## Form 5500-SF

Department of the Treasury Internal Revenue Service

Employee Benefits Security Administration Pension Benefit Guaranty Corporation

Department of Labor

**Annual Report Identification Information** 

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** 

		liscal plan year beginning 01/01/		and ending 12	2/31/2010			
A Thio ro	sturn/renert in for	X a single-employer plan		plan (not multiemployer) (				
A This re	eturn/report is for:	a one-participant plan	a foreign plan	g employer information in accordance with the form instructions.				
<b>B</b> This ret	turn/report is	the first return/report	the final return/repo	rt				
	·	an amended return/report	a short plan year re	turn/report (less than 12 m	onths)			
C Check	box if filing under:	X Form 5558	automatic extensio	n	DFVC program	ı		
		special extension (enter desc	' '					
Part II		formation—enter all requested in	nformation		1			
1a Name TRI-STATE		NC. 401(K) PROFIT SHARING PLA	AN		<b>1b</b> Three-digit plan numbe (PN) ▶	r 001		
						te of plan 18/01/1975		
Mailin	2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box)					entification Number 11-0776746		
	or town, state or proving CONSTRUCTION, IN	nce, country, and ZIP or foreign pos NC.	stal code (if foreign, see in	nstructions)	2c Sponsor's to	elephone number -351-0655		
D.O. DOV. 64					2d Business co	de (see instructions)		
P.O. BOX 36 BELLEVUE,	686 , WA 98009-3686				2	236200		
<b>3a</b> Plan a	administrator's name	and address 🛚 Same as Plan Spo	onsor.		<b>3b</b> Administrate	or's EIN		
					<b>3c</b> Administrato	or's telephone number		
					_			
		he plan sponsor has changed since	_ e the last return/report file	d for this plan, enter the	4b EIN			
name		he plan sponsor has changed since umber from the last return/report.	e the last return/report file	d for this plan, enter the	4b EIN 4c PN			
name <b>a</b> Spons	e, EIN, and the plan n sor's name					16		
a Spons 5a Total	e, EIN, and the plan n sor's name number of participant	number from the last return/report.			4c PN	16 6		
a Spons 5a Total b Total c Numb	e, EIN, and the plan n sor's name number of participant number of participant ber of participants with	ts at the beginning of the plan year	of the plan year (only defin	ed contribution plans	4c PN 5a			
name a Spons 5a Total b Total c Numb	e, EIN, and the plan n sor's name number of participant number of participant ber of participants with blete this item)	ts at the beginning of the plan year ts at the end of the plan year	of the plan year (only defir	ned contribution plans	4c PN 5a 5b	6		
name a Spons 5a Total b Total c Numb comp d(1) Tot	e, EIN, and the plan nesor's name  number of participant number of participant ber of participants with plete this item)	ts at the beginning of the plan year ts at the end of the plan yearh account balances as of the end o	of the plan year (only defin	ned contribution plans	4c PN 5a 5b 5c	6		
name a Spons 5a Total b Total c Numb comp d(1) Tot d(2) Tot e Numl than	e, EIN, and the plan neor's name  number of participant of participants with plete this item)	ts at the beginning of the plan year ts at the end of the plan year	of the plan year (only defir plan year earear with accrued	ed contribution plans	4c PN 5a 5b 5c 5d(1) 5d(2) 5e	6 6 0 0		
name a Spons 5a Total b Total c Numb comp d(1) Tot d(2) Tot e Numl than Caution: A	e, EIN, and the plan neor's name  number of participant of participants with plete this item)	ts at the beginning of the plan year ts at the end of the plan year	of the plan year (only defir plan yeareareplan year with accrued	benefits that were less	4c PN 5a 5b 5c 5d(1) 5d(2) 5e use is established	6 0 0 0		
