## 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.

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2016

OMB Nos. 1210-0110

1210-0089

This Form is Open to Public Inspection

Part I		t Identification Information						
For calend	ar plan year 2016 or	fiscal plan year beginning 01/01/2	2016 	and ending 1	2/31/2016			
A This ret	turn/report is for:	a single-employer plan			(Filers checking this box must attach a accordance with the form instructions.)			
		a one-participant plan	a foreign plan	• •		,		
<b>B</b> This retu	urn/report is	the first return/report	the final return/repor	t				
		an amended return/report	a short plan year ret	urn/report (less than 12 m	nonths)			
C Check	box if filing under:	Form 5558	automatic extension	า	DFVC progra	am		
D( II	Design Diese leef	special extension (enter desc						
Part II		ormation—enter all requested in	formation		46 The B	-9		
1a Name	of plan DTORS, INC. 401(K)	PLAN			1b Three-dig			
Dictivate inc	) (iv)	. 2.00			(PN) ▶	002		
					1c Effective	date of plan 06/01/1979		
Mailing	g address (include ro	loyer, if for a single-employer plan) om, apt., suite no. and street, or P.0		-t(')	2b Employer (EIN)	r Identification Number 91-0867441		
BRYANT MC		nce, country, and ZIP or foreign pos	tai code (if foreign, see in	structions)	2c Sponsor's telephone number 425-255-3478			
					2d Business	code (see instructions)		
1300 BRONS RENTON, W						441110		
3a Plan a	dministrator's name	and address X Same as Plan Spo	nsor.		<b>3b</b> Administr	ator's EIN		
					3c Administr	rator's telephone number		
					7.4	а.с. с тогорисио ишилос.		
4 If the r	name and/or FIN of t	he plan sponsor has changed since	the last return/report files	d for this plan, optor the	4b EIN			
		umber from the last return/report.	the last return/report filet	a for this plan, enter the	4D EIN			
<b>a</b> Spons	or's name				4c PN			
<b>5a</b> Total	number of participan	ts at the beginning of the plan year.			5a	1		
		ts at the end of the plan year			5b			
	er of participants with lete this item)	n account balances as of the end of	the plan year (only define	ed contribution plans	5c			
<b>d(1)</b> Tota	al number of active p	articipants at the beginning of the p	lan year		5d(1)	·		
<b>d(2)</b> Tot	al number of active p	participants at the end of the plan ye	ear		5d(2)			
		at terminated employment during the			5e			
Caution: A	penalty for the late	e or incomplete filing of this retur	n/report will be assesse	ed unless reasonable ca				
SB or Sche		other penalties set forth in the instru and signed by an enrolled actuary, nolete.						
SIGN		d/valid electronic signature.	07/10/2017	CAROL ALDRICH				
HERE	Signature of plan	administrator	Date	Enter name of individ	lual signing as p	lan administrator		
SIGN								
HERE		loyer/plan sponsor	Date			mployer or plan sponsor		
Preparer's	name (including firm	name, if applicable) and address (i	nclude room or suite num	iber)	Preparer's tele	ephone number		

Form 5500-SF 2016 Page **2** 

62	Were all of the plan's assets during the plan year invested in eligib	de accete?	(See instructions )						X Ye	es No
	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	account	ant (IC	PA)			X Ye	
	If you answered "No" to either line 6a or line 6b, the plan cann					_	-		_	
С	If the plan is a defined benefit plan, is it covered under the PBGC in	nsurance p	rogram (see ERISA se	ection 4	021)?		Yes	No	Not de	etermined
Pai	rt III Financial Information	·								
7	Plan Assets and Liabilities		(a) Beginning	of Year			(	(b) End	of Year	
<u>a</u>	Total plan assets	7a	1	579518					10086	47
b	Total plan liabilities	7b		С						
C	Net plan assets (subtract line 7b from line 7a)	7c	1	579518	3				10086	47
8	Income, Expenses, and Transfers for this Plan Year		(a) Amour	nt				(b) T	otal	
<u>а</u>	Contributions received or receivable from:  (1) Employers	8a(1)		3850	)					
	(2) Participants	8a(2)		4625						
	(3) Others (including rollovers)	8a(3)								
b	Other income (loss)	8b		87691						
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							961	66
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		665844						
<u>e</u>	Certain deemed and/or corrective distributions (see instructions).	8e								
f	Administrative service providers (salaries, fees, commissions)	8f		1193	3					
g	Other expenses	8g								
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							6670	37
<u>i</u>	Net income (loss) (subtract line 8h from line 8c)	8i							-5708	71
j	Transfers to (from) the plan (see instructions)	8j								
Par	t IV Plan Characteristics									
9a	If the plan provides pension benefits, enter the applicable pension 2E 2F 2G 2J 2K 2T 3D	feature co	des from the List of Pl	an Cha	racteri	stic Co	odes in	the inst	ructions:	
b	If the plan provides welfare benefits, enter the applicable welfare for	eature cod	es from the List of Pla	n Chara	acterist	tic Cod	des in t	he instru	uctions:	
Par	t 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 contributed described in 29 CFR 2510.3-102? (See instructions and DOL's Verogram)	oluntary F	iduciary Correction	10a		X				
b		t? (Do not i	nclude transactions	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				
e	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					582
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	s of year-e	end.)	10g		X				
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 c n 5500) and line 11a below)					[] `	∕es X No
		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 A?					<b>│</b>	res 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		T		
<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						
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>)</b> PN(s)
Part	VIII	Trust Information						
14a	Name	of trust			14b <sup>-</sup>	Trust's E	EIN	
14c	Name	of trustee or custodian					s or custod ne number	ian'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	<sup>d</sup> [	Prior ye test	ear" ADP
			ΙП '	"Curre	ent 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:		Ratio perce test	entage		verage enefit test	□ N/A
	for the	the 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							
	letter	plan is an individually-designed plan that received a favorable determination letter from the IRS, er	nter the	date	of the m	nost rece	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 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

