Form 5500-SF Short Form Annual Return/Report of Small Employ Benefit Plan						OMB Nos. 1210-0110 1210-0089			
	rtment of the Treasury nal Revenue Service	This form is required to be filed	etirement	2	2016				
Internal Revenue Service       This form is required to be filed under sections 104 and 4065 of the Employee Retirement         Department of Labor       Income Security Act of 1974 (ERISA), and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).         Pension Benefit Guaranty Corporation       Complete all entries in accordance with the instructions to the Form 5500-SF.         Part I       Annual Report Identification Information							rm is Open to		
		Complete all entries in accordance with the instructions to the Form 5500-SF.      Public Inspecti     Cal plan year beginning 01/01/2016 and ending 12/31/2016							
For calenda			)16	and ending 12	2/31/2016				
		a single-employer plan				king this box	must attach a		
A This ret	urn/report is for:	a one-participant plan		ployer information in ac		-			
<b>B</b> This retu	urn/report is	the first return/report an amended return/report	the final return/report	n/report (less than 12 m	onths)				
C Check	L Doox if filing under:	Form 5558	automatic extension		_	orogram			
		special extension (enter descri	ption)						
Part II	Basic Plan Inforr	mation—enter all requested info	ormation		1				
1a Name BERGLUND		TES SAFE HARBOR 401(K) PLA	N		1b Thre plan (PN)	number	001		
					1c Effe	ctive date of p 01/01/2			
Mailing	<b>2a</b> Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)				(EIN	) 91-106			
	SCHMIDT & ASSOC., I			uolionoj	2c Spo	nsor's telepho 360-532-7			
2323 Bay av Hoquiam, v					2d Busi	ness code (si 54133	ee instructions) 0		
3a Plan a	dministrator's name and	address X Same as Plan Spon	sor.		<b>3b</b> Adm	inistrator's El	N		
					3c Adm	inistrator's te	lephone number		
name	, EIN, and the plan numb	plan sponsor has changed since the sponsor has changed since the last return/report.	he last return/report filed fo	or this plan, enter the	4b EIN				
	or's name				4C PN				
		the beginning of the plan year			5a 5b		9		
C Numb	er of participants with ac	the end of the plan year count balances as of the end of th	ne plan year (only defined	contribution plans	50 50		6		
	,	cipants at the beginning of the pla			5d(1)		9		
<b>d(2)</b> Tot	al number of active partie	cipants at the end of the plan yea	r		5d(2)		7		
e Numb than	per of participants that te 100% vested	rminated employment during the	plan year with accrued be	nefits that were less	5e		0		
		incomplete filing of this return					bla a Cabadula		
SB or Sche		r penalties set forth in the instruct signed by an enrolled actuary, as etc.							
SIGN HERE	Filed with authorized/va	lid electronic signature.	05/17/2017	HARI SHARMA					
SIGN	Signature of plan adr	ninistrator	Date	Enter name of individ	ual signing	as plan admi	nistrator		
HERE	Cignoture of omploye	w/slan ananas	Data	Enter nome of individ					
Preparer's	Signature of employe name (including firm nar	ne, if applicable) and address (ind	Date Clude room or suite numbe	Enter name of individ		s telephone r			

h Total expenses (add lines 8d, 8e, 8f, and 8g).....

Transfers to (from) the plan (see instructions) .....

Net income (loss) (subtract line 8h from line 8c).....

Part IV Plan Characteristics

i.

j

9a

b

6a b	<ul><li>6a Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)</li><li>b Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA)</li></ul>										
Ň	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 use Form 5500-SF and must instead use Form 5500.											
С	C If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)? Yes No Not determined										
Pa	Part III Financial Information										
7	Plan Assets and Liabilities		(a) Beginning of Year	(b) End of Year							
а	Total plan assets	7a	469856	609552							
b	Total plan liabilities	7b									
С	Net plan assets (subtract line 7b from line 7a)	7c	469856	609552							
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount	(b) Total							
а	Contributions received or receivable from: (1) Employers	8a(1)	15794								
	(2) Participants	8a(2)	52348								
	(3) Others (including rollovers)	8a(3)									
b	Other income (loss)	8b	71554								
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c		139696							
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	8q									

8h

8i

8j

If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 2E 2F 2H 2J 2K 2R 3D

If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:

