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
his form is required to be filed under sections 104 and 4065 of the Employee Petiremen

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).

2016

This Form is Open to Public Inspection

OMB Nos. 1210-0110

1210-0089

▶ Complete all entries in accordance with the instructions to the Form 5500-SF.

Part I	Annual Report	Identification Information								
For calenda	ar plan year 2016 or fi	scal plan year beginning 01/01/2	017	and ending 08	8/31/2017					
A This ret	urn/report is for:	a single-employer plan	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	a foreign plan	,		,				
B This retu	ırn/report is	the first return/report	the final return/report							
• • • • • •		an amended return/report	a short plan year return/report (less than 12 months)							
C Check b	oox if filing under:	Form 5558 special extension (enter descr	automatic extension		DFVC program					
Part II	Basic Plan Info	rmation—enter all requested inf	' '							
1a Name		illiation—enter an requested in	omation		1b Three-digit					
	IG INSTITUTE 401K F	PLAN			plan numbe	r 001				
					1c Effective da	te of plan 1/01/2004				
	, ·	yer, if for a single-employer plan) m, apt., suite no. and street, or P.O	. Box)		2b Employer Id	entification Number 2-0699758				
City or		e, country, and ZIP or foreign posta		uctions)	2c Sponsor's te					
					2d Business co	de (see instructions)				
380 OCEAN NARRAGANS	ROAD SETT, RI 02882				6	21510				
3a Plan ad	dministrator's name ar		3b Administrator's EIN							
					3c Administrato	r's telephone number				
						·				
		e plan sponsor has changed since to mber from the last return/report.	the last return/report filed fo	or this plan, enter the	4b EIN					
a Sponso	or's name				4c PN					
5a Total r	number of participants	at the beginning of the plan year			5a	6				
b Total r	number of participants	at the end of the plan year			5b	0				
	er of participants with ete this item)	account balances as of the end of t	the plan year (only defined	contribution plans	5c	C				
d(1) Tota	al number of active pa	rticipants at the beginning of the pla	an year		5d(1)	5				
d(2) Tota	al number of active pa	rticipants at the end of the plan yea	ar		5d(2)	C				
		terminated employment during the	. ,		5e	C				
		or incomplete filing of this return								
SB or Sche		her penalties set forth in the instruc nd signed by an enrolled actuary, a plete.								
SIGN	Filed with authorized/	valid electronic signature.	09/05/2017	DANIEL DIPRETE						
HERE	Signature of plan a	dministrator	Date	Enter name of individ	lual signing as plan	administrator				
SIGN HERE										
	Signature of emplo		Date	Enter name of individ						
Preparer's	name (including firm n	ame, if applicable) and address (in	clude room or suite numbe	r)	Preparer's teleph	one number				

