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.

1210-0089

OMB Nos. 1210-0110

2015

This Form is Open to Public Inspection

Part I	Annual Report	Identification Information										
For calend	ar plan year 2015 or fis	scal plan year beginning 01/01/2	015	and ending 12	2/31/2015							
A This ref	turn/report is for:	olan (not multiemployer) nployer information in ac	,									
		a one-participant plan										
B This retu	urn/report is	the first return/report	the final return/report									
		an amended return/report	a short plan year retur	return/report (less than 12 months)								
C Check	box if filing under:	Form 5558 special extension (enter descri	automatic extension		∐ DFVC p	orogram						
Part II	Racic Plan Info	rmation—enter all requested info	· /									
1a Name		Illiation—enter all requested into	omation		1b Three-digit							
	CK & ASSOCIATES, PA	v 401(K) PLAN			plan numbe	er 001						
					1c Effective da							
						01/01/2015						
Mailing	g address (include roon	yer, if for a single-employer plan) m, apt., suite no. and street, or P.O				lentification Number 65-0378178						
	County state of province of the county of	e, country, and ZIP or foreign posta	ai code (ii foreign, see inst	ructions)		elephone number 54-463-2001						
300 SE 13TE	H STREET, SUITE D				2d Business co	ode (see instructions)						
FORT LAUD	PERDALE, FL 33316				541110							
3a Plan administrator's name and address XSame as Plan Sponsor.						or's EIN						
						3c Administrator's telephone number						
4 If the i	name and/or EIN of the	e plan sponsor has changed since t	the last return/report filed f	or this plan, enter the	4b EIN							
	•	mber from the last return/report.			4							
	or's name				4c PN							
5a Total	number of participants	at the beginning of the plan year			5a	0						
		at the end of the plan year			5b	2						
		account balances as of the end of t			5c							
d(1) Tot	al number of active par	rticipants at the beginning of the pla	an year		5d(1)	0						
d(2) Tot	tal number of active par	rticipants at the end of the plan yea	ar		5d(2)	2						
		terminated employment during the			5e	0						
Caution: A	A penalty for the late of	or incomplete filing of this return	/report will be assessed	unless reasonable car								
SB or Sche		ner penalties set forth in the instruc nd signed by an enrolled actuary, a										
SIGN	Filed with authorized/valid electronic signature. 10/04/2016 CHRISTOPHER J. W.				I WHITELOOK							
HERE	Signature of plan a		dual signing as plan administrator									
SIGN												
HERE	Signature of emplo	ver/plan sponsor	idual signing as employer or plan sponsor									
Preparer's		ame, if applicable) and address (in	Preparer's teleph	•								

