For	m 5500-SF	Short Form Annua	al Return/Report Benefit Plan	of Small Emplo	oyee	0	MB Nos. 1210-0110 1210-0089
	tment of the Treasury nal Revenue Service	This form is required to be filed	065 of the Employee Re	etirement	-	2016	
			7(b) and 6058(a) of the		This Form is Open		
			ccordance with the instru	uctions to the Form 55	500-SF.	r ubii	c inspection
Part I)16	and onding 12	2/31/2016		
				<u> </u>		ing this box	must attach a
A This ret	urn/report is for:	a one-participant plan				-	
B This retu	urn/report is	the first return/report an amended return/report	the final return/report	n/report (less than 12 m	onths)		
C Check	box if filing under:	Form 5558	automatic extension	· · ·	-	rogram	
Part II	Basic Plan Inforr	mation—enter all requested info	ormation		-		
		() PROFIT SHARING PLAN			plan i	number	001
					1c Effec		
Mailing	address (include room,	apt., suite no. and street, or P.O.		uctions)	(EIN)	91-13	18411
					2c Spon	sor's teleph 360-435-	one number 2927
					2d Busin		,
3a Plan a	dministrator's name and	address X Same as Plan Spon	sor.		3b Admi	nistrator's E	IN
					3c Admin	nistrator's te	elephone number
			he last return/report filed fo	or this plan, enter the	4b EIN		
a Sponse	or's name				4c PN		
5a Total r	number of participants at	t the beginning of the plan year			5a		54
b Total r	number of participants at	t the end of the plan year			5b		51
					5c		51
d(1) Tota	al number of active partio	cipants at the beginning of the pla	n year		5d(1)		37
• •					5d(2)		35
than	100% vested						
Under pena SB or Sche	alties of perjury and othe edule MB completed and	r penalties set forth in the instruc signed by an enrolled actuary, as	tions, I declare that I have	examined this return/rep	port, includii	ng, if applica	
SIGN			07/24/2017	D.E. ROMMEL			
HERE	Signature of plan adr	ministrator	Date	Enter name of individu	ual signing a	as plan adm	inistrator
SIGN	Income Security Act of 1974 (FEISA), and sections 6057(b) and 6038(a) of the Internal Revenue Code (the Code). This Form is Open to Public Inspection The advanced Press Revenue Code (the Code). This Form is Open to Public Inspection The advanced Press Revenue Code (the Code). The advanced Public Inspection This Form is Open to Public Inspection This Form is Open to Public Inspection and ending. 1293/2016 and ending. 1293/2016 Colspan="2">Colspan="2">Colspan="2">This Form is Open to Public Inspection This Form is Open to Device Inspection Inspection Information Inspection Information The form 5558 automatic extension DFVC program gecial extension (enter description) The form 5558 automatic extension DFVC program gecial extension (enter description) The form 5558 automatic extension DFVC program Special extension (enter description) The form 5558 </td						
HERE							
Preparer's	name (including firm nar	ne, if applicable) and address (in	ciude room or suite numbe	r)	Preparer's	telephone	number

	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 a under 29 CFR 2520.104-46? (See instructions on waiver eligibility a If you answered "No" to either line 6a or line 6b, the plan cann If the plan is a defined benefit plan, is it covered under the PBGC in rt III Financial Information	an indeper and condit ot use Fo	ndent qualified public accountant (l itions.) rm 5500-SF and must instead us	QPA) Yes No
7	Plan Assets and Liabilities	-	(a) Beginning of Year	(b) End of Year
а	Total plan assets	7a	2355362	2678189
b	Total plan liabilities	7b		
С	Net plan assets (subtract line 7b from line 7a)	7c	2355362	2678189
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount	(b) Total
а	Contributions received or receivable from: (1) Employers	8a(1)	69187	
	(2) Participants	8a(2)	150040	
	(3) Others (including rollovers)	8a(3)	17	
b	Other income (loss)	8b	169660	
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c		388904
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	66077	

8e

8f

8g

8h

8i

8j

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

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

66077

322827

Part V Compliance Questions

2A 2E 2G 2J 2K 2T 3D

Part IV | Plan Characteristics

f

i i

j

9a

b

e Certain deemed and/or corrective distributions (see instructions).

g Other expenses.....

