## Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation Short Form Annual Return/Report of Small Employee Benefit Plan

This form is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA), and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

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

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2016

OMB Nos. 1210-0110

1210-0089

This Form is Open to Public Inspection

Part I	<b>Annual Report</b>	Identification Information						
For calenda	ar plan year 2016 or f	iscal plan year beginning 01/01/2	2016		and ending 12	2/31/20	16	
A This ret	urn/report is for:	a single-employer plan			n (not multiemployer) ( ployer information in ac	•	•	
	·	a one-participant plan	af	oreign plan				
<b>B</b> This retu	ırn/report is	the first return/report	=	final return/report				
		an amended return/report	a s	hort plan year return	/report (less than 12 m	onths)		
C Check b	oox if filing under:	Form 5558	ш	tomatic extension		DF\	C program	
Dort II	Daois Blan Infe	special extension (enter descr	· /					
Part II		ormation—enter all requested inf	formatic	on		1h -	Thurs aliais	<u> </u>
1a Name	or pian   PERFORMANCE, L <sup>-</sup>	TD. 401(K) PLAN					hree-digit Dlan number	
	, _, , , , , , , , , , , , , , , , , ,						PN) •	001
						1c	Effective date of 01/01	f plan 1/2010
	` '	oyer, if for a single-employer plan)				2b E	mployer Identif	fication Number
		om, apt., suite no. and street, or P.C ce, country, and ZIP or foreign post		(if foreign, see instru	uctions)			145576
SMALL CAR	PERFORMANCE, LT	ſD.				20 3	Sponsor's telep 253-473	
						2d E	Business code (	see instructions)
1403 34TH A							8111	10
FIFE, WA 98	424							
22 Dian o	dministrator's name o	and address V Came as Dian Case				2h /	dministrator's E	
<b>Ja</b> Plan a	aministrator's name a	ınd address ⊠ Same as Plan Spor	nsor.			JD F	idministrator s t	IIN
						3c /	dministrator's t	elephone number
4 If the r	some and/or FIN of the	a nion anangar has abangad sinas	the leat	ratura/rapart filed fo	r this plan anter the	4h /	-161	
		ne plan sponsor has changed since imber from the last return/report.	lile lasi	return/report filed to	i this plan, enter the	4b 1	IIN	
<b>a</b> Sponso	or's name					4c	PN	
<b>5a</b> Total r	number of participants	s at the beginning of the plan year				5a		7
		s at the end of the plan year				5b		
	er of participants with ete this item)	account balances as of the end of	the plar	n year (only defined o	contribution plans	5с		5
<b>d(1)</b> Tota	al number of active pa	articipants at the beginning of the pl	lan year			5d(1		6
		articipants at the end of the plan yea				5d(2	2)	
		t terminated employment during the				5e		(
		or incomplete filing of this return				use is e	stablished.	
SB or Sche		ther penalties set forth in the instruc- and signed by an enrolled actuary, a						
SIGN		/valid electronic signature.		03/27/2017	BRIAN V. STEEL			
HERE	Signature of plan a			Date	Enter name of individ	lual sigr	ing as plan adr	ninistrator
CICN	•					<u> </u>		

Date

Signature of employer/plan sponsor

Preparer's name (including firm name, if applicable) and address (include room or suite number )