Form 5500-SF 2015		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 a lf you answered "No" to either line 6a or line 6b, the plan cannot be a second to the plan cannot be a second t	an indeper and conditi ot use Fo	ident qualified public a ons.)rm 5500-SF and mus	ccount	ant (IQ	PA) Form	5500.		□	es No
C If the plan is a defined benefit plan, is it covered under the PBGC in	nsurance p	rogram (see ERISA se	ection 4	021)? .		Yes	No	Not det	ermined
Part III Financial Information	1				-				
7 Plan Assets and Liabilities		(a) Beginning	of Ye				(b) End		
a Total plan assets	7a			0				1	6362
b Total plan liabilities	7b			0				4	0
C Net plan assets (subtract line 7b from line 7a)	7c			0	-				6362
8 Income, Expenses, and Transfers for this Plan Year a Contributions received or receivable from:		(a) Amou	ınt				(b) T	otal	
(1) Employers	8a(1)			0					
(2) Participants	8a(2)		16	412					
(3) Others (including rollovers)	8a(3)			0					
b Other income (loss)	8b			0					
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							1	6412
Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d			0					
e Certain deemed and/or corrective distributions (see instructions)	8e			0					
f Administrative service providers (salaries, fees, commissions)	8f			0					
g Other expenses	8g			50					
h Total expenses (add lines 8d, 8e, 8f, and 8g)	8h								50
i Net income (loss) (subtract line 8h from line 8c)	et income (loss) (subtract line 8h from line 8c)							1	6362
j Transfers to (from) the plan (see instructions)	8j			0					
Part IV Plan Characteristics									
9a If the plan provides pension benefits, enter the applicable pension 2E 2J 3D	feature co	des from the List of Plant	an Cha	racteris	stic Co	des in th	ne instruc	tions:	
B If the plan provides welfare benefits, enter the applicable welfare for	eature cod	es from the List of Pla	n Char	octorist	ic Coc	les in the	a inetructi	one.	
If the plan provides wellare beliefits, effect the applicable wellare is	catare cou	es from the List of Fra	ii Onaie	actorist	.10 000	103 111 1110	o mondon	0113.	
Part V Compliance Questions									
10 During the plan year:				Yes	No	N/A		Amour	nt
Was there a failure to transmit to the plan any participant contribu described in 29 CFR 2510.3-102? (See instructions and DOL's V Program)	oluntary F	iduciary Correction	10a		X				(
b Were there any nonexempt transactions with any party-in-interest reported on line 10a.)			10b		X				(
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 by fraud or dishonesty?			10d		X				
Were any fees or commissions paid to any brokers, agents, or oth carrier, insurance service, or other organization that provides som the plan? (See instructions.)	ner persons	s by an insurance the benefits under	10e		X				C
f Has the plan failed to provide any benefit when due under the pla			10f		Х				C
					Χ				
	Did the plan have any participant loans? (If "Yes," enter amount as of year end.)				X				
i If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10	he required	I notice or one of the	10h 10i						
j Did the plan trust incur unrelated business taxable income?			10j						
Part VI Pension Funding Compliance			ivj	<u> </u>	<u> </u>				
11 Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)									es X No
11a Enter the unpaid minimum required contribution for all years from						11a		<u>—</u>	<u> </u>
12 Is this a defined contribution plan subject to the minimum funding						302 of E	RISA?	Y	es X No

	F	orm 5500-SF 2015 Page 3 - 1								
	_ `	s," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)								
а		aiver of the minimum funding standard for a prior year is being amortized in this plan year, see inc ng the waiver		enter the Day	date of t	he letter rul Year	ing			
lf		mpleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line		Duy_		1 oui				
b	Enter t	ne minimum required contribution for this plan year		12b						
С	Enter th	ne amount contributed by the employer to the plan for this plan year		12c						
d		ct the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the		12d						
		ve amount)e minimum funding amount reported on line 12d be met by the funding deadline?		П	Yes	No 🗌	N/A			
Part		Plan Terminations and Transfers of Assets			100	110	1471			
		resolution to terminate the plan been adopted in any plan year?			Yes	s X No				
		s," 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 brough	ght under the co	ontrol		Yes X	No			
С	If duri	ng this plan year, any assets or liabilities were transferred from this plan to another plan(s), identiassets or liabilities were transferred. (See instructions.)								
•	13c(1) N	lame of plan(s):	13c(2)	EIN(s)		13c(3) F	PN(s)			
Part	: VIII	Trust Information								
14a	Name o	f trust		14b Trust's EIN						
14c	Name	of trustee or custodian		14d Trustee's or custodian's						
140 Name of trustee of custodian						telephone number				
Par	t IX	IRS Compliance Questions								
15a	Is the	plan a 401(k) plan?		Ye	S	No				
15b		"how does the 401(k) plan satisfy the nondiscrimination requirements for employee deferrals an ng contributions (as applicable) under sections 401(k)(3) and 401(m)(2)?		Design- based safe ADP/ACP harbor test method						
15c	testing	DP/ACP test is used, did the 401(k) plan perform ADP/ACP testing for the plan year using the "c method" for nonhighly compensated employees (Treas. Reg sections 1.401(k)-2(a)(2)(ii) and 1.4(ii))?	101(m)-	Ye	S	No				
16a	Check	the box to indicate the method used by the plan to satisfy the coverage requirements under secti	on 410(b):		atio ercentage st	Average benefit test				
16b		he plan satisfy the coverage and nondiscrimination tests of sections 410(b) and 401(a)(4) by come with any other plans under the permissive aggregation rules?		Ye	s	No				
17a	Has the	e plan been timely amended for all required tax law changes?		Ye	S	No	N/A			
17b		ne last plan amendment/restatement for the required tax law changes was adopted//law changes and codes).	Enter the ap	plicable	code	(See ins	tructions			
17c		lan sponsor is an adopter of a pre-approved master and prototype (M&P) or volume submitter pland the letter yellower. I and the letter's serial references and the letter's serial references and the letter's serial references.		t to a fa	vorable II	RS opinion	or			
17d	If the p	lan is an individually-designed plan and received a favorable determination letter from the IRS, e ination letter/		the plai	n's last fav	vorable				
18		Plan maintained in a U.S. territory (i.e., Puerto Rico (if no election under ERISA section 1022(i)(2, American Samoa, Guam, the Commonwealth of the Northern Mariana Islands or the U.S. Virgin		Yes	;	No				
19	Were in	n-service distributions made during the plan year?		Ye	s	No				
	If "Yes	" enter amount		19						
20		equired minimum distributions made to 5% owners who have attained age 70 $\frac{1}{2}$ (regardless of w), as required under section 401(a)(9)?		Ye	s	No	N/A			

