Form 5500-SF

Department of the Treasury Internal Revenue Service

Employee Benefits Security Administration Pension Benefit Guaranty Corporation

Department of Labor

Annual Report Identification Information

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**

. 51 5410110	iai piaii yeai 2010 oi i	iscai pian year beginning 61/61/	2010	and ending	2/31/2010	
A This re	turn/report is for:	a single-employer plan		r plan (not multiemployer) of employer information in ac	`	
		a one-participant plan	a foreign plan			
B This ret	urn/report is	the first return/report	the final return/repo	ort		
		an amended return/report	a short plan year re	eturn/report (less than 12 m	nonths)	
C Check	box if filing under:	X Form 5558	automatic extension	on	DFVC program	
Don't II	Dania Blandus	special extension (enter desc	' '			
Part II		ormation—enter all requested in	ntormation		46 11 11	1
1a Name L&M SERVI		ED EMPLOYEE SAVINGS PLAN			1b Three-digit plan number (PN) ▶	001
					1c Effective date of	I f plan I/1988
Mailin	g address (include roc	oyer, if for a single-employer plan) om, apt., suite no. and street, or P.			2b Employer Identiti (EIN) 91-12	fication Number
City o		ce, country, and ZIP or foreign pos	stal code (if foreign, see i	nstructions)	2c Sponsor's telep	
45000 11100	DINI (II LE DEDMONE	DD NE			2d Business code (see instructions)
WOODINVIL	DINVILLE-REDMONE LLE, WA 98072	O RD., NE,			8129	90
3a Plan a	administrator's name a	nd address 🛛 Same as Plan Spo	onsor.		3b Administrator's I	EIN
					3c Administrator's t	telephone number
					7.4	.0.0
		ne plan sponsor has changed since imber from the last return/report.	e the last return/report file	ed for this plan, enter the	4b EIN	
name			e the last return/report file	ed for this plan, enter the	4c PN	
a Spons 5a Total	e, EIN, and the plan nu sor's name number of participants	mber from the last return/report.			4c PN 5a	120
name	e, EIN, and the plan nu cor's name number of participants number of participants	s at the beginning of the plan year at the end of the plan year			4c PN	163
a Spons 5a Total b Total c Numb	e, EIN, and the plan nu sor's name number of participants number of participants per of participants with	mber from the last return/report.	f the plan year (only defir	ned contribution plans	4c PN 5a	
a Spons 5a Total b Total c Numb	e, EIN, and the plan nusor's name number of participants number of participants per of participants with elete this item)	s at the beginning of the plan year at the end of the plan year account balances as of the end o	f the plan year (only defir	ned contribution plans	4c PN 5a 5b 5c 5d(1)	163
name a Spons 5a Total b Total c Numb comp d(1) Tot d(2) Tot	e, EIN, and the plan number of participants number of participants out of participants with plete this item)	articipants at the end of the plan year	f the plan year (only defir	ned contribution plans	4c PN 5a 5b 5c	163 89
name a Spons 5a Total b Total c Numb comp d(1) Tot d(2) Tot e Num	e, EIN, and the plan number of participants number of participants per of participants with plete this item)	articipants at the beginning of the plan year	f the plan year (only defir	ned contribution plans	4c PN 5a 5b 5c 5d(1)	163 89 108
name a Spons 5a Total b Total c Numb comp d(1) Tot d(2) Tot e Num than Caution: A	e, EIN, and the plan number of participants or of participants or of participants with plete this item)	articipants at the beginning of the plan year articipants at the end of the beginning of the end of the plan year	of the plan year (only defirence) blan year e plan year with accrued	ned contribution plans benefits that were less	4c PN 5a 5b 5c 5d(1) 5d(2) 5e use is established.	163 89 108 140 1