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	Were all of the plan's assets during the plan year invested in eligib		•						X Yes	No	
	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 cann	and condit	ions.)						X Yes	No	
	If the plan is a defined benefit plan, is it covered under the PBGC ir						-	No	Not deter	mined	
Par	t III Financial Information										
7	Plan Assets and Liabilities		(a) Beginning	of Year				(b) End of	Year		
а	Total plan assets	7a		069866							
b	Total plan liabilities	7b									
С	Net plan assets (subtract line 7b from line 7a)	7c	1	069866					0		
8	Income, Expenses, and Transfers for this Plan Year		(a) Amoun	ıt				(b) Tot	al		
	Contributions received or receivable from:			38482							
	(1) Employers	8a(1)		13500							
	(2) Participants	8a(2)		13300							
	(3) Others (including rollovers)	8a(3)		97155							
	Other income (loss)	8b		01 100					149137		
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) Benefits paid (including direct rollovers and insurance premiums	8c							149137		
	to provide benefits)	8d	1.	213875							
е	Certain deemed and/or corrective distributions (see instructions).	· · · · · · · · · · · · · · · · · · ·									
f	Administrative service providers (salaries, fees, commissions)	8f		5128							
g	Other expenses	8g									
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h						1219003			
i	Net income (loss) (subtract line 8h from line 8c)	8i				-1069866					
j	Transfers to (from) the plan (see instructions)										
Par	t IV Plan Characteristics										
9a	If the plan provides pension benefits, enter the applicable pension 2E 2J 2K 3D 3H	feature co	des from the List of Pl	an Cha	racteri	stic Co	odes in	the instruc	ctions:		
b	If the plan provides welfare benefits, enter the applicable welfare f	eature cod	les from the List of Pla	n Chara	acterist	tic Cod	des in t	he instruct	ions:		
Part	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 contributescribed in 29 CFR 2510.3-102? (See instructions and DOL's Verogram)	oluntary F	iduciary 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					100000	
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 other persons by an insurance carrier, insurance service, or other organization that provides some or all of the benefits under the plan? (See instructions.)					X					
f	Has the plan failed to provide any benefit when due under the pla	ın?		10f		Χ					
g	Did the plan have any participant loans? (If "Yes," enter amount a	-		10g		Χ					
h	2520.101-3.)	` 		10h		Χ					
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	Pension Funding Compliance						
11		s a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and c n 5500) and line 11a below)						Yes No
		r 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 se ERISA?								Yes X No
	(lf "\	es," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)						
	grant	raiver of the minimum funding standard for a prior year is being amortized in this plan year, see ins ing the waiver.	/lonth _	s, and	d enter t Day		of the lett Year	-
If	you co	ompleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line	13.	1		1		
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		ract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the live amount)			12d			
		he 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		1				
13a	Has a	a resolution to terminate the plan been adopted in any plan year?				X Yes	s [] I	No
	If "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 brougol of the PBGC?		er the			X Yes	No
С		ring this plan year, any assets or liabilities were transferred from this plan to another plan(s), identinassets or liabilities were transferred. (See instructions.)	ify the p	lan(s)	to			
	13c(1)	Name of plan(s):	1	3c(2)	EIN(s)		13c(3) PN(s)
-								
Part	VIII	Trust Information						
14a	Name	of trust			14b ⁻	Trust's E	EIN	
14c	Name	of trustee or custodian					s or custo ne numbe	
Par	t IX	IRS Compliance Questions		<u> </u>				
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:			n-based arbor	d [erior y test	/ear" ADP
			IП '	"Curre	ent year est	<u>"</u>	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 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?							No	
	the le		-					
	letter	plan is an individually-designed plan that received a favorable determination letter from the IRS, en/	nter the	date	of the m	nost rece	ent determ	nination
18	Were	ed Benefit Plan or Money Purchase Pension Plan Only: any distributions made during the plan year to an employee who attained age 62 and had not sepa e?		rom	Ye	s [No	
19	Was a	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

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.

