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.

0040

2016

OMB Nos. 1210-0110

1210-0089

This Form is Open to Public Inspection

Pa	art I An	nual Report	Identification Information								
For	calendar plar	n year 2016 or fi	scal plan year beginning 01/01/2	2016 and ending	12/31/20	016					
A 7	A This return/report is for: \[\begin{align*} \text{a single-employer plan} & \text{a single-employer plan} & \text{a multiple-employer plan (not multiemployer plan)} \] \[\text{list of participating employer information in a foreign plan} \] \[\text{a single-employer plan} & \text{list of participating employer information in a foreign plan} \]						· ·				
Вт	his return/rep	port is	the first return/report an amended return/report	the final return/report a short plan year return/report (less than 12 return/report)	months)	1					
	Check box if	J	Form 5558 special extension (enter descr	. ,	DF	VC program					
			ormation—enter all requested inf	formation	1						
	Name of pla	n ΓAGE LIFE 401(K) PLAN		1b	Three-digit plan number (PN) ▶	001				
					1c	Effective date of 01/01	plan /2007				
	Mailing addr	ess (include roo	oyer, if for a single-employer plan) m, apt., suite no. and street, or P.C		2b	Employer Identif (EIN) 91-15	ication Number 528511				
	City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) AMERICAN HERITAGE LIFE CORPORATION			2c Sponsor's telephone number 360-825-5575							
				2d	Business code (see instructions)					
	P.O. BOX 335 ENUMCLAW, WA 98022				5242	10					
3a	Plan adminis	strator's name ar	nd address 🛚 Same as Plan Spor	nsor.	3b Administrator's EIN						
					3с	Administrator's t	elephone number				
4			e plan sponsor has changed since mber from the last return/report.	the last return/report filed for this plan, enter the	4b	EIN					
а	Sponsor's na	ame			4c	PN					
5a	Total number	er of participants	at the beginning of the plan year		5	a	:				
b	Total number	er of participants	at the end of the plan year		51	b					
С				the plan year (only defined contribution plans	5c						
d(1) Total number of active participants at the beginning of the plan year				5d(1)							
d(2) Total nun	nber of active pa	rticipants at the end of the plan yea	ar	5d((2)					
е	than 100%	vested		e plan year with accrued benefits that were less	50						
				n/report will be assessed unless reasonable ca							
				ctions, I declare that I have examined this return/r							

belief, it is true, correct, and complete. Filed with authorized/valid electronic signature. 05/31/2017 STEVEN RHODES SIGN **HERE** Signature of plan administrator Date Enter name of individual signing as plan administrator **SIGN HERE** Signature of employer/plan sponsor Dat<u>e</u> Enter name of individual signing as employer or plan sponsor Preparer's name (including firm name, if applicable) and address (include room or suite number) Preparer's telephone number

