Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation

Annual Report Identification Information

For calendar plan year 2016 or fiscal plan year beginning

Benefit Plan

Short Form Annual Return/Report of Small Employee

This form is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA), and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

2016

This Form is Open to **Public Inspection**

OMB Nos. 1210-0110

1210-0089

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

and ending

12/31/2016

| A ==0.10 mag | to made a contract of the con- | X a single-employer plan | a multiple-employer plan (not multiemployer) (Filers checking this box mus list of participating employer information in accordance with the form instru | | | | | | |
|--|--|---|--|---|--|---|--|--|--|
| A This ret | turn/report is for: | a one-participant plan | a foreign plan | employer information in a | ccordance with the to | rm instructions.) | | | |
| _ | | | | | | | | | |
| B This retu | urn/report is | the first return/report | the final return/report | | oonths) | | | | |
| • | | an amended return/report | | urn/report (less than 12 m | _ | | | | |
| C Check I | box if filing under: | Form 5558 | automatic extension | า | DFVC program | | | | |
| D 1 II | Design Bloom to | special extension (enter desc | | | | | | | |
| Part II | | ormation—enter all requested in | nformation | | 4 h = Thomas (1999) | | | | |
| 1a Name SEATTLE SO | of plan OUNDERS FC 401(k | X) PLAN | | | 1b Three-digit plan number (PN) ▶ | 001 | | | |
| | | | | | 1c Effective date | of plan /01/2010 | | | |
| 2a Plan si | ponsor's name (empl | loyer, if for a single-employer plan) | | | 2b Employer Ider | | | | |
| Mailing | g address (include ro | | 2503037 | | | | | | |
| SEATTLE SO | town, state or provin | 2c Sponsor's tele | ephone number 12-1200 | | | | | | |
| | | | | | 2d Business code | e (see instructions) | | | |
| 159 SOUTH SEATTLE, W | JACKSON ST, SUIT /A 98104 | E 200 | | | 71 | 1210 | | | |
| - , | | | | | | | | | |
| 3a Plan a | dministrator's name a | and address 🛚 Same as Plan Spo | onsor. | | 3b Administrator's | s EIN | | | |
| | | | | | 3c Administrator's | s telephone number | | | |
| | | | | | | · | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| A If the | nama and/ar FIN of th | | a the leat return/report file | d for this plan cotor the | Ab EN | | | | |
| | | he plan sponsor has changed since umber from the last return/report. | e the last return/report file | d for this plan, enter the | 4b EIN | | | | |
| name | | | e the last return/report filed | d for this plan, enter the | 4c PN | | | | |
| name a Spons | , EIN, and the plan no or's name | | · | · · · · · · · · · · · · · · · · · · · | 4c PN 5a | 108 | | | |
| name a Spons 5a Total i b Total i | , EIN, and the plan noor's name number of participant number of participant | umber from the last return/report. ts at the beginning of the plan year ts at the end of the plan year | | | 4c PN | 108 111 | | | |
| name a Spons 5a Total i b Total i c Numb | , EIN, and the plan no or's name number of participant number of participant per of participants with | umber from the last return/report. | f the plan year (only defin | ed contribution plans | 4c PN 5a | | | | |
| name a Spons 5a Total I b Total I c Numb | , EIN, and the plan no or's name number of participant number of participant eer of participants with lete this item) | umber from the last return/report. ts at the beginning of the plan year ts at the end of the plan year n account balances as of the end o | f the plan year (only defin | ed contribution plans | 4c PN 5a 5b 5c 5d(1) | 111 | | | |
| name a Spons 5a Total I b Total I c Numb compl d(1) Total d(2) Total | , EIN, and the plan noor's name number of participant number of participant per of participants with lete this item) | ts at the beginning of the plan year at the end of the plan year account balances as of the end of the plan year articipants at the beginning of the plan year tricipants at the end of the plan year | f the plan year (only defin | ed contribution plans | 4c PN 5a 5b 5c | 111 85 | | | |
