Form 5500-SF		Short Form Annua	OMB Nos. 1210-0110 1210-0089					
Department of the Treasury Internal Revenue Service		Benefit Plan This form is required to be filed under sections 104 and 4065 of the Employee R				2016		
	epartment of Labor enefits Security Administration	Income Security Act of 1974 (ERISA), and sections 6057(b) and 6058(a) of the Revenue Code (the Code).				This Form is Open to		
Pension Be	enefit Guaranty Corporation	Complete all entries in a	,		)-SF.	Public Inspection		
Part I		lentification Information						
For calenda	ar plan year 2016 or fisc	al plan year beginning 01/01/20	)16	and ending 12/3	1/2016			
A This ret	turn/report is for:	a single-employer plan		plan (not multiemployer) (File employer information in acco		•		
<b>B</b> This retu	urn/report is	the first return/report an amended return/report	the final return/repor	t urn/report (less than 12 mont	ths)			
C Check	box if filing under:	Form 5558 special extension (enter descri	automatic extensior		DFVC pro	ogram		
Part II	Basic Plan Inform	<b>nation</b> —enter all requested info	. /					
1a Name					(PN)	number		
<b>2a</b> Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)				<b>b</b> Emplo (EIN)	over Identification Number 91-1231539			
PEIZER & ZI	• • •	country, and ZIP or foreign posta	ii code (if foreign, see in	2 Structions)	2c Sponsor's telephone number 206-682-7700			
720 THIRD A SUITE 1600 SEATTLE, W				2	2 <b>d</b> Busine	ess code (see instructions) 541110		
3a Plan a	dministrator's name and	address 🛛 Same as Plan Spon	sor.	3	<b>b</b> Admin	nistrator's EIN		
				3	<b>C</b> Admin	istrator's telephone number		
name	, EIN, and the plan numb	plan sponsor has changed since the provided since the provided since the last return/report.	he last return/report filed					
	or's name				c PN 5a	4		
		the beginning of the plan year				4		
		the end of the plan year count balances as of the end of th			5b 5c	3		
•	,	cipants at the beginning of the pla		<u> </u>	5d(1)	4		
		cipants at the end of the plan yea	-		5d(2)	4		
e Numb	per of participants that te	rminated employment during the	plan year with accrued b	penefits that were less	5e	C		
		incomplete filing of this return			e is estab	lished.		
SB or Sche		r penalties set forth in the instruct signed by an enrolled actuary, as etc.						
SIGN	Filed with authorized/va	lid electronic signature.	07/20/2017	MARTIN ZIONTZ				
HERE	Signature of plan adr	ninistrator	Date	Enter name of individual	signing a	s plan administrator		
SIGN								
HERE	Signature of employe	er/plan sponsor	Date	Enter name of individual	signing a	s employer or plan sponsor		
Preparer's		ne, if applicable) and address (ind				telephone number		
		soo the Instructions for Form 5500.				Form 5500-SE (2016)		

<ul> <li>6a Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)</li></ul>									
С	If the plan is a defined benefit plan, is it covered under the PBGC in	nsurance p	program (see ERISA section 4021	)? Yes No Not determined					
Pa	rt III Financial Information								
7	Plan Assets and Liabilities		(a) Beginning of Year	(b) End of Year					
а	Total plan assets	7a	893520	1037311					
b	Total plan liabilities	7b							
C	Net plan assets (subtract line 7b from line 7a)	7c	893520	1037311					
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount	(b) Total					
а	Contributions received or receivable from: (1) Employers	8a(1)	20161						
	(2) Participants	8a(2)	58685						
	(3) Others (including rollovers)	8a(3)							
b		8b	71662						
C	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c		150508					
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d							
е	Certain deemed and/or corrective distributions (see instructions).	8e							
f	Administrative service providers (salaries, fees, commissions)	8f	6717						
g	Other expenses	8g							
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h		6717					
i	Net income (loss) (subtract line 8h from line 8c)	8i		143791					
i	Transfers to (from) the plan (see instructions)	0;							

