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**

	iai piair your 2010 or i	iscai pian year beginning 01/01/	2010	and ending	2/31/2010	
A This re	turn/report is for:	a single-employer plan		r plan (not multiemployer) employer information in a	`	
		a one-participant plan	a foreign plan			
B This ret	rurn/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:	Form 5558	automatic extension	on	DFVC progra	m
Dowt II	Decis Dien Infe	special extension (enter desc	•			_
Part II 1a Name		ormation—enter all requested in	nformation		1b Three-digi	t
		S. 401(K) PROFIT SHARING PLA	N		plan numb	
					1c Effective of	late of plan 01/01/1997
Mailin	g address (include roo	oyer, if for a single-employer plan) om, apt., suite no. and street, or P.	O. Box)		2b Employer (EIN)	Identification Number 30-0848480
	r town, state or proving PENALVER, M.D., P.S	ce, country, and ZIP or foreign pos 6.	stal code (if foreign, see ii	nstructions)		telephone number 3-848-0351
					2d Business	code (see instructions)
319 - 5TH S' PUYALLUP,	TREET S.W. WA 98371					621111
3a Plan a	administrator's name a	ind address X Same as Plan Spo	onsor.		3b Administra	itor's EIN
					3c Administra	ator's telephone number
					JC Administra	itor s telepriorie number
		ne plan sponsor has changed since	e the last return/report file	ed for this plan, enter the	4b EIN	91-1285383
name	e, EIN, and the plan nu	ne plan sponsor has changed since imber from the last return/report. PENALVER, M.D., P.S.	e the last return/report file	ed for this plan, enter the	4b EIN 4c PN	91-1285383
name a Spons	e, EIN, and the plan nusor's name OVIDIO M.	mber from the last return/report. PENALVER, M.D., P.S.				
a Spons 5a Total	e, EIN, and the plan nusor's name OVIDIO M. number of participants	imber from the last return/report.			4c PN	001
a Spons 5a Total b Total c Numb	e, EIN, and the plan number of participants number of participants our of participants our of participants with	Imber from the last return/report. PENALVER, M.D., P.S. s at the beginning of the plan year	f the plan year (only defir	ned contribution plans	4c PN 5a	001
a Spons 5a Total b Total c Numb	e, EIN, and the plan nusor's name OVIDIO M. number of participants number of participants per of participants with plete this item)	penalty penalt	f the plan year (only defir	ned contribution plans	4c PN 5a 5b	001 18 17
name a Spons 5a Total b Total c Numb comp d(1) Total	e, EIN, and the plan nusor's name OVIDIO M. number of participants number of participants per of participants with plete this item)	mber from the last return/report. PENALVER, M.D., P.S. s at the beginning of the plan year s at the end of the plan year account balances as of the end o	of the plan year (only defir	ned contribution plans	4c PN 5a 5b 5c	001 18 17 15
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 or of participants or of participants with plete this item)	mber from the last return/report. PENALVER, M.D., P.S. s at the beginning of the plan year s at the end of the plan year account balances as of the end o articipants at the beginning of the plan year terminated employment during the	of the plan year (only defirence) plan year ear	ned contribution plans	4c PN 5a 5b 5c 5d(1)	001 18 17 15
name a Spons 5a Total b Total c Numb comp d(1) Tot d(2) Tot e Num than	e, EIN, and the plan number of participants over of participants with plete this item)	mber from the last return/report. PENALVER, M.D., P.S. s at the beginning of the plan year s at the end of the plan year account balances as of the end o articipants at the beginning of the plan year	of the plan year (only defir blan yearear	ned contribution plans	4c PN 5a 5b 5c 5d(1) 5d(2) 5e	001 18 17 15 6 6
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	e, EIN, and the plan number of participants number of participants over 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 end of the plan year articipants at the beginning of the plan year articipants at the end of the plan year terminated employment during the terminated	of the plan year (only defir plan yeareare plan year with accrued rn/report will be assess	benefits that were less sed unless reasonable ca	4c PN 5a 5b 5c 5d(1) 5d(2) 5e use is established eport, including, if	001 18 17 15 6 0 ed. applicable, 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 Sch- belief, it is	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 end of the plan year articipants at the beginning of the plan year articipants at the end of the plan year terminated employment during the terminated	of the plan year (only defir plan yeareare plan year with accrued rn/report will be assess	benefits that were less sed unless reasonable ca	4c PN 5a 5b 5c 5d(1) 5d(2) 5e use is established eport, including, if	001 18 17 15 6 6 0 ed. applicable, a Schedule
