	m 5500-SF	of Small Emplo	oyee	OMB Nos. 1210-0110 1210-0089			
	tment of the Treasury nal Revenue Service	This form is required to be filed	Benefit Plan d under sections 104 and 4	065 of the Employee Re	etirement	2016	
	epartment of Labor enefits Security Administration	Income Security Act of 1974	(ERISA), and sections 605 Revenue Code (the Code		Internal	This Form is Open to	
Pension Be	enefit Guaranty Corporation	Complete all entries in a	ccordance with the instr	uctions to the Form 55	00-SF.	Public Inspection	
Part I		lentification Information	046		124/2040		
For calenda	ar plan year 2016 or fisca				/31/2016	the data have seen to the short	
A This ret	urn/report is for:	a single-employer plan a one-participant plan				king this box must attach a ith the form instructions.)	
<b>B</b> This retu	ırn/report is	the first return/report an amended return/report	the final return/report a short plan year return	n/report (less than 12 mo	onths)		
C Check b	box if filing under:	Form 5558	5558 automatic extension DF				
		special extension (enter descri	. ,				
Part II		nation—enter all requested info	ormation				
<b>1a</b> Name PARADIGM	of plan PRESS 401(K) PROFIT	SHARING PLAN			<b>1b</b> Three plan (PN)	number	
					1c Effec	tive date of plan 01/01/1994	
Mailing	address (include room,	r, if for a single-employer plan) apt., suite no. and street, or P.O country, and ZIP or foreign posta		uctions)	(EIN)		
PARADIGM I					2c Spor	nsor's telephone number 206-441-5871	
	VE., STE 250				2d Busin	ess code (see instructions) 511120	
<b>3a</b> Plan ad	dministrator's name and	address X Same as Plan Spon	sor.		3b Admi	nistrator's EIN	
					<b>3c</b> Admi	nistrator's telephone number	
name,	EIN, and the plan numb	lan sponsor has changed since t per from the last return/report.	he last return/report filed fo	or this plan, enter the	4b EIN		
a Sponse					4c PN		
		the beginning of the plan year		F	5a 5b	20	
		the end of the plan year count balances as of the end of t			5D 5C	19	
	,	cipants at the beginning of the pla		F	5d(1)	19	
		cipants at the end of the plan yea	-		5d(2)	17	
e Numb	per of participants that te	rminated employment during the	plan year with accrued ber	nefits that were less	5e	2	
		incomplete filing of this return			ise is estat	olished.	
SB or Sche		r penalties set forth in the instruc signed by an enrolled actuary, a ste.					
SIGN	Filed with authorized/va	lid electronic signature.	03/06/2017	MIMI KIRSCH			
HERE	Signature of plan adr	ninistrator	Date	Enter name of individu	ual signing a	as plan administrator	
SIGN HERE							
	Signature of employe name (including firm nar	er/plan sponsor ne, if applicable) and address (in	Date clude room or suite numbe			as employer or plan sponsor telephone number	

6a b c	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 <b>If you answered "No" to either line 6a or line 6b, the plan cann</b> If the plan is a defined benefit plan, is it covered under the PBGC in	an indepe and condit ot use Fo	ndent qualified public accountant (lucions.)	QPA) Yes No
	rt III Financial Information			
7	Plan Assets and Liabilities		(a) Beginning of Year	(b) End of Year
а	Total plan assets	7a	5293379	5899686
b	Total plan liabilities	7b		
С	Net plan assets (subtract line 7b from line 7a)	7c	5293379	5899686
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount	(b) Total
а	Contributions received or receivable from: (1) Employers	8a(1)	137302	
	(2) Participants	8a(2)	240491	
	(3) Others (including rollovers)	8a(3)		
b	Other income (loss)	8b	282197	
C	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c		659990
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	53683	
е	Certain deemed and/or corrective distributions (see instructions).	8e		

8f

8g

8h

8i

8j

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:

53683

606307

## Part V Compliance Questions

2A 2E 2G 2J 2K 2T 3D

Part IV | Plan Characteristics

Administrative service providers (salaries, fees, commissions) ....