## 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: 2E 2F 2G 2J 2K 2T 3D

**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:		Yes	No	N/A	Amount
а	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)	10a		Х		
b	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	10b		Х		
C	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 fidelity bond, that was caused by fraud or dishonesty?	10d		Х		
е	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.)	10e		x		
f	Has the plan failed to provide any benefit when due under the plan?	10f		Х		
g	Did the plan have any participant loans? (If "Yes," enter amount as of year-end.)	10g		Х		
h	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	10h		Х		
i	If 10h was answered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3	10i				

Part	VI	Pension Funding Compliance						
11		is a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and co m 5500) and line 11a below)						Yes 🗙 No
11a	Ente	er the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40			11a			
12		his a defined contribution plan subject to the minimum funding requirements of section 412 of the Co						Yes 🗙 No
		SA? Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)						
а	,	valver of the minimum funding standard for a prior year is being amortized in this plan year, see instr	uctior	ns, and	d enter t	he date	of the lett	er ruling
	gran	ting the waiver	onth _		_ Day		Year	
lf	you c	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			
d		tract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the le ative amount)			12d			
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	s XI	No
		es," enter the amount of any plan assets that reverted to the employer this year			13a			
b	Wer	e all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brough rol of the PBGC?	nt und	er the			Yes	X No
c	lf, d	uring this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the assets or liabilities were transferred. (See instructions.)			to			
1		Name of plan(s):		13c(2)	EIN(s)		13c(	<b>3)</b> PN(s)
Part	VIII	Trust Information						
14a	Name	e of trust			14b ⊺	Frust's E	IN	
14c	Name	e of trustee or custodian					s or custo ne number	
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:		Desig safe h	n-basec arbor	ł	"Prior y test	ear" ADP
				"Curre ADP t	ent year est	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	N/A	
16a		t 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
16b		he plan satisfy the coverage and nondiscrimination requirements of sections 410(b) and 401(a)(4) e plan year by combining this plan with any other plan under the permissive aggregation rules?		Yes			No	
	the le		-			-		
	letter		er the	e date	of the m	nost rece	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 separce?		from	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	