name a Spons 5a Total b Total c Numb comp d(1) Tot d(2) Tot e Num than Caution: A Under pen SB or Scho	e, EIN, and the plan number of participants number of participants per of participants with plete this item)	articipants at the beginning of the plan year account balances as of the end of the plan year articipants at the beginning of the plan year articipants at the beginning of the participants at the end of the plan year terminated employment during the common or incomplete filing of this return the penalties set forth in the instructed signed by an enrolled actuary,	olan year (only defirence of the plan year (only defirence of the plan year with accrued or only defirence of the plan year will be assessuctions, I declare that I have	ned contribution plans I benefits that were less sed unless reasonable ca	4c PN 5a 5b 5c 5d(1) 5d(2) 5e use is established. eport, including, if applic	163 89 108 140 1 cable, a Schedule
name a Spons 5a Total b Total c Numb comp d(1) Tot d(2) Tot e Num than Caution: A Under pen SB or Scho	e, EIN, and the plan number of participants number of participants per of participants with plete this item)	articipants at the beginning of the plan year account balances as of the end of the plan year articipants at the beginning of the plan year articipants at the beginning of the participants at the end of the plan year terminated employment during the common or incomplete filing of this return the penalties set forth in the instructed signed by an enrolled actuary,	olan year (only defirence of the plan year (only defirence of the plan year with accrued or only defirence of the plan year will be assessuctions, I declare that I have	ned contribution plans I benefits that were less sed unless reasonable ca	4c PN 5a 5b 5c 5d(1) 5d(2) 5e use is established. eport, including, if applic	163 89 108 140 1 cable, a Schedule
name a Spons 5a Total b Total c Numb comp d(1) Tot d(2) Tot e Num than Caution: A Under pen SB or Sche belief, it is	e, EIN, and the plan number of participants number of participants per of participants with plete this item)	anisher from the last return/report. Is at the beginning of the plan year at the end of the plan year	olan year (only define the plan year (only define the plan year (only define the plan year with accrued the plan year will be assess fuctions, I declare that I have as well as the electronic	I benefits that were less sed unless reasonable ca ave examined this return/report version of this return/report	4c PN 5a 5b 5c 5d(1) 5d(2) 5e use is established. eport, including, if applic	163 89 108 140 1 cable, a Schedule / knowledge and
name a Spons 5a Total b Total c Numb comp d(1) Tot d(2) Tot e Num than Caution: A Under pen SB or Sch belief, it is	e, EIN, and the plan number of participants or of participants over of participants with elete this item)	anisher from the last return/report. Is at the beginning of the plan year at the end of the plan year	f the plan year (only definance) plan year e plan year with accrued rn/report will be assess actions, I declare that I ha as well as the electronic 07/24/2017	I benefits that were less sed unless reasonable ca ave examined this return/report version of this return/report	4c PN 5a 5b 5c 5d(1) 5d(2) 5e use is established. eport, including, if applicate, and to the best of my	163 89 108 140 1 cable, a Schedule v knowledge and
name a Spons 5a Total b Total c Numb comp d(1) Tot d(2) Tot e Num than Caution: J Under pen SB or Sch belief, it is SIGN HERE SIGN HERE	e, EIN, and the plan number of participants number of participants per of participants with plete this item)	aniber from the last return/report. Is 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 articipants at the end of the plan year at terminated employment during the common or incomplete filing of this return the penalties set forth in the instruction of the plan year and signed by an enrolled actuary, applete. Avalid electronic signature. Administrator Dever/plan sponsor	f the plan year (only definance) plan year e plan year with accrued rn/report will be assess uctions, I declare that I has as well as the electronic 07/24/2017 Date Date	I benefits that were less sed unless reasonable ca ave examined this return/report version of this return/report MICHAEL MACK Enter name of individent	4c PN 5a 5b 5c 5d(1) 5d(2) 5e use is established. eport, including, if applicate, and to the best of my	163 89 108 140 1 cable, a Schedule / knowledge and
