Form 5500-SF		Short Form Annua	al Return/Report Benefit Plan	of Small Employee	OMB Nos. 1210-0110 1210-0089			
	tment of the Treasury nal Revenue Service	This form is required to be filed	is required to be filed under sections 104 and 4065 of the Employee Retirement Security Act of 1974 (ERISA), and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).					
	partment of Labor enefits Security Administration							
Pension Be	nefit Guaranty Corporation	Complete all entries in a	,	uctions to the Form 5500-SF.	Public Inspection			
Part I	Annual Report lo	dentification Information						
For calenda	ar plan year 2016 or fisc	al plan year beginning 01/01/20		and ending 12/31/2016				
A This ret	urn/report is for:	 a single-employer plan a one-participant plan 		an (not multiemployer) (Filers chea ployer information in accordance				
B This retu	ırn/report is	the first return/report an amended return/report	the final return/report	n/report (less than 12 months)				
C Check b	box if filing under:	Form 5558 special extension (enter descri	automatic extension		program			
Part II	Basic Plan Infor	mation—enter all requested info	,					
1a Name	of plan	PROFIT SHARING PLAN		(PN	ee-digit n number)) ▶ 001 ective date of plan 01/01/2000			
Mailing	address (include room	er, if for a single-employer plan) , apt., suite no. and street, or P.O.		(EIN	bloyer Identification Number			
	town, state or province, RINTERS, INC.	country, and ZIP or foreign posta	il code (if foreign, see instr	2c Spo	onsor's telephone number 360-452-1381			
310 E. 1ST S PORT ANGE	T. LES, WA 98362			2d Bus	iness code (see instructions) 541920			
3a Plan ad	dministrator's name and	l address X Same as Plan Spon	sor.		ninistrator's EIN			
		plan sponsor has changed since the ber from the last return/report.	he last return/report filed fo	or this plan, enter the 4b EIN				
a Sponso	or's name			4c PN	I			
5a Total r	number of participants a	t the beginning of the plan year		5a	11			
b Total r	number of participants a	t the end of the plan year			g			
		ccount balances as of the end of the		·	g			
d(1) Tota	al number of active parti	cipants at the beginning of the pla	n year		8			
• •		cipants at the end of the plan yea erminated employment during the		a afite that were lass	C			
than '	100% vested			Je				
Under pena SB or Sche	alties of perjury and othe	er penalties set forth in the instruct I signed by an enrolled actuary, as	tions, I declare that I have	unless reasonable cause is esta examined this return/report, includ sion of this return/report, and to th	ding, if applicable, a Schedule			
SIGN		alid electronic signature.	03/08/2017	KELLY GABRIEL				
HERE	Signature of plan ad	ministrator	Date	Enter name of individual signing	u as plan administrator			
SIGN			Duio					
HERE	Signature of employ	er/plan sponsor	Date	Enter name of individual signing	as employer or plan sponsor			
Preparer's		me, if applicable) and address (ind			's telephone number			

	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 a 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 If the plan is a defined benefit plan, is it covered under the PBGC in Int III Financial Information	an indeper and condit ot use Fo	ndent qualified public accountant ions.) rm 5500-SF and must instead u	(IQPA) Yes No
7	Plan Assets and Liabilities		(a) Beginning of Year	(b) End of Year
а	Total plan assets	7a	658251	738929
b	· ·	7b		
С	Net plan assets (subtract line 7b from line 7a)	7c	658251	738929
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount	(b) Total
а	Contributions received or receivable from: (1) Employers	8a(1)	10295	
	(2) Participants	8a(2)	19826	
	(3) Others (including rollovers)	8a(3)		
b	Other income (loss)	8b	50557	
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c		80678
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		
е	Certain deemed and/or corrective distributions (see instructions).	8e		
f	Administrative service providers (salaries, fees, commissions)	8f		
g	Other expenses	8g		
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h		
i	Net income (loss) (subtract line 8h from line 8c)	8i		80678
j	Transfers to (from) the plan (see instructions)	8j		
Pa	rt IV Plan Characteristics			

Part IV Plan Characteristics

9a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 2E 2G 2J 2K 2T 3D

b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:

Part V Compliance Questions

10	During the plan year:				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		
C	Was the plan covered by a fidelity bond?	10c	Х			15000
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		Х		
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 c m 5500) and line 11a below)					🗌 Y	es 🗌 No
11a	Ente	r the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40			11a			
12		his a defined contribution plan subject to the minimum funding requirements of section 412 of the Co					ΠY	es 🗙 No
		SA? Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)						
а		vaiver of the minimum funding standard for a prior year is being amortized in this plan year, see inst	tructior	ns, and	l enter t	he date	of the letter	ruling
	<u> </u>	ting the waiver			_ Day	′	Year	
lf	you c	ompleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 1	13.			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		ract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the least of the matter amount)			12d			
е	Will	the 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?				X Yes	s 🗌 No)
	lf "Y	es," enter the amount of any plan assets that reverted to the employer this year			13a			0
b		e all the plan assets distributed to participants or beneficiaries, transferred to another plan, or broug rol of the PBGC?					Yes X	No
C		uring this plan year, any assets or liabilities were transferred from this plan to another plan(s), identi th assets or liabilities were transferred. (See instructions.)	fy the p	olan(s)	to			
1	13c(1)	Name of plan(s):		13c(2)	EIN(s)		13c(3)	PN(s)
Part	VIII	Trust Information						
		of trust			14b 1	Frust's E	EIN	
14c	Name	e of trustee or custodian					s or custodi	an's
						leiepho	ne number	
Par	4 IV	IRS Compliance Questions						
Fai							□	
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 ye test	ar" ADP
				"Curre ADP t	ent year' est		N/A	
16a		t 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		-					
	letter		nter the	e date	of the m	ost rec	ent determir	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 ce?		from	Yes	s [No	
19	Was	any plan participant a 5% owner who had attained at least age 70 ½ during the prior plan year?			Yes	s	No	