Form 5500-SF	Short Form Annua		of Small Emplo	yee	0	MB Nos. 1210-011 1210-008		
Department of the Treasury Internal Revenue Service	This form is required to be filed	Benefit Plan	1065 of the Employee Rei	e Retirement 201				
Department of Labor Employee Benefits Security Administration	Income Security Act of 1974	(ERISA), and sections 605 Revenue Code (the Code	57(b) and 6058(a) of the II	nternal	This Form is Open to Public Inspection			
Pension Benefit Guaranty Corporation	<ul> <li>Complete all entries in a</li> </ul>	accordance with the instr	ructions to the Form 550	00-SF,	Fubii	c inspection		
Part I Annual Report	Identification Information							
or calendar plan year 2016 or fi	scal plan year beginning	01/01/2016	and ending		/31/2010			
This return/report is for:	☑ a single-employer plan ☐ a one-participant plan	a multiple-employer pl list of participating en a foreign plan	an (not multiemployer) (F nployer information in acc	ilers check cordance v	king this box vith the form	a must attach a instructions.)		
This return/report is	the first return/report	the final return/report						
	an amended return/report	a short plan year retur	n/report (less than 12 mo	onths)				
Check box if filing under:	Form 5558	automatic extension	[		orogram			
	special extension (enter descr	ription)						
Part II Basic Plan Info	ormation—enter all requested in	formation		41				
A Name of plan				1b Thre plan	ee-digit number			
izer & Ziontz, P.S ofit Sharing & 401	.(k) Plan			(PN)		001		
y					ctive date of /01/198			
Mailing address (include roc	oyer, if for a single-employer plan) om, apt., suite no. and street, or P.C	D. Box)			oloyer Identii ) 91-12	fication Numbe		
City or town, state or provine	ce, country, and ZIP or foreign post	tal code (if foreign, see inst	tructions)	2c Sponsor's telephone number				
izer & Ziontz, P.S	) <b>.</b>		-		06)682-	see instruction		
0 Third Ave.					1110			
ite 1600								
attle	and address 🔣 Same as Plan Spo	WP	A 98104		ninistrator's			
attle	and address 🖌 Same as Plan Spo		A 98104					
attle <b>a</b> Plan administrator's name a If the name and/or EIN of the	he plan sponsor has changed since	insor,			ninistrator's			
attle <b>a</b> Plan administrator's name a Figure 1 fithe name and/or EIN of the name, EIN, and the plan n		insor,		3c Adm	ninistrator's	EIN telephone numl		
attle <b>a</b> Plan administrator's name a If the name and/or EIN of th name, EIN, and the plan m <b>a</b> Sponsor's name	he plan sponsor has changed since umber from the last return/report.	nsor. e the last return/report filed	for this plan, enter the	3c Adm 4b EIN 4c PN	ninistrator's			
attle a Plan administrator's name a lf the name and/or EIN of th name, EIN, and the plan n a Sponsor's name a Total number of participant	he plan sponsor has changed since umber from the last return/report. ts at the beginning of the plan year	nsor. e the last return/report filed	for this plan, enter the	3c Adm 4b EIN 4c PN 5a	ninistrator's			
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attle a Plan administrator's name a If the name and/or EIN of th name, EIN, and the plan n a Sponsor's name a Total number of participant b Total number of participant c Number of participants with complete this item)	he plan sponsor has changed since umber from the last return/report. ts at the beginning of the plan year ts at the end of the plan year h account balances as of the end of	nsor. the last return/report filed f the plan year (only define	for this plan, enter the ed contribution plans	3c Adm 4b EIN 4c PN 5a 5b 5c	ninistrator's			
attle a Plan administrator's name a lf the name and/or EIN of th name, EIN, and the plan n a Sponsor's name a Total number of participant b Total number of participant c Number of participants with complete this item)	he plan sponsor has changed since umber from the last return/report. ts at the beginning of the plan year ts at the end of the plan year h account balances as of the end of participants at the beginning of the p	nsor. e the last return/report filed f the plan year (only define plan year	for this plan, enter the	3c Adm 4b EIN 4c PN 5a 5b 5c 5d(1)	ninistrator's			
a ttle a Plan administrator's name a If the name and/or EIN of th name, EIN, and the plan m a Sponsor's name a Total number of participant b Total number of participant c Number of participants with complete this item)	he plan sponsor has changed since umber from the last return/report. ts at the beginning of the plan year ts at the end of the plan year h account balances as of the end of participants at the beginning of the p participants at the end of the plan year terminated employment during th	nsor. e the last return/report filed f the plan year (only define plan year ear	for this plan, enter the ed contribution plans	3c Adm 4b EIN 4c PN 5a 5b 5c 5d(1) 5d(2)	ninistrator's			
