	8g								
Transfers to (from the plan (see instructions)	<u>h</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							14298	5
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: 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 2510.3-102? (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.)	<u>i</u>	Net income (loss) (subtract line 8h from line 8c)	8i							1416012	2
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 10	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 2A 2E 2F 2G 2J 2K 3D	feature co	odes from the List of Pl	an Cha	racteri	stic Co	odes in	the instr	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.) 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 for	eature cod	des from the List of Pla	n Chara	acterist	ic Coc	des in t	he instru	ctions:	
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		Amount	
b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)		Was there a failure to transmit to the plan any participant contribudescribed in 29 CFR 2510.3-102? (See instructions and DOL's V	oluntary F	Fiduciary Correction	100		X				
C Was the plan covered by a fidelity bond?	b	Were there any nonexempt transactions with any party-in-interest	t? (Do not	include transactions			X				
by fraud or dishonesty?		,				X					250000
carrier, insurance service, or other organization that provides some or all of the benefits under the plan? (See instructions.)	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	ner persor ne or all of	ns 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	s of year-	end.)	10g		X				
	h	·	•		10h		X				
	i				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)				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 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

For colons		rt Identification Information				
For caleric	lar plan year 2016 or	fiscal plan year beginning	01/01/2016	and ending	12/31/20:	
A This re	turn/report is for:	a single-employer plan	list of participating en	an (not multlemployer) (f nployer information in ac	Filers checking this	box must attach a
	turio por la lati	a one-participant plan	a foreign plan	projet information at 20	coldance with the in	Jim instructions.)
B This ret	um/report is	the first return/report	the final return/report			
		an amended return/report	a short plan year retun	n/report (less than 12 mo	onths)	
C Check	box if filing under:	Form 5558	automatic extension	1	DFVC program	
		special extension (enter desc	_			
Part II	Basic Plan In	formation—enter all requested in	nformation			
1a Name	of plan				1b Three-digit	
ealSel	f, Inc. 401(k) Retirement Plan			plan number	001
				-	(PN) 1C Effective date	e of plan
					04/01/201	
Mailin	g address (include ro	ployer, if for a single-employer plan) oom, apt., suite no. and street, or P.	O. Box)		2b Employer Ide (EIN) 20 - 35	entification Number
City o	r town, state or provi	nce, country, and ZIP or foreign pos	stal code (if foreign, see instr	ructions)	2c Sponsor's te	
Kealse	lf, Inc.				206-624-9	
83 S	King Street #	#800	7.6			le (see instructions)
. .	aring bereet ,	7000			519100	
Seattle	e	WA 98104				19
3a Plan a	idministrator's name	and address X Same as Plan Spo	onsor.		3b Administrator	's EIN
					3C Administrator	r's telephone number
name	name and/or EIN of to be EIN, and the plan resorts name	the plan sponsor has changed since number from the last return/report.	e the last return/report filed f	or this plan, enter the	4b EIN	
	Market Color	to at the haginning of the plan was			4c PN	
		its at the beginning of the plan year			5a	90
C Numb	number of participants wit	its at the end of the plan year th account balances as of the end o	of the plan year (only defined	Contribution plans	5b	162
comp	lete this Item)		title plan year (only delined	contribution plans	5c	162
		participants at the beginning of the p			5d(1)	82
d(2) To	tal number of active p	participants at the end of the plan ye	ear		5d(2)	140
e Num	ber of participants the	at lerminated employment during th	ne plan year with accrued be	enefits that were less	5e	
Caution:	a penalty for the lat	e or incomplete filing of this retu	rn/report will be assessed	unless reasonable cau	use is established	8
Under pen	alties of perjury and	other penalties set forth in the instru and signed by an enrolled actuary,	uctions. I declare that I have	examined this return/ren	nort including if an	nlicable a Schodule
belief, it is	true, correct, and co	mplete.		Total of the folding open	, and to the best of	my knowledge and
SIGN	Muia		05/21/17	James Nida		
HERE	Signature of plan	administrator	Date	Enter name of individu	ual signing as plan	administrator
SIGN	Stroll	<u> </u>	05/31/17			
HERE	Signature of emp	oloyer/plan sponsor	Date	Enter name of individu	ual signing as empl	over or plan sponsor
Preparer's	name (including firm	n name, if applicable) and address (include room or suite numb	er)	Preparer's telepho	

