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.

2016

OMB Nos. 1210-0110

1210-0089

This Form is Open to Public Inspection

Par	ti Annuai Report	identification information							
For ca	alendar plan year 2016 or fi	iscal plan year beginning 01/01/2	2016 and ending 1	2/31/2016	3				
A Th	nis return/report is for:	-	k must attach a instructions.)						
	·	a one-participant plan	a foreign plan						
B Th	is return/report is	the first return/report	the final return/report						
		an amended return/report	a short plan year return/report (less than 12 m	nonths)					
C CI	neck box if filing under:	Form 5558	automatic extension	DFVC	program				
		special extension (enter descr	ription)						
Par	t II Basic Plan Info	ormation—enter all requested inf	formation						
	lame of plan	IC PROFIT OUADING BLAN			ree-digit				
STARL	INE WINDOWS, INC. 401(K) PROFIT SHARING PLAN			an number N) ▶	001			
					fective date of	plan /2001			
		oyer, if for a single-employer plan) om, apt., suite no. and street, or P.C	D. Box)	2b En (El		ication Number 60531			
	City or town, state or province INE WINDOWS, INC.	e, country, and ZIP or foreign post	al code (if foreign, see instructions)	2c Sponsor's telephone number 206-763-0385					
				2d Business code (see instructions)					
	_ATER ROAD ALE, WA 98248			238900					
3a ₽	Plan administrator's name a	nd address 🛛 Same as Plan Spor	nsor.	3b Administrator's EIN					
				3c Administrator's telephone number					
		e plan sponsor has changed since mber from the last return/report.	the last return/report filed for this plan, enter the	4b EI	N				
a s	ponsor's name			4c PN	١				
5a ⊺	Total number of participants	at the beginning of the plan year		5a		;			
b Total number of participants at the end of the plan year				5b		;			
C Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)				5c					
d(1) Total number of active participants at the beginning of the plan year				5d(1)					
d(2) Total number of active participants at the end of the plan year									
	than 100% vested		e plan year with accrued benefits that were less	5e					
Cauti	on: A penalty for the late	or incomplete filing of this return	n/report will be assessed unless reasonable ca						
			ctions, I declare that I have examined this return/re as well as the electronic version of this return/repor						

belief, it is true, correct, and complete

SIGN	Filed with authorized/valid electronic signature.	07/25/2017	RON MARTINI	RON MARTINI				
HERE	Signature of plan administrator	Date	Enter name o	f individual signing as plan administrator				
SIGN								
HERE	Signature of employer/plan sponsor	Date	Enter name o	Enter name of individual signing as employer or plan sponse				
Preparer's	s name (including firm name, if applicable) and address	mber)	Preparer's telephone number					

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	Were all of the plan's assets during the plan year invested in eligib Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility If you answered "No" to either line 6a or line 6b, the plan cann	an indepe and condit	ndent qualified public a	ccount	ant (IQ	PA)				No No
С	If the plan is a defined benefit plan, is it covered under the PBGC in					_	-		Not determine	∍d
Pa	rt III Financial Information									
7	Plan Assets and Liabilities		(a) Beginning (of Year				(b) End of	Year	
а	Total plan assets	7a		20861					22134	
b	Total plan liabilities	7b								
С	Net plan assets (subtract line 7b from line 7a)	7c		20861					22134	
8	Income, Expenses, and Transfers for this Plan Year		(a) Amoun	ıt				(b) Tot	al	
а	Contributions received or receivable from:	0=(4)								
	(1) Employers	8a(1)								
	(2) Participants	8a(2)			\dashv					
	(3) Others (including rollovers)	8a(3) 8b		1273						
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							1273	
d	Benefits paid (including direct rollovers and insurance premiums	00								
	to provide benefits)	8d			_					
<u>e</u>	Certain deemed and/or corrective distributions (see instructions).	8e								
f	Administrative service providers (salaries, fees, commissions)	8f								
<u>g</u>	Other expenses	8g			_					
<u>h</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							4070	
<u> </u>	Net income (loss) (subtract line 8h from line 8c)	8i							1273	
	Transfers to (from) the plan (see instructions)	8j								
	t IV Plan Characteristics									
9a 	If the plan provides pension benefits, enter the applicable pension 2E 2F 2J 2K 2T 3D	feature co	odes from the List of Plant	an Cha	racteri	stic Co	odes in	the instruc	ctions:	
b	If the plan provides welfare benefits, enter the applicable welfare f	eature cod	les from the List of Pla	n Chara	acterist	tic Cod	des in t	he instruct	ions:	
Par	t V Compliance Questions									
10	During the plan year:				Yes	No	N/A		Amount	
а	Was there a failure to transmit to the plan any participant contributes described in 29 CFR 2510.3-102? (See instructions and DOL's Verogram)	oluntary F	Fiduciary Correction	10a		X				
b	b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)			10b		X				
С	Was the plan covered by a fidelity bond?			10c		X				
d	Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?			10d		X				
е	Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service, or other organization that provides some or all of the benefits under the plan? (See instructions.)			10e		X				
f	f Has the plan failed to provide any benefit when due under the plan?					X				
g	g Did the plan have any participant loans? (If "Yes," enter amount as of year-end.)					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 to exceptions to providing the notice applied under 29 CFR 2520.10			10i						

