Form	5500-SF	Short Form Annu	al Return/Repo Benefit Plan		oyee	0	MB Nos. 1210-0110 1210-0089
	t of the Treasury evenue Service	This form is required to be file			etirement		2016
Employee Benefits	nent of Labor Security Administration	Income Security Act of 1974		057(b) and 6058(a) of the			orm is Open to c Inspection
	Guaranty Corporation	Complete all entries in a	accordance with the ins	structions to the Form 5	500-SF.	1 451	
		lentification Information al plan year beginning 01/01/2	016	and ending 12	2/31/2016		
		a single-employer plan		plan (not multiemployer) (		king this box	must attach a
A This return/	report is for:	] a one-participant plan		employer information in ac		-	
<b>B</b> This return/re	eport is	the first return/report an amended return/report	the final return/repor	t urn/report (less than 12 m	onths)		
C Check box i	f filing under:	- ] Form 5558 ] appeiel extension (optor descr	automatic extension	1	DFVC p	rogram	
Part II Ba	asic Plan Inform	special extension (enter descr nation—enter all requested inf	,				
1a Name of pl		·			(PN)	number	
Mailing add	dress (include room,	r, if for a single-employer plan) apt., suite no. and street, or P.O			2b Empl (EIN)	oyer Identifi	cation Number 24079
City or town PAR 4 INVESTM		country, and ZIP or foreign posta	al code (if foreign, see in	structions)	2c Spor	nsor's teleph 425-256-	one number 2662
P.O. BOX 848 MEDINA, WA 980	039				2d Busir	ness code (s 52390	see instructions)
<b>3a</b> Plan admin	iistrator's name and	address 🛛 Same as Plan Spor	nsor.			nistrator's E nistrator's te	IN elephone number
name, EIN	l, and the plan numb	lan sponsor has changed since per from the last return/report.	the last return/report filed	for this plan, enter the	4b EIN		
a Sponsor's		the beside in a fifth a slave was			4c PN 5a		8
_		the beginning of the plan year the end of the plan year			5b		9
C Number of	participants with ac	count balances as of the end of	the plan year (only define	ed contribution plans	5c		8
	,	cipants at the beginning of the pla			5d(1)		8
<b>d(2)</b> Total nu	imber of active parti	cipants at the end of the plan yea	ar		5d(2)		ę
e Number o	f participants that te	rminated employment during the	plan year with accrued I	penefits that were less	5e		1
Caution: A per Under penalties SB or Schedule	nalty for the late or s of perjury and othe	incomplete filing of this return r penalties set forth in the instruc- signed by an enrolled actuary, a	n/report will be assesse ctions, I declare that I have	ed unless reasonable can ve examined this return/re	port, includi	ng, if applic	
		lid electronic signature.	03/24/2017	MICHAEL GRIFFITH			
HERE	gnature of plan adr	ninistrator	Date	Enter name of individ	ual signing	as plan adm	inistrator
SIGN						·	
							r or plan sponsor
Preparer's nam	e (including firm nar	ne, if applicable) and address (in	clude room or suite num	ber )	Preparer's	s telephone	number
For Denomination		see the Instructions for Form 5500					orm 5500-SF (2016)

45329

6a b c											
Pa	Part III Financial Information										
7	Plan Assets and Liabilities		(a) Beginning of Year	(b) End of Year							
а	Total plan assets	7a	368813	414142							
b	Total plan liabilities	7b									
С	Net plan assets (subtract line 7b from line 7a)	7c	368813	414142							
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount	(b) Total							
а	Contributions received or receivable from: (1) Employers	8a(1)	13575								
	(2) Participants	8a(2)	64363								
	(3) Others (including rollovers)	8a(3)									
b		8b	11416								
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c		89354							
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	44025								
е	Certain deemed and/or corrective distributions (see instructions).	8e									
f	Administrative service providers (salaries, fees, commissions)	8f									
g	Other expenses	8g									
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h		44025							