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	e, EIN, and the plan number of participants number of participants per of participants with plete this item)	amber from the last return/report. PENALVER, M.D., P.S. Is at the beginning of the plan year account balances as of the end of the plan year account balances as of the end of the plan year articipants at the beginning of the participants at the end of the plan year terminated employment during the terminated employment during the terminated by an enrolled actuary, applete. Ivalid electronic signature.	of the plan year (only defination of the plan year (only defination of the plan year with accrued or the plan year will be assess fuctions, I declare that I has as well as the electronic or/03/2017	benefits that were less ded unless reasonable case examined this return/report LAURA VARGAS	4c PN 5a 5b 5c 5d(1) 5d(2) 5e suse is established aport, including, if rt, and to the best	001 18 17 15 6 6 0 ed. applicable, a Schedule of my 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 SIGN HERE	e, EIN, and the plan number of participants number of participants per of participants with plete this item)	amber from the last return/report. PENALVER, M.D., P.S. Is at the beginning of the plan year account balances as of the end of the plan year account balances as of the end of the plan year articipants at the beginning of the participants at the end of the plan year terminated employment during the terminated employment during the terminated by an enrolled actuary, applete. Ivalid electronic signature.	of the plan year (only definance) ear ne plan year with accrued rn/report will be assess uctions, I declare that I ha as well as the electronic	benefits that were less sed unless reasonable ca ave examined this return/report	4c PN 5a 5b 5c 5d(1) 5d(2) 5e suse is established aport, including, if rt, and to the best	001 18 17 15 6 6 0 ed. applicable, a Schedule of my 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 number of participants over of participants with plete this item)	amber from the last return/report. PENALVER, M.D., P.S. Is at the beginning of the plan year account balances as of the end of the plan year account balances as of the end of the plan year articipants at the beginning of the plan year terminated employment during the terminated employment during the terminated by an enrolled actuary, applete. Ivalid electronic signature.	of the plan year (only defination of the plan year (only defination of the plan year with accrued or the plan year will be assess fuctions, I declare that I has as well as the electronic or/03/2017 Date	benefits that were less ded unless reasonable case examined this return/reversion of this return/report LAURA VARGAS Enter name of individ	4c PN 5a 5b 5c 5d(1) 5d(2) 5e suse is established aport, including, if rt, and to the best dual signing as placed.	001 18 17 15 6 6 0 ed. applicable, a Schedule of my knowledge and
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Form 5500-SF 2016 Page **2**

 Were all of the plan's assets during the plan year invested in eliging Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility of your answered "No" to either line 6a or line 6b, the plan can 	f an indepen / and conditi	ident qualified public a	account	ant (IC	PA)			X Ye	
C If the plan is a defined benefit plan, is it covered under the PBGC	insurance pı	rogram (see ERISA se	ection 4	021)?	[Yes	No	Not de	etermined
Part III Financial Information									
7 Plan Assets and Liabilities		(a) Beginning					(b) End	of Year	
a Total plan assets	7a		426365					3396	58
b Total plan liabilities	7b								
C Net plan assets (subtract line 7b from line 7a)	7c		426365					3396	58
8 Income, Expenses, and Transfers for this Plan Year		(a) Amoun	ıt				(b) 1	Γotal	
a Contributions received or receivable from:	8a(1)		4347						
(1) Employers			8640						
