## 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

OMB Nos. 1210-0110

1210-0089

This Form is Open to **Public Inspection** 

 Complete all entries in accordance with the instructions to the Form 5500-SF Annual Report Identification Information For calendar plan year 2016 or fiscal plan year beginning and ending X a single-employer plan a multiple-employer plan (not multiemployer) (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.) **A** This return/report is for: a one-participant plan a foreign plan the final return/report B This return/report is the first return/report an amended return/report a short plan year return/report (less than 12 months) C Check box if filing under: DFVC program Form 5558 automatic extension special extension (enter description) Part II Basic Plan Information—enter all requested information 1a Name of plan 1b Three-digit TRAVIS A. SORENSEN, D.M.D., PLLC 401(K) RETIREMENT PLAN plan number 001 (PN) • 1c Effective date of plan 01/01/2013 2a Plan sponsor's name (employer, if for a single-employer plan) **2b** Employer Identification Number Mailing address (include room, apt., suite no. and street, or P.O. Box) (EIN) 20-5100974 City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) Sponsor's telephone number TRAVIS A. SORENSEN, D.M.D., PLLC 206-937-6089 2d Business code (see instructions) 4116 CALIFORNIA AVENUE SW 621210 **SUITE 102** SEATTLE, WA 98116 **3a** Plan administrator's name and address X Same as Plan Sponsor. 3b Administrator's EIN 3c Administrator's telephone number If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the 4b EIN name, EIN, and the plan number from the last return/report. 4c PN a Sponsor's name 5a 12 5a Total number of participants at the beginning of the plan year ...... 5b 10 **b** Total number of participants at the end of the plan year..... Number of participants with account balances as of the end of the plan year (only defined contribution plans 10 5c complete this item)..... 11 5d(1) d(1) Total number of active participants at the beginning of the plan year..... 5d(2) d(2) Total number of active participants at the end of the plan year..... Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested .....

Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.

Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including, if applicable, a Schedule SB or Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/report, and to the best of my knowledge and

<u>beliet, it is t</u>	rue, correct, and complete.							
CICIT	Filed with authorized/valid electronic signature.	06/12/2017	TRAVIS SORENSEN	RAVIS SORENSEN				
HERE	Signature of plan administrator	Date	Enter name of individual signing as plan administrator					
SIGN								
HERE	Signature of employer/plan sponsor	Date	Enter name of individ	ual signing as employer or plan sponsor				
Preparer's	name (including firm name, if applicable) and address (include	room or suite numbe	r )	Preparer's telephone number				

