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

This Form is Open to Public Inspection

OMB Nos. 1210-0110

1210-0089

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

Part I	Annual Report	Identification Information										
For calenda	ar plan year 2016 or fi	scal plan year beginning 01/01/20	16	and ending 12	2/31/2016							
A This ret	urn/report is for:	a single-employer plan a one-participant plan	a multiple-employer pla list of participating em a foreign plan	an (not multiemployer) (ployer information in ac	-							
B This retu	ırn/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	montns)							
C Check b	oox if filing under:	Form 5558 special extension (enter descrip	automatic extension		DFVC program							
Part II	Basic Plan Info	prmation—enter all requested info	<u>, </u>									
1a Name		·	maton		1b Three-digit plan number (PN) ▶	001						
					1c Effective date of 01/0	of plan 01/2008						
Mailing	address (include roo	yer, if for a single-employer plan) m, apt., suite no. and street, or P.O. e, country, and ZIP or foreign postal		uctions)	(=::1)	3988654						
FOOD INSPI	, , , , , , , , , , , , , , , , , , ,	o, country, and En or foreign poolar	recas (ii leteigh, ees inst	donono	2c Sponsor's telep 206-20	phone number 9-5486						
1501 WESTERN AVE., SUITE 301 SEATTLE, WA 98101					2d Business code (see instructions) 812990							
3a Plan administrator's name and address ∑ Same as Plan Sponsor.					3b Administrator's	EIN						
		e plan sponsor has changed since th	ne last return/report filed fo	or this plan, enter the	3c Administrator's 4b EIN	,						
name, a Sponso		mber from the last return/report.			4c PN							
		at the beginning of the plan year			5a							
_		at the end of the plan year			5b							
C Number		account balances as of the end of th			5c	9						
d(1) Tota	al number of active pa	rticipants at the beginning of the plar	n vear		5d(1)							
		rticipants at the end of the plan year	-		5d(2)	6						
e Numb	er of participants that	terminated employment during the p	olan year with accrued ber	nefits that were less	5e	0						
Caution: A	penalty for the late	or incomplete filing of this return/	report will be assessed	unless reasonable car								
SB or Sche		her penalties set forth in the instructi nd signed by an enrolled actuary, as plete.										
SIGN HERE		valid electronic signature.	05/23/2017	AN-CHI SHEN								
	Signature of plan a	dministrator	Date	Enter name of individ	ual signing as plan ac	Iministrator						
SIGN HERE												
	Signature of emplo		Date	Enter name of individ								
Preparer s i	name (including firm r	name, if applicable) and address (inc	lude room or suite numbe	r)	Preparer's telephon	e number						