Transfers to (from) the plan (see instructions) .....

g Other expenses.....

h Total expenses (add lines 8d, 8e, 8f, and 8g).....

Net income (loss) (subtract line 8h from line 8c)......

f

i i

j

9a

b

				1		
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		
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			500000
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			19030
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		
h	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	10h		Х		
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				

Part	VI	Pension Funding Compliance							
11		is a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and co m 5500) and line 11a below)						Yes	No
11a	Ente	r the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40			11a				
12		is a defined contribution plan subject to the minimum funding requirements of section 412 of the Con						Yes 🗙	No
		SA? Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)				•••••			
а		valver of the minimum funding standard for a prior year is being amortized in this plan year, see instr	uctior	ns, and	l enter t	he date	of the lette	er ruling	
	gran	ting the waiver	onth _	-	_ Day		Year_		
lf	you c	ompleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13	3.						
b	Enter	the minimum required contribution for this plan year			12b				
С	Enter	the amount contributed by the employer to the plan for this plan year			12c				
d		ract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the le ative amount)			12d				
е	Will	the minimum funding amount reported on line 12d be met by the funding deadline?				Yes	No	N/A	۱
Part	VII	Plan Terminations and Transfers of Assets							
13a	Has	a resolution to terminate the plan been adopted in any plan year?				Yes	5 X N	lo	
		es," enter the amount of any plan assets that reverted to the employer this year			13a				
b	Wer	e all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brough rol of the PBGC?	nt und	er the			Yes	< No	
C	lf, du	uring this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify th assets or liabilities were transferred. (See instructions.)			to				
		Name of plan(s):		13c(2)	EIN(s)		13c(3	<b>B)</b> PN(s)	)
	. ,			. ,	. /			, ()	
Part	VIII	Trust Information							
14a	Name	of trust			14b ⊺	Frust's E	EIN		
14c	Name	e of trustee or custodian					s or custoc 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:		Desig safe h	n-basec arbor	1	Prior y test	ear" AD	Ρ
				"Curre ADP t	ent year est		N/A		
16a		testing method was used to satisfy the coverage requirements under section 410(b) for the plan Check all that apply:		Ratio perce test	entage		verage enefit test		N/A
16b		he 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		-			-			of
	letter		ter the	e date	of the m	ost rece	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 separ ce?		from	Ye	s [	No		

