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.

2016

OMB Nos. 1210-0110

1210-0089

This Form is Open to Public Inspection

	rt identification information				
For calendar plan year 2016 or				2/31/2016	
A	X a single-employer plan		r plan (not multiemployer)		
A This return/report is for:	a one-participant plan	a foreign plan	employer information in a	ccordance with the	form instructions.)
B This return/report is	the first return/report	the final return/repo	ort		
	an amended return/report	a short plan year re	turn/report (less than 12 r	nonths)	
C Check box if filing under:	 ☐ Form 5558	automatic extension	in.	DFVC program	2
	special extension (enter des	—	111	Dr vc program	1
Part II Basic Plan In	formation—enter all requested in				
1a Name of plan	TOTTIALION—enter all requested i	niomation		1b Three-digit	
SPAETH TRANSFER, INC. 401	(K) PROFIT SHARING PLAN			plan numbe	er
				(PN) •	001
				1c Effective da	ate of plan 01/01/1978
2a Plan sponsor's name (emp	oloyer, if for a single-employer plan)				dentification Number
Mailing address (include re	oom, apt., suite no. and street, or P.	O. Box)			91-0665531
City or town, state or provi	ince, country, and ZIP or foreign pos	stal code (if foreign, see i	nstructions)	2c Sponsor's	telephone number
				360)-373-6101
1229 HOLLIS STREET					ode (see instructions)
BREMERTON, WA 98310					484120
3a Plan administrator's name	and address X Same as Plan Spo	onsor.		3b Administrat	or's EIN
				3c Administrat	or's telephone number
				JC Administrati	or a refeptione number
4 If the name and/or EIN of	the plan sponsor has changed since	e the last return/report file	ed for this plan, enter the	4b EIN	
•	number from the last return/report.			40. 500	
a Sponsor's name				4c PN 5a	20
_	nts at the beginning of the plan year			5a 5b	20
· · ·	nts at the end of the plan year th account balances as of the end o				
				5c	16
d(1) Total number of active	participants at the beginning of the	olan year		5d(1)	-
d(2) Total number of active	participants at the end of the plan ye	ear		5d(2)	10
	nat terminated employment during th			5e	
	te or incomplete filing of this retu				d
	other penalties set forth in the instru				
SB or Schedule MB completed belief, it is true, correct, and co	I and signed by an enrolled actuary,	as well as the electronic	version of this return/repo	ort, and to the best	of my knowledge and
	ed/valid electronic signature.	05/04/2017	JENAY INGALLS		
HERE	_	Data	Enter name of individ	dual cianina ao ala-	a administrator
Signature of plan	ı aunınısı alvı	Date	Enter name of individ	uuai sigiiirig as piai	ı auministratür
SIGN HERE			F		
Signature of emp	oloyer/plan sponsor n name. if applicable) and address (Date include room or suite nur		dual signing as em Preparer's telep	oloyer or plan sponsor hone number

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	Were all of the plan's assets during the plan year invested in eligib								X Ye	es No
b	Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility								X Ye	es 📗 No
	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 ir	nsurance p	rogram (see ERISA se	ection 4	021)?		Yes	No	Not de	etermined
Pai	rt III Financial Information									
	Plan Assets and Liabilities		(a) Beginning				((b) End	l of Year	
<u>a</u>	Total plan assets	7a	1	056382					96459	
	Total plan liabilities	7b		0					66	
C	Net plan assets (subtract line 7b from line 7a)	7c	1	056382					95792	23
	Income, Expenses, and Transfers for this Plan Year		(a) Amour	nt	_			(b)	Total	
	Contributions received or receivable from: (1) Employers	8a(1)		13892						
	(2) Participants	8a(2)		0						
	(3) Others (including rollovers)	8a(3)		0)					
	Other income (loss)	8b		43153						
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							570	45
	Benefits paid (including direct rollovers and insurance premiums	- 55								
	to provide benefits)	8d		140084						
<u>e</u>	Certain deemed and/or corrective distributions (see instructions).	8e		0)					
f	Administrative service providers (salaries, fees, commissions)	8f		15420						
g	Other expenses	8g								
<u>h</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							1555	
i_	Net income (loss) (subtract line 8h from line 8c)	8i	-			-984	59 			
j	Transfers to (from) the plan (see instructions)	8j		C)					
Par	t IV Plan Characteristics									
9a	If the plan provides pension benefits, enter the applicable pension 2E 2J 2K 3D	feature co	des from the List of Pl	an Cha	racteri	stic Co	odes in	the ins	tructions:	
b	If the plan provides welfare benefits, enter the applicable welfare f	feature cod	les from the List of Pla	n Chara	acteris	tic Cod	des in t	he instr	ructions:	
Par	t V Compliance Questions									
10	During the plan year:				Yes	No	N/A		Amoun	t
а	Was there a failure to transmit to the plan any participant contribudescribed in 29 CFR 2510.3-102? (See instructions and DOL's Verogram)	√oluntary F	iduciary Correction	10a		X				
b	Were there any nonexempt transactions with any party-in-interest reported on line 10a.)	t? (Do not	include transactions	10b		X				
С	Was the plan covered by a fidelity bond?			10c	X					12000
d	Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?			10d		X				
е		her person ne or all of	s by an insurance the benefits under	10e		X				
f	Has the plan failed to provide any benefit when due under the pla	an?		10f		X				
g	Did the plan have any participant loans? (If "Yes," enter amount a	as of year-e	end.)	10g		X				
h	If this is an individual account plan, was there a blackout period? 2520.101-3.)	`		10h		X				
i	If 10h was answered "Yes," check the box if you either provided t exceptions to providing the notice applied under 29 CFR 2520.10			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 set of the constructions and constructions are set of the constructions				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					
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.

