Benefit Plan Decrement user Complete all entries in accordance with the instructions to the form SSB0.5F. Complete all entries in accordance with the instructions to the form SSB0.5F. Part I Annu Report (Vertification Information Part I Annu Report (Vertification Information Part I Annu Report (Vertification Information and ending Complete all entries in accordance with the instructions to the Form SSB0.5F. Part I Annu Report (Vertification Information Part I Annu Report (Vertification Information a one participant plan a number of the instructions (Vertification Information) a complete all entries plan a loss of the instructions (Vertification Information) Part I Information a number of the instruction (Vertification Information) a loss of the instruction (Vertification Information) a loss of the instruction (Vertification Information) Part III Basic Plan Information - oner all coguesci information a loss of the instruction (Vertification Information - oner all coguesci information) D The entries of the instruction (Vertification Information - oner all coguesci information) D The entries of the instruction (Vertification Information - oner all coguesci information) D The entries of the instruction (Vertification Information - oner all coguesci information) Part III Information - oner all coguesci informatin and coner (Information - oner all coguesci information)	Form 5500-SF Department of the Treasury Internal Revenue Service		Short Form Annua	oyee	MB Nos. 1210-0110 1210-0089			
Targen, include, index is transferred. The promise Code (the Code). The promise Code (the Code). Part II. Annual Report Lendification Information and ending. 202016 and ending. 202016 and ending. 202017 and ending. and ending. and ending. 202017 and ending. an			This form is required to be filed	etirement	2016			
A This return/report is Complete all entries in accordance with the instructions to the Form 5500-SF. Ford adding plan year 2016 or these plan year beginning UDV/2010 and entring 120512016 A This return/report is a one-participant plan and independence plan plan plan the form instructions.) A This return/report is a one-participant plan adding employer information in accordance with the form instructions.) A This return/report is a one-participant plan adding employer information in accordance with the form instructions.) C Check boat if filing under: B This return/report is C Check boat if filing under: B The instruction of the plan adding technology of the plan instruction of the plan adding technology of the plan instructions of the plan instruction instructions of the plan instructions	Employee Be	enefits Security Administration	Income Security Act of 1974			Internal		
For calendar plan, year 2016 or linear plan, year beginning 0.0002/016 and ending 126/12016 A This return/report is for: a single-employer plan is of participating employer information in accordance with the form instructions.) a single-employer plan is of participating employer information in accordance with the form instructions.) B This return/report is for: a single-employer plan is to participating employer information in accordance with the form instructions.) B This return/report is in the first return/report In the instruction report DeVC program Second participation participation 10 DPVC program Second participation 10 DPVC program 001 If C Efforth PLAN 20 Demployer plan <td></td> <td></td> <td></td> <td>ccordance with the ins</td> <td>tructions to the Form 5</td> <td>500-SF.</td> <td></td> <td>•</td>				ccordance with the ins	tructions to the Form 5	500-SF.		•
A This return/eport is to::::::::::::::::::::::::::::::::::::				016	and ending 12	2/31/2016		
a memoded return/report a short plan year return/report (less than 12 months) special extension (enter description) Part II Easic Plan Information—enter all requested information 13. Name of plan AGRISHOP INC 401K PLAN 1b Three-digit plan number (EN) N 1b Three-digit plan number (EN) N 001 24. Plan approach's name temployer, if for a single-employer plan) Maling address (include room, apt, sulle no. and street, or P.O. Box) City or town, stee or province, country, and ZIP or foreign postal code (if foreign, see instructions) GRISHOP INC 2b Employer theoritomation mumber (EN) N 2c Sponso's telephane number (EN) N 37. Plan administrator's name and address Same as Plan Sponsor. 3b Administrator's telephone number (2B) address (not be plan (BR) N + Streephone number (EN) N + Streephone number (In) N + Streephone (EN) N + Streephone number (In) N + Streephone (EN) N + Stre			a single-employer plan	list of participating e	plan (not multiemployer) (-	
and the special outcome of the rest of the plan number and the plan number of plan number of plan number (PN) is a special outcome of plan (PN) is a special outcome of pl	B This retu	ırn/report is				onths)		