| name a Spons 5a Total I b Total I c Numb compl d(1) Total d(2) Total e Numb | p. EIN, and the plan not or's name number of participant or of participant or of participants with lete this item) | ts at the beginning of the plan year at the end of the plan year | f the plan year (only defin | ed contribution plans | 4c PN 5a 5b 5c 5d(1) | 111 85 103 96 | | | |
| name a Spons 5a Total i b Total i c Numb compl d(1) Tota d(2) Tot e Numb than Caution: A | per of participants all number of participants are fully all number of participants with lete this item) | ts at the beginning of the plan year at the end of the plan year | of the plan year (only definon) plan year ear plan year with accrued or plan year will be assessed | ed contribution plans benefits that were less | 4c PN 5a 5b 5c 5d(1) 5d(2) 5e suse is established. | 111 85 103 96 | | | |
| name a Spons 5a Total i b Total i c Numb compl d(1) Tota d(2) Tot e Numb than Caution: A | , EIN, and the plan not or's name number of participant number of participant per of participants with lete this item) | ts at the beginning of the plan year at the end of the plan year | of the plan year (only definance) plan year pear pe plan year with accrued of the plan year will be assessed to tions, I declare that I ha | ed contribution plans benefits that were less ed unless reasonable ca | 4c PN 5a 5b 5c 5d(1) 5d(2) 5e suse is established. eport, including, if app | 111 85 103 96 0 | | | |
| name a Spons 5a Total i b Total i c Numb compl d(1) Tota d(2) Tot e Numb than Caution: A Under pens SB or Sche | , EIN, and the plan noor's name number of participant number of participants with lete this item) | ts at the beginning of the plan year at the end of the plan year | f the plan year (only definance) plan year pear pe plan year with accrued or plan year will be assessed actions, I declare that I has as well as the electronic or plan year. | ed contribution plans benefits that were less ed unless reasonable ca we examined this return/report | 4c PN 5a 5b 5c 5d(1) 5d(2) 5e suse is established. eport, including, if app | 111 85 103 96 0 | | | |
| name a Spons 5a Total i b Total i c Numb compl d(1) Tota d(2) Tot e Numb than Caution: A Under pena SB or Sche belief, it is | p. EIN, and the plan neor's name number of participant number of participants with lete this item) | ts at the beginning of the plan year at the end of the plan year | of the plan year (only definance) plan year pear pe plan year with accrued of the plan year will be assessed actions, I declare that I ha | ed contribution plans benefits that were less ed unless reasonable ca | 4c PN 5a 5b 5c 5d(1) 5d(2) 5e suse is established. eport, including, if app | 111 85 103 96 0 | | | |
| name a Spons 5a Total I b Total I c Numb compl d(1) Tota d(2) Tot e Numb than Caution: A Under pena SB or Sche belief, it is | , EIN, and the plan noor's name number of participant number of participants with lete this item) | ts at the beginning of the plan year at the end of the plan year | f the plan year (only definance) plan year pear pe plan year with accrued or plan year will be assessed actions, I declare that I has as well as the electronic or plan year. | benefits that were less ed unless reasonable ca we examined this return/report version of this return/report | 4c PN 5a 5b 5c 5d(1) 5d(2) 5e suse is established. eport, including, if app | 111 85 103 96 0 olicable, a Schedule my knowledge and | | | |
| name a Spons 5a Total I b Total I c Numb compl d(1) Tota d(2) Tot e Numb than Caution: A Under pena SB or Sche belief, it is to | p. EIN, and the plan neor's name number of participant number of participants with lete this item) | ts at the beginning of the plan year at the end of the plan year | f the plan year (only definolan year | benefits that were less ed unless reasonable ca ve examined this return/report version of this return/report TOM RILEY Enter name of individ | 4c PN 5a 5b 5c 5d(1) 5d(2) 5e suse is established. eport, including, if apprt, and to the best of reduced to the b | 111 85 103 96 0 Dilicable, a Schedule my knowledge and dministrator | | | |