name a Spons 5a Total b Total c Numb comp d(1) Tot d(2) Tot e Num than Caution: J Under pen SB or Sch belief, it is SIGN HERE SIGN HERE	e, EIN, and the plan number of participants number of participants per of participants with plete this item)	aniber from the last return/report. Is at the beginning of the plan year at the end of the plan year	f the plan year (only definance) plan year e plan year with accrued rn/report will be assess uctions, I declare that I has as well as the electronic 07/24/2017 Date Date	I benefits that were less sed unless reasonable ca ave examined this return/report version of this return/report MICHAEL MACK Enter name of individent	4c PN 5a 5b 5c 5d(1) 5d(2) 5e use is established. eport, including, if applicate, and to the best of my	163 89 108 140 1 cable, a Schedule / knowledge and ministrator
name a Spons 5a Total b Total c Numb comp d(1) Tot d(2) Tot e Num than Caution: J Under pen SB or Sch belief, it is SIGN HERE SIGN HERE	e, EIN, and the plan number of participants number of participants per of participants with plete this item)	aniber from the last return/report. Is 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 articipants at the end of the plan year at terminated employment during the common or incomplete filing of this return the penalties set forth in the instruction of the plan year and signed by an enrolled actuary, applete. Avalid electronic signature. Administrator Dever/plan sponsor	f the plan year (only definance) plan year e plan year with accrued rn/report will be assess uctions, I declare that I has as well as the electronic 07/24/2017 Date Date	I benefits that were less sed unless reasonable ca ave examined this return/report version of this return/report MICHAEL MACK Enter name of individent	4c PN 5a 5b 5c 5d(1) 5d(2) 5e use is established. eport, including, if applicate, and to the best of my dual signing as plan addressed.	163 89 108 140 1 cable, a Schedule / knowledge and ministrator
name a Spons 5a Total b Total c Numb comp d(1) Tot d(2) Tot e Num than Caution: J Under pen SB or Sch belief, it is SIGN HERE SIGN HERE	e, EIN, and the plan number of participants number of participants per of participants with plete this item)	aniber from the last return/report. Is 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 articipants at the end of the plan year at terminated employment during the common or incomplete filing of this return the penalties set forth in the instruction of the plan year and signed by an enrolled actuary, applete. Avalid electronic signature. Administrator Dever/plan sponsor	f the plan year (only definance) plan year e plan year with accrued rn/report will be assess uctions, I declare that I has as well as the electronic 07/24/2017 Date Date	I benefits that were less sed unless reasonable ca ave examined this return/report version of this return/report MICHAEL MACK Enter name of individent	4c PN 5a 5b 5c 5d(1) 5d(2) 5e use is established. eport, including, if applicate, and to the best of my dual signing as plan addressed.	163 89 108 140 1 cable, a Schedule / knowledge and ministrator
name a Spons 5a Total b Total c Numb comp d(1) Tot d(2) Tot e Num than Caution: J Under pen SB or Sch belief, it is SIGN HERE SIGN HERE	e, EIN, and the plan number of participants number of participants per of participants with plete this item)	aniber from the last return/report. Is 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 articipants at the end of the plan year at terminated employment during the common or incomplete filing of this return the penalties set forth in the instruction of the plan year and signed by an enrolled actuary, applete. Avalid electronic signature. Administrator Dever/plan sponsor	f the plan year (only definance) plan year e plan year with accrued rn/report will be assess uctions, I declare that I has as well as the electronic 07/24/2017 Date Date	I benefits that were less sed unless reasonable ca ave examined this return/report version of this return/report MICHAEL MACK Enter name of individent	4c PN 5a 5b 5c 5d(1) 5d(2) 5e use is established. eport, including, if applicate, and to the best of my dual signing as plan addressed.	163 89 108 140 1 cable, a Schedule / knowledge and ministrator