name a Spons 5a Total b Total c Numb comp d(1) Tot d(2) Tot e Num than Caution: A Under pen SB or Sche	e, EIN, and the plan neor's name  number of participant of participants with plete this item)	ts at the beginning of the plan year ts at the end of the plan year	of the plan year (only defirmance) plan year ear ne plan year with accrued rn/report will be assess uctions, I declare that I ha	benefits that were less ed unless reasonable cau	4c PN 5a 5b 5c 5d(1) 5d(2) 5e use is established port, including, if a	6 0 0 0 1. pplicable, a Schedule		
name a Spons 5a Total b Total c Numb comp d(1) Tot d(2) Tot e Num than Caution: A Under pen SB or Sche	e, EIN, and the plan nesor's name  number of participant number of participants with plete this item)	ts at the beginning of the plan year ts at the end of the plan year	of the plan year (only defirmance) plan year ear ne plan year with accrued rn/report will be assess uctions, I declare that I ha	benefits that were less ed unless reasonable cau	4c PN 5a 5b 5c 5d(1) 5d(2) 5e use is established port, including, if a	6 0 0 0 1. pplicable, a Schedule		
name a Spons 5a Total b Total c Numb comp d(1) Tot d(2) Tot e Numb than Caution: A Under pen SB or Sche belief, it is	e, EIN, and the plan nesor's name  number of participant number of participants with plete this item)	ts at the beginning of the plan year ts at the end of the plan year	plan year (only definent plan yeareareplan year with accrued rn/report will be assess uctions, I declare that I has well as the electronic	benefits that were less  ed unless reasonable cau ve examined this return/repor	4c PN 5a 5b 5c 5d(1) 5d(2) 5e use is established port, including, if a tt, and to the best of	6 0 0 0 1. pplicable, a Schedule of my knowledge and		
name a Spons 5a Total b Total c Numb comp d(1) Tot d(2) Tot e Numb than Caution: A Under pen SB or Sche belief, it is SIGN HERE	e, EIN, and the plan nesor's name  number of participant number of participants with olete this item)	ts at the beginning of the plan year ts at the end of the plan year	plan year (only define plan yeareareer	benefits that were less  ed unless reasonable cause examined this return/report  TOM AGOSTINO	4c PN 5a 5b 5c 5d(1) 5d(2) 5e use is established port, including, if a tt, and to the best of	6 0 0 0 1. pplicable, a Schedule of my knowledge and		
name a Spons 5a Total b Total c Numb comp d(1) Tot d(2) Tot e Num than Caution: A Under pen SB or Sche belief, it is SIGN HERE SIGN HERE	e, EIN, and the plan nesor's name  number of participant number of participants with olete this item)	ts at the beginning of the plan year ts at the end of the plan year	plan year (only define plan year	benefits that were less  ed unless reasonable cau tive examined this return/re version of this return/repor  TOM AGOSTINO  Enter name of individ	4c PN 5a 5b 5c 5d(1) 5d(2) 5e use is established port, including, if a t, and to the best of the best	6 0 0 0 1. pplicable, a Schedule of my knowledge and		
name a Spons 5a Total b Total c Numb comp d(1) Tot d(2) Tot e Num than Caution: A Under pen SB or Sche belief, it is SIGN HERE SIGN HERE	e, EIN, and the plan nesor's name  number of participant number of participants with plete this item)	ts at the beginning of the plan year ts at the end of the plan year	plan year (only define plan year	benefits that were less  ed unless reasonable cau tive examined this return/re version of this return/repor  TOM AGOSTINO  Enter name of individ	4c PN 5a 5b 5c 5d(1) 5d(2) 5e use is established port, including, if a t, and to the best of the best	6  0  0  1.  pplicable, a Schedule of my knowledge and administrator		

