Form 5500-SF		Short Form Annua	-	уее	OMB Nos. 1210-0110 1210-0089				
	rtment of the Treasury nal Revenue Service	Benefit Plan This form is required to be filed under sections 104 and 4065 of the Employee				2016			
Employee B	epartment of Labor enefits Security Administration	Income Security Act of 1974			This Form is Open to Public Inspection				
_	enefit Guaranty Corporation	structions to the Form 550	0-SF.						
For calenda	Annual Report IC	dentification Information al plan year beginning 01/01/20	016	and ending 12/3	31/2016				
		a single-employer plan a one-participant plan		plan (not multiemployer) (Fi employer information in acco		-			
B This retu	urn/report is	the first return/report an amended return/report	the final return/repor	t urn/report (less than 12 mor	nths)				
C Check	box if filing under:	Form 5558 special extension (enter descri	automatic extension		DFVC p	rogram			
Part II	Basic Plan Infor	mation—enter all requested info							
1a Name		•			(PN)	number			
Mailing	address (include room,	er, if for a single-employer plan) , apt., suite no. and street, or P.O country, and ZIP or foreign posta		structions)	(EIN)				
PLAN GRAP				,	2c Sponsor's telephone number 502-223-1501				
112 EAST M				:	2d Busin	ness code (see instructions) 541519			
3a Plan a	dministrator's name and	address 🛛 Same as Plan Spon	SOT.			nistrator's EIN nistrator's telephone number			
		blan sponsor has changed since to be from the last return/report.	he last return/report filed	d for this plan, enter the	4b ein				
a Spons	or's name				4c pn				
5a Totalı	number of participants a	t the beginning of the plan year			5a	30			
		t the end of the plan year ccount balances as of the end of t			5b	27			
				-	5c	27			
d(1) Tota	al number of active parti	cipants at the beginning of the pla	an year		5d(1)	1			
e Numb	per of participants that te	cipants at the end of the plan yea erminated employment during the	plan year with accrued I	penefits that were less	5d(2) 5e	1 0			
		incomplete filing of this return			e is estat	olished.			
Under pena SB or Sche	alties of perjury and othe	er penalties set forth in the instruc I signed by an enrolled actuary, a	tions, I declare that I hav	ve examined this return/repo	ort, includi	ng, if applicable, a Schedule			
SIGN		alid electronic signature.	08/07/2017	JOHN ANTENUCCI					
HERE	Signature of plan ad	ministrator	Enter name of individua	al signing a	as plan administrator				
SIGN									
HERE	Signature of employe	er/plan sponsor	idual signing as employer or plan sponsor						
Preparer's	name (including firm nar	me, if applicable) and address (in	clude room or suite num	ber)	Preparer's	telephone number			
L		can the Instructions for Form 5500				Form 5500 SE (2016)			

1324

26894

57912

6a									
D	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 cann	ot use Fo	rm 5500-SF and must instead u	ıse Form 5500.					
C	If the plan is a defined benefit plan, is it covered under the PBGC in	isurance p	rogram (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					
a	Total plan assets	7a	1576360	1634272					
b	Total plan liabilities	7b							
С	Net plan assets (subtract line 7b from line 7a)	7c	1576360	1634272					
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount	(b) Total					
а	Contributions received or receivable from:	0-(4)	0						
	(1) Employers	8a(1)							
	(2) Participants	8a(2)	0						
	(3) Others (including rollovers)	8a(3)	0						
b	Other income (loss)	8b	84806						
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c		84806					
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	25570						
е	Certain deemed and/or corrective distributions (see instructions).	8e	0						

8f

8g

8h

8i

8j

If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:

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

2E 2F 2G 2J 2K 3D

Part IV Plan Characteristics

j

9a

b

f Administrative service providers (salaries, fees, commissions)....

g Other expenses.....

Transfers to (from) the plan (see instructions)

h Total expenses (add lines 8d, 8e, 8f, and 8g).....

i Net income (loss) (subtract line 8h from line 8c).....

