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**

Annual Report Identification Information For calendar plan year 2016 or fiscal plan year beginning and ending X a single-employer plan a multiple-employer plan (not multiemployer) (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.) **A** This return/report is for: a one-participant plan a foreign plan the final return/report B This return/report is the first return/report an amended return/report a short plan year return/report (less than 12 months) C Check box if filing under: DFVC program Form 5558 automatic extension special extension (enter description) Part II Basic Plan Information—enter all requested information 1a Name of plan 1b Three-digit WORLDWIDE TICKETS & LABELS 401(K) PROFIT SHARING PLAN plan number 001 (PN) • 1c Effective date of plan 01/01/2006 2a Plan sponsor's name (employer, if for a single-employer plan) **2b** Employer Identification Number Mailing address (include room, apt., suite no. and street, or P.O. Box) 65-0888161 (EIN) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) Sponsor's telephone number WORLDWIDE TICKETS & LABELS, INC. 954-426-5754 2d Business code (see instructions) 3606 QUANTUM BLVD. 323100 **BOYNTON BEACH, FL 33426 3a** Plan administrator's name and address X Same as Plan Sponsor. 3b Administrator's EIN 3c Administrator's telephone number If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the 4b EIN name, EIN, and the plan number from the last return/report. 4c PN a Sponsor's name 5a 91 5a Total number of participants at the beginning of the plan year 5b 81 **b** Total number of participants at the end of the plan year..... Number of participants with account balances as of the end of the plan year (only defined contribution plans 63 5c complete this item)..... 80 5d(1) d(1) Total number of active participants at the beginning of the plan year..... 5d(2) 63 d(2) Total number of active participants at the end of the plan year..... Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested.....

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

beller, it is t	rue, correct, and complete.						
SIGN HERE	Filed with authorized/valid electronic signature.	06/07/2017	ERIK COVITZ				
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator				
SIGN							
HERE	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan spo				
Preparer's	name (including firm name, if applicable) and address (include i	room or suite numbe	r)	Preparer's telephone number			