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6a	Were all of the plan's assets during the plan year invested in eligib	le assets?	(See instructions.)						X Yes	No 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	and condi	tions.)						X Yes	s 🗌 No
	If you answered "No" to either line 6a or line 6b, the plan cann					_	-		<b>7</b>	
	If the plan is a defined benefit plan, is it covered under the PBGC in	nsurance p	orogram (see ERISA se	ection 4	021)?		Yes	No	Not det	ermined
_ <u>Pa</u>	rt III Financial Information		1							
7	Plan Assets and Liabilities		(a) Beginning					(b) End c		2
<u>a</u>	Total plan assets	7a	1	691207	-				42556	0
<u> </u>	Total plan liabilities	7b	4	0					4055	2
<u>c</u>	Net plan assets (subtract line 7b from line 7a)	7c		691207					42556	0
8	Income, Expenses, and Transfers for this Plan Year		(a) Amour	nt				(b) To	tal	
а	Contributions received or receivable from: (1) Employers	8a(1)		0						
	(2) Participants	8a(2)		0						
	(3) Others (including rollovers)	8a(3)		0	,					
b	Other income (loss)	8b	-	105284						
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							-105284	4
d	Benefits paid (including direct rollovers and insurance premiums									
	to provide benefits)	8d	1	536787						
<u>e</u>	Certain deemed and/or corrective distributions (see instructions).	8e		0						
f	Administrative service providers (salaries, fees, commissions)	8f		6580	_					
g	Other expenses	8g		0						
<u>h</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							154336	
<u>i</u>	Net income (loss) (subtract line 8h from line 8c)	8i				-1648651				1
<u>j</u>	Transfers to (from) the plan (see instructions)	8j								
Pa	t IV Plan Characteristics									
9a	If the plan provides pension benefits, enter the applicable pension 2G 2E 2J 2K 3D	feature co	odes from the List of Pl	an Cha	racteri	stic Co	odes in	the instru	uctions:	
b	If the plan provides welfare benefits, enter the applicable welfare f	eature cod	des from the List of Pla	n Chara	acterist	tic Cod	des in t	he instrud	ctions:	
Par	t 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 contribu described in 29 CFR 2510.3-102? (See instructions and DOL's V Program)	oluntary F	iduciary Correction	10a		X				
b		t? (Do not	include transactions	10b		X				
	Was the plan covered by a fidelity bond?			10c	X					500000
C	Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?	•		10d		X				
е	Were any fees or commissions paid to any brokers, agents, or 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	f Has the plan failed to provide any benefit when due under the plan?			10f		X				
9	Did the plan have any participant loans? (If "Yes," enter amount a	s of year-	end.)	10g		X				
h	If this is an individual account plan, was there a blackout period? 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 P	ension Funding Compliance											
11		a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and 5500) and line 11a below)						Yes	No				
11a	11a Enter the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40												
12	ERISA	a defined contribution plan subject to the minimum funding requirements of section 412 of the C  2					[	Yes	X No				
а	If a wa	iver of the minimum funding standard for a prior year is being amortized in this plan year, see insignificant the waiver.		ns, and	d enter		e of the lo		ng				
If	_	npleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line				<u>y</u>		ai					
		ne minimum required contribution for this plan year			12b								
		ne amount contributed by the employer to the plan for this plan year			12c								
	Subtra	act the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the ve amount)	left of a	l	12d								
e		e minimum funding amount reported on line 12d be met by the funding deadline?				Yes	No		I/A				
Part		Plan Terminations and Transfers of Assets						· · · · · · · · · · · · · · · · · · ·					
13a	Has a	resolution to terminate the plan been adopted in any plan year?				X Ye	s	No					
	If "Yes	s," enter the amount of any plan assets that reverted to the employer this year			13a				0				
b		all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brou I of the PBGC?		er the			Yes	X No	)				
С		ng this plan year, any assets or liabilities were transferred from this plan to another plan(s), identassets or liabilities were transferred. (See instructions.)	tify the	olan(s	) to								
	13c(1) N	lame of plan(s):		13c(2)	EIN(s)		13	<b>13c(3)</b> PN(s)					
_													
Part		Trust Information											
14a	Name o	f trust			14b	Trust's I	EIN						
14c	Name o	of trustee or custodian			14d Trustee's or custodian's telephone number								
Par	t IX	IRS Compliance Questions			ı								
15a	Is the p	olan a 401(k) plan? If "No," skip b		Yes			No						
		d the plan satisfy the nondiscrimination requirements for employee deferrals under section  3) for the plan year? Check all that apply:		safe h	esign-based "Prior year" ADI afe harbor test								
				"Curre	ent year test	~"	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:					entage		verage enefit te	st 🗌	N/A				
16b		plan satisfy the coverage and nondiscrimination requirements of sections 410(b) and 401(a)(4) plan year by combining this plan with any other plan under the permissive aggregation rules?		Yes			No						
	the lett												
	letter_	lan is an individually-designed plan that received a favorable determination letter from the IRS, e/	enter the	date	of the n	nost rec	ent dete	rminatio	n				
18	Were a	d Benefit Plan or Money Purchase Pension Plan Only:  Iny distributions made during the plan year to an employee who attained age 62 and had not sep?		from	Ye	s	No						
19	Was ar	ny plan participant a 5% owner who had attained at least age 70 $^{1\!\!/}_{2}$ 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