139696

Part	V Compliance Questions					
10	During the plan year:					Amount
а	Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)	10a		Х		
b	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	10b		Х		
С	Was the plan covered by a fidelity bond?	10c		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?	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		×		
f	Has the plan failed to provide any benefit when due under the plan?	10f		Х		
g	Did the plan have any participant loans? (If "Yes," enter amount as of year-end.)	10g	Х			12135
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 c m 5500) and line 11a below)					🗌 Y	es 🗙 No
11a	Ente	r 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					ΓY	es 🗙 No
		SA? Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)						
а		vaiver of the minimum funding standard for a prior year is being amortized in this plan year, see inst	tructior	ns, and	l enter t	he date	of the lette	r ruling
	<u> </u>	ting the waiver			_ Day	′	Year _	
lf	you c	ompleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 1	13.			1		
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		ract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the least of the matter 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?				X Yes	s N	C
	lf "Y	es," enter the amount of any plan assets that reverted to the employer this year			13a			0
b		e all the plan assets distributed to participants or beneficiaries, transferred to another plan, or broug rol of the PBGC?	-				Yes X	No
C		uring this plan year, any assets or liabilities were transferred from this plan to another plan(s), identi th assets or liabilities were transferred. (See instructions.)	fy the p	olan(s)	to			
1	3c(1)	Name of plan(s):		13c(2)	EIN(s)		13c(3)	PN(s)
Part	VIII	Trust Information						
		of trust			14b 1	Frust's E	EIN	
14c	Name	e of trustee or custodian					s or custodi	an's
						leiepho	ne number	
Par	ı ıv	IRS Compliance Questions						
Fai								
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	1	Prior ye test	ar" 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		nter the	e date	of the m	ost rec	ent determi	nation
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 ce?		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	

Form 5500-SF Short Form Annual Return/Report of Small Employee Benefit Plan						ee	OMB Nos. 1210-011 1210-008				
		emal Revenue Senico					2	2016			
Department of Labor         Retirement Income Security Act of 1974 (ERISA), and section 6057(b) and 6058(a) of the Internal Revenue Code (the Code).         This Form is Open to P Inspection           Pension Benefit Guaranty Corporation         Complete all entries in accordance with the instructions to the Form 5500-SF.         This section											
					ctions to the Form 5500	J-SF.					
		dar plan year 2016 or fisc		01/01/2016	and ending	12	/31/2016				
		7	X a single-employer plan	a multiple-employer p	lan (not multiemployer) (I mployer Information in ad	Filers ch	ecking this bo	x must attach n instructions.)			
В	This r	eturn/report is:	a one-participant plan the first return/report an amended return/report	a foreign plan the final return/report a short plan year retur	m/report (less than 12 m	onths)					
С	Chec	k box if filing under:	 Form 5558 special extension (enter desc	automatic extension			DFVC progra	m			
6	art II	Rasia Dian Jafar	mation enter all requested				***				
		ne of plan	Ination enter as requested	Information		1b T	hree-digil				
	Bei	glund, Schmidt &	Associates Safe Harbo	r 401(k) Plan		p	lan number	001			
		-				1c E	PN) ►	001 ( plan			
2a	Plar	) sponsor's name (emoinv	er, if for a single-employer plan)				1/01/2007	e			
	Mail	ling Address (include room	n, apt., suite no. and street, or P in country, and ZIP or foreign pos	O Box)			EIN) 91-10	fication Number 64453			
		cglund, Schmidt &		iai tuda (ir meigh, see insi	ucuonsy	2c S	ponsor's telep 360) 532-	hone number			
	232	23 Bay Ave					lusiness code ( 41330	see instructions)			
		Hogulam WA 98550									
3a	Plar	administrator's name and	d address 🙁 Same as Plan Sp	ansor		3b A	dministrator's	EIN			
						3c A	dministrator's	elephone number			
4			plan sponsor has changed since ber from the last return/report.	the last return/report filed for	or this plan, enter the	4b E	IN				
a	Spo	nsor's name				4c P	N				
5a			It the beginning of the plan year			5a		9			
b			It the end of the plan year			5b		7			
C	com	plete this item)	ccount balances as of the end of	the plan year (only defined	contribution plans	5c		6			
d(	<b>1)</b> To	otal number of active partic	cipants at the beginning of the pl	an year	*******	5d(1	)	9			
d(	<b>2)</b> To	otal number of active parti-	cipants at the end of the plan yea	l" •••••••	** { ** * ** * * * * * * * * * * * * *	5d(2	)	7			
e		nber of participants that te than 100% vested	rminated employment during the		ş	5e		0			
Ca	ution	: A penalty for the late o	or incomplete filing of this retu	n/report will be assessed	unless reasonable cau	se is es	tablished.				
Un SE	der p i ar Si	enalties of perjury and oth	er penalties set forth in the instru id signed by an enrolled actuary,	ctions, I declare that I have	examined this return/ren	ort. incl	udino, il apolic	able, a Schedule knowledge and			
<b></b>	IGN	Hausha	C. Armstern	5/17/2017	HAREIS	1 protone	2 mg Az	1			
Į.	ERE	Signature of plan admin		Date	Enter name of individua			vistrator			
6	IGN	Have sha	a se d	5/22/2017	3 2	A-RJ	- 824				
	ERE	Signature of employer/	plan sponsor	Date / Laur /	Enter name of individua			X plan sponsor			
Pn	epare tip ti	rs name (including firm na his question	ame, if applicable) and address (i	nclude room or suite numb	9r)	Prepan	er's lelephone this quasti	number			
							· .				
Fo	r Pap	erwork Reduction Act N	lotice, see the instructions for I	Form 5500-SF.			F	orm 5500-SF (2016)			

