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).

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		Identification Information					
For calenda	ar plan year 2016 or f	scal plan year beginning 01/01/20	<u>16</u>	and ending 12	2/31/2016		
A This ret	urn/report is for:	a single-employer plan	a multiple-employer pla list of participating em a foreign plan	an (not multiemployer) (aployer information in ac	_		
B This retu	ırn/report is	the first return/report	the final return/report	n/report (less than 12 m	onths)		
C Check b	oox if filing under:	Form 5558 special extension (enter descrip	automatic extension		DFVC program		
Part II	Basic Plan Info	prmation —enter all requested info	,				
1a Name		onto an requested into			1b Three-digit plan number (PN) ▶	001	
					1c Effective date 01/0	of plan 01/1997	
Mailing	address (include roc	oyer, if for a single-employer plan) m, apt., suite no. and street, or P.O. ce, country, and ZIP or foreign postal		ructions)	(=111)	0168560	
STONES, INC		so, soundy, and En or loroign poolar	roodo (ii roroigii, coo iiioti	deliene)	2c Sponsor's tele	phone number 66-2463	
412 2ND ST. P.O. BOX 71 NAMPA, ID 8			2d Business code (see instructions) 444130				
3a Plan ad	dministrator's name a	nd address X Same as Plan Spons	sor.		3b Administrator's	EIN	
		e plan sponsor has changed since th mber from the last return/report.	ne 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	s at the beginning of the plan year			5a	22	
		at the end of the plan year			5b	21	
	er of participants with ete this item)	account balances as of the end of th	ne plan year (only defined	contribution plans	5c	20	
d(1) Tota	al number of active pa	articipants at the beginning of the plan	n year		5d(1)	19	
d(2) Tota	al number of active pa	articipants at the end of the plan year			5d(2)	19	
		terminated employment during the p			5e	0	
Caution: A	penalty for the late	or incomplete filing of this return/	report will be assessed	unless reasonable car			
SB or Sche		ther penalties set forth in the instruct nd signed by an enrolled actuary, as plete.					
SIGN HERE	Filed with authorized	/valid electronic signature.	04/21/2017	MONTE SCHLERF			
	Signature of plan	administrator	Date	Enter name of individ	ual signing as plan a	dministrator	
SIGN HERE							
	Signature of emploname (including firm	oyer/plan sponsor name, if applicable) and address (inc	Date lude room or suite numbe	Enter name of individer)	ual signing as emplo Preparer's telephor		

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	Were all of the plan's assets during the plan year invested in eligib		•						X Y	es 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 Y	es 🗌 No
	If the plan is a defined benefit plan, is it covered under the PBGC in						-	No	Not de	etermined
Par	t III Financial Information						_			
7	Plan Assets and Liabilities		(a) Beginning	of Year				(b) End	of Year	
а	Total plan assets	7a		551204					6548	66
b	Total plan liabilities	7b								
С	Net plan assets (subtract line 7b from line 7a)	7c		551204					6548	66
8	Income, Expenses, and Transfers for this Plan Year		(a) Amoun	ıt				(b) ⁻	Γotal	
	Contributions received or receivable from:			34622						
	(1) Employers	8a(1)		63167						
	(2) Participants	8a(2)		00107						
	(3) Others (including rollovers) Other income (loss)	8a(3) 8b		33196						
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							1309	85
	Benefits paid (including direct rollovers and insurance premiums	00								
	to provide benefits)	8d		26998						
е	Certain deemed and/or corrective distributions (see instructions).	8e								
<u>f</u>	Administrative service providers (salaries, fees, commissions)	8f								
g	Other expenses	8g		325						
<u>h</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h					27323			
	Net income (loss) (subtract line 8h from line 8c)	8i							1036	62
J	Transfers to (from) the plan (see instructions)	8j								
	t IV Plan Characteristics									
	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 f	eature cod	les from the List of Pla	n Chara	acterist	tic Cod	des in t	he instr	uctions:	
Part	t V Compliance Questions									
10	During the plan year:				Yes	No	N/A		Amour	nt
а	Was there a failure to transmit to the plan any participant contributes described 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					1000000
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 oth carrier, insurance service, or other organization that provides som the plan? (See instructions.)	ne or all of	the benefits under	10e		X				
f	Has the plan failed to provide any benefit when due under the pla	ın?		10f		X				
g				10g	X					3337
h	2520.101-3.)	· ••••••		10h		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			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)					[] `	∕es X No
		the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40			11a			
12		s a defined contribution plan subject to the minimum funding requirements of section 412 of the Co A?					│	res X No
	(lf "\	es," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)						
	grant	aiver 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 lette Year _	er ruling
If	you co	empleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 1	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	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)							
		ne 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 N	lo
	If "Y€	s," 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 brougol 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	olan(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 custod ne number	ian's
Par	t IX	IRS Compliance Questions						
15a	Is the	plan a 401(k) plan? If "No," skip b		Yes			No	
		lid the plan satisfy the nondiscrimination requirements for employee deferrals under section (3) for the plan year? Check all that apply:	IШ		n-based narbor	d [Prior ye test	ear" ADP
				"Curre	ent year test	<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
	for the	e 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	plan is an individually-designed plan that received a favorable determination letter from the IRS, er	nter the	date	of the m	nost rece	ent determi	nation
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 $^{1\!\!/}$ during the prior plan year?			Ye	s	No	