Part II Basic Plan Information—enter all requested information 1b Three-digit plan number (PN) 001 1a Name of plan NCR01NC 401K PLAN 1b Three-digit plan number (PN) 001 2a Plan sponsor's name (emplayer, if for a single-emplayer plan) 1c Elective date of plan 100/01190 001 2a Plan sponsor's name (emplayer, if for a single-emplayer plan) 001 1c Elective date of plan 100/01190 CB protoch state or province, country, and ZIP or foreign postal code (if foreign, see instructions) 2c Sponsor's talephone number 23/3/3/3/0/00 CB W MAIN STREET UBURN, WA 18001 2c Sponsor's talephone number 23/3/3/3/0/00 3a Plan administrator's name and address Same as Plan Sponsor. 3b Administrator's telephone number 23/3/3/3/0/0 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 for the last return/report. 3b Administrator's telephone number 20 5a 2g Soord's name 5c 12 6d(1) Cartin number of participants at the beginning of the plan year 5c 12 6d(2) Total number of activipants at the beginning of the plan year 5c 12 6d(1) 2g	C Check b	box if filing under:				DFVC p	rogram	
1a Name of plan NGRISHOP INC 401K PLAN 1b Three-digit plan number (PN) b 001 2a Plan sponsor's name (employer, if for a single-employer plan) Ministrators sate or province, country, and ZP or forsign postal code (if foreign, see instructions) Correspondence in the standard sta	Part II	Basic Plan Infor						
2a Plan sponsor's name (employer, if for a single-employer plan) Malling address (include nom, 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) CARISHOP INC 2b Employer Identification Number (EIN) 3c 3a Plan administrator's name and address Same as Plan Sponsor. 3b Administrator's EIN 3a Plan administrator's name and address Same as Plan Sponsor. 3b Administrator's telephone number 4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN, and the plan number from the last return/report filed for this plan, enter the name, EIN, and the plan number from the last return/report filed for this plan, enter the name, EIN, and the plan number form the last return/report filed for this plan, enter the name, EIN, and the plan number form the last return/report filed for this plan, enter the name, EIN, and the plan number of participants at the beginning of the plan year. 5a 2a 5a Total number of participants at the end of the plan year. 5a 2a 2b 6(1) Total number of active participants at the end of the plan year. 5d(1) 2a 2c 6(2) Total number of active participants at the end of the plan year. 5d(2) 2c 2c 6(1) Total number of acticive participants at the end of the plan year.	1a Name	of plan		Sindlon		plan (PN)	number tive date of	plan
23.833.0870 2d Business code (see instructions) 444200 3a Plan administrator's name and address Same as Plan Sponsor. 3b Administrator's EIN 3c Administrator's telephone number 4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN, and the plan number from the last return/report. 4b EIN 3 Administrator's telephone number 5a 28 5 Total number of participants at the beginning of the plan year 5a 28 c Number of participants at the beginning of the plan year 5b 28 c Number of participants at the beginning of the plan year 5d(1) 27 d(1) Total number of participants at the beginning of the plan year 5d(2) 28 d(2) Total number of participants at the end of the plan year 5d(2) 28 fd(2) Total number of participants at the end of the plan year 5d(2) 28 fd(2) Total number of participants at the end of the plan year 5d(2) 28 fd(2) Total number of participants at the end of the plan year 5d(2) 28 fd(2) Total number of participants bat terminated employment during the plan year with accrued benef	Mailing City or	address (include room, town, state or province,	apt., suite no. and street, or P.O.		structions)	(EIN)	oyer Identif	ication Number
4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN, and the plan number from the last return/report. 4b EIN 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 29 b Total number of participants at the end of the plan year. 5b 28 c Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item). 5c 12 d(1) Total number of active participants at the end of the plan year. 5d(2) 26 e Number of participants that terminated employment during the plan year with accrued benefits that were less 5e 00 d(2) Total number of active participants at the end of the plan year with accrued benefits that were less 5e 00 B or Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/report, including, if applicable, a Schedule and bellef, it is true, correct, and complete. 04/27/2017 ANDREA KUPLIC HERE Signature of plan administrator Date Enter name of individual signing as plan administrator 14/27/2017 <td>308 W MAIN</td> <td>STREET</td> <td></td> <td></td> <td></td> <td></td> <td>253-833 ness code (</td> <td>-0870 see instructions)</td>	308 W MAIN	STREET					253-833 ness code (-0870 see instructions)
name, EIN, and the plan number from the last return/report. 4c PN Sponsor's name 4c PN 5a Total number of participants at the beginning of the plan year						3c Admi	inistrator's t	elephone number