Form 5500-SF 2016 Page **2**

d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	6a	Were all of the plan's assets during the plan year invested in eligib	le assets?	? (See instructions.)						X Yes	No
C if the plan 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	s No
Part III Financial Information (a) Beginning of Year (b) End of Year 282651 330451 7 Plan Assets and Liabilities 7 Plan Assets (b) End of Year 282651 330451 8 Total plan liabilities 7 Plan Assets (subtract line 7b from line 7a) 7 Plan Assets (sub	_						_	-		¬ ы	
7 Plan Ássots and Liabilities			nsurance p	orogram (see ERISA se	ection 4	021)?		Yes	INO	Not det	erminea
a Total plan assets	Pa		r	i .							
D Total plan liabilities			_	(a) Beginning					(b) End c		1
C. Net plan assets (subtract line 7b from line 7a)	_	·			202001					33045	1
8 Income, Expenses, and Transfers for this Plan Year a Contributions received or receivable from: (1) Employers. 8a(1) 8264 (2) Participants. (3) Others (including rollovers). 8a(2) 24334 (3) Others (including rollovers). 8a(3) 11 5 Differ income (loss). 8b 25293 C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) 8c C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) 8c C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) 8c C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) 8c C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) 8c C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) 8c C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) 8c C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) 8d Differ income (add lines 8a(1), 8a(2), 8a(3), and 8b) 8d Differ income (add lines 8a(1), 8a(2), 8a(3), and 8b) 8d Differ income (add lines 8a(1), 8a(2), 8a(3), and 8b) 8d Differ income (add lines 8a(1), 8a(2), 8a(3), and 8b) 8d Differ income (add lines 8a(1), 8a(2), 8a(3), and 8b) 8d Differ income (add lines 8a(1), 8a(2), 8a(3), and 8b) 8d Differ income (add lines 8a(1), 8a(2), 8a(3), and 8b) 8d Differ income (add lines 8a(1), 8a(2), 8a(3), and 8b) 8d Differ income (add lines 8a(1), 8a(2), 8a(3), and 8b) 8d Differ income (add lines 8a(1), 8a(2), 8a(3), and 8b) 8d Differ income (add lines 8a(1), 8a(2), 8a(3), and 8b) 8d Differ income (add lines 8a(1), 8a(2), 8a(3), and 8b) 8d Differ income (add lines 8a(1), 8a(2), 8a(3), and 8b) 8d Differ income (add lines 8a(1), 8a(2), 8a(3), and 8b) 8d Differ income (add lines 8a(1), 8a(2), 8a(3), and 8b) 8d Differ income (add lines 8a(1), 8a(2), 8a(3), and 8b) 8d Differ income (add lines 8a(1), 8a(2), 8a(3), and 8b) 8d Differ income (add lines 8a(1), 8a(2), 8a(3), and 8b) 8d Differ income (add lines 8a(1), 8a(2), 8a(3), 8a(3)					282551	+				33045	1
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. (1) Other expenses. (1) Other expenses. (1) Other expenses. (2) Other expenses. (3) Other expenses. (4) Other expenses. (5) Other expenses. (8) Other expenses. (9) Other expenses. (1) Other expenses. (1) Other expenses. (2) Other expenses. (3) Other expenses. (4) Other expenses. (4) Other expenses. (5) Other expenses. (6) Other expenses. (8) 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. (8) Other expenses. (9) Other expenses. (1) Other expenses. (2) Other expenses. (3) Other expenses. (4) Other expenses. (8) Other expenses. (8) Other expenses. (9) Other expenses. (1) Other expenses. (2) Other expenses. (3) Other expenses. (4) Other expenses. (4) Other expenses. (5) Other expenses. (6) Other expenses. (8) Other expenses. (8) Other expenses. (8) Other expenses. (8) Other expenses. (9) Other expenses. (1) Other expenses. (•	/c						<i>4</i> > -		•
(1) Employers 8a(1) 8254 (2) Participants 8a(2) 24394 (3) Others (including rollovers). 8a(2) 11 (3) Others (including rollovers). 8a(2) 11 (5) Other income (loss). 8b 25293 (6) Other income (loss). 8b 25293 (7) Other income (loss). 8c 57962 (8) Benefits paid (including direct rollovers and insurance premiums to provide benefits). 8c 10062 (9) Certain deemed and/or corrective distributions (see instructions). 8c 10062 (9) Other expenses 8d 10062 (1) Administrative service providers (salaries, fees, commissions). 8f 10062 (1) Net income (loss) (subtract line 8h from line 8c). 8d 10062 (1) Transfers to (from) the plan (see instructions). 8d 10062 (1) Transfers to (from) the plan (see instructions). 8d 10062 (2) Transfers to (from) the plan (see instructions). 8d 10062 (3) Transfers to (from) the plan (see instructions). 8d 10062 (4) Transfers to (from) the plan (see instructions). 8d 10062 (6) Transfers to (from) the plan (see instructions). 8d 10062 (7) Transfers to (from) the plan (see instructions). 8d 10062 (8) Use the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 25 20 21 27 27 30 (7) Transfers to (from) the plan (see instructions) 100 Using the plan year: 8d 10062 (8) Other expenses 100 Plan (see instructions and ODU's Voluntary Fiduciary Correction Program). 100 Plan (see instructions) 100 Plan (see instruction				(a) Amour	nt				(b) 10	otal	
(a) Others (including rollovers)	u		8a(1)		8264						
b Other income (loss). C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)		(2) Participants	8a(2)		24394						
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)		(3) Others (including rollovers)	8a(3)		11						
d Benefits paid (including direct rollovers and insurance premiums to provide benefits)	b	Other income (loss)	8b		25293						
e Certain deemed and/or corrective distributions (see instructions). e Certain deemed and/or corrective distributions (see instructions). f Administrative service providers (salaries, fees, commissions)	С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							57962	2
f Administrative service providers (salaries, fees, commissions)	d		8d		10062						
g Other expenses (add lines 8d, 8e, 8f, and 8g)	е	Certain deemed and/or corrective distributions (see instructions).	8e								
h Total expenses (add lines 8d, 8e, 8f, and 8g)	f	Administrative service providers (salaries, fees, commissions)	8f								
Net income (loss) (subtract line 8h from line 8c)	g	Other expenses	8g								
Transfers to (from)the plan (see instructions)	h									10062	2
Part IV Plan Characteristics 9a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: E	i	Net income (loss) (subtract line 8h from line 8c)	8i							47900)
Part IV Plan Characteristics	j	Transferrate (form) the plan (see instructions)									
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	Pai	t IV Plan Characteristics		•							
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)	9a		feature co	odes from the List of Pl	an Cha	racteri	stic Co	odes in	the instru	uctions:	
10 During the plan year: a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program) b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.) c Was the plan covered by a fidelity bond? d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? e Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service, or other organization that provides some or all of the benefits under the plan? (See instructions.) f Has the plan failed to provide any benefit when due under the plan? g Did the plan have any participant loans? (If "Yes," enter amount as of year-end.) 10	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 instrud	ctions:	
10 During the plan year: a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program) b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.) c Was the plan covered by a fidelity bond? d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? e Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service, or other organization that provides some or all of the benefits under the plan? (See instructions.) f Has the plan failed to provide any benefit when due under the plan? g Did the plan have any participant loans? (If "Yes," enter amount as of year-end.) 10	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					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 \	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?		Was the plan covered by a fidelity bond?			10c	X					33045
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 other persons by an insurance carrier, insurance service, or other organization that provides some or all of the benefits under				Х					1466
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	n?		10f		X				
2520.101-3.)	<u>_</u>		-		10g		X				
	h	2520.101-3.)	· ·····		10h		X				
	i 				10i						