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

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

Administrative service providers (salaries, fees, commissions)

Transfers to (from) the plan (see instructions)

Fall	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		
С	Was the plan covered by a fidelity bond?	10c	Х			267819
d	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	10d		Х		
e	Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service, or other organization that provides some or all of the benefits under the plan? (See instructions.)	10e	x			9881
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			82864
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)					י 🗌 א	′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					. П Y	′es 🗙	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	uction	is, and	enter t	he date	of the lette	r 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		ract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the le tive 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 XN	0	
		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 🗙	No	
C	lf, du	uring this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify h assets or liabilities were transferred. (See instructions.)			to				
		Name of plan(s):	1	3c(2)	EIN(s)		13c(3) PN(s)	
	. ,			. ,					
Part	VIII	Trust Information							
14a	Name	of trust			14b ⊺	Trust's E	EIN		
14c	Name	e of trustee or custodian					s or custod ne number	an'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:		Desigi safe h	n-basec arbor	[Prior ye test	ar" ADP	
				"Curre ADP t	nt year' est	,	N/A		
16a		testing method was used to satisfy the coverage requirements under section 410(b) for the plan ? Check all that apply:		Ratio perce test	ntage		verage enefit test	N/	A
16b		ne 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		-			-			ł
17b	10 11	plan is an individually-designed plan that received a favorable determination letter from the IRS, end	ter the	date	of the m	ost rec	ent determi	nation	
	letter	//							
18	letter Defin Were		rated f	rom	Yes	6 [No		