Form 5500-SF	Short Form Annu	ual Return/Report of Small Emp Benefit Plan	oloyee	OMB Nos. 1210-01 1210-00			
Department of the Treasury Internal Revenue Service		ed under sections 104 and 4065 of the Employee		2016			
Department of Labor Employee Benefits Security Administration		4 (ERISA), and sections 6057(b) and 6058(a) of the Revenue Code (the Code).	This Form is Open				
Pension Benefit Guaranty Corporation		accordance with the instructions to the Form	Public Inspec				
Part I Annual Repor	t Identification Information		0000-01.				
	fiscal plan year beginning 01/01/20		2/31/2016				
A This return/report is for:	X a single-employer plan	<ul> <li>a multiple-employer plan (not multiemployer list of participating employer information in</li> <li>a foreign plan</li> </ul>					
<b>B</b> This return/report is	the first return/report	the final return/report					
	months)						
C Check box if filing under:	Form 5558	automatic extension	DFVC pr	ogram			
	special extension (enter desc	cription)					
Part II Basic Plan Infe	ormation—enter all requested ir	nformation	0				
<b>1a</b> Name of plan ARADIGM PRESS 401(k) PROF	TT SHARING PLAN		1b Three plan r	lumber			
			(PN)	• 001			
				ive date of plan /1994			
	over, if for a single-employer plan) om, apt., suite no. and street, or P.0	O. Box)		yer Identification Number			
		tal code (if foreign, see instructions)		91-1388162 sor's telephone number			
ARADIGM COMMUNICATION G	GROUP		(206) 441-5871				
01 - 1ST AVE., STE 250			51112	ess code (see instructions) 0			
EATTLE, WA 98121 3a Plan administrator's name a	nd address 🗶 Same as Plan Spo	nsor.	3b Admin	istrator's EIN			
	nd address 🛛 Same as Plan Spo	nsor.	L				
3a Plan administrator's name a			L				
<b>3a</b> Plan administrator's name a line of the name and/or EIN of the		nsor. the last return/report filed for this plan, enter the	L				
<b>3a</b> Plan administrator's name a line of the name and/or EIN of the	e plan sponsor has changed since		3c Admin	istrator's EIN istrator's telephone numbe			
<ul> <li>Plan administrator's name a</li> <li>If the name and/or EIN of the name, EIN, and the plan nu</li> <li>a Sponsor's name</li> </ul>	e plan sponsor has changed since mber from the last return/report.		3c Admin 4b EIN 4c PN				
<ul> <li>Plan administrator's name a</li> <li>If the name and/or EIN of the name, EIN, and the plan nu</li> <li>a Sponsor's name</li> <li>a Total number of participants</li> </ul>	e plan sponsor has changed since mber from the last return/report. at the beginning of the plan year	the last return/report filed for this plan, enter the	3c Admin 4b EIN 4c PN 5a	istrator's telephone numbe			
<ul> <li>Plan administrator's name a</li> <li>If the name and/or EIN of the name, EIN, and the plan nu</li> <li>a Sponsor's name</li> <li>a Total number of participants</li> <li>b Total number of participants with</li> </ul>	e plan sponsor has changed since mber from the last return/report. at the beginning of the plan year at the end of the plan year	the last return/report filed for this plan, enter the	3c Admin 4b EIN 4c PN 5a	istrator's telephone numbe			
<ul> <li>Plan administrator's name a</li> <li>If the name and/or EIN of the name, EIN, and the plan nu</li> <li>a Sponsor's name</li> <li>a Total number of participants</li> <li>b Total number of participants with complete this item)</li> </ul>	e plan sponsor has changed since mber from the last return/report. at the beginning of the plan year at the end of the plan year account balances as of the end of	the last return/report filed for this plan, enter the the plan year (only defined contribution plans	3c Admin 4b EIN 4c PN 5a 5b 5c	istrator's telephone numbe			
<ul> <li>Plan administrator's name a</li> <li>If the name and/or EIN of the name, EIN, and the plan nu</li> <li>a Sponsor's name</li> <li>Total number of participants</li> <li>b Total number of participants with complete this item)</li></ul>	e plan sponsor has changed since mber from the last return/report. at the beginning of the plan year at the end of the plan year account balances as of the end of rticipants at the beginning of the pl rticipants at the end of the plan year	the last return/report filed for this plan, enter the the plan year (only defined contribution plans lan year	3c Admin 4b EIN 4c PN .5a .5b 5c .5d(1)	istrator's telephone numbe			