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Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation

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

OMB Nos. 1210-0110 1210-0089

2016

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or calendar plan year 2016 or fiscal plan year beginning	Parti Annual Repor	rt identification informatio	n			· · · · · ·
This return/eport is for: a simple-employer plan a multiple-employer plan (and multiens(syer) (Fiers sheeking this box must attach a one-participant plan a one-participant plan a foreign a fo	or calendar plan year 2016 or fis	scal plan year beginning		and ending	12/31/20	016
3 This return/report is:	This return/report is for:		a multiple-employer a list of participating	plan (not multiemployer)	(Filers checking this	s hox must attach
an amended return/report a short plan year return/report (less than 12 months)	This return/report is:		🔲 a foreign pian			100000000000000000000000000000000000000
Check box if fling under: Form 5558 automatic extension	rnis return/report is:	=	=			
Pair Basic Plan Information		an amended retum/report	a short plan year re	tum/report (less than 12 i	months)	
A Plan approach name (employer, if for a single-employer plan) A Plan approach name (employer, if for a single-employer plan) A Plan approach name (employer, if for a single-employer plan) A Plan approach name (employer, if for a single-employer plan) A Plan approach name (employer, if for a single-employer plan) A Plan approach name (employer, if for a single-employer plan) A Plan approach name (employer, if for a single-employer plan) A Plan approach name (employer, if for a single-employer plan) A Plan and zero for forwar, state or province, country, and ZIF or foreign postal code (if foreign, see instructions) S Stones, I Inc. A 12 2 and St. South P.O. Box 71 To Names 10 33533 A Plan administrator's name and address If the name and/or EIN of the plan apponsor has changed since the last return/report filed for this plan, enter the name, EIN, and the plan number from the last return/report. A 2 Plan administrator's telephone number from the last return/report. A 2 Plan administrator's telephone number from the last return/report. A 2 Plan administrator's telephone number from the last return/report. A 2 Plan administrator's telephone number from the last return/report. A 2 Plan administrator's telephone number from the last return/report. A 2 Plan administrator's telephone number from the last return/report filed for this plan, enter the name, EIN, and the plan number from the last return/report. A 2 Plan administrator's telephone number from the last return/report filed for this plan, enter the name, EIN, and the plan number of participants at the beginning of the plan year Total number of participants at the beginning of the plan year Total number of participants at the beginning of the plan year Total number of participants at the beginning of the plan year Total number of participants at the beginning of the plan year Total number of participants at the end of the plan year Total number of participants at the end of the plan year Total number of participants at the end of the p	Check box if filing under:	=			DFVC	program
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a Plan sponsor's name (empkyer, if for a single-empkyer plan) Maining Address (include room, apt., suite no. and street, or P.O. Box) City or form, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) Stones, Inc. 21 Empkyer identification Number (IEIN) 82-01.68560 22 Sponsor's telephone number (208) 466-2463 23 Business code (see instructions) 412 2nd St. South P.O. Box 71 VS Nampa ID 33653 34 Plan administrator's name and address XI Same as Plan Sponsor 35 Administrator's telephone number aname, EIN, and the plan number from the last return/report. 36 Administrator's telephone number aname, EIN, and the plan number from the last return/report. 45 EIN Total number of participants at the beginning of the plan year Total number of participants at the end of the plan year Total number of participants at the end of the plan year (1) Total number of active participants at the beginning of the plan year (2) Total number of active participants at the beginning of the plan year (3) Total number of active participants at the end of the plan year (3) Total number of active participants at the beginning of the plan year (4) Total number of active participants at the beginning of the plan year (5) Total number of active participants at the end of the plan year (6) Total number of active participants at the end of the plan year (7) Total number of active participants at the end of the plan year (8) Total number of active participants at the end of the plan year (9) Total number of active participants at the end of the plan year (1) Total number of active participants at the end of the plan year (1) Total number of active participants at the end of the plan year (1) Total number of active participants at the end of the plan year (1) Total number of active participants at the eleginning of the plan year (1) Total number of active participants at the eleginning of the plan year (1) Total number of active participants at the eleginning of the plan year (1) Total number of active parti	•	c) Plan			pian numb	per