| name a Spons 5a Total I b Total I C Numb compl d(1) Tota d(2) Tot e Numb than Caution: A Under pens SB or Sche belief, it is SIGN HERE SIGN HERE | p. EIN, and the plan nor's name number of participant number of participants with lete this item) | ts at the beginning of the plan year its at the end of the plan year | f the plan year (only definolan year | ed contribution plans benefits that were less ed unless reasonable ca we examined this return/re version of this return/repor | 4c PN 5a 5b 5c 5d(1) 5d(2) 5e suse is established. eport, including, if apprt, and to the best of reduced to the best of reduced signing as plan and the best of reduced signing as emplored. | 111 85 103 96 0 Discable, a Schedule my knowledge and dministrator yer or plan sponsor | | | |
| name a Spons 5a Total I b Total I C Numb compl d(1) Tota d(2) Tot e Numb than Caution: A Under pens SB or Sche belief, it is SIGN HERE SIGN HERE | p. EIN, and the plan nor's name number of participant number of participants with lete this item) | ts at the beginning of the plan year at the end of the plan year | f the plan year (only definolan year | ed contribution plans benefits that were less ed unless reasonable ca we examined this return/re version of this return/repor | 4c PN 5a 5b 5c 5d(1) 5d(2) 5e suse is established. eport, including, if apprt, and to the best of reduced to the b | 111 85 103 96 0 Discable, a Schedule my knowledge and dministrator yer or plan sponsor | | | |
| name a Spons 5a Total I b Total I C Numb compl d(1) Tota d(2) Tot e Numb than Caution: A Under pena SB or Sche belief, it is SIGN HERE SIGN HERE | p. EIN, and the plan nor's name number of participant number of participants with lete this item) | ts at the beginning of the plan year its at the end of the plan year | f the plan year (only definolan year | ed contribution plans benefits that were less ed unless reasonable ca we examined this return/re version of this return/repor | 4c PN 5a 5b 5c 5d(1) 5d(2) 5e suse is established. eport, including, if apprt, and to the best of reduced to the best of reduced signing as plan and the best of reduced signing as emplored. | 111 85 103 96 0 Discable, a Schedule my knowledge and dministrator yer or plan sponsor | | | |
| name a Spons 5a Total I b Total I C Numb compl d(1) Tota d(2) Tot e Numb than Caution: A Under pens SB or Sche belief, it is SIGN HERE SIGN HERE | p. EIN, and the plan nor's name number of participant number of participants with lete this item) | ts at the beginning of the plan year its at the end of the plan year | f the plan year (only definolan year | ed contribution plans benefits that were less ed unless reasonable ca we examined this return/re version of this return/repor | 4c PN 5a 5b 5c 5d(1) 5d(2) 5e suse is established. eport, including, if apprt, and to the best of reduced to the best of reduced signing as plan and the best of reduced signing as emplored. | 111 85 103 96 0 Discable, a Schedule my knowledge and dministrator yer or plan sponsor | | | |
| name a Spons 5a Total I b Total I C Numb compl d(1) Tota d(2) Tot e Numb than Caution: A Under pens SB or Sche belief, it is SIGN HERE SIGN HERE | p. EIN, and the plan nor's name number of participant number of participants with lete this item) | ts at the beginning of the plan year its at the end of the plan year | f the plan year (only definolan year | ed contribution plans benefits that were less ed unless reasonable ca we examined this return/re version of this return/repor | 4c PN 5a 5b 5c 5d(1) 5d(2) 5e suse is established. eport, including, if apprt, and to the best of reduced to the best of reduced signing as plan and the best of reduced signing as emplored. | 111 85 103 96 0 Discable, a Schedule my knowledge and dministrator yer or plan sponsor | | | |