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Page 3-	1	

Part	VI	Pension Funding Compliance					
11		s a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and constructions and constructions and constructions and constructions and constructions and constructions are supplied to the constructions and constructions are supplied to the constructions are supplied to the construction and construction are supplied to the construction are supplied to the construction and construction are supplied to the construction and construction are supplied to the construction 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 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					
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		t Identification Information				· · · · · · · · · · · · · · · · · · ·		
For calen	dar plan year 2016 or	fiscal plan year beginning 01/01/20		and ending 12				
		X a single-employer plan		plan (not multiemployer				
A This re	eturn/report is for:	a one-participant plan	list of participating a foreign plan	employer information in	accordance with the	e form instructions.)		
		a one kannekan kan	a lotelyii piati					
B This re	turn/report is	the first return/report	the final return/repo	rt				
	Minisperio	an amended return/report	Ε .	turn/report (less than 12	months)			
C Charle	have if filling and an				_			
C Crieck	box if filing under:	Form 5558	automatic extensio	า	DFVC program	n		
		special extension (enter desc						
Part II		ormation—enter all requested in	formation	-	-1 41			
1a Name		D 404/IA BL 881			1b Three-digit plan numb			
SAVUR SE	ATTLE FOOD TOURS	S 401(K) PLAN			pian numb (PN) ▶	er 001		
					1c Effective d	ate of plan		
_					01/01/2008			
		oyer, if for a single-employer plan)			2b Employer I	dentification Number		
		om, apt., suite no. and street, or P.C ce, country, and ZIP or foreign post		structions)	(EIN) 20-89			
FOOD INSE	PIRED, LLC		a. 5565 (ii 15.51g.ii, 555 iii	00007		telephone number		
SAVOR SE	ATTLE FOOD TOURS	3				206) 209-5486		
1501 WEST	ERN AVE., SUITE 30	1			812990	ode (see instructions)		
	,	1						
SEATTLE, V			•					
3a Plan a	administrator's name a	nd address 🗓 Same as Plan Spor	nsor.		3b Administrator's EIN			
					3c Administrator's telephone number			
					- Addinional	or a rejectione maniper		
4 If the	name and/or FIN of th	e plan sponsor has changed since	the last return/report filed	for this plan enter the	4b EIN			
		mber from the last return/report.	and rade rotal aroport mot	nor the plan, enter the	TO CIN			
a Spons	or's name				4c PN			
5a Total	number of participants	at the beginning of the plan year			. 5a	4		
b Total	number of participants	at the end of the plan year			5b	11		
		account balances as of the end of t			5c	9		
	•				·————			
		irticipants at the beginning of the pla			5d(1)	6		
		rticipants at the end of the plan year			5d(2)	6		
e Numi than	ber of participants that 100% vested	terminated employment during the	plan year with accrued t	enefits that were less	5e	0		
Caution: A	penalty for the late	or incomplete filing of this return	/report will be assesse	d unless reasonable ca	use is established	1.		
Under pen	alties of perjury and ot	her penalties set forth in the instruc nd signed by an enrolled actuary, a	tions, I declare that I have	e examined this return/re	port including if a	policable, a Schedule		
belief, it is	true, correct, and com	plete.	S Well as the electronic v	ersion of this returninepo	π, and to the best o	if my knowleage and		
SIGN	× /5/	2	15/17/1=	LX AN-atl	SHEN			
HERE	Signature of plan a	dministrator	Date	Enter name of individ		administrator		
SIGN				Enter Harrie of Individ	ruar signing as plan	administrator		
HERE	Signature of emplo	wor/plan and a	Dete	F (1.0)		 _		
Preparer's	name (including firm n	name, if applicable) and address (in	Date	er)	Preparer's teleph	loyer or plan sponsor		
•	` "	(701)	Troparer s telepii			

