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

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 LAKESIDE CAPITAL MANAGEMENT, LLC 401(K) PROFIT SHARING PLAN plan number 002 (PN) • 1c Effective date of plan 01/01/2005 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) 91-1856230 (EIN) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) Sponsor's telephone number LAKESIDE CAPITAL MANAGEMENT, LLC 206-324-2600 2d Business code (see instructions) 3302 E. SHORE DRIVE 523900 SEATTLE, WA 98112 **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 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..... Number of participants with account balances as of the end of the plan year (only defined contribution plans 5c complete this item)..... 5d(1) d(1) Total number of active participants at the beginning of the plan year..... 5d(2) 0 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 belief, it is true, correct, and complete.

<u>beliet, it is t</u>	true, correct, and complete.							
SIGIA	Filed with authorized/valid electronic signature.	10/09/2017	DENNIS DAUGS					
HERE	Signature of plan administrator	Date	Enter name of individual signing as plan administrator					
SIGN								
HERE	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan spon					
Preparer's	name (including firm name, if applicable) and address (include i	room or suite numbe	r)	Preparer's telephone number				

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	Were all of the plan's assets during the plan year invested in eligib Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility	an indepe	ndent qualified public a	account	ant (IC	PA)			X Yes	No No
	If you answered "No" to either line 6a or line 6b, the plan cann	ot use Fo	rm 5500-SF and mus	t instea	ad use	Form	5500.		_	_
С	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 deter	rmined
Pa	rt III Financial Information	•	1							
7	Plan Assets and Liabilities		(a) Beginning	of Year			((b) End	of Year	
a	Total plan assets	7a		798867					2801	
<u>b</u>	Total plan liabilities	7b		1344					0	
С	Net plan assets (subtract line 7b from line 7a)	7c		797523					2801	
8	Income, Expenses, and Transfers for this Plan Year		(a) Amour	ıt				(b) 1	otal	
а	Contributions received or receivable from:	0=(4)		0						
	(1) Employers	8a(1)		0						
	(2) Participants	8a(2)		0	_					
	(3) Others (including rollovers)	8a(3)	_	242834						
	Other income (loss)	8b							-242834	
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) Benefits paid (including direct rollovers and insurance premiums	8c							242004	
u	to provide benefits)	8d		550988						
е	Certain deemed and/or corrective distributions (see instructions).	8e		0						
f	Administrative service providers (salaries, fees, commissions)	8f		900						
g	Other expenses	8g		0						
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							551888	
i	Net income (loss) (subtract line 8h from line 8c)	8i							-794722	
j	Transfers to (from) the plan (see instructions)	8i		C						
Pai	t IV Plan Characteristics									
9a	If the plan provides pension benefits, enter the applicable pension 2E 2G 2J 3D 2F 3B	feature co	odes 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	des 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		Amount	
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	Fiduciary Correction	10a		X				
b	Were there any nonexempt transactions with any party-in-interest reported on line 10a.)			10b		X				
С	Was the plan covered by a fidelity bond?			10c	X					500000
d	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 oth carrier, insurance service, or other organization that provides som the plan? (See instructions.)	ne or all of	the benefits under	10e		X				
f	Has the plan failed to provide any benefit when due under the pla	n?		10f		X				
g	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	he require	d notice or one of the	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	Enter	the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40			11a				
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	c(3) PN	(s)
_									
Part		Trust Information							
14a	Name o	f trust			14b	Trust's I	EIN		
14c	Name o	of trustee or custodian					's or cus one numb		
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	gn-based "Prior year" ADP harbor test				ADP
				"Curre	ent year test	~"	N/A		
16a 		esting 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 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