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		
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		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 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 c m 5500) and line 11a below)					Y	es 🗙 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					Y	es 🗙 No
		SA? Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)			•••••			
а	lf a v	vaiver of the minimum funding standard for a prior year is being amortized in this plan year, see inst		is, and	_			ruling
	<u> </u>	ting the waiver			_ Day		Year	
	-				12b			
D	Enter	the minimum required contribution for this plan year						
C		the amount contributed by the employer to the plan for this plan year			12c			
d		ract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the least two amount)			12d			
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?				Yes	s X No	
	lf "Y	es," enter the amount of any plan assets that reverted to the employer this year			13a			0
b		e all the plan assets distributed to participants or beneficiaries, transferred to another plan, or broug rol of the PBGC?					Yes 🗙	No
С		uring this plan year, any assets or liabilities were transferred from this plan to another plan(s), identii th assets or liabilities were transferred. (See instructions.)	fy the p	olan(s)	to			
1	3c(1)	Name of plan(s):		13c(2)	EIN(s)		13c(3)	PN(s)
Part	1/111	Trust Information						
					11h 7		-181	
14a	Name	of trust			140	Trust's E	-11N	
14c	Name	e of trustee or custodian					s or custodia ne number	an's
Part	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	[Prior yea	ar" ADP
				"Curre ADP t	ent year' est	,	N/A	
16a		testing method was used to satisfy the coverage requirements under section 410(b) for the plan ? Check all that apply:		Ratio perce test	entage		verage enefit test	N/A
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		nter the	date	of the m	lost rec	ent determin	ation
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 sepace?		rom	Yes	6	No	
19	Was	any plan participant a 5% owner who had attained at least age 70 ½ during the prior plan year?			Yes	s [No	

