_	m 5500-SF	Short Form Annua	al Return/Report Benefit Plan	of Small Emplo	oyee	OMB Nos. 1210-0110 1210-0089
	tment of the Treasury nal Revenue Service	This form is required to be filed		4065 of the Employee Re	etirement	2016
Employee Be	partment of Labor enefits Security Administration	Income Security Act of 1974	(ERISA), and sections 605 Revenue Code (the Code		Internal	This Form is Open to Public Inspection
Pension Be	Appual Papart Ic	 Complete all entries in a dentification Information 	ccordance with the inst	ructions to the Form 55	00-SF.	•
	ar plan year 2016 or fisc		016	and ending 12	/31/2016	
	urn/report is for:	a single-employer plan a one-participant plan				king this box must attach a ith the form instructions.)
B This retu	ırn/report is	the first return/report an amended return/report	the final return/report	n/report (less than 12 mo	onths)	
C Check b	box if filing under:	Form 5558 special extension (enter descri	automatic extension	[DFVC p	rogram
Part II	Basic Plan Infor	mation—enter all requested info				
1a Name			Jimation		(PN)	number
Mailing	address (include room,	er, if for a single-employer plan) , apt., suite no. and street, or P.O		ructione)	2b Empl (EIN)	oyer Identification Number
	N ROOFING, INC.	country, and ZIP or foreign posta	a code (il loreign, see inst	ructions)	2c Spor	nsor's telephone number 425-235-7663
451 PARK AV RENTON, W					2d Busir	ness code (see instructions) 238100
3a Plan a	dministrator's name and	address 🛛 Same as Plan Spon	sor.		3b Admi	nistrator's EIN
4 If the r	name and/or EIN of the p	plan sponsor has changed since t	he last return/report filed f	or this plan, enter the	4b EIN	nistrator's telephone number
	EIN, and the plan numb	ber from the last return/report.	·		4c PN	
		t the beginning of the plan year			5a	4
-		t the end of the plan year			5b	4
C Numb	er of participants with ac	ccount balances as of the end of t	he plan year (only defined	l contribution plans	5c	4
d(1) Tota	al number of active parti	cipants at the beginning of the pla	an year		5d(1)	4
• •		cipants at the end of the plan yea erminated employment during the			5d(2)	4
than '	100% vested		· · ·		5e	C
		incomplete filing of this return				
SB or Sche		er penalties set forth in the instruc I signed by an enrolled actuary, a ete.				
SIGN	Filed with authorized/va	alid electronic signature.	04/24/2017	JON STEVENSON		
HERE	Signature of plan ad	ministrator	Date	Enter name of individu	ual signing	as plan administrator
SIGN HERE						
	Signature of employe		Date			as employer or plan sponsor
Preparer's	name (including firm nar	me, if applicable) and address (in	clude room or suite numbe	er)	Preparers	s telephone number
		coo the Instructions for Form FEOO				Earm EE00 SE (2016)

6a b	Were all of the plan's assets during the plan year invested in eligib					X Yes No			
D	Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.)								
	If you answered "No" to either line 6a or line 6b, the plan cann	ot use Fo	rm 5500-SF and must instea	d use F	orm 550	0.			