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

2015

This Form is Open to Public Inspection

Parti	Annual Report	Identification Information									
For calenda	r plan year 2015 or f	scal plan year beginning	1/1/20	· · · · · · · · · · · · · · · · · · ·	and ending	12/31/					
A This sale	one due or a sub-la-fia or	🛮 a single-employer plan		ng this box must attach a							
A mis retu	ım/report is for:	a one-participant plan		or participating emp eign plan	the form instructions)						
B This retu	rn/report is	the first return/report the final return/report									
	an amended return/report a short plan year return/report (less than 12 month										
C Check h	ox if filing under:	Form 5558	_	matic extension							
• CHOOK D	ox ii raing ander.	□ DF	VC program								
	Desir Di 1.6	special extension (enter desc									
PartII		ormation—enter all requested in	nformation			41					
1a Name of plan Whitelock & Associates, PA 401(k) Plan							digit imber 001				
***************************************	noon a noodolan	out the religion tall				(PN)					
						1c Effective	e date of plan 1/1/2015				
Malling	address (include roa	oyer, if for a single-employer plan) om, apt., suite no. and street, or P.	.O. Box)	-		2b Employ (EIN)	ver Identification Number 65-0378178				
Whitelo	town, state or provin ck & Associates	ce, country, and ZIP or foreign pos , PA	stal code (if	f foreign, see instru	ctions)	2c Sponso	or's telephone number 954-463-2001				
300 SE	13th Street, Sui	te D				2d Busine	ss code (see instructions)				
Fort Lau 33316	ıderdale	FL				541110					
	lministrator's name a	and address 🛮 Same as Plan Spor	nsor.	******		3b Admini	strator's EIN				
						3C Admini	istrator's telephone number				
						ł					
4 1611							• • • • • • • • • • • • • • • • • • • •				
4 If the n	ame and/or EIN of the	ne plan sponsor has changed since umber from the last return/report.	e the last re	eturn/report filed fo	r this plan, enter the	4b EIN					
a Sponso		umber nout the tast return teport,				4c PN					
5a Total r	number of participant	s at the beginning of the plan year	r			 	0				
		s at the end of the plan year					2				
		n account balances as of the end o					····-				
compl	ete this item)		······			5c	1				
d(1) Tota	al number of active p	articipants at the beginning of the	plan year		***************************************	5d(1)	0				
		articipants at the end of the plan y				5d(2)	2				
e Numb	er of participants tha	at terminated employment during th	he plan yea	ar with accrued ben		5e	0				
Caution: A	penalty for the late	or incomplete filing of this retu	urn/report v	will be assessed u	unless reasonable ca	use is establ	ished.				
Under pena SB or Sche	alties of perjury and o	other penalties set forth in the instr and signed by an enrolled actuary,	ructions. I d	leclare that I have a	examined this return/re	port, including	n if applicable, a Schedule				
SIGN		ner J. Whitelock		10/4/16	Christophe	r J. Whi	telock				
HERE	Signature of plan	of plan administrator Date Enter name of Individual signing as plan administrator									
SIGN	Christoph	ner J. Whitelock	-	10/4/16		ristopher J. Whitelock					
HERE		loyer/plan sponsor		Date	· · · · · · · · · · · · · · · · · · ·		s employer or plan sponsor				
Preparer's		name, if applicable) and address			r)		telephone number				
	•										
<u></u>											