Form 5500-SF	Short Form Annua			of Sm	nall Emple	oyee		MB Nos. 1210-0110 1210-0089			
Department of the Treasury Internal Revenue Service	This form is required to be filed		nefit Plan	165 of th	e Employee R	etirement		2016			
Department of Labor Employee Benefits Security Administration	Income Security Act of 1974	(ERISA),	and sections 6057 Code (the Code)	(b) and	6058(a) of the	Internal	This Fo	orm is Open to			
Pension Benefit Guaranty Corporation	 Complete all entries in a 	to the Form 5	500-SF.	Fubi	c hispection						
Part I Annual Report	Identification Information										
For calendar plan year 2016 or f	scal pian year beginning 01/01/201	16			nd ending 12/3						
A This return/report is for:	X a single-employer plan	list o	ltiple-employer pla of participating emp reign plan	ın (not m ployer in	ultiemployer) (formation in ac	Filers che cordance	ecking this bo with the form	a instructions.)			
B This return/report is	the first return/report	ionths)									
C Check box if filing under:	X Form 5558							DFVC program			
	special extension (enter descr	ription)									
Part II Basic Plan Info	ormation-enter all requested in	formation						1			
1a Name of plan PLAN GRAPHICS PROFIT SHAF						pla	nree-digit an number	001			
						1c Ef	N) fective date o 0/01/1986	f plan			
2a Plan sponsor's name (empl	oyer, if for a single-employer plan) om, apt., suite no. and street, or P.C	0 Box)				2b En		fication Number			
Mailing address (include roo City or town, state or provin PLAN GRAPHICS INC	ce, country, and ZIP or foreign post	tai code (if foreign, see instr	uctions)		```	ponsor's telep	ohone number 223-1501			
						1		(see instructions)			
AO EAOT MANN OT						1 34					
12 EAST MAIN ST RANKFORT, KY 40601 3a Plan administrator's name a	and address 🛛 Same as Plan Spo	onsor.					dministrator's dministrator's				
A If the name and/or EIN of t	he plan sponsor has changed since		return/report filed f	for this p	lan, enter the	3c Ad 4b E	dministrator's IN				
 RANKFORT, KY 40601 3a Plan administrator's name a 4 If the name and/or EIN of t name, EIN, and the plan n a Sponsor's name 	he plan sponsor has changed since umber from the last return/report.	e the last i				3c Ad 4b E 4c P	dministrator's IN	telephone numbe			
 RANKFORT, KY 40601 3a Plan administrator's name a 4 If the name and/or EIN of t name, EIN, and the plan n a Sponsor's name 	he plan sponsor has changed since umber from the last return/report.	e the last i				3c Ad 4b E 4c P 5a	dministrator's IN	telephone numbe			
 RANKFORT, KY 40601 3a Plan administrator's name and/or since a plan administrator's name and/or since a sponsor's name 5a Total number of participan b Total number of participan 	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	e the last i				3c Ad 4b E 4c P 5a 5b	dministrator's IN	telephone numbe			
 RANKFORT, KY 40601 3a Plan administrator's name a 4 If the name and/or EIN of t name, EIN, and the plan n a Sponsor's name 5a Total number of participan b Total number of participants wit 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 o	e the last i	year (only defined	d contrib	ution plans	3c Ad 4b E 4c P 5a 5b 5c	dministrator's IN N	telephone numbe			
 RANKFORT, KY 40601 3a Plan administrator's name and/or EIN of t name, EIN, and the plan name. 5a Total number of participants wit 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 o participants at the beginning of the p	e the last i of the plan plan year	year (only defined	d contrib	ution plans	3c Ad 4b E 4c P 5a 5b 5c 5d(1	dministrator's	telephone numbe			
 RANKFORT, KY 40601 3a Plan administrator's name a plan administrator's name a sponsor's name 5a Total number of participants wit 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 o participants at the beginning of the p participants at the end of the plan ye terminated employment during th	e the last i of the plan plan year rear	year (only defined	d contribu	ution plans	3c Ad 4b E 4c P 5a 5c 5d(1 5d(2 5e	dministrator's	telephone numbe 30 27 27 1			
 RANKFORT, KY 40601 3a Plan administrator's name and/or EIN of t name, EIN, and the plan n a Sponsor's name 5a Total number of participants wit complete this item)	he plan sponsor has changed since umber from the last return/report. Its at the beginning of the plan year that the end of the plan year h account balances as of the end o participants at the beginning of the plan year terminated employment during the e or incomplete filing of this reture other penalties set forth in the instra- end signéed by ar enrolled actuary,	e the last of the plan plan year rear he plan year	year (only defined par with accrued be will be assessed	d contribu enefits th	ution plans nat were less reasonable c	3c Ad 4b E 4c P 4c P 5a 5d(1 5d(2 5e ause is error time	dministrator's	telephone numbe			