	Form 5500-SF 2016		Page 2						
b	Were all of the plan's assets during the plan year invested in eligible. 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 cannot the plan is a defined benefit plan, is it covered under the PBGC in	an indepo and cond not use F	endent qualified public litions.)orm 5500-SF and mu	accour	ntant (I	QPA) e For	m 5500.		
	rt III Financial Information								
	Plan Assets and Liabilities		(a) Beginning	of Yea	ır		(b) End of Year	
_ <u>a</u>				2825	51			330451	
	Total plan liabilities	1							
<u> </u>	Net plan assets (subtract line 7b from line 7a)	7c		2825	51			330451	
8	Income, Expenses, and Transfers for this Plan Year		(a) Amou	nt				(b) Total	
a	Contributions received or receivable from: (1) Employers	8a(1)		82	64				
	(2) Participants	8a(2)		243	94				
	(3) Others (including rollovers)	8a(3)			11				
b	Other income (loss)	8b		25293					
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c					57962		
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		10062					
<u>e</u>	Certain deemed and/or corrective distributions (see instructions)	8e							
f	Administrative service providers (salaries, fees, commissions)	8f							
g	Other expenses	8g			T				
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h) CET		10062			
į	Net income (loss) (subtract line 8h from line 8c)	8i				47900			
j	Transfers to (from) the plan (see instructions)	8i							
Pa	rt IV Plan Characteristics	<u> </u>			-				
	If the plan provides pension benefits, enter the applicable pension 2E 2G 2J 2K 2T 3D	feature co	odes from the List of P	lan Cha	racteri	stic C	odes in t	he instructions:	
b	If the plan provides welfare benefits, enter the applicable welfare fe	eature cod	des from the List of Pla	n Char	acteris	tic Co	des in th	e instructions:	
Pai	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 contribut described in 29 CFR 2510.3-102? (See instructions and DOL's Viprogram)	oluntary F	iduciary Correction	10a		х			
b	Were there any nonexempt transactions with any party-in-interest reported on line 10a.)	? (Do not	include transactions	10b		x			
С	Was the plan covered by a fidelity bond?			100	х		115	33045	

Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused

by fraud or dishonesty?.....

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

exceptions to providing the notice applied under 29 CFR 2520.101-3

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 10c

10d

10e

10f

10g

10h

10i

Χ

Х

Х

Х

Х

1466

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	_	
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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 c (Form 5500) and line 11a below)	ompl	ete Scl	nedule S	В		Yes 🛮 N	No
118	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 Co	ode o	r section	on 302 o	f		Yes X N	10
	(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, see inst							
	granting the waiver	onth	ons, an	Day		of the let Year	_	
	you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 1							
	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 the length of	eft of	a	12d			-	
	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?				Ye	s 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 broug control of the PBGC?	ht un	der the			Yes	X No	_
С	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.)) to				
	I3c(1) Name of plan(s):		13c(2)	EIN(s)		13c(3) PN(s)	_
4					_		•	
Part								
14a	Name of trust			14b T	rust's E	EIN		
14c	Name of trustee or custodian					or custoo e number		_
Parl	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 401(k)(3) for the plan year? Check all that apply:		safe h			"Prior ye test	ear" ADP	_
			"Curre	nt year" est		N/A		
	What testing method was used to satisfy the coverage requirements under section 410(b) for the plan year? Check all that apply:		Ratio perce test	ntage		erage nefit test	□ 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?		Yes	•		No		_
17a	If the plan is a master and prototype plan (M&P) or volume submitter plan that received a favorable IRS of the letter and the serial number							_
	If the plan is an individually-designed plan that received a favorable determination letter from the IRS, enti letter	er the	date o	of the mo	st rece	nt determi	nation	_
1	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 separa service?	ated 1	from	Yes		No		_
19	Nas any plan participant a 5% owner who had attained at least age 70 ½ during the prior plan year?			Yes		No		_