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) 2b Employe (EIN) 91 2c Sponsor 0LYMPIC PRINTERS, INC. 2d Business 541920 310 E. 1ST ST. 2d Business 541920 PORT ANGELES, WA 98362 3b Administ 3a Plan administrator's name and address S Same as Plan Sponsor. 3b Administ 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. 4b EIN 5a Total number of participants at the beginning of the plan year 5a b Total number of participants at the end of the plan year 5b c Number of participants at the beginning of the plan year 5d(1) d(2) Total number of active participants at the beginning of the plan year 5d(2) e Number of participants at the end of the plan year 5d(2) e Number of participants at the end of the plan year 5d(2) e Number of participants at the end of the plan year 5d(2) e Number of participants at the end of the plan year 5d(2) e Number of participants at the end of the plan year 5d(2) e Number of participants at the end of the plan year	OMB Nos. 1210 1210	
Dependent of User: Income Security Architectory Income Se	2016	
Part 1 Annual Report Identification Information For calendar plan year 2016 or faced plan year beginning 01/01/2016 and ending 1/231/2016 A This return/report is for: a single-employer plan a nutliple-employer plan (not multilemployer) (Fliers checkin ist of participating employer) information in accordance with a single-employer plan B This return/report is the first return/report a one-participant plan a toreign plan C Check box if filing under: Form 5658 automatic extension DFVC prog g special extension (enter description) g short plan year return/report (less than 12 months) C Check box if filing under: Form 5658 automatic extension DFVC prog g special extension (enter description) get call extension DFVC prog 1a Name of plan 1b Three-d plan num (EN) Y CLYMPIC PRINTERS, INC. 401(k) PROFIT SHARING PLAN 1b Three-d plan num VMPIC PRINTERS, INC. 401(k) PROFIT SHARING PLAN 2b Employ 2b Employ CIV MPIC PRINTERS, INC. 2d Business 541620 OLYMPIC PRINTERS, INC. 3d Administ 3c Administ 3i0 E. 1ST ST. 2d Business 541620 PORT ANGELES, WA 98362 3a Plan administrator's name and addr	This Form is Open	
Part I Annual Report Identification Information For calendar plan year 2016 or fiscal plan year religning 0010/0216 and ending 12/31/2016 A This return/report is for: a single-employer plan a multiple-employer plan (bit of participating employer) (Filers checkin ist of participating employer) (Filers checkin ist of participating employer) (Filers checkin ist of participating employer information in accordance with ist of participating employer information in accordance with a toreign plan B This return/report is In the first return/report a numended return/report a storeign plan C Check box if filing under: Form 5558 automatic extension DFVC prog general II Basic Plan Information—enter all requested information 1b Three-d Ta Name of plan 1b Three-d 1b Three-d OLYMPIC PRINTERS, INC. 401(k) PROFIT SHARING PLAN 1b Three-d Za Plan sponsor's name (employer, if for a single-employer plan) 2b Employer Miling address (include from, apt, suite no. and street, or P.O. Box) 2b Employer CTY MPIC PRINTERS, INC. 2d Business 310 E. IST ST. 2d Business PORT ANGELES, WA 98362 3a Plan administrator's name and address [Same as Plan Sponsor. 3b Administ 3a Plan administrator's name and address of the plan year 5a 5a </td <td>Public Inspection</td>	Public Inspection	
A This retum/report is for: a single-employer plan a multiple-employer plan (is of participating employer information in accordance with is of participating employer information in accordance with a foreign plan B This retum/report is in the first retum/report a short plan year retum/report (less than 12 months) C Check box if filing under: Form 5558 automatic extension DFVC prog a special extension (enter description) Part II Basic Plan Information—enter all requested information 1 A Name of plan Information—enter all requested information 1 D Three-d plan A Name of plan Information—enter all requested information 1 D Three-d plan underse (include room, apt., suite no, and street, or P.O. Box) (EN) at C. Energing (EN) a		
A This return/report is for: a one-participant plan a foreign plan a foreign plan a toreign plan a foreign plan a foreign plan B This return/report is In the first return/report a short plan year return/report (less than 12 months) C Check box if filing under: Form 6568 automatic extension DFVC proc gecial extension (enter description) Part II Basic Plan Information—enter all requested information 1a Name of plan A name of plan C. 401(k) PROFIT SHARING PLAN There-dynamic address (include room, apt, sulte no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) 20 Employe (EN) 91 22 Employe (EN) 91 230 EL 1ST ST. 230 EL 1ST ST. 2310 EL 1ST ST. 232 Fina administrator's name and address (Same as Plan Sponsor. 333 Plan administrator's name and address (Same as Plan Sponsor. 334 Administ 344 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. 34 additional state additional state additional state additional state additional state additin the addit of the plan year. 54 additionala		
an amended return/report a short plan year return/report (less than 12 months) C Check box if filing under: Form 5558 automatic extension DFVC prog special extension (enter description) Part II Basic Plan Information—enter all requested information 1b Three-d 1a Name of plan OLYMPIC PRINTERS, INC. 401(k) PROFIT SHARING PLAN 1b Three-d Three-d VMPIC PRINTERS, INC. 401(k) PROFIT SHARING PLAN 1b Three-d Three-d VMING PRINTERS, INC. 401(k) PROFIT SHARING PLAN 1c Effective 01/01/2 2a Plan sponsor's name (employer, if for a single-employer plan) b Three-d 01/01/2 Mailing address (include room, apt, suite no. and street, or P.O. Box) 2b Employer, (EIN) 91 CX or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) 2c Sponsor 310 E. 1ST ST. 2d Business 541920 PORT ANGELES, WA 98362 3a Plan administrator's name and address S Same as Plan Sponsor. 3b Administ 3a Total number of participants at the beginning of the plan year 5a 5a b Total number of active participants at the beginning of the plan year 5b 5c Call 10 Total number of active participants at the beginning of the plan year 5d(1) 5d(2)	ig this box must attach h the form instructions.	