(2) Participants	8a(2)		00.0	_					
(3) Others (including rollovers)			13902						
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)								268	 89
d Benefits paid (including direct rollovers and insurance premiums	80								
to provide benefits)	8d		111001						
e Certain deemed and/or corrective distributions (see instructions).	8e								
f Administrative service providers (salaries, fees, commissions)	8f		1745						
g Other expenses	8g		850						
h Total expenses (add lines 8d, 8e, 8f, and 8g)	8h		113			1135	96		
i Net income (loss) (subtract line 8h from line 8c)	8i							-867	07
j Transfers to (from) the plan (see instructions)	8j								
Part IV Plan Characteristics									
9a If the plan provides pension benefits, enter the applicable pensio 2A 2E 2F 2G 2J 2K 3D	n feature co	des from the List of Pl	an Cha	racteri	stic Co	odes in	the ins	tructions:	
b If the plan provides welfare benefits, enter the applicable welfare	feature code	es from the List of Pla	n Chara	acterist	tic Cod	des in t	he instr	uctions:	
Part V Compliance Questions									
10 During the plan year:				Yes	No	N/A		Amoun	t
a Was there a failure to transmit to the plan any participant contrib described in 29 CFR 2510.3-102? (See instructions and DOL's Program)	Voluntary Fi	iduciary Correction	10a	X					6220
b Were there any nonexempt transactions with any party-in-interest reported on line 10a.)			10b		X				
C Was the plan covered by a fidelity bond?			10c		X				
d Did the plan have a loss, whether or not reimbursed by the plan by fraud or dishonesty?			10d		X				
Were any fees or commissions paid to any brokers, agents, or o carrier, insurance service, or other organization that provides so the plan? (See instructions.)	me or all of t	the benefits under	10e	X					2815
f Has the plan failed to provide any benefit when due under the pl	an?		10f		X				
g Did the plan have any participant loans? (If "Yes," enter amount	as of year-e	nd.)	10g		X				
h If this is an individual account plan, was there a blackout period? 2520.101-3.)	•		10h		X				
i If 10h was answered "Yes," check the box if you either provided exceptions to providing the notice applied under 29 CFR 2520.1			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 section 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

For calendar plan year 2016 or fiscal plan year be		01/01/2016	and ending	12/31/2016	
					22.2 -V 21.90
A This return/report is for:			lan (not multiemployer) (lemployer information in a		
B This return/report is:		he final return/report			
			rn/report (less than 12 m	onthe)	
an amende	ed return/report a	short plan year retu	mireport (less than 12 m	oriuis)	
C Check box if filing under: Form 5558	ension (enter description)	automatic extension		DFVC pro	gram
Part II Basic Plan Information 1 Name of plan	enter all requested inform	ation		1b Three-digit	<u> </u>
Ovidio M. Penalver, M.D., P.S	6. 401(K) Profit	Sharing Plan		plan number (PN) ▶	001
				1c Effective dat	
2a Plan sponsor's name (employer, if for a sing Mailing Address (include room, apt., suite no City or town, state or province, country, and	o. and street, or P.O. Box		ructions)		entification Number
Ovidio M. Penalver, M.D., P.S		e (ii tereign, eee iite	ruduonon	2c Sponsor's te (253) 84	5 T
					de (see instructions)
319 - 5TH STREET S.W.				621111	de (see instructions)
US PUYALLUP WA 98371					
3a Plan administrator's name and address X	Same as Plan Sponsor			3b Administrato	r's EIN
				3c Administrato	r's telephone number
4 If the name and/or EIN of the plan sponsor is	nas changed since the las	st return/report filed for	or this plan, enter the	4b EIN 91-12	285383
name, EIN, and the plan number from the la	st return/report.				
a Sponsor's name Ovidio M. Penalve	er, M.D., P.S.			4c PN 001	
5a Total number of participants at the beginning	g of the plan year			5a	18
b Total number of participants at the end of the				5b	17
C Number of participants with account balance complete this item)				5c	15
d(1) Total number of active participants at the	beginning of the plan yea	r		5d(1)	6
d(2) Total number of active participants at the	end of the plan year			5d(2)	6
e Number of participants that terminated emplainment less than 100% vested	loyment during the plan y	ear with accrued ben	efits that were	5e	0
Caution: A penalty for the late or incomplete				ise is established.	
