Department of the Treasury Internal Revenue Service Benefit Plan 2016 Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation 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). This Form is Open to Public Inspection Pension Benefit Guaranty Corporation • Complete all entries in accordance with the instructions to the Form 5500-SF. This Form is Open to Public Inspection For calendar plan year 2016 or fiscal plan year beginning 07/01/2016 and ending 06/30/2017 A This return/report is for:
Employee Benefits Security Administration Complete all entries in accordance with the instructions to the Form 5500-SF. This Form is Open to Public Inspection Part I Annual Report Identification Information For calendar plan year 2016 or fiscal plan year beginning 07/01/2016 and ending 06/30/2017 A This return/report is for: Image: a single-employer plan Image: a single
Part I Annual Report Identification Information For calendar plan year 2016 or fiscal plan year beginning 07/01/2016 and ending 06/30/2017 A This return/report is for: Image: a one-participant plan Image: a one-participant plan Image: a one-participant plan B This return/report is Image: a mended return/report Image: a short plan year return/report Image: a short plan year return/report C Check box if filing under: Image: Form 5558 Image: automatic extension Image: DFVC program
For calendar plan year 2016 or fiscal plan year beginning 07/01/2016 and ending 06/30/2017 A This return/report is for: Image: a one-participant plan Image: a one-participant plan Image: a one-participant plan B This return/report is Image: a multiple termination in accordance with the form instructions.) Image: a one-participant plan B This return/report is Image: a multiple termination in accordance with the form instructions.) Image: a one-participant plan C Check box if filing under: Image: Form 5558 Image: automatic extension Image: DFVC program
A This return/report is for: 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 one-participant plan B This return/report is the first return/report a namended return/report a short plan year return/report (less than 12 months) C Check box if filing under: Form 5558 automatic extension DFVC program
B This return/report is Image: the first return/report in an amended return/report in an amended return/report in a short plan year return/report (less than 12 months) C Check box if filing under: Image: Form 5558
C Check box if filing under: Source Form 5558 a short plan year return/report (less than 12 months)
C Check box if filing under:
special extension (enter description)
Part II Basic Plan Information—enter all requested information
Tartin Dasic Frammonnation—enter all requested information 1a Name of plan 1b Three-digit
LUTHERAN HIGH SCHOOL 401(K) PLAN plan number
(PN) ► 001 1c Effective date of plan
07/01/2016
2a Plan sponsor's name (employer, if for a single-employer plan) 2b Employer Identification Number Mailing address (include room, apt., suite no. and street, or P.O. Box) (EIN) 91-0967016 City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) 2a C
LUTHERAN HIGH SCHOOL ASSOCIATION OF WASHINGTON 206-937-7722
2d Business code (see instructions)
4100 SW GENESEE STREET 611000 SEATTLE, WA 98116
3a Plan administrator's name and address Same as Plan Sponsor. 3b Administrator's EIN
3c Administrator's telephone numbe
4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the 4b EIN
name, EIN, and the plan number from the last return/report.
a Sponsor's name 4C PN
5a Total number of participants at the beginning of the plan year 5a b Total number of participants at the end of the plan year 5b
C. Number of participants with economic belongers, and of the plan year (apply defined contribution plans
complete this item)
d(1) Total number of active participants at the beginning of the plan year
d(2) Total number of active participants at the end of the plan year 5d(2) e Number of participants that terminated employment during the plan year with accrued benefits that were less 5a
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.
SIGN HERE Filed with authorized/valid electronic signature. 04/16/2018 CONOR KOESTER
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 sponsor
Preparer's name (including firm name, if applicable) and address (include room or suite number) Preparer's telephone number

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6a	Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)												
b		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.) 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)? Yes No Not determined												
	Part III Financial Information												
7	Plan Assets and Liabilities	l	(a) Paginping	of Voor				(b) End	of Voor				
<u>'</u> a	Total plan assets	7a	(a) beginning	(a) Beginning of Year				(b) End of Year 3303					
	Total plan liabilities	7a 7b		0				0					
 C	Net plan assets (subtract line 7b from line 7a)	70 70		0		3303							
8	Income, Expenses, and Transfers for this Plan Year		(a) Amour	+				(h) 1	Total				
-	Contributions received or receivable from:							(6)	otai				
	(1) Employers	8a(1)		0									
	(2) Participants	8a(2)		3150									
	(3) Others (including rollovers)	8a(3)		0									
b	Other income (loss)	8b		153									
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							330)3			
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		0	0								
е	Certain deemed and/or corrective distributions (see instructions).	8e		0									
f	Administrative service providers (salaries, fees, commissions)	8f		0									
g	Other expenses	8g		0									
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h								0			
i	Net income (loss) (subtract line 8h from line 8c)	8i							330)3			
j	Transfers to (from) the plan (see instructions)	8j		0									
Pa	rt IV Plan Characteristics												
9a	If the plan provides pension benefits, enter the applicable pension $2E$ $2F$ $2G$ $2J$ $2K$ $3D$	feature co	odes from the List of Pl	an Cha	racteri	stic Co	odes in	the inst	tructions:				
b	If the plan provides welfare benefits, enter the applicable welfare for	eature coo	des from the List of Pla	n Chara	acterist	tic Coo	des in t	he instru	uctions:				
Pa	t V Compliance Questions												
10	During the plan year:				Yes	No	N/A		Amoun	t			
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 V Program)	/oluntary F	-iduciary Correction	10a	x					1400			
k	Were there any nonexempt transactions with any party-in-interest			104		X		L					
		•				· ∧							

