## Form 5500-SF

Department of the Treasury

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation

Internal Revenue Service

For calendar plan year 2016 or fiscal plan year beginning

## **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. **Annual Report Identification Information** 

and ending

2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) STOKKERS & COMPANY  2b Employer Identification Number (EIN) 11-2647320 2c Sponsor's telephone number 631-385-1390  2d Business code (see instructions) 21 HEMLOCK AVENUE HUNTINGTON, NY 11743  2d Business code (see instructions) 236200  2d Business code (see instructions) 236200  3b Administrator's telephone number 3c Administrator's telephone number  4 If the name and/or EIN of the plan sponsor 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 Sponsor's name  4 EIN 5a Total number of participants at the beginning of the plan year. 5b 2  C Number of participants at the beginning of the plan year. 5c 1 Total number of participants at the beginning of the plan year. 5c 1 Total number of participants at the beginning of the plan year. 5c 1 Total number of participants at the beginning of the plan year. 5d(1) Total number of active participants at the beginning of the plan year. 5d(2) 2	Δ This rot	urn/roport is for:	a single-employer plan		plan (not multiemployer) (	-			
C Check box if filing under:    an amended return/report   a short plan year return/report (less than 12 months)   DFVC program	A IIIIs iei	uni/report is ior.	a one-participant plan	_ ' ' "	ampioyer illiornation ill ac	scordance with the	e ioiii iiisti uotioiis.)		
C Check box if filing under: Form 5558 automatic extension under the plan information—enter all requested information  1 A Name of plan Information—enter all requested information  1 A Name of plan STOKKERS & COMPANY PROFIT SHARING PLAN  2 Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, spt., suite no. and street, or P.O. Box) City o town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)  2 Employer Identification Number (EIN) 11-2647320  2 Business code (see instructions)  3 C Administrator's telephone number (sal assertion)  3 C Administrator's telephone number (sal assertion)  4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN, and the plan number form the last return/report.  4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN, and the plan number form the last return/report.  5 Total number of participants at the beginning of the plan year.  5 Dust of participants at the beginning of the plan year.  5 Dust of participants with account balances as of the end of the plan year.  5 Dust of participants at the end of the plan year.  5 Dust of participants at the end of the plan year.  5 Dust of participants at the employment during the plan year with accrued benefits that were less than 100% vested.  6 Under presides of perity and other penalties est this in the instructions. Idealer that the we examined this return/report, and to the best of my knowledge and belief. It is true, correct, and complete.  5 Dust of participants	<b>B</b> This retu	ırn/report is	the first return/report	the final return/report	t				
Part II   Basic Plan Information—enter all requested information			an amended return/report	a short plan year retu	urn/report (less than 12 m	nonths)			
Part II   Basic Plan Information—enter all requested information	C Check b	oox if filing under:	X Form 5558	automatic extension	ı	DFVC program	m		
1			special extension (enter des	cription)					
Pain number (PN)   001	Part II	Basic Plan Info	rmation—enter all requested i	nformation					
C   Effective date of plan   Orto1/2001			Γ SHARING PLAN			plan numb	er		
Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)  2c Sponsor's telephone number 631385-1390  2d Business code (see instructions) 236200  3a Plan administrator's name and address Same as Plan Sponsor.  3b Administrator's EIN 3c Administrator's telephone number name, EIN, and the plan number from the last return/report.  a Sponsor's name  4c PN  5a Total number of participants at the beginning of the plan year.  b Total number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item).  d(2) Total number of active participants at the bedginning of the plan year.  5c (1) Total number of active participants at the end of the plan year.  5c (2) Total number of active participants at the end of the plan year.  5c (1) Total number of active participants at the end of the plan year.  5d(1) Total number of active participants at the end of the plan year.  5d(1) Total number of active participants at the end of the plan year.  5d(2) Total number of active participants at the end of the plan year.  5d(2) Total number of participants at the end of the plan year.  5d(2) Total number of participants at the end of the plan year.  5d(2) Total number of participants at the end of the plan year.  5d(2) Total number of active participants at the end of the plan year.  5d(2) Total number of participants at the end of the plan year.  5d(2) Total number of active participants at the end of the plan year.  5d(2) Total number of active participants at the end of the plan year with accrued benefits that were less than 100% vested.  5e 0  Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.  1nder penalties of periury and other penalties set forth in the instructions, I declare that I have examined this return/report, including, if applicable, a Schedule SB or Schedule MB						1c Effective d			