·	Form 5500-SF 2015		Page 2								
b	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 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 550									Yes No	
C I	If the plan is a defined benefit plan, is it covered under the PBGC ir	nsurance p	rogram (see ERISA se	ction 40	021)? .		Yes []No []	Not c	letermined	
Par	tille Financial Information										
_7	Plan Assets and Liabilities	Control of the contro	(a) Beginning	of Yea	ır			(b) End	of Yea	ar	
a	Total plan assets	. 7a				0				16362	
<u>b</u>	Total plan liabilities	. 7b					(
C	Net plan assets (subtract line 7b from line 7a)	7c				0	16362				
8_	Income, Expenses, and Transfers for this Plan Year		(a) Amou	nţ				(b) T	ota!		
	Contributions received or receivable from:	0-44)				2000					
	(1) Employers	8a(1)			1011	0	The state of the s				
	(3) Others (including rollovers)	. 8a(2)			<u> 1641</u>						
	Other income (loss)	. 8a(3)	***************************************) =				Barran Andrew	
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)					0 (35). 3		na area per cu			
	Benefits paid (Including direct rollovers and insurance premiums	8c	Section 1997	CPP CP	e sine do co	Ti Tirk	A	2000-284-		16412	
	to provide benefits)	. 8d				0			172,10		
<u>e</u>	Certain deemed and/or corrective distributions (see instructions)	8e				0					
f	Administrative service providers (salaries, fees, commissions)	8f				0					
g	Other expenses	. 8g			5	0					
<u>h</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)	. 8h	8h				A TOP BINGS A AND A AND				
i	Net income (loss) (subtract line 8h from line 8c)	8i						16362			
j	Transfers to (from) the plan (see instructions)	. 8i	8j)		ANTENDED	00000	appearance particularly	
Par	t IV Plan Characteristics	.,,,,,		W					śroni midhrin	ek et kindig kote ui interatualidasti tata (
9a 	If the plan provides pension benefits, enter the applicable pension 2E 2J 3D If the plan provides welfare benefits, enter the applicable welfare										
		leature co	des from the List of Plai	n Char	acterisi	ic Co	des in tr	ie instruct	ions:		
Pari	***************************************										
10	During the plan year:				Yes	No	N/A		Amo	ount	
	Was there a failure to transmit to the plan any participant contributes described in 29 CFR 2510.3-102? (See instructions and DOL's Program)	Voluntary	Fiduciary Correction	10a		1	Service Service				
b	Were there any nonexempt transactions with any party-in-interes reported on line 10a.)	t? (Do not	include transactions	10b		1	H.P. III SWETE				
C	Was the plan covered by a fidelity bond?		•••••••	10c		✓	CONTRACTOR OF THE				
d	by fraud or dishonesty?			10d		1	11.01.010			. ,	
е	carrier, insurance service, or other organization that provides so	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.)				1	TA PA				
f				10f		√	10000154				
g						7					
h	If this is an individual account plan, was there a biackout period? (See instructions and 29 CFR 2520.101-3.)			10g 10h		1		1-0 10 00 00 00 00 00 00 00 00 00 00 00 00			
i	If 10h was answered "Yes," check the box if you either provided exceptions to providing the notice applied under 29 CFR 2520.1	d the required notice or one of the						No. 22 April 19	2 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	agbotell. Its mid n. sactio	
j	Did the plan trust incur unrelated business taxable income?			10j	[33.00.000			
Pari					· · · · · · · · · · · · · · · · · · ·			1			
11	Is this a defined benefit plan subject to minimum funding requirer 5500) and line 11a below)	ments? (If	"Yes," see instructions	and co	mplete	Sche	dule SB	(Form		Yes 📝 No	

