## Form 5500-SF

Department of the Treasury Internal Revenue Service

Employee Benefits Security Administration Pension Benefit Guaranty Corporation

Department of Labor

**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   |                         | <b>Identification Information</b>  |                                  |  |   |                                |  |  |
|--|-------------------------|--|----------------------------------|--|---|--------------------------------|--|--|
| For calendar plan year 2016 or fiscal plan year beginning 01/01/2016 and ending 12/31/2016 |                         |  |                                  |  |   |                                |  |  |
| A This ret   | urn/report is for:      | a single-employer plan  a one-participant plan   |                                  | an (not multiemployer) (<br>aployer information in a |   |                                |  |  |
|  |                         |  |                                  |  |   |                                |  |  |
| <b>B</b> This retu   | ırn/report is           | the first return/report  | the final return/report          |  |   |                                |  |  |
|  |                         | an amended return/report   | a short plan year return         | n/report (less than 12 m                             | nonths)   |                                |  |  |
| C Check b  | oox if filing under:    | Form 5558  | automatic extension              |  | DFVC program  |                                |  |  |
| Part II  | Basic Plan Info         | special extension (enter descri  | · '                              |  |   |                                |  |  |
| 1a Name  |                         | ination—enter all requested init   | omation                          |  | <b>1b</b> Three-digit                               |                                |  |  |
|  | ETIREMENT PLAN          |  |                                  |  | plan number (PN)                                    | 001                            |  |  |
|  |                         |  |                                  |  | 1c Effective date                                   | of plan<br>/01/2012            |  |  |
| Mailing  | address (include roo    | oyer, if for a single-employer plan)<br>m, apt., suite no. and street, or P.O            |                                  |  | 2b Employer Ide<br>(EIN) 43                         | ntification Number<br>-1969065 |  |  |
| City or<br>OMNIFAB, LI   |                         | ce, country, and ZIP or foreign posta  | al code (if foreign, see instr   | ructions)  | 2c Sponsor's tel                                    | ephone number                  |  |  |
| 1316 W. MAII<br>AUBURN, W <i>i</i>   |                         |  |                                  |  |   | e (see instructions)<br>1200   |  |  |
| 3a Plan ad   | dministrator's name a   | nd address X Same as Plan Spon   | sor                              |  | <b>3b</b> Administrator                             | 's FIN                         |  |  |
| ou manua   | ariiinotrator o riamo a | Ta addices Deanie as Figure open   |                                  |  | 7 tarrimotrator                                     | - Liii                         |  |  |
|  |                         |  |                                  |  | <b>3c</b> Administrator                             | s telephone number             |  |  |
|  |                         |  |                                  |  |   |                                |  |  |
|  |                         |  |                                  |  |   |                                |  |  |
| 4 17.11  |                         |  |                                  |  | 41  |                                |  |  |
|  |                         | e plan sponsor has changed since t<br>mber from the last return/report.                  | the last return/report filed for | or this plan, enter the                              | 4b EIN  |                                |  |  |
| <b>a</b> Sponso  |                         | '  |                                  |  | 4c PN   |                                |  |  |
| <b>5a</b> Total r  | number of participants  | at the beginning of the plan year  |                                  |  | 5a  | 46                             |  |  |
| <b>b</b> Total r   | number of participants  | at the end of the plan year  |                                  |  | 5b  | 38                             |  |  |
| C Number   |                         | account balances as of the end of t  |                                  |  | 5c  | 15                             |  |  |
| <b>d(1)</b> Tota   | al number of active pa  | rticipants at the beginning of the pla   | an year                          |  | 5d(1)   | 48                             |  |  |
| <b>d(2)</b> Tota   | al number of active pa  | articipants at the end of the plan yea   | ır                               |  | 5d(2)   | 38                             |  |  |
| e Numb   | er of participants that | terminated employment during the   | plan year with accrued be        | nefits that were less                                | 5e  | 0                              |  |  |
|  |                         | or incomplete filing of this return  |                                  |  |   | Parkia - Oakadala              |  |  |
| SB or Sche   |                         | ther penalties set forth in the instruc<br>nd signed by an enrolled actuary, a<br>plete. |                                  |  |   |                                |  |  |
| SIGN   | Filed with authorized   | /valid electronic signature.   | 07/24/2017                       | ERIK CULLEN  |   |                                |  |  |
| HERE   | Signature of plan a     | administrator  | Date                             | Enter name of individ                                | er name of individual signing as plan administrator |                                |  |  |
| SIGN   |                         |  |                                  |  | <u> </u>  |                                |  |  |
| HERE   | Signature of emplo      | over/plan sponsor  | Date                             | Enter name of individ                                | lual signing as emplo                               | over or plan sponsor           |  |  |
| Preparer's   |                         | name, if applicable) and address (in   |                                  |  | Preparer's telepho                                  |                                |  |  |
|  |                         |  |                                  |  |   |                                |  |  |
|  |                         |  |                                  |  |   |                                |  |  |
|  |                         |  |                                  |  |   |                                |  |  |
|  |                         |  |                                  |  |   |                                |  |  |