26 Sponsor's telephone number 631-335-1390 27 HEMLOCK AVENUE HUNTINGTON, NY 11743  38 Plan administrator's name and address Same as Plan Sponsor.  39 Administrator's EIN 30 Administrator's telephone number from the last return/report.  40 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN, and the plan number from the last return/report.  40 EIN 41 Filed with authorized/valid electronic signature.  42 PN 44 EIN 45 EIN 46 PN 55 Total number of participants at the beginning of the plan year.  50 In the plan year (only defined contribution plans of participants with account balances as of the end of the plan year (only defined contribution plans of participants at the beginning of the plan year.  55 E In (1) In the number of active participants at the beginning of the plan year.  56 In (2) In the plan year (only defined contribution plans of participants at the dend of the plan year.  57 End (1) In the plan year (only defined contribution plans of the plan year (only defined contribution plans or participants at the dend of the plan year.  57 End (1) In the plan year (only defined contribution plans or participants at the dend of the plan year (only defined contribution plans or participants at the dend of the plan year.  58 End (1) In the plan year (only defined contribution plans or participants with account balances as of the end of the plan year.  59 End (1) In the plan year (only defined contribution plans or participants with account balances as of the end of the plan year (only defined contribution plans or participants with account balances as of the end of the plan year (only defined contribution plans or participants with account balances as of the end of the plan year (only defined contribution plans or participants with account balances as of the end of the plan year (only defined contribution plans or participants with account balances as of the end of the plan year (only defined contribution plans or participants with account b	Mailing	address (include rooi	m, apt., suite no. and street, or P.	.O. Box)	otructions)				
236200  3a Plan administrator's name and address Same as Plan Sponsor.  4 If the name and/or EIN of the plan sponsor 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 Sponsor's name  5a Total number of participants at the beginning of the plan year.  c Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item).  d(1) Total number of active participants at the beginning of the plan year.  f (2) Total number of active participants at the end of the plan year with account balances as of the end of the plan year (only defined contribution plans complete this item).  d(2) Total number of active participants at the end of the plan year with account balances as of the end of the plan year (only defined contribution plans complete this item).  d(2) Total number of active participants at the end of the plan year with accrued benefits that were less than 100% vested.  6 Number of participants hat terminated employment during the plan year with accrued benefits that were less than 100% vested.  Caution: A penalty for the late or incomplete filling of this return/report will be assessed unless reasonable cause is established.  Caution: A penalty for the late or incomplete filling of this return/report will be assessed unless reasonable cause is established.  Caution: A penalty for the late or incomplete filling of this return/report will be assessed unless reasonable cause is established.  Signature of plan administrator  Date Enter name of individual signing as plan administrator  Date Enter name of individual signing as employer or plan sponsor			e, country, and ZIF or foreign pos	star code (ii foreign, see ins	structions)				
4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN, and the plan number from the last return/report.  3 Sponsor's name  4c PN  5a Total number of participants at the beginning of the plan year.  5 Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item).  5c Number of participants at the beginning of the plan year.  5c 1  5d(1) 1  5d(2) 2  2 Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested.  5c 2  5c 3  1 Dotal number of carticipants at the end of the plan year.  5d(2) 2  2 Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested.  5c 0  5c 0  1 Dotal number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested.  5c 0  5c 0  1 Dotal number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested.  5c 0  5c 0  1 Dotal number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested.  5c 0  5cution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.  Under 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 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 belief, it is true, correct, and complete.  5con 1  5con 1  5d(2) 2									