<ul> <li>Ba Plan administrator's name a</li> <li>If the name and/or EIN of the name, EIN, and the plan nu</li> <li>a Sponsor's name</li> <li>a Total number of participants</li> <li>b Total number of participants with complete this item)</li></ul>	e plan sponsor has changed since mber from the last return/report. at the beginning of the plan year at the end of the plan year account balances as of the end of rticipants at the beginning of the plan rticipants at the end of the plan year terminated employment during the	the last return/report filed for this plan, enter the the plan year (only defined contribution plans an yearar plan year with accrued benefits that were less	3c Admin 4b EIN 4c PN 5a 5c 5d(1) 5d(2) 5e	istrator's telephone numbe 20 19 19 19 19 22			
<ul> <li>Plan administrator's name a</li> <li>If the name and/or EIN of the name, EIN, and the plan nu</li> <li>a Sponsor's name</li> <li>a Total number of participants</li> <li>b Total number of participants with complete this item)</li></ul>	e plan sponsor has changed since mber from the last return/report. at the beginning of the plan year at the end of the plan year account balances as of the end of rticipants at the beginning of the plan rticipants at the end of the plan year terminated employment during the por incomplete filing of this return	the last return/report filed for this plan, enter the the plan year (only defined contribution plans lan yearar plan year with accrued benefits that were less n/report will be assessed unless reasonable ca	3c Admin 4b EIN 4c PN . 5a . 5b . 5c . 5d(1) . 5d(2) 5e ause is establ	istrator's telephone numbe 20 19 19 19 19 19 17 2 ished.			
<ul> <li>Ba Plan administrator's name a</li> <li>If the name and/or EIN of the name, EIN, and the plan nu</li> <li>a Sponsor's name</li> <li>a Total number of participants</li> <li>b Total number of participants with complete this item)</li></ul>	e plan sponsor has changed since mber from the last return/report. at the beginning of the plan year at the end of the plan year account balances as of the end of rticipants at the beginning of the plan yea terminated employment during the or incomplete filing of this return her penalties set forth in the instruct of signed by an enrolled actuary, a	the last return/report filed for this plan, enter the the plan year (only defined contribution plans an yearar plan year with accrued benefits that were less	3c Admin 4b EIN 4c PN 5a 5c 5d(1) 5d(2) 5e ause is estable	istrator's telephone numbe 20 19 19 19 19 19 19 19 19 19 19 17 2 Ished. 3, if applicable, a Schedule			
<ul> <li>Plan administrator's name a</li> <li>If the name and/or EIN of the name, EIN, and the plan nu</li> <li>a Sponsor's name</li> <li>a Total number of participants</li> <li>b Total number of participants with complete this item)</li></ul>	e plan sponsor has changed since mber from the last return/report. at the beginning of the plan year at the end of the plan year account balances as of the end of rticipants at the beginning of the plan yea terminated employment during the or incomplete filing of this return her penalties set forth in the instruct of signed by an enrolled actuary, a	the last return/report filed for this plan, enter the the plan year (only defined contribution plans lan yearar e plan year with accrued benefits that were less <b>n/report will be assessed unless reasonable ca</b> ctions, I declare that I have examined this return/re	3c Admin 4b EIN 4c PN 5a 5c 5d(1) 5d(2) 5e ause is estable	istrator's telephone numbe 20 19 19 19 19 19 19 19 19 19 19 17 2 Ished. 3, if applicable, a Schedule			
<ul> <li>Plan administrator's name a</li> <li>If the name and/or EIN of the name, EIN, and the plan nu</li> <li>a Sponsor's name</li> <li>a Total number of participants</li> <li>b Total number of participants with complete this item)</li></ul>	e plan sponsor has changed since mber from the last return/report. at the beginning of the plan year at the end of the plan year account balances as of the end of rticipants at the beginning of the plan year terminated employment during the or incomplete filing of this return her penalties set forth in the instruct of signed by an enrolled actuary, a plete.	the last return/report filed for this plan, enter the the plan year (only defined contribution plans lan yearar e plan year with accrued benefits that were less <b>n/report will be assessed unless reasonable ca</b> ctions, I declare that I have examined this return/re as well as the electronic version of this return/repo	3c Admin 4b EIN 4c PN 5a 5b 5c 5d(1) 5d(2) 5e ause is establic eport, including rt, and to the b	istrator's telephone number 20 19 19 19 17 2 ished. g, if applicable, a Schedule vest of my knowledge and			