## 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.

1210-0089

2016

OMB Nos. 1210-0110

This Form is Open to Public Inspection

Part I	Annual Repo	rt Identification Information				
For calend	dar plan year 2016 or	r fiscal plan year beginning	01/01/2016	and ending	12/31/201	16
		X a single-employer plan	a multiple-employer	plan (not multiemployer)	(Filers checking this	box must attach a
A This re	eturn/report is for:	a one-participant plan		employer information in a	accordance with the fo	orm instructions.)
		a one-participant plan	a foreign plan			
B This ret	turn/report is	the first return/report	the final return/report	ŕ		
	turn oport is	an amended return/report		urn/report (less than 12 r	months)	
C Cheek	L. C. Lewis and L. C. L.		_ a short plan your rote	militeport (less triali 12 )	53) <u>2000</u>	
C Check	box if filing under:	Form 5558	automatic extension		DFVC program	
	12	special extension (enter descr				
Part II		formation—enter all requested in	formation			
1a Name					1b Three-digit	201
TRI-STA	TE CONSTRUCT	ION, INC. 401(K) PROFI	T SHARING PLAN		plan number (PN) ▶	001
					1c Effective date	of plan
					08/01/197	
		oloyer, if for a single-employer plan)			2b Employer Ider	ntification Number
City o	r town, state or provi	oom, apt., suite no. and street, or P.C nce, country, and ZIP or foreign post	). Box) al code (if foreign, see ins	structions)	(EIN)91-07	
Tri-St	ate Construct	tion, Inc.	an oode (ii rore.g	ill dolloris)	2c Sponsor's tele	
					206-351-0	
P.O. B	ox 3686				23 6200	e (see instructions)
			ed.		200200	
Bellevi		WA 98009-368	<u> </u>			
Sa Pian a	idministrator's name	and address X Same as Plan Spor	nsor.		3b Administrator's	s EIN
					20 Administrated	
					30 Auministrator	s telephone number
4 If the	name and/or EIN of t	the plan sponsor has changed since t	the last return/report filed	for this plan, enter the	4b EIN	
name	, EIN, and the plan n	number from the last return/report.	and last rotalianoport insu	for this plan, enter the	4b EIN	
7000	sor's name				4c PN	
5a Total	number of participan	ts at the beginning of the plan year			. 5a	16
<b>b</b> Total	number of participan	ts at the end of the plan year			. 5b	(
C Numb	er of participants with	h account balances as of the end of t	he plan year (only definer	d contribution plans	5c	
		portioinante et the beginning of the el-			•	
		participants at the beginning of the plants			5d(1)	
e Numb	al number of active p per of participants the	participants at the end of the plan yea at terminated employment during the	If		5d(2)	
than	100% vested	26 2.90			5e	(
Caution: A	a penalty for the late	e or incomplete filing of this return	/report will be assessed	uniess reasonable ca	use is established.	
Under pena	alties of perjury and o	other penalties set forth in the instruc and signed by an enrolled actuary, a	tions. I declare that I have	e examined this return/re	enort including if ann	licable, a Schedule
belief, it is t	true, correct/and cor	nplete	- Well as the diconollis re	asion of this return repo	it, and to the best of h	ny knowledge and
SIGN	ton	A	9/15/17	Tom Agostino		
HERE	Signature of plan	administrator	Date	Enter name of individ	dual signing as plan a	dministrator
SIGN					idal eiginig as pia	arriiriiotrato.
HERE	Signature of emp	loyer/plan sponsor	Date	Enter name of individ		
Preparer's	name (including firm	name, if applicable) and address (inc	clude room or suite numb	er )	dual signing as employ Preparer's telephon	yer or plan sponsor
Carol Co	olby			Ci )	847-776	
	Alexandratical Size Sizely (Si				041-11	)=2123
119 E Pa	alatine Road,	, Suite 104				
D . 1						
Palatine	3	IL 60067			l .	