Form 5500-SF 2016 Page **2**

| | Were all of the plan's assets during the plan year invested in eligib 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 cann | an indepe and condi | ndent qualified public a | account | ant (IC | (PA) | | | | /es No |
|-----|---|------------------------|--------------------------|-------------------|----------|---------|----------|----------|-------------------|------------|
| | 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 o | determined |
| | rt III Financial Information | | | | | | | | | |
| 7 | Plan Assets and Liabilities | _ | (a) Beginning | of Year 767937 | | | | (b) Enc | l of Year 2204 | 113 |
| | Total plan lightilities | 7a | ' | 101931 | | | | | 2204 | +10 |
| | Total plan liabilities | 7b | 1 | 767937 | | | | | 2204 | 413 |
| 8 | Income, Expenses, and Transfers for this Plan Year | 7c | (a) Amour | .4 | | | | /b) ' | Total | |
| a | Contributions received or receivable from: | | (a) Amour | ıτ | | | | (a) | TOTAL | |
| | (1) Employers | 8a(1) | | 230117 | | | | | | |
| | (2) Participants | 8a(2) | | 471346 | | | | | | |
| | (3) Others (including rollovers) | 8a(3) | | 5781 | | | | | | |
| b | Other income (loss) | 8b | | 151217 | | | | | | |
| С | Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) | 8c | | | | | | | 858 | 461 |
| d | Benefits paid (including direct rollovers and insurance premiums to provide benefits) | 8d | | 420265 | | | | | | |
| е | Certain deemed and/or corrective distributions (see instructions). | 8e | | | | | | | | |
| f | Administrative service providers (salaries, fees, commissions) | 8f | | 1720 | | | | | | |
| q | Other expenses | 8g | | | | | | | | |
| | Total expenses (add lines 8d, 8e, 8f, and 8g) | 8h | | | | | | | 421 | 985 |
| i | Net income (loss) (subtract line 8h from line 8c) | 8i | | 4364 | | | | | 476 | |
| j | Transfers to (from) the plan (see instructions) | 8i | | | | | | | | |
| Pai | rt IV Plan Characteristics | | | | | | | | | |
| 9a | If the plan provides pension benefits, enter the applicable pension 2E 2F 2G 2J 2K 2T 3D | feature co | odes from the List of Pl | an Cha | racteri | stic Co | odes in | the ins | tructions: | |
| 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 insti | uctions: | |
| | | | | | | | | | | |
| Par | t V Compliance Questions | | | | • | | • | | | |
| 10 | During the plan year: | | | | Yes | No | N/A | | Amou | nt |
| а | Was there a failure to transmit to the plan any participant contributed described in 29 CFR 2510.3-102? (See instructions and DOL's \Program) | oluntary F | Fiduciary Correction | 10a | X | | | | | 41609 |
| b | Were there any nonexempt transactions with any party-in-interest reported on line 10a.) | | | 10b | | X | | | | |
| С | Was the plan covered by a fidelity bond? | | | 10c | X | | | | | 1000000 |
| d | Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty? | | | 10d | | X | | | | |
| е | Were any fees or commissions paid to any brokers, agents, or oth carrier, insurance service, or other organization that provides son the plan? (See instructions.) | ne or all of | the benefits under | 10e | | X | | | | |
| f | Has the plan failed to provide any benefit when due under the pla | an? | | 10f | | X | | | | |
| g | Did the plan have any participant loans? (If "Yes," enter amount a | as of year- | end.) | 10g | | X | | | | |
| h | 2520.101-3.) | | | 10h | | X | | | | |
| i | If 10h was answered "Yes," check the box if you either provided t exceptions to providing the notice applied under 29 CFR 2520.10 | | | 10i | | | | | | |