С	If the plan is a defined benefit plan, is it covered under the PBGC in	nsurance p	program (see ERISA section 40)21)?	Yes	No Not determined			
Pa	rt III Financial Information								
7	Plan Assets and Liabilities		(a) Beginning of Year			(b) End of Year			
а	Total plan assets	7a	0			26201			
b	Total plan liabilities	7b							
С	Net plan assets (subtract line 7b from line 7a)	7c	0			26201			
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount			(b) Total			
а	Contributions received or receivable from:		12502						
	(1) Employers	8a(1)	12986	_					
	(2) Participants	8a(2)	12900						
<u> </u>	(3) Others (including rollovers)	8a(3)	713						
	Other income (loss)	8b	715	_		00004			
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c				26201			
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				26201			
j	Transfers to (from) the plan (see instructions)	8j							
Pa	rt 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 Char	acteristi	c Codes i	in the instructions:			
b	If the plan provides welfare benefits, enter the applicable welfare for	eature coc	les from the List of Plan Chara	cteristic	Codes in	the instructions:			
Pa	t V Compliance Questions								
10	During the plan year:			Yes	No N/A	Amount			

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		
C	Was the plan covered by a fidelity bond?	10c	Х			10000
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		
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.)	10e	×			1048
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		X		
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		er 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	

	Form 5500-SF	Short Form Annual I	Return/Report Benefit Plan	t of Small Emplo	vee		OMB Nos. 1210-0110 1210-0089			
	Internal Revenue Service	This form is required to be fi	ed under sections 10	4 and 4065 of the Employ	ee		2016			
100 Contraction	Department of Labor yee Benefits Security Administration ision Benefit Guaranty Corporation		mal Revenue Code (t	he Code).	This Form is Open to P					
Pa		Complete all entries in according to the second	rdance with the inst	tructions to the Form 55	00-SF.					
the second se	lendar plan year 2016 or fisca		01/01/2016	and ending	12/	31/2016				
	Γ	a single-employer plan	a multiple-employe	r plan (not multiemployer) g employer information in	(Filers ch	ecking this bo	x must attach m instructions.)			
BTH	is return/report is:	the first return/report an amended return/report	the final return/repo	ort eturn/report (less than 12 r	nonths)					
C Ch	leck box if filing under:	Form 5558 [] automatic extension on)	n		DFVC progra	m			
Par	t II Basic Plan Inform	mation enter all requested info	ormation							
	lame of plan Stevenson Roofing 40				pla (P	aree-digit an number N) ►	001			
						fective date of	plan			
IV	lailing Address (include room,	r, if for a single-employer plan) apt., suite no. and street, or P.O. B country, and ZIP or foreign postal c	ox) ode (if foreign, see in:	structions)	2b En		fication Number			
	tevenson Roofing, In					onsor's teleph 25) 235-7				
4	51 Park Ave N.				2d Bu		see instructions)			
and the second s	S Renton WA 98057									
3a P	an administrator's name and a	address X Same as Plan Sponso	or		3b Adı	ministrator's E	IN			
					3c Adr	ministrator's te	elephone number			
na	ime, EIN, and the plan numbe	an sponsor has changed since the l er from the last return/report.	ast return/report filed	for this plan, enter the	4b EIN					
	oonsor's name				4c PN					
b To	tal number of participants at the	he beginning of the plan year he end of the plan year	*************		5a		4			
C Nu	mber of participants with acco	ount balances as of the end of the p	lan year (only defined	contribution plans	5b 5c		4			
d(1)	Total number of active particin	pants at the beginning of the plan ye		••••••			4			
				••••••	5d(1)		4			