Form 5500-SF 2016 Page **2**

d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	6a	Were all of the plan's assets during the plan year invested in eligib	ole assets?	' (See instructions.)						X Ye	s No
C if the plans 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	s No
Part III Financial Information (a) Beginning of Year (b) End of Year 7 17 17 17 17 17 17 17	c						_	-	_	□ Not de	termined
7 Plan Ássets and Liabilities 7a (a) Beginning of Year (b) End of Year 1758410 8 Total plan assets (subtract line 7b from line 7a) 7c 2024362 1758410 C Net plan assets (subtract line 7b from line 7a) 7c 2024362 1758410 8 Income, Expenses, and Transfers for this Plan Year (a) Amount (b) Total a Contributions received or receivable from: (1) Employers 8a(1) 97470 (2) Participants. 8a(1) 97470 (3) Others (including rollovers) 8a(2) 181599 (3) Others (including rollovers) 8a(3) 18605 b Other income (loss) 8b 78394 C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) 8c 78394 d Benefits paid (including direct rollovers and insurance premiums to provide benefits) 9c 76394 e Certain deemed and/or corrective distributions (see instructions) 8c 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0			isurarice p	orogram (see LINIOA se	SCHOIT 4	021):		163	Пио		terriiried
Total plan isabilities. 7a 2024362 1758410	7			(a) Basinning	of Voor				(b) End	of Voor	
b Total plan liabilities	_ <u>'</u>		72						(b) Ella		0
C. Net plan assets (subtract line 7b from line 7a)	_	·									
8 Income, Expenses, and Transfers for this Plan Year a Contributions received or receivable from: (1) Employers. (2) Participants. (3) Others (including rollovers). (3) Others (including rollovers). (4) Employers. (5) Participants. (6) Other income (loss). (6) Other income (loss). (7) Others (including rollovers). (8) Ba (3) 18805 (8) Others (including rollovers). (8) Ba (3) 18805 (8) Others (including rollovers). (8) Ba (3) 18805 (8) Others (including rollovers). (8) Ba (4) Rollows (4) Rollow				2	024362					175841	0
a Contributions received or receivable from: (1) Employers. (2) Participants. (3) Others (including rollovers). (3) Others (including rollovers). (4) Employers. (5) Others (including rollovers). (6) Other income (loss). (7) Other income (loss). (8) Others (including rollovers). (8) Bb 78394 C Total income (add lines 84(1), 84(2), 84(3), and 8b). (8) C Benefits paid (including direct rollovers and insurance premiums to provide benefits). (8) Benefits paid (including direct rollovers and insurance premiums to provide benefits). (8) Benefits paid (including direct rollovers and insurance premiums to provide benefits). (8) Benefits paid (including direct rollovers and insurance premiums to provide benefits). (8) Benefits paid (including direct rollovers and insurance premiums to provide benefits). (8) Benefits paid (including direct rollovers and insurance premiums to provide benefits). (9) Benefits paid (including direct rollovers and insurance premiums to provide benefits). (9) Benefits paid (including direct rollovers and insurance premiums to provide sensitive (scalaries, fees, commissions). (9) Benefits paid (including direct rollovers and sinsurance premiums to provides pension benefits). (9) Other expenses. (9) Benefits paid (including direct rollovers (salaries, fees, commissions). (9) Benefits paid (including direct rollovers (salaries, fees, commissions). (9) Benefits paid (including direct rollovers (salaries, fees, commissions). (9) Benefits paid (including direct rollovers (salaries, fees, commissions). (9) Benefits paid (including direct rollovers (salaries, fees, commissions). (9) Benefits paid (including direct rollovers (see instructions). (10) Benefits paid (including direct rollovers (see instructions). (10) Benefits paid (including direct rollovers). (11				(a) Amour	nt				(b) T	otal	
(2) Participants				(a) runear					(2) !		
(a) Others (including rollovers)		(1) Employers	8a(1)								
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 3a(1), 8a(2), 8a(3), and 8b)		(3) Others (including rollovers)	8a(3)								
d Benefits paid (including direct rollovers and insurance premiums to provide benefits)	<u>b</u>	Other income (loss)	8b		78394						
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)			8c							37626	8
e Certain deemed and/or corrective distributions (see instructions). 8	d		84		641095						
f Administrative service providers (salaries, fees, commissions)		,									
g Other expenses (add lines 8d, 8e, 8f, and 8g)					1125	,					
h Total expenses (add lines 8d, 8e, 8f, and 8g)											
i Net income (loss) (subtract line 8h from line 8c)		·								64222	20
Transfers to (from) the plan (see instructions) 8j							-265952				52
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.)											
9a											
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	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		eature cod	des from the List of Pla	n Chara	acterist	tic Cod	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	Dan	t V Committee of Constitute									
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)						Vaa	N.	NI/A			
described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)			ıtiono with	in the time period		res	NO	N/A		Amoun	
reported on line 10a.)	а	described in 29 CFR 2510.3-102? (See instructions and DOL's \	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					200000
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	her persor ne or all of	s by an insurance the benefits under	10e	X					11029
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						