Under penalties of perjury and other penalties so SB or Schedule MB completed and signed by an belief, it is true, correct, and complete.	et forth in the instructions	, I declare that I have	examined this return/rep	oort, including, if ap	
SIGN		7-3-17	LAURA VARGAS		
HERE Signature of plan administrator		Date	Enter name of individua	al signing as plan ac	Iministrator
SIGN Why		7-3-17	Ovidro Peño	1 lver	
HERE Signature of employer/plan sponsor		Date	Enter name of individua	al signing as employ	er or plan sponsor
Preparer's name (including firm name, if applica Skip this question	ble) and address (include	room or suite numb	er)	Preparer's telepho Skip this que	
		1			
I .					

	Form 5500-SF 2016		Page 2			-				
6a	Were all of the plan's assets during the plan year invested in eligible	assets? (S	See instructions.)	•••••	•••••			•••••	XYes	□No
b	Are you claiming a waiver of the annual examination and report of an under 29 CFR 2520.104-46? (See instructions on waiver eligibility an	•			•	,			X Yes	□No
	If you answered "No" to either line 6a or line 6b, the plan canno							••••••	21 100	
С	If the plan is a defined benefit plan, is it covered under the PBGC ins					_		s \square No	o	determined
D	art III Financial Information		· · · · · · · · · · · · · · · · · · ·							
7	Plan Assets and Liabilities		(a) Beginning of	f Year	•			(b) End	of Year	
<u>.</u>	Total plan assets	7a	.,, -	26,3				(,		,658
b	Total plan liabilities	7b		20,5	0.5				337	,030
C	Net plan assets (subtract line 7b from line 7a)	7c	42	26,3	65				330	,658
8	Income, Expenses, and Transfers for this Plan Year	70	(a) Amount		0.5			(b) :	Total	,030
a	Contributions received or receivable from:		(a) / inioani					(5)	. otu.	
	(1) Employers	8a(1)		4,3	47					
	(2) Participants	8a(2)		8,6	40					
	(3) Others (including rollovers)	8a(3)			0					
b	Other income (loss)	8b	1	L3,9	02					
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							26	,889
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	11	L1,0	01					
е	Certain deemed and/or corrective distributions (see instructions)	8e								
f	Administrative service providers (salaries, fees, commissions)	8f		1,7	45					
g	Other expenses	8g		8	50					
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							113	,596
ī	Net income (loss) (subtract line 8h from line 8c)	8i							(86,	707)
j	Transfers to (from) the plan (see instructions)	8j								
Pa	art IV Plan Characteristics									
$\overline{}$	If the plan provides pension benefits, enter the applicable pension fe	ature code	es from the List of Plan Ch	naract	eristic	: Code	s in the	e instruct	ions:	
	2A 2E 2F 2G 2J 2K 3D									
b	If the plan provides welfare benefits, enter the applicable welfare fea	ture codes	s from the List of Plan Cha	racte	ristic (Codes	in the	instructio	ons:	
Pá	art V Compliance Questions									
10	During the plan year:				Yes	No	N/A		Amount	
a		ions within	the time period				1471		7	
	described in 29 CFR 2510.3-102? (See instructions and DOL's Vo		-							
	Program)	-	-	10a	х					6,220
k	Were there any nonexempt transactions with any party-in-interest? reported on line 10a.)			10b		х				
				10c		х				
C		fidelity bon	d, that was caused	10d		х				
E	Were any fees or commissions paid to any brokers, agents, or other carrier, insurance service, or other organization that provides some the plan? (See instructions.)	e or all of t	he benefits under	10e	х					2,815
f	Has the plan failed to provide any benefit when due under the plan	1?	••••••	10f		х				
	Did the plan have any participant loans? (If "Yes," enter amount as	s of vear e	nd.)	10g		х				
r		See instru	ctions and 29 CFR	10h		x				
i		e required	notice or one of the	10i						

Form 5500-SF 2016