Form 5500-SF 2016 Page **2** 

If you answered "No" to either line 6a or line 6b, the plan cannot use Form 5500-SF and must instead use Form 5500.  c If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)?	<b>6a</b> Were all of the plan's assets during the plan year invested in eligib	ole assets?	(See instructions.)						X Yes	No
If you answered "No" to either line 6 aor line 6b, the plan cannot use Form 5500-\$F and must instead use Form 5500.  C If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)?									X Yes	No
Part III   Financial Information   (a) Beginning of Year   (b) End of Year   229843   The Assets and Liabilities   (a) Beginning of Year   166162   229843   The Assets and Liabilities   7b   166162   229843   The Assets and Liabilities   7b   166162   229843   The Assets (a) End of Year   239843	` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` `		,					•••••		1
7 Plan Assets and Liabilities (a) Beginning of Year (b) End of Year 229843 a Total plan assets 7 166182 229843 b Total plan iabilities 7 7 16 166182 229843 c Net plan assets (subtract line 7b from line 7a) 7c 166182 229843 a Income, Expenses, and Transfers for this Plan Year (a) Amount (b) Total a Contributions received or receivable from: (1) Employers 84(1) 19 Employers	<b>C</b> If the plan is a defined benefit plan, is it covered under the PBGC in	nsurance p	rogram (see ERISA se	ection 4	021)?		Yes	No I	Not determ	ined
a Total plan labilities. 78 166182 229843 b Total plan labilities. 78 76 166182 229843 c Net plan assets (subtract line 79 from line 7a). 7c 166182 229843 8 Income, Expenses, and Transfers for this Plan Year (a) Amount (b) Total a Contributions received or receivable from: (1) Employers	Part III Financial Information									
B Total plan liabilities	7 Plan Assets and Liabilities		(a) Beginning	of Year			(	b) End of Y	'ear	
C Net plan assets (subtract line 7b from line 7a)	a Total plan assets	7a		166182					229843	
8 Income, Expenses, and Transfers for this Plan Year a Contributions received or receivable from: (1) Employers (2) Participants (3) Others (including rollovers)	<b>b</b> Total plan liabilities	7b								
a Contributions received or receivable from: (i) Employers (ii) Employers (iii) Employers (iiii) Employers (iiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiii	C Net plan assets (subtract line 7b from line 7a)	7c		166182					229843	
(2) Participants	8 Income, Expenses, and Transfers for this Plan Year		(a) Amour	nt				(b) Total		
(2) Participants		92/1)		19681						
(3) Others (including rollovers)				29790						
b Other income (loss)										
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)				16956						
d Benefits paid (including direct rollovers and insurance premiums to provide benefits)									66427	
to provide benefits)		- 55								
f Administrative service providers (salaries, fees, commissions)		8d			_					
g Other expenses	<b>e</b> 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		2766						
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								
Part IV   Plan Characteristics		8i							63661	
Second	j 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										
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)		n feature co	des from the List of Pl	an Cha	racteri	stic Co	des in	the instructi	ons:	
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>b</b> If the plan provides welfare benefits, enter the applicable welfare f	feature cod	es from the List of Pla	n Chara	acterist	tic Cod	les in t	he instructio	ns:	
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)	Part 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 During the plan year:				Yes	No	N/A	Α	mount	
b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)			•		×					1202
reported on line 10a.)				10a						1202
d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?				10b		X				
by fraud or dishonesty?	C Was the plan covered by a fidelity bond?			10c	X					5000
carrier, insurance service, or other organization that provides some or all of the benefits under the plan? (See instructions.)				10d		X				
g Did the plan have any participant loans? (If "Yes," enter amount as of year-end.)	carrier, insurance service, or other organization that provides son	ne or all of	the benefits under	10e		X				
g Did the plan have any participant loans? (If "Yes," enter amount as of year-end.)	f Has the plan failed to provide any benefit when due under the pla	an?		10f		X				
2520.101-3.)	g Did the plan have any participant loans? (If "Yes," enter amount a	as of year-e	end.)			X				
i If 10h was answered "Yes," check the box if you either provided the required notice or one of the				10h		X				
	i If 10h was answered "Yes," check the box if you either provided t	the required	d notice or one of the	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					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		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 t Day		of the lette Year _	r 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 N	0
	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		e 		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	<b>2)</b> EIN(s)		13c(3	<b>)</b> PN(s)
Part	VIII	Trust Information					
14a	Name	of trust		14b	Trust's E	ΞIN	
14c	Name	of trustee or custodian				s or custodi 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 [	"Prior ye test	ar" ADP
			Gur 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 perd test	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 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		Ye	s [	No	
19	Wasa	any plan participant a 5% owner who had attained at least age 70 $\frac{1}{2}$ during the prior plan year?	•••••	. Ye	s	No	

## Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Pension Benefit Guaranty Corporation