Form 5500-SF	Short Form Annu		oort of Small Employee	OMB Nos. 1210-0 1210-00				
Department of the Treasury Internal Revenue Service	This form is required to be fil	Benefit Plan This form is required to be filed under sections 104 and 4065 of the Employed						
Department of Labor Employee Benefits Security Administration	Income Security Act of 197	4 (ERISA), and section	is 6057(b) and 6058(a) of the Interna	This Form is Open to				
Pension Benefit Guaranty Corporatio		Revenue Code (the	,	Public Inspection				
Part I Annual Repo	rt Identification Information		instructions to the Form 5500-SF	•				
	r fiscal plan year beginning 01/01/20	016	and ending 12/31/2016					
A This return/report is for:	X a single-employer plan	a multiple-employ list of participatir a foreign plan	yer plan (not multiemployer) (Filers c ng employer information in accordan	hecking this box must attach a ce with the form instructions.)				
B This return/report is	the first return/report	the final return/re	port					
	an amended return/report	- H	return/report (less than 12 months)					
C Check box if filing under:	Form 5558	automatic extens	sion DFN	/C program				
	special extension (enter desc	cription)						
Part II Basic Plan In	formation—enter all requested ir	formation						
a Name of plan	101(k) PROFIT SHARING PLAN			Three-digit Dian number				
				PN) 001				
				Effective date of plan				
a Plan sponsor's name (emp Mailing address (include ro	oloyer, if for a single-employer plan) bom, apt., suite no. and street, or P.0		2b E	mployer Identification Number				
	nce, country, and ZIP or foreign pos		Instructions)	(EIN) 91-1318411 2c Sponsor's telephone number				
STWORTH-ROMMEL, INC.				(360) 435-2927				
818 - 74TH AVE. N.E.				usiness code (see instructions) 38290				
				00200				
ILINOTONI MIA ODDOD								
	and address V Same as Plan Spa		26.4	desiring to the Pila				
RLINGTON, WA 98223 Ba Plan administrator's name	and address 🛛 Same as Plan Spo	nsor.	3b A	dministrator's EIN				
	and address 🏾 Same as Plan Spo	nsor.		dministrator's EIN dministrator's telephone numbe				
	and address 🛛 Same as Plan Spo	nsor.						
	and address 🛛 Same as Plan Spo	nsor.						
a Plan administrator's name	he plan sponsor has changed since		3c A	dministrator's telephone numbe				
a Plan administrator's name If the name and/or EIN of t name, EIN, and the plan n			Ied for this plan, enter the	dministrator's telephone numbe				
 Plan administrator's name If the name and/or EIN of the name, EIN, and the plan n Sponsor's name 	he plan sponsor has changed since umber from the last return/report.	the last return/report fi	led for this plan, enter the 4b E	dministrator's telephone numbe IN				
 a Plan administrator's name If the name and/or EIN of t name, EIN, and the plan n a Sponsor's name a Total number of participant 	he plan sponsor has changed since umber from the last return/report. ts at the beginning of the plan year	the last return/report fi	led for this plan, enter the 4b E 4c P 5a	dministrator's telephone numbe IN N 54				
 a Plan administrator's name If the name and/or EIN of t name, EIN, and the plan n a Sponsor's name a Total number of participant b Total number of participant 	he plan sponsor has changed since umber from the last return/report. Is at the beginning of the plan year is at the end of the plan year	the last return/report fi	led for this plan, enter the 4b E 4c P 5a 5b	dministrator's telephone numbe IN				
 a Plan administrator's name If the name and/or EIN of t name, EIN, and the plan n a Sponsor's name a Total number of participant b Total number of participants with complete this item) 	he plan sponsor has changed since umber from the last return/report. is at the beginning of the plan year is at the end of the plan year n account balances as of the end of	the last return/report find	led for this plan, enter the 4b E 4c P 5a 5b 5b ined contribution plans 5c	dministrator's telephone number IN N 54 51 51				
 Plan administrator's name If the name and/or EIN of transme, EIN, and the plan name, EIN, and the plan name, EIN, and the plan name, EIN a Sponsor's name Total number of participant Total number of participants with complete this item)	he plan sponsor has changed since umber from the last return/report. Is at the beginning of the plan year at the end of the plan year n account balances as of the end of articipants at the beginning of the pl	the last return/report fi the plan year (only def an year	led for this plan, enter the 4b E 4c P 5a 5b ined contribution plans 5c 5d(1	dministrator's telephone number IN N 54 51 51 37				
 a Plan administrator's name If the name and/or EIN of the name, EIN, and the plan nam, and the plan name, eIN, and the plan nam, and the plan nam, a	he plan sponsor has changed since umber from the last return/report. Is at the beginning of the plan year account balances as of the end of articipants at the beginning of the pl articipants at the end of the plan year	the last return/report fi the plan year (only def an year	led for this plan, enter the 4b E 4c P 5a 5b ined contribution plans 5c 5d(1 5d(2	dministrator's telephone number IN N 54 51 51 37				
