Form 5500-SF

Department of the Treasury Internal Revenue Service

Employee Benefits Security Administration Pension Benefit Guaranty