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.

2016

2016

OMB Nos. 1210-0110

1210-0089

This Form is Open to Public Inspection

Part I	Annual Report	Identification Information									
For calend	lar plan year 2016 or fis	scal plan year beginning 10/01/201	6		and ending	9/30/20	17				
∆ This re	turn/report is for:	a single-employer plan			n (not multiemployer) (-				
71 1111010	tuniinoport io ion	a one-participant plan	_	oreign plan				,			
B This ret	urn/report is										
		/report (less than 12 m	months)								
C Check	box if filing under:	Form 5558	aut	omatic extension		DF\	VC program				
		special extension (enter descript									
Part II	Basic Plan Info	rmation—enter all requested inform	matio	n							
1a Name						1b ·	Three-digit				
APPLIED BI	OMATHEMATICS 401	(K) PLAN					plan number				
							(PN) •	003			
						1c	Effective date o	of plan 1/1991			
		yer, if for a single-employer plan) m, apt., suite no. and street, or P.O. E	3ox)					ification Number 596502			
City or	r town, state or provinc	e, country, and ZIP or foreign postal of		(if foreign, see instru	uctions)		(= +)				
APPLIED BI	OMATHEMATICS					20	Sponsor's telep 631-75				
						2d Business code (see instructions)					
	COUNTRY ROAD	-				541519					
EAST SETA	UKET, NY 11733-1345)									
3a Plan a	administrator's name ar	nd address 🛛 Same as Plan Sponso	or.			3b /	Administrator's	EIN			
						3c /	Administrator's	telephone number			
		e plan sponsor has changed since the mber from the last return/report.	e last	return/report filed fo	r this plan, enter the	4b	EIN				
	sor's name					4c	PN				
5a Total	number of participants	at the beginning of the plan year				5a	1				
b Total	number of participants	at the end of the plan year				5b)				
		account balances as of the end of the				5c	:				
		rticipants at the beginning of the plan				5d(1)				
d(2) Total number of active participants at the end of the plan year											
		terminated employment during the pl	•			5e	•				
		or incomplete filing of this return/re				use is e	established.				
SB or Scho	edule MB completed ar	her penalties set forth in the instruction and signed by an enrolled actuary, as veloce									
SIGN	Filed with authorized/	valid electronic signature.	1	10/20/2017	LEV GINZBURG						
HERE	Signature of plan a	dministrator		Date	Enter name of individ	ual sigr	ning as plan adı	ministrator			

Date

Signature of employer/plan sponsor

Preparer's name (including firm name, if applicable) and address (include room or suite number)