Form 5500-SF (2016) v.160205

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	· · · · · · · · · · · · · · · · · · ·	

 6a
 Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)
 Image: Comparison of the plan's assets during the plan year invested in eligible assets? (See instructions.)
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 Image: Comparison of the plan's assets during the plan year invested in eligible assets?

 b
 Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA)
 Image: Comparison of the plan's asset during the plan year invested in eligible asset during the plan year inv

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

7	Plan Assets and Liabilities		(a) Beginning o					(b) End o	of Year	
а	Total plan assets	7a	46	9,8	56				609,55	2
b	Total plan liabilities	7b		-					-	
2	Net plan assets (subtract line 7b from line 7a)	7c	46	9,8	56				609,55	2
;	Income, Expenses, and Transfers for this Plan Year		(a) Amount	-				(b) T	otal	
a	Contributions received or receivable from:				~ 4					
	(1) Employers	8a(1)		5,7						
	(2) Participants	8a(2)	5	2,3	48	-				_
	(3) Others (including rollovers)	8a(3)			- 4					_
)	Other income (loss)	8b	7	1,5	54					_
; 1	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) Benefits paid (including direct rollovers and insurance premiums	8c	-			-	_		139,69	6
L	to provide benefits)	8d								
;	Certain deemed and/or corrective distributions (see instructions)	8e								
	Administrative service providers (salaries, fees, commissions)	8f								
1	Other expenses	8g								
<u>,</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h								
	Net income (loss) (subtract line 8h from line 8c)	8i							139,69	6
	Transfers to (from) the plan (see instructions)	8j								
a	If the plan provides pension benefits, enter the applicable pension fe           2E         2F         2H         2J         2K         2R         3D									_
b	If the plan provides pension benefits, enter the applicable pension fe 2E 2F 2H 2J 2K 2R 3D If the plan provides welfare benefits, enter the applicable welfare fea									_
b Pa	If the plan provides pension benefits, enter the applicable pension fe         2E       2F       2H       2J       2K       2R       3D         If the plan provides welfare benefits, enter the applicable welfare fea         Int V       Compliance Questions				ristic (	Codes	in the i	nstructior	15:	
b Pa 0	If the plan provides pension benefits, enter the applicable pension fe         2E       2F       2H       2J       2K       2R       3D         If the plan provides welfare benefits, enter the applicable welfare fea         art V       Compliance Questions         During the plan year:	ture codes	s from the List of Plan Cha			Codes		nstructior		
a b Pä	If the plan provides pension benefits, enter the applicable pension fe 2E 2F 2H 2J 2K 2R 3D If the plan provides welfare benefits, enter the applicable welfare fea welfare fea <b>art V</b> Compliance Questions During the plan year: Was there a failure to transmit to the plan any participant contribution	ture codes	s from the List of Plan Cha the time period		ristic (	Codes	in the i	nstructior	15:	
a b Pa	If the plan provides pension benefits, enter the applicable pension fe         2E       2F       2H       2J       2K       2R       3D         If the plan provides welfare benefits, enter the applicable welfare fea         Int V       Compliance Questions         During the plan year:         Was there a failure to transmit to the plan any participant contributi described in 29 CFR 2510.3-102? (See instructions and DOL's Vol	ture codes	s from the List of Plan Chan the time period Juciary Correction	racte	ristic (	Codes	in the i	nstructior	15:	
a b Pä	If the plan provides pension benefits, enter the applicable pension fe         2E       2F       2H       2J       2K       2R       3D         If the plan provides welfare benefits, enter the applicable welfare fea         Int V       Compliance Questions         During the plan year:         Was there a failure to transmit to the plan any participant contributi described in 29 CFR 2510.3-102? (See instructions and DOL's Vol Program)	ture codes	s from the List of Plan Chan h the time period luciary Correction		ristic (	Codes	in the i	nstructior	15:	
b P a a	If the plan provides pension benefits, enter the applicable pension fe         2E       2F       2H       2J       2K       2R       3D         If the plan provides welfare benefits, enter the applicable welfare fea         Int V       Compliance Questions         During the plan year:         Was there a failure to transmit to the plan any participant contributi described in 29 CFR 2510.3-102? (See instructions and DOL's Vol Program)	ture codes ions withir luntary Fic	s from the List of Plan Char n the time period duciary Correction nclude transactions	racte	ristic (	Codes	in the i	nstructior	15:	