10b

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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 fidelity bond, that was caused

by fraud or dishonesty?

the plan? (See instructions.)

Has the plan failed to provide any benefit when due under the plan?

Did the plan have any participant loans? (If "Yes," enter amount as of year-end.)

If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR

2520.101-3.)

If 10h was answered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.....

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

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(3) 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:			gn-based arbor "Prior year" ADP test				
				"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		ter 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 Annual	Return/Report Benefit Plan	of Small Employ	/ee		OMB Nos. 1210-0110 1210-0089				
	Internal Revenue Service	This form is required to be f				2	2016				
-	Department of Labor ployee Benefits Security Administration Pension Benefit Guaranty Corporation	(a) of	This Form is Open to Public Inspection								
	Perison Benefit Guaranty Colporation ► Complete all entries in accordance with the instructions to the Form 5500-SF. Part I Annual Report Identification Information										
For calendar plan year 2016 or fiscal plan year beginning 07/01/2016 and ending 06/30/2017											
_	A This return/report is for: a one-participant 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 foreign plan										
в	This return/report is:										
an amended return/report a short plan year return/report (less than 12 months)											
C	Check box if filing under:			DFVC progra	m						
0.000		special extension (enter descript									
_	Art II Basic Plan Info Name of plan	rmation enter all requested in	formation		46 -	1					
Iu	Lutheran High Schoo	1 401 (k) Plan	_			hree-digit Ian number					
	Lutheran migh benet	1 401(k) 11an				PN) ►	001				
					0	ffective date of 7/01/2016					
za	Mailing Address (include roor	ver, if for a single-employer plan) n, apt., suite no. and street, or P.O. e, country, and ZIP or foreign postal	Box) code (if foreign, see inst	ructions)		mployer Identif EIN) 91-096	fication Number 57016				
		l Association of Washing				ponsor's teleph 206) 937-7					
	4100 SW Genesee Str	eet			2d Business code (see instructions) 611000						
2-	US Seattle WA 98116										
sa	Plan administrator's name an	d address 🗴 Same as Plan Spon	sor		3b Administrator's EIN						
3c Administrator's telephone number											
4	If the name and/or EIN of the name, EIN, and the plan num	plan sponsor has changed since the ber from the last return/report.	e last return/report filed f	or this plan, enter the	4b E	IN					
a	Sponsor's name	and an and a second			4c PN						
5a	Total number of participants a	at the beginning of the plan year			. 5 a 0						
b		at the end of the plan year			5b						
С		ccount balances as of the end of the			5c	5c 2					
d(′	 Total number of active parti 	cipants at the beginning of the plan	year		5d(1))	0				
d(2	2) Total number of active parti	cipants at the end of the plan year	********		5d(2))	24				
е	1 /1 /000/ / /	rminated employment during the pla	in the second se	nefits that were	5e		0				
Ca	ution: A penalty for the late of	or incomplete filing of this return/	report will be assessed	l unless reasonable cau	ise is es	stablished.					
SB	der penalties of perjury and oth or Schedule MB completed ar ef, it <u>is true</u> , correct, and comp	ner penalties set forth in the instruction ad signed by an enrolled actuary, as plete.	ons, I declare that I have well as the electronic ve	e examined this return/rep rsion of this return/report	oort, inclu , and to	uding, if applica the best of my	able, a Schedule knowledge and				
SI	GN Dand My		4/11.118								
	ERE Signature of plan admi	nistrator	Date	Enter name of individua	l signing	as plan admir	nistrator				
01	GN Jon D. K	A			EST						
10 2000	ERE Signature of employer	plan sponsor	Date 4/16/18	Enter name of individua			or plan sponsor				
	parer's name (including firm n ip this question	ame, if applicable) and address (incl	ude room or suite humb		Prepare	er's telephone this questi	number				