HERE

Enter name of individual signing as employer or plan sponsor

Preparer's telephone number

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If you answered "No" to either line 6a or line 6b, the plan cannot use Form 5500-SF and must instead use Form 5500. C If the plan is a defined benefit plan, is if covered under the PBGC insurance program (see ERISA section 4021)?		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	an indepe	ndent qualified public a	ccount	ant (IC	PA)			X Yes		
C If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)?		,	,						× Yes	No		
7 Plan Assets and Liabilities 7 Total plan assets 5 Total plan assets 5 Total plan assets 7 Total plan assets 6 Subtract line 7b from line 7a) 7c 1431872 532614 b Total plan liabilities 7 Total plan assets (subtract line 7b from line 7a) 7c 1431872 532814 8 Income. Expenses, and Transfers for this Plan Year (a) Amount (b) Total 2 Total income (activation of receivable from: (1) Employers 8 Sa(1) 53445 (2) Participants 8 Sa(1) 10509 (3) Others (including rollovers) 8 Sa(2) 10509 b Other income (loss) 8 Sa(3) 0 0 b Other income (loss) 8 Sa(3) 0 0 c Total income (actd lines 8a(1), 8a(2), 8a(3), and 8b) 8 Sa(3) 0 d Benefits paid (including direct rollovers and insurance premiums 100 to 100 septiments 100 septi	С									Not dete	rmined	
a Total plan assets	Pa	rt III Financial Information								<u> </u>		
a Total plan assets	7	Plan Assets and Liabilities		(a) Beginning	of Year			((b) End o	f Year		
C Net plan assets (subtract line 7b from line 7a)	а	Total plan assets	7a									
8 Income, Expenses, and Transfers for this Plan Year a Contributions received or receivable from: (i) Employers	b	Total plan liabilities	7b		0)			0			
a Contributions received or receivable from: (i) Employers	С	Net plan assets (subtract line 7b from line 7a)	7c	1	431872					532614		
(2) Participants	8	Income, Expenses, and Transfers for this Plan Year		(a) Amoun	ıt		(b) Total					
(2) Participants	а		0-(4)		53445							
(3) Other (including rollovers)			1									
b Other income (loss)		` ' ' '	1									
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)										129166		
e Certain deemed and/or corrective distributions (see instructions). 8e 0 f Administrative service providers (salaries, fees, commissions)			80									
f Administrative service providers (salaries, fees, commissions)			8d	1	028424							
g Other expenses	e	Certain deemed and/or corrective distributions (see instructions).	8e									
h Total expenses (add lines 8d, 8e, 8f, and 8g)	f	Administrative service providers (salaries, fees, commissions)	8f									
i Net income (loss) (subtract line 8h from line 8c)	g	Other expenses		0								
j Transfers to (from) the plan (see instructions) Part IV Plan Characteristics 9a 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: If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions: Part V	<u>h</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)										
Part IV Plan Characteristics 9a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: b 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 10 During the plan year: a 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) b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.) c Was the plan covered by a fidelity bond? d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? e 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.) f Has the plan failed to provide any benefit when due under the plan? 10c x Version N/A Amount Amount 10a x Version N/A Amount 10a x Version N/A Amount 10b x Version N/A Amount 10a x Version N/A Amount 10b x Version N/A Amount 10c x Version N/A Amount 10c x Version N/A Amount 10d x Version N/A A	<u></u>	Net income (loss) (subtract line 8h from line 8c)	8i							-899258	-	
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	j	j Transfers to (from) the plan (see instructions)										
b 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 10 During the plan year: a 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). b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	Par											
Part V Compliance Questions 10 During the plan year: a 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). b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.) 10b X C Was the plan covered by a fidelity bond?			feature co	odes from the List of Pl	an Cha	racteri	stic Co	des in	the instru	ictions:		
10 During the plan year: a 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 b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.) 10b c Was the plan covered by a fidelity bond? 10c 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 e 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 f Has the plan failed to provide any benefit when due under the plan? 10f	b	If the plan provides welfare benefits, enter the applicable welfare f	eature cod	des from the List of Pla	n Chara	acteris	tic Cod	les in t	he instruc	tions:		
a 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)	Par	t V Compliance Questions										
described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)	10	During the plan year:				Yes	No	N/A		Amount		
reported on line 10a.)	а	described in 29 CFR 2510.3-102? (See instructions and DOL's \	oluntary F	Fiduciary Correction	10a		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?	b	· · · · · · · · · · · · · · · · · · ·	•		10b		X					
by fraud or dishonesty?	С	Was the plan covered by a fidelity bond?			10c		X					
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.) Has the plan failed to provide any benefit when due under the plan? 10e	d	•	•	•	10d		X					
i has the plan falled to provide any benefit when due under the plan?	е	Were any fees or commissions paid to any brokers, agents, or oth carrier, insurance service, or other organization that provides son	her persor ne or all of	s by an insurance 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 as of year-end.)	g	Did the plan have any participant loans? (If "Yes," enter amount a	as of year-	end.)			X					
h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	h	·	•		10h		X					
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	i				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 X No			
		r the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40									
12		is a defined contribution plan subject to the minimum funding requirements of section 412 of the Co A?									
	(If "\	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	onth _	s, and	d enter t Day		of the lette Year _	er ruling			
If	you c	ompleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 1	13.	1		1					
<u>b</u>	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 l tive 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?				Yes	s X N	lo			
	If "Ye	es," enter the amount of any plan assets that reverted to the employer this year			13a						
b		e all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brougout of the PBGC?		er the			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	ΞIN				
14c	Name	of trustee or custodian					s or custod ne number	lian's			
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:	- LL ;		n-based narbor	d [Test	ear" ADP			
			ΙП '	"Curre	ent year test	<u>"</u>	N/A				
16a What testing method was used to satisfy the coverage requirements under section 410(b) for the plan year? Check all that apply:							verage enefit test	□ N/A			
	for the	be plan satisfy the coverage and nondiscrimination requirements of sections 410(b) and 401(a)(4) be plan year by combining this plan with any other plan under the permissive aggregation rules?	'	Yes			No				
	the le										
	letter	plan is an individually-designed plan that received a favorable determination letter from the IRS, er	nter the	date	of the m	nost rec	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 sepa e?		rom	Ye	s [No				
19	Was	any plan participant a 5% owner who had attained at least age 70 $\frac{1}{2}$ during the prior plan year?			Ye	s	No				

Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation Short Form Annual Return/Report of Small Employee Benefit Plan

This form is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 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

		t Identification Information			
-01	r calendar plan year 2016 or		10/01/2016 and ending	09/30/2017	
A	This return/report is for:	a single-employer plan	a multiple-employer plan (not multiemployer) a list of participating employer information in a)
_		a one-participant plan	a foreign plan		
В	This return/report is:	the first return/report	the final return/report		
		an amended return/report	a short plan year return/report (less than 12 n	nonths)	
С	Check box if filing under:	Form 5558	automatic extension .	DFVC program	
		special extension (enter desc			
_		ormation enter all requested	Information		
1a	Name of plan			1b Three-digit plan number	
	Applied Biomathema	atics 401(k) Plan		(PN) ▶ `003	
				1c Effective date of plan 10/01/1991	
2a	Mailing Address (include ro	oloyer, if for a single-employer plan) oom, apt., suite no. and street, or P nce, country, and ZIP or foreign pos	.O. Box) stal code (if foreign, see instructions)	2b Employer Identification Number (EIN) 11-2596502	r
	Applied Biomathema			2c Sponsor's telephone number	
				(631) 751-4350	
	100 North Country	Road		2d Business code (see instructions 541519	s)
_	US East Setauket NY 117				
3a	Plan administrator's name	and address X Same as Plan Sp	ponsor	3b Administrator's EIN	
				3c Administrator's telephone numb	ber
_					
4		he plan sponsor has changed since umber from the last return/report.	e the last return/report filed for this plan, enter the	4b EIN	
а	Sponsor's name			4c PN	
5a	Total number of participant	ts at the beginning of the plan year		5a 4	
b	Total number of participant	ts at the end of the plan year		5b 3	
С			f the plan year (only defined contribution plans	5c 3	
d	(1) Total number of active p	articipants at the beginning of the p	lan year	5d(1) 3	
d	(2) Total number of active p	articipants at the end of the plan ye	ear	5d(2) 3	
е	Number of participants tha	t terminated employment during the	e plan year with accrued benefits that were	5e 0	
			urn/report will be assessed unless reasonable ca	ause is established	
U	nder penalties of perjury and	other penalties set forth in the instr d and signed by an enrolled actuary	ructions, I declare that I have examined this return/r r, as well as the electronic version of this return/repo	eport, including, if applicable, a Schedu	
	SIGN Y LA LA	SORRE 9	10/25/20 Mev Ginzburg		
10,7130	HERE Signature of plan ac			ial signing as plan administrator	
12	A CONTRACTOR OF THE CONTRACTOR	nly	x/0/20/20/7 Lev Ginzburg	ar organization and artificial ar	
75750	HERE Signature of employ			ual signing as employer or plan sponsor	
41,000	- Billion City	n name, if applicable) and address		Preparer's telephone number	
	kip this question		(Madaca rechir of dalle fidiniser)	Skip this question	
					A set an
				A PROPERTY OF	