C C Check box if filing under: Form 5558 automatic extension DFVC prog g special extension (enter description) Part II Basic Plan Information—enter all requested information 1b Threed I A name of plan OLYMPIC PRINTERS, INC. 401(k) PROFIT SHARING PLAN 1b Threed plan nu C B and sponsor's name (employer, if for a single-employer plan) 1c Effective 0/10/12 Za Plan sponsor's name (employer, if for a single-employer plan) 2b Employer 0/10/12 Za Maing address (include room, apt., suite no. and street, or P.O. Box) 2b Employer (EIN) 91 City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) 2c Sponsor Stote I ST ST. 2d Business 541920 PORT ANGELES, WA 98362 3a Plan administrator's name and address (Same as Plan Sponsor. 3b Administ 3a Plan administrator's name and address is of the plan year 5a 5b 5b 5c 5a Total number of participants at the beginning of the plan year 5a 5b 5c 5a Total number of active participants at the beginning of the plan year 5d(1) 5d(2) 5d(2)		
I be in the instance of the instance of the plan sponsor has changed since the last return/report filed for this plan, enter the rame, EIN, and the plan number from the last return/report. Sonsor's name Sonsor's name I be return the plan sponsor has changed since the last return/report filed for this plan, enter the rame, EIN, and the plan number from the last return/report. Sonsor's name Sonsor's		
Special extension (enter description) Part II Basic Plan Information—enter all requested information 1 A Name of plan OLYMPIC PRINTERS, INC. 401(k) PROFIT SHARING PLAN 1 C Effective OLYMPIC PRINTERS, INC. 401(k) PROFIT SHARING PLAN 1 C Effective OLYMPIC PRINTERS, INC. 401(k) PROFIT SHARING PLAN 1 C Effective OLYMPIC PRINTERS, INC. 401(k) PROFIT SHARING PLAN 2 Clay of the state or province, country, and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) 2 C Sponsor OLYMPIC PRINTERS, INC. 2 C Sponsor 2 C Sponsor 3 C IST ST. 2 C Businese: 5 S41920 3 Plan administrator's name and address Same as Plan Sponsor. 3 D Administ 3 C Administ 4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the asponsor's name 4 Same and address Same as of the end of the plan year 5 C Number of participants at the beginning of the plan year 5 C Number of participants at the end of the plan year C Number of participants at the end of the plan year C Number of active participants at the end of the plan year C Number of active participants at the end of the plan year C Number of active participants at the end of the plan year C Number of active participants at the end of the plan year C Number of participants at the end of the plan year C Number of participants the termining of the plan year C Number of active participants at the end of the plan year Sd(2) Total number of active participants at the end of the plan year Sd(2) Total number of active participants at the end of the plan year Sd(2) Total number of active participants at the end of the plan year Sd(2) Total number o	aram	
Part II Basic Plan Information—enter all requested information 1a Name of plan 1b Three-d plan nut (PN) OLYMPIC PRINTERS, INC. 401(k) PROFIT SHARING PLAN 1c Effective 01/01/2 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) 2b Employe (EIN) 91 2c Sponsor 2d Business 541920 310 E. 1ST ST. 2d Business 541920 PORT ANGELES, WA 98362 3a Plan administrator's name and address S Same as Plan Sponsor. 3b Administ 3a Plan administrator's name and address S Same as Plan Sponsor. 3b Administ 3a Total number of participants at the beginning of the plan year 5a b Total number of participants at the end of the plan year 5b c Number of participants with account balances as of the end of the plan year 5d(1) d(2) Total number of active participants at the end of the plan year 5d(2) e Number of participants with account balances as of the end or the plan year 5d(2) e Number of participants the end of the plan year 5d(2) e Number of participants at the end of the plan year 5d(2) e Number of participants at the end of the plan year 5d(2)	,	
1 Name of plan 1b Three-diplan 0LYMPIC PRINTERS, INC. 401(k) PROFIT SHARING PLAN 1c Effective 2a Plan sponsor's name (employer, if for a single-employer plan) 1c Effective Mailing address (include room, apt, suite no. and street, or P.O. Box) 2b Employer City or fown, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) 2c Sponsor 2d Business: 310 E. 1ST ST. PORT ANGELES, WA 98362 2d 3a Plan administrator's name and address S Same as Plan Sponsor. 3b Administ 3c Administ 3c Administ 3d Total number of participants at the beginning of the plan year 5a b Total number of participants at the end of the plan year 5b c Number of participants with account balances as of the end of the plan year 5d(2) d(1) Total number of active participants at the end of the plan year 5d(2) de Number of participants with account balances as of the end of the plan year 5d(2) d(1) Total number of active participants at the end of the plan		
Mailing address (include room, apt, suite no. and street, or P.O. Box) Image: City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) OLYMPIC PRINTERS, INC. Image: City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) 310 E. 1ST ST. Image: City or 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. 3b Administ 3c Administ 3c Administ 5a Total number of participants at the beginning of the plan year 5a C Number of participants at the end of the plan year 5b C Number of participants at the beginning of the plan year 5d(1) d(2) Total number of active participants at the beginning of the plan year 5d(2) e Number of participants at the end of the plan year 5d(2) e Number of participants at the end of the plan year 5d(2) e Number of participants at the end of the plan year 5d(2) e Number of participants at the end of the plan year 5d(2) e Number of participants at the end of the plan year 5d(2) e Number of participants the terminated employment during the plan year with accrued benefits that were less 5e Caution: A penalty for the late or incomplete filling of this return/report will be assessed unless reaso	001 e date of plan	
310 E. 1ST ST. 541920 PORT ANGELES, WA 98362 3b Administ 3a Plan administrator's name and address S Same as Plan Sponsor. 3b Administ 3c Administ 3c Administ 3c Administ 3c Administ 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. 4b EIN a Sponsor's name 4c PN 5a Total number of participants at the beginning of the plan year 5a b Total number of participants with account balances as of the end of the plan year 5b c Number of participants with account balances as of the plan year 5d(1) d(1) Total number of active participants at the beginning of the plan year 5d(2) e Number of participants with account balances as of the end of the plan year 5d(2) e Number of participants with account balances as of the plan year 5d(2) e Number of participants at the end of the plan year 5d(2) e Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested 5e Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is establish Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examin	er Identification Numbe 1-0793858 or's telephone number	