e Nu	mber of participants that termi	inated employment during the plan	year with accrued ber	nefits that were	5d(2)		4			
	s than 100% vested				5e		0			
Under SB or S	penalties of perjury and other	ncomplete filing of this return/rep penalties set forth in the instruction signed by an enrolled actuary, as we e.	s. I declare that I have	examined this return/ren	ort includi	na if applicab	le, a Schedule nowledge and			
SIGN	Thurs	-	4-24-2017	Jon ST	evense	m				
HERE	Signature of plan adminis	trator	Date	Enter name of individual			trator			
SIGN										
HERE Prepare Skip 1	- gratare er empreyenpid	n sponsor e, if applicable) and address (include	Date e room or suite numbe	Enter name of individual	Preparer's	employer or telephone nu is question	mber			
an De										

	-	rm 5500-SF	Short Form Annual Re	turn/Report c enefit Plan	of Small Employee			
		artment of the Treasury ernal Revenue Service	This form is required to be filed		and 4065 of the Employee	e -	2	2016
	ployee	Department of Labor Benefits Security Administration	Retirement Income Security Act of the Internal	1974 (ERISA), and s Revenue Code (the		(a) of -		s Open to Public spection
_		Benefit Guaranty Corporation	 Complete all entries in accordation 	ance with the instru	ctions to the Form 5500	D-SF.		opeenen
_	art I		dentification Information					
For	calen	dar plan year 2016 or fisca	al plan year beginning	01/01/2016	and ending	12/3	1/2016	
		eturn/report is for:	a one-participant plan a the first return/report t	a list of participating e a foreign plan he final return/report	lan (not multiemployer) (I mployer information in ac m/report (less than 12 mo	ccordance		
С	Checł	box if filing under:	Form 5558 a special extension (enter description)	automatic extension			DFVC progra	m
P	art II	Basic Plan Infor	mation enter all requested inform	nation				
	Nam	e of plan venson Roofing 40				(PN 1c Effe	ree-digit n number N) ► ective date of /01/2016	001 f plan
2a	Mail	ng Address (include room	er, if for a single-employer plan) , apt., suite no. and street, or P.O. Box , country, and ZIP or foreign postal cod		ructions)		ployer Identi N) 91–15 4	fication Number 45013
	-	venson Roofing, I		- (0 ,	,	(4)	25) 235-	
	451	Park Ave N.					siness code (8100	see instructions)
		enton WA 98057	address X Same as Plan Sponsor				ministrator's I	
4	If the	e name and/or EIN of the p	blan sponsor has changed since the la	st return/report filed f	or this plan, enter the	3c Adr		elephone number
_			per from the last return/report.	·		4		
_	•	nsor's name				4C PN	1	
			the beginning of the plan year			5a 5b		4
D C	Num	ber of participants with ac	the end of the plan year	an year (only defined	contribution plans	50 5C		4
d		· · · ·	ipants at the beginning of the plan yea			5d(1)		4
						5d(2)		4
e	Num	ber of participants that ter	minated employment during the plan y	ear with accrued ber	efits that were	5e		0
_								
Ur SE be	nder p 3 or So lief, it	enalties of perjury and other	r incomplete filing of this return/report or penalties set forth in the instructions d signed by an enrolled actuary, as we ete.	, I declare that I have	e examined this return/rep	oort, incluc	ding, if applic	
	IGN ERE	Signature of plan admir	nistrator	Date	Enter name of individua	l signing a	as plan admir	histrator
	IGN	Signature of plan aufili						
	ERE	Signature of employer/p	blan sponsor	Date	Enter name of individua	I signing a	as employer o	or plan sponsor
			me, if applicable) and address (include	e room or suite numb		Preparer	's telephone his questi	number

	Form 5500-SF 2016 Page :	2	
6a	Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)	XYes No
b	Are you claiming a waiver of the annual examination and report of an independent qualified pul	blic accountant (IQPA)	
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.)		XYes No

If you answered "No" to either line 6a or line 6b, the plan cannot use Form 5500-SF and must instead use Form 5500.

Pa	art III Financial Information									
7	Plan Assets and Liabilities		(a) Beginning o	of Yea	r			(b) End	l of Year	
а	Total plan assets				0				20	5,201
	Total plan liabilities					_				
	Net plan assets (subtract line 7b from line 7a)	. 7c			0					5,201
8	Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from:		(a) Amoun	t		_		(b)	Total	
a	(1) Employers	. 8a(1)		12,5	02					
	(2) Participants	. 8a(2)		12,9	86					
	(3) Others (including rollovers)	. 8a(3)								
b	Other income (loss)			7	13					
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	. 8c							20	5,201
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				_			20	5,201
j	Transfers to (from) the plan (see instructions)	. 8j								
_	If the plan provides pension benefits, enter the applicable pension f		l es from the List of Plan C	haract	eristic	Code	s in the	instruc	tions:	
9a b	Irt IV Plan Characteristics If the plan provides pension benefits, enter the applicable pension f 2E 2F 2G 2J 2K 2T 3D If the plan provides welfare benefits, enter the applicable welfare fe	eature code								
9a b Pa	Int IV Plan Characteristics If the plan provides pension benefits, enter the applicable pension f 2E 2F 2G 2J 2K 2T 3D If the plan provides welfare benefits, enter the applicable welfare fe If the plan provides welfare benefits, enter the applicable welfare fe If the plan provides welfare benefits, enter the applicable welfare fe Int V Compliance Questions	eature code			ristic	Codes	in the i		ons:	
9a b Pa	Int IV Plan Characteristics If the plan provides pension benefits, enter the applicable pension f 2E 2F 2G 2J 2K 2T 3D If the plan provides welfare benefits, enter the applicable welfare fe If the plan provides welfare benefits, enter the applicable welfare fe Int V Compliance Questions During the plan year:	eature code	s from the List of Plan Ch			Codes				
9a b Pa 10	Int IV Plan Characteristics If the plan provides pension benefits, enter the applicable pension f 2E 2F 2G 2J 2K 2T 3D If the plan provides welfare benefits, enter the applicable welfare fe If the plan provides welfare Denefits, enter the applicable welfare fe If the plan provides welfare benefits, enter the applicable welfare fe During the plan year:	eature code	s from the List of Plan Ch		ristic	Codes	in the i		ons:	
9a b Pa 10	Int IV Plan Characteristics If the plan provides pension benefits, enter the applicable pension f 2E 2F 2G 2J 2K 2T 3D If the plan provides welfare benefits, enter the applicable welfare fe If the plan provides welfare benefits, enter the applicable welfare fe If the plan provides welfare benefits, enter the applicable welfare fe Int V Compliance Questions During the plan year: Was there a failure to transmit to the plan any participant contribution	eature codes ature codes tions withir	s from the List of Plan Ch the time period duciary Correction		ristic	Codes	in the i		ons:	
9a b Pa 10 a	Int IV Plan Characteristics If the plan provides pension benefits, enter the applicable pension f 2E 2F 2G 2J 2K 2T 3D If the plan provides welfare benefits, enter the applicable welfare fe If the plan provides welfare benefits, enter the applicable welfare fe If the plan provides welfare benefits, enter the applicable welfare fe Int V Compliance Questions During the plan year: 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	eature code ature codes tions withir pluntary Fic	s from the List of Plan Ch n the time period duciary Correction nclude transactions		ristic	Codes	in the i		ons:	
9a b Pa 10 a	Int IV Plan Characteristics If the plan provides pension benefits, enter the applicable pension f 2E 2F 2G 2J 2K 2T 3D If the plan provides welfare benefits, enter the applicable welfare fe Int V Compliance Questions During the plan year: 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/Program) Were there any nonexempt transactions with any party-in-interest reported on line 10a.)	eature code ature codes tions withir pluntary Fic	s from the List of Plan Ch n the time period duciary Correction nclude transactions	aracte	Yes	Codes No X	in the i		ons:	