**HERE** 

Enter name of individual signing as employer or plan sponsor

Preparer's telephone number

Form 5500-SF 2016 Page **2** 

d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	6a	Were all of the plan's assets during the plan year invested in eligib	le assets?	' (See instructions.)						X Ye	s No
C if the plans is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)?	b	under 29 CFR 2520.104-46? (See instructions on waiver eligibility	and condi	tions.)						X Ye	s No
Part III   Financial Information   (a) Beginning of Year   (b) End of Year   232155   296094   7   Plan Assets and Liabilities   7   232155   296094   7   Total plan liabilities   7   0   112   7   C   Net plan assets (subtract line 7b from line 7a)   7c   232155   295082   8   Income, Expanses, and Transfers for this Plan Year   (a) Amount   (b) Total   8   Income, Expanses, and Transfers for this Plan Year   (a) Amount   (b) Total   9   C   Net plan assets (subtract line 7b from line 7a)   7c   232155   295082   9   Amount   (b) Total   9   C   C   Net plan assets (subtract line 7b from line 7a)   7c   232155   295082   9   C   C   C   C   C   C   C   C   C	c						_	-	_	□ Not de	termined
7 Plan Assets and Liabilities		<u>_</u>	iodidiioo p	orogram (555 Errio/ 156	300011 1	021).	····· L	1 .00	□.••		
a Total plan isselfs	7			(a) Beginning	of Year				(h) End	of Vear	
D Total plan listolities	a		7a	(a) Beginning				'	(b) Lila		)4
C. Net plan assets (subtract line 7b from line 7a)	_				0	)				11	2
8 Income, Expenses, and Transfers for this Plan Year a Contributions received or receivable from: (1) Employers. 8a(1) 17182 (2) Participants. 8a(2) 32395 (3) Others (including rollovers). 8a(3) 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0					232155	,				29598	2
a Contributions received or receivable from: (1) Employers. (2) Participants. (3) Others (including rollovers). (3) Others (including rollovers). (4) Expenses (including rollovers). (5) Other income (loss). (6) Other income (loss). (7) Other income (loss). (8) Other income (loss) (loss). (8) Other expenses (loss). (9) Other expenses. (9) Other expenses. (1) Other expenses. (1) Other expenses. (1) Other expenses. (2) Other expenses. (3) Other expenses. (4) Other expenses. (5) Other expenses. (8) Other expenses. (8) Other expenses. (9) Other expenses. (1) Other expenses. (1) Other expenses. (2) Other expenses. (3) Other expenses. (4) Other expenses. (8) Other expenses. (8) Other expenses. (9) Other expenses. (1) Other expenses. (1) Other expenses. (2) Other expenses. (3) Other expenses. (4) Other expenses. (5) Other expenses. (8) Other expenses. (9) Other expenses. (1) Other expenses. (1) Other expenses. (2) Other expenses. (3) Other expenses. (4) Other expenses. (5) Other expenses. (8) Other expenses. (8) Other expenses. (8) Other expenses. (9) Other expenses. (9) Other expenses. (1) Other expenses. (2) Other expenses. (3) Other expenses. (4) Other expenses. (5) Other expenses. (8) Other expenses. (8) Other expenses. (8) Other expenses. (9) Other expenses. (1) Other expenses. (2) Other expenses. (3) Other expenses. (4) Other expenses. (5) Other expenses. (8) Other expenses. (8) Other expenses. (9) Other expenses. (1) Other expenses. (1) Other expenses. (1) Other expenses. (1) Other expenses. (2) Other expenses. (3) Other expenses. (4) Other expenses. (5) Other expenses.				(a) Amour	nt				(b) T	otal	
(2) Participants	а			(17					<u> </u>		
(a) Others (including rollovers)		(1) Employers	8a(1)								
b Other income (loss).  c Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)		(2) Participants	8a(2)								
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)		· · · · · · · · · · · · · · · · · · ·	8a(3)								
d Benefits paid (including direct rollovers and insurance premiums to provide benefits)	<u>b</u>	Other income (loss)	8b		1/512						
e Certain deemed and/or corrective distributions (see instructions).  e Certain deemed and/or corrective distributions (see instructions).  g Other expenses.  g Other expenses.  h Total expenses (add lines 8d, 8e, 8f, and 8g)			8c							6708	9
e Certain deemed and/or corrective distributions (see instructions).  f Administrative service providers (salaries, fees, commissions)	d	· · · ·	84		3237						
f Administrative service providers (salaries, fees, commissions)		,				_					
g Other expenses	f	, , , , , , , , , , , , , , , , , , , ,			25						
h Total expenses (add lines 8d, 8e, 8f, and 8g)											
i Net income (loss) (subtract line 8h from line 8c)		·								326	<u> </u>
Transfers to (from) the plan (see instructions)   8j										6382	7
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:  2A 2E 2F 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:  a 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)  b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	÷	, , ,									
9a	Par	, , , , ,	l ol								
Part V   Compliance Questions		If the plan provides pension benefits, enter the applicable pension	feature co	odes from the List of Pl	an Cha	racteri	stic Co	odes in	the insti	uctions:	
10 During the plan year:  a 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)  b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)  c Was the plan covered by a fidelity bond?  d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?  e 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.)  f Has the plan failed to provide any benefit when due under the plan?  g Did the plan have any participant loans? (If "Yes," enter amount as of year-end.)  h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)  10 If 10h was answered "Yes," check the box if you either provided the required notice or one of the	b		eature cod	des from the List of Pla	n Chara	acterist	tic Cod	des in t	he instru	ctions:	
10 During the plan year:  a 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)  b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)  c Was the plan covered by a fidelity bond?  d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?  e 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.)  f Has the plan failed to provide any benefit when due under the plan?  g Did the plan have any participant loans? (If "Yes," enter amount as of year-end.)  h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)  10 If 10h was answered "Yes," check the box if you either provided the required notice or one of the	Par	t V Compliance Questions									
a 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)						Yes	No	N/A		Amount	
described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)			ıtions withi	in the time period		103	-110	IV/A		Allioulii	-
reported on line 10a.)		described in 29 CFR 2510.3-102? (See instructions and DOL's \	oluntary F	Fiduciary Correction	10a		X				
d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	b		•		10b		X				
by fraud or dishonesty?	С	Was the plan covered by a fidelity bond?			10c	X					50000
carrier, insurance service, or other organization that provides some or all of the benefits under the plan? (See instructions.)  f Has the plan failed to provide any benefit when due under the plan?  g Did the plan have any participant loans? (If "Yes," enter amount as of year-end.)  h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)  i If 10h was answered "Yes," check the box if you either provided the required notice or one of the	d				10d		X				
g Did the plan have any participant loans? (If "Yes," enter amount as of year-end.)	е	Were any fees or commissions paid to any brokers, agents, or oth carrier, insurance service, or other organization that provides some	her person ne or all of	s by an insurance the benefits under	10e	X				•	300
h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	f	Has the plan failed to provide any benefit when due under the pla	ın?		10f		X			_	_
2520.101-3.)	g		-	-	10g		X				
	_ h	·	•		10h		X				
	i				10i						