Page 3 -		

Part	: VI	Pension Funding Compliance				_	
11		a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and 15500 and line 11a below)				Yes 🗓	No
		ne unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40		11a		1	
12	ERISA	a defined contribution plan subject to the minimum funding requirements of section 412 of the				Yes 🗵	No
		es," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)	inatruotiana	and anta	r the data	of the letter mil	
а		ver of the minimum funding standard for a prior year is being amortized in this plan year, see i g the waiver			r the date av	Of the letter rul	ing
lf y		pleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line					
b	Enter tl	ne minimum required contribution for this plan year.	••••••	12b			
С	Enter tl	ne amount contributed by the employer to the plan for the plan year	•••••	12c			
d		ct the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the 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 r	resolution to terminate the plan been adopted in any plan year?	•••••	.	Yes	X No	
		" enter the amount of any plan assets that reverted to the employer this year			Ī		
b	Were a	Il the plan assets distributed to participants or beneficiaries, transferred to another plan, or bro				Yes X No)
		of the PBGC?g this plan year, any assets or liabilities were transferred from this plan to another plan(s), ide					
		assets or liabilities were transferred. (See instructions.)	intily the pla	11(3) 10			
13	3c(1) Na	me of plan(s):	13c(2)	EIN(s)		13c(3) PN	(s)
Part	VIII	Trust Information - Skip These Questions			I		
	VIII Name	•		14b	Trust's E	IN	
		•		14b	Trust's E	IN	
14a	Name (of trust					
14a	Name (•				or custodian's	
14a	Name (of trust			Trustee o	or custodian's	
14a	Name o	of trust			Trustee o	or custodian's	
14a 14c	Name o	of trust			Trustee o	or custodian's	
14a 14c Part	Name of Name o	of trustee or custodian IRS Compliance Questions - Skip These Questions Ilan a 401(k) plan? If "No," skip b. d the plan satisfy the nondiscrimination requirements for employee deferrals under section		14 d	Trustee of telephone	or custodian's e number	ear" ADP
14a 14c Part	Name of Name o	of trustee or custodian IRS Compliance Questions - Skip These Questions lan a 401(k) plan? If "No," skip b.		Yes Design-t	Trustee of telephone	or custodian's e number No "Prior yet	ear" ADP
14a 14c Part	Name of Name o	of trustee or custodian IRS Compliance Questions - Skip These Questions Ilan a 401(k) plan? If "No," skip b. d the plan satisfy the nondiscrimination requirements for employee deferrals under section		Yes Design-t safe har	Trustee of telephone	or custodian's e number No "Prior ye	ear" ADP
14a 14c Part 15a 15b	Name of Name o	of trustee or custodian IRS Compliance Questions - Skip These Questions Ilan a 401(k) plan? If "No," skip b. d the plan satisfy the nondiscrimination requirements for employee deferrals under section		Yes Design-tsafe har "Current ADP tes Ratio percenta	Trustee of telephone	or custodian's e number No "Prior yet	ear" ADP
14a 14c Part 15a 15b	Name of Name o	IRS Compliance Questions - Skip These Questions John a 401(k) plan? If "No," skip b. d the plan satisfy the nondiscrimination requirements for employee deferrals under section 3) for the plan year? Check all that apply: Desting method was used to satisfy the coverage requirements under section 410(b) for the plan		Yes Design-tsafe har "Current ADP tes Ratio	Trustee of telephone	or custodian's e number No "Prior yettest N/A Average	