	Form 5500-SF 2016		Page 2			-						
6a	Were all of the plan's assets during the plan year invested in eligible	assets? (S	ee instructions.)					X	res 🗍 No			
b	Are you claiming a waiver of the annual examination and report of a	n independe	ent qualified public accou	untan	(IQP	A)		_				
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility a							X	∕es □No			
	If you answered "No" to either line 6a or line 6b, the plan canno											
C	If the plan is a defined benefit plan, is it covered under the PBGC in	surance pro	gram (see ERISA section	n 402	1)?	[Yes		lot determine			
Pa	rt III Financial Information											
7	Plan Assets and Liabilities		(a) Beginning o	f Yea	r		(b) End of Yea	r			
а	Total plan assets	. 7a			0				3,303			
b	Total plan liabilities	. 7b			0				0			
С	Net plan assets (subtract line 7b from line 7a)	7c			0				3,303			
-	Income, Expenses, and Transfers for this Plan Year		(a) Amount					(b) Total				
	Contributions received or receivable from:	0-(4)			0							
	(1) Employers	8a(1)		2 1								
-	 (2) Participants	8a(2)		3,1	0							
	(3) Others (including rollovers) Other income (loss)	8a(3) 8b			-	1						
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	00 80		1 1	53	0.212						
	Benefits paid (including direct rollovers and insurance premiums	00		네나와무		-			3,303			
	to provide benefits)	8d			0							
е	Certain deemed and/or corrective distributions (see instructions)	8e			0				的复数使用			
f	Administrative service providers (salaries, fees, commissions)	8f			0			1				
g	Other expenses	8g			0							
h	Total expenses (add lines 8d, 8e, 8f, and 8g)							0				
i	Net income (loss) (subtract line 8h from line 8c)	8i							3,303			
j j	Transfers to (from) the plan (see instructions)											
Pa	rt IV Plan Characteristics											
9a	If the plan provides pension benefits, enter the applicable pension fe	ature codes	from the List of Plan Ch	naract	eristic	Code	s in the i	instructions:				
	2E 2F 2G 2J 2K 3D											
b	If the plan provides welfare benefits, enter the applicable welfare fea	iture codes t	from the List of Plan Cha	iracte	ristic	Codes	in the in	structions.				
				iluolo	noue	oouco		50000013.				
Pa	rt V Compliance Questions		5						- 11-6			
10	During the plan year:											
					Yes	No	N/A	Amou				
а	Was there a failure to transmit to the plan any participant contribut	ions within t	he time period		Yes	No	N/A	Amou	int			
а	Was there a failure to transmit to the plan any participant contribut described in 29 CFR 2510.3-102? (See instructions and DOL's Vo				Yes	No	N/A	Amou	int			
а		luntary Fidu	ciary Correction	10a		No	N/A	Αmoι	nt 1,400			
a b	described in 29 CFR 2510.3-102? (See instructions and DOL's Vo Program)	luntary Fidu ? (Do not inc	ciary Correction				N/A	Αmoι				
b	described in 29 CFR 2510.3-102? (See instructions and DOL's Vo Program) Were there any nonexempt transactions with any party-in-interest? reported on line 10a.)	luntary Fidu ? (Do not inc	ciary Correction	10b		x	N/A	Amou				
b	described in 29 CFR 2510.3-102? (See instructions and DOL's Vo Program) Were there any nonexempt transactions with any party-in-interest? reported on line 10a.) Was the plan covered by a fidelity bond?	luntary Fidu ? (Do not inc	ciary Correction				N/A	Ато.				
b	described in 29 CFR 2510.3-102? (See instructions and DOL's Vo Program) Were there any nonexempt transactions with any party-in-interest? reported on line 10a.)	luntary Fidu ? (Do not inc fidelity bond	ciary Correction	10b		x	N/A	Ато.				
b	described in 29 CFR 2510.3-102? (See instructions and DOL's Vo Program) 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 t	luntary Fidu ? (Do not inc fidelity bond	ciary Correction	10b 10c		x x	N/A	Ато.				
b c d	described in 29 CFR 2510.3-102? (See instructions and DOL's Vo Program) 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 to y fraud or dishonesty? Were any fees or commissions paid to any brokers, agents, or oth carrier, insurance service, or other organization that provides some	luntary Fidu ? (Do not inc fidelity bond er persons b e or all of the	ciary Correction	10b 10c 10d		x x x	N/A	Ато.				
b c d e	described in 29 CFR 2510.3-102? (See instructions and DOL's Vo Program) 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 to by fraud or dishonesty? Were any fees or commissions paid to any brokers, agents, or oth carrier, insurance service, or other organization that provides some the plan? (See instructions.)	luntary Fidu ? (Do not inc fidelity bond er persons b e or all of the	ciary Correction	10b 10c 10d 10e		x x x x	N/A	Amou				
b c d	described in 29 CFR 2510.3-102? (See instructions and DOL's Vo Program) 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 is by fraud or dishonesty? Were any fees or commissions paid to any brokers, agents, or oth carrier, insurance service, or other organization that provides some the plan? (See instructions.) Has the plan failed to provide any benefit when due under the plan	Iuntary Fidu ? (Do not inc fidelity bond er persons b e or all of the ?	ciary Correction	10b 10c 10d 10e 10f		x x x	N/A	Amou				
b c d e f g	described in 29 CFR 2510.3-102? (See instructions and DOL's Vo Program) 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 to by fraud or dishonesty? Were any fees or commissions paid to any brokers, agents, or oth carrier, insurance service, or other organization that provides some the plan? (See instructions.) Has the plan failed to provide any benefit when due under the plan Did the plan have any participant loans? (If "Yes," enter amount as	luntary Fidu ? (Do not inc fidelity bond er persons b e or all of the n?	ciary Correction	10b 10c 10d 10e		x x x x	N/A	Amou				
b c d e f	described in 29 CFR 2510.3-102? (See instructions and DOL's Vo Program) 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 to by fraud or dishonesty? Were any fees or commissions paid to any brokers, agents, or oth carrier, insurance service, or other organization that provides some the plan? (See instructions.) Has the plan failed to provide any benefit when due under the plan Did the plan have any participant loans? (If "Yes," enter amount as	Iuntary Fidu (Do not inc fidelity bond er persons b e or all of the a of year end See instruct	ciary Correction	10b 10c 10d 10e 10f		x x x x x	N/A	Amou				