11a Enter the unpaid minimum required contribution for all years from Schedule SB (Form 5500) line 40

Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA?..

	Form 5500-SF 2015 Page 3 -						
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)		··				
	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see ins granting the waiver	lonth	nter the Day		e letter ruli Year	ng	
	you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line						
	Enter the minimum required contribution for this plan year		12b	***			
<u>c</u>	Enter the amount contributed by the employer to the plan for this plan year		12c				
	Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the I negative amount)		12d				
	Will the minimum funding amount reported on line 12d be met by the funding deadline?		Yes	No 🗌	N/A		
Part							
138	Has a resolution to terminate the plan been adopted in any plan year?			Yes	V No		
b	If "Yes," enter the amount of any plan assets that reverted to the employer this year		13a				
	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or broug of the PBGC?		ntroi		Yes 🛭 N	10	
С	which assets or liabilities were transferred. (See instructions.)	y the plan(s) to					
1	3c(1) Name of plan(s):	13c(2)	EIN(s)		13c(3) P	N(s)	
Part	VIII Trust Information						
14a	Name of trust		14b				
14c	Name of trustee or custodian		14d Trustee's or custodian's				
		telephone number					
Par	IRS Compliance Questions						
15a	Is the plan a 401(k) plan?		Ye		No		
	If "Yes," how does the 401(k) plan satisfy the nondiscrimination requirements for employee deferrals an matching contributions (as applicable) under sections 401(k)(3) and 401(m)(2)?		∐ b h	esign- ased safe arbor iethod	ADP/ACP test		
15c	If the ADP/ACP test is used, did the 401(k) plan perform ADP/ACP testing for the plan year using the "c testing method" for nonhighly compensated employees (Treas. Reg sections 1.401(k)-2(a)(2)(ii) and 1.42(a)(2)(ii))?	(01(m)_	Yes		No		
	Check the box to indicate the method used by the plan to satisfy the coverage requirements under section.	on 410(b):	Цρ	atio ercentage est	Average benefit test		
16b 	Does the plan satisfy the coverage and nondiscrimination tests of sections 410(b) and 401(a)(4) by common this plan with any other plans under the permissive aggregation rules?	bining	Ye		☐ No		
17a	Has the plan been timely amended for all required tax law changes?		∏ Ye	es	∏No	N/A	
	Date the last plan amendment/restatement for the required tax law changes was adopted		plicabl	e code	_ (See inst	<u></u>	
17c	If the plan sponsor is an adopter of a pre-approved master and prototype (M&P) or volume submitter plantage and the letter's serial representation.	an that is subject	t to a f	avorable IR	S opinion	or or	
17d	If the plan is an individualiv-designed plan and received a favorable determination letter from the IRS, e determination letter	nter the date of	the pla	n's last fav	orable	· ·	
18	Is the Plan maintained in a U.S. territory (i.e., Puerto Rico (if no election under ERISA section 1022(i)(2 made), American Samoa, Guam, the Commonwealth of the Northern Mariana Islands or the U.S. Virgin) has been Islands)?	Ye	s	No		
19	Were in-service distributions made during the plan year?		Yes No				
	If "Yes," enter amount		19				
20	Were required minimum distributions made to 5% owners who have attained age 70 ½ (regardless of w retired), as required under section 401(a)(9)?	hether or not	Yı	es	No	N/A	
	VA C						