Employee Benefits Security Administration

## 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** 

	Allilual Kepon	t Identification Information		1 11	10/21/2016	The state of the s
For calendar	r plan year 2016 or	fiscal plan year beginning	01/01/2016	and ending	12/31/2016	
A This retu	rn/report is for:	X a single-employer plan	a multiple-employer plar list of participating emp	n (not multiemployer) (F loyer information in ac	Filers checking this bo cordance with the forr	ox must attach a m instructions.)
24 11110 1010	.,,,,,,	a one-participant plan	a foreign plan			
<b>B</b> This retur	n/report is	the first return/report	the final return/report			
inis retur	Tirreport is	an amended return/report	a short plan year return/	report (less than 12 mo	onths)	
C Check ho	ox if filing under:	Form 5558	automatic extension			
O CHECK DO	ox ir ming andor.			1	DFVC program	
		special extension (enter desc				
Part II		ormation—enter all requested in	nformation		1b Three-digit	
1a Name o	1.5		n		plan number	001
Travis A	. Sorensen,	D.M.D., PLLC 401(k)	Retirement Plan		(PN) <b>&gt;</b>	
					1c Effective date of 01/01/2013	I TO THE PARTY OF
20 Diamen		loyer, if for a single-employer plan)			2b Employer Ident	
Mailing	address (include ro	om, apt., suite no, and street, or P.	O. Box)		(EIN)20-510	
City or t	town, state or provir	nce, country, and ZIP or foreign pos	stal code (if foreign, see instru	ictions)	2c Sponsor's tele	f.
Travis	A. Sorensen	, D.M.D., PLLC			206-937-60	
1116 Ca	lifornia Ave	anue SW			2d Business code 621210	(see instructions)
Suite 1		Jide BW			021210	
Seattle		WA 98116				
		and address X Same as Plan Spo	onsor.		3b Administrator's	EIN
4 If the n	name and/or EIN of	the plan sponsor has changed since	e the last return/report filed fo	r this plan, enter the	4b EIN	
		number from the last return/report.			4c PN	
a Sponso						
		to at the beginning of the plan year				12
<b>b</b> Total n		nts at the beginning of the plan year			. 5a	12
a Number	number of participar	nts at the end of the plan year			5a 5b	12
c Numbe	er of participants wit	nts at the end of the plan year th account balances as of the end o	of the plan year (only defined	contribution plans	5a 5b 5c	10
C Number	er of participants will ete this item)	nts at the end of the plan year th account balances as of the end c	of the plan year (only defined	contribution plans	5a 5b	10
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c Number completed (1) Total d(2) Total e Number	er of participants wi lete this item) al number of active al number of active per of participants th	th account balances as of the end of the plan year  participants at the beginning of the participants at the end of the plan year terminated employment during the	of the plan year (only defined plan year	contribution plans	5a 5b 5c 5d(1)	10 10 11 7
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c Number completed (1) Total (2) Tot	er of participants will tete this item)	participants at the beginning of the participants at the beginning of the participants at the end of the plan y nat terminated employment during the or incomplete filing of this return other penalties set forth in the instrict and signed by an enrolled actuary implete.	plan year (only defined plan year	contribution plans  mefits that were less  unless reasonable ca examined this return/resion of this return/repo  Travis Sorens  Enter name of individual candidates  Enter name of individual candidates	5a 5b 5c 5d(1) 5d(2) 5e suse is established. eport, including, if apprt, and to the best of recent dual signing as plan at the series.	10 10 11 7 2 dicable, a Schedule my knowledge and
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If you answered "No" to either line & aor line &b, the plan cannot use Form \$500-\$F and must instead use Form \$500.  If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)?	<ul> <li>Were all of the plan's assets during the plan year invested in eligible</li> <li>Are you claiming a waiver of the annual examination and report of a under 29 CFR 2520.104-46? (See instructions on waiver eligibility and the plan's assets during the plan year invested in eligible</li> </ul>	n independ and conditio	lent qualified public acns.)	counta	nt (IQF	PA) 			X Yes X Yes	No No
Part III	If you answered "No" to either line 6a or line 6b, the plan cannot	ot use Forn	n 5500-SF and must	instea	d use	Form	5500.			
7   Plan Assets and Liabilities	c If the plan is a defined benefit plan, is it covered under the PBGC in	surance pro	gram (see ERISA sec	ction 40	21)?	📙	Yes	No L	Not dete	rmined
a Total plan assets	Part III Financial Information									
a Total plan assets	7 Plan Assets and Liabilities		(a) Beginning of	f Year			(b	) End o		
b Total plan liabilities	a Total plan assets	7a		166,1	L82				22	29,843
C Not plan assess subordardine? Or him for 3).  8 Income, Expenses, and Transfers for this Plan Year  C Contributions received or receivable from:  (1) Employers.  8a(2) 29,790  (3) Others (including rollovers).  8a(3)  5 Other income (loss).  8 D 16,956  C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b).  8 C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b).  8 C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b).  8 C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b).  8 C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b).  9 C Entain deemed and/or corrective distributions (see instructions).  8 D 2,766  9 Other expenses.  8 D 2,766  9 Other expenses.  8 D 2,766  9 Other expenses (add lines 8d, 8e, 8f, and 8g).  9 Transfers to (from) the plan (see instructions).  8 D 3 D 1 Transfers (from) the plan (see instructions).  8 D 1 Transfers to (from) the plan (see instructions).  8 D 1 Transfers to (from) the plan (see instructions).  8 D 2,766  9 D 1 Transfers to (from) the plan (see instructions).  9 D 1 If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:  2 D 2 E 27		7b								