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Page 3-	1	
Page 3-	1	

Part	VI	Pension Funding Compliance					
11		s a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and constructions and constructions and constructions and constructions and constructions and constructions are supplied to the constructions and constructions are supplied to the constructions are supplied to the construction and construction are supplied to the construction are supplied to the construction and construction are supplied to the construction and construction are supplied to the construction are supplied to the construction and construction are supplied to the construction and construction are supplied to the construction and construction are supplied to the constru				Y	es 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 Co			f	ΠY	es X No
	ERIS (If "\	A?				🖰	
а		raiver of the minimum funding standard for a prior year is being amortized in this plan year, see inst ing the waiver		nd enter i		of the letter Year _	ruling
If	you co	ompleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 1	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			
	Subt	ract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the letive amount)	eft of a	12d			
е	Will t	he 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	a resolution to terminate the plan been adopted in any plan year?			Yes	s X No	)
	If "Y€	es," enter the amount of any plan assets that reverted to the employer this year		13a			
b		e all the plan assets distributed to participants or beneficiaries, transferred to another plan, or broug				Yes X	No
С		rring this plan year, any assets or liabilities were transferred from this plan to another plan(s), identif h assets or liabilities were transferred. (See instructions.)	fy the plan(	s) to			
	13c(1)	Name of plan(s):	13c(	<b>2)</b> EIN(s)		13c(3)	PN(s)
Part	VIII	Trust Information					
14a	Name	of trust		14b	Trust's E	EIN	
14c	Name	of trustee or custodian				s or custodia ne number	an's
Par	t IX	IRS Compliance Questions		•			
15a	Is the	plan a 401(k) plan? If "No," skip b	Yes			No	
15b		did the plan satisfy the nondiscrimination requirements for employee deferrals under section (3) for the plan year? Check all that apply:		gn-based harbor	d [	Test	ar" ADP
				rent year test	,"	N/A	
16a		testing method was used to satisfy the coverage requirements under section 410(b) for the plan Check all that apply:	Rat per test	centage		verage enefit test	□ N/A
16b		ne plan satisfy the coverage and nondiscrimination requirements of sections 410(b) and 401(a)(4) be plan year by combining this plan with any other plan under the permissive aggregation rules?	Yes			No	
	the le		<u>'</u>				
	letter		nter the date	e of the n	nost rec	ent determir	ation
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		Ye	s [	No	
19	Was	any plan participant a 5% owner who had attained at least age 70 $\frac{1}{2}$ during the prior plan year?			s	No	

## Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation

Short Form Annual Return/Report of Small Employee Benefit Plan

This form is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA), and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

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

OMB Nos. 1210-0110 1210-0089

2016

This Form is Open to Public Inspection

Part I		t Identification Information				
For calenda	ar plan year 2016 or	fiscal plan year beginning	01/01/2016	and ending	12/31/20	
A This retu	urn/report is for:	X a single-employer plan	a multiple-employer plan (no list of participating employe			
	,	a one-participant plan	a foreign plan			
B This retu	rn/report is	the first return/report	the final return/report			
		an amended return/report	a short plan year return/repo	ort (less than 12 mo	onths)	
C Check h	oox if filing under:	☐ Farm EEE0	automatic extension	Γ	DFVC program	1
• Oncon E	ox ii iiiiig undor.	Form 5558 special extension (enter des		l	_ Di ve program	•
Part II	Pagia Blan Int	ormation—enter all requested i				
1a Name		offination—enter all requested i	niormation		1b Three-digit	
	•	CE, LTD. 401(K) PLAN			plan numbe	
					1c Effective da 01/01/20	
Mailing	address (include ro	oloyer, if for a single-employer plan oom, apt., suite no. and street, or P	.O. Box)		2b Employer lo (EIN) 91-1	dentification Number
	town, state or provid CAR PERFORMAL	nce, country, and ZIP or foreign por NCE, LTD.	stal code (if foreign, see instruction	ns)	2c Sponsor's 253-473-	telephone number -2474
1403 34	th Ave. E.				<b>2d</b> Business c 811110	ode (see instructions)
Fife		WA 98424	L		01	. 511
3a Plan ad	dministrator's name	and address X Same as Plan Sp	onsor.		<b>3b</b> Administrati	or's EIN
		340			JC Auministra	tor's telephone number
		the plan sponsor has changed sind number from the last return/report.	e the last return/report filed for thi	s plan, enter the	4b EIN	
a Sponso					4c PN	
5a Total r	number of participar	its at the beginning of the plan year	r		5a	
<b>b</b> Total r	number of participar	its at the end of the plan year			5b	
		th account balances as of the end			5c	*
<b>d(1)</b> Tota	al number of active	participants at the beginning of the	plan year		5d(1)	
		participants at the end of the plan			5d(2)	
than f	100% vested	at terminated employment during t				
Under pena SB or Sche	alties of perjury and	te or incomplete filing of this reto other penalties set forth in the inst and signed by an enrolled actuary implete.	ructions, I declare that I have exar	nined this return/re	port, including, if	applicable, a Schedule
SIGN	Bas	N. Tu	3/27/2017 BR	IAN V. STEE	L	
HERE	Signature of plan	n administrator	Date Er	nter name of individ	lual signing as pla	an administrator
SIGN						
HERE	Signature of emp	oloyer/plan sponsor	Date Er	nter name of individ		nployer or plan sponsor
Preparer's	name (including firm	n name, if applicable) and address	(include room or suite number )		Preparer's tele	phone number

P	ac	ne	1	2

	Were all of the plan's assets during the plan year invested in eligible	e assets?	(See instructions.)						X Yes No
b	Are you claiming a waiver of the annual examination and report of a	an indepen	dent qualified public ac	ccounta	nt (IQI	PA)			
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility a								X Yes N
_	If you answered "No" to either line 6a or line 6b, the plan cann							¬м- П	Not determined
	If the plan is a defined benefit plan, is it covered under the PBGC in	surance pi	rogram (see ERISA se	ction 40	)21)? .	📙	Yes	No □	Not determined
Pa	rt III   Financial Information								
7	Plan Assets and Liabilities		(a) Beginning o	f Year			(1	) End of	
a	Total plan assets	7a		232,1	155				296,09
b	Total plan liabilities	7b			0				11
С	Net plan assets (subtract line 7b from line 7a)	7c		232,	155				295,98
8	Income, Expenses, and Transfers for this Plan Year	1 - 1 18	(a) Amount	t				(b) Tota	al
а	Contributions received or receivable from:			17,1	02		Hadis.		
	(1) Employers	8a(1)							
	(2) Participants	8a(2)		32,3	395				
	(3) Others (including rollovers)	8a(3)			0		X4:31		1010-1-106-1-10
b	Other income (loss)	8b		17,5	512				tall tallog
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							67,0
d	Benefits paid (including direct rollovers and insurance premiums			3 ,	237				
	to provide benefits)	8d		3,1	237	CHANGE CHANGE		DECLINATION OF THE PARTY OF THE	
_	Certain deemed and/or corrective distributions (see instructions)	8e			25	(n S1)			
f	Administrative service providers (salaries, fees, commissions)	8f			25				
<u>g</u>	Other expenses	8g		VIBSA6	J21941	HINES			
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h			225				3,2
	Net income (loss) (subtract line 8h from line 8c)	8i							63,8
	Transfers to (from) the plan (see instructions)	8j			8	Cymb.			
Pa	rt IV Plan Characteristics								
9a	If the plan provides pension benefits, enter the applicable pension	feature co	des from the List of Plant	an Chai	racteri	stic Co	des in	the instruc	ctions:
	2A 2E 2F 2G 2J 2K 2T 3D								
b	If the plan provides welfare benefits, enter the applicable welfare f	eature cod	les from the List of Pla	n Chara	acterist			he instruct	ions:
Common	If the plan provides welfare benefits, enter the applicable welfare f	eature cod	les from the List of Pla	n Chara	acterist			he instruct	ions:
Par	If the plan provides welfare benefits, enter the applicable welfare f	eature cod	les from the List of Pla	n Chara	r	tic Cod	des in t	he instruct	
Par 10	If the plan provides welfare benefits, enter the applicable welfare for the plan provides welfar			n Chara	Yes			he instruct	ions:
Par 10	If the plan provides welfare benefits, enter the applicable welfare for the plan provides welfar	utions withi	n the time period	n Chara	r	No	des in t	he instruct	
Par 10	If the plan provides welfare benefits, enter the applicable welfare for the plan provides welfar	utions withi	n the time period	n Chara	r	tic Cod	des in t	he instruct	
Par 10	If the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare for the plan and participant contributes the plan and participant contributes for the plan provides welfare for the plan pr	utions withi Voluntary F	n the time period Fiduciary Correction		r	No X	des in t	he instruct	
Par 10	If the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare for the plan and participant contributes for the plan and participant contributes for the plan and policy to the plan and poli	utions withing of the control of the	n the time period Fiduciary Correction include transactions		r	No	des in t	he instruct	
Par 10	If the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare for the plan provid	utions withi Voluntary F t? (Do not	n the time period Fiduciary Correction include transactions	10a	r	No X	des in t	he instruct	
Par 10 a	If the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare for the plan and participant contributed by the plan covered by a fidelity bond?	utions withing of the state of	n the time period Fiduciary Correction Include transactions Include transactions	10a 10b	Yes	No X	des in t	he instruct	Amount
Par 10 a	If the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare for the plan year:  Was there a failure to transmit to the plan any participant contributed described in 29 CFR 2510.3-102? (See instructions and DOL's Verogram)  Were there any nonexempt transactions with any party-in-interest reported on line 10a.)  Was the plan covered by a fidelity bond?  Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?  Were any fees or commissions paid to any brokers, agents, or ot carrier, insurance service, or other organization that provides son	itions withing the control of the co	n the time period Fiduciary Correction include transactions and, that was caused as by an insurance the benefits under	10a 10b 10c	Yes	No X	des in t	he instruct	Amount
Par 10 a	If the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare for the plan year:  Was there a failure to transmit to the plan any participant contributes described in 29 CFR 2510.3-102? (See instructions and DOL's Normal Program).  Were there any nonexempt transactions with any party-in-interes reported on line 10a.).  Was the plan covered by a fidelity bond?  Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?.  Were any fees or commissions paid to any brokers, agents, or ot carrier, insurance service, or other organization that provides sor the plan? (See instructions.)	ations within following to the control of the contr	n the time period Fiduciary Correction include transactions and, that was caused as by an insurance the benefits under	10a 10b 10c 10d	Yes	No X X	des in t	he instruct	<b>Amount</b> 50,0
Pair 10 a b c c d d e e	If the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare for the plan provides welfare for the plan year:  Was there a failure to transmit to the plan any participant contributed described in 29 CFR 2510.3-102? (See instructions and DOL's Program)  Were there any nonexempt transactions with any party-in-interes reported on line 10a.)  Was the plan covered by a fidelity bond?  Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?  Were any fees or commissions paid to any brokers, agents, or ot carrier, insurance service, or other organization that provides sor the plan? (See instructions.)  Has the plan failed to provide any benefit when due under the planes.	ations withing of the control of the	n the time period Fiduciary Correction include transactions and, that was caused as by an insurance the benefits under	10a 10b 10c 10d	Yes	No X X	des in t	he instruct	<b>Amount</b> 50,0
b c c d	If the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare for the plan plan provides welfare for the plan plan plan provides welfare for the plan plan plan plan plan plan plan plan	tions withing the control of the con	n the time period Fiduciary Correction include transactions and, that was caused as by an insurance the benefits under	10a 10b 10c 10d	Yes	No X X	des in t	he instruct	<b>Amount</b> 50,0
Pair 10 a b c c d d e e	If the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare for the plan provides welfare for the plan provides welfare for the plan plan pears.  Was there a failure to transmit to the plan any participant contributed becomes and DOL's in the program.  Were there any nonexempt transactions with any party-in-interest reported on line 10a.).  Was the plan covered by a fidelity bond?  Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?.  Were any fees or commissions paid to any brokers, agents, or ot carrier, insurance service, or other organization that provides son the plan? (See instructions.).  Has the plan failed to provide any benefit when due under the plan Did the plan have any participant loans? (If "Yes," enter amount and the plan have any participant loans? (If "Yes," enter amount and the plan have any participant loans? (If "Yes," enter amount and the plan have any participant loans? (If "Yes," enter amount and the plan have any participant loans? (If "Yes," enter amount and the plan have any participant loans? (If "Yes," enter amount and the plan have any participant loans? (If "Yes," enter amount and the plan have any participant loans?	ations within following to the control of the contr	n the time period Fiduciary Correction include transactions and, that was caused as by an insurance the benefits under end.)	10a 10b 10c 10d	Yes	No X X	des in t	he instruct	<b>Amount</b> 50,0