 RANKFORT, KY 40601 3a Plan administrator's name and/or EIN of t name, EIN, and the plan name, EIN, and the plan na Sponsor's name 5a Total number of participants wit complete this item)	he plan sponsor has changed since umber from the last return/report. Its at the beginning of the plan year that the end of the plan year h account balances as of the end o participants at the beginning of the plan year terminated employment during the e or incomplete filing of this reture other penalties set forth in the instra- end signéed by ar enrolled actuary,	e the last of the plan plan year rear he plan year	year (only defined par with accrued be will be assessed	d contribu enefits th d unless e examin ersion of	ution plans nat were less reasonable c	3c Ad 4b E 4c P 4c P 5a 5d(1 5d(2 5e ause is error time	dministrator's	telephone numbe			
 RANKFORT, KY 40601 3a Plan administrator's name and/or EIN of t name, EIN, and the plan n a Sponsor's name 5a Total number of participants wit 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 o participants at the beginning of the plan year terminated employment during the e or incomplete filing of this return other penalties set forth in the instru- end signed by an enrolled actuary, mplete.	e the last of the plan plan year rear he plan year	year (only defined ar with accrued be will be assessed declare that I have is the electronic ve	d contribu enefits th i unless e examin ersion of John J	ution plans nat were less reasonable c red this return/ this return/rep	3c Ad 4b E 4c P 5a 5c 5d(1 5d(2 5e ause is e report, inc ort, and to	dministrator's	telephone numbe			
 RANKFORT, KY 40601 3a Plan administrator's name and/or EIN of transme, EIN, and the plan management in the plan management is sponsor's name 5a Total number of participants witre 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 o participants at the beginning of the plan year terminated employment during the e or incomplete filing of this return other penalties set forth in the instru- end signed by an enrolled actuary, mplete.	e the last of the plan plan year rear he plan year	year (only defined ear with accrued be will be assessed declare that I have is the electronic ve 8.7.77	d contribu enefits th <u>i unless</u> e examin ersion of John <i>J</i> Enter	ution plans nat were less reasonable c red this return/ this return/rep Antenucci r name of indiv	3c Ad 4b E 4c P 5a 5c 5b 5c 5d(1 5d(2 5d(2 5e .ause is ereport, incort, and to idual sign	IN IN IN IN IN IN IN IN IN IN IN IN IN I	telephone numbe			
 RANKFORT, KY 40601 3a Plan administrator's name and/or EIN of transme, EIN, and the plan name, EIN, and the plan name, EIN, and the plan na Sponsor's name 5a Total number of participants witr 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 o participants at the beginning of the plan year terminated employment during the e or incomplete filing of this return other penalties set forth in the instru- end signed by an enrolled actuary, mplete.	e the last i of the plan plan year rear he plan year ructions, i , as well a	year (only defined ear with accrued be will be assessed declare that I have is the electronic ve $\mathcal{C}.7.17$ Date Date	d contribu enefits th i unless e examinersion of John / Enter Enter	ution plans nat were less reasonable c red this return/ this return/rep Antenucci r name of indiv	3c Ad 4b E 4c P 5a 5c 5d(1 5d(2 5d(2 5d(2 5d(1 5d(2 5d(1 5d(1 5d(2 5d(2	IN IN IN IN IN IN IN IN IN IN IN IN IN I	telephone numbe			
 RANKFORT, KY 40601 3a Plan administrator's name and/or EIN of transme, EIN, and the plan name, EIN, and the plan name, EIN, and the plan na Sponsor's name 5a Total number of participants witr complete this item)	he plan sponsor has changed since umber from the last return/report. Its at the beginning of the plan year that the end of the plan year h account balances as of the end o participants at the beginning of the plan year terminated employment during the e or incomplete filing of this return other penalties set forth in the instru- end signed by an enrolled actuary, mplete.	e the last i of the plan plan year rear he plan year ructions, i , as well a	year (only defined ear with accrued be will be assessed declare that I have is the electronic ve $\mathcal{C}.7.17$ Date Date	d contribu enefits th i unless e examinersion of John / Enter Enter	ution plans nat were less reasonable c red this return/ this return/rep Antenucci r name of indiv	3c Ad 4b E 4c P 5a 5c 5d(1 5d(2 5d(2 5d(2 5d(1 5d(2 5d(1 5d(1 5d(2 5d(2	IN IN IN IN IN IN IN IN IN IN IN IN IN I	telephone numbe			