5a Total number of participants at the beginning of the plan year 5a 29 b Total number of participants at the end of the plan year 5b 28 c Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) 5c 12 d(1) Total number of active participants at the beginning of the plan year 5d(1) 27 d(2) Total number of active participants at the end of the plan year 5d(2) 26 e Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested. 5e 0 Caution: A penalty for the late or incomplete filling of this return/report will be assessed unless reasonable cause is established. 0 0 Under penalties of participants at the electronic signature. 04/27/2017 ANDREA KUPLIC 5e 0 Signature of plan administrator Date Enter name of individual signing as plan administrator Signature of employer/plan sponsor Date Enter name of individual signing as employer or plan sponsor Preparer's name (including firm name, if applicable) and address (include room or suite number) Preparer's telephone number Preparer's telephone number	name,	EIN, and the plan num		he last return/report filec	l for this plan, enter the			
b Total number of participants at the end of the plan year			t the beginning of the plan year					29
C Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)								
d(2) Total number of active participants at the end of the plan year 5d(2) 26 e Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested 5e 5e 6e 6e Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established. 5e 6e 6e Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including, if applicable, a Schedule BS or Schedule ME completed and signed by an enrolled actuary, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete. Sign Filed with authorized/valid electronic signature. 04/27/2017 ANDREA KUPLIC Signature of plan administrator Date Enter name of individual signing as plan administrator Preparer's name (including firm name, if applicable) and address (include room or suite number) Preparer's telephone number	C Numb	er of participants with ac	count balances as of the end of t	he plan year (only define	ed contribution plans			12
e Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested 5e 5e Caution: A penalty for the late or incomplete filling of this return/report will be assessed unless reasonable cause is established. Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including, if applicable, a Schedule SB or Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete. SIGN HERE Filed with authorized/valid electronic signature. 04/27/2017 ANDREA KUPLIC Signature of plan administrator Date Enter name of individual signing as plan administrator Preparer's name (including firm name, if applicable) and address (include room or suite number) Preparer's telephone number	d(1) Tota	al number of active parti	cipants at the beginning of the pla	an year		5d(1)		27
e Number of participants that terminated employment during the plan year with accrued benefits that were less that 100% vested	d(2) Tota	al number of active parti	cipants at the end of the plan yea	r		5d(2)		26
Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including, if applicable, a Schedule SB or Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete. SIGN Filed with authorized/valid electronic signature. 04/27/2017 ANDREA KUPLIC Signature of plan administrator Date Enter name of individual signing as plan administrator SIGN Signature of employer/plan sponsor Date Enter name of individual signing as employer or plan sponsor Preparer's name (including firm name, if applicable) and address (include room or suite number) Preparer's telephone number Preparer's telephone number	e Numb	er of participants that te 100% vested	rminated employment during the	plan year with accrued b	penefits that were less			C
Sign Date Enter name of individual signing as plan administrator Sign Date Enter name of individual signing as plan administrator Signature of employer/plan sponsor Date Enter name of individual signing as employer or plan sponsor Preparer's name (including firm name, if applicable) and address (include room or suite number) Preparer's telephone number	Under pena SB or Sche	alties of perjury and othe dule MB completed and	er penalties set forth in the instruc I signed by an enrolled actuary, as	tions, I declare that I hav	e examined this return/re	port, includi	ng, if applic	able, a Schedule knowledge and
Signature of plan administrator Date Enter name of individual signing as plan administrator Signature of employer/plan sponsor Date Enter name of individual signing as employer or plan sponsor Preparer's name (including firm name, if applicable) and address (include nom or suite number Preparer's telephone number		Filed with authorized/va	alid electronic signature.	04/27/2017	ANDREA KUPLIC			