| Form | 5500 | -SF | 201 | 6 |
|------|------|-----|-----|---|
| | | | | |

| Page 3- | 1 |
|---------|---|
|---------|---|

| Part | VI | Pension Funding Compliance | | | | | | |
|----------|---------|--|-----------|------------------------|-------------------|-----------|--------------------------|-----------------|
| 11 | | s a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and c n 5500) and line 11a below) | | | | | | Yes X No |
| | | r the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40 | | | | | | |
| 12 | | is a defined contribution plan subject to the minimum funding requirements of section 412 of the Co A? | | | | | | Yes X No |
| | (If "\ | es," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.) | | | | | | |
| | grant | raiver of the minimum funding standard for a prior year is being amortized in this plan year, see ins ing the waiver | onth _ | s, and | d enter t Day | | of the lette Year _ | er ruling |
| If | you c | ompleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 1 | 13. | 1 | | 1 | | |
| <u>b</u> | Enter | the minimum required contribution for this plan year | | | 12b | | | |
| С | Enter | the amount contributed by the employer to the plan for this plan year | | | 12c | | | |
| d | | ract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the l tive amount) | | | 12d | | | |
| | | 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 | | | 1 | | | |
| 13a | Has a | a resolution to terminate the plan been adopted in any plan year? | | | | Yes | s X N | lo |
| | If "Ye | 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 brougout of the PBGC? | | er the | | | Yes | No |
| С | | ring this plan year, any assets or liabilities were transferred from this plan to another plan(s), identinassets or liabilities were transferred. (See instructions.) | ify the p | lan(s) |) to | | | |
| | 13c(1) | Name of plan(s): | 1 | 3c(2) | EIN(s) | | 13c(3 | B) PN(s) |
| | | | | | | | | |
| Part | VIII | Trust Information | | | • | | | |
| 14a | Name | of trust | | | 14b ⁻ | Trust's E | ΞIN | |
| 14c | Name | of trustee or custodian | | | | | s or custod ne number | lian's |
| 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: | - LL ; | | n-based narbor | d [| Test | ear" ADP |
| | | | ΙП ' | "Curre | ent year test | <u>"</u> | 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/A |
| | for the | be 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 | | | | | | | |
| | letter | plan is an individually-designed plan that received a favorable determination letter from the IRS, er | nter the | date | of the m | nost rec | 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 sepa e? | | rom | 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? | | | Ye | s | No | |

Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation

Short Form Annual Return/Report of Small Employee Benefit Plan

This form is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA), and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

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

OMB Nos. 1210-0110 1210-0089

2016

This Form is Open to Public Inspection

| Part I | Annual Repor | Identification Information | | traditional to the Form | 0000-01. | |
|------------------|--|--|--|--|--------------------------------------|---|
| | | iscal plan year beginning | 01/01/2016 | and ending | 12/3 | 31/2016 |
| Δ Thie r | eturn/report is for: | X a single-employer plan | a multiple-employer | plan (not multiemployer |) (Filers checking | ng this box must attach a |
| A 1111311 | etam/report is for. | a one-participant plan | a foreign plan | employer information in | accordance witi | n the form instructions.) |
| B This re | turn/report is | the first return/report | the final return/repor | | | |
| C Charle | hav if filling and an | an amended return/report | a short plan year ret | urn/report (less than 12 | months) | |
| C Check | box if filing under: | Form 5558 special extension (enter descri | <pre>automatic extension ption)</pre> | | DFVC pro | gram |
| Part II | Basic Plan Info | prmation—enter all requested info | 32 - 320 - 320 - 320 - 320 - 320 - 320 - 320 - 320 - 320 - 320 - 320 - 320 - 320 - 320 - 320 - 320 - 320 - 320 | | | |
| 1a Name | | Trial an requested with | Jillation | | 1b Three-c | digit |
| | e Sounders FC | 401(k) Plan | | | plan nu (PN) | mber |
| | | | | | | e date of plan |
| 2a Dlan | ananaar'a nama (amala | yer, if for a single-employer plan) | | | 01/0 | 1/2010 |
| Mailin | ig address (include roo | nyer, it for a single-employer plan) m, apt., suite no. and street, or P.O. e, country, and ZIP or foreign posta | Box) | tructions) | | er Identification Number 26-2503037 |
| | Soccer LLC | -,, , and an on torong poole | . code (ii foreigh, see inc | ardonona) | | or's telephone number) 512-1200 |
| | | | | | 2d Busines | s code (see instructions) |
| 159 Sou | th Jackson St | , Suite 200 | | | 7112: | |
| Seattle | | | WA | A 98104 | | |
| 3a Plan a | administrator's name ar | nd address 🛭 Same as Plan Spons | sor. | | 3b Adminis | trator's EIN |
| 4 If the | name and/or EIN of the | plan sponsor has changed since the | ne last return/report filed | for this plan, enter the | 4b EIN | |
| | e, Env, and the plan hur or's name | nber from the last return/report. | | | 10 DN | |
| | | at the hadinaing of the plan year | | | 4c PN | 1.00 |
| | | at the beginning of the plan year | | | . 5a | 108 |
| b Total | number of participants | at the end of the plan year | | | 5b | 111 |
| comp | lete this item) | account balances as of the end of th | | I contribution plans | . 5c | 8.5 |
| | | ticipants at the beginning of the plan | 105 | | 5d(1) | 103 |
| d(2) Tot | al number of active par | ticipants at the end of the plan year | | | 5d(2) | 96 |
| than | 100% vested | erminated employment during the p | | | 5e | C |
| Caution: A | penalty for the late of | or incomplete filing of this return/ | report will be assessed | unless reasonable ca | use is establis | hed. |
| SB or Sche | edule MB completed an crue, correct, and comp | er penalties set forth in the instructi d signed by an enrolled actuary, as lete. | ons, I declare that I have well as the electronic ve | examined this return/re rsion of this return/repor | port, including, t, and to the be | if applicable, a Schedule st of my knowledge and |
| SIGN | 11 | alu | 7/13/17 | Tom Riley | | |
| HERE | Signature of plan ac | Iministrator | Date | Enter name of individ | ual signing as p | lan administrator |
| SIGN HERE | Signature of employ | var/nlan enoncor | Doto | Fatarana di di di | | |
| Preparer's | | ame, if applicable) and address (incl | Date ude room or suite numbe | er) | | mployer or plan sponsor ephone number |
| | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | , | add room or calle hambe | . , | r reparer s tere | sprione number |
| | | | | | | |