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Part	VI P	ension Funding Compliance							
11		a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and of 5500) and line 11a below)						Yes	X No
11a	Enter t	he unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40	11a						
12	ERISA	a defined contribution plan subject to the minimum funding requirements of section 412 of the C? s," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)					[Yes	X No
а	If a wa	iver of the minimum funding standard for a prior year is being amortized in this plan year, see ins		ns, and	_				ng
	_	g the waiver			Day	/	Yea	ar	
					12b				
	Enter tr	e minimum required contribution for this plan year							
		e amount contributed by the employer to the plan for this plan year			12c				
a		ct the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the /e amount)			12d				
		e minimum funding amount reported on line 12d be met by the funding deadline?				Yes	No	L N	I/A
Part	VII F	Plan Terminations and Transfers of Assets							
13a	Has a	resolution to terminate the plan been adopted in any plan year?				X Ye	s	No	
	If "Yes	," enter the amount of any plan assets that reverted to the employer this year			13a				0
b		all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought the PBGC?		er the			Yes	X No)
С		ng this plan year, any assets or liabilities were transferred from this plan to another plan(s), ident assets or liabilities were transferred. (See instructions.)	ify the p	olan(s)) to				
	13c(1) N	ame of plan(s):		13c(2)	EIN(s)		13	c(3) PN	(s)
Part		Trust Information			4.41.				
14a	Name o	f trust			146	Trust's I	EIN		
14c	Name o	f trustee or custodian			14d Trustee's or custodian's telephone number				
Par	t IX	IRS Compliance Questions							
15a	Is the p	lan a 401(k) plan? If "No," skip b		Yes			No		
		the plan satisfy the nondiscrimination requirements for employee deferrals under section by for the plan year? Check all that apply:	IШ		ign-based Prior year" ADP test				
	()(.	,		"Curre	ent year test	,,	N/A		
16a What testing method was used to satisfy the coverage requirements under section 410(b) for the plan year? Check all that apply:					centage Average N/A				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?							No		
17a		an is a master and prototype plan (M&P) or volume submitter plan that received a favorable IRS		lette	r or advi	sory let	ter, ente	r the dat	e of
17b	If the p	lan is an individually-designed plan that received a favorable determination letter from the IRS, e	nter the	date	of the n	nost rec	ent dete	rminatio	n
18	Were a	Benefit Plan or Money Purchase Pension Plan Only: ny distributions made during the plan year to an employee who attained age 62 and had not sep ?		from	Ye	s	No		
19	Was ar	ly plan participant a 5% owner who had attained at least age 70 $^{\prime\prime}$ 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