b Pä 0	If the plan provides pension benefits, enter the applicable pension fe 2E 2F 2H 2J 2K 2R 3D If the plan provides welfare benefits, enter the applicable welfare fea If the plan provides welfare benefits, enter the applicable welfare fea If the plan provides welfare benefits, enter the applicable welfare fea If the plan provides welfare benefits, enter the applicable welfare fea If the plan provides welfare benefits, enter the applicable welfare fea During the plan year: Was there a failure to transmit to the plan any participant contributi described in 29 CFR 2510.3-102? (See instructions and DOL's Vol Program) Were there any nonexempt transactions with any party-in-interest? reported on line 10a.)	ture codes ions withir luntary Fic	s from the List of Plan Char the time period duciary Correction	acte	ristic (	No x	in the i	nstructior	15:	
b Pä a	If the plan provides pension benefits, enter the applicable pension fe         2E       2F       2H       2J       2K       2R       3D         If the plan provides welfare benefits, enter the applicable welfare fea         Irt V       Compliance Questions         During the plan year:         Was there a failure to transmit to the plan any participant contributi described in 29 CFR 2510.3-102? (See instructions and DOL's Vol Program)         Were there any nonexempt transactions with any party-in-interest? reported on line 10a.)         Was the plan covered by a fidelity bond?         Did the plan have a loss, whether or not reimbursed by the plan's f	ture codes ions withir luntary Fic	s from the List of Plan Chan n the time period duciary Correction Include transactions	10a 10b 10c	Yes	No x x x x	in the i	nstructior	15:	
b P 0 a	If the plan provides pension benefits, enter the applicable pension fe         2E       2F       2H       2J       2K       2R       3D         If the plan provides welfare benefits, enter the applicable welfare fea         Int V       Compliance Questions         During the plan year:         Was there a failure to transmit to the plan any participant contributi described in 29 CFR 2510.3-102? (See instructions and DOL's Vol Program)         Were there any nonexempt transactions with any party-in-interest? reported on line 10a.)         Was the plan covered by a fidelity bond?         Did the plan have a loss, whether or not reimbursed by the plan's f by fraud or dishonesty?	ture codes ions withir luntary Fic ? (Do not in idelity bor	s from the List of Plan Chan n the time period duciary Correction include transactions	10a	Yes	No x x	in the i	nstructior	15:	
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b Pa a b	If the plan provides pension benefits, enter the applicable pension fe         2E       2F       2H       2J       2K       2R       3D         If the plan provides welfare benefits, enter the applicable welfare fea         Int V       Compliance Questions         During the plan year:         Was there a failure to transmit to the plan any participant contributi described in 29 CFR 2510.3-102? (See instructions and DOL's Vol Program)         Were there any nonexempt transactions with any party-in-interest? reported on line 10a.)         Was the plan covered by a fidelity bond?         Did the plan have a loss, whether or not reimbursed by the plan's f by fraud or dishonesty?         Were any fees or commissions paid to any brokers, agents, or othe carrier, insurance service, or other organization that provides some	ture codes ions withir luntary Fic ? (Do not in fidelity bor er persons e or all of t	s from the List of Plan Chan the time period duciary Correction include transactions ind, that was caused by an insurance the benefits under	10a 10b 10c	Yes	No x x x x	in the i	nstructior	15:	