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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

or calendar plan year 2016 or fiscal plan year beginning i a single-employer plan This return/report is for:	01/01/2016 and ending a multiple-employer plan (not multiemplo		
This return/report is for:	I a multiple-employer plan (nermann)	yer) (Filers checking this	box must attach a
	list of participating employer information	n in accordance with the	form instructions.)
a one-participant plan	a foreign plan		
This return/report is the first return/report	the final return/report		
an amended return/rep	oort a short plan year return/report (less than	12 months)	
Check box if filing under: X Form 5558	automatic extension	DFVC program	
special extension (ente	er description)		
Part II Basic Plan Information—enter all reque	sted information		
Name of plan		1b Three-digit plan number	r 002
KESIDE CAPITAL MANAGEMENT, LLC 401	(K) PROFIT SHARING PLAN	(PN) •	
		1c Effective da 01/01/20	
Plan sponsor's name (employer, if for a single-employer	plan)	2b Employer lo	dentification Number
Mailing address (include room, apt., suite no. and street	, or P.O. Box)	(EIN) 91-1	
City or town, state or province, country, and ZIP or foreign AKESIDE CAPITAL MANAGEMENT, LLC	gn postal code (ir foreign, see instructions)	2c Sponsor's 206-324-	telephone number -2600
			ode (see instructions)
02 E. SHORE DRIVE		523900	
OZ D. DHORD DRIVE			
	112		
ATTLE WA 981 Plan administrator's name and address X Same as Pla	an Sponsor.		tor's EIN tor's telephone numb
ATTLE WA 981 Plan administrator's name and address Same as Pla If the name and/or EIN of the plan sponsor has changed name, EIN, and the plan number from the last return/reg	an Sponsor. I since the last return/report filed for this plan, enter	3c Administra	
ATTLE WA 981 Plan administrator's name and address Same as Plan If the name and/or EIN of the plan sponsor has changed name, EIN, and the plan number from the last return/reg Sponsor's name	an Sponsor. I since the last return/report filed for this plan, enter	3c Administra	
Plan administrator's name and address Same as Plan administrator's name and address Same as Plan If the name and/or EIN of the plan sponsor has changed name, EIN, and the plan number from the last return/reg Sponsor's name Total number of participants at the beginning of the plan	an Sponsor. I since the last return/report filed for this plan, enterport.	3c Administra r the 4b EIN 4c PN 5a	
Plan administrator's name and address Same as Plan administrator's name and address Same as Plan If the name and/or EIN of the plan sponsor has changed name, EIN, and the plan number from the last return/reg Sponsor's name Total number of participants at the beginning of the plan Total number of participants at the end of the plan year Number of participants with account balances as of the	an Sponsor. I since the last return/report filed for this plan, enterport. I yearen year (only defined contribution plan)	3c Administra The 4b EIN 4c PN 5a 5b	
Plan administrator's name and address Same as Plan administrator's name and address Same as Plan If the name and/or EIN of the plan sponsor has changed name, EIN, and the plan number from the last return/reg Sponsor's name Total number of participants at the beginning of the plan Total number of participants at the end of the plan year Number of participants with account balances as of the complete this item).	I since the last return/report filed for this plan, enter bort. I yearend of the plan year (only defined contribution plan	3c Administra r the 4b EIN 4c PN 5a 5b	
Plan administrator's name and address Same as Plan administrator's name and address Same as Plan If the name and/or EIN of the plan sponsor has changed name, EIN, and the plan number from the last return/reg Sponsor's name Total number of participants at the beginning of the plan year Number of participants with account balances as of the complete this item)	I since the last return/report filed for this plan, enter boort. I yearend of the plan year (only defined contribution plan	3c Administra r the 4b EIN 4c PN 5a 5b ns 5c 5d(1)	
Plan administrator's name and address Same as Plan administrator's name and address Same as Plan If the name and/or EIN of the plan sponsor has changed name, EIN, and the plan number from the last return/reg Sponsor's name Total number of participants at the beginning of the plan Total number of participants at the end of the plan year Number of participants with account balances as of the complete this item)	d since the last return/report filed for this plan, enter bort. I year	3c Administra r the 4b EIN 4c PN 5a 5b ns 5c 5d(1) 5d(2)	
Plan administrator's name and address Same as Plan administrator's name and address Same as Plan If the name and/or EIN of the plan sponsor has changed name, EIN, and the plan number from the last return/reg Sponsor's name Total number of participants at the beginning of the plan Year Number of participants with account balances as of the complete this item)	d since the last return/report filed for this plan, enter bort. I year	3c Administra r the 4b EIN 4c PN 5a 5b ns 5c 5d(1) 5d(2) ess 5e	tor's telephone numb
Plan administrator's name and address Same as Plan administrator's name and address Same as Plan If the name and/or EIN of the plan sponsor has changed name, EIN, and the plan number from the last return/reg Sponsor's name Total number of participants at the beginning of the plan Year Number of participants with account balances as of the complete this item)	I since the last return/report filed for this plan, enter bort. I year	3c Administra 1 the 4b EIN 4c PN 5a 5b 1s 5c 5d(1) 5d(2) 1ess 5e 1able cause is establish	tor's telephone numb
Plan administrator's name and address Same as Plan administrator's name and address Same as Plan If the name and/or EIN of the plan sponsor has changed name, EIN, and the plan number from the last return/reg Sponsor's name Total number of participants at the beginning of the plan Total number of participants at the end of the plan year Number of participants with account balances as of the complete this item)	I since the last return/report filed for this plan, enter bort. I year	3c Administra The 4b EIN 4c PN 5a 5b 5c 5d(1) 5d(2) less 5e able cause is establisherum/report, including in	tor's telephone numb
Plan administrator's name and address Same as Plan administrator's name and address Same as Plan administrator's name and address Same as Plan III the name and/or EIN of the plan sponsor has changed name, EIN, and the plan number from the last return/responsor's name Total number of participants at the beginning of the plan Total number of participants at the end of the plan year Number of participants with account balances as of the complete this item) 1) Total number of active participants at the beginning of the plan Number of participants that terminated employment durithan 100% vested ion: A penalty for the late or incomplete filing of this per penalties of perjury and other penalties set forth in the reschedule MB completed and signed by an enrolled act in its true, correct, and complete.	as sponsor. It since the last return/report filed for this plan, enterport. It spear	3c Administra The 4b EIN 4c PN 5a 5b 5c 5d(1) 5d(2) less 5e able cause is establisherum/report, including, im/report, and to the best	tor's telephone numb
Plan administrator's name and address Same as Plan administrator's name and address Same as Plan If the name and/or EIN of the plan sponsor has changed name, EIN, and the plan number from the last return/reg Sponsor's name Total number of participants at the beginning of the plan Total number of participants at the end of the plan year Number of participants with account balances as of the complete this item)	I since the last return/report filed for this plan, enterport. I year	3c Administra The 4b EIN 4c PN 5a 5b 5c 5d(1) 5d(2) less 5e able cause is establish etum/report, including, inveport, and to the besurgs	tor's telephone numb
Plan administrator's name and address Same as Plan administrator's name and address Same as Plan If the name and/or EIN of the plan sponsor has changed name, EIN, and the plan number from the last return/reg Sponsor's name Total number of participants at the beginning of the plan Total number of participants at the end of the plan year Number of participants with account balances as of the complete this item)	end of the plan year (only defined contribution plan of the plan year	3c Administra The 4b EIN 4c PN 5a 5b 5c 5d(1) 5d(2) less 5e able cause is establisherum/report, including, im/report, and to the best	tor's telephone numb
Plan administrator's name and address Same as Plan administrator's name and address Same as Plan If the name and/or EIN of the plan sponsor has changed name, EIN, and the plan number from the last return/responsor's name Total number of participants at the beginning of the plan Total number of participants at the end of the plan year Number of participants with account balances as of the complete this item) 1) Total number of active participants at the beginning of the plan Number of participants that terminated employment dur than 100% vested ion: A penalty for the late or incomplete filing of this er penalties of perjury and other penalties set forth in the reschedule MB completed and signed by an enrolled actif, it is true, correct, and complete. Signature of plan administrator	I since the last return/report filed for this plan, enter bort. I year	3c Administra The 4b EIN 4c PN 5a 5b 5c 5d(1) 5d(2) less 5e able cause is establish etum/report, including, inveport, and to the besurgs	tor's telephone numb