Cepartment of the Treasury Internal Revenue Service

Department of Cabor Employee Bahafilis Security Alaministration Pension Benedi 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

OMB Nos. 1210-0110 1210-0289

This Form is Open to Public Inspection

1. 48:45:42.17.17.1	ranger (because it in principles assesses	Complete all entries in		uctions to the Form 5	5500-SF.	
Part I		dentification Information			1000000	**************************************
For calend	lar plan year 2016 or f	iscal plan year beginning	21/21/2016	and ending	12/31/	2016
A This re	turn/report is for:	a single-employer plan	a multiple-employer pli list of participating em	an (not multiemployer) oployer information in a	(Filers checking the	is box must attach a
		a one-participant plan	a toreign plan	,	**************************************	
<b>B</b> This ref	urn/report is	the first return/report	the final return/report			
C Charle	Manual (M. A. Carana) and a second	an amended return/report	a short plan year return	1/report (less than 12 n	,	
O CHECK	box if filing under:	Form 5558 special extension (enter description)	automatic extension		DFVC program	1
Part II	Basic Plan Info	ormation—enter all requested in			***************************************	
1a Name		Timation - clier an requested in	19mmanyn		1b Three-digit	······································
	Motors, Inc.	401(k) Plan			plan number	er
					1c Effective da	
22 Diene	entre entre de la contraction de la company	oyer, if for a single-employer plan)	*		06/01/	
Martin	g address (include roc	m, apt., suite no. and street, or P.C ce. country, and ZIP or foreign post	). Box) al code (if foreign, see instr	erdione)	(EIN) 91	Jentification Number
	Motors Inc	3.30	an comme in some after a com-	accanaj		telephone number
					ATTENDANCE OF THE PARTY OF THE	35-3478
and a decision of the						ode (see instructions)
isoo er	ensen Way N				441110	
Renton				98037		
3a Plan a	idministrator's name a	nd address 🛭 Same las Pian Spor	nsør.		3b Administrat	or's EIN
4 If the I	name and/or FIN of th	e plan sponsor has changed since	the last returnmence Stad E	by the clan onto the		or's telephone number
name	EIN, and the plan nu or's name	mber from the last return/report.	nie was retuinirepun nieu n	or ons plant enter the	4b EIN 4c PN	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~
5a Total	number of particinants	at the beginning of the plan year			5a	
		at the end of the plan year			5b	the side
C Numb	er of participants with	account balances as of the end of	the plan year (pnly defined	contribution nigne	***************************************	
eamp	lete this item)	***************************************	company your query washing	piqiro	5c	ine A
<b>d(1)</b> Tota	al number of active pa	irticipants at the beginning of the pl	an year	in de la grande grande de la compressión del compressión de la com	5d(1)	***
		irticipants at the end of the plan yea				-200 -300 -300 -300
e Numb than	per of participants that 100% vested	terminated employment during the	plan year with accrued ber	efits that were less	5e	
PROBLEM. W	changina for the isre-	or incomplete filling of this return	Vieport will be assessed a	uniess reasonable ca	use is established	1.
CONTRACTOR CONTRACTOR	atties of perjury and or edule MS completed a true ∕ comect, and com	her penalties set forth in the instructed actuary, a signed by an enrolled actuary, a	ctions, I declare that I have a swell as the electronic ven	examined this return/re sion of this return/repor	eport, including, if a rt, and to the best o	pplicable, a Schedule of my knowledge and
SIGN	11011221	The second				·····
HERE	Signature of plan a	diministrator	7-7-2017	DIRECL	R BRYAN	***************************************
SIGN		The state of the s	Cate	Enter name of individ	luai Signing as plar	administrator
HERE	Signature of emplo	warintan enone		·		
Preparer's	name (including firm of	nyerman sponsor name, if applicable) and address (in	Date Clude room or suite number	Enter name of individ		oloyer or plan sponsor
		, , , , , , , , , , , , , , , , , , ,		. 1	Preparer's telept	ove numbet