3a Plan administrator's name and address X Same as Plan Sponsor. 3b Administ 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. 4b EIN a Sponsor's name 4c PN 5a Total number of participants at the beginning of the plan year 5a b Total number of participants at the end of the plan year 5b c Number of participants with account balances as of the end of the plan year (only defined contribution plans) 5c d(1) Total number of active participants at the beginning of the plan year 5d(1) d(2) Total number of active participants at the end of the plan year 5d(2) e Number of active participants at the end of the plan year 5d(2) c Number of active participants at the end of the plan year 5d(2) d(1) Total number of active participants at the end of the plan year 5d(2) e Number of participants that terminated employment during the plan year with accrued benefits that were less 5e Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is establish Under penalties of perjury and other penalties set forth in the instructions, i declare that I have examined this return/report, including, it set unclude the set of perjury and other penalties set forth in the instructions, i declare that I have examined this return/report, and to the best	(360) 452-1381 is code (see instruction	
name, EIN, and the plan number from the last return/report. 4c PN a Sponsor's name 4c PN 5a Total number of participants at the beginning of the plan year 5a b Total number of participants at the end of the plan year 5b c Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) 5c d(1) Total number of active participants at the beginning of the plan year 5d(1) d(2) Total number of active participants at the end of the plan year 5d(2) e Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested 5e Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is establish 5e Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including, if 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 belief, it is true, correct, and complete.	trator's telephone num	
5a Total number of participants at the beginning of the plan year 5a b Total number of participants at the end of the plan year 5b c Number of participants with account balances as of the end of the plan year (only defined contribution plans 5c d(1) Total number of active participants at the beginning of the plan year 5d(1) d(2) Total number of active participants at the beginning of the plan year 5d(2) e Number of participants that terminated employment during the plan year with accrued benefits that were less 5e Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is establish 5b Under penalities of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including, if 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 belief, it is true, correct, and complete.		
b Total number of participants at the end of the plan year 5b c Number of participants with account balances as of the end of the plan year (only defined contribution plans 5c d(1) Total number of active participants at the beginning of the plan year 5d(1) d(2) Total number of active participants at the end of the plan year 5d(2) e Number of participants that terminated employment during the plan year with accrued benefits that were less 5e Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is establish 5e Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including, if 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 belief, it is true, correct, and complete.		
C Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) 5c d(1) Total number of active participants at the beginning of the plan year 5d(1) d(2) Total number of active participants at the end of the plan year 5d(2) e Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested 5e Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is establish 5e Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including, if 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 belief, it is true, correct, and complete.	11	
d(1) Total number of active participants at the beginning of the plan year 5d(1) d(2) Total number of active participants at the end of the plan year 5d(2) e Number of participants that terminated employment during the plan year with accrued benefits that were less 5e Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is establish 5e Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including, if 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 belief, it is true, correct, and complete.		
d(2) Total number of active participants at the end of the plan year 5d(2) e Number of participants that terminated employment during the plan year with accrued benefits that were less 5e Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is establish 5e Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including, if SB or Schedule MB complete and signed by an enrolled actuary, as well as the electronic version of this return/report, and to the best belief, it is true, correct, and complete.	8	
Pumber of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is establish Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including, if SB or Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/report, and to the besi belief, it is true, correct, and complete.		
Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is establish Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including, if 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 belief, it is true, correct, and complete.		
Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including, if 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 belief, it is true, correct, and complete.		
	fapplicable a Schodul	
SIGN 3. 6. 2017 × KELLY GABRIEL		
HERE Signature of plan administrator Date Enter name of individual signing as plate	an administrator	
SIGN HERE		
Signature of employer/plan sponsor Date Enter name of individual signing as en	mplover or plan snopsr	
Preparer's name (including firm name, if applicable) and address (include room or suite number) Preparer's telep	phone number	
or Paperwork Reduction Act Notice, see the Instructions for Form 5500-SE		