	Form 5500-SF 2016		Page Z					
ŀ	Were all of the plan's assets during the plan year invested in eligib Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility if you answered "No" to either line 6a or line 6b, the plan cannot if the plan is a defined benefit plan, is it covered under the PBGC in	and conditio	ns.)	stead	use Fo	rm 55	00.	M tes [] 110
P	art III Financial Information		(a) Beginning of	Vear		1	(b) E	End of Year
7				98,86	57			2,801
	Total plan assets	7a		1,34	_			0
	Total plan liabilities	7b	7	97,52				2,801
	Net plan assets (subtract line 7b from line 7a)	7c	(a) Amount					(b) Total
8 a	Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from:	0-(4)	(a) Allount		0	100		
	(1) Employers	8a(1)			0			
	(2) Participants	8a(2)			0			
	(3) Others (including rollovers)	8a(3)	-2	42,83	34			
	Other income (loss)	8b		12,0	+			-242,834
c	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c			+	V 1		
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	5	50,9	88			
_	Certain deemed and/or corrective distributions (see instructions)	. 8e			0			
f	Administrative service providers (salaries, fees, commissions)	8f		9	00			
		. 8g			0			
	Total expenses (add lines 8d, 8e, 8f, and 8g)	. 8h						551,888
<u>n</u>	Net income (loss) (subtract line 8h from line 8c)					-794,722		
+	Transfers to (from) the plan (see instructions)				0			
J		· 8j			_	_		
_	rt IV Plan Characteristics If the plan provides pension benefits, enter the applicable pension	footum oo	doc from the List of Pla	n Char	acteris	tic Cod	des in t	he instructions:
9a	2E 2G 2J 3D 2F 3B							
b	If the plan provides welfare benefits, enter the applicable welfare	feature cod	es from the List of Plar	Chara	cteristi	ic Cod	es in th	e instructions:
Par	t V Compliance Questions			-			I	
10	During the plan year:				Yes	No	N/A	Amount
а	Was there a failure to transmit to the plan any participant contributes described in 29 CFR 2510.3–102? (See instructions and DOL's Program)	Voluntary F	iduciary Correction	10a		х		
b	Were there any nonexempt transactions with any party-in-interes reported on line 10a.)	st? (Do not	include transactions	10b		х		
С	Was the plan covered by a fidelity bond?			10c	X			500,00
d	Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?	s fidelity bo	nd, that was caused	10d		Х		
	Were any fees or commissions paid to any brokers, agents, or of carrier, insurance service, or other organization that provides soft the plan? (See instructions.)	ther person me or all of	s by an insurance the benefits under	10e		х		
	Has the plan failed to provide any benefit when due under the pl			10f	-	X		
	Did the plan have any participant loans? (If "Yes," enter amount			10g		X		
	If this is an individual account plan, was there a blackout period? 2520.101-3.)			. 10h		Х		
i	If 10h was answered "Yes," check the box if you either provided exceptions to providing the notice applied under 29 CFR 2520.1	the require 01-3	d notice or one of the	. 10i				

