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).

2016

OMB Nos. 1210-0110

1210-0089

This Form is Open to **Public Inspection**

 Complete all entries in accordance with the instructions to the Form 5500-SF. Annual Report Identification Information For calendar plan year 2016 or fiscal plan year beginning and ending X a single-employer plan a multiple-employer plan (not multiemployer) (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.) **A** This return/report is for: a one-participant plan a foreign plan the final return/report B This return/report is the first return/report an amended return/report a short plan year return/report (less than 12 months) C Check box if filing under: DFVC program Form 5558 automatic extension special extension (enter description) Part II Basic Plan Information—enter all requested information 1a Name of plan 1b Three-digit CENTER FOR COURAGE AND RENEWAL RETIREMENT PLAN plan number 001 (PN) • 1c Effective date of plan 01/01/2003 2a Plan sponsor's name (employer, if for a single-employer plan) **2b** Employer Identification Number Mailing address (include room, apt., suite no. and street, or P.O. Box) (EIN) 33-1023228 City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) Sponsor's telephone number CENTER FOR COURAGE AND RENEWAL 206-855-9140 2d Business code (see instructions) 1402 - 3RD AVE., SUITE 925 611000 SEATTLE, WA 98101 **3a** Plan administrator's name and address X Same as Plan Sponsor. 3b Administrator's EIN 3c Administrator's telephone number If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the 4b EIN name, EIN, and the plan number from the last return/report. 4c PN a Sponsor's name 5a 11 5a Total number of participants at the beginning of the plan year 5b 11 **b** Total number of participants at the end of the plan year..... Number of participants with account balances as of the end of the plan year (only defined contribution plans 11 5c complete this item)..... 6 5d(1) d(1) Total number of active participants at the beginning of the plan year..... 5d(2) 6

than 100% vested Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.

d(2) Total number of active participants at the end of the plan year..... Number of participants that terminated employment during the plan year with accrued benefits that were less

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 t	rue, correct, and complete.						
SIGN HERE	Filed with authorized/valid electronic signature.	05/03/2017	CARL T. CHADSEY, III				
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator				
SIGN							
HERE	Signature of employer/plan sponsor	Date	Enter name of individu	ual signing as employer or plan sponsor			
Preparer's i	name (including firm name, if applicable) and address (include i	room or suite numbe	r)	Preparer's telephone number			

Form 5500-SF 2016 Page **2**

b Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (ICPA) under 20 FF 2520.104-46 (2) Esci instructions on waiver eligibility and conditions	6a	Were all of the plan's assets during the plan year invested in eligib	ole assets?	' (See instructions.)						X Yes	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 Yes	No
Part III Financial Information (a) Beginning of Year (b) End of Year (b) End of Year (a) Teach Assats and Liabilities (a) Enginning of Year (b) End of Year (b) End of Year (c) End of Year (c) End of Year (d) End of Year (e) End of Year (e	c						_	-		Not data	rmined
7 Plan Assets and Liabilities		<u>_</u>	isurarice p	orogram (See ErrioA Se	JOHOTT 4	021):		103			minea
a Total plan isselfs	7			(a) Basinning	of Voor				(b) End o	. Voor	
b Total plan liabilities	_ <u>'</u>		72	(a) beginning					(b) Elia o		
C. Net plan assets (subtract line 7b from line 7a)	_	•									
8 income, Expenses, and Transfers for this Plan Year a Contributions received or receivable from: (1) Employers					592735	;				639276	
a Contributions received or receivable from: (1) Employers. (2) Participants. (3) Others (including rollovers). (3) Others (including rollovers). (4) Employers. (5) Others (including rollovers). (6) Other income (loss). (7) Other income (loss). (8) Other expenses. (9) Other expenses. (9) Other expenses. (9) Other expenses. (9) Other expenses. (1) Other expenses. (1) Other expenses. (1) Other expenses. (2) Other expenses. (3) Other expenses. (4) Other expenses. (4) Other expenses. (5) Other expenses. (6) Other expenses. (7) 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. (4) Other expenses. (5) 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. (4) Other expenses. (5) Other expenses. (6) Other expenses. (8) Other expenses. (9) Other expenses. (1) Other expenses. (2) Other expenses. (3) Other expenses. (4) Other expenses. (4) Other expenses. (5) Other expenses. (6) Other expenses. (8) Other expenses. (9) Other expenses. (1) Other expenses. (·		(a) Amour	nt				(b) To	tal	
(2) Participants				(a) runoai					(5) . 0		
(a) Others (including rollovers)		(1) Employers	8a(1)								
b Other income (loss)		(2) Participants	8a(2)		8260						
C Total income (add lines 3a(1), 8a(2), 8a(3), and 8b)		(3) Others (including rollovers)	8a(3)								
d Benefits paid (including direct rollovers and insurance premiums to provide benefits)	b	Other income (loss)	8b		47352						
to provide benefits)	C	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							60952	
e Certain deemed and/or corrective distributions (see instructions). 8 c	d	· · · ·	04		14411						
f Administrative service providers (salaries, fees, commissions)		·				\rightarrow					
g Other expenses (add lines 8d, 8e, 8f, and 8g)											
h Total expenses (add lines 8d, 8e, 8f, and 8g)											
Net income (loss) (subtract line 8h from line 8c)		·				-				14411	
Transfers to (from)the plan (see instructions)		= = = = = = = = = = = = = = = = = = = =									
Part IV Plan Characteristics	÷	, , ,									
9a	7	, , , , ,	8j								
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			footure	ados from the List of DI	on Cho	rootori	otio Co	odoo in	the inetru	otiono:	
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.) 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		2E 2G 2J 2K 2T 3D									
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	If the plan provides welfare benefits, enter the applicable welfare f	eature cod	des from the List of Pla	n Chara	acterist	tic Cod	des in t	he instruc	tions:	
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)	Par	t V Compliance Questions									
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.)	10	During the plan year:				Yes	No	N/A		Amount	
b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	а	described in 29 CFR 2510.3-102? (See instructions and DOL's V	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	Were there any nonexempt transactions with any party-in-interest	t? (Do not	include transactions			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?	С	Was the plan covered by a fidelity bond?			10c	X					50000
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.) Has the plan failed to provide any benefit when due under the plan? Did the plan have any participant loans? (If "Yes," enter amount as of year-end.) If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) If 10h was answered "Yes," check the box if you either provided the required notice or one of the	d						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 persor ne or all of	s by an insurance the benefits under	10e	X					20
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	Did the plan have any participant loans? (If "Yes," enter amount a	as of year-	end.)	10g		X				
	h	·	•		10h		X				
	i				10i						

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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(2) EIN(s)		13c(3)	PN(s)
Part	VIII	Trust Information		1			
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	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.