## Part IV Plan Characteristics

j

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

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

**9a** If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 2A 2E 2F 2G 2J 2K 2R 3D

8i

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	During the plan year:		Yes	No	N/A	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		
C	Was the plan covered by a fidelity bond?	10c	Х			500000
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		
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 the plan? (See instructions.)	10e		Х		
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			7465
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 co m 5500) and line 11a below)						Yes 🗙 No
11a	Ente	er 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						Yes 🗙 No
		SA? Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)						
а	,	valver of the minimum funding standard for a prior year is being amortized in this plan year, see instr	uctior	ns, and	d enter t	he date	of the lett	er ruling
	gran	ting the waiver	onth _		_ Day		_ Year	
lf	you c	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			
d		tract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the le ative 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	s XI	No
		es," enter the amount of any plan assets that reverted to the employer this year			13a			
b	Wer	e all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brough rol of the PBGC?	nt und	er the			Yes	X No
c	lf, d	uring this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the assets or liabilities were transferred. (See instructions.)			to			
1		Name of plan(s):		13c(2)	EIN(s)		13c(	<b>3)</b> PN(s)
Part	VIII	Trust Information						
14a	Name	e of trust			14b ⊺	Frust's E	IN	
14c	Name	e of trustee or custodian					s or custo ne number	
Par	t IX	IRS Compliance Questions						
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	ł	"Prior y test	ear" 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		er the	e date	of the m	nost rece	ent determ	ination
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 separce?		from	Ye	s	No	
19	Was	any plan participant a 5% owner who had attained at least age 70 ½ during the prior plan year?			Ye	s	No	

Form 5500-SF	Short Form Annual	Return/Report of S Benefit Plan	mall Employ	ee		OMB Nos. 1210-0110 1210-0089			
Department of the Treasury			IDEE of the Employee		This Form is Open to Pu				
Internal Revenue Service	Detiroment Income Security A	filed under sections 104 and 4 Act of 1974 (ERISA), and section ternal Revenue Code (the Coo	n 6057(b) and 6656	(a) of					
Employee Benefits Security Administration Pension Benefit Guaranty Corporation	► Complete all entries in ac			D-SF.					
	Complete all entries in ad	cordance with the motions							
or calendar plan year 2016 or fisc	dentification Information		and ending		/31/2016				
	x     a single-employer plan       a one-participant plan       the first return/report       an amended return/report	a multiple-employer plan a list of participating emp a foreign plan the final return/report a short plan year return/r	loyer information in a	ICCOIUAN	necking this box	must attach n instructions.)			
		☐ automatic extension		Γ	DFVC progra	m			
C Check box if filing under:	Form 5558			_	_				
	special extension (enter desc								
Part II Basic Plan Info	rmation enter all requested	information		1b	Three-digit				
1a Name of plan				1 1	plan number	001			
Par 4 Investments 4	l01(k) Plan			1c	(PN) ► Effective date 0 05/01/2005	f plan			
						ification Number			
2a Plan sponsor's name (emplo			diama)		(EIN) 91-21				
City or town, state or province	ce, country, and zie of foreign po-	stal code (if foreign, see instruc	cuons)	2c	Sponsor's telep (425) 256-	hone number			
Par 4 Investments,	Г.Г.С.			24		(see instructions)			
P.O. Box 848					523900	(			
US Medina WA 98039				3h	Administrator's	EIN			
3a Plan administrator's name a	and address X Same as Plan S	ponsor			, (01)				
						telephone number			
4 If the name and/or EIN of the name, EIN, and the plan number of t	ne plan sponsor has changed sinc umber from the last return/report.	e the last return/report filed for	this plan, enter the	<u> </u>	EIN PN				
a Sponsor's name				. 5		8			
E. Tutal number of participant	s at the beginning of the plan yea	F	***************************************	···	<u>a</u> b	9			
the second s	a at the and of the plan year	***************************************	***************************************						
to this it and	account balances as of the end	***************************************		···		8			
d(1) Total number of active pa	articipants at the beginning of the	plan year			l(1)	8			
d(2) Total number of active D	articipants at the end of the plan v	/ear		50	1(2)	9			
e Number of participants tha	t terminated employment during t	he plan year with accrued being		***	5e	1			
	te or incomplete filing of this re	turn/report will be assessed	unless reasonable	cause is	s established.	u la contrata			
Under penalties of perjury and SB or Schedule MB complete belief, it is true, correct and co	other penalties set forth in the ins Land signed by an enrolled actua	structions, I declare that I have ry, as well as the electronic ve	examined this return sion of this return/re	n/report, port, and	to the best of r				
	K 1		MICHAEL	$\mathbf{V}_{\cdot}$	GRIFFI				
HERE Signature of plan ar		Date 3/24/17	Enter name of indiv	idual sig	ning as plan ad	ministrator			
Mazine Signature of plan a	Thinsuary The		Clohn	E.(.	Racor	2			
SIGN		Date 3 24 17	Entername of indiv	idual sig	ining as employ	er or plan sponsor			
Preparer's name (including firm Skip this question	m name, if applicable) and addres			Pre	eparer's telepho kip this que	ne number			
					17 The Table 1999	Form 5500-SF (20			