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b Are you claiming a washer of the annual examination and report of an independent qualified public accountant (ICPA) under 20 FT 825:010-44 FG 95:enstructions on waiver eligibility and conditions).	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									X Yes	No
Part III Financial Information (a) Beginning of Year (b) End of Year (c) End of Year (d) End of Year (d) End of Year (d) End of Year (e) End		If you answered "No" to either line 6a or line 6b, the plan cann	ot use Fo	orm 5500-SF and mus	t instea	ad use	Form	5500.			
7 Plan Assets and Liabilities	С	If the plan is a defined benefit plan, is it covered under the PBGC in	nsurance p	program (see ERISA se	ection 4	021)?		Yes	No	Not deter	mined
a Total plan issets	Pa	rt III Financial Information		·							
D Total plan liabilities	7	Plan Assets and Liabilities		(a) Beginning	of Year			((b) End of	Year	
C Net plan assets (subtract line 7b from line 7a)	<u>a</u>	Total plan assets	7a		293433	3				307242	
8 income, Expenses, and Transfers for this Plan Year a Contributions received or receivable from: (1) Employers. 8a(1) 4049 (2) Participants. 8a(2) 24200 (3) Others (including rollowers). 8a(3) b Other income (losd). 8b 3367 C Total income (losd). 8c 24682 d Benefits paid (including direct rollowers and insurance premiums to provibe benefits). 8c C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) 8c C Total income (losd). 8c Losd). 8c C Total income (losd). 8c Losd). 8c	b	Total plan liabilities	7b								
a Contributions received or receivable from: (1) Employers (2) Participants	C	Net plan assets (subtract line 7b from line 7a)	7c		293433	3				307242	
(1) Employers	8	Income, Expenses, and Transfers for this Plan Year		(a) Amour	nt				(b) Tot	al	
(2) Participants	а		90/1)		4049						
(a) Others (including rollovers)					24200						
b Other income (loss)											
C Total income (add lines Ba(1), Ba(2), Ba(3), and 8b)		· · · · · · · · · · · · · · · · · · ·	1		-3367	,					
d Benefits paid (including direct rollovers and insurance premiums to provide benefits)		· /				_				24882	
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)			80								
f Administrative service providers (salaries, fees, commissions)			8d		11073						
g Other expenses	e	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	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							11073	
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: 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 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.)	<u>i</u>	Net income (loss) (subtract line 8h from line 8c)	8i							13809	
9a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the 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	<u>j</u>	Transfers to (from) the plan (see instructions)	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 10	Pai	rt 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) 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.) 100	9a		feature co	odes from the List of Pl	an Cha	racteri	stic Co	odes in	the instruc	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.) 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 instruct	ions:	
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	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				
by fraud or dishonesty?	С	Was the plan covered by a fidelity bond?			10c	X					500000
carrier, insurance service, or other organization that provides some or all of the benefits under the plan? (See instructions.)	d	• • • • • • • • • • • • • • • • • • • •	•	•	10d		X				
g Did the plan have any participant loans? (If "Yes," enter amount as of year-end.)	е	carrier, insurance service, or other organization that provides some	ne or all of	the benefits under	10e		X				
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				
i If 10h was answered "Yes," check the box if you either provided the required notice or one of the	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 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 Serviœ

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

	t Identification Information				
For calendar plan year 2016 or f	fiscal plan year beginning 01/01/2016		and ending 12/		
A This return/report is for:	a single-employer plan	list of participating em	an (not multiemployer) nployer information in a	, -	
	a one-participant plan	a foreign plan			
B This return/report is	the first return/report	the final return/report	- 4 . 40		
	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	m
Desir Blom Infe	special extension (enter descrip	· · · · · · · · · · · · · · · · · · ·			
	ormation—enter all requested info	omation		Throodigi	. 1
1a Name of plan AMERICAN HERITAGE LIFE 401	i(k) PLAN			1b Three-digir plan numb	
				1c Effective d 01/01/200	•
Mailing address (include roo	oyer, if for a single-employer plan) om, apt., suite no. and street, or P.O.				Identification Number
	ce, country, and ZIP or foreign postal		uctions)	2c Sponsor's	telephone number (360) 825-5575
P.O. BOX 335				<u> </u>	code (see instructions)
ENUMCLAW, WA 98022					
3a Plan administrator's name a	and address K Same as Plan Spons	sor.		3b Administra	tor's EIN
				20 Administra	ator's telephone number
4 If the name and/or EIN of the	ne plan sponsor has changed since th	he lest return/report filed fo	or this plan enter the	4b EIN	
	umber from the last return/report.	ic last lotalities por many	It tille plant enter	4c PN	
	s at the beginning of the plan year				2
				. 5b	2
C Number of participants with	s at the end of the plan year account balances as of the end of th	he plan year (only defined	contribution plans	5c	2
, , ,	articipants at the beginning of the plan			5d(1)	2
	articipants at the end of the plan year	_		5d(2)	2
Number of participants that than 100% vested	t terminated employment during the p	plan year with accrued ben	nefits that were less	5e	0
Caution: A penalty for the late	or incomplete filing of this return/	report will be assessed u	unless reasonable ca	use is establishe	id.
Under penalties of perjury and ot SB or Schedule MB completed at belief, it is true-correct, and com	ther penalties set forth in the instructi and sighed by an enrolled actuary, as aplete.	ions, I declare that I have es well as the electronic ver	examined this return/re sion of this return/repor	port, including, if a rt, and to the best	applicable, a Schedule of my knowledge and
SIGN	dan	6/24/17	X STENES	V KHODE	55
HERE Signature of plan a	administrator	Date	Enter name of individ		n administrator
SIGN					
HERE Signature of emplo		Date	Enter name of individ		ployer or plan sponsor
Preparer's name (including tirm n	name, if applicable) and address (inc	lude room or suite number	i)	Preparer's telep	hone number