1210-0089

OMB Nos. 1210-0110

2016

This Form is Open to Public Inspection

	Part I Annual Report Identification Information For calendar plan year 2016 or fiscal plan year beginning 01/01/2016 and ending 12/31/2016							
and entiring 12/3/1/2018 X a single-employer plan a multiple-employer plan (not multiemployer) (Filers checking this bo								
A This	return/report is for:		list of participating	employer information in	r) (Filers checking	the form instructions		
	. 8	a one-participant plan	a foreign plan	omproyer miormation in	accordance with	the form instructions.)		
B This return/report the first return/report the final return/report								
		urn/report (less than 12	maniha)					
C at	-lata-seen a	an amended return/report	a chort plan year let	unineport (iess than 12	monuns)			
C Chec	ck box if filing under:	Form 5558	automatic extension	1	☐ DFVC progr	ram		
Part I	Basic Plan Info	special extension (enter description—enter all requested in						
1a Nan	ne of plan		- Constitution		1b Three-di	-it		
		RENEWAL RETIREMENT PLAN			plan nun			
					(PN) ▶	001		
					1c Effective	date of plan		
					01/01/20			
Za Plan	sponsor's name (emplo	oyer, if for a single-employer plan)			2b Employe	r Identification Number		
City	or town, state or province	om, apt., suite no. and street, or P.O ce, country, and ZIP or foreign posta	i. Box)	to sational	(EIN) 33-			
CENTER	FOR COURAGE AND R	RENEWAL	ar code (il foreign, see ins	aructions)	2c Sponsor	s telephone number		
						(206) 855-9140		
					2d Business	code (see instructions)		
1402 - 3RI	O AVE., SUITE 925				611000			
SEATTLE.	WA 98101							
		nd address X Same as Plan Spon			01-			
	administrator o marrie di	d address N Same as Flan Spon	SUL.		3b Administrator's EIN			
					3c Administrator's telephone number			
					OC Auministr	ators telephone number		
4 If the	name and/or FIN of the	e plan sponsor has changed since the	ha last return (revent 61 - 1		-			
nam	e, EIN, and the plan nur	mber from the last return/report.	ie iast return/report filed i	for this plan, enter the	4b EIN			
	sor's name				1			
5a Total	number of participants							
Total number of participants at the beginning of the plan year					4c PN			
					. 5a	11		
b Total	number of participants	at the end of the plan year	*************************************			11 11		
b Total	number of participants ber of participants	at the end of the plan yearaccount balances as of the end of the	ne plan year (only defined	contribution plans	. 5a			
b Total C Num comp	number of participants ber of participants with a plete this item)	at the end of the plan yearat the end of the	ne plan year (only defined	contribution plans	5a 5b 5c	11		
b Total C Numi comp	number of participants ber of participants with a blete this item) tal number of active par	at the end of the plan year	ne plan year (only defined	contribution plans	5a 5b 5c 5d(1)	11		
b Total c Numi comp d(1) To d(2) To	number of participants ber of participants with a plete this item)	at the end of the plan year	ne plan year (only defined	contribution plans	5a 5b 5c	11		
b Total c Numi comp d(1) To d(2) To e Num	number of participants ber of participants with a olete this item)tal number of active partial number of active partiber of participants that the control of participants the control of	at the end of the plan year	ne plan year (only defined	contribution plans	5a 5b 5c 5d(1)	11 11 6		
b Total c Numi comp d(1) To d(2) To e Num than Caution:	number of participants ber of participants with a plete this item)	at the end of the plan year	ne plan year (only defined	contribution plans nefits that were less	5a 5b 5c 5d(1) 5d(2) 5e	11 11 6 6 1		
b Total c Numl comp d(1) To d(2) To e Num than Caution: J	number of participants ber of participants with a plete this item)	at the end of the plan year	ne plan year (only defined n year plan year with accrued be report will be assessed	nefits that were less	5a 5b 5c 5d(1) 5d(2) 5e use is established	11 11 6 6 1		
b Total c Num comp d(1) To d(2) To e Num than Caution: J Under per SB or Sch	number of participants ber of participants with a plete this item)	at the end of the plan year	ne plan year (only defined n year plan year with accrued be report will be assessed	nefits that were less	5a 5b 5c 5d(1) 5d(2) 5e use is established	11 11 6 6 1		
b Total c Num comp d(1) To d(2) To e Num than Caution: Under per SB or Sch belief, it is	number of participants ber of participants with a plete this item)	at the end of the plan year	ne plan year (only defined n year	nefits that were less unless reasonable car examined this return/re sion of this return/report	5a 5b 5c 5d(1) 5d(2) 5e use is established	11 11 6 6 1		
b Total c Num comp d(1) To d(2) To e Num than Caution: Under per SB or Sch belief, it is	number of participants ber of participants with a plete this item)	at the end of the plan year	ne plan year (only defined n year	nefits that were less	5a 5b 5c 5d(1) 5d(2) 5e use is established	11 11 6 6 1		
b Total c Num comp d(1) To d(2) To e Num than Caution: Under per SB or Sch belief, it is	number of participants ber of participants with a plete this item)	at the end of the plan year	ne plan year (only defined n year	nefits that were less unless reasonable car examined this return/re sion of this return/report	5a 5b 5c 5d(1) 5d(2) 5e use is established port, including, if t, and to the best	11 11 6 6 1 add. applicable, a Schedule of my knowledge and		
b Total C Num comp d(1) To d(2) To e Num than Caution: Under per SB or Sch belief, it is SIGN HERE	number of participants ber of participants with a plete this item)	at the end of the plan year	ne plan year (only defined on year	nefits that were less unless reasonable car examined this return/report x	5a 5b 5c 5d(1) 5d(2) 5e use is established port, including, if t, and to the best	11 11 6 6 1 add. applicable, a Schedule of my knowledge and		
b Total c Num comp d(1) To d(2) To e Num than Caution: Under per SB or Sch belief, it is SIGN HERE	number of participants ber of participants with a plete this item)	at the end of the plan year	ne plan year (only defined on year	nefits that were less unless reasonable car examined this return/report x	5a 5b 5c 5d(1) 5d(2) 5e use is established port, including, if t, and to the best (helsy, +	11 11 6 6 1 applicable, a Schedule of my knowledge and		
b Total C Num comp d(1) To d(2) To e Num than Caution: J Under per SB or Sch belief, it is SIGN HERE	number of participants ber of participants with a plete this item)	at the end of the plan year	ne plan year (only defined on year	nefits that were less unless reasonable car examined this return/resion of this return/report x	5a 5b 5c 5d(1) 5d(2) 5e use Is established port, including, if t, and to the best Characteristic for the best cha	11 11 6 6 1 ad. applicable, a Schedule of my knowledge and 11 n administrator		
b Total C Num comp d(1) To d(2) To e Num than Caution: J Under per SB or Sch belief, it is SIGN HERE	number of participants ber of participants with a plete this item)	at the end of the plan year	ne plan year (only defined on year	nefits that were less unless reasonable car examined this return/resion of this return/report x	5a 5b 5c 5d(1) 5d(2) 5e use is established port, including, if t, and to the best (helsy, +	11 11 6 6 1 ad. applicable, a Schedule of my knowledge and 11 n administrator		
b Total C Num comp d(1) To d(2) To e Num than Caution: J Under per SB or Sch belief, it is SIGN HERE	number of participants ber of participants with a plete this item)	at the end of the plan year	ne plan year (only defined on year	nefits that were less unless reasonable car examined this return/resion of this return/report x	5a 5b 5c 5d(1) 5d(2) 5e use Is established port, including, if t, and to the best Characteristic for the best cha	11 11 6 6 1 ad. applicable, a Schedule of my knowledge and 11 n administrator		
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b Total C Num comp d(1) To d(2) To e Num than Caution: J Under per SB or Sch belief, it is SIGN HERE	number of participants ber of participants with a plete this item)	at the end of the plan year	ne plan year (only defined on year	nefits that were less unless reasonable car examined this return/resion of this return/report x	5a 5b 5c 5d(1) 5d(2) 5e use Is established port, including, if t, and to the best Characteristic for the best cha	11 11 6 6 1 ad. applicable, a Schedule of my knowledge and 11 11 11 11 11 11 11 11 11 11 11 11 1		

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b	Were all of the plan's assets during the plan year invested in eligi Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility If you answered "No" to either line 6a or line 6b, the plan can	f an indeper y and condit not use Fo	ndent qualified public ions.)rm 5500-SF and mu	accour	ntant (I ad us	QPA) e For	m 5500	
	If the plan is a defined benefit plan, is it covered under the PBGC i	insurance p	rogram (see ERISA s	ection	4021)3	?[Yes	No Not determined
7	art III Financial Information						-	
	Plan Assets and Liabilities	ME TO E	(a) Beginning					(b) End of Year
_ a				5927	35			639276
<u>b</u>		1		5927	25			620076
	Net plan assets (subtract line 7b from line 7a)	. 7c			35			639276
	Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from:	(E1540 DW)	(a) Amou	nt			E E	(b) Total
_ a	(1) Employers	. 8a(1)		53	40			
	(2) Participants	. 8a(2)		82	60			väratira.a.a.xiimid
	(3) Others (including rollovers)					470	(#-)	
b	Other income (loss)			473	52	- 1	Eir."	
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	. 8c						60952
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	. 8d		144	11		rev I	
е	Certain deemed and/or corrective distributions (see instructions)	. 8e			7	146		
f	Administrative service providers (salaries, fees, commissions)	. 8f	•					
g	Other expenses	. 8g				3=313		
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h						14411
i	Net income (loss) (subtract line 8h from line 8c)	. 8i			1==0		46541	
j	Transfers to (from) the plan (see instructions)	- 8j					1 7 34	
Pa	rt IV Plan Characteristics	السائديا	· · · · · · · · · · · · · · · · · · ·	; / -	!			
9a	If the plan provides pension benefits, enter the applicable pension 2E 2G 2J 2K 2T 3D							
Par	If the plan provides welfare benefits, enter the applicable welfare for the compliance Questions	eature code	es from the List of Pla	n Char	acteris	tic Co	des in t	the instructions:
10					Yes	No	N/A	
a	described in 29 CFR 2510.3-102? (See instructions and DOL's V	oluntary Fig	duciary Correction		162	Х	N/A	Amount
b	Program) Were there any nonexempt transactions with any party-in-interest reported on line 10a.)	t? (Do not in	clude transactions	10a 10b		х	Y	
С	Was the plan covered by a fidelity bond?			10c	Х			50000
d	Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?			10d		х		
е	Were any fees or commissions paid to any brokers, agents, or oth carrier, insurance service, or other organization that provides som the plan? (See instructions.)	ne or all of th	ne benefits under	10e	х			20
f	Has the plan failed to provide any benefit when due under the plan	n?		10f		Х		
g	Did the plan have any participant loans? (If "Yes," enter amount as	s of year-er	ıd.)	10g		Х		
h	If this is an individual account plan, was there a blackout period? (2520.101-3.)	·		10h		х		
i —	If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10			10i				