Form 5500-SF			Short Form Annual Ret	turn/Report c enefit Plan	of Small Employ	'ee	OMB Nos. 1210-0110 1210-0089	
		ernal Revenue Service	This form is required to be filed	•   <sup>-</sup>	2	2016		
Em		Department of Labor Benefits Security Administration	Retirement Income Security Act of the Internal	(a) of	This Form i	s Open to Public		
		Benefit Guaranty Corporation	Complete all entries in accorda		,	)-SF.	In	spection
P	art I	Annual Report Ic	lentification Information					
For	calen	dar plan year 2016 or fisca	al plan year beginning	01/01/2016	and ending	12/3	31/2016	
В	This r	eturn/report is for: eturn/report is: tox if filing under:	a one-participant plan a   the first return/report tt   an amended return/report a	list of participating e foreign plan ne final return/report short plan year retu utomatic extension	lan (not multiemployer) (I mployer information in ad m/report (less than 12 mo	ccordance onths)		n instructions.)
D		Basia Blan Infor						
1a	Par	e of plan 4 Investments 40	<b>nation</b> enter all requested inform 1(k) Plan er, if for a single-employer plan)			pla (Pt <b>1c</b> Eff 05	ree-digit in number N) ► fective date of 5/01/2005	001 plan
	Mail	ng Address (include room	, apt., suite no. and street, or P.O. Box country, and ZIP or foreign postal code		ructions)		N) 91-212	
	Par	4 Investments, L	.L.C.				onsor's teleph 25) 256-2	
	P.C	. Box 848					siness code ( 3900	see instructions)
<u>3a</u>		ledina WA 98039 administrator's name and	address X Same as Plan Sponsor			<b>3h</b> Ad	ministrator's I	=IN
4			plan sponsor has changed since the las	t return/report filed for	or this plan, enter the	<b>3c</b> Ad <b>4b</b> EIN		elephone number
а	Spo	nsor's name				<b>4c</b> PN	I	
5a	Tota	I number of participants at	the beginning of the plan year	*******		5a		8
b			the end of the plan year			5b		9
С			count balances as of the end of the pla		•	5c		8
d(	<b>1)</b> To	tal number of active partic	ipants at the beginning of the plan year	•••••••	••••••••••••••••	5d(1)		8
d(	,				•••••••	5d(2)		9
е		1 1000/ 1 1	minated employment during the plan ye			5e		1
Са	ution	: A penalty for the late or	r incomplete filing of this return/repo	ort will be assessed	unless reasonable cau	se is est	ablished.	
SE be	s or So lief, it		er penalties set forth in the instructions, d signed by an enrolled actuary, as well ete.					
	ign Ere	Signature of plan admin	listrator	Date	Enter name of individua	Il signing a	as plan admir	nistrator
	IGN							
	ERE	Signature of employer/p	-	Date	Enter name of individua			
		's name (including firm na nis question	me, if applicable) and address (include	room or suite numb	er)		r's telephone :his questi	

	Form 5500-SF 2016	Page 2		
		· · · · · · · · · · · · · · · · · · ·		
6a	Were all of the plan's assets during the plan	year invested in eligible assets? (See instructions.)	••••••	XYes No

**b** Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) XYes No 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.