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Page **2**

 6a Were all of the plan's assets during the plan year invested in eligible b Are you claiming a waiver of the annual examination and report of a under 29 CFR 2520.104-46? (See instructions on waiver eligibility a lf you answered "No" to either line 6a or line 6b, the plan cannot be asset on the plan cannot be asset on	n Indepen and conditi ot use Foi	m 5500-SF and must in	stead	use F	orm 5	500.	🗵	Yes
C If the plan is a defined benefit plan, is it covered under the PBGC in	surance p	rogram (see ERISA secti	on 402	1)?	Ц Ү	'es _		
Part III Financial Information	were treat with			- <u> </u>		/h) End of Ye	ar
7 Plan Assets and Liabilities		(a) Beginning of	76360	+				1634272
a Total plan assets	7a							
b Total plan liabilities	7b	16	576360					1634272
c Net plan assets (subtract line 7b from line 7a)	7c		// 0000	+-			(b) Total	
8 Income, Expenses, and Transfers for this Plan Year		(a) Amount	·			<u>.</u>		
a Contributions received or receivable from:	8a(1)		0					
(1) Employers	8a(2)		0					
(2) Participants	8a(3)		0					
(3) Others (including rollovers)	. 8b		84806					
b Other income (loss)	80							84806
 C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) d Benefits paid (including direct rollovers and insurance premiums to provide benefits) 	. 8d		25570					
e Certain deemed and/or corrective distributions (see instructions)	. 8e		0)				
	. 8f		1324	Į				
				<u> </u>				
 g Other expenses h Total expenses (add lines 8d, 8e, 8f, and 8g) 	「「「「「」」、「」、「」、「」、「」、「」、「」、「」、「」、「」、「」、「」				26894			
I otal expenses (add lines out, be, or, are og) Net income (loss) (subtract line 8h from line 8c)								57912
Transfers to (from) the plan (see instructions).	8j			100				
Part IV Plan Characteristics 9a If the plan provides pension benefits, enter the applicable pension 2E 2F 2G 2J 2K 3D b If the plan provides welfare benefits, enter the applicable welfare	n feature o	odes from the List of Plan	n Chara	cteris	ic Cod	les in t	he instruction	ons:
Part V Compliance Questions				<u></u>		NIA		mount
40 During the plan year:				Yes	No	N/A	<u>├────</u> ′	anount
 a Was there a failure to transmit to the plan any participant contribution described in 29 CFR 2510.3-102? (See instructions and DOL's Program) 			10a		х			
 b Were there any nonexempt transactions with any party-in-interereported on line 10a.) 	est? (Do n	of include transactions	10b		x			
			10c		X		<u> </u>	
 Was the plan covered by a literity bond memory bond m	n's fidelity	bond, that was caused	10d		X		-	
e Were any fees or commissions paid to any brokers, agents, or carrier, insurance service, or other organization that provides s the alen? (See instructions)	other pers ome or all	of the benefits under	10e	<u> </u>	×			=
f Has the plan failed to provide any benefit when due under the	plan?		10f		X			
g Did the plan have any participant loans? (If "Yes," enter amour	nt as of ve	ar-end.)	10g		X		l	
	d? (See In	Structions and 25 Or IN	. 10h		x			
 If this is an individual account plan, was there a blacked performance of the second plan, was there a blacked performance of the second plan. If 10h was answered "Yes," check the box if you either provide exceptions to providing the notice applied under 29 CFR 2520 	d the reau	ired notice or one of the	10i					

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I				
Part VI Pension Funding Compliance				
11 Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete S (Form 5500) and line 11a below)			Yes	X 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 or sec ERISA?	tion 302	of	Yes	X No
(if "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)		a the date	of the letter ruli	
a If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, granting the waiver		ay	_ Year	ny
If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.				
b Enter the minimum required contribution for this plan year	121			
c Enter the amount contributed by the employer to the plan for this plan year	600	;		
 d Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a negative amount) 	120	i 🗌		
Will the minimum funding amount reported on line 12d be met by the funding deadline?		Yes	No 1	N/A
Part VII Plan Terminations and Transfers of Assets	!			
.13a Has a resolution to terminate the plan been adopted in any plan year?		Vec	X No	
If "Yes," enter the amount of any plan assets that reve ted to the employer this year	13a			0
b Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under control of the PBGC?			Yes 🛛 N	o
C If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the pla which assets or liabilities were transferred. (See instructions.)			· · ·	
13c(1) Name of plan(s): 13	;(2) EIN((s)	13c(3) PN	1(s)
Part VIII Trust Information	14	b Trust's f		
14a Name of trust	141	u nustst		
14c Name of trustee or custodian	14		s or custodian's ne number	s
Part IX IRS Compliance Questions				
	es		No	
15a Is the plan a 401(k) plan? If "No," skip b			······	455
15b How did the plan satisfy the nondiscrimination requirements for employee deferrals under section	esign-ba ife harbo	or l	"Prior year" test	ADP
	urrent y DP test	eai	N/A	
vear? Check all that apply:	tatio ercentaç est		verage enefit test] [`] N/A
for the plan year by combining this plan with any other plan under the permissive aggregation rules?	es		No No	
17a If the plan is a master and prototype plan (M&P) or volume submitter plan that received a favorable IRS opinion in the tottor and the serial number				
 17b If the plan is an individually-designed plan that received a favorable determination letter from the IRS, enter the determination letter 	ate of th	e most rec	ent determinat	ion
18 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 fro service?		Yes	No	
19 Was any plan participant a 5% owner who had attained at least age 70 ½ during the prior plan year?		Yes	No	