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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)	comp	lete Sc	hedule S	В		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 Code or sec ERISA?					f		Ye	- X	No
a	(1) 100; complete line 12a of lines 12b, 12c, 12d, and 12e below, as applicable.)								
	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see ins granting the waiver	/onth	ons, ar	nd enter Day		e of the Ye		uling	
				<u> </u>					
	Enter the minimum required contribution for this plan year			12b					
<u>_</u>	Enter the amount contributed by the employer to the plan for this plan year			12c					
	Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the I negative amount)			12d					
	Will the minimum funding amount reported on line 12d be met by the funding deadline?				Yes	No		N/A	
Part \	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1								
_13a	Has a resolution to terminate the plan been adopted in any plan year?				Ye	s X	No		
	If "Yes," enter the amount of any plan assets that reverted to the employer this year			13a					
	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or broug control of the PBGC?	ht un	der the			Yes	× ×	lo	
	If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify which assets or liabilities were transferred. (See instructions.)	y the	plan(s) to					-
1:	3c(1) Name of plan(s):		13c(2)	EIN(s)		13	c(3) P!	V(s)	
				-					
Part '	Trust Information							_	
14a N	ame of trust			14b T	ust's E	IN			
14c N	ame of trustee or custodian			14d Tr	ustee's lephon	or cust e numb	odian's er	•	
Part	IRS Compliance Questions		1			-			—
15a is	the plan a 401(k) plan? If "No," skip b		Yes			No			
15b H	ow did the plan satisfy the nondiscrimination requirements for employee deferrals under section 01(k)(3) for the plan year? Check all that apply:		Desigr safe h	n-based arbor		"Prior test	year" /	ADP	_
			"Curre ADP te	nt year" est		N/A			
16a w	/hat testing method was used to satisfy the coverage requirements under section 410(b) for the plan ear? Check all that apply:		Ratio percer test	ntage		erage nefit test		N/A	<u> </u>
16b D	id the plan satisfy the coverage and nondiscrimination requirements of sections 410(b) and 401(a)(4) r the plan year by combining this plan with any other plan under the permissive aggregation rules?		Yes			No		_	
17a If	the plan is a master and prototype plan (M&P) or volume submitter plan that received a favorable IRS on the letterand the serial number	inion	letter	or adviso	ry lette	r, enter	the dat	e of	_
10	the plan is an individually-designed plan that received a favorable determination letter from the IRS, entetter	er the	date o	f the mos	st recer	nt detern	ninatio	n	_
W	efined Benefit Plan or Money Purchase Pension Plan Only: ere any distributions made during the plan year to an employee who attained age 62 and had not separa ervice?	ited fr	om	Yes		No			_
	as any plan participant a 5% owner who had attained at least age 70 ½ during the prior plan year?			Yes		No			_