Form 5500-SF 2016 Page **2**

	Were all of the plan's assets during the plan year invested in eligib		` ,						XY	es 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 If you answered "No" to either line 6a or line 6b, the plan cann	and condi	tions.)						XY	es No
С	If the plan is a defined benefit plan, is it covered under the PBGC in					_	_	_	□ Not d	etermined
	rt III Financial Information				- ,	<u> </u>	1	<u> </u>	<u> </u>	
7	Plan Assets and Liabilities		(a) Beginning	of Year				(b) End	of Year	
a	Total plan assets	7a		640127				(5) =:::	29576	344
	Total plan liabilities	7b		0						0
	Net plan assets (subtract line 7b from line 7a)	7c	2	640127					29576	644
8	Income, Expenses, and Transfers for this Plan Year		(a) Amour	ıt				(b) 1	otal	
а	Contributions received or receivable from:		, ,	7110						
	(1) Employers	8a(1)								
	(2) Participants	8a(2)		30962	_					
	(3) Others (including rollovers)	8a(3)		279503						
	Other income (loss)	8b		270000	-				3175	75
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							3173	773
	to provide benefits)	8d		58						
е	Certain deemed and/or corrective distributions (see instructions).	8e		0						
f	Administrative service providers (salaries, fees, commissions)	8f		0						
g	Other expenses	8g								
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h								58
<u>i</u>	Net income (loss) (subtract line 8h from line 8c)	8i							3175	517
j	Transfers to (from) the plan (see instructions)	8j		0						
Pai	rt IV Plan Characteristics									
9a	If the plan provides pension benefits, enter the applicable pension 2E 2F 2G 2J 2K 2S 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 instr	uctions:	
Par	t V Compliance Questions									
10	During the plan year:				Yes	No	N/A		Amour	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 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					265000
d	Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?			10d		X				
е		her person ne or all of	s by an insurance the benefits under	10e		X				
f	Has the plan failed to provide any benefit when due under the pla	ın?	·····	10f		X				
g				10g	X					99633
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						

Form	5500	-SF	201	6

Page 3-	1
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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.

2010

2016

OMB Nos. 1210-0110 1210-0089

This Form is Open to Public Inspection

Part I		t Identification Information				
For calend	ar plan year 2016 or f	fiscal plan year beginning	01/01/2016	and ending	12/31/	2016
▲ This re	turn/report is for:	X a single-employer plan		lan (not multiemployer) mployer information in a	(4)	
A IIIIII	штиероп в тот.	a one-participant plan	a foreign plan	iipioyei iiioiiiiaaoii ii. a	occidance with an	e Ionn man actions. ,
B This ret	urn/report is	the first return/report	the final return/report			
		an amended return/report	a short plan year retur	rn/report (less than 12 m	nonths)	
C Check	box if filing under:	Form 5558	automatic extension		DFVC progra	m
		special extension (enter descri	ription)			
Part II	Basic Plan Info	ormation—enter all requested in	formation			
1a Name	of plan				1b Three-digi	t
L&M Ser	vices, Incorp	porated Employee Savin	ngs Plan		plan numb (PN) ▶	001
					1c Effective of 05/01/	late of plan
2a Plans	nonsor's name (empl	oyer, if for a single-employer plan)			N 2020 MARINE	Identification Number
Mailing	g address (include roc	om, apt., suite no. and street, or P.C		t	61 250	-1294894
0.000.000	vices, Inc.	ce, country, and ZIP or foreign post	al code (if foreign, see inst	ructions)	(2)	telephone number
						37-9770
esserves services and reserve	15450				812990	code (see instructions)
15000 W	oodinville-Re	edmond Rd., NE,			012990	
Woodinv			WA	98072		
3a Plan a	dministrator's name a	nd address 🛭 Same as Plan Spor	nsor.		3b Administra	itor's EIN
				1		The state of the s
name	EIN, and the plan nu	e plan sponsor has changed since imber from the last return/report.	the last return/report filed	for this plan, enter the	4b EIN	
a Spons					4c PN	100
14		s at the beginning of the plan year				120
		s at the end of the plan year			. 5b	163
		account balances as of the end of	(2011년대	상 (F. 2018) NGC 2개 (1시(2018) NGC 2개 시간 (1) (2) (2) (2) (2) (2) (2) (2) (2) (2) (2	5c	89
d(1) Tota	al number of active pa	articipants at the beginning of the pl	an year		5d(1)	108
d(2) Tota	al number of active pa	articipants at the end of the plan yea	ar		5d(2)	140
		terminated employment during the			5e	1
Caution: A	penalty for the late	or incomplete filing of this return	n/report will be assessed	unless reasonable ca	ause is establish	ed.
SB or Sche	alties of perjury and of dule MB completed a rue, correct, and com	ther penalties set forth in the instruc- and signed by an enrolled actuary, a plete.	ctions, I declare that I have as well as the electronic ve	examined this return/repo	eport, including, if ort, and to the best	applicable, a Schedule of my knowledge and
SIGN		MI		MICHAEL MAC	CK	
HERE	Signature of plan a	administrator	Date 7/24/1	Enter name of individ	dual signing as pla	an administrator
SIGN	Jag /	ad	Duto / //c//	MICHAEL MACK	addroighing do ph	arradininotrator
HERE	Signature of emplo	oyer/plan sponsor	Date 7/24/1	1	dual signing as en	nployer or plan sponsor
Preparer's		name, if applicable) and address (ir			Preparer's tele	