OMB Nos. 1210-0110 1210-0089

2016

This Form is Open to Public Inspection

Part	Annual Repor	Identification Information					
For calend	ar plan year 2016 or t	iscal plan year beginning	01/01/2016	and ending	12/31/20	016	
A This ref	turn/report is for:	X a single-employer plan	a multiple-employer pla	an (not multiemployer) ployer information in a			
		a one-participant plan	a foreign plan	,,		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
B This retu	urn/report is	the first return/report	the final return/report				
		an amended return/report	a short plan year return	n/report (less than 12 m	nonths)		
C Check	box if filing under:	Form 5558	automatic extension		DFVC program	1	
		special extension (enter desc	ription)				
Part II	Basic Plan Info	ormation—enter all requested in	formation				
1a Name		i i i i i i i i i i i i i i i i i i i			1b Three-digit		
Spaeth ?	Transfer, Inc	. 401(k) Profit Shar	ing Plan		plan numbe	er 001	
					1c Effective da 01/01/19		
2a Plan si	ponsor's name (empl	oyer, if for a single-employer plan)				lentification Number	
Mailing	g address (include roo	m, apt., suite no. and street, or P.0			(EIN) 91 - C		
		ce, country, and ZIP or foreign pos	tal code (if foreign, see instr	uctions)		elephone number	
SPAETH	TRANSFER, IN	C.			360-373-	•	
1229 HC	OLLIS STREET					ode (see instructions)	
					484120		
BREMERT		WA 98310				· · · · · · · · · · · · · · · · · · ·	
3a Plan a	dministrator's name a	nd address 🛛 Same as Plan Spo	nsor.		3b Administrate	or's EIN	
					3c Administrate	or's telephone number	
					JC Administrati	or s telephone number	
4 If the r	name and/or EIN of th	e plan sponsor has changed since	the last return/report filed for	or this plan, enter the	4b EIN		
name, a Spons		mber from the last return/report.			4c PN		
		at the beginning of the plan year.				20	
		s at the end of the plan year					
		account balances as of the end of				17	
compl	ete this item)				5c	16	
		articipants at the beginning of the p			5d(1)		
		articipants at the end of the plan ye			5d(2)	10	
than 1	100% vested	terminated employment during the	201100-07		5e	0	
Caution: A	penalty for the late	or incomplete filing of this retur	n/report will be assessed	uniess reasonable ca	use is established	1.	
SB or Sche	alties of perjury and o edule MB completed a true, correct, and com	ther penalties set forth in the instru nd signed by an enrolled actuary, plete.	ctions, I declare that I have a as well as the electronic ver	examined this return/re sion of this return/repo	eport, including, if a rt, and to the best o	pplicable, a Schedule of my knowledge and	
SIGN	pen	y lyall		Jenay Ingalls			
HERE	Signature of plan	administrator	Date 5-4-17	Enter name of individ	dual signing as plan	administrator	
SIGN							
HERE	Signature of empl		Date	Enter name of individ	dual signing as emp	ployer or plan sponsor	
Preparer's	name (including firm	name, if applicable) and address (i	nclude room or suite numbe	г)	Preparer's teleph		