Form 5500-SF 2016 Page 3-		
Part VI Pension Funding Compliance		
Part VI Pension Funding Compliance 11 Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and col (Form 5500) and line 11a below)	mplete Schedule S	B Yes No
 11a Enter the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40 12 Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Cod ERISA? 	de or section 302 o	f ☐ Yes ☒ No
(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.) a If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instrugranting the waiver	uctions, and enter	the date of the letter ruling
If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13	3.	
b Enter the minimum required contribution for this plan year	12b	
C Enter the amount contributed by the employer to the plan for this plan year	12c	
d Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the lef negative amount)	124	
e 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 No
If "Yes," enter the amount of any plan assets that reverted to the employer this year		(
b Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brough 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 which assets or liabilities were transferred. (See instructions.)	the plan(s) to	
13c(1) Name of plan(s):	13c(2) EIN(s)	13c(3) PN(s)
Part VIII Trust Information		
4a Name of trust	14b	Trust's EIN
4c Name of trustee or custodian	14d	Trustee's or custodian's telephone number
Part IX IRS Compliance Questions		
5a Is the plan a 401(k) plan? If "No," skip b	Yes	☐ No
5b How did the plan satisfy the nondiscrimination requirements for employee deferrals under section 401(k)(3) for the plan year? Check all that apply:	Design-base safe harbor	Litest
27 What tooking mathed around the shift the	"Current yea	N/A
6a What testing method was used to satisfy the coverage requirements under section 410(b) for the plan year? Check all that apply:	Ratio percentage test	Average N/A
b 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
a 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		
b If the plan is an individually-designed plan that received a favorable determination letter from the IRS, enti-	ter the date of the	most recent determination
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?	rated from Y	es 🗌 No
Was any plan participant a 5% owner who had attained at least age 70 ½ during the prior plan year?		es No