| | Form 5500-SF 2016 | | Page 2 | =: | | | | | | |
|-----|--|--------------------------------------|---|---------|-------------|----------------|----------|-----------------|----------------|--|
| b | Were all of the plan's assets during the plan year invested in eligion 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 | f an indepe and cond not use F | endent qualified public itions.)orm 5500-SF and mu | accou | ntant (| IQPA) e For | m 550 | D. | X Yes No | |
| С | If the plan is a defined benefit plan, is it covered under the PBGC | insurance | program (see ERISA s | section | 4021) | ? | Yes | No [| Not determined | |
| Pa | art III Financial Information | | | | | | | | 755010 | |
| 7 | Plan Assets and Liabilities | | (a) Beginning | of Yea | ır | | | (b) End of | Year | |
| a | Total plan assets | . 7a | | ,767, | | | | | 2,204,413 | |
| b | Total plan liabilities | . 7b | | | | | | | | |
| C | Net plan assets (subtract line 7b from line 7a) | . 7c | 1, | ,767, | 937 | | | | 2,204,413 | |
| 8 | Income, Expenses, and Transfers for this Plan Year | | (a) Amou | | | | | (b) Tota | ~ | |
| a | | | | | 110 | | | (-) | | |
| 7 | (1) Employers | | | 230, | | | | | | |
| - | (2) Participants | . 8a(2) | | 471, | | | | | | |
| | (3) Others (including rollovers) | . 8a(3) | | | 781 | | | | | |
| | Other income (loss) | . 8b | | 151, | 21/ | | | | | |
| | Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) Benefits paid (including direct rollovers and insurance premiums to provide benefits) | 8c 8d | | 420, | 265 | | 858,461 | | | |
| e | Certain deemed and/or corrective distributions (see instructions) | 8e | 1 490 - 11 100 | | | | | | | |
| f | Administrative service providers (salaries, fees, commissions) | 8f | | 1, | 720 | | | | | |
| g | Other expenses | 8g | | | | | | | | |
| h | Total expenses (add lines 8d, 8e, 8f, and 8g) | 8h | | | | | | 421,985 | | |
| i | Net income (loss) (subtract line 8h from line 8c) | 8i | | | | | | | 436,476 | |
| j | Transfers to (from) the plan (see instructions) | 8j | | | | 430,47 | | | 130/170 | |
| Pai | rt IV Plan Characteristics | , o _j | | | | | | | | |
| 9a | If the plan provides pension benefits, enter the applicable pension 2E 2F 2G 2J 2K 2T 3D | feature co | odes from the List of Pl | lan Cha | racter | istic C | odes ir | the instruct | ions: | |
| b | If the plan provides welfare benefits, enter the applicable welfare for | eature cod | les from the List of Pla | n Char | acteris | tic Co | des in t | the instruction | ons: | |
| Par | t V Compliance Questions | 20. | | | | | | | | |
| 10 | During the plan year: | | | | Yes | No | N/A | Д | mount | |
| а | Was there a failure to transmit to the plan any participant contribu described in 29 CFR 2510.3-102? (See instructions and DOL's V Program) | oluntary F | iduciary Correction | 10a | Х | | | | 41,609 | |
| b | Were there any nonexempt transactions with any party-in-interest reported on line 10a.) | ? (Do not i | nclude transactions | 10b | | Х | | | 11,003 | |
| С | Was the plan covered by a fidelity bond? | | | 10c | Х | | | | 1,000,000 | |
| d | Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty? | fidelity bor | nd, that was caused | 10d | | Х | | | 1,000,000 | |
| е | Were any fees or commissions paid to any brokers, agents, or oth carrier, insurance service, or other organization that provides som the plan? (See instructions.) | er persons | s by an insurance | 10e | | Y | | | | |