 a Plan administrator's name If the name and/or EIN of traname, EIN, and the plan name, EIN a Total number of participant b Total number of participants with complete this item)	he plan sponsor has changed since umber from the last return/report. Its at the beginning of the plan year in account balances as of the end of articipants at the beginning of the plan articipants at the end of the plan year at terminated employment during the	the last return/report fi the plan year (only def an year plan year with accrued	Ied for this plan, enter the 4b E 4c P 5a 5b 5b ined contribution plans 5c 5d(1 5d(2 d benefits that were less 5e	dministrator's telephone number IN N 54 51 51) 37) 35				
 a Plan administrator's name If the name and/or EIN of transme, EIN, and the plan n a Sponsor's name a Total number of participant b Total number of participants with complete this item)	he plan sponsor has changed since umber from the last return/report. Is at the beginning of the plan year h account balances as of the end of articipants at the beginning of the plan year it terminated employment during the por incomplete filing of this return	the last return/report fint the plan year (only def an year plan year with accrued 1/report will be asses	Ied for this plan, enter the 4b E 4c P 5a 5b 5b ined contribution plans 5c 5d(1 5d(2) 6 benefits that were less 5e sed unless reasonable cause is estimated on the set of the set on	dministrator's telephone numbri IN N 54 51 51) 37) 35 stablished.				
 a Plan administrator's name If the name and/or EIN of transme, EIN, and the plan name, EIN, and the plan name a Total number of participant b Total number of participants with complete this item)	he plan sponsor has changed since umber from the last return/report. Is at the beginning of the plan year h account balances as of the end of articipants at the beginning of the plan yea atticipants at the end of the plan yea tt terminated employment during the or incomplete filing of this return ther penalties set forth in the instruct and signed by an enrolled actuary, a	the last return/report fint the plan year (only def an year plan year with accrued for the plan year with accrued by the plan year with accrued	Ied for this plan, enter the 4b E 4c P 5a 5b 5b ined contribution plans 5c 5d(1 5d(2 d benefits that were less 5e	dministrator's telephone numbri IN N 54 51 51) 37) 35 stablished.				
 a Plan administrator's name If the name and/or EIN of the name, EIN, and the plan name, einer, einer,	he plan sponsor has changed since umber from the last return/report. Its at the beginning of the plan year is at the end of the plan year in account balances as of the end of articipants at the beginning of the pl articipants at the end of the plan year it terminated employment during the or incomplete filing of this return other penalties set forth in the instruct and signed by an enrolled actuary, a piplete.	the last return/report fint the plan year (only def an year plan year with accrue //report will be asses tions, I declare that I h is well as the electronic	3c A led for this plan, enter the 4b 4c P 5a 5b ined contribution plans 5c 5d(1 5d(2 d benefits that were less 5e sed unless reasonable cause is enave examined this return/report, inclic c version of this return/report, and to	dministrator's telephone number IN N 54 51 51) 37) 35 stablished.				
 a Plan administrator's name If the name and/or EIN of the name, EIN, and the plan in a Sponsor's name a Total number of participant b Total number of participants with complete this item)	he plan sponsor has changed since umber from the last return/report. Is at the beginning of the plan year a account balances as of the end of articipants at the beginning of the plan year articipants at the end of the plan year articipants at the end of the plan year therminated employment during the or incomplete filing of this return ther penalties set forth in the instruc- and signed by an enrolled actuary, a nplete.	the last return/report fint the plan year (only def an year plan year with accrue //report will be asses tions, I declare that I h is well as the electronic	3c A led for this plan, enter the 4b 4c P 5a 5b ined contribution plans 5c 5d(1 5d(2 d benefits that were less 5e sed unless reasonable cause is estave examined this return/report, incloc version of this return/report, and to 01 X	dministrator's telephone number IN N 54 51 51 37 35 stablished. uding, if applicable, a Schedule the best of my knowledge and				
 a Plan administrator's name If the name and/or EIN of the name, EIN, and the plan in a Sponsor's name a Total number of participant b Total number of participants with complete this item)	he plan sponsor has changed since umber from the last return/report. Is at the beginning of the plan year a account balances as of the end of articipants at the beginning of the plan year articipants at the end of the plan year articipants at the end of the plan year therminated employment during the or incomplete filing of this return ther penalties set forth in the instruc- and signed by an enrolled actuary, a nplete.	the last return/report find the plan year (only definant year plan year with accrue //report will be assess tions, 1 declare that I h is well as the electronic v 07/18/2	3c A led for this plan, enter the 4b 4c P 5a 5b ined contribution plans 5c 5d(1 5d(2 d benefits that were less 5e sed unless reasonable cause is enave examined this return/report, inclic c version of this return/report, and to	dministrator's telephone number IN N 54 51 51 37 35 stablished. uding, if applicable, a Schedule the best of my knowledge and				