<ul> <li>Plan administrator's name a</li> <li>If the name and/or EIN of the name, EIN, and the plan nu</li> <li>a Sponsor's name</li> <li>Total number of participants</li> <li>b Total number of participants with complete this item)</li></ul>	e plan sponsor has changed since mber from the last return/report. at the beginning of the plan year at the end of the plan year account balances as of the end of rticipants at the beginning of the plan year terminated employment during the or incomplete filing of this return her penalties set forth in the instruct of signed by an enrolled actuary, a plete.	the last return/report filed for this plan, enter the the plan year (only defined contribution plans an year	3c Admin 4b EIN 4c PN 5a 5c 5d(1) 5d(2) 5e ause is estable eport, including rt, and to the b 122 244 256 256 256 256 256 256 256 256	istrator's telephone number 20 19 19 19 17 2 ished. 3, if applicable, a Schedule rest of my knowledge and 1 2 1 2 ished. 3, if applicable, a Schedule rest of my knowledge and 1 2 1 2 1 3 1 3 1 3 1 3 1 3 1 3 1 3 1 3			
<ul> <li>Plan administrator's name a</li> <li>If the name and/or EIN of the name, EIN, and the plan nu</li> <li>a Sponsor's name</li> <li>a Total number of participants</li> <li>b Total number of participants with complete this item)</li> <li>d(1) Total number of active pa</li> <li>d(2) Total number of active pa</li> <li>e Number of participants that than 100% vested</li> <li>aution: A penalty for the late of the penalties of perjury and ot is B or Schedule MB completed an elief, it is true, correct, and completed as elief, it is true, correct, and completed as elief.</li> <li>Signature of plan a signature of emplo</li> </ul>	e plan sponsor has changed since mber from the last return/report. at the beginning of the plan year at the end of the plan year account balances as of the end of rticipants at the beginning of the plan year terminated employment during the or incomplete filing of this return her penalties set forth in the instruct of signed by an enrolled actuary, a plete.	the last return/report filed for this plan, enter the the plan year (only defined contribution plans an year	3c Admin 4b EIN 4c PN 5a 5c 5d(1) 5d(2) 5e ause is estable eport, including rt, and to the b 122 dual signing as dual signing as	istrator's telephone number 20 19 19 19 17 2 Ished. 3, if applicable, a Schedule rest of my knowledge and 1 2 1 2 Ished. 3, if applicable, a Schedule rest of my knowledge and 1 2 2 1 3 1 3 1 3 1 3 1 3 1 3 1 3 1 3 1			
<ul> <li>Plan administrator's name a</li> <li>If the name and/or EIN of the name, EIN, and the plan nu</li> <li>a Sponsor's name</li> <li>a Total number of participants</li> <li>b Total number of participants with complete this item)</li> <li>d(1) Total number of active pa</li> <li>d(2) Total number of active pa</li> <li>e Number of participants that than 100% vested</li> <li>aution: A penalty for the late of the penalties of perjury and ot is B or Schedule MB completed an elief, it is true, correct, and completed as elief, it is true, correct, and completed as elief.</li> <li>Signature of plan a signature of emplo</li> </ul>	e plan sponsor has changed since mber from the last return/report. at the beginning of the plan year at the end of the plan year account balances as of the end of rticipants at the beginning of the plan year terminated employment during the or incomplete filling of this return her penalties set forth in the instruct of signed by an enrolled actuary, a blete.	the last return/report filed for this plan, enter the the plan year (only defined contribution plans an year	3c Admin 4b EIN 4c PN 5a 5c 5d(1) 5d(2) 5e ause is estable eport, including rt, and to the b 122 dual signing as dual signing as	istrator's telephone number 20 19 19 19 17 2 ished. 3, if applicable, a Schedule eest of my knowledge and 2 2 ished. 3, if applicable, a Schedule eest of my knowledge and 2 2 ished. 3, if applicable, a Schedule eest of my knowledge and 2 2 ished. 3, if applicable, a Schedule eest of my knowledge and 3 2 2 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3			