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|     |   |                            | ' (See instructions.)                   |          |          |         |          |           | × Ye      | s No     |
|-----|---|----------------------------|---|----------|----------|---------|----------|-----------|-----------|----------|
| b   | Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility           |                            |   |          |          |         |          |           | X Ye      | es 🗌 No  |
|     | If you answered "No" to either line 6a or line 6b, the plan cann  |                            | ,                                       |          |          |         |          |           |           |          |
| С   | If the plan is a defined benefit plan, is it covered under the PBGC ir  | nsurance p                 | orogram (see ERISA se                   | ection 4 | 021)?    |         | Yes      | No        | Not de    | termined |
| Pai | t III Financial Information   |                            |   |          |          |         |          |           |           |          |
| 7   | Plan Assets and Liabilities   |                            | (a) Beginning                           | of Year  |          |         | (        | (b) End   | of Year   |          |
| а   | Total plan assets   | 7a                         |   | 125543   | 1        |         |          |           | 14738     | 35       |
| b   | Total plan liabilities  | 7b                         |   |          |          |         |          |           |           |          |
| С   | Net plan assets (subtract line 7b from line 7a)   | 7c                         |   | 125543   |          |         |          |           | 14738     | 35       |
| 8   | Income, Expenses, and Transfers for this Plan Year  |                            | (a) Amoun                               | ıt       |          |         |          | (b) T     | otal      |          |
|     | Contributions received or receivable from:  | 0=(4)                      |   |          |          |         |          |           |           |          |
|     | (1) Employers   | 8a(1)                      |   | 35457    |          |         |          |           |           |          |
|     | (2) Participants  | 8a(2)                      |   | 6090     |          |         |          |           |           |          |
|     | (3) Others (including rollovers)  | 8a(3)                      |   | 9825     |          |         |          |           |           |          |
|     | Other income (loss)   | 8b                         |   |          |          |         |          |           | 5137      | 72       |
|     | Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)  Benefits paid (including direct rollovers and insurance premiums                        | 8c                         |   |          |          |         |          |           | 0101      |          |
|     | to provide benefits)  | 8d                         |   | 26572    |          |         |          |           |           |          |
| е   | Certain deemed and/or corrective distributions (see instructions).  | 8e                         |   | 2958     |          |         |          |           |           |          |
| f   | Administrative service providers (salaries, fees, commissions)  | 8f                         |   |          |          |         |          |           |           |          |
| g   | Other expenses  | 8g                         |   |          |          |         |          |           |           |          |
| h   | Total expenses (add lines 8d, 8e, 8f, and 8g)   | 8h                         |   |          |          |         |          |           | 2953      | 30       |
| i   | Net income (loss) (subtract line 8h from line 8c)   | 8i                         |   |          |          | 21842   |          |           | 12        |          |
| 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 2E 2G 2J 2K 2T 3D   | feature co                 | odes from the List of Pl                | an Cha   | racteri  | stic Co | odes in  | the inst  | ructions: |          |
| b   | If the plan provides welfare benefits, enter the applicable welfare for   | eature cod                 | des from the List of Pla                | n Chara  | acterist | tic Cod | des in t | he instru | uctions:  |          |
| Par | t V Compliance Questions  |                            |   |          |          |         |          |           |           |          |
| 10  | During the plan year:   |                            |   |          | Yes      | No      | N/A      |           | Amoun     | t        |
| 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 Verogram) | oluntary F                 | Fiduciary Correction                    | 10a      |          | X       |          |           |           |          |
| b   |   | t? (Do not                 | include transactions                    | 10b      |          | X       |          |           |           |          |
| С   | Was the plan covered by a fidelity bond?  |                            |   | 10c      | X        |         |          |           |           | 50000    |
| d   | Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?   | •                          | •                                       | 10d      |          | X       |          |           |           |          |
| е   |   | ner person<br>ne or all of | s by an insurance<br>the benefits under | 10e      |          | X       |          |           |           |          |
| f   | Has the plan failed to provide any benefit when due under the pla   | n?                         |   | 10f      |          | X       |          |           |           |          |
| g   | 71 1 1  | -                          |   | 10g      |          | X       |          |           |           |          |
| h   | 2520.101-3.)  | `                          |   | 10h      |          | X       |          |           |           |          |
| 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      |          |         |          |           |           |          |