attle a Plan administrator's name a lf the name and/or EIN of th name, EIN, and the plan m a Sponsor's name a Total number of participant b Total number of participant c Number of participants with complete this item) d(1) Total number of active p d(2) Total number of active p e Number of participants that than 100% vested	he plan sponsor has changed since umber from the last return/report. ts at the beginning of the plan year ts at the end of the plan year h account balances as of the end of participants at the beginning of the p participants at the end of the plan year at terminated employment during the	the last return/report filed f the plan year (only define plan year ear	for this plan, enter the ed contribution plans penefits that were less	3c Adm 4b EIN 4c PN 5a 5b 5c 5d(1) 5d(2) 5e use is est	ninistrator's	telephone num		
a ttle a Plan administrator's name a If the name and/or EIN of th name, EIN, and the plan n a Sponsor's name a Total number of participant b Total number of participant c Number of participants with complete this item) d(1) Total number of active p d(2) Total number of active p e Number of participants that than 100% vested Caution: A penalty for the late Juder penalties of perjury and B or Schedule MB completed belief, it is true; correct, and completed belief.	he plan sponsor has changed since umber from the last return/report. Its at the beginning of the plan year the account balances as of the end of participants at the beginning of the plan year charticipants at the end of the plan year terminated employment during the <b>e or incomplete filing of this retu</b> other penalties set forth in the instru- and signed by an enclosed actuary, mplete.	the last return/report filed f the plan year (only define plan year ear the plan year with accrued b irn/report will be assesse uctions. Leclare that Last	for this plan, enter the ed contribution plans penefits that were less d unless reasonable ca /e examined this return/re	3c Adm 4b EIN 4c PN 5a 5b 5c 5d(1) 5d(2) 5e use is est rt, and to t	ablished.	telephone num		
<ul> <li>a ttle</li> <li>a Plan administrator's name a</li> <li>If the name and/or EIN of the name, EIN, and the plan mane, eINN, and the plan, and the plan</li></ul>	he plan sponsor has changed since umber from the last return/report. Its at the beginning of the plan year the account balances as of the end of participants at the beginning of the plan year charticipants at the end of the plan year terminated employment during the <b>e or incomplete filing of this retu</b> other penalties set forth in the instru- and signed by an enclosed actuary, mplete.	the last return/report filed f the plan year (only define plan year ear the plan year with accrued b the plan year with accrued b th	for this plan, enter the ed contribution plans benefits that were less d unless reasonable ca re examined this return/report Martin Ziontz	3c Adm 4b EIN 4c PN 5a 5b 5c 5d(1) 5d(2) 5e use is est rt, and to t	ablished.	telephone numi		
attle a Plan administrator's name a lf the name and/or EIN of th name, EIN, and the plan n a Sponsor's name a Total number of participant b Total number of participant c Number of participants with complete this item)	he plan sponsor has changed since umber from the last return/report. Its at the beginning of the plan year the account balances as of the end of participants at the beginning of the plan year terminated employment during the <b>e or incomplete filing of this retu</b> other penalties set forth in the instru- and signed by an enfolled actuary, mplete.	the last return/report filed f the plan year (only define plan year ear be plan year with accrued b im/report will be assesse uctions, I declare that I hav as yell as the electronic y Date Date	for this plan, enter the ed contribution plans benefits that were less <b>d unless reasonable ca</b> re examined this return/report Martin Ziontz Enter name of indivice Enter name of indivice	3c Adm 4b EIN 4c PN 5a 5b 5c 5d(1) 5d(2) 5e use is est eport, inclu rt, and to the dual signin	ablished. ding, if applihe best of m g as plan ac	telephone numi icable, a Sched ny knowledge an iministrator		
attle a Plan administrator's name a lf the name and/or EIN of th name, EIN, and the plan n a Sponsor's name a Total number of participant b Total number of participant c Number of participants with complete this item)	he plan sponsor has changed since umber from the last return/report. Its at the beginning of the plan year the account balances as of the end of participants at the beginning of the plan year terminated employment during the <b>e or incomplete filing of this retu</b> other penalties set forth in the instri- and signed by an enfollog actuary, mplete.	the last return/report filed f the plan year (only define plan year ear be plan year with accrued b im/report will be assesse uctions, I declare that I hav as yell as the electronic y Date Date	for this plan, enter the ed contribution plans benefits that were less <b>d unless reasonable ca</b> re examined this return/report Martin Ziontz Enter name of indivice Enter name of indivice	3c Adm 4b EIN 4c PN 5a 5b 5c 5d(1) 5d(2) 5e use is est eport, inclu rt, and to the dual signin	ablished. ding, if applihe best of m	telephone num icable, a Scheo y knowledge a iministrator ver or plan spor		