Form 5500-	SF 2016		Page <b>2</b>							
<ul> <li>Are you claiming under 29 CFR 25</li> <li>If you answered</li> </ul>	an's assets during the plan year invested in eligit a waiver of the annual examination and report of 20.104-46? (See instructions on waiver eligibility "No" to either line 6a or line 6b, the plan cann ined benefit plan, is it covered under the PBGC in	an indeper and conditi not use For	ndent qualified public ions.) rm 5500-SF and mus	accoun st inste	iant (IC ad use	2PA) • Form	n 5500.			
Part III Financi	ial Information	•		-						
7 Plan Assets and I	labilities		(a) Beginning	of Yea	r			(b) End of Year		
a Total plan assets		7a		52933				5899686		
<b>b</b> Total plan liabilitie	95	7b		-						
C Net plan assets (s	subtract line 7b from line 7a)	7c		52933	79			5899686		
8 Income, Expense	s, and Transfers for this Plan Year		(a) Amou	nt				(b) Total		
	eived or receivable from:	8a(1)		1373	02					
(2) Participants		8a(2)		2404	91					
(3) Others (includ	ling rollovers)	8a(3)					1. OF .			
b Other income (los	s)	8b	- <b>Salating</b>	2821	97					
C Total income (add	l lines 8a(1), 8a(2), 8a(3), and 8b)	8c						659990		
	uding direct rollovers and insurance premiums a)	8d		536	33					
e Certain deemed a	nd/or corrective distributions (see instructions)	8e								
f Administrative ser	vice providers (salaries, fees, commissions)	8f								
g Other expenses		8g			1		цц.) Ц			
h Total expenses (a	h Total expenses (add lines 8d, 8e, 8f, and 8g) 8h							53683		
i Net income (loss)	(subtract line 8h from line 8c)	<u>8i</u>			1			606307		
j Transfers to (from	) the plan (see instructions)	8j				1	Processory of	김 유명의 물건이 있을까?		
2 1012	aracteristics									
2A 2E 2G										
<b>b</b> If the plan provide	es welfare benefits, enter the applicable welfare for	eature code	es from the List of Pla	n Chara	acterist	ic Co	des in t	he instructions:		
Part V Complia	ance Questions							·		
10 During the plan					Yes	No	N/A	Amount		
described in 29	re to transmit to the plan any participant contribu CFR 2510.3-102? (See instructions and DOL's V	/oluntary Fi	duciary Correction	10a		х				
b Were there any i	nonexempt transactions with any party-in-interest 10a.)	? (Do not in	nclude transactions	10b		х				
c Was the plan co	vered by a fidelity bond?			10c	х			5000		
	e a loss, whether or not reimbursed by the plan's nesty?			10d		х				
carrier, insurance	<ul> <li>by fraud or dishonesty?</li> <li>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.)</li> </ul>							19		
f Has the plan faile	ed to provide any benefit when due under the plan	n?		10f		х				
g Did the plan have	e any participant loans? (If "Yes," enter amount a	s of year-ei	nd.)	10g		х				
h If this is an indivi	dual account plan, was there a blackout period? (	(See instrue	ctions and 29 CFR	10h		х				
i If 10h was answe	ered "Yes," check the box if you either provided the viding the notice applied under 29 CFR 2520.10	ne required	notice or one of the	10i						