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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 can't the plan is a defined benefit plan, is it covered under the PBGC in	an indepe and condi not use Fo	ndent qualified public tions.) orm 5500-SF and mus	accoun	tant (IC	QPA) • Forn	n 5500.		Yes No
Pa	rt III Financial Information				-				
7	Plan Assets and Liabilities		(a) Beginning	of Yea	r		(b) End of	Year
a	Total plan assets	7a		2934	$\overline{}$				307242
b	Total plan liabilities	7b							
С	Net plan assets (subtract line 7b from line 7a)	7c		2934	33				307242
8	Income, Expenses, and Transfers for this Plan Year		(a) Amour	nt				(b) Tot	al
а				40-	40	90.00	i nis		MERINES.
	(1) Employers	8a(1)		242	-				
	(2) Participants			242	00				
	(3) Others (including rollovers)	8a(3)		22	67				
	Other income (loss)	8b	Telephological field and active	-33	01				04000
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c			1000		S - 21 9 -		24882
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		110	73				
е	Certain deemed and/or corrective distributions (see instructions)	8e						E HIE	
f	Administrative service providers (salaries, fees, commissions)	8f							
g	Other expenses	8g				E.			
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h			J.				11073
ī	Net income (loss) (subtract line 8h from line 8c)	8i			Ţ,	13809			
j	Transfers to (from) the plan (see instructions)	8i							
Pa	rt IV Plan Characteristics	<u> </u>							
9a b	If the plan provides pension benefits, enter the applicable pension 2E 2G 2J 2K 2T 3D If the plan provides welfare benefits, enter the applicable welfare for								
,									
Par	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 contributes described in 29 CFR 2510.3-102? (See instructions and DOL's Verogram)	oluntary F	iduciary Correction	10a		×			
b	Were there any nonexempt transactions with any party-in-interest reported on line 10a.)	? (Do not	include transactions	10b		х			
С	Was the plan covered by a fidelity bond?			10c	х		=11		500000
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					х	r ^{ss}		

10e

10f

10g

10h

Χ

X

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.)

If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR

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.....

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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)						Yes 🗌	No
		er the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40							
12		nis a defined contribution plan subject to the minimum funding requirements of section 412 of the Co SA?				f		Yes X	No
	(lf "	Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)			*************	•••••			
a		waiver of the minimum funding standard for a prior year is being amortized in this plan year, see inst ting the waiver		ns, an	d enter t Day		of the lett Year		
<u>If</u>	you c	ompleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 1	13.						
b	Enter	the minimum required contribution for this plan year			12b		_		
С	Enter	the amount contributed by the employer to the plan for this plan year	•••••		12c				
d		tract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the leative amount)			12d				
C1	CONTRACTOR OF THE	the minimum funding amount reported on line 12d be met by the funding deadline?				Yes	No	∐ N/A	
Part	VII	Plan Terminations and Transfers of Assets							
13a	Has	a resolution to terminate the plan been adopted in any plan year?				Yes	s 🛛 I	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 rol of the PBGC?					Yes [X No	
		uring this plan year, any assets or liabilities were transferred from this plan to another plan(s), identif th 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)	
		Trust Information							
14a	Name	of trust			14b 1	rust's E	EIN		
14c	Name	of trustee or custodian				14d Trustee's or custodian's telephone number			
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 (3) for the plan year? Check all that apply:		safe h		L	Prior y	ear" ADP	•
				"Curre ADP t	ent year" est] N/A		
16a		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/	Ά
		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		
17a	If the the le	plan is a master and prototype plan (M&P) or volume submitter plan that received a favorable IRS of tter and the serial number							f
	letter	plan is an individually-designed plan that received a favorable determination letter from the IRS, en	ter the	date	of the m	ost rece	ent determ	ination	
	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 sepal e?	rated f	from	Yes] No		
19	Was a	any plan participant a 5% owner who had attained at least age 70 ½ during the prior plan year?			Yes		No		
	7743 2	any pian pandipanta 5 % owner who had attained at least age 70 /2 during the pilot pian year?			∐ res] 140		