Form 5500-SF 2016

Page	3	-	

Par	+ \/I	Pansion Funding Compliance									
11		Pension Funding Compliance a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions an		- Cabadul	- 00	1					
10 10	(Form 5500 and line 11a below)										
	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	Code or s	section 30	2 of		Yes 🕱	No			
а		es," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.) ver of the minimum funding standard for a prior year is being amortized in this plan year, see i	instruction	a and an	or the data	of the	lottor ruli	laa			
		g the waiver			Dav	Ye		ing			
lfy	ou com	pleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line		~							
b	Enter t	ne minimum required contribution for this plan year	************	12b							
C	Enter t	ne amount contributed by the employer to the plan for the plan year		120							
d		t the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the amount)			I						
e	Will the	minimum funding amount reported on line 12d be met by the funding deadline?			Yes [No	□ N.	/A			
Par	t VII	Plan Terminations and Transfers of Assets	0								
13 a	Has a i	esolution to terminate the plan been adopted in any plan year?			Yes	x	No				
		enter the amount of any plan assets that reverted to the employer this year									
b		II the plan assets distributed to participants or beneficiaries, transferred to another plan, or bro of the PBGC?				Yes	X No				
С		g this plan year, any assets or liabilities were transferred from this plan to another plan(s), ide ssets or liabilities were transferred. (See instructions.)			•						
1	3c(1) Na	me of plan(s):	13c(2) EIN(s)		13	c(3) PN((s)			
	t VIII	Trust Information - Skip These Questions									
14a	Name o	if trust		14	b Trust's E	IN					
14c	Name o	f trustee or custodian		14	d Trustee of telephon						
Par	t IX	IRS Compliance Questions - Skip These Questions									
15a	Is the p	lan a 401(k) plan? If "No," skip b.] Yes			No				
15b	How die 401(k)(I the plan satisfy the nondiscrimination requirements for employee deferrals under section 3) for the plan year? Check all that apply:		Design safe ha "Currer ADP te	irbor nt year"		"Prior ye test N/A	ear" ADP			
16a		sting method was used to satisfy the coverage requirements under section 410(b) for the plan heck all that apply:		Ratio] percen test	tage 🗌	Avera benet	ige fit test	□ N/A			
16b		plan satisfy the coverage and nondiscrimination requirements of sections 410(b) and 401(a)(an year by combining this plan with any other plan under the permissive aggregation rules?] Yes			No				
	the lette		~		52						
	letter .	an is an individually-designed plan that received a favorable determination letter from the IRS	, enter the	date of th	ne most rec	ent det	erminatio	on			
18	Were a service	Benefit Plan or Money Purchase Pension Plan Only: ny distributions made during the plan year to an employee who attained age 62 and had not s	eparated f	from	🗌 Yes		No				
19	Was an	y plan participant a 5% owner who had attained at least age 70 ½ during the prior plan year?	•••••		🗌 Yes		No				