Sign HERE Signature of employer/plan sponsor Date Enter name of individual signing as employer or plan sponsor Preparer's name (including firm name, if applicable) and address (include room or suite number) Preparer's telephone number	HERE	Signature of plan ad	ministrator	Date	Enter name of individ	ual signing	as plan adn	ninistrator
Signature of employer/plan sponsor Date Enter name of individual signing as employer or plan sponsor Preparer's name (including firm name, if applicable) and address (include room or suite number) Preparer's telephone number	SIGN						•	
						ual signing	as employe	r or plan sponsor
For Paperwork Reduction Act Notice, see the Instructions for Form 5500-SF.	Preparer's	name (including firm na	me, if applicable) and address (in	clude room or suite num	ber)	Preparer's	s telephone	number
	For Paperwe	ork Reduction Act Notice	see the Instructions for Form 5500	SF.			E	orm 5500-SF (2016)

6a	Were all of the plan's assets during the plan year invested in eligib	le assets?	(See instructions.)	Yes No
b	Are you claiming a waiver of the annual examination and report of a under 29 CFR 2520.104-46? (See instructions on waiver eligibility a			
	If you answered "No" to either line 6a or line 6b, the plan cann		,	
С	If the plan is a defined benefit plan, is it covered under the PBGC in	isurance p	rogram (see ERISA section 4021)?	Yes No Not determined
Pa	t III Financial Information			
7	Plan Assets and Liabilities		(a) Beginning of Year	(b) End of Year
а	Total plan assets	7a	607957	672440
b	Total plan liabilities	7b	0	
С	Net plan assets (subtract line 7b from line 7a)	7c	607957	672440
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount	(b) Total
а	Contributions received or receivable from: (1) Employers	8a(1)		
	(2) Participants	8a(2)	11434	
	(3) Others (including rollovers)	8a(3)		
b	Other income (loss)	8b	59526	
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c		70960
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	4262	
е	Certain deemed and/or corrective distributions (see instructions).	8e		
f	Administrative service providers (salaries, fees, commissions)	8f	2215	
g	Other expenses	8g		
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h		6477
i	Net income (loss) (subtract line 8h from line 8c)	8i		64483
j	Transfers to (from) the plan (see instructions)	8j		
Pa	t IV Plan Characteristics			
9a	If the plan provides pension benefits, enter the applicable pension 2E $$ 2F $$ 2G $$ 2J $$ 2K $$ 2T $$ 3D	feature co	des from the List of Plan Characteristi	c Codes in the instructions:
b	If the plan provides welfare benefits, enter the applicable welfare fe	eature cod	es from the List of Plan Characteristic	Codes in the instructions:
Par	t V Compliance Questions			

10	During the plan year:		Yes	No	N/A	Amount
а	Was there a failure to transmit to the plan any participant 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			80000
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			839
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			6664
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	er 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						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	d enter t	he date	of the lett	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 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			
d		tract 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
Part	VII	Plan Terminations and Transfers of Assets						
13a	Has	a resolution to terminate the plan been adopted in any plan year?				Yes	s XI	No
		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	X No
c	lf, d	uring this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the assets or liabilities were transferred. (See instructions.)			to			
1		Name of plan(s):		13c(2)	EIN(s)		13c(3) PN(s)
Part	VIII	Trust Information						
14a	Name	e of trust			14b ⊺	Frust's E	IN	
14c	Name	e of trustee or custodian					s or custo ne number	
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	ł	"Prior y test	ear" 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		ter the	e date	of the m	nost 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 separce?		from	Ye	s	No	
19	Was	any plan participant a 5% owner who had attained at least age 70 ½ during the prior plan year?			Ye	s	No	

For	m 5500-SF	Short Form Annu	al Return/Report Benefit Plan	of Small Empl	oyee	OMB Nos. 1210-0110 1210-0089				
Depar Inter	tment of the Treasury nal Revenue Service	065 of the Employee R	etirement	2016						
	partment of Labor enefits Security Administration	7(b) and 6058(a) of the).		This Form is Open to Public Inspection						
Pension Be	enefit Guaranty Corporation		accordance with the instru	uctions to the Form 5	500-SF.	Public Inspection				
Part I		Identification Information								
For calenda	ar plan year 2016 of f	scal plan year beginning	$\frac{01/01/2016}{\Box}$	and ending		31/2016				
A This ref	um/report is for:	X a single-employer plan				ing this box must attach a ith the form instructions.)				