Form 5500-SF 2016

6a	Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)	X Yes 🗌 No
	Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.)	🛛 Yes 🗌 No
	If you answered "No" to either line 6a or line 6b, the plan cannot use Form 5500-SF and must instead use Form 5500.	_
С	If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)?	Not determined

7 Plan Assets and Liabilities		(a) Beginning o	f Year			(b)	) End of	Year	
a Total plan assets	7a		393,5	520				1,03	7,311
b Total plan liabilities	7b								
C Net plan assets (subtract line 7b from line 7a)	7c	8	393,5	520				1,03	7,311
B Income, Expenses, and Transfers for this Plan Year		(a) Amount					(b) Tot	tal	
Contributions received or receivable from:     (1) Employers	8a(1)		20,1	L61					
(2) Participants	8a(2)		58,6	585					
(3) Others (including rollovers)	8a(3)						_		
b Other income (loss)	8b		71,6	562					
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							15	0,508
d Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d								
e Certain deemed and/or corrective distributions (see instructions)	8e			_	_				
f Administrative service providers (salaries, fees, commissions)	8f		6,	717					
g Other expenses	8g			_					_
h Total expenses (add lines 8d, 8e, 8f, and 8g)	8h								6,717
Net income (loss) (subtract line 8h from line 8c)	8i							14	3,791
j Transfers to (from) the plan (see instructions)	8j								
Part IV Plan Characteristics									
<ul> <li>9a If the plan provides pension benefits, enter the applicable pension 2E 2F 2G 2J 2K 2T 3D</li> <li>b If the plan provides welfare benefits, enter the applicable welfare for the applicable welfare for</li></ul>									
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 contribut described in 29 CFR 2510.3-102? (See instructions and DOL's \ Program)	√oluntary Fi	duciary Correction	10a		X				
b Were there any nonexempt transactions with any party-in-interest reported on line 10a.)			10b		х				
c Was the plan covered by a fidelity bond?			10c	X				25	50,00
d Did the plan have a loss, whether or not reimbursed by the plan's	s fidelity bor	nd, that was caused	10d		v				

d	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	10d	x	
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.).	10e	X	
f	Has the plan failed to provide any benefit when due under the plan?	10f	Х	
g	Did the plan have any participant loans? (If "Yes," enter amount as of year-end.)	10g	X	
h	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	10h	x	
i	If 10h was answered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3	10i		

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Part	VIII	Pension Funding Compliance							
11	Is this	s a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and con 5500) and line 11a below)	nplet	e Sche	edule Sl	B		Yes	X No
11a	Enter	the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40			11a				
12	Is thi ERIS	s a defined contribution plan subject to the minimum funding requirements of section 412 of the Coc A?	e or s	section	n 302 of		C	Yes	X No
		es," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)	ation		Lontor t	ho det	) of the le	ttor ruli	
	grant	aiver of the minimum funding standard for a prior year is being amortized in this plan year, see instr ing the waiver	nth	is, and	Day		Yea		iy
		ompleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13			4.0%	_	_	_	
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				
d		act the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the lei live amount)			12d			- James	
е	Will t	he minimum funding amount reported on line 12d be met by the funding deadline?				Yes	No No		I/A
Part	VII	Plan Terminations and Transfers of Assets							
13a	Has a	a resolution to terminate the plan been adopted in any plan year?				🗌 Ye	s 🛛	No	
	lf "Ye	es," enter the amount of any plan assets that reverted to the employer this year			13a				
b		all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brough ol of the PBGC?					Yes	X No	)
c	lf, du	ring this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify a assets or liabilities were transferred. (See instructions.)							
	13c(1)	Name of plan(s):	•	13c(2)	EIN(s)		13	c(3) PN	(s)
Part		Trust Information							
14a	Name	of trust			14b <sup>-</sup>	Trust's	EIN		
14c	Name	of trustee or custodian			<b>14d</b> Trustee's or custodian's telephone number				
Par	t IX	IRS Compliance Questions			·				
· · · · ·		plan a 401(k) plan? If "No," skip b		Yes			No No		
15b		did the plan satisfy the nondiscrimination requirements for employee deferrals under section	ĮΠ.	safe h	sign-based [Prior year" fe harbor [test]				ADP
	401(1)			"Curre	ent year lest		□ N/A		
16a		testing method was used to satisfy the coverage requirements under section 410(b) for the plan ? Check all that apply:		Ratio perco test	) entage		Average benefit te	st [	N/A
	for th	he plan satisfy the coverage and nondiscrimination requirements of sections 410(b) and 401(a)(4) e plan year by combining this plan with any other plan under the permissive aggregation rules?		Yes	_		No		
	If the the le	plan is a master and prototype plan (M&P) or volume submitter plan that received a favorable IRS of the serial number		_					
17	b If the letter	plan is an individually-designed plan that received a favorable determination letter from the IRS, en	er the	e date	of the r	nost re	cent dete	erminatio	on
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 ce?		from	[] 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	es	🗌 No		