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6a b	Were all of the plan's assets during the plan year invested in eligit 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	dent qualified public	accoun	tant (IC	QPA)			-	Yes No
С	If you answered "No" to either line 6a or line 6b, the plan can: If the plan is a defined benefit plan, is it covered under the PBGC i								Пи	
	rt III   Financial Information	risurarice pro	ografii (See ENISA S	ection	+021)?	L	_ res	∐No	Пио	t determined
7	Plan Assets and Liabilities		(a) Basinaiaa	-67						
a	Total plan assets	. 7a	(a) Beginning	, 691,	_			(b) End	d of Yea	42,55
	Total plan liabilities	7b		, 001,	0					42,33
	Net plan assets (subtract line 7b from line 7a)	7c	1	691,	207					42,55
8	Income, Expenses, and Transfers for this Plan Year		(a) Amou					/b)	Total	12,00
а	Contributions received or receivable from: (1) Employers	. 8a(1)	(a) Alloui		0			(0)	Total	
	(2) Participants	8a(2)			0					
	(3) Others (including rollovers)	8a(3)	4		0					
b	Other income (loss)	8b	-	105,	284					
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c			175					-105,28
	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	1,	536,	787					
e	Certain deemed and/or corrective distributions (see instructions)	8e			0	*2500000				
f_	Administrative service providers (salaries, fees, commissions)	8f		6,	580					
<u>g</u>	Other expenses	8g			0					
	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							1	,543,36
<u> </u>	Net income (loss) (subtract line 8h from line 8c)		-1,6			,648,65				
<u> </u>	Transfers to (from) the plan (see instructions)	8j								
	t IV Plan Characteristics									
9a	If the plan provides pension benefits, enter the applicable pension $2G\ 2E\ 2J\ 2K\ 3D$	feature code	es from the List of Pl	an Cha	racteri	stic Co	odes in	the ins	tructions	:
b	If the plan provides welfare benefits, enter the applicable welfare for	eature codes	from the List of Pla	n Chara	acterist	tic Cod	des in t	he instr	uctions:	
Par	t V Compliance Questions									
10	During the plan year:				Yes	No	N/A		Amo	unt
а	Was there a failure to transmit to the plan any participant contribu described in 29 CFR 2510.3-102? (See instructions and DOL's V Program)	oluntary Fid	uciary Correction	10a		х				
b	Were there any nonexempt transactions with any party-in-interest reported on line 10a.)	? (Do not inc	clude transactions	10b		Х				
С	Was the plan covered by a fidelity bond?		***************************************	10c	Х					500,000
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 oth carrier, insurance service, or other organization that provides som the plan? (See instructions.)	ner persons the	by an insurance e benefits under	10e		х				
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			10a		Х				
h	If this is an individual account plan, was there a blackout period? (2520.101-3.)	(See instruct	ions and 29 CFR	10g		Х				
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	ne required n	otice or one of the	10i						

	Form 5500-SF 2016 Page <b>3</b> -	<u> </u>					
Part	VI Pension Funding Compliance						<del></del>
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete (Form 5500) and line 11a below)	lete Sch	edule S	В		Yes	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 ERISA?	or section	302 of		🛛	Yes	X No
а	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)  If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions the waiver.	ons, and					ng
lf :	granting the waiver		Day	-	Yea		
	Enter the minimum required contribution for this plan year		12b	7.	<del>/2/3/3//-</del> 311-		
С	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				13000
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?	_		X Yes	3	No	
	If "Yes," enter the amount of any plan assets that reverted to the employer this year		13a				0
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought ur control of the PBGC?	nder the			Yes	X No	
С	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.)	plan(s)	to				
1	3c(1) Name of plan(s):	13c(2)	EIN(s)		130	(3) PN(	s)
Part	VIII Trust Information						
-			441 -				
144	Name of trust		14b 1	rust's E	EIN		
14c	Name of trustee or custodian		14d Trustee's or custodian's telephone number				
Part	IX IRS Compliance Questions						
15a	Is the plan a 401(k) plan? If "No," skip b	-		[	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:	safe h	ign-based "Prior year" ADP test N/A				DP
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	ntage	1,000,000	verage enefit test		N/A
	Did the plan satisfy the coverage and nondiscrimination requirements of sections 410(b) and 401(a)(4) for the plan year by combining this plan with any other plan under the permissive aggregation rules?	Yes		[	No		
-	If the plan is a master and prototype plan (M&P) or volume submitter plan that received a favorable IRS opinion the letter and the serial number						
	If the plan is an individually-designed plan that received a favorable determination letter from the IRS, enter the letter	ne date d	of the m	ost rece	ent deterr	mination	1
	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 service?	from	Yes		No		

19 Was any plan participant a 5% owner who had attained at least age 70 ½ during the prior plan year? .....

No

Yes