9a b Pa 10 a	Int IV Plan Characteristics If the plan provides pension benefits, enter the applicable pension f 2E 2F 2G 2J 2K 2T 3D If the plan provides welfare benefits, enter the applicable welfare fe If the plan provides welfare benefits, enter the applicable welfare fe If the plan provides welfare benefits, enter the applicable welfare fe If the plan provides welfare benefits, enter the applicable welfare fe If the plan provides welfare benefits, enter the applicable welfare fe If the plan provides welfare benefits, enter the applicable welfare fe If the plan provides welfare benefits, enter the applicable welfare fe If the plan provides welfare benefits, enter the applicable welfare fe If the plan provides welfare benefits, enter the applicable welfare fe If the plan year: Output 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 Program) Was there any nonexempt transactions with any party-in-interest reported on line 10a.) Was the plan covered by a fidelity bond?	eature code ature codes tions withir pluntary Fic ? (Do not in fidelity bor	s from the List of Plan Ch n the time period duciary Correction Include transactions	aracte	Yes	Codes No X	in the i		ons:	
9a b Pa 10 a b c	Int IV Plan Characteristics If the plan provides pension benefits, enter the applicable pension f 2E 2F 2G 2J 2K 2T 3D If the plan provides welfare benefits, enter the applicable welfare fe If the plan provides welfare benefits, enter the applicable welfare fe If the plan provides welfare benefits, enter the applicable welfare fe If the plan provides welfare benefits, enter the applicable welfare fe If the plan provides welfare benefits, enter the applicable welfare fe If the plan provides welfare benefits, enter the applicable welfare fe If the plan provides welfare benefits, enter the applicable welfare fe If the plan provides welfare benefits, enter the applicable welfare fe If the plan year: Output 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 Program) Were there any nonexempt transactions with any party-in-interest reported on line 10a.) Was the plan covered by a fidelity bond? Was the plan have a loss, whether or not reimbursed by the plan's	eature code ature codes tions withir pluntary Fic ? (Do not in fidelity bor ner persons ne or all of t	s from the List of Plan Ch the time period duciary Correction nclude transactions d, that was caused by an insurance the benefits under	aracte	Yes X	No x x	in the i		ons:	10,000
9a b Pa 10 a b c	Int IV Plan Characteristics If the plan provides pension benefits, enter the applicable pension f 2E 2F 2G 2J 2K 2T 3D If the plan provides welfare benefits, enter the applicable welfare fe If the plan provides welfare benefits, enter the applicable welfare fe If the plan provides welfare benefits, enter the applicable welfare fe If the plan provides welfare benefits, enter the applicable welfare fe If the plan provides welfare benefits, enter the applicable welfare fe If the plan provides welfare benefits, enter the applicable welfare fe If the plan provides welfare benefits, enter the applicable welfare fe If the plan provides welfare benefits, enter the applicable welfare fe If the plan year: Was ther a failure to transmit to the plan any participant contribut described in 29 CFR 2510.3-102? (See instructions and DOL's V Program) Were there any nonexempt transactions with any party-in-interest reported on line 10a.) Was the plan covered by a fidelity bond? Was 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 oth carrier, insurance service, or other organization that provides son the plan? (See instructions.)	eature code ature codes tions withir pluntary Fic ? (Do not in fidelity bor her persons he or all of t	s from the List of Plan Ch on the time period duciary Correction Include transactions Ind, that was caused Is by an insurance the benefits under	aracte	Yes X	No x x	in the i		ons:	10,000
9a b Pa 10 a b c d d d f	Int IV Plan Characteristics If the plan provides pension benefits, enter the applicable pension f 2E 2F 2G 2J 2K 2T 3D If the plan provides welfare benefits, enter the applicable welfare fe If the plan provides welfare benefits, enter the applicable welfare fe If the plan provides welfare benefits, enter the applicable welfare fe If the plan provides welfare benefits, enter the applicable welfare fe If the plan provides welfare benefits, enter the applicable welfare fe If the plan provides welfare benefits, enter the applicable welfare fe If the plan provides welfare benefits, enter the applicable welfare fe If the plan provides welfare benefits, enter the applicable welfare fe If the plan year: 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 Program) Were there any nonexempt transactions with any party-in-interest reported on line 10a.) Was the plan covered by a fidelity bond? Was 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 ott carrier, insurance service, or other organization that provides son the plan? (See instructions.) Has the plan failed to provi	eature code ature codes tions withir pluntary Fic ? (Do not in fidelity bor mer persons ne or all of t	s from the List of Plan Ch the time period duciary Correction nclude transactions d, that was caused s by an insurance the benefits under	aracte	Yes X	No x x x	in the i		ons:	10,000