		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										
C Check	oox if filing under:	Form 5558	automatic extension		DFVC p	rogram				
	Ū.	special extension (enter desc								
Part II	Basic Plan Info	prmation—enter all requested in								
1a Name		mation—enter an requested in	Iormation		1b Three	e-diait				
	P INC 401K PL	AN			plan	number				
					(PN)					
						tive date of plan 01/1990				
		oyer, if for a single-employer plan)			2b Empl	oyer Identification Number				
		m, apt., suite no. and street, or P.C e, country, and ZIP or foreign post		uctions)		91-0889308				
AGRISHO	, ,			adatitay		sor's telephone number				
						3) 833-0870 ness code (see instructions)				
200 FT NO	ATN CHDEFH					200				
	AIN STREET									
AUBURN		nd address 🕅 Same as Plan Spo	WA	98001	01	nistrator's EIN				
					3c Admi	nistrator's telephone number				
		e plan sponsor has changed since mber from the last return/report.	the last return/report filed for	or this plan, enter the	4b EIN					
a Sponse		anosi nom the loot retaria eport.			4c PN					
5a Total r	number of participants	at the beginning of the plan year.			5a	29				
		at the end of the plan year			5b	28				
c Numb	er of participants with	account balances as of the end of	the plan year (only defined	contribution plans	5c	10				
					5d(1)	12				
• •	-	erticipants at the beginning of the p	•		5d(1)	27				
		articipants at the end of the plan ye terminated employment during the				26				
than 1	100% vested				5 e	0				
		or incomplete filing of this retur								
SB or Sche	atties of perjury and of dule MB completed a rue correct, and com	ther penalties set forth in the instru nd signed by an enrolled actuary, plate.	ctions, I declare that I have as well as the electronic ver	examined this return/repoint sion of this return/repoint this return/repoint this return/repoint the second s	rt, and to the	ng, if applicable, a Schedule e best of my knowledge and				
SIGN	¥.~~	お	4/27/2017	Darren	Jones					
HERE	Signature of plan a	idministrator	Date	Enter name of Individ						
SIGN		····	······			· · · · · · · · · · · · · · · · · · ·				
HERE	Signature of emplo	ver/plan sponsor	Date	Enter name of individ	lual signing	as employer or plan sponsor				
Preparer's		name, if applicable) and address (i				s telephone number				
					ļ					
<u> </u>		as see the Instructions for Form FEA				Earm 6500 RE (2016)				

2

	Form 5500-SF 2016		Page 2							
	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									No
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility	and condit	tions.)						X Yes	No
	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	nsurance p	program (see ERISA se	ection 4	021)7	·····] Yes		Not determ	iined
Par	t III Financial Information	1								
_7	Plan Assets and Liabilities		(a) Beginning					(b) Enc	l of Year	
	Total plan assets	7a		607,	957				672	,440
	Total plan liabilities	7b			. 0					<u> </u>
	Net plan assets (subtract line 7b from line 7a)	7c		607,	957				672	,440
	Income, Expenses, and Transfers for this Plan Year		(a) Amoun	nt				(b) '	Total	
	Contributions received or receivable from: (1) Employers	8a(1)								
	(2) Participants	8a(2)		11,	434				·	
	(3) Others (including rollovers)	8a(3)								
b	Other income (loss)	8b		59,	526					
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							70	,960
	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		4,	262					
e	Certain deemed and/or corrective distributions (see instructions)	8e								
f	Administrative service providers (salaries, fees, commissions)	8f		2,	215					
g	Other expenses	8g								
<u>h</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							6	,477
<u> i </u>	Net income (loss) (subtract line 8h from line 8c)	8i							64	,483
j	Transfers to (from) the plan (see instructions)	8j								