			0
Ja	a	e	2

Part III Financial Information (a) Beginning of Year (b) End of Year 2	b	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 If the plan is a defined benefit plan, is it covered under the PBGC in	an independendendendendendendendendendendendende	dent qualified public a ons.) m 5500-SF and mus	account t instea	ant (IC	PA) Form	 5500.		Yes [Yes [Not determ	No No nined
a Total plan assets 7a 2,640,127 2,957,6 b Total plan liabilities 7b 0 0 C Net plan assets (subtract line 7b from line 7a) 7c 2,640,127 2,957,6 8 Income, Expenses, and Transfers for this Plan Year (a) Amount (b) Total a Contributions received or receivable from: (1) Employers 8a(1) 7,110 (2) Participants 8a(2) 30,962 (3) Others (including rollovers) 8a(3) 0 b Other income (loss) 8b 279,503 c Total income (add lines 8a(1), 8a(2),8a(3), and 8b) 8c 317,5° d Benefits paid (including frost collovers and insurance premiums to provide benefits) 8d 58 e Cartain deemed and/or corrective distributions (see instructions) 8d 58 e Cartain deemed and/or corrective distributions (see instructions) 8g 0 g Clher expenses 8g 0 g Clher expenses (add lines 8d, 8e, 8f, and 8g) 8h 1 1 h Net income (loss) (subtract line 8h from line 8c) 8i 317,5° J Transfers to (from) the plan (see instructions) 8	Pa	rt III Financial Information									
b Total plan liabilities	7	Plan Assets and Liabilities	181	(a) Beginning	of Year			(b) End of	Year	
C Net plan assets (subtract line 7b from line 7a)	а	Total plan assets	7a	2,	640,	127			H. I	2,957	,644
8 income, Expenses, and Transfers for this Plan Year a Contributions received or receivable from: (1) Employers	b	Total plan liabilities	7b			0					0
a Contributions received or receivable from: (i) Employers (ii) Employers (iii) Employers (iv) E	С	Net plan assets (subtract line 7b from line 7a)	7c	2,	640,	127	1			2,957	,644
(1) Employers	8	Income, Expenses, and Transfers for this Plan Year		(a) Amoun	ıt			0 00	(b) Tota	al	
(2) Participants	а	The state of the s	0 (1)		7	110				Maring Line Law Secure 5	
(3) Other (including rollovers)		A Lagran Section 2011 19									
b Other income (loss)					30,	962	11.577470		re Status Assessment		
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)			Date:		070	0	US NO.			17.59	
d Benefits paid (including direct rollovers and insurance premiums to provide benefits). 8d 58 6 Certain deemed and/or corrective distributions (see instructions) 8e 7 Administrative service providers (salaries, fees, commissions) 8f 8 O O O O O O O O O O O O O O O O O O				THE RESIDENCE OF THE STATE OF	279,	503					
to provide benefits). e Certain deemed and/or corrective distributions (see instructions) 8e f Administrative service providers (salaries, fees, commissions) 8f g Other expenses			8c	more than the second second second second	CO 1 5 7/12		Live pro-	A 1 48 72	1000 CASTA CO	317	,575
e Certain deemed and/or corrective distributions (see instructions) 8e	a		84			58		A She had			
f Administrative service providers (salaries, fees, commissions)	е		200				1987, 1801		525815	ntale, a sala National na	
g Other expenses (add lines 8d, 8e, 8f, and 8g)	-							10 15 VI	ke jada si	All part Lat	T-Uay
h Total expenses (add lines 8d, 8e, 8f, and 8g)		200				A	19872 11		Coma Marine Sp	SAME OF A SHARE SAME	I N
i Net income (loss) (subtract line 8h from line 8c)									teles and the	Non-the-state	EO
Transfers to (from) the plan (see instructions)	$\dot{-}$									217	58