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	Form	5500-SF	2016
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Part VI Pension Funding Compliance					
11 Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and (Form 5500) and line 11a below)			B 	Ye	s No
11a 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 ERISA?	Code or sect	ion 302 of		Ye	s X No
(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)	atructions s	nd ontor t	the date o	f the letter r	ulina
If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see ir granting the waiver.	Month	Day	/	Year	
If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line		12b			
b Enter the minimum required contribution for this plan year		***			
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 negative amount)		12d		1 -	0
e Will the minimum funding amount reported on line 12d be met by the funding deadline?			Yes	No L	N/A
Part VII Plan Terminations and Transfers of Assets					
13a Has a resolution to terminate the plan been adopted in any plan year?		200	Yes	X No	
If "Yes," enter the amount of any plan assets that reverted to the employer this year		13a			
b Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brocontrol of the PBGC?				Yes 🛚	No
c If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), ide which assets or liabilities were transferred. (See instructions.)					
13c(1) Name of plan(s):	130	(2) EIN(s	)	13c(3)	PN(s)
Part VIII Trust Information					
110000000000000000000000000000000000000		14h	Trust's E	IN	
14a Name of trust		145	114313 L		
14c Name of trustee or custodian		14d		s or custodi ne number	an's
Part IX IRS Compliance Questions					
	□ Y	es	[	No	
15a Is the plan a 401(k) plan? If "No," skip b	D sa	esign-bas afe harbor current ye	ا ا	"Prior ye test	ear" ADP
16a What testing method was used to satisfy the coverage requirements under section 410(b) for the pla year? Check all that apply:	n F	DP test Ratio ercentage est	, n	verage enefit test	N/A
16b Did the plan satisfy the coverage and nondiscrimination requirements of sections 410(b) and 401(a)( for the plan year by combining this plan with any other plan under the permissive aggregation rules?		'es		∏ No	
17a If the plan is a master and prototype plan (M&P) or volume submitter plan that received a favorable I the letter and the serial number	RS opinion I				
17b If the plan is an individually-designed plan that received a favorable determination letter from the IRS letter	S, enter the o	late of the	most rec	ent determi	ination
Defined Benefit Plan or Money Purchase Pension Plan Only: Were any distributions made during the plan year to an employee who attained age 62 and had not service?		om [] '	Yes [	No	
19 Was any plan participant a 5% owner who had attained at least age 70 ½ during the prior plan year?	·		Yes [	No	