	art I Annual Repor	rt Identification Information							
For	calendar plan year 2016 or t	fiscal plan year beginning	01/01/2016	and ending	12/31/201	6			
Α	This return/report is for:	x a single-employer plan	a list of participating	olan (not multiemployer) employer information in	(Filers checking thi accordance with the	s box must attach e form instructions.)			
R	This return/report is:	a one-participant plan	a foreign plan						
U	This return/report is.	the first return/report	the final return/report						
		an amended return/report	a short plan year retu	rn/report (less than 12	months)				
С	Check box if filing under:	Form 5558 special extension (enter descri	automatic extension		DFVC pi	rogram			
D	(11 5 1 51 1								
	art II Basic Plan Inf	formation enter all requested i	information						
Ia	Name of plan STARLINE WINDOWS,	INC. 401(K) PROFIT SHARE	ING PLAN		1b Three-digit plan numbe (PN) ▶				
					1c Effective da 01/01/2				
2a	Mailing Address (include ro	loyer, if for a single-employer plan) oom, apt., suite no. and street, or P.C nce, country, and ZIP or foreign posta). Box) al code (if foreign, see inst	ructions)		dentification Number -0160531			
	STARLINE WINDOWS,		, , , , , , , , , , , , , , , , , , , ,	,	2c Sponsor's t (206) 7	elephone number 63-0385			
	1465 SLATER ROAD				2d Business c 238900	ode (see instructions)			
	US FERNDALE WA 98248								
3a	Plan administrator's name	and address X Same as Plan Spo	onsor		3b Administrator's EIN				
-					3c Administrat	or's telephone number			
4	name, EIN, and the plan nu	he plan sponsor has changed since t umber from the last return/report.	he last return/report filed f	or this plan, enter the	4b EIN				
	Sponsor's name				4c PN				
		s at the beginning of the plan year .				3			
b	Total number of participant	s at the end of the plan year	••••••	•••••••••••	5b	3			
C C	complete this item)	n account balances as of the end of the		contribution plans		3			
u	i) Total number of active pa	articipants at the beginning of the plan	n year		5d(1)	3			
d (:		articipants at the end of the plan year		•••••	5d(2)	3			
е —	Number of participants that less than 100% vested .	terminated employment during the p	plan year with accrued ber	efits that were	5e	0			
Ca	ution: A penalty for the late	e or incomplete filing of this return	n/report will be assessed	unless reasonable ca	use is established				
Un SB	der penalties of perjury and	other penalties set forth in the instruc and signed by an enrolled actuary, a	ctions. I declare that I have	examined this return/re	eport including if a	onlicable a Schedule			
SI	GN TUS		7mh 21/17	RON MARTINI					
1000	ERE Signature of plan ad	ministrator	Date	Enter name of individu	ial signing on plan o	dministrator			
01	+ 0	1	7		iai sigililig as piail a	laministrator			
	GN Signature of employe	er/nlan enonsor	July 23/17	RON MARTINI	al almin				
	and an ampley	name, if applicable) and address (in	Date Date	Enter name of individu					
Sk	ip this question		Made room of Suite numb	51 <i>)</i>	Preparer's teleph Skip this qu				

Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.) [Yes No No No No No No No N		Form 5500-SF 2016		Page 2							
b. Are you claiming a walver of the annual examination and report of an independent qualified public accountant (QPA) under 20 CF 9250.104-48 (See instructions on walver eligibility and conditions.) You answered *No** to other line 8a or line 6b, the plan cannot use Form 5500.5F and must instead use Form 5500. If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see EHSA section 4021)?	 6а	Were all of the plan's assets during the plan year invested in eligible	assets? (See instructions.)				********		x	Yes No
Hy you answered "No" to other line 8 aor line 8b, the plan cannot use Form 5500.\$F and must instead use Form 5500. C If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)?	-				ıntant	(IQP)	4)				
Part III										X	Yes No
Part III Financial Information (a) Beginning of Year											
Plan Assets and Liabilities	С	If the plan is a defined benefit plan, is it covered under the PBGC ins	surance pr	ogram (see ERISA section	1 402	1)?	••••••	Yes	: <u> </u>	1 0 ov	Not determined
To a 20,861 22,134 b Total plan liabilities 70 from line 79 70 70 20,861 22,134 b Total plan liabilities 70 from line 79 70 70 20,861 22,134 8 Income. Expenses, and Transfers for this Plan Year (a) Amount (b) Total 6 Contributions received or receivable from: (a) Employers (a) Amount (b) Total 70 (c) Participants (c) Participan	Pa	rt III Financial Information									
b Total plan liabilities	7	Plan Assets and Liabilities		(a) Beginning of	f Yea	r			(b) En	d of Yea	ar
C Net plan assets (subtract line 7b from line 7a)	_a	Total plan assets	7a	2	20,8	61					22,134
8 Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from: (1) Employers	<u>b</u>	Total plan liabilities	7b	- UNION SPA							
a Contributions received or receivable from: (1) Employers (2) Participants (3) Others (including rollovers) (3) Others (including rollovers) (4) Expensions (5) Other (including rollovers) (6) Other income (add lines 8a(1), 8a(2), 8a(3), and 8b) (7) Other income (add lines 8a(1), 8a(2), 8a(3), and 8b) (8) Other income (add lines 8a(1), 8a(2), 8a(3), and 8b) (8) Other spensions (8) Other expenses (9) If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: (2) EZ F 2J ZR 2P ZP 3D (6) If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions: (2) Part V Compliance Questions (1) During the plan year: (2) Other plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions: (2) Part V Compliance Questions (1) Other plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions: (2) Part V Compliance Questions (3) Other plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions: (8) Other plan provides welf		Net plan assets (subtract line 7b from line 7a)	7c	2	20,8	61					22,134
(2) Participants 8a(1) (2) Participants 8a(2) (3) Other s (including rollovers) 8a(3) b Other income (loss) 8a(3) c Total income (add lines 8a(1), 6a(2), 8a(3), and 8b) 8c 1, 273 C Total income (add lines 8a(1), 6a(2), 8a(3), and 8b) 8c 1, 273 C Total income (add lines 8a(1), 6a(2), 8a(3), and 8b) 8c 1, 273 C Total income (add lines 8a(1), 6a(2), 8a(3), and 8b) 8c 1, 273 C Total income (add lines 8a(1), 6a(2), 8a(3), and 8b) 8c 1, 273 C Total income (add lines 8a(1), 6a(2), 8a(3), and 8b) 8c 1, 273 C Total income (add lines 8a(1), 6a(2), 8a(3), and 8b) 8c 1, 273 C Total income (add lines 8a(1), 6a(2), 8a(3), and 8b) 8c 1, 273 C Total income (add lines 8a(1), 6a(2), 8a(3), and 8b) 8c 1, 273 C Total income (add lines 8a(1), 6a(2), 8a(3), and 8b) 8c 1, 273 C Total income (add lines 8a(1), 6a(2), 8a(3), and 8b) 8c 1, 273 C Total income (add lines 8a(1), 6a(2), 8a(3), and 8b) 8c 1, 273 C Total income (add lines 8a(1), 6a(2), 8a(3), and 8b) 8c 1, 273 C Total income (add lines 8a(1), 6a(2), 8a(3), and 8b) 8c 1, 273 C Total income (add lines 8a(1), 6a(2), 8a(3), and 8b) 8c 1, 273 C Total income (add lines 8a(1), 6a(2), 8a(3), and 8b) 8c 1, 273 C Total expenses 8c 1, 28a(3), 28a(3				(a) Amount					(b) Total	
(2) Participants	а		8a/1)								
3) Others (including rollovers) 8a(3)			 						*		
b Other income (loss)											
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	b	· · · · · · · · · · · · · · · · · · ·			1,2	73					
d Benefits paid (including direct rollovers and insurance premiums to provide benefits)	С		8c		•						1.273
e Certain deemed and/or corrective distributions (see instructions) 8e f Administrative service providers (salaries, fees, commissions) 8f g Other expenses	d	Benefits paid (including direct rollovers and insurance premiums				opposite the same					=,=.0
f Administrative service providers (salaries, fees, commissions) 8f g Other expenses				THE STREET STREET							
g Other expenses (add lines 8d, 8e, 8f, and 8g) 8h Total expenses (add lines 8d, 8e, 8f, and 8g) 8h i Net income (loss) (subtract line 8h from line 8c) 81 1,273 Transfers to (from) the plan (see instructions) 8j 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 2J 2K 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) 10a X 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? 10c X d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? 10d X 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) 10g X f Has the plan failed to provide any benefit when due under the plan? 10f X g Did the plan have any participant loans? (If "Yes," enter amount as of year end.) 10g X i If 10h was answered "Yes," check the box if you either provided the required notice or one of the	_										
Total expenses (add lines 8d, 8e, 8f, and 8g)											
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Transfers to (from) the plan (see instructions) 8j	<u>n</u>								 ,		
Part IV Plan Characteristics	1										1,273
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 2J 2K 2T 3D 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	A66-4650		8j						y4.		
Description											
Part V Compliance Questions	ya		ature cod	es from the List of Plan Ch	narac	teristic	Code	es in th	e instru	ctions:	
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.) c Was the plan covered by a fidelity bond? 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.) 10h x i If 10h was answered "Yes," check the box if you either provided the required notice or one of the	-				····						
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.) C Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? 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.) That the plan have any participant loans? (If "Yes," enter amount as of year end.) If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) If 10h was answered "Yes," check the box if you either provided the required notice or one of the	b	If the plan provides welfare benefits, enter the applicable welfare fea	ture code	s from the List of Plan Cha	aracte	ristic	Code	s in the	instruc	tions:	
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.) C Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? 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.) That the plan have any participant loans? (If "Yes," enter amount as of year end.) If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) If 10h was answered "Yes," check the box if you either provided the required notice or one of the	D	ort V Compliance Questions							· · · · · · · · · · · · · · · · · · ·		
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) 10a X 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? 10c X d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? 10d X e Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service, or other organization that provides some or all of the benefits under the plan? (See instructions.) 10e X f Has the plan failed to provide any benefit when due under the plan? 10f X g Did the plan have any participant loans? (If "Yes," enter amount as of year end.) 10g X h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) 10h X i If 10h was answered "Yes," check the box if you either provided the required notice or one of the						\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	1			A	4
described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)			ione withir	the time period	_	Yes	NO	N/A		Amo	unt
Program) 10a X 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? 10c X d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? 10d X e Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service, or other organization that provides some or all of the benefits under the plan? (See instructions.) 10e X f Has the plan failed to provide any benefit when due under the plan? 10f X g Did the plan have any participant loans? (If "Yes," enter amount as of year end.) 10g X h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) 10h X i If 10h was answered "Yes," check the box if you either provided the required notice or one of the	_										
b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)					10a		x				
C Was the plan covered by a fidelity bond? 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.) i If 10h was answered "Yes," check the box if you either provided the required notice or one of the	b	The state of the s	? (Do not i	nclude transactions							
d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? 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.) Has the plan failed to provide any benefit when due under the plan? Did the plan have any participant loans? (If "Yes," enter amount as of year end.) If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) If 10h was answered "Yes," check the box if you either provided the required notice or one of the							X				
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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?		and plants, the plants of the following and by the plants.	-		10d		x				
f Has the plan failed to provide any benefit when due under the plan?	е	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			10e		x				,
h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) i If 10h was answered "Yes," check the box if you either provided the required notice or one of the	f										
i If 10h was answered "Yes," check the box if you either provided the required notice or one of the	g	Did the plan have any participant loans? (If "Yes," enter amount as	of year e	nd.)	10g		x				
i If 10h was answered "Yes," check the box if you either provided the required notice or one of the	h	h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR					x				
	i	If 10h was answered "Yes," check the box if you either provided th	e required	notice or one of the	10i						