| ı | Form | 550 | 0-SF | 201 | 16 |
|---|------|-----|------|-----|----|
|   |      |     |      |     |    |

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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 set of the second se |               |                    |           | Y                          | es No   |
| 11a  | Ente           | r the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40   |               | 11a                |           | •                          |         |
| 12   |                | is a defined contribution plan subject to the minimum funding requirements of section 412 of the Co  |               |                    | f         | ΠY                         | es X No |
|      | ERIS<br>(If "\ | A?   |               |                    |           | 🖰                          |         |
| а    |                | raiver of the minimum funding standard for a prior year is being amortized in this plan year, see inst<br>ing the waiver   |               | nd enter i         |           | of the letter<br>Year _    | ruling  |
| If   | you co         | ompleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 1  | 3.            |                    |           |                            |         |
| b    | Enter          | the minimum required contribution for this plan year   |               | 12b                |           |                            |         |
| С    | Enter          | the amount contributed by the employer to the plan for this plan year  |               | 12c                |           |                            |         |
|      | Subt           | ract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the letive amount)  | eft of a      | 12d                |           |                            |         |
| е    | Will t         | he minimum funding amount reported on line 12d be met by the funding deadline?   |               | 🗌                  | Yes       | No                         | N/A     |
| Part | VII            | Plan Terminations and Transfers of Assets  |               |                    |           |                            |         |
| 13a  | Has a          | a resolution to terminate the plan been adopted in any plan year?  |               |                    | Yes       | s X No                     | )       |
|      | If "Y€         | es," enter the amount of any plan assets that reverted to the employer this year   |               | 13a                |           |                            |         |
| b    |                | e all the plan assets distributed to participants or beneficiaries, transferred to another plan, or broug  |               |                    |           | Yes X                      | No      |
| С    |                | rring this plan year, any assets or liabilities were transferred from this plan to another plan(s), identif<br>h assets or liabilities were transferred. (See instructions.)   | fy the plan(  | s) to              |           |                            |         |
|      | 13c(1)         | Name of plan(s):   | 13c(          | <b>2)</b> EIN(s)   |           | 13c(3)                     | PN(s)   |
|      |                |  |               |                    |           |                            |         |
| Part | VIII           | Trust Information  |               |                    |           |                            |         |
| 14a  | Name           | of trust   |               | 14b                | Trust's E | EIN                        |         |
| 14c  | Name           | of trustee or custodian  |               |                    |           | s or custodia<br>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<br>harbor | d [       | Test                       | ar" ADP |
|      |                |  |               | rent year<br>test  | ,"        | N/A                        |         |
| 16a  |                | testing method was used to satisfy the coverage requirements under section 410(b) for the plan<br>Check all that apply:  | Rat           | centage            |           | verage<br>enefit test      | □ N/A   |
| 16b  |                | ne plan satisfy the coverage and nondiscrimination requirements of sections 410(b) and 401(a)(4) be plan year by combining this plan with any other plan under the permissive aggregation rules?   | Yes           |                    |           | No                         |         |
|      | the le         |  | <u>'</u>      |                    |           |                            |         |
|      | letter         |  | nter the date | e of the n         | nost rec  | ent determir               | ation   |
| 18   | Were           | ed Benefit Plan or Money Purchase Pension Plan Only:<br>any distributions made during the plan year to an employee who attained age 62 and had not sepa  |               | Ye                 | s [       | No                         |         |
| 19   | Was            | any plan participant a 5% owner who had attained at least age 70 $\frac{1}{2}$ during the prior plan year?   |               |                    | s         | No                         |         |