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2) Total number of active participants at the beginning of the plan year Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested Total number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested Total number of participants at the end of the plan year Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested Total number of active participants at the end of the plan year Number of participants at the end of the plan year Set 19 Set 19 Set 0 Outlon: A penalty for the late or incomplete filling of this return/report will be assessed unless reasonable cause is established. Set 20 When the set of my knowledge and in the instructions, I declare that I have examined this return/report, including, if applicable, a Schedute or Schedute Mp completed and signed by an enrolled actuary, as well as the electronic version of this return/report, and to the best of my knowledge and in the instruction of this return/report, and to the best of my knowledge and in the instruction of this return/report, and to the best of my knowledge and in the instruction of this return/report, and to the best of my knowledge and in the instruction of this return/report, and to the best of my knowledge and in the instruction of this return/report, and to the best of my knowledge and in the instruction of this return/report, including, if applicable, a Schedute or Sc	complete and item)	, 48, 44, 44, 44, 44, 44, 44, 44, 44, 44		ntribution pians	5c	20
Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested to a ution: A penalty for the late or Incomplete filling of this return/report wiil be assessed unless reasonable cause is established. der penalties of perjury and other penalties set forth in the instructions. I declare that I have examined this return/report, including, if applicable, a Schedule or Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/report, and to the best of my knowledge and ief, it is true, correct, and complete. Monte Schlerf	(1) Total number of active parti	cipants at the beginning of the plan y	ear		5d(1)	
ution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established. der penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including, if applicable, a Schedute or Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/report, and to the best of my knowledge and ief, it is true, correct, and complete. Monte Schlerf Enter name of individual signing as plan administrator Monte Schlerf Enter name of individual signing as employer or plan sponsor parer's name (including firm name) if applicable) and address (include room or suite number) Preparer's telephone number Skip this question	2) Total number of active partic	cipants at the end of the plan year	*****************	**************************************	5d(2)	19
der penatues of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including, if applicable, a Schedulte or Schedule MB complete and signed by an enrolled actuary, as well as the electronic version of this return/report, and to the best of my knowledge and lief, it is true, correct, and complete. Monte Schlerf	icss man 100% vested	***************************************	*************	F820207 87272 F820222728 F82 F4227202 F6220		0
der penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including, if applicable, a Schedute for Schedule MB complete and signed by an enrolled actuary, as well as the electronic version of this return/report, and to the best of my knowledge and ide, it is true, correct, and complete. Monte Schlerf	ution: A penalty for the late of	or incomplete filing of this return/	report will be assessed	ınless reasonable caus	se is established.	
ERE Signature of plan administrator Date Enter name of individual signing as plan administrator Monte Schlerf	ider penatties of perjury and oth 3 or Schedule MB completed and	er penalties set forth in the instruction	ne I dodoro that I barra ar			ble, a Schedute mowledge and
Signature of plan administrator Consider the street of plan adminis	IGN AH	161/	14/21/17	Monte Schlerf		
Signature of employer/pial sponsor Date Enter name of individual signing as employer or plan sponsor exparer's name (including firm name) if applicable) and address (include room or suite number) Preparer's telephone number Skip this question Skip this question	ERE Signature/of plan adm	plistrator/	Date, //		al signing on stop of	ministrato-
Signature of employer/pial sponsor Date Enter name of individual signing as employer or plan sponsor paparer's name (including firm name if applicable) and address (include room or suite number) Preparer's telephone number Skip this question	IGN ATT		4/21/17	,	ar signing as plan au	ministrator
ip this question Preparer's telephone number Skip this question	RE Signature of employer	pian sponsor	Date		ol signing as employe	or or alon an ana
	parer's name (including firm na ip this question	me if applicable) and address (inclu	de room or suite number)		Preparer's telepho	ne number