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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 c n 5500) and line 11a below)						Yes X No
		r the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40						
12		is a defined contribution plan subject to the minimum funding requirements of section 412 of the Co A?						Yes X No
	(If "\	es," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)						
	grant	raiver of the minimum funding standard for a prior year is being amortized in this plan year, see ins ing the waiver	onth _	s, and	d enter t Day		of the lette Year _	er ruling
If	you c	ompleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 1	13.	1		1		
<u>b</u>	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			
d		ract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the l tive amount)			12d			
		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			1			
13a	Has a	a resolution to terminate the plan been adopted in any plan year?				Yes	s X N	lo
	If "Ye	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 brougout of the PBGC?		er the			Yes	No
С		ring this plan year, any assets or liabilities were transferred from this plan to another plan(s), identinassets or liabilities were transferred. (See instructions.)	ify the p	lan(s)) to			
	13c(1)	Name of plan(s):	1	3c(2)	EIN(s)		13c(3	B) PN(s)
Part	VIII	Trust Information			•			
14a	Name	of trust			14b ⁻	Trust's E	ΞIN	
14c	Name	of trustee or custodian					s or custod ne number	lian's
Par	t IX	IRS Compliance Questions						
15a	Is the	plan a 401(k) plan? If "No," skip b		Yes			No	
		did the plan satisfy the nondiscrimination requirements for employee deferrals under section (3) for the plan year? Check all that apply:	- LL ;		n-based narbor	d [Test	ear" ADP
			ΙП '	"Curre	ent year test	<u>"</u>	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: Ratio perce test				entage Average N/A benefit test N/A			□ 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	
	the le							
	letter	plan is an individually-designed plan that received a favorable determination letter from the IRS, er	nter the	date	of the m	nost rec	ent determ	ination
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 e?		rom	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	

Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation

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2016

OMB Nos. 1210-0110

1210-0089

This Form is Open to **Public Inspection** ▶ Complete all entries in accordance with the instructions to the Form 5500-SF.

Annual Report Identification Information For calendar plan year 2016 or fiscal plan year beginning 01/01/2016 and ending 12/31/2016 a single-employer plan a multiple-employer plan (not multiemployer) (Filers checking this box must attach a A This return/report is for: list of participating employer information in accordance with the form instructions.) a one-participant plan a foreign plan the first return/report the final return/report B This return/report is an amended return/report a short plan year return/report (less than 12 months) C Check box if filing under: Form 5558 DFVC program automatic extension special extension (enter description) Part II Basic Plan Information—enter all requested information 1b Three-digit 1a Name of plan plan number Worldwide Tickets & Labels 401(k) Profit Sharing Plan 001 (PN) > 1c Effective date of plan 01/01/2006 2a Plan sponsor's name (employer, if for a single-employer plan) 2b Employer Identification Number Mailing address (include room, apt., suite no. and street, or P.O. Box) (EIN) 65-0888161 City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) 2c Sponsor's telephone number Worldwide Tickets & Labels, Inc. (954) 426-5754 2d Business code (see instructions) 323100 3606 Quantum Blvd. Boynton Beach, FL 33426 3a Plan administrator's name and address K Same as Plan Sponsor. 3b Administrator's EIN 3c Administrator's telephone number If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the 4b EIN name, EIN, and the plan number from the last return/report. a Sponsor's name 4c PN 5a 91 5a Total number of participants at the beginning of the plan year 5b b Total number of participants at the end of the plan year 81 Number of participants with account balances as of the end of the plan year (only defined contribution plans 5c 63 complete this item)..... 5d(1) 80 d(1) Total number of active participants at the beginning of the plan year 5d(2) d(2) Total number of active participants at the end of the plan year 63 Number of participants that terminated employment during the plan year with accrued benefits that were less 5e 0 than 100% vested 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 Erik Covitz SIGN HERE Signature of plan administrator Date Enter name of individual signing as plan administrator SIGN HERE Enter name of individual signing as employer or plan sponsor Signature of employer/plan sponsor Date Preparer's name (including firm name, if applicable) and address (include room or suite number) Preparer's telephone number