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6a	6a Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)									
	Are you claiming a waiver of the annual examination and report of a								X Yes N	
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility a	ind condit	ions.)			•••••			X Yes N	10
	If you answered "No" to either line 6a or line 6b, the plan canno									
С	If the plan is a defined benefit plan, is it covered under the PBGC in	surance p	rogram (see ERISA section	on 402	21)?	[Yes	☐ No	☐ Not determ	ine
P	art III Financial Information									
7	Plan Assets and Liabilities		(a) Beginning o	f Yea	r			(b) End	of Year	
а	Total plan assets	7a	1,43	31,8	72				532,614	
b	Total plan liabilities	7b			0				0	
С	Net plan assets (subtract line 7b from line 7a)	7c	1,43	31,8	72				532,614	
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount	:				(b) T		
а	Contributions received or receivable from:	0.40		= 2 4	45					
	(1) Employers	8a(1)		53,4		A64 8			Maria Santa Santa Santa	
	(2) Participants	8a(2)	-	10,5						
	Other income (loss)	8a(3)	0							
<u>c</u>	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8b	Te Car	65,212					4 3 4 4 4	
d	Benefits paid (including direct rollovers and insurance premiums	80	8c						129,166	220
_	to provide benefits)	8d	8d 1,028,424						A SHELL	
е	Certain deemed and/or corrective distributions (see instructions)	8e			0					
f	Administrative service providers (salaries, fees, commissions)	8f			0				Harris St.	
g	Other expenses	8g			0	25,474				6 15
<u>h</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h				1,028,424				
<u>i</u>	Net income (loss) (subtract line 8h from line 8c)	8i							(899,258)	
Ĺ	Transfers to (from) the plan (see instructions)	8j			0					
P	art IV Plan Characteristics								•	
9a	If the plan provides pension benefits, enter the applicable pension fe	eature cod	les from the List of Plan C	harac	teristi	c Cod	es in th	e instruc	tions:	
	2E 2H 2J 3D									
b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:										
P	art V Compliance Questions									
10	During the plan year:				Yes	No	N/A		Amount	
a	a 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 Vo	luntary F	duciary Correction				Water 1			
	Program)			10a		х	A TOTAL			
k	 Were there any nonexempt transactions with any party-in-interest? 	? (Do not	include transactions	10h		x				

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	人方法	
b	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	10b		х		
С	Was the plan covered by a fidelity bond?	10c		х		3
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		x		
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		4
h	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	10h		x		
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				

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Par	t VI	Pension Funding Cor	mpliance								
11	Is this a	defined benefit plan subject 5500 and line 11a below)	to minimum funding re	quirements? (If "Yes,"	see instructions ar	nd complete S	Schedule	SB		Yes 🛚	K No
_11a		ne unpaid minimum required of					11a				
12	12 Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA?										
		ver of the minimum funding st				instructions	and ente	er the date	of the	letter ri	uling
		the waiver						ay	Ye		
lf y	If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.										
b	Enter th	ne minimum required contribu	tion for this plan year				12b				
С	Enter th	ne amount contributed by the	employer to the plan fo	r the plan year			12c				
d		ct the amount in line 12c from e amount)	the amount in line 12b				12d		,		
е	Will the	minimum funding amount rep	ported on line 12d be m	net by the funding dea	dline?			Yes 🗌] No		I/A
Par	t VII	Plan Terminations an	d Transfers of As	sets							
13a	Has a r	esolution to terminate the pla	n been adopted in any	plan year?			[Yes	x	No	
	If "Yes,	enter the amount of any plai	n assets that reverted t	o the employer this ye	ar		13a				
b		Il the plan assets distributed to the PBGC?	o participants or benefi			-	he		Yes	X No)
С		g this plan year, any assets o essets or liabilities were transf			another plan(s), id	entify the plar	n(s) to				
1	3c(1) Na	me of plan(s):				13c(2) i	EIN(s)		13	c(3) PN	(s)
									Ķ.		
Par	t VIII	Trust Information - S	kip These Questic	ons							
	Name						14b	Trust's El	N .		
							444	-		- 4' 1 -	
140	: Name	of trustee or custodian					140	Trustee of telephone			
							1				
Par	tIX	IRS Compliance Que	stions - Skip The	se Questions							
		lan a 401(k) plan? If "No," ski			•••••		Yes			No	
-		d the plan satisfy the nondisc					Design-l	pased		"Prior v	ear" ADP
131		3) for the plan year? Check a					safe har			test	
							'Current		\Box	N/A	
							ADP tes	t	_		
16a		esting method was used to sa Check all that apply:				🔲 1	Ratio percenta test	ige 🗌	Avera bene	age fit test	□ N/A
16k		plan satisfy the coverage and plan year by combining this p)(4)	Yes			No	
178	If the p	lan is a master and prototype	plan (M&P) or volume and serial number	submitter plan that red	ceived a favorable	IRS opinion le	etter or a	advisory le	tter, e	nter the	date of
171		lan is an individually-designed		avorable determination	n letter from the IR	S, enter the d	ate of th	e most red	cent de	etermina	ition
18	Define Were a	d Benefit Plan or Money Purcl ny distributions made during ?	the plan year to an emp	oloyee who attained a				Yes		No	
19		ny plan participant a 5% owne						Yes		No	