7	Plan Assets and Liabilities		(a) Beginning of	f Yeai	r			(b) End	of Year
а	Total plan assets	7a	36	58,8	13				414,142
b	Total plan liabilities	7b							
С	Net plan assets (subtract line 7b from line 7a)	7c	36	58,8	13				414,142
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount					(b)	Total
а	Contributions received or receivable from:	<b>a</b> (1)	-	2 5	75				
	(1) Employers	8a(1)		.3,5					
	(2) Participants	8a(2)		54,3	03				
h	(3) Others (including rollovers)	8a(3)		1 4	1.0				
b	Other income (loss)	8b		1,4	10				
c d	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) Benefits paid (including direct rollovers and insurance premiums	8c							89,354
u	to provide benefits)	8d	4	4,0	25				
е	Certain deemed and/or corrective distributions (see instructions)	8e							
f	Administrative service providers (salaries, fees, commissions)	8f							
g	Other expenses	8g							
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							44,025
i	Net income (loss) (subtract line 8h from line 8c)	8i							45,329
	Transfers to (from) the plan (see instructions)	8j							
J		-,							
_	If the plan provides pension benefits, enter the applicable pension fe       2A     2E     2F     2G     2J     2K     2R     3D       If the plan provides welfare benefits, enter the applicable welfare fea	ature code							
9a b	If the plan provides pension benefits, enter the applicable pension fe       2A     2E     2F     2G     2J     2K     2R     3D       If the plan provides welfare benefits, enter the applicable welfare fea	ature code							
9a b Pa	It IV     Plan Characteristics       If the plan provides pension benefits, enter the applicable pension fe       2A     2E     2F     2G     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       art V     Compliance Questions	ature code			ristic (	Codes	in the i		ons:
ða b Pá	It IV     Plan Characteristics       If the plan provides pension benefits, enter the applicable pension fe       2A     2E     2F     2G     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       Int V     Compliance Questions       During the plan year:	ature code	s from the List of Plan Cha			Codes			
)a b Pa 0	Plan Characteristics       If the plan provides pension benefits, enter the applicable pension fe       2A     2E     2F     2G     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       During the plan year:	ature code ture codes	s from the List of Plan Cha		ristic (	Codes	in the i		ons:
ða b Pa 0	Plan Characteristics       If the plan provides pension benefits, enter the applicable pension fe       2A     2E     2F     2G     2J     2K     2R     3D       If the plan provides welfare benefits, enter the applicable welfare fea       art V     Compliance Questions       During the plan year:       Was there a failure to transmit to the plan any participant contribution	ature codes ture codes ions within luntary Fid	s from the List of Plan Cha		ristic (	Codes	in the i		ons:
b P 0 a	Int IV     Plan Characteristics       If the plan provides pension benefits, enter the applicable pension fe       2A     2E     2F     2G     2J     2K     2R     3D       If the plan provides welfare benefits, enter the applicable welfare fea       art 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?	ature codes ture codes ions within luntary Fid	s from the List of Plan Cha the time period luciary Correction	10a	ristic (	No x	in the i		ons:
9a b Pa 0 a	Int IV     Plan Characteristics       If the plan provides pension benefits, enter the applicable pension fe       2A     2E     2F     2G     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       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.)	ature codes ture codes ions within luntary Fid	s from the List of Plan Cha the time period luciary Correction	10a	ristic ( Yes	Codes	in the i		ons: Amount
ða b Pa 0 a	Int IV     Plan Characteristics       If the plan provides pension benefits, enter the applicable pension fe       2A     2E     2F     2G     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 year:     Image: the plan year:       Was there a failure to transmit to the plan any participant contribution 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?	ature codes ture codes ions within luntary Fid	s from the List of Plan Cha the time period luciary Correction	10a	ristic (	No x	in the i		ons:
9a b Pa 0 a	Int IV     Plan Characteristics       If the plan provides pension benefits, enter the applicable pension fe       2A     2E     2F     2G     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 year:       Was there a failure to transmit to the plan any participant contribution 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?       Was the plan have a loss, whether or not reimbursed by the plan's f	ature code ture codes ions within luntary Fid	s from the List of Plan Cha the time period luciary Correction nclude transactions	10a 10b 10c	ristic ( Yes	No x x	in the i		ons: Amount
9a b Pa 0 a	Int IV     Plan Characteristics       If the plan provides pension benefits, enter the applicable pension fe       2A     2E     2F     2G     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       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?       Was the plan have a loss, whether or not reimbursed by the plan's f by fraud or dishonesty?	ature code ture codes ions within luntary Fid	s from the List of Plan Cha the time period luciary Correction nclude transactions d, that was caused	10a	ristic ( Yes	No x	in the i		ons: Amount
ða b Pa 0 a	Int IV     Plan Characteristics       If the plan provides pension benefits, enter the applicable pension fe       2A     2E     2F     2G     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 year:       Was there a failure to transmit to the plan any participant contribution 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?       Was the plan have a loss, whether or not reimbursed by the plan's f	ature code ture codes ions within luntary Fid ? (Do not in idelity bon er persons e or all of t	s from the List of Plan Cha the time period luciary Correction nclude transactions d, that was caused s by an insurance he benefits under	10a 10b 10c	ristic ( Yes	No x x	in the i		ons: Amount
ða b Pi 0 a	Int IV     Plan Characteristics       If the plan provides pension benefits, enter the applicable pension fe       2A     2E     2F     2G     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       During the plan year:       Was there a failure to transmit to the plan any participant contributid 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?       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	ature code ture codes ions within luntary Fid ? (Do not in idelity bon er persons e or all of t	s from the List of Plan Cha the time period luciary Correction nclude transactions d, that was caused by an insurance he benefits under	10a 10b 10c 10d	ristic ( Yes	No x x x	in the i		ons: Amount
9a b P( 10 a c c c	Int IV     Plan Characteristics       If the plan provides pension benefits, enter the applicable pension fe     2A     2E     2F     2G     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 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?       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 pl	ature code ture codes ions within luntary Fid ? (Do not in idelity bon er persons e or all of t	s from the List of Plan Cha the time period luciary Correction nclude transactions d, that was caused s by an insurance he benefits under	10a 10b 10c 10d	ristic ( Yes	No x x x x	in the i		ons: Amount
Pa b Pa c c f	Int IV     Plan Characteristics       If the plan provides pension benefits, enter the applicable pension fe     2A       2A     2E     2F     2G     2J     2K     2R     3D       If the plan provides welfare benefits, enter the applicable welfare fea       art 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?       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       Did the plan have any participant loans? (If "Yes," enter amount as	ature code ture codes ture codes ions within luntary Fid ? (Do not in idelity bon er persons e or all of t ?	a from the List of Plan Cha the time period luciary Correction include transactions id, that was caused by an insurance he benefits under ind.) ctions and 29 CFR	10a 10b 10c 10d 10e 10f	Yes X	No x x x x	in the i		Amount