Par	t IV Plan Characteristics									
9a	If the plan provides pension benefits, enter the applicable pension 2E 2F 2G 2J 2K 2T 3D	feature co	des from the List of Pl	lan Cha	racteri	stic Co	odes in	i the ins	tructions:	
b	If the plan provides welfare benefits, enter the applicable welfare f	eature cod	les from the List of Pla	in Chara	acteris	tic Co	des in f	the inst	ructions:	
Par	V Compliance Questions		-							,
10	During the plan year:				Yes	No	N/A		Amount	
a	Was there a failure to transmit to the plan any participant contribut described in 29 CFR 2510.3-102? (See Instructions and DOL's V	/oluntary F	iduciary Correction							
L	Program)			10a		Х				
	Were there any nonexempt transactions with any party-in-interest reported on line 10a.)			10b		x				
С	Was the plan covered by a fidelity bond?	•••••	•••••	10c	Х				80	,000
d	Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?	fidelity bo	nd, that was caused	10d		x				
e	Were any fees or commissions paid to any brokers, agents, or oth carrier, insurance service, or other organization that provides son the plan? (See instructions.)	her person te or all of	s by an insurance the benefits under	10e	x					839
Ŧ	Has the plan failed to provide any benefit when due under the pla	ın?		10 f		х				
- E			and)		v	<u> </u>	t –			664
i	Did the plan have any participant loans? (If "Yes," enter amount a	is of year-e	and,/	10g	Х				b	664
g	Did the plan have any participant loans? (If "Yes," enter amount a If this is an individual account plan, was there a blackout period? 2520,101-3.)	(See instru	uctions and 29 CFR	10g 10h		x			6	,004

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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 complete Sch (Form 5500) and line 11a below)	edule S	3	Yes X 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 Code or section	n 302 of		Yes X No
	ERISA?			
a	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, and	d enter t	he date o	the letter ruling
	granting the waiver	Day		Year
	rou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.	401-		······································
<u>d</u>	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 left of a negative amount)	12d		
<u>e</u>	Will the minimum funding amount reported on line 12d be met by the funding deadline?		Yes	No N/A
Part V	/II Plan Terminations and Transfers of Assets			
13a	Has a resolution to terminate the plan been adopted in any plan year?		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 brought under the control of the PBGC?			Yes 🗙 No
С	If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) which assets or liabilities were transferred. (See instructions.)) to		
1	3c(1) Name of plan(s): 13c(2)	EIN(s)	13c(3) PN(s)	
Part	VIII Trust Information			
L	Jame of trust	14b 1	rust's Ell	J
14c	Name of trustee or custodian		rustee's elephone	or custodian's number
Part	IX IRS Compliance Questions			
15a	is the plan a 401(k) plan? If "No," skip b			No
	How did the plan satisfy the hondiscrimination requirements for employee deterrals under section are safe r 101(k)(3) for the plan year? Check all that apply:			"Prior year" ADP test
40.0				N/A
	test	entage		rage 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 aggregation rules?			No
	If the plan is a master and prototype plan (M&P) or volume submitter plan that received a favorable IRS opinion letter			
	If the plan is an individually-designed plan that received a favorable determination letter from the IRS, enter the date letter	of the m	iost recer	t determination
	Defined Benefit Plan or Money Purchase Pension Plan Only: Were any distributions made during the plan year to an employee who attained age 62 and had not separated from service?	∏ Ye	з 🗌	No
19	Was any plan participant a 5% owner who had attained at least age 70 ½ during the prior plan year?	Ye	s 🗌	No