10f

10g

10h

X

Χ

X

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.)

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.....

| Form 5500-SF 2016 Page 3 - | 7 | | | | |
|--|-------------------|------------------------------|-----------|---------------------|-----------|
| | | | | | |
| Part VI Pension Funding Compliance | | | | 1000000 | |
| 11 Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions a (Form 5500) and line 11a below) | nd complete Sc | hedule S | SB | | Yes X N |
| 11a Enter the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 4 | 0 | . 11a | | | |
| 12 Is this a defined contribution plan subject to the minimum funding requirements of section 412 of th ERISA? (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.) | e Code or section | n 302 c | of | | Yes X N |
| If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see granting the waiver. | instructions, ar | nd enter Da | | of the lett Year | er ruling |
| If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to li | ne 13. | | <u></u> | Tear | |
| b Enter the minimum required contribution for this plan year | | 12b | | | |
| c Enter the amount contributed by the employer to the plan for this plan year | | 12c | | | |
| d Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to t negative amount) | he left of a | 12d | | | |
| e 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 | X N | 10 |
| If "Yes," enter the amount of any plan assets that reverted to the employer this year | | 13a | | | |
| b Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or br control of the PBGC? | ought under the | | | | |
| C If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), idwhich assets or liabilities were transferred. (See instructions.) | entify the plan(s |) to | | | |
| 13c(1) Name of plan(s): | 13c(2) | EIN(s) | | 13c(3 | B) PN(s) |
| | | | | | |
| Part VIII Trust Information | | | | 100 | |
| 14a Name of trust | | 14b T | rust's El | N | |
| 14c Name of trustee or custodian | | | | or custod number | ian's |
| Part IX IRS Compliance Questions | | 27 | | | |
| 15a Is the plan a 401(k) plan? If "No," skip b | Yes | | | No | |
| 15b How did the plan satisfy the nondiscrimination requirements for employee deferrals under section 401(k)(3) for the plan year? Check all that apply: | ☐ safe h | n-based arbor nt year" | | "Prior ye test | ar" ADP |
| | ☐ ADP te | | | N/A | |

16a What testing method was used to satisfy the coverage requirements under section 410(b) for the plan Ratio year? Check all that apply: Average percentage benefit test N/A test 16b Did the plan satisfy the coverage and nondiscrimination requirements of sections 410(b) and 401(a)(4) No Yes for the plan year by combining this plan with any other plan under the permissive aggregation rules?.... 17a If the plan is a master and prototype plan (M&P) or volume submitter plan that received a favorable IRS opinion letter or advisory letter, enter the date of the letter and the serial number 17b If the plan is an individually-designed plan that received a favorable determination letter from the IRS, enter the date of the most recent determination letter 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 Yes No 19 Was any plan participant a 5% owner who had attained at least age 70 ½ during the prior plan year? Yes No