4 If the name and/or EIN of the plan sponsor 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 Sponsor's name  5a Total number of participants at the beginning of the plan year	3a Plan a	dministrator's name ar	nd address X Same as Plan Spo	onsor.		<b>3b</b> Administrat	tor's EIN		
name, EIN, and the plan number from the last return/report.  a Sponsor's name  5a 1  b Total number of participants at the beginning of the plan year						<b>3C</b> Administration	tor's telephone number		
5a Total number of participants at the beginning of the plan year	_								
b Total number of participants at the end of the plan year				e the last return/report filed	I for this plan, enter the	4b EIN			
C Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item).  d(1) Total number of active participants at the beginning of the plan year	name,	EIN, and the plan nur		e the last return/report filed	for this plan, enter the	4c PN			
d(1) Total number of active participants at the beginning of the plan year	name, <b>a</b> Sponso	EIN, and the plan nui	mber from the last return/report.	·	·	4c PN 5a	1		
d(2) Total number of active participants at the end of the plan year	name, <b>a</b> Sponso <b>5a</b> Total r <b>b</b> Total r	EIN, and the plan number's name  number of participants number of participants	at the beginning of the plan year at the end of the plan year			4c PN 5a	1 2		
Pumber of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	name, a Sponso 5a Total r b Total r c Number	EIN, and the plan number's name number of participants number of participants er of participants with	at the beginning of the plan year at the end of the plan year	of the plan year (only define	ed contribution plans	4c PN 5a 5b 5c	1 2 1		
Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.  Under 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 SB 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 belief, it is true, correct, and complete.  SIGN HERE  Signature of plan administrator  Date  Enter name of individual signing as plan administrator  Dale T. STOKKERS  Signature of employer/plan sponsor  Date  Enter name of individual signing as employer or plan sponsor	name, a Sponso 5a Total r b Total r c Numbo compl d(1) Total	EIN, and the plan number's name number of participants number of participants er of participants with ete this item)	at the beginning of the plan year at the end of the plan yearaccount balances as of the end of the plan yearrticipants at the beginning of the plan year	of the plan year (only define	ed contribution plans	4c PN 5a 5b 5c 5d(1)	1 2 1		
Under 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 SB 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 belief, it is true, correct, and complete.  SIGN HERE  Signature of plan administrator  Date  Enter name of individual signing as plan administrator  DALE T. STOKKERS  Enter name of individual signing as plan administrator  DALE T. STOKKERS  Enter name of individual signing as employer or plan sponsor  Date  Enter name of individual signing as employer or plan sponsor	name, a Sponso 5a Total r b Total r c Number comple d(1) Total d(2) Total	EIN, and the plan number's name number of participants number of participants er of participants with ete this item)	at the beginning of the plan year at the end of the plan year	of the plan year (only define blan year	ed contribution plans	4c PN 5a 5b 5c 5d(1) 5d(2)	1 2 1 1 2		
SIGN   HERE   Filed with authorized/valid electronic signature.   05/29/2017   DALE T. STOKKERS	name, a Sponso  5a Total r b Total r c Number comple d(1) Total d(2) Total e Number than a	EIN, and the plan number's name number of participants number of participants er of participants with ete this item)	at the beginning of the plan year at the end of the plan year	of the plan year (only define plan year eareaplan year with accrued b	ed contribution plans	4c PN 5a 5b 5c 5d(1) 5d(2) 5e	1 1 2 0		
HERE Signature of plan administrator Date Enter name of individual signing as plan administrator  DALE T. STOKKERS Signature of employer/plan sponsor Date Enter name of individual signing as employer or plan sponsor	name, a Sponsor b Total r c Number comple d(1) Total d(2) Total e Number than r Caution: A Under pena	EIN, and the plan number of participants number of participants er of participants with ete this item)	at the beginning of the plan year at the end of the plan year	plan year (only define plan yeareareplan year with accrued b	ed contribution plans  penefits that were less  d unless reasonable car we examined this return/re	4c PN 5a 5b 5c 5d(1) 5d(2) 5e use is established aport, including, if a	1 2 0 od. applicable, a Schedule		