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b	Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.) 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 cannot use Form 5500-SF and must instead use Form 5500. C If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)? Yes No							X X Not	Yes No Yes No determined	
Par	t III Financial Information									
7	Plan Assets and Liabilities	11-14	(a) Beginning	of Year	.		(b) End	of Year	
a	Total plan assets	7a	1,	056,	382					964,595
b	Total plan liabilities	7b			0					6,672
C	Net plan assets (subtract line 7b from line 7a)	7c	1,	056,	382					957,923
8	Income, Expenses, and Transfers for this Plan Year		(a) Amoun	t				(b) T	otal	
а	Contributions received or receivable from: (1) Employers	95/1\		13,	892					
-	(2) Participants	8a(1)		10,	0	-	-			
	(3) Others (including rollovers)	8a(2) 8a(3)			0	-	-	-	-	
	Other income (loss)	8b		43,	153					
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c		15,	133					57,045
-	Benefits paid (including direct rollovers and insurance premiums	00			-	- 1	- 50	-		37,013
	to provide benefits)	8d		140,	084					
	Certain deemed and/or corrective distributions (see instructions)	8e			0					
f_	Administrative service providers (salaries, fees, commissions)	8f		15,	420		-			
	Other expenses	8g						H		- 6/1
	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h								155,504
	Net income (loss) (subtract line 8h from line 8c)	8i						-98,459		
1	Transfers to (from) the plan (see instructions)	8j			0				1	
Par										
9a 	If the plan provides pension benefits, enter the applicable pension $2E\ 2J\ 2K\ 3D$:
b	If the plan provides welfare benefits, enter the applicable welfare for	eature code	es from the List of Pla	n Chara	acterist	ic Cod	les in t	he instru	ıctions:	
Part	: V Compliance Questions									
10	During the plan year:				Yes	No	N/A		Amo	unt
а	Was there a failure to transmit to the plan any participant contribu described in 29 CFR 2510.3-102? (See instructions and DOL's V Program)	oluntary Fi	duciary Correction	10a		Х	10			
b	Were there any nonexempt transactions with any party-in-interest reported on line 10a.)			10b		Х				
С	Was the plan covered by a fidelity bond?			10c	Х					120,000
d	Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?	fidelity bon	d, that was caused	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.)	ner persons	by an insurance he benefits under	10e		Х				
f	Has the plan failed to provide any benefit when due under the pla	n?		10f		Х				
g	Did the plan have any participant loans? (If "Yes," enter amount a	s of year-e	nd.)	10q		Х				
h	If this is an individual account plan, was there a blackout period? 2520.101-3.)	(See instru	ctions and 29 CFR	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	ne required	notice or one of the	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 a (Form 5500) and line 11a below)	and complete Scl	nedule S	В	Ye	s No
	Enter the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line					
12	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the ERISA?	ne Code or section	on 302 of		Ye	s X No
a	(If "Yes," complete line 12a or 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, se	e instructions, an	d enter t	he date o	f the letter r	uling
	granting the waiver.	Month	Day		Year	
	you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to		I			
<u>a</u>	Enter the minimum required contribution for this plan year		12b			
	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 negative 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	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 beneficiaries transferred to another plan, or beneficiaries.	prought under the			Yes X	No
С	If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), in which assets or liabilities were transferred. (See instructions.)	dentify the plan(s) to			
	13c(1) Name of plan(s);	13c(2) EIN(s)		13c(3)	PN(s)
Part	VIII Trust Information					
V-110-2-1111	Name of trust		441 -			
144	name of trust		140	rust's Ell	N	
14c	Name of trustee or custodian			rustee's elephone	or custodiar number	ı's
Par	t IX IRS Compliance Questions					
15a	Is the plan a 401(k) plan? If "No," skip b	Yes			No	
15b	How did the plan satisfy the nondiscrimination requirements for employee deferrals under section	cafo	n-based		"Prior year	" ADP
	401(k)(3) for the plan year? Check all that apply:	"Curr	ent year' test		N/A	
16a	What testing method was used to satisfy the coverage requirements under section 410(b) for the playear? Check all that apply:		entage		rage efit test	□ N/A
16b	Did the plan satisfy the coverage and nondiscrimination requirements of sections 410(b) and 401(a) for the plan year by combining this plan with any other plan under the permissive aggregation rules?	(4) Yes			No	
	If the plan is a master and prototype plan (M&P) or volume submitter plan that received a favorable the letter and the serial number	IRS opinion lette				
17b	If the plan is an individually-designed plan that received a favorable determination letter from the IR letter	S, enter the date	of the m	ost recen	t determina	tion
	Defined Benefit Plan or Money Purchase Pension Plan Only: Were any distributions made during the plan year to an employee who attained age 62 and had not service?	separated from	Yes	s []	No	
19	Was any plan participant a 5% owner who had attained at least age 70 ½ during the prior plan year	?	Yes	s [No	