	Form 5500-SF 2016		Page 2			_						
6a	Were all of the plan's assets during the plan year invested in eligible	assets? (Se	e instructions.)	******			*************	X Yes				
b	and report of all independent draining by the arrived exerting and report of all independent draining public account					untant (IQPA)						
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility ar	d conditions	s.)	******	*******		***************	X Yes No				
С	if you answered "No" to either line 6a or line 6b, the plan cannot if the plan is a defined benefit plan, is it covered under the PBGC ins	t use Form	1 5500-SF and must inst	ead (use Fo	rm 58						
1,000	art III Financial Information	urance prog	ram (see ERISA section	4021,	17	******	· Yes	No Not determine				
7	Plan Assets and Liabilities											
a	Total plan assets		(a) Beginning				_(b) End of Year				
b	Total plan liabilitles	7a 7b	<u> </u>	51,	204	-		654,866				
С	Net plan assets (subtract line 7b from line 7a)					+						
8	Income, Expenses, and Transfers for this Plan Year	. 70		51,	204	+	_	654,866				
а	Contributions received or receivable from:					75.7		(b) Totai				
	(1) Employers	 		34,		ji.,						
	(2) Participants			63,	167		A Property Association					
b	Other income (loss)					inis Series	11 34 554					
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)		TOWN AS COMMENTED BY A STREET	33,								
d	Benefits paid (including direct rollovers and insurance premiums	 			* 2	200		130,985				
	to provide benefits)	. 8d		26,	998							
e	Certain deemed and/or corrective distributions (see instructions)	. 8e					1					
	Administrative service providers (salaries, fees, commissions)	. 8f			0			May the "				
g h	Other expenses				325							
	Total expenses (add lines 8d, 8e, 8f, and 8g)	. 8h		3	200			27,323				
	Net income (loss) (subtract line 8h from line 8c) Transfers to (from) the plan (see instructions)	. 8I				25869		103,662				
	TRIV Plan Characteristics	. 8j				120	100	***				
												