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Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)								
Part III Financial Information								
7 Plan Assets and Liabilities		(a) Beginning o	of Year	ļ		(b) End of Year	
a Total plan assets	7a		202436	2			1758410	
b Total plan liabilities	7b							
C Net plan assets (subtract line 7b from line 7a)	7c		202436	2			1758410	
8 Income, Expenses, and Transfers for this Plan Year		(a) Amoun	t				(b) Total	
Contributions received or receivable from: (1) Employers	8a(1)		9747	0				
(2) Participants	8a(2)		18159	19				
(3) Others (including rollovers)	8a(3)	180	1880)5	-			
b Other income (loss)	8b	78394						
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						376268	
d Benefits paid (including direct rollovers and insurance part to provide benefits)			64109	15				
e Certain deemed and/or corrective distributions (see ins	tructions) 8e	0						
f Administrative service providers (salaries, fees, commis	ssions) 8f		112	5				
g Other expenses	8g							
h Total expenses (add lines 8d, 8e, 8f, and 8g)	8h				642220			
i Net income (loss) (subtract line 8h from line 8c)					-265952			
j Transfers to (from) the plan (see instructions)	8j							
Part IV Plan Characteristics								
9a If the plan provides pension benefits, enter the applica 2E 2F 2G 2J 2K 2T 3D	ble pension feature cod	es from the List of Pla	an Chai	acteri	stic Co	des in	the instructions:	
b If the plan provides welfare benefits, enter the applicat	ole welfare feature code	s from the List of Plar	n Chara	cterist	ic Cod	les in t	he instructions:	
Part V Compliance Questions								
10 During the plan year:				Yes	No	N/A	Amount	
Was there a failure to transmit to the plan any particip described in 29 CFR 2510.3-102? (See instructions a Program)	and DOL's Voluntary Fig	duciary Correction	10a		х			
b Were there any nonexempt transactions with any part reported on line 10a.)	ty-in-interest? (Do not in	clude transactions	10b		Х			
C Was the plan covered by a fidelity bond?			10c	Х			200000	
d Did the plan have a loss, whether or not reimbursed by fraud or dishonesty?			10d		Х			

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.)

exceptions to providing the notice applied under 29 CFR 2520.101-3

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

the plan? (See instructions.)

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Part	VI Pension Funding Compliance					
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and compl (Form 5500) and line 11a below)	ete Sche	edule SI	3	Yes X 1	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 of		302 of		Yes X 1	Nn
	ERISA?(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)					
а	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructi granting the waiver.		enter t		of the letter ruling Year	7000
lf	you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.				- Management and a second and a	
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			
	Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of negative amount)	а	12d		W Commonweal Control	
е	Will the minimum funding amount reported on line 12d be met by the funding deadline?			Yes	No N/A	
Part	VII Plan Terminations and Transfers of Assets					
13a	Has a resolution to terminate the plan been adopted in any plan year?			Yes	X No	
******	If "Yes," enter the amount of any plan assets that reverted to the employer this year		13a	<u></u>	Annual Company	
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought ur control of the PBGC?				Yes X No	
C	If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the which assets or liabilities were transferred. (See instructions.)		to			
	13c(1) Name of plan(s):	-13c(2)	EIN(s)		13c(3) PN(s)	
					. Andrews	
Part	VIII Trust Information			l		
	Name of trust		14b 7	rust's E	IN	
14c	Name of trustee or custodian				s or custodian's ne number	
Par	t IX IRS Compliance Questions					·
2 441	The compliance questions	Yes		Г	No	
15a	Is the plan a 401(k) plan? If "No," skip b.] ; 63			No	
15b	How did the plan satisfy the nondiscrimination requirements for employee deferrals under section 401(k)(3) for the plan year? Check all that apply:	safeh		L.	"Prior year" ADP test	
		ADP t	ent year' est] 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:	Ratio perce test	entage		/erage enefit test	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?	Yes	☐ No			
17a	If the plan is a master and prototype plan (M&P) or volume submitter plan that received a favorable IRS opini the letter and the serial number	on letter	or advi	sory lett	er, enter the date of	í
17b	If the plan is an individually-designed plan that received a favorable determination letter from the IRS, enter t letter	he date	of the m	ost rece	ent determination	
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 separate service?	d from	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	3] No	