## Form 5500-SF

Department of the Treasury Internal Revenue Service

Employee Benefits Security Administration Pension Benefit Guaranty Corporation

Department of Labor

## 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 Report  | Identification Information  |  |   |  |  |  |  |  |
|---|--|---|--|---|--|--|--|--|--|
| For calend  | For calendar plan year 2016 or fiscal plan year beginning 01/01/2016 and ending 12/31/2016 |   |  |   |  |  |  |  |  |
| A This re   | turn/report is for:  | X a single-employer plan  |  | lan (not multiemployer)<br>nployer information in a |  |  |  |  |  |
|   |  | a one-participant plan  | a foreign plan   |   |  |  |  |  |  |
| <b>B</b> This ret   | urn/report is  | the first return/report   | the final return/report                                      |   |  |  |  |  |  |
|   |  | an amended return/report  | a short plan year retui                                      | m/report (less than 12 m                            | nonths)                                    |  |  |  |  |
| C Check   | box if filing under:   | Form 5558 special extension (enter descr  | automatic extension  |   | DFVC progra                                | am   |  |  |  |
| Part II   | Basic Plan Info  | prmation—enter all requested int  | · /  |   | <del></del>                                |  |  |  |  |
| 1a Name   |  | Titlation enter all requested in  | IOITIAUOTI   |   | 1b Three-dig                               | it   |  |  |  |
|   | RETIREMENT PLAN  |   |  |   | plan numi                                  |  |  |  |  |
|   |  |   |  |   | (PN) •                                     | date of plan                               |  |  |  |
|   |  |   |  |   | 01/01/20                                   | •  |  |  |  |
| Mailin  | g address (include rooi  | yer, if for a single-employer plan)<br>m, apt., suite no. and street, or P.O<br>e, country, and ZIP or foreign post | ). Box)  | ruotiono)   | 2b Employer<br>(EiN) 43-1                  | Identification Number<br>1969065           |  |  |  |
| OMNIFAB, I  |  | e, codinity, and zir or foreign post  | ai code (ii ioreign, see inst                                | rucuons)  | 1  | s telephone number<br>(253) 931-5151       |  |  |  |
|   |  |   |  |   | 1  | code (see instructions)                    |  |  |  |
| 1316 W. MA  |  |   |  |   | 331200                                     |  |  |  |  |
| AUBURN, V   | ·  |   |  |   |  |  |  |  |  |
| 3a Piana  | dministrator's name ar   | nd address 🛛 Same as Plan Spor  | nsor.  |   | 3b Administrator's EIN                     |  |  |  |  |
|   |  |   |  |   | 3c Administrator's telephone number        |  |  |  |  |
|   |  |   |  |   |  |  |  |  |  |
|   |  |   |  |   |  |  |  |  |  |
|   |  | e plan sponsor has changed since  | the last return/report filed f                               | or this plan, enter the                             | 4b EIN                                     |  |  |  |  |
|   | , ⊵in, and the plan hur<br>or's name   | mber from the last return/report.   |  |   | 4c PN                                      |  |  |  |  |
|   |  | at the beginning of the plan year   |  |   | <del> </del>                               | 46   |  |  |  |
|   |  | at the end of the plan year   |  |   | . 5b                                       | 38   |  |  |  |
| C Numb  | er of participants with  | account balances as of the end of t   | the plan year (only defined                                  | contribution plans                                  | 5c   | 15   |  |  |  |
|   |  | rticipants at the beginning of the pla  |  | •••••   | 5d(1)                                      | 48   |  |  |  |
| <b>d(2)</b> Tot   | al number of active par  | rticipants at the end of the plan yea   | ar   |   | 5d(2)                                      | 38   |  |  |  |
| than  | 100% vested  | terminated employment during the  | ••••••   | ***************************************             | 5e   | 0  |  |  |  |
| Caution: A  | penalty for the late of  | or incomplete filing of this return   | r/report will be assessed                                    | unless reasonable ca                                | use is establish                           | ed.  |  |  |  |
| SB or Sche  | aities of perjury and oth<br>edule MB completed ar<br>true, correct, and comp              | her penalties set forth in the instruc<br>nd signed by an enrolled actuary, a<br>plete_                             | tions, I declare that I have<br>s well as the electronic ver | examined this return/re rsion of this return/repor  | port, including, if<br>rt, and to the best | applicable, a Schedule of my knowledge and |  |  |  |
| SIGN  | x Il Ca  | Ph  | 17/17/17   | X, Enk Col  | lleer                                      |  |  |  |  |
| HERE  | Signature of plan a  | dministrator  | Date   | Enter name of individ                               | lual signing as pla                        | an administrator                           |  |  |  |
| SIGN  |  |   |  |   |  |  |  |  |  |
| Freparer's name (including firm name, if applicable) and address (include room or suite number )  Preparer's telephone number |  |   |  |   |  | ployer or plan sponsor                     |  |  |  |
| Preparer s  | name (including firm na  | ame, it applicable) and address (in   | clude room or suite numbe                                    | er)   | Preparer's telep                           |  |  |  |  |
|   |  |   |  |   | }  |  |  |  |  |
|   |  |   |  |   |  |  |  |  |  |
|   |  |   |  |   |  |  |  |  |  |
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| Form     | 5500 | -S⊢ | 201 | h |