a Contributions received or receivable from: (1) Employers (2) Participants (3) Others (including rollovers) (3) Others (including rollovers) (4) Bag(3) (5) Others (including rollovers) (6) Bag(3) (7) Others (including rollovers) (8) Bag(3) (8) Bag(3) (8) Bag(3) (8) Bag(4) (8) Bag(5) (8) Bag(6) (8) Bag(7) (	C Net plan assets (subtract line 7b from line 7a)	7c		166,1	L82				22	29,843
a Contributions received or receivable from: (1) Employers. (2) Participants. (3) Others (including ollovers). (3) Other sinchouring collovers). (3) Other income (loss). (4) Benefits paid (including ollovers). (5) Other income (loss). (6) Benefits paid (including direct rollovers and insurance premiums to provide benefits). (6) Benefits paid (including direct rollovers and insurance premiums to provide benefits). (7) Benefits paid (including direct rollovers and insurance premiums to provide benefits). (8) Benefits paid (including direct rollovers and insurance premiums to provide benefits). (8) Benefits paid (including direct rollovers and insurance premiums to provide benefits). (8) Benefits paid (including direct rollovers and insurance premiums to provide benefits). (8) Benefits paid (including direct rollovers and insurance premiums to provide benefits). (8) Benefits paid (including direct rollovers and insurance premiums to provide benefits). (8) Benefits paid (including direct rollovers distributions (see instructions). (8) Benefits paid (including direct rollovers (salaries, fees, commissions). (9) Benefits paid (including direct rollovers (salaries, fees, commissions). (9) Benefits paid (including direct rollovers (salaries, fees, commissions). (9) Benefits paid (including direct rollovers (salaries, fees, commissions). (9) Benefits paid (including direct rollovers (salaries, fees, commissions). (1) Part IV Plan Characteristics (1) Part IV Plan Characteristics (2) Benefits paid (including direct rollovers (salaries, fees, commissions). (1) Benefits paid (including direct rollovers). (1) Benefits paid (including direct rollovers). (2) Benefits paid (including direct rollovers). (3) Benefits paid (including direct rollovers). (4) Benefits paid (including direct rollovers). (5) Benefits paid (including direct rollovers). (6) Benefits paid (including direct rollovers). (8) Benefits paid (including direct rollovers). (8) Benefits paid (including direct rollovers). (8) Benefits paid (includin direct rollover	8 Income, Expenses, and Transfers for this Plan Year		(a) Amount					(b) To	tal	
(1) Employers	a Contributions received or receivable from:	0 (4)		19.6	581					
(2) Participants (including rollovers)					_					
b Other income (loss)				23,	750					
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)		``		16 (	256					
d Senefits paid (including direct rollovers and insurance premiums to provide benefits).  e Cartain deemed and/or corrective distributions (see instructions)  8				10,	750					66,427
e Certain deemed and/or corrective distributions (see instructions) 8e f Administrative service providers (salaries, fees, commissions) 8f f Administrative service providers (salaries, fees, commissions) 8f g Other expenses		8c			-					, , , ,
e Certain deemed and/or corrective distributions (see instructions)	d Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		· >> - + - T = 1/1000 ( a caca-						
f Administrative service providers (salaries, fees, commissions)	· · · · · · · · · · · · · · · · · · ·	8e								
Bother expenses   Section   Sectio				. 2,	766					
h Total expenses (add lines 8d, 8e, 8f, and 8g)	A 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	8g				400				
i Net income (loss) (subtract line 8h from line 8c)										2,766
Transfers to (from) the plan (see instructions)		8i								63,661
Part IV   Plan Characteristics										
If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:   2A 2E 2J 2K 3D		1 01								
Part V   Compliance Questions	9a If the plan provides pension benefits, enter the applicable pension	feature cod	des from the List of Pla	an Cha	racteris	stic Co	des in t	the instr	uctions:	
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?  10d X  10e  The fithis is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520, 101-3.)	2A 2E 2J 2K 3D		3. 2							
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 If the plan provides welfare benefits, enter the applicable welfare f	eature code	es from the List of Plan	n Chara	acterist	ic Cod	les in th	ne instru	ctions:	
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)		****								
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)	Part V   Compliance Questions				l v	NI-	LAVA I			
described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)				-	Yes	NO	N/A		Amount	
b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	a Was there a failure to transmit to the plan any participant contribu	utions withir Voluntary F	the time period iduciary Correction		.,,					
b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	Program)			10a	X					12,026
C Was the plan covered by a fidelity bond?	<b>b</b> Were there any nonexempt transactions with any party-in-interes	t? (Do not i	nclude transactions	401		Х				
d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?				100	-					FO 000
by fraud or dishonesty?	·			10c	X					50,000
carrier, insurance service, or other organization that provides some or all of the benefits under the plan? (See instructions.)	by fraud or dishonesty?			10d		Х				
f Has the plan failed to provide any benefit when due under the plan?	carrier, insurance service, or other organization that provides sor	me or all of	the benefits under	10e		Х				—— (A.2.15)
g Did the plan have any participant loans? (If "Yes," enter amount as of year-end.)				10f		Х				
h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)				10g		Х				
is 1540b was appropriat "Yes," check the box if you either provided the required notice or one of the	h If this is an individual account plan, was there a blackout period?	(See instru	uctions and 29 CFR			Х	100			
exceptions to providing the notice applied under 29 CFR 2520.101-3	i If 10h was answered "Yes." check the box if you either provided	the required	d notice or one of the	10i						