Part IV Plan Characteristics 9a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 2E 2F 2G 2J 2K 2S 2T 3D b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions: Part V Compliance Questions 10 During the plan year: a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program). b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.). 10b X c Was the plan covered by a fidelity bond?	÷			Lawrence Control of the Control of t		0	-		V 3 10	317	,517
If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 2E 2F 2G 2J 2K 2S 2T 3D	, D-		8j			U		and the second	Commence Admin	Sale and the	-
b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions: Part V Compliance Questions 10 During the plan year: a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)			footure con	los from the List of DI	on Cho	rootori	otio Co	ndon in	the instru	tioner	
Part V Compliance Questions 10 During the plan year: a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)	Ja		reature coc	les from the List of Fi	an Ona	racteri	Suc Co	Jues III	the mstruc	uons.	
10 During the plan year: a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)	b	If the plan provides welfare benefits, enter the applicable welfare for	eature code	s from the List of Pla	n Char	acteris	tic Co	des in tl	he instructi	ons:	
10 During the plan year: a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)											
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)	Par	t V Compliance Questions									
described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)	10					Yes	No	N/A		Amount	
Program)	а							\$ 700			
b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)					10a		X	2 17/05			
reported on line 10a.)	b										
d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? e Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service, or other organization that provides some or all of the benefits under the plan? (See instructions.) f Has the plan failed to provide any benefit when due under the plan? g Did the plan have any participant loans? (If "Yes," enter amount as of year-end.) h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)					10b		Χ				
d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? e Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service, or other organization that provides some or all of the benefits under the plan? (See instructions.) f Has the plan failed to provide any benefit when due under the plan? g Did the plan have any participant loans? (If "Yes," enter amount as of year-end.) h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	С	Was the plan covered by a fidelity bond?			10c	Х				265	,000
carrier, insurance service, or other organization that provides some or all of the benefits under the plan? (See instructions.)	d				10d		X	e glar E P			
g Did the plan have any participant loans? (If "Yes," enter amount as of year-end.)	е	carrier, insurance service, or other organization that provides some	ne or all of t	he benefits under	10e	2	Х	Fest			
g Did the plan have any participant loans? (If "Yes," enter amount as of year-end.)	f	Has the plan failed to provide any benefit when due under the pla	in?		10f		Х	8 70			
h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	g	Did the plan have any participant loans? (If "Yes," enter amount a	s of year-er	nd.)	10a	Х				90	. 633
	h	If this is an individual account plan, was there a blackout period?	(See instruc	ctions and 29 CFR			Х	2 10 4 1			, 000
exceptions to providing the notice applied under 29 CFR 2520.101-3	i	If 10h was answered "Yes," check the box if you either provided the	he required	notice or one of the	100000000000000000000000000000000000000			Date Co.	arganista.	शिकार दापूर हो। संस्कृतिकार	Ų.