3

Form 5500-SF 2016

•

2

E)	Were all of the plan's assets during the plan year invested in eligi Are you claiming a waiver of the annual examination and report o under 29 CFR 2520.104-46? (See instructions on waiver eligibility If you answered "No" to either line 6a or line 6b, the plan can If the plan is a defined benefit plan, is it covered under the PBGC	of an indepe y and condi I not use Fo	ndent qualified public ions.) rm 5500-SF and mu	c accou ust inst	ntant (ead us	IQPA) se Foi	rm 550	0.	X Yes	: [] No
	art III Financial Information								Not det	
7	Plan Assets and Liabilities		(a) Beginning	of Yea	37			(b) End o	f Voar	
a	Total plan assets	7a		658					7389	29
b	Total plan liabilities	. 7b					·			
	Net plan assets (subtract line 7b from line 7a)			6582	251				73892	29
8	Income, Expenses, and Transfers for this Plan Year	· •	(a) Amou	Int				(b) To	·	
a 	Contributions received or receivable from: (1) Employers	. 8a(1)		102	295					
	(2) Participants	. 8a(2)		198	326	563				
<u> </u>	(3) Others (including rollovers)	8a(3)				1000		é el ser	N-2-47	
b	Other income (loss)	. 8b		505	57	245	11.37			
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	. 8c							8067	8
	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	. 8d								
<u>e</u>	Certain deemed and/or corrective distributions (see instructions)	. 8e						100	West Ser	
	Administrative service providers (salaries, fees, commissions)	8f								5.0
_ <u>g</u>	Other expenses					2.2				
<u>h</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							<u></u>	
<u> i</u>	Net income (loss) (subtract line 8h from line 8c)	8i		15					8067	8
_j	Transfers to (from) the plan (see instructions)	8							7	
Par	t IV Plan Characteristics									
9a	If the plan provides pension benefits, enter the applicable pension 2E 2G 2J 2K 2T 3D	feature cod	es from the List of P	lan Cha	racteri	stic C	odes in	the instruc	tions:	
b	If the plan provides welfare benefits, enter the applicable welfare fe	eature code	s from the List of Pla	In Chara	acteris	tic Co	des in t	he instruct	ons:	
Par	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 contribut described in 29 CFR 2510.3-102? (See instructions and DOL's Viprogram)	oluntary Fid	uciary Correction	10a		x				
b	Were there any nonexempt transactions with any party-in-interest reported on line 10a.)	? (Do not in	clude transactions	10b		х				
c	Was the plan covered by a fidelity bond?			10c	х					15000
d	Did the plan have a loss, whether or not reimbursed by the plan's t by fraud or dishonesty?	fidelity bond	, that was caused	10d		х				
е	Were any fees or commissions paid to any brokers, agents, or othe carrier, insurance service, or other organization that provides some the plan? (See instructions.)	er persons l e or all of th	by an insurance e benefits under	10e		x	13			
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			10g		x				
	If this is an individual account plan, was there a blackout period? (\$ 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 2520.101	e required n	otice or one of the	101						