OMB Nos. 1210-0110 1210-0089

2016

This Form is Open to Public Inspection

For calendar pl	nnual Report										
	an year 2016 or fi	scal plan year beginning	01/01/2017	and ending	08/31/201	7					
		X a single-employer plan	a multiple-employer p	olan (not multiemployer)	r) (Filers checking this box must attach a						
A This return/	report is for:	П	list of participating e	mployer information in a	ccordance with the for	m instructions.)					
		a one-participant plan	a foreign plan								
D		D	a.								
B This return/r	eport is	the first return/report	=	X the final return/report							
		an amended return/report	🗶 a short plan year retu	m/report (less than 12 r	nonths)						
C Check box	if filing under:	Form 5558	automatic extension		DFVC program						
	_		ll		☐ DEVC brogram						
Dod II D	ania Dian Info	special extension (enter desc									
Part II B	asic Pian into	rmation—enter all requested in	formation								
1a Name of pl					1b Three-digit						
THE IMAGIN	G INSTITUTI	E 401K PLAN			plan number (PN) ▶	001					
					1c Effective date	of plan					
					01/01/2004						
2a Plan spons	sor's name (emplo	yer, if for a single-employer plan)	·		2b Employer Iden						
Mailing add	dress (include roo	m, apt., suite no. and street, or P.(O. Box)		(EIN)02-069						
	n, state of provinct NG INSTITUT	e, country, and ZIP or foreign pos	tal code (if foreign, see ins	tructions)	2c Sponsor's tele						
IIII IMGI	NG INSTITU	ı c			401-490-00						
380 OCEAN	מאס				2d Business code	(see instructions)					
JOU OCEAN	NOAD				621510						
NARRAGANS	ይጥጥ	RI 02882									
		nd address X Same as Plan Spo			21						
ou i lan aumin	notiator o Haine ai	in address Module as Flair Sho	nsor.		3b Administrator's EIN						
					3c Administrator's	telenhone number					
					Administrator a telephone number						
4 If the name	and/or EIN of the	e plan sponsor has changed since	the last return/report filed	for this plan, enter the	4b EIN						
name, EIN	l, and the plan nu	mber from the last return/report.	the last retains eport incu	ior tino piari, enter the	4D EIN						
a Sponsor's	name				4c PN						
5a Total numi	ber of participants	at the beginning of the plan year.			5a	6					
		at the end of the plan year			5b	0					
		account balances as of the end of				<u>_</u>					
complete t	this item)				5c	0					
d(1) Total nu	mber of active pa	rticipants at the beginning of the p	lan vear		5d(1)						
						5					
 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 					5d(2)	5					
e ivumber o		terminated employment during the	e plan year with accrued be	enefits that were less	5d(2)	0					
than 1009	% vested	terminated employment during the	plan year with accrued be	enefits that were less	5e						
than 1009 Caution: A per	% vested naity for the late	terminated employment during the	e plan year with accrued be	enefits that were less	5e use is established.	0					
Caution: A per Under penalties	% vested naity for the late s of perjury and ot	terminated employment during the	e plan year with accrued be n/report will be assessed ctions. I declare that I have	enefits that were less unless reasonable ca	5e use is established.	0 0 icable a Schedule					
Caution: A per Under penalties SB or Schedule	% vested naity for the late s of perjury and ot	terminated employment during the prince of this return the penalties set forth in the instruction of the signed by an enrolled actuary, and signed actuary,	e plan year with accrued be n/report will be assessed ctions. I declare that I have	enefits that were less unless reasonable ca	5e use is established.	0 0 icable a Schedule					
Caution: A per Under penalties SB or Schedule	% vested naity for the late s of perjury and ot MB completed ar	terminated employment during the prince of this return the penalties set forth in the instruction of the signed by an enrolled actuary, and signed actuary,	e plan year with accrued be n/report will be assessed ctions. I declare that I have	enefits that were less unless reasonable ca	use is established. eport, including, if applich, and to the best of m	0 0 icable a Schedule					
Caution: A per Under penalties SB or Schedule belief, it is true, SIGN HERE	% vested	terminated employment during the princomplete filing of this returner penalties set forth in the instrund signed by an enrolled actuary, ablete.	e plan year with accrued be ni/report will be assessed ctions, I declare that I have as well as the electronic ve	unless reasonable ca examined this return/repo DANIEL DIPRET	use is established. eport, including, if applirt, and to the best of m	0 0 icable, a Schedule y knowledge and					
Caution: A per Under penalties SB or Schedule belief, it is true, SIGN HERE Sign	% vested naity for the late s of perjury and ot MB completed ar	terminated employment during the princomplete filing of this returner penalties set forth in the instrund signed by an enrolled actuary, ablete.	e plan year with accrued be n/report will be assessed ctions. I declare that I have	unless reasonable ca examined this return/repo DANIEL DIPRET	use is established. eport, including, if applich, and to the best of m	0 0 icable, a Schedule y knowledge and					
than 100° Caution: A per Under penalties SB or Schedule belief, it is true, SIGN HERE Sign	% vested	terminated employment during the princomplete filing of this returner penalties set forth in the instrund signed by an enrolled actuary, ablete.	e plan year with accrued be ni/report will be assessed ctions, I declare that I have as well as the electronic ve	unless reasonable ca examined this return/repo DANIEL DIPRET	use is established. eport, including, if applirt, and to the best of m	0 0 icable, a Schedule y knowledge and					
than 100° Caution: A per Under penalties SB or Schedule belief, it is true, SIGN HERE SIGN HERE SIGN HERE SIGN SIGN HERE SIGN	% vested	or incomplete filing of this returner penalties set forth in the instrud signed by an enrolled actuary, a colete. dministrator yer/plan sponsor	e plan year with accrued be nireport will be assessed ctions, I declare that I have as well as the electronic versions. Date	I unless reasonable ca e examined this return/re- ersion of this return/repo DANIEL DIPRET Enter name of individ	use is established. eport, including, if applint, and to the best of m E dual signing as plan ad	0 0 icable, a Schedule by knowledge and iministrator er or plan sponsor					
Caution: A per Under penalties SB or Schedule belief, it is true, SIGN HERE SIGN HERE SIGN HERE Sign	% vested	terminated employment during the period of this returner penalties set forth in the instrund signed by an enrolled actuary, ablete.	e plan year with accrued be nireport will be assessed ctions, I declare that I have as well as the electronic versions. Date	I unless reasonable ca e examined this return/re- ersion of this return/repo DANIEL DIPRET Enter name of individ	se use is established. eport, including, if applint, and to the best of m	0 0 icable, a Schedule by knowledge and iministrator er or plan sponsor					
than 100° Caution: A per Under penalties SB or Schedule belief, it is true, SIGN HERE SIGN HERE SIGN HERE SIGN SIGN HERE SIGN	% vested	or incomplete filing of this returner penalties set forth in the instrud signed by an enrolled actuary, a colete. dministrator yer/plan sponsor	e plan year with accrued be nireport will be assessed ctions, I declare that I have as well as the electronic versions. Date	I unless reasonable ca e examined this return/re- ersion of this return/repo DANIEL DIPRET Enter name of individ	use is established. eport, including, if applint, and to the best of m E dual signing as plan ad	0 0 icable, a Schedule by knowledge and iministrator er or plan sponsor					
than 100° Caution: A per Under penalties SB or Schedule belief, it is true, SIGN HERE SIGN HERE SIGN HERE SIGN SIGN HERE SIGN	% vested	or incomplete filing of this returner penalties set forth in the instrud signed by an enrolled actuary, a colete. dministrator yer/plan sponsor	e plan year with accrued be nireport will be assessed ctions, I declare that I have as well as the electronic versions. Date	I unless reasonable ca e examined this return/re- ersion of this return/repo DANIEL DIPRET Enter name of individ	use is established. eport, including, if applint, and to the best of m E dual signing as plan ad	0 0 icable, a Schedule by knowledge and iministrator er or plan sponsor					
than 100° Caution: A per Under penalties SB or Schedule belief, it is true, SIGN HERE SIGN HERE SIGN HERE SIGN SIGN HERE SIGN	% vested	or incomplete filing of this returner penalties set forth in the instrud signed by an enrolled actuary, a colete. dministrator yer/plan sponsor	e plan year with accrued be nireport will be assessed ctions, I declare that I have as well as the electronic versions. Date	I unless reasonable ca e examined this return/re- ersion of this return/repo DANIEL DIPRET Enter name of individ	use is established. eport, including, if applint, and to the best of m E dual signing as plan ad	0 0 icable, a Schedule by knowledge and iministrator er or plan sponsor					

Form 5500-SF 2016		Page 2			_					
 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 be plan is a defined benefit plan, is it covered under the PBGC in 	an indepe and condi not use Fo	ndent qualified public a tions.) orm 5500-SF and mus	accounta	ant (IC	PA) Form	5500.	X	Yes No		
Part III Financial Information	***************************************			·····			<u> </u>			
7 Plan Assets and Liabilities	44.53	(a) Beginning	of Year	T			b) End of Year			
a Total plan assets	. 7a		069,	866						
b Total plan liabilities	. 7b		·····							
C Net plan assets (subtract line 7b from line 7a)	. 7c	1,	069,	866				C		
8 Income, Expenses, and Transfers for this Plan Year		(a) Amour	nt				(b) Total			
Contributions received or receivable from: (1) Employers	. 8a(1)		38,4	182						
(2) Participants	. 8a(2)		13,5	500						
(3) Others (including rollovers)	. 8a(3)									
b Other income (loss)	. 8b	97,155								
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	. 8c							149,137		
d Benefits paid (including direct rollovers and insurance premiums to provide benefits)	. 8d	1,213,875								
e Certain deemed and/or corrective distributions (see instructions)	. 8e		~~~~							
f Administrative service providers (salaries, fees, commissions)	. 8f		5,3	128						
g Other expenses	. 8g							Marie March		
h Total expenses (add lines 8d, 8e, 8f, and 8g)	. 8h						1	,219,003		
i Net income (loss) (subtract line 8h from line 8c)	. 8i						-1	,069,866		
j Transfers to (from) the plan (see instructions)	· 8j				Mar.	1433				
Part IV Plan Characteristics										
9a If the plan provides pension benefits, enter the applicable pension 2E 2J 2K 3D 3H	n feature co	odes from the List of Pl	lan Char	acteri	stic Co	des in	the instructions			
b If the plan provides welfare benefits, enter the applicable welfare	feature cod	des from the List of Pla	n Chara	cterist	tic Cod	les in t	ne instructions:			
Part V Compliance Questions										
10 During the plan year:				Yes	No	N/A	Amou	ınt		
Was there a failure to transmit to the plan any participant contributed described in 29 CFR 2510.3-102? (See instructions and DOL's Program)	Voluntary F	Fiduciary Correction	10a		х					
b Were there any nonexempt transactions with any party-in-interes reported on line 10a.)	t? (Do not	include transactions	10b		х					
C Was the plan covered by a fidelity bond?			10c	Х				100,00		
d Did the plan have a loss, whether or not reimbursed by the plan's	s fidelity bo	ond, that was caused	46-1		х					