Form 5500-SF 2016 Page <b>3-</b>						
VI Pension Funding Compliance	Character and the control of the con					
Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete (Form 5500) and line 11a below)	Sche	edule SE	3 	. Ye	s No	
Enter the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40		11a				
Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or s	ection	302 of		. Ye	s X No	
If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instruction	s, and	enter the Day	ne date	of the letter i	ruling	
you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.	742-77-1-100					
		12b				
Enter the amount contributed by the employer to the plan for this plan year		12c				
Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a		12d				
Will the minimum funding amount reported on line 12d be met by the funding deadline?			Yes	No L	N/A	
VII Plan Terminations and Transfers of Assets						
			Yes	X No		
If "Yes," enter the amount of any plan assets that reverted to the employer this year		13a				
					Yes X No	
If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the pwhich assets or liabilities were transferred. (See instructions.)	olan(s)	) to				
13c(1) Name of plan(s):	13c(2)	EIN(s)		13c(3)	PN(s)	
				8		
VIII Trust Information						
		14b	Trust's (	ΞIN		
Name of trustee or custodian		10			an's	
t IX IRS Compliance Questions				20		
	Yes			No		
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 Curr	harbor ent year		Prior yea	ar" ADP	
What testing method was used to satisfy the coverage requirements under section 410(b) for the plan year? Check all that apply:					□ 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		
				LL	date of	
	Us this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete (Form 5500) and line 11a below).  Enter the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40.  Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or sERISA?.  (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)  If a walver of the minimum funding standard for a prior year is being amortized in this plan year, see instruction granting the walver.  Month you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13. Enter the minimum required contribution for this plan year.  Enter the amount contributed by the employer to the plan for this plan year.  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).  Will the minimum funding amount reported on line 12d be met by the funding deadline?  VII Plan Terminations and Transfers of Assets  Has a resolution to terminate the plan been adopted in any plan year?  If "Yes," enter the amount of any plan assets that reverted to the employer this year.  Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought und control of the PBGC?  If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the position and plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the position and the plan satisfy the nondiscrimination requirements for employee deferrals under section 401(k)(3) for the plan year? Check all that apply:    It steep plan a 401(k) plan? If "No," skip b.   It will be plan satisfy the nondiscrimination requirements of sections 410(b) for the plan year? Check all that apply:   It was plan year? Check all that apply:	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Sche (Form 5500) and line 11a below)	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SE (Form 5500) and line 11a below).  Enter the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form 5500) line 40	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB	

No

No

Yes

Yes

18 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 separated from service?

19 Was any plan participant a 5% owner who had attained at least age 70 ½ during the prior plan year? .....