b Pa a b	If the plan provides pension benefits, enter the applicable pension fe 2E 2F 2H 2J 2K 2R 3D If the plan provides welfare benefits, enter the applicable welfare fea If the plan provides welfare benefits, enter the applicable welfare fea If the plan provides welfare benefits, enter the applicable welfare fea If the plan provides welfare benefits, enter the applicable welfare fea If the plan provides welfare benefits, enter the applicable welfare fea If the plan provides welfare benefits, enter the applicable welfare fea If the plan provides welfare benefits, enter the applicable welfare fea If the plan provides welfare benefits, enter the applicable welfare fea If the plan provides welfare benefits, enter the applicable welfare fea During the plan year: Was there a failure to transmit to the plan any participant contributing Were there any nonexempt transactions with any party-in-interest? reported on line 10a.) Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan's f by fraud or dishonesty? Were any fees or commissions paid to any brokers, agents, or other carrier, insurance service, or other organization that provides some the plan? (See instructions.)	ture codes ions withir luntary Fic ? (Do not in ridelity bor er persons e or all of t	s from the List of Plan Char the time period duciary Correction include transactions ind, that was caused is by an insurance the benefits under	10a 10b 10c	Yes	No x x x x x	in the i	nstructior	15:	
b Pa b c c	If the plan provides pension benefits, enter the applicable pension fe 2E 2F 2H 2J 2K 2R 3D If the plan provides welfare benefits, enter the applicable welfare fea If the plan provides welfare benefits, enter the applicable welfare fea If the plan provides welfare benefits, enter the applicable welfare fea If the plan provides welfare benefits, enter the applicable welfare fea If the plan provides welfare benefits, enter the applicable welfare fea If the plan provides welfare benefits, enter the applicable welfare fea If the plan provides welfare benefits, enter the applicable welfare fea If the plan provides welfare benefits, enter the applicable welfare fea If the plan provides welfare benefits, enter the applicable welfare fea During the plan year: Was there a failure to transmit to the plan any participant contributing 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 f by fraud or dishonesty? Were any fees or commissions paid to any brokers, agents, or othe carrier, insurance service, or other organization that provides some the plan? (See instructions.) Has the plan failed to provide any benefit when due under the plan	ture codes ions withir luntary Fic ? (Do not in idelity bor er persons e or all of t	s from the List of Plan Chan the time period duciary Correction include transactions ind, that was caused is by an insurance the benefits under	10a 10b 10c 10d	Yes	No x x x x x x	in the i	nstructior	15:	
b Pa 0 a b c c f	If the plan provides pension benefits, enter the applicable pension fe 2E 2F 2H 2J 2K 2R 3D If the plan provides welfare benefits, enter the applicable welfare fea <b>Int V</b> Compliance Questions During the plan year: Was there a failure to transmit to the plan any participant contributi described in 29 CFR 2510.3-102? (See instructions and DOL's Vol Program) Were there any nonexempt transactions with any party-in-interest? reported on line 10a.) Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan's f by fraud or dishonesty? Were any fees or commissions paid to any brokers, agents, or othe carrier, insurance service, or other organization that provides some 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 If this is an individual account plan, was there a blackout period? (See	ture codes ions withir luntary Fic ? (Do not in idelity bor er persons e or all of t ? s of year e See instru	a from the List of Plan Chan the time period duciary Correction include transactions ind, that was caused by an insurance the benefits under ind.) ctions and 29 CFR	10a 10b 10c 10d 10f 10g	Yes	No x x x x x x x x	in the i	nstructior	IS: Amount	
b Pa b C c f	If the plan provides pension benefits, enter the applicable pension fe 2E 2F 2H 2J 2K 2R 3D If the plan provides welfare benefits, enter the applicable welfare fea <b>Int V</b> Compliance Questions During the plan year: Was there a failure to transmit to the plan any participant contributi described in 29 CFR 2510.3-102? (See instructions and DOL's Vol Program) Were there any nonexempt transactions with any party-in-interest? reported on line 10a.) Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan's f by fraud or dishonesty? Were any fees or commissions paid to any brokers, agents, or othe carrier, insurance service, or other organization that provides some 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	ture codes ions withir luntary Fic ? (Do not in fidelity bor er persons e or all of t ? s of year e See instru	s from the List of Plan Chan the time period duciary Correction include transactions ind, that was caused is by an insurance the benefits under ind.) ctions and 29 CFR	10a 10b 10c 10d 10e 10f	Yes	No x x x x x x	in the i	nstructior	IS: Amount	