HERE Signature of employer/plan sponsor Date Enter name of individual signing as employer or plan sponsor	name, a Sponsor b Total r c Number complete d(1) Total r d(2) Total r e Number than r Caution: A Under penass or Schebelief, it is t	EIN, and the plan number of participants number of participants er of participants with ete this item)	at the beginning of the plan year at the end of the plan year	plan year (only define plan yeareareplan year with accrued b rn/report will be assesse uctions, I declare that I hav as well as the electronic v	penefits that were less  d unless reasonable car we examined this return/repor	4c PN 5a 5b 5c 5d(1) 5d(2) 5e use is established aport, including, if a	1 2 0 od. applicable, a Schedule		
Signature of employer/plan sponsor  Date  Enter name of individual signing as employer or plan sponsor	name, a Sponsor b Total r c Number complete d(1) Total r d(2) Total r e Number than r Caution: A Under pena SB or Schebelief, it is t	EIN, and the plan number of participants number of participants er of participants with ete this item)	at the beginning of the plan year at the end of the plan year	plan year (only define plan yeareareplan year with accrued but the plan year with accrued but the plan year will be assesse uctions, I declare that I have as well as the electronic volume 105/29/2017	penefits that were less  d unless reasonable car we examined this return/report rersion of this return/report	4c PN 5a 5b 5c 5d(1) 5d(2) 5e use is established eport, including, if art, and to the best	1 2 0 d. applicable, a Schedule of my knowledge and		
Preparer's name (including firm name, if applicable) and address (include room or suite number )  Preparer's telephone number	name, a Sponsor b Total r c Number complete d(1) Total r d(2) Total r e Number than r Caution: A Under pena SB or Schebelief, it is t	EIN, and the plan number of participants number of participants er of participants with ete this item)	at the beginning of the plan year at the end of the plan year	plan year (only define plan year	d contribution plans  penefits that were less  d unless reasonable car we examined this return/re version of this return/repor	4c PN 5a 5b 5c 5d(1) 5d(2) 5e use is established eport, including, if art, and to the best	1 2 0 d. applicable, a Schedule of my knowledge and		
	name, a Sponsor b Total r c Number complete d(1) Total r d(2) Total r e Number than r Caution: A Under penal SB or Schelbelief, it is t SIGN HERE	EIN, and the plan number of participants number of participants er of participants with ete this item)	at the beginning of the plan year at the end of the plan year	plan year (only defined plan year (only defined plan year (only defined plan year with accrued by the plan year (only defined plan year).    Object	d contribution plans  benefits that were less  d unless reasonable car we examined this return/re version of this return/repor  DALE T. STOKKERS  Enter name of individ  DALE T. STOKKERS	4c PN 5a 5b 5c 5d(1) 5d(2) 5e use is established sport, including, if art, and to the best dual signing as plantage in the signing as plantage in the signing as emitted as a signing as a signing as a signing as a signing a	applicable, a Schedule of my knowledge and n administrator		
	name, a Sponsor b Total r c Number complete d(1) Total r d(2) Total r e Number than r Caution: A Under penal SB or Schelbelief, it is t SIGN HERE	EIN, and the plan number of participants number of participants er of participants with ete this item)	at the beginning of the plan year at the end of the plan year	plan year (only defined plan year (only defined plan year (only defined plan year with accrued by the plan year (only defined plan year).    Object	d contribution plans  benefits that were less  d unless reasonable car we examined this return/re version of this return/repor  DALE T. STOKKERS  Enter name of individ  DALE T. STOKKERS	4c PN 5a 5b 5c 5d(1) 5d(2) 5e use is established sport, including, if art, and to the best dual signing as plantage in the signing as plantage in the signing as emitted as a signing as a signing as a signing as a signing a	applicable, a Schedule of my knowledge and n administrator		
For Panerwork Reduction Act Notice see the Instructions for Form 5500-SF (2016)	name, a Sponsor b Total r c Number complete d(1) Total r d(2) Total r e Number than r Caution: A Under penal SB or Schelbelief, it is t SIGN HERE	EIN, and the plan number of participants number of participants er of participants with ete this item)	at the beginning of the plan year at the end of the plan year	plan year (only defined plan year (only defined plan year (only defined plan year with accrued by the plan year (only defined plan year).    Object	d contribution plans  benefits that were less  d unless reasonable car we examined this return/re version of this return/repor  DALE T. STOKKERS  Enter name of individ  DALE T. STOKKERS	4c PN 5a 5b 5c 5d(1) 5d(2) 5e use is established sport, including, if art, and to the best dual signing as plantage in the signing as plantage in the signing as emitted as a signing as a signing as a signing as a signing a	applicable, a Schedule of my knowledge and n administrator		