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|   |    |    |   |

|              | Were all of the plan's assets during the plan year invested in eligil<br>Are you claiming a waiver of the annual examination and report of<br>under 29 CFR 2520.104-46? (See instructions on waiver eligibility<br>If you answered "No" to either line 6a or line 6b, the plan can | f an indepe<br>, and cond  | endent qualified public a                  | account  | ant (IC  | QPA)      |             | 🗓 Yes 🗌 No   |  |
|--------------|--|----------------------------|--|----------|----------|-----------|-------------|--|--|
|              | If the plan is a defined benefit plan, is it covered under the PBGC i  | insurance                  | program (see ERISA se                      | ection 4 | 021)?    |           | Yes         | No Not determined                                  |  |
| Pa           | rt III Financial Information   | 1                          |  |          |          |           |             | ·  |  |
| 7_           | Plan Assets and Liabilities  |                            | (a) Beginning                              |          |          |           |             | (b) End of Year                                    |  |
| _ <u>a</u>   | Total plan assets  | 7a                         |  | 12554    | 13       |           |             | 147385   |  |
| <u>b</u>     |  |                            |  |          |          |           |             |  |  |
| <u>C</u>     | Net plan assets (subtract line 7b from line 7a)  | 7с                         |  | 12554    | 13       |           |             | 147385   |  |
| 8            | Income, Expenses, and Transfers for this Plan Year   |                            | (a) Amoun                                  | ıt       |          |           |             | (b) Total  |  |
| а            | Contributions received or receivable from: (1) Employers   | 8a(1)                      |  |          |          |           |             |  |  |
|              |  |                            |  | 354      | 57       |           |             |  |  |
|              | (2) Participants   | +                          |  | 609      | - 8      |           | •           |  |  |
| <u>_</u>     | (3) Others (including rollovers)   |                            |  | 982      |          |           |             |  |  |
|              | Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)   |                            |  | 302      | -0       |           | s 1,797 - 1 | 51372  |  |
| <del>c</del> | Benefits paid (including direct rollovers and insurance premiums   | <u>8c</u>                  |  |          |          |           |             | 01072  |  |
|              | to provide benefits)   | 8d                         |  | 2657     | '2       |           |             |  |  |
| е            | Certain deemed and/or corrective distributions (see instructions)  | 8e                         |  | 295      | 8        |           |             |  |  |
| f            | Administrative service providers (salaries, fees, commissions)   | 8f                         |  |          | 8.<br>9. |           |             |  |  |
| g            | Other expenses   | 8g                         |  |          | 8        |           |             |  |  |
| h            | Total expenses (add lines 8d, 8e, 8f, and 8g)  |                            |  |          |          |           |             | 29530  |  |
| i            | Net income (loss) (subtract line 8h from line 8c)  | 1                          |  |          |          | 21842     |             |  |  |
| j            | Transfers to (from) the plan (see instructions)  |                            |  |          |          |           |             |  |  |
| Pa           | rt IV Plan Characteristics   | 1 9                        |  |          |          | 20,04".2. |             | <u>ranimalnia (f. 1281) familia (f.126) (f.27)</u> |  |
| 9a           | If the plan provides pension benefits, enter the applicable pension 2E 2G 2J 2K 2T 3D  | n feature c                | odes from the List of PI                   | an Cha   | racteri  | stic C    | odes in     | the instructions:                                  |  |
| b            | If the plan provides welfare benefits, enter the applicable welfare  | feature co                 | des from the List of Pla                   | n Chara  | cteris   | tic Co    | des in t    | the instructions:                                  |  |
| Pai          | t V Compliance Questions   |                            |  |          |          |           |             |  |  |
| 10           | During the plan year:  |                            |  |          | Yes      | No        | N/A         | Amount   |  |
|              | Was there a failure to transmit to the plan any participant contributes described in 29 CFR 2510.3-102? (See instructions and DOL's Program)   | Voluntary                  | Fiduciary Correction                       | 10a      |          | х         |             |  |  |
| ŀ            | Were there any nonexempt transactions with any party-in-interes reported on line 10a.)   | st? (Do not                | include transactions                       | 10b      |          | х         |             |  |  |
| C            | Was the plan covered by a fidelity bond?   |                            |  | 10c      | х        |           |             | 50000  |  |
| -            | 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 of carrier, insurance service, or other organization that provides sor the plan? (See instructions.)  | ther person<br>me or all o | ns by an insurance<br>f the benefits under | 10e      |          | х         |             |  |  |
| f            | Has the plan failed to provide any benefit when due under the pla  | an?                        |  | 10f      |          | Х         |             |  |  |
|              | Did the plan have any participant loans? (If "Yes," enter amount a   | as of year-                | end.)                                      | 10g      |          | х         |             |  |  |
| h            | If this is an individual account plan, was there a blackout period? 2520.101-3.)   |                            |  | 10h      |          | х         |             |  |  |
| j            |  | the require                | ed notice or one of the                    | 10i      |          |           |             |  |  |