9a b Pa 10 a b c d d e	Int IV Plan Characteristics If the plan provides pension benefits, enter the applicable pension f 2E 2F 2G 2J 2K 2T 3D If the plan provides welfare benefits, enter the applicable welfare fe Int V Compliance Questions During the plan year: 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 Program) Were there any nonexempt transactions with any party-in-interest reported on line 10a.) Was the plan covered by a fidelity bond? Was 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 oth carrier, insurance service, or other organization that provides son the plan? (See instructions.) Has the plan have any participant loans? (If "Yes," enter amount a participant loans? (If "Yes," enter amount a participant loans? (If "Yes," enter amount a participant loans?	eature code ature codes tions withir pluntary Fic ? (Do not in fidelity bor mer persons ne or all of t n? us of year e (See instru	s from the List of Plan Ch the time period duciary Correction include transactions ind, that was caused is by an insurance the benefits under ind.) ctions and 29 CFR	aracte 10a 10b 10c 10d 10e 10f	Yes X	No x x x x	in the i		ons:	10,000

Form 5500-SF 2016

Page **3 -**

Part	VI	Pension Funding Compliance						
11		edefined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and (Yes	X No
_11a	Enter th	e unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40	•••••	11a				
12	ERISA?							X No
(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)								
a		ver of the minimum funding standard for a prior year is being amortized in this plan year, see ins g the waiver			er the da Day		eletter ru ear	uling
lf y	ou com	pleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 1	13.					
b	Enter th	e minimum required contribution for this plan year.						
C	Enter th	e amount contributed by the employer to the plan for the plan year		. 12c				
d		t the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the e amount)		. 12d				
е	Will the	minimum funding amount reported on line 12d be met by the funding deadline?	••••••	. [Yes	Nc		N/A
Part	VII	Plan Terminations and Transfers of Assets						
13a	Has a r	esolution to terminate the plan been adopted in any plan year?		.	🗌 Ye	es 🗴	No	
	If "Yes,	' enter the amount of any plan assets that reverted to the employer this year		. 13a				
b		I the plan assets distributed to participants or beneficiaries, transferred to another plan, or broug of the PBGC?	-] Yes	X N	lo
С	lf, durin	g this plan year, any assets or liabilities were transferred from this plan to another plan(s), ident ssets or liabilities were transferred. (See instructions.)			<u> </u>			
13		me of plan(s):	13c(2)	EIN(s)		1	3c(3) PN	N(s)
Part	VIII	Trust Information - Skip These Questions						
14a	Name o	of trust		14	b Trust's	EIN		
14c	Name o	f trustee or custodian		14		e or cust one num		
					totophi			
Part	IX	IRS Compliance Questions - Skip These Questions						
15a	Is the p	lan a 401(k) plan? If "No," skip b.		Yes			No	
15b		t the plan satisfy the nondiscrimination requirements for employee deferrals under section 3) for the plan year? Check all that apply:		Design- safe ha			"Prior test	year" ADP
	- ()("Curren			N/A	
162	What te	sting method was used to satisfy the coverage requirements under section 410(b) for the plan		Ratio				
		check all that apply:		percent test	age [☐ Aver bene	age fit test	□ N/A
16b		plan satisfy the coverage and nondiscrimination requirements of sections 410(b) and 401(a)(4) plan year by combining this plan with any other plan under the permissive aggregation rules?		Yes			No	
17a	If the pl	an is a master and prototype plan (M&P) or volume submitter plan that received a favorable IRS	opinion I	etter or a	advisory	letter, er	nter the	date of
17b		an is an individually-designed plan that received a favorable determination letter from the IRS, e	enter the c	late of th	ie most r	ecent de	termina	tion
18	Defined Were a	Benefit Plan or Money Purchase Pension Plan Only: ny distributions made during the plan year to an employee who attained age 62 and had not sep ?		om	🗌 Ye	es 🗌	No	
19		y plan participant a 5% owner who had attained at least age 70 ½ during the prior plan year?	•••••••••		☐ Ye	es 🗌	No	