Form 5500-SF 2016 Page **2** 

6a	Were all of the plan's assets during the plan year invested in eligib	le assets?	(See instructions.)						X Yes	s No
b	<b>b</b> Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.)							s No		
	If you answered "No" to either line 6a or line 6b, the plan cann	ot use Fo	orm 5500-SF and mus	t instea	ad use	Form	5500.			
С	If the plan is a defined benefit plan, is it covered under the PBGC in	nsurance p	orogram (see ERISA se	ection 4	021)?		Yes	No	Not det	ermined
Pa	rt III Financial Information									
7	Plan Assets and Liabilities		(a) Beginning	of Year			(	(b) End	of Year	
а	Total plan assets	7a		84291					1334	1
b	Total plan liabilities	7b		0	)					0
С	Net plan assets (subtract line 7b from line 7a)	7c		84291					1334	1
8	Income, Expenses, and Transfers for this Plan Year		(a) Amour	nt				(b) To	otal	
а	Contributions received or receivable from:			0						
	(1) Employers	8a(1)		0						
	(2) Participants	8a(2)		0	_					
	(3) Others (including rollovers)	8a(3)		7147						
	Other income (loss)	8b		7 147					74.4	7
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							714	/
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		77063						
е	Certain deemed and/or corrective distributions (see instructions).	8e		0						
f	Administrative service providers (salaries, fees, commissions)	8f		1034						
q	Other expenses	8g		0	)					
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h				78097				
ī	Net income (loss) (subtract line 8h from line 8c)	8i						-7095	0	
j	Transfers to (from) the plan (see instructions)	8j		C						
Pa	rt IV Plan Characteristics									
9a	If the plan provides pension benefits, enter the applicable pension 2A 2E 3D	feature co	odes from the List of Pl	an Cha	racteri	stic Co	odes in	the instr	uctions:	
b	If the plan provides welfare benefits, enter the applicable welfare f	eature cod	des from the List of Pla	n Chara	acterist	tic Cod	des in t	he instru	ctions:	
Par	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 contributed in 29 CFR 2510.3-102? (See instructions and DOL's Norman)	oluntary F	Fiduciary Correction	10a		X				
b	Program)      Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)			10b		X				
С	C Was the plan covered by a fidelity bond?			10c	X					30000
d	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		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.)			10e		X				
f	<b>f</b> Has the plan failed to provide any benefit when due under the plan?					X				
9	g Did the plan have any participant loans? (If "Yes," enter amount as of year-end.)					X				
h	h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)					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						

Form	5500	-SF	201	6

Page <b>3</b> -	1	
-----------------	---	--

Part	VI	Pension Funding Compliance						
11		s a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and con 5500) and line 11a below)						Yes 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?				<b>│</b>	Yes 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	13.	1		T		
<u>b</u>	Enter	the minimum required contribution for this plan year			12b			
С	Enter	he amount contributed by the employer to the plan for this plan year			12c			
d		act the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the l ive amount)			12d			
		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 "Ye	s," enter the amount of any plan assets that reverted to the employer this year			13a			
b		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), identi n assets or liabilities were transferred. (See instructions.)	ify the p	olan(s)	) to			
	13c(1)	Name of plan(s):	1	3c(2)	EIN(s)		<b>13c(3)</b> PN(s)	
Part	VIII	Trust Information						
14a	Name	of trust			14b <sup>-</sup>	Trust's E	EIN	
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	
		id the plan satisfy the nondiscrimination requirements for employee deferrals under section (3) for the plan year? Check all that apply:	IШ		n-based narbor	<sup>d</sup> [	Prior ye test	ear" ADP
				"Curre	ent year test	"	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:				o Average N/A benefit test N/A			□ N/A	
<b>16b</b> 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?					S 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 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	