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Form 5500-SF 2016

| FOCUS OF THE PARTY |  |         |                     |   |           |                        |        |        |
|--|--|---------|---------------------|---|-----------|------------------------|--------|--------|
| Part   | VI Pension Funding Compliance  |         |                     |   |           |                        |        |        |
| 11   | Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and conform 5500) and line 11a below)  | •       |                     |   |           |                        | Yes    | ☐ No   |
| 11a  | Enter the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40   |         | 11a                 |   |           |                        |        |        |
| 12   | Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Co<br>ERISA?(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)      |         |                     |   |           | 🛘                      | Yes    | ⊠ No   |
| a  | If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see inst  | ruction | ns, and             | i enter t                                     | he date   | e of the le            | ter ru | ling   |
|  | granting the waiver  |         |                     | Day   | ·         | Yea                    | [      |        |
|  | ou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 1  |         |                     | 12b   |           |                        |        |        |
| <u>b</u>   | Enter the minimum required contribution for this plan year   | ••••••  |                     |   |           |                        | ·      |        |
|  | 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 le negative amount)   |         |                     | 12d   |           |                        |        |        |
| <u>e</u>   | 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?  |         |                     |   | Ye        | es 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 broug control of the PBGC?  |         |                     |   |           | Yes                    | ΧN     | lo     |
| С  | If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identi-<br>which assets or liabilities were transferred. (See instructions.)                      | fy the  | plan(s)             | ) to  |           |                        |        |        |
|  | 3c(1) Name of plan(s):   |         | 13c(2) EIN(s)       |   |           | 130                    | (3) P  | N(s)   |
| David  | VIII Trust Information   |         |                     |   |           |                        |        |        |
| Established Co.  | 227/2004   |         |                     | 14b 1   | Cruet'e   | EIN                    |        |        |
| 14a  | Name of trust  |         |                     | 145   | i i usi s | LIIV                   |        |        |
| 14c  | Name of trustee or custodian   |         | ·                   | 14d Trustee's or custodian's telephone number |           |                        |        |        |
| Par  | IRS Compliance Questions   |         |                     |   |           |                        |        |        |
| <u> </u>   | Is the plan a 401(k) plan? If "No," skip b   | 🛛       | 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 i              | n-based<br>narbor<br>ent year                 |           | "Prior test            | year"  | ADP    |
|  |  | ᆜ       | ADP                 | test  |           |                        |        |        |
| 16a  | What testing method was used to satisfy the coverage requirements under section 410(b) for the plan year? Check all that apply:  |         | Ration percent test | entage  |           | Average<br>benefit tes | t [    | N/A    |
| 16b  | 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                     |        |        |
| 17a  | If the plan is a master and prototype plan (M&P) or volume submitter plan that received a favorable IRS the letter and the serial number   |         | n lette             | r or advi                                     | sory le   | etter, enter           | the d  | ate of |
| 17b  | If the plan is an individually-designed plan that received a favorable determination letter from the IRS, en letter  | nter th | e date              | of the m                                      | nost re   | cent deter             | minat  | ion    |
| 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 sepa service?                                    |         | from                | Ye  | 8         | ☐ No                   |        |        |
| 19   | Was any plan participant a 5% owner who had attained at least age 70 ½ during the prior plan year?   |         |                     | Ye  | s         | ☐ No                   |        |        |