Eam	EEAA	0.00	2036

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Page	-
1 500,000	- 50

6a Were all of the plan's assets during the plan year invested in eligib							Yes [] No
b Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility	an independ and condition	ent qualined public : ns.)	account	3931 (JC	(PA)		Yes N
If you answered "No" to either line 6a or line 6b, the plan cann							Send Send
C If the plan is a defined benefit plan, is it covered under the PBGC in	rsurance pro	gram (see ERISA s	ection 4	021)?		Yes	No Not determined
Part III Financial Information		***************************************	**************				
7 Plan Assets and Liabilities		(a) Beginning	of Year			(1	o) End of Year
a Total plan assets	7a		579,	1			1,008,64
<b>b</b> Total plan liabilities	7b			9			
C Net plan assets (subtract line 7b from line 7a)	7c	1,	579,	518			1,008,64
8 Income, Expenses, and Transfers for this Plan Year		(a) Amour	ŧ				(b) Total
Contributions received or receivable from:     (1) Employers	8a(1)	18 CR CR CR CR 18 CR	3,	850			
(2) Participants	8a(2)		4,	025			
(3) Others (including ratiovers).	82(3)						
b Other income (loss)	8b		67,	691			
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						96,06
Benefits paid (including direct rollovers and insurance premiums to provide benefits).	8d		665,	244			
€ Certain deemed and/or corrective distributions (see instructions)	8e			1			
f Administrative service providers (salaries, fees, commissions)	8f		άχ	193			
g Other expenses	8g						
h Total expenses (add lines 8d, 8e, 8f, and 8g)	8h						557 <b>,</b> 03
Net income (loss) (subtract line 8h from line 8c)	81						-570,87
Transfers to (from) the plan (see instructions).	8)		***************************************				
Part IV Plan Characteristics	A			···		***************************************	
9a If the plain provides pension benefits, enter the applicable pension 25.25.20.23.35.	feature code	s from the List of Pl	an Cha	racteri	stic Cr	odes in t	he instructions:
b If the plan provides welfare benefits, enter the applicable welfare f	eature codes	from the List of Pla	n Chan	acteris	ic Cor	les in th	e instructions:
				~~~		******	
Part V Compliance Questions							
10 During the plan year:							
			************	Yes	No	N/A	Amount
a Was there a failure to transmit to the plan any participant contributions and DOL's \ described in 29 CFR 2510.3-102? (See instructions and DOL's \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	/oluntary Fid:	uciary Correction	ina	Yes	****************	N/A	Amount
Was there a failure to transmit to the plan any participant contributions described in 29 CFR 2510.3-102? (See instructions and DOL's Verogram)	/oluntary Fid	uciary Correction	10a	Yes	No X	N/A	Amount
a Was there a failure to transmit to the plan any participant contributes described in 29 CFR 2510.3-102? (See instructions and DOL's \tag{2})	oluntary Fid	uciary Correction lude transactions	10a	Yes	****************	N/A	Amount
Was there a failure to transmit to the plan any participant contributions described in 29 CFR 2510 3-102? (See instructions and DOL's Verogram)      Were there any nonexempt transactions with any party-in-interest	oluntary Fid	uclary Correction		Yes	Z	N/A	
Was there a failure to transmit to the plan any participant contributions described in 29 CFR 2510 3-102? (See instructions and DOL's Nergram)      Ware there any nonexempt transactions with any party-in-interest reported on line 10a.)	oluntary Fidit? (Do not inc	dude transactions that was caused	10b		Z	N/A	Amount 250,00
a Was there a failure to transmit to the plan any participant contributescribed in 29 CFR 2510.3-102? (See instructions and DOL's Nerogram).  b Were there any nonexempt transactions with any party-in-interest 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 by fraud or dishonesty?.  e Were any fees or commissions paid to any brokers, agents, or otto carrier, insurance service, or other organization that provides son	70 (Do not inc	dude transactions  that was caused  y an insurance	10b 10c 10d	x	<u> </u>	N/A	250,00
Was there a failure to transmit to the plan any participant contribut described in 29 CFR 2510.3-102? (See instructions and DOL's Nergram)      Were there any nonexempt transactions with any party-in-interest reported on line 10a.)      Was the plan covered by a fidelity bond?      Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?      Were any fees or commissions paid to any brokers, agents, or off carrier, insurance service, or other organization that provides son the plan? (See instructions.)	fidelity bond fidelity bond ner persons to the or all of the	dude transactions  that was caused  y an insurance e benefits under	10b 10c 10d		Х Х	N/A	
a Was there a failure to transmit to the plan any participant contributed described in 29 CFR 2510.3-102? (See instructions and DOL's Norogram).  b Were there any nonexempt transactions with any party-in-interest 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 by fraud or dishonesty?.  e Were any fees or commissions paid to any brokers, agents, or other carrier, insurance service, or other organization that provides son the plan? (See instructions.).  f Has the plan failed to provide any benefit when due under the plan.	/oluntary Fid- t? (Do not inc fidelity bond her persons to he or all of the	dude transactions  that was caused  a an insurance benefits under	10b 10c 10d 10d	x	X X X	N/A	250,00
<ul> <li>a Was there a failure to transmit to the plan any participant contributed described in 29 CFR 2510 3-102? (See instructions and DOL's Nerogram)</li> <li>b Ware there any nonexempt transactions with any party-in-interest reported on line 10a.)</li> <li>c Was the plan covered by a fidelity bond?</li> <li>d Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?</li> <li>e Were any fees or commissions paid to any brokers, agents, or off carrier, insurance service, or other organization that provides son the plan? (See instructions.)</li> <li>f Has the plan failed to provide any benefit when due under the planguage.</li> <li>g Did the plan have any participant loans? (If "Yes," enter amount a lift this is an individual account plan, was there a blackout period?</li> </ul>	fidelity bond incomer persons to the or all of the or all	clude transactions  that was caused  y an insurance e benefits under	10b 10c 10d 10e 10f 10g	x	Х Х Х	N/A	250,00
<ul> <li>a Was there a failure to transmit to the plan any participant contributed described in 29 CFR 2510.3-102? (See instructions and DOL's \Program)</li> <li>b Were there any nonexempt transactions with any party-in-interest reported on line 10a.)</li> <li>c Was the plan covered by a fidelity bond?</li> <li>d Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?</li> <li>e Were any fees or commissions paid to any brokers, agents, or off carrier, insurance service, or other organization that provides son the plan? (See instructions.)</li> <li>f Has the plan failed to provide any benefit when due under the planged of the plan have any participant loans? (If "Yes," enter amount a good of the plan have any participant loans? (If "Yes," enter amount a good of the plan have any participant loans? (If "Yes," enter amount a good of the plan have any participant loans?</li> </ul>	fidelity bond incomer persons the or all of the oral oral oral oral oral oral oral oral	clude transactions that was caused by an insurance benefits under	10b 10c 10d 10d	x	X X X	N/A	250,00