 a Plan administrator's name If the name and/or EIN of the name, EIN, and the plan in a Sponsor's name a Total number of participant b Total number of participants with complete this item)	he plan sponsor has changed since umber from the last return/report. Its at the beginning of the plan year is at the end of the plan year in account balances as of the end of articipants at the beginning of the plan articipants at the end of the plan year it terminated employment during the or incomplete filing of this return other penalties set forth in the instruc- and signed by an enrolled actuary, a nplete	the last return/report fine the plan year (only define an year	Ied for this plan, enter the 4b E 4c P 4c P 5a 5b ined contribution plans 5c 5d(1 5d(2 d benefits that were less 5e sed unless reasonable cause is enave examined this return/report, incloversion of this return/report, and to $\alpha/1 \times D.E.RommEL$ Enter name of individual signification	dministrator's telephone number IN N 54 51 51 37 35 stablished. uding, if applicable, a Schedule the best of my knowledge and ng as plan administrator				
 A Plan administrator's name If the name and/or EIN of the name, EIN, and the plan in a Sponsor's name A Total number of participant b Total number of participants with complete this item)	he plan sponsor has changed since umber from the last return/report. Is at the beginning of the plan year as at the end of the plan year account balances as of the end of articipants at the beginning of the plan year articipants at the end of the plan year articipants at the end of the plan year terminated employment during the or incomplete filing of this return other penalties set forth in the instruct and signed by an enrolled actuary, a applete.	the last return/report fine the plan year (only define an year	Ied for this plan, enter the 4b ∈ 4c P 4c P 5a 5b ined contribution plans 5c 5d(1 5d(1 5d(2 5e 5d denefits that were less 5e sed unless reasonable cause is enave examined this return/report, incloc version of this return/report, and to 0/7 X→ D. E. RommEL Enter name of individual signification	dministrator's telephone number IN N 54 51 51 37 35 stablished. uding, if applicable, a Schedule the best of my knowledge and				
 Plan administrator's name If the name and/or EIN of the name, EIN, and the plan in a Sponsor's name Total number of participants Total number of participants with complete this item)	he plan sponsor has changed since umber from the last return/report. Its at the beginning of the plan year is at the end of the plan year in account balances as of the end of articipants at the beginning of the plan articipants at the end of the plan year it terminated employment during the or incomplete filing of this return other penalties set forth in the instruc- and signed by an enrolled actuary, a nplete	the last return/report fine the plan year (only define an year	Ied for this plan, enter the 4b ∈ 4c P 4c P 5a 5b ined contribution plans 5c 5d(1 5d(1 5d(2 5e 5d denefits that were less 5e sed unless reasonable cause is enave examined this return/report, incloc version of this return/report, and to 0/7 X→ D. E. RommEL Enter name of individual signification	dministrator's telephone number IN N 54 51 51 37 35 stablished. uding, if applicable, a Schedule the best of my knowledge and ng as plan administrator ng as employer or plan sponsor				
 a Plan administrator's name If the name and/or EIN of the name, EIN, and the plan in a Sponsor's name a Total number of participant b Total number of participants with complete this item)	he plan sponsor has changed since umber from the last return/report. Its at the beginning of the plan year is at the end of the plan year in account balances as of the end of articipants at the beginning of the plan articipants at the end of the plan year it terminated employment during the or incomplete filing of this return other penalties set forth in the instruc- and signed by an enrolled actuary, a nplete	the last return/report fine the plan year (only define an year	Ied for this plan, enter the 4b ∈ 4c P 4c P 5a 5b ined contribution plans 5c 5d(1 5d(1 5d(2 5d 6 benefits that were less 5e sed unless reasonable cause is enave examined this return/report, inclowersion of this return/report, and to 0/7 X→ D. E. RommEL Enter name of individual signification	dministrator's telephone numbring as employer or plan sponsor				
 a Plan administrator's name If the name and/or EIN of the name, EIN, and the plan in a Sponsor's name a Total number of participant b Total number of participants with complete this item)	he plan sponsor has changed since umber from the last return/report. Its at the beginning of the plan year is at the end of the plan year in account balances as of the end of articipants at the beginning of the plan articipants at the end of the plan year it terminated employment during the or incomplete filing of this return other penalties set forth in the instruc- and signed by an enrolled actuary, a nplete	the last return/report fine the plan year (only define an year	Ied for this plan, enter the 4b ∈ 4c P 4c P 5a 5b ined contribution plans 5c 5d(1 5d(1 5d(2 5d 6 benefits that were less 5e sed unless reasonable cause is enave examined this return/report, inclowersion of this return/report, and to 0/7 X→ D. E. RommEL Enter name of individual signification	dministrator's telephone numbring as employer or plan sponsor				