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Der	1/1	Dension Funding Compliance							
Part		Pension Funding Compliance			~~~				
11		e defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and a 500 and line 11a below)				C	ין	Yes 🛽	۲. No
11a		e unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40		11a					
12		a defined contribution plan subject to the minimum funding requirements of section 412 of the C	ode or se	ction 302	2 of		_		
		s," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)	••••••	••••••	•••••		<u> </u>	Yes 🛽	<u>No</u>
а		ver of the minimum funding standard for a prior year is being amortized in this plan year, see ins	structions,	and ent	er the c	date of t	he le	etter ru	ling
	<u> </u>	g the waiver M		[	Day _		Yea	r	
lf y	ou com	pleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line $^{\prime}$	13.						
b	Enter th	e minimum required contribution for this plan year.	••••••	. 12b					
С	Enter th	he amount contributed by the employer to the plan for the plan year	••••••	. 12c					
d	d Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a negative amount)								
е	Will the	minimum funding amount reported on line 12d be met by the funding deadline?	••••••	• [	Ye	s 🗌 🛛	No	<u> </u>	I/A
Part	: VII	Plan Terminations and Transfers of Assets							
13a	Has a r	esolution to terminate the plan been adopted in any plan year?	••••••	•	X Y	/es		No	
	lf "Yes,	enter the amount of any plan assets that reverted to the employer this year		. 13a					0
b		Il the plan assets distributed to participants or beneficiaries, transferred to another plan, or broug of the PBGC?	0			Yes	3	X No	D
С	lf, durin	g this plan year, any assets or liabilities were transferred from this plan to another plan(s), ident issets or liabilities were transferred. (See instructions.)			• <b>I</b>				
1:	<b>3c(1)</b> Na	me of plan(s):	13c(2)	EIN(s)			13c	: <b>(3)</b> PN	(s)
Part	. \/111	Truct Information Skin These Questions							
		Trust Information - Skip These Questions		44	<b>b T</b> (				
14a	Name o	or trust		14	<b>b</b> Trust	('S EIN			
				_					
14c	Name o	of trustee or custodian		14	<b>14d</b> Trustee or custodian's telephone number				
Part	IV	IPS Compliance Questions Skin These Questions							
		IRS Compliance Questions - Skip These Questions		Vaa					
15a	is the p	lan a 401(k) plan? If "No," skip b.		Yes				No	
15b		the plan satisfy the nondiscrimination requirements for employee deferrals under section 3) for the plan year? Check all that apply:		Design safe ha		C		'Prior y est	ear" ADP
				"Currer ADP te		Ĺ		N/A	
16a	What te	esting method was used to satisfy the coverage requirements under section 410(b) for the plan		Ratio					
100		Check all that apply:		percent	age		rerag nefit	ge : test	□ N/A
16b		plan satisfy the coverage and nondiscrimination requirements of sections $410(b)$ and $401(a)(4)$ blan year by combining this plan with any other plan under the permissive aggregation rules?		Yes				No	
17a		an is a master and prototype plan (M&P) or volume submitter plan that received a favorable IRS		etter or a	advisor	y letter,	ente	er the d	ate of
17b		an is an individually-designed plan that received a favorable determination letter from the IRS, e	enter the c	late of th	e most	t recent	dete	erminat	ion
18	Defined Were a	I 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	<u> </u>	/es [	1	No	
19		y plan participant a 5% owner who had attained at least age 70 ½ during the prior plan year?	•••••••••••	•••••	<u> </u>	/es [	1	No	