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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 o (Form 5500) and line 11a below)	omplete Sc	thedule S	8	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 Co ERISA?	ode or sect	ion 302 c	f	Ye	s 🔯 No
	(if Yes, complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)					
.000000000000	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see inst granting the waiver	ionth	nd enter ( Da)		of the letter: Year	uling
	you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 1		~~	·····	******************************	~~~~~~
<u>d</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 le negative amount)	efinia	12a			
	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?			T 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?		4	<u> </u>	☐ Yes ☑	No
С	if, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identif which assets or liabilities were transferred. (See instructions.)	ly the plan(	s) to	ONE PROPERTY OF THE PROPERTY O	***************************************	***************************************
1	13c(1) Name of plan(s):	13c(	2) EIN(s)	1	13c(3) i	N(s)
Sourcementaria	VIII Trust Information		***************************************		······································	
14a	Name of trust		14b	Trust's E	IN .	
14c	Name of trustee or custodian				s or custodiar e number	ì's
Pan	t IX IRS Compliance Questions	******************				······································
15a	Is the pian a 401(k) plan? If "No." skip b	Yes		Ţ.	No	MONOCODE A LA CALLA LA LA RANCE
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:	□ safe	rent vear	i.	Prior year test N/A	* AOP
16a	What testing method was used to satisfy the coverage requirements under section 410(b) for the plan year? Check all that apply:				erage nefit test	T 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?	lest   Yes	, victor vic als qu	74.74.14.44.44.44.44.44.44.44.44.44.44.44.44	No	
17a	If the plan is a master and prototype plan (M&P) or volume submitter plan that received a favorable iRS of the letter and the serial number	pinion lette	or advis	-	كممة	late of
17b	If the plan is an individually-designed plan that received a favorable determination letter from the IRS, entletter	er the date	of the m	ost rece	nt determina	ion
	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 separ service?	ated from	Yes		No	***************************************
19	Was any plan participant a 5% owner who had attained at least age 70 ½ during the prior plan year?	*************	Yes		No	