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6a Were all of the plan's assets during the plan year invested in eligib b 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 cannot be the plan in the plan is a default benefit along in the plan is the second benefit along the plan is the second benefit along the plan is the plan is the second benefit along the plan is the pla	an Independ and condition not use For	dent qualified public a ons.) m 5500-SF and must	ccount	ant (IQ	PA) Form	5500.			es No
C If the plan is a defined benefit plan, is it covered under the PBGC in Part III Financial Information	nsurance pro	ogram (see ERISA se	ction 4	021)7	Ц	Yes	∐No	∐ Not de	etermined
7 Plan Assets and Liabilities		(a) Daginging	4 V	- 1		-	/L\ F - 1		
a Total plan assets	7a	(a) Beginning o	529,				(b) End		945,945
b Total plan llabilities	7b		323,	755					743,743
C Net plan assets (subtract line 7b from line 7a)	7c	1.	529,	933				2.	945,945
8 Income, Expenses, and Transfers for this Plan Year	1	(a) Amoun					(b) T		
a Contributions received or receivable from:				\dashv			(0)	Juli -	
(1) Employers	8a(1)		466,4						
(2) Participants	8a(2)		729,	$\overline{}$					
(3) Others (including rollovers)			129,	_					
b Other income (loss)			232,	628					
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c			_				1,	558,997
d Benefits paid (including direct rollovers and insurance premiums to provide benefits)	84		125,	453					
Certain deemed and/or corrective distributions (see instructions)	8e			0			_	-	-
f Administrative service providers (salaries, fees, commissions)	8f	10000	17,	532					
g Other expenses	8g			-					
h Total expenses (add lines 8d, 8e, 8f, and 8g)				_					142,985
i Net income (loss) (subtract line 8h from line 8c)	-			\dashv					416,012
j Transfers to (from) the plan (see instructions)	81			\dashv					110,012
Part IV Plan Characteristics	<u> </u>				_	- 0			
9a If the plan provides pension benefits, enter the applicable pension 2A 2E 2F 2G 2J 2K 3D	feature cod	les from the List of Pla	an Cha	racteri	stic Co	des in	the inst	ructions:	
b If the plan provides welfare benefits, enter the applicable welfare t	feature code	s from the List of Pla	n Chara	acterisi	lc Cod	les in t	the instru	ctions:	
Part V Compliance Questions							37		
10 During the plan year:				Yes	No	N/A		Amou	nt
Was there a failure to transmit to the plan any participant contributes described in 29 CFR 2510.3-102? (See instructions and DOL's Program)	Voluntary Fi	duciary Correction	10a		х				***************************************
Were there any nonexempt transactions with any party-in-interes reported on line 10a.)			10b		х				
C Was the plan covered by a fidelity bond?			10c	х					250,000
d Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?	fidelity bon	d, that was caused	10d		х				
• Were any fees or commissions paid to any brokers, agents, or of camer, insurance service, or other organization that provides sor the plan? (See instructions.)	her persons	by an insurance he benefits under	10e		х				
f Has the plan failed to provide any benefit when due under the pla			10f		х				
g Did the plan have any participant loans? (If "Yes," enter amount a			10g		х				
h 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 a exceptions to providing the notice applied under 29 CFR 2520.10			10i				0		

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Pane	3-1

Part							
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and co (Form 5500) and line 11a below)	omplete Sc	hedule 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 Code or section ERISA?			f	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 instructions, and enter the date of the letter ruling							
granting the waiver							
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		-		
	d Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a negative amount)						
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				Annel		
b Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the 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), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)							
- 1	3c(1) Name of plan(s):	13c(2	2) EIN(s)		13c(3)	PN(s)	
Part	VIII Trust Information		-16				
14a Name of trust			14b	14b Trust's EIN			
14c Name of trustee or custodian			14d	14d Trustee's or custodian's telephone number			
Par	IX IRS Compliance Questions					-	
15a	Sa is the plan a 401(k) plan? If "No," skip b.			☐ No			
401(k)(3) for the plan year? Check all that apply:			ign-base harbor rent yea test	rbor ☐ test			
16a What testing method was used to satisfy the coverage requirements under section 410(b) for the plan year? Check all that apply: Ratio percentest			centage	ge Average N/A			
16b 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?				□ No			
17a If the plan is a master and prototype plan (M&P) or volume submitter plan that received a favorable IRS opinion letter or advisory letter, enter the date of the letter and the serial number.							
17b If the plan is an individually-designed plan that received a favorable determination letter from the IRS, enter the date of the most recent determination letter							
18	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 separated from Yes No service?						
19	19 Was any plan participant a 5% owner who had attained at least age 70 ½ during the prior plan year?						