Form	5500-SF	2016

Page	3-		
Page	2-	l	

Part VI Pension	Funding Compliance						
	benefit plan subject to minimum funding requirements? (If "Yes," see instructions and comp d line 11a below)					Yes X	No
	d minimum required contributions for all years from Schedule SB (Form 5500) line 40		11a				
	d contribution plan subject to the minimum funding requirements of section 412 of the Code				П	Yes X 1	No
	lete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)				1 "		
	e minimum funding standard for a prior year is being amortized in this plan year, see instruc iver		d enter t		of the let Year	_	
If you completed	ine 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.						
b Enter the minimum	ım required contribution for this plan year		12b		2		
c Enter the amoun	t contributed by the employer to the plan for this plan year	V. 1911 A. 1912 A. 191	12c				
d Subtract the an	ount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left out)	of a	12d				
e Will the minimu	m funding amount reported on line 12d be met by the funding deadline?			Yes	No	N/A	
Part VII Plan Te	rminations and Transfers of Assets						
13a Has a resolution	to terminate the plan been adopted in any plan year?			Yes	X	No	
8-8-8-A-A-A-A-A-A-A-A-A-A-A-A-A-A-A-A-A	ne amount of any plan assets that reverted to the employer this year	412000000000000000000000000000000000000	13a				
	n assets distributed to participants or beneficiaries, transferred to another plan, or brought u				Yes	X No	
C If, during this pl	an year, any assets or liabilities were transferred from this plan to another plan(s), identify the liabilities were transferred. (See instructions.)) to				
13c(1) Name of p	- 1990A	13c(2	EIN(s)		13c	(3) PN(s)	
Part VIII Trust I	nformation						
Part VIII Trust II 14a Name of trust	nformation		14b	Frust's E	EIN		
ECONOMISSI PARAMETERS	nformation		14b	Γrust's E	EIN		
14a Name of trust						dian's	
ECONOMISSI PARAMETERS			14d ⁻	Γrustee's	IN s or custone numbe		
14a Name of trust			14d ⁻	Γrustee's	s or custo		
14a Name of trust 14c Name of trustee			14d ⁻	Γrustee's	s or custo		
14a Name of trust 14c Name of trustee Part IX IRS Co	or custodian	Yes	14d ⁻	Γrustee's	s or custo		
14a Name of trust 14c Name of trustee Part IX IRS Co	or custodian mpliance Questions (k) plan? If "No," skip b	Desig	14d	Frustee':	s or custone numbe		
14a Name of trust 14c Name of trustee Part IX IRS Co 15a Is the plan a 401 15b How did the plan	or custodian mpliance Questions (k) plan? If "No," skip b	Designation	14d	Frustee's telephor	No "Prior test	r	
14a Name of trust 14c Name of trustee Part IX IRS Co 15a Is the plan a 401 15b How did the plan	or custodian ompliance Questions (k) plan? If "No," skip b	Designation	14d	Frustee's telephor	s or custone numbe	r	
14a Name of trust 14c Name of trustee Part IX IRS Co 15a Is the plan a 401 15b How did the plan 401(k)(3) for the	or custodian ompliance Questions (k) plan? If "No," skip b	Designation of the control of the co	n-based parbor ent year test	Frustee's telephor	No "Prior test	r	
14a Name of trust 14c Name of trustee Part IX IRS Co 15a Is the plan a 401 15b How did the plan 401(k)(3) for the 16a What testing me year? Check all 16b Did the plan sati	or custodian Impliance Questions (k) plan? If "No," skip b	Designation Designation Curre ADP Ratio	n-based parbor ent year test	Frustee's telephor	s or custone number No Prior test N/A	r year" ADP	
14a Name of trust 14c Name of trustee Part IX IRS Co 15a Is the plan a 401 15b How did the plan 401(k)(3) for the 16a What testing me year? Check all 16b Did the plan sati for the plan year	or custodian pmpliance Questions (k) plan? If "No," skip b	Designation of the state of the	gn-based narbor ent year test	Frustee's telephor	No "Prior test N/A Verage enefit test	year" ADP	A
14a Name of trust 14c Name of trustee Part IX IRS Co 15a Is the plan a 401 15b How did the plan 401(k)(3) for the 16a What testing me year? Check all 16b Did the plan sati for the plan year 17a If the plan is a m the letter	or custodian Impliance Questions (k) plan? If "No," skip b	Designation Design	gn-based narbor ent year test o entage	Frustee's telephore	No Prior test N/A Verage enefit test No er, enter	year" ADP	A
14a Name of trustee 14c Name of trustee Part IX IRS Co 15a Is the plan a 401 15b How did the plan 401(k)(3) for the 16a What testing me year? Check all 16b Did the plan satifor the plan year 17a If the plan is a mathe letter 17b If the plan is an iletter 18 Defined Benefit I Were any distrib	or custodian Dempliance Questions	Designer safe "Curr ADP Ratic perc test Yes nion lette	gn-based narbor ent year test o entage	Frustee's telephore	No Prior test N/A Verage enefit test No er, enter	year" ADP	A