	If the plan provides pension benefits, enter the applicable pension feat 2E 2F 2G 2J 2K 3D	ture codes r	rom the List of Plan Chara	acten	stic Co	des in	the instruct	tions:				
b		ro code o fe-	and the Link of City of									
	If the plan provides welfare benefits, enter the applicable welfare featu	re codes no	om the List of Plan Charac	terist	ic Cod	es in t	he instructio	ons:				
Pa	rt V Compliance Questions		<u> </u>			_						
0	During the plan year:	- -	-		Yes	l No.	₹ÑA	American				
а	Was there a failure to transmit to the plan any participant contribution	ns within the	time period		1.00			Amount				
	described in 29 CFR 2510.3-102? (See instructions and DOL's Volu					l						
b	Program)		***************************************	10a		x						
	Were there any nonexempt transactions with any party-in-interest? (reported on line 10a.)	Do not inclu	de transactions	10b		x						
С	Was the plan covered by a fidelity bond?			10c		<u> </u>		1 000 000				
d	Did the plan have a loss, whether or not reimbursed by the plan's fide			100	 ^	 	5.000	1,000,000				
	by πaud or dishonesty?		***************************************	10d		х						
е	Were any fees or commissions paid to any brokers, agents, or other carrier, insurance service, or other organization that provides some o	persons by	an insurance				3.00					
	the plan? (See Instructions.)			10e		x						
f	Has the plan failed to provide one benefit when the under the color			10f		×						
g	Did the plan have any participant leane? (If TVee " anter a very transfer at the plan have any participant leane? (If TVee " anter a very transfer at the plan have any participant leane? (If TVee " anter a very transfer at the plan have any participant leane? (If TVee " anter a very transfer at the plan have any participant leane? (If TVee " anter a very transfer at the plan have any participant leane? (If TVee " anter a very transfer at the plan have a very transfer at the plan have any participant leane? (If TVee " anter a very transfer at the plan have a very transfer at the very transfe				x			2 005				
h	If this is an individual account ptan, was there a blackout period? (See instructions and 29 CFR			10g		v		3,337				
i	If 10h was answered "Yes," check the box if you either provided the reexceptions to providing the notice applied under 29 CFR 2520.101-3	equired notic	ce or one of the	10h		x						
		********	*********************	10i								

	Form 5500-SF 2016 Page 3 -					
	r age 🗸 -					
Pai	Pension Funding Compilance					
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete (Form 5500 and line 11a below)	Sched	dule SB		☐ Ye	s 🗓 No
11:	Enter the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40		1119			
12	is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 412 of the	adian !	202 -4	<u> </u>	T	·
	ERISA?(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)	*********	**********		L Ye:	s 🗶 No
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 Month	and e				ng
<u>If y</u>	ou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.		Da	ву	Year_	
b	Enter the minimum required contribution for this plan year.		12b		_	·
<u>C</u>	Enter the amount contributed by the employer to the plan for the plan year		12c			
ď	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)		12d		·	<u></u>
е	Will the minimum funding amount reported on line 12d be met by the funding deadline?	******		Yes [T A2/A
	VII Plan Terminations and Transfers of Assets			169] N/A
13a	Has a resolution to terminate the plan been adopted in any plan year?	-		☐ Yes	X N	
	If "Yes," enter the amount of any plan assets that reverted to the employer this year	******	13a		X N	0
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under control of the PBGC?	the	L		Yes X	No
С	If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan which assets or liabilities were transferred. (See instructions.)	n(s) to	**********			
13	sc(1) Name of plan(s):	c(2) El	N(e)		120(2)	DN/a)
	100	C(2) L	11(0)		13c(3)	PN(S)
Part	VIII Trust Information - Skip These Questions					
14a	Name of trust		14h1	rust's E	:IM	
		Í	170	iusi s E	:UN	
140	Name of trustee or custodian					
170	waine of sustee or custodian		_		r custodian'	s
		1	Į.	sepnone	e number	
Part	IRS Compliance Questions - Skip These Questions		-	-		
15a	Is the plan a 401(k) plan? If "No," skip b.	Ye	s		∏ 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:		sign-ba			r year" ADF
	40 (k)(3) for the plan year? Check all that apply:	_	e harbo		test	
			urrent ye P test	ar"	□ N/A	
16a	What testing method was used to satisfy the coverage requirements under section 410(b) for the plan	Ra				
	/ear? Check all that apply:	per	centage		Average benefit test	□ N//
16b	Did the plan satisfy the coverage and nondiscrimination requirements of sections 410(b) and 401(a)(4) or the plan year by combining this plan with any other plan under the permissive aggregation rules?	<u>tes</u>]Yes		<u>,</u>	□ No	
17a i	f the plan is a master and prototype plan (M&P) or volume submitter plan that received a favorable (RS opinion letter/	er or a	dvisory l	etter, en	_	of

and serial number

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

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 from

service? _____

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 No

Yes No