20

Form 5500-SF 2016

5

	Were all of the plan's assets during the plan year invested in eligit Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility	an indepe and cond	endent qualified public a itions.)	account	ant (IC	2PA)			X Yes No
~	If you answered "No" to either line 6a or line 6b, the plan can If the plan is a defined benefit plan, is it covered under the PBGC in								Not determined
	rt III Financial Information					L] 103		
<u>га</u> 7	Plan Assets and Liabilities		(a) Beginning	of Year	. T			(b) End c	of Year
<u>'</u> a	Total plan assets	7a	(a) beginning	235536			_	(0) End c	2678189
a	Total plan liabilities	7b							
	Net plan assets (subtract line 7b from line 7a)	7c		235536	32	· · ·			2678189
8	Income, Expenses, and Transfers for this Plan Year		(a) Amour	nt				(b) To	ital
_	Contributions received or receivable from:				-		•	(,	
	(1) Employers	8a(1)		6918	37				
	(2) Participants	8a(2)		15004	40				, ,,; , , .
	(3) Others (including rollovers)	8a(3)			17				
b	Other income (loss)	8b		16966	50				
C	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							388904
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		6607	77				
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							66077
i	Net income (loss) (subtract line 8h from line 8c)	8i							322827
j	Transfers to (from) the plan (see instructions)	8j							
Par	t IV Plan Characteristics								
9a	If the plan provides pension benefits, enter the applicable pension 2A 2E 2G 2J 2K 2T 3D	feature co	odes from the List of PI	lan Cha	racteris	stic Co	odes in	the instru	ictions:
b	If the plan provides welfare benefits, enter the applicable welfare for	eature coo	les from the List of Pla	n Chara	acterist	ic Coo	les in t	the instruc	tions:
Par	t V Compliance Questions			_					-
10	During the plan year:		<u> </u>		Yes	No	N/A		Amount
a	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	Fiduciary Correction	10a		x			
b	Were there any nonexempt transactions with any party-in-interest reported on line 10a.)			10Ь		х			
С	Was the plan covered by a fidelity bond?			10c	x				267819
d	Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?			10d		х			
e	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.)	ne or all of	the benefits under	10e	x				9881
f	Has the plan failed to provide any benefit when due under the pla	n?		10f		Х			
g	Did the plan have any participant loans? (If "Yes," enter amount a	s of year-	end.)	10g	х				82864
h	If this is an individual account plan, was there a blackout period? 2520.101-3.)			10h		х			
i	If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10			10i					

Π.

Form 5500-SF 2016

*

_	
Page 3-	1

Part VI Pension Funding Compliance						
11 Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions a (Form 5500) and line 11a below)					Yes [] No
11a Enter the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 4				·		
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.)					Yes 🛛	S No
 a If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see granting the waiver. 		id enter f Day		of the le Yea		9
If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to li			·	100		
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 the negative amount) 	the left of a	12d				
e Will the minimum funding amount reported on line 12d be met by the funding deadline?			Yes	No	N//	4
Part VII Plan Terminations and Transfers of Assets						
13a Has a resolution to terminate the plan been adopted in any plan year?			Yes	X	No	
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 be control of the PBGC?	<u>v</u>		[Yes	X No	
C If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), id which assets or liabilities were transferred. (See instructions.)	lentify the plan(s	i) to				
13c(1) Name of plan(s):	13c(2) EIN(s)		13c	(3) PN(s)
Part VIII Trust Information 14a Name of trust	·····	14b 1	rust's El	N		
14c Name of trustee or custodian			rustee's telephone			
Part IX IRS Compliance Questions	· · •,					
15a Is the plan a 401(k) plan? If "No," skip b	Yes			No		
 15b How did the plan satisfy the nondiscrimination requirements for employee deferrals under section 401(k)(3) for the plan year? Check all that apply:	⊔ safe i	in-based harbor ent year" test		"Prior test N/A	year" AD	P
16a What testing method was used to satisfy the coverage requirements under section 410(b) for the playear? Check all that apply:		o entage		erage nefit test	. [] '	N/A
16b Did the plan satisfy the coverage and nondiscrimination requirements of sections 410(b) and 401(a)(for the plan year by combining this plan with any other plan under the permissive aggregation rules?] No		
17a If the plan is a master and prototype plan (M&P) or volume submitter plan that received a favorable I the letter and the serial number			•			of
17b If the plan is an individually-designed plan that received a favorable determination letter from the IRS letter	, enter the date	of the m	ost recer	nt detern	nination	
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 s service?		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		