Х

Х

Х

Х

10g

10h

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

g 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.....

Farm 5500 05 0040					
Form 5500-SF 2016 Page 3 -					
Part VI Pension Funding Compliance					
11 Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and co (Form 5500) and line 11a below)			В	Y	res 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 Co ERISA? (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)	ode or sectio	n 302 of		Y	res 🛭 No
a If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see inst granting the waiver. M		i enter t Day		f the letter Year	r ruling
If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 1					
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 length of the length of the length)		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?			X Yes	☐ No	0
If "Yes," enter the amount of any plan assets that reverted to the employer this year		13a			(
b Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or broug control of the PBGC?			X	Yes [] No
C If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identif which assets or liabilities were transferred. (See instructions.)	fy the plan(s)	to			
13c(1) Name of plan(s):	13c(2)	EIN(s)		13c(3)) PN(s)
Part VIII Trust Information					
14a Name of trust		14b 1	Trust's Elf	1	
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	Yes			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 r	ent year'	L	"Prior ye test N/A	ar" ADP
16a What testing method was used to satisfy the coverage requirements under section 410(b) for the plan year? Check all that apply:	Ratio		Ave	rage efit test	□ N/A

17a If the plan is a master and prototype plan (M&P) or volume submitter plan that received a favorable IRS opinion letter or advisory letter, enter the date of

17b If the plan is an individually-designed plan that received a favorable determination letter from the IRS, enter the date of the most recent determination

Yes

Yes

Yes

No

No

No

16b Did the plan satisfy the coverage and nondiscrimination requirements of sections 410(b) and 401(a)(4)

and the serial number

service?

Defined Benefit Plan or Money Purchase Pension Plan Only:

the letter

for the plan year by combining this plan with any other plan under the permissive aggregation rules?.....

Were any distributions made during the plan year to an employee who attained age 62 and had not separated from

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