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Form 5500-SF 2016

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Page **3-**1

M Dension Funding Occupitions							
(Form 5500) and line 11a below)				зв 	[	] Yes	□ No
Enter the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40			11a				
ERISA?	Code o	r sectio	on 302 o	f		Yes	X No
(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)							
granting the waiver.	Month	ons, an					ling
you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line	13.						
Enter the minimum required contribution for this plan year			12b				
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 negative amount)	left of	a	12d				
			Π	Yes	No		V/A
Has a resolution to terminate the plan been adopted in any plan year?				Ye	s X	No	
			13a				
Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or broug control of the PBGC?	ght un	der the			Yes	XN	)
If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), ident which assets or liabilities were transferred. (See instructions.)	ify the	plan(s)	to				
3c(1) Name of plan(s):		13c(2)	EIN(s)		130	:(3) PN	(s)
VIII Trust Information							
Name of trust			<b>14b</b> T	rust's E	EIN		
Name of trustee or custodian							
IX IRS Compliance Questions			_				
Is the plan a 401(k) plan? If "No," skip b		Yes		[	] No		
How did the plan satisfy the nondiscrimination requirements for employee deferrals under section (01(k)(3) for the plan year? Check all that apply:					Prior test	year" A	DP
				Ľ	] N/A		
What testing method was used to satisfy the coverage requirements under section 410(b) for the plan year? Check all that apply:	🛛	Ratio percer test	ntage				N/A
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 appreciation rules?		Yes		[	No		
f the plan is a master and prototype plan (M&P) or volume submitter plan that received a favorable IRS of	opinior	letter	or adviso	ory lette	er, enter	he date	e of
f the plan is an individually-designed plan that received a favorable determination letter from the IRS, en	ter the	date o	f the mo	st rece	nt detern	nination	
Vere any distributions made during the plan year to an employee who attained age 62 and had not sepa	rated f	from	Yes		No		
			Yes		No		
	(Form 5500) and line 11a below).         a Enter the unpaid minimum required contributions 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 of ERISA?         (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 in granting the waiver.         granting the waiver.         granting the waiver.         Subtract the amount ontributed by the employer to the plan for this plan year         Subtract the amount ontributed by the employer to the plan for this plan year.         Subtract the amount funding amount reported on line 12d be met by the funding deadline?         Will the minimum funding amount reported on line 12d be met by the funding deadline?         Will the plan seast distributed to participants or beneficiaries, transferred to another plan, or brow control of the PBGC?         If a versities and statistic term of plan year         If a fund this plan year, any assets or liabilities were transferred from this plan to another plan(s), ident which assets or liabilities were transferred. (See instructions.)         Ist (1) Name of plan(s):         If a value in a 401(k) plan? If "No," skip b.         How did the plan satisfy the nondiscrimination requirements for employee deferrals under section 410(b) for the plan year?         If we slin method was used to satisfy the coverage requirements und	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and comp (Form 5500) and line 11a below). Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code of (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 instruct granting the valver. Month you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13. Enter the minimum required contribution for this plan year Enter the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of negative amount). Will the minimum funding amount reported on line 12b. Enter the result (enter a minus sign to the left of negative amount). Will the minimum funding amount reported on line 12b be met by the funding deadline? If 'Yes," enter the amount of any plan assets that reverted to the employer this year	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Sci ("Form 5500) and line 11a below)	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule S (Form 5500) and fine 11a below)	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form 5500) and line 11a below.  Enter the unpaid minimum required contributions for all years from Schedule SB (Form 6500) line 40.  11a Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)  If a value of the minimum funding standard for a prior year is being amontted in this plan year, see instructions, and enter the den granting the waiver.  You completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 6500), and skip to line 13.  Enter the minimum required contribution for this plan year  Pagative amount)  Enter the amount contribution the plan year amount in the 12b. Enter the result (enter a minu sign to the left of a  12d Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minu sign to the left of a  12d  Subtract the amount of any plan assets that reverted to the employer this year  If "Yes," enter the amount of any plan assets for a reverted to the employer this year  If were all the plan certinations and Transfers of Assets  If were all the plan assets distributed to participants or beneficiaries, transforred to another plan, or brought under the control of the PBCC?  If Maring This plan year, any assets or liabilities were transferred from this plan to another plan(s), identity the plan(s) to  If during the plan year, any assets or liabilities were transferred from this plan to another plan(s), identity the plan(s) to  If during the plan year, any assets or liabilities were transferred from this plan to another plan(s), identity the plan(s) to  If Maring The PBCC?  If Were all the plan assets distributed to participants or beneficiaries, transforred to another plan(s), identity the plan(s) to  If which assets or asatisty the noncompleteributed assets that reveried a favorable Res	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB Form 5500 and time 11a balow? Enter the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40	Is this a defined benefit join subject to minimum funding requirements? (f "Yes," see instructions and complete Schedule SB   If enter the unpaid minimum required contributions for all years from Schedule SB (Form 5000) line 40. 11a   Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of [] ves 1 enter the unpaid minimum required contributions for all years from Schedule SB (Form 5000) line 40. 11a   Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of [] ves 1 ves   (f) Tes," complete line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5000), and skip to line 13. Day Ves   Use completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5000), and skip to line 13. 12a   Enter the amount contribution for this plan year. 12a   Enter the amount contribution for this plan year. 12a   Will the minimum funding amount reported on line 12a be met by the funding deadline? 1 ves   Will the minimum funding amount reported on line 12a be met by the funding deadline? 1 ves   Will the minimum funding amount reported on line 12a be met by the funding deadline? 1 ves   Will the minimum funding amount reported on line 12a be met by the funding deadline? 1 ves   Will the minimum funding amount reported on line 12a be met by the funding deadline? 1 ves   Will the minimum funding amount reported on line size be met hyper his year 1 ves   If "Yes," enter the amount of any plan sees is transferred to another plan (b, identify the plan (b) to th