Form 5500-SF 2016

 \mathbf{x}_{i}

, P

Page 3- 1

4.4	VI Pension Funding Compliance					
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and c (Form 5500) and line 11a below)	complete Sc	hedule S	B		Yes 🗌 No
<u>11a</u>	Enter the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40		. 11a		-	
12	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Co ERISA?	ode or secti	on 302 o	f		Yes 🕅 No
	(if tes, complete line 12a of lines 12b, 12c, 12d, and 12e below, as applicable.)				1	
a	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see inst granting the waiver.	tructions, ar	nd enter Dav		of the lett Year	er ruling
lf	you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 1	13.			100	
	Enter the minimum required contribution for this plan year		12b			
C	Enter the amount contributed by the employer to the plan for this plan year		12c			
d	Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the le negative amount)	eft of a	12d			
e	Will the minimum funding amount reported on line 12d be met by the funding deadline?			Yes	No	N/A
Part)			<u>_</u>			
13a	Has a resolution to terminate the plan been adopted in any plan year?		1	X Yes		10
	If "Yes," enter the amount of any plan assets that reverted to the employer this year		13a		<u> </u>	0
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brough control of the PBGC?	ht under the			Yes 🛛	
с	If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify which assets or liabilities were transferred. (See instructions.)	fy the plan(s) to			
	3c(1) Name of plan(s):	13c(2) EIN(s)		13c(3) PN(s)
the second second	Trust Information Jame of trust		14b T	rust's E	IN	
14c N	lame of trustee or custodian				or custod e number	ian's
Part	IX IRS Compliance Questions					
15a k	s the plan a 401(k) plan? If "No," skip b	Yes			No	
15b ∺ 4	low did the plan action the pendicerimination requirements for any low of fourth and the state	Desig				1.000
	low did the plan satisfy the nondiscrimination requirements for employee deferrals under section 01(k)(3) for the plan year? Check all that apply:	∐ safe h	nt year"		"Prior ye test N/A	ar" ADP
16a v	Out the plan satisfy the hondiscrimination requirements for employee deterrais under section 01(k)(3) for the plan year? Check all that apply: 	¦∐ safe h "∏ "Curre	arbor nt year" est			ar" ADP
16a w y 16b D	01(k)(3) for the plan year? Check all that apply: Vhat testing method was used to satisfy the coverage requirements under section 410(b) for the plan rear? Check all that apply:	Safe h "Curre ADP to Ratio	arbor nt year" est	Ave ber	N/A	
16a w y 16b D fo 17a If	01(k)(3) for the plan year? Check all that apply: Vhat testing method was used to satisfy the coverage requirements under section 410(b) for the plan rear? Check all that apply: 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? the plan is a master and prototype plan (M&P) or volume submitter plan that received a favorable IRS op ne letter and the serial number	ADP to ADP to ADP to Perce test Yes	arbor est ntage or advise	Ave ber	N/A erage lefit test No r, enter the	N/A N/A
16a w y 16b D fo 17a If tt 17b If	01(k)(3) for the plan year? Check all that apply: Vhat testing method was used to satisfy the coverage requirements under section 410(b) for the plan rear? Check all that apply: 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? the plan is a master and prototype plan (M&P) or volume submitter plan that received a favorable IRS op	ADP to ADP to ADP to Perce test Yes	arbor est ntage or advise	Ave ber	N/A erage lefit test No r, enter the	N/A N/A
16a v y 16b D fc 17a If tt 17b If le 18 D W	01(k)(3) for the plan year? Check all that apply:	ADP to ADP to ADP to Perce test Yes pinion letter	arbor est ntage or advise	Ave ber	N/A erage lefit test No r, enter the	N/A N/A