14a 14c Part 15a 15b 16a 16b	Name of IX Is the p How did 401(k)(c) What to gear? (c) Did the for the If the p	IRS Compliance Questions - Skip These Questions Plan a 401(k) plan? If "No," skip b. Id the plan satisfy the nondiscrimination requirements for employee deferrals under section 3) for the plan year? Check all that apply: Plan satisfy the coverage requirements under section 410(b) for the plan check all that apply: Plan satisfy the coverage and nondiscrimination requirements of sections 410(b) and 401(a)(4) plan year by combining this plan with any other plan under the permissive aggregation rules? In is a master and prototype plan (M&P) or volume submitter plan that received a favorable If		Yes Design-t safe har "Current ADP tes Ratio percentatest Yes	Dased poor year" t	or custodian's enumber No Prior yetest N/A Average benefit test No	□ N/A
14a 14c Part 15a 15b 16a 16b 17a	Name of IX Is the p How did 401(k)(c) What to year? (c) Did the for the left. If the p	IRS Compliance Questions - Skip These Questions Plan a 401(k) plan? If "No," skip b. Id the plan satisfy the nondiscrimination requirements for employee deferrals under section 3) for the plan year? Check all that apply: Plan satisfy the coverage requirements under section 410(b) for the plan check all that apply: Plan satisfy the coverage and nondiscrimination requirements of sections 410(b) and 401(a)(4) plan year by combining this plan with any other plan under the permissive aggregation rules? In is a master and prototype plan (M&P) or volume submitter plan that received a favorable If	1	Yes Design-t safe har "Current ADP tes Ratio percentatest Yes etter or ac	Dased poor year" t	or custodian's enumber No Prior yetest N/A Average benefit test No ter, enter the de	□ N/A ate of
14a 14c Part 15a 15b 16a 16b 17a	Name of Name o	IRS Compliance Questions - Skip These Questions Jan a 401(k) plan? If "No," skip b. d the plan satisfy the nondiscrimination requirements for employee deferrals under section 3) for the plan year? Check all that apply: John String method was used to satisfy the coverage requirements under section 410(b) for the plan check all that apply: John String method was used to satisfy the coverage requirements under section 410(b) and 401(a)(4) plan year by combining this plan with any other plan under the permissive aggregation rules? Jan is a master and prototype plan (M&P) or volume submitter plan that received a favorable leter / / / and serial number _ Jan is an individually-designed plan that received a favorable determination letter from the IRS _ / / / _ John Stripton of Money Purchase Pension Plan Only: Jan design of trustee or custodian John Stripton of Money Purchase Pension Plan Only: John Stripton of Money Purchase Pensi	an	Yes Design-t safe har "Current ADP tes Ratio percentatest Yes etter or actate of the	Dased poor year" t	or custodian's enumber No Prior yetest N/A Average benefit test No ter, enter the de	□ N/A ate of
14a 14c Part 15a 15b 16a 17a 17b 18	Name of IX Is the p How did 401(k)(c) What to year? (c) Did the for the letter If the p letter Defined Were a service	IRS Compliance Questions - Skip These Questions blan a 401(k) plan? If "No," skip b. d the plan satisfy the nondiscrimination requirements for employee deferrals under section 3) for the plan year? Check all that apply: plan satisfy the coverage and nondiscrimination requirements of sections 410(b) for the plan year by combining this plan with any other plan under the permissive aggregation rules? lan is a master and prototype plan (M&P) or volume submitter plan that received a favorable If er / and serial number Benefit Plan or Money Purchase Pension Plan Only:	an	Yes Design-t safe har "Current ADP tes Ratio percentatest Yes etter or actate of the	Dased poor year" t dvisory let	or custodian's enumber No Prior yetest N/A Average benefit test No ter, enter the dent determination	□ N/A ate of