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Part	VI	Pension Funding Compliance						
11		edefined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and (					Yes	X No
_11a	Enter th	e unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40	•••••	11a				
12	ERISA?							X No
(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)								
a		ver of the minimum funding standard for a prior year is being amortized in this plan year, see ins g the waiver			er the da Day		eletter ru ear	uling
lf y	ou com	pleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 1	13.					
b	Enter th	e minimum required contribution for this plan year.	••••••					
C	Enter th	e amount contributed by the employer to the plan for the plan year		. 12c				
d		t the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the e amount)		. 12d				
е	Will the	minimum funding amount reported on line 12d be met by the funding deadline?	••••••	.   [	Yes	Nc		N/A
Part	VII	Plan Terminations and Transfers of Assets						
13a	Has a r	esolution to terminate the plan been adopted in any plan year?		.	🗌 Ye	es 🗴	No	
	If "Yes,	' enter the amount of any plan assets that reverted to the employer this year		. 13a				
b		I the plan assets distributed to participants or beneficiaries, transferred to another plan, or broug of the PBGC?	-			] Yes	X N	lo
С	lf, durin	g this plan year, any assets or liabilities were transferred from this plan to another plan(s), ident ssets or liabilities were transferred. (See instructions.)			<u> </u>			
13		me of plan(s):	13c(2)	EIN(s)		1	3c(3) PN	N(s)
Part	VIII	Trust Information - Skip These Questions						
14a	Name o	of trust		14	<b>b</b> Trust's	EIN		
14c	Name o	f trustee or custodian		14		e or cust one num		
					totophi			
Part	IX	IRS Compliance Questions - Skip These Questions						
15a	Is the p	lan a 401(k) plan? If "No," skip b.		Yes			No	
15b		t the plan satisfy the nondiscrimination requirements for employee deferrals under section 3) for the plan year? Check all that apply:		Design- safe ha			"Prior test	year" ADP
	- ( )(			"Curren			N/A	
162	What te	sting method was used to satisfy the coverage requirements under section 410(b) for the plan		Ratio				
100		check all that apply:		percent test	age [	☐ Aver bene	age fit test	□ N/A
16b		plan satisfy the coverage and nondiscrimination requirements of sections 410(b) and 401(a)(4) plan year by combining this plan with any other plan under the permissive aggregation rules?		Yes			No	
17a	If the pl	an is a master and prototype plan (M&P) or volume submitter plan that received a favorable IRS	opinion I	etter or a	advisory	letter, er	nter the	date of
17b		an is an individually-designed plan that received a favorable determination letter from the IRS, e	enter the c	late of th	ie most r	ecent de	termina	tion
18	Defined Were a	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	🗌 Ye	es 🗌	No	
19		y plan participant a 5% owner who had attained at least age 70 ½ during the prior plan year?	•••••••••		☐ Ye	es 🗌	No	