	Form 5500-SF 2016 Page 3 -							
ENGLES IN COLUMN					-			
Part \	Pension Funding Compliance							
11	s this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and com Form 5500 and line 11a below)	plete Sc	hedule	SB		Yes 🗓] No	
<u>11a</u>	nter the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40	•••••	11a		·			
12 E	s this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code RISA? (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)	or section	on 302 (of	. 🗖	Yes 🗓] No	
a 1	a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions the waiver	tions, ar	nd enter		of the		ng	
	completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.							
b	nter the minimum required contribution for this plan year		12b					
CE	nter the amount contributed by the employer to the plan for the plan year		12c					
d s	ubtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left egative amount)	of a	12d					
e v	/ill the minimum funding amount reported on line 12d be met by the funding deadline?			Yes [No	□ N/	Α	
Part \	/II Plan Terminations and Transfers of Assets			-				
13a ⊦	as a resolution to terminate the plan been adopted in any plan year?		[2	Yes	[7]	No		
	"Yes," enter the amount of any plan assets that reverted to the employer this year		13a					
b v	/ere all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought υ ontrol of the PBGC?	under the))		Yes	X No		
C II	during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the hich assets or liabilities were transferred. (See instructions.)	ne plan(s	s) to					
	(4))	13c(2) E	IN(s)		130	c(3) PN(s	3)	
Part \								
14a N	ame of trust		14b	Trust's E	EIN			
14c Name of trustee or custodian					14d Trustee or custodian's telephone number			
Part I	IRS Compliance Questions - Skip These Questions		<u> </u>					
15a ls	the plan a 401(k) plan? If "No," skip b.	☐ Ye	es			No		
401(k)(3) for the plan year? Check all that apply: sa					Design-based "Prior year" ADF safe harbor test "Current year" N/A			
16a What testing method was used to satisfy the coverage requirements under section 410(b) for the plan year? Check all that apply:					Avera	ge r		
fo	id the plan satisfy the coverage and nondiscrimination requirements of sections 410(b) and 401(a)(4) r the plan year by combining this plan with any other plan under the permissive aggregation rules?		es			No		
17a If	the plan is a master and prototype plan (M&P) or volume submitter plan that received a favorable IRS opi	nion lette	er or ad	visory le	tter, ent	er the dat	te of	

Yes No

Yes No

Were any distributions made during the plan year to an employee who attained age 62 and had not separated from

19 Was any plan participant a 5% owner who had attained at least age 70 ½ during the prior plan year?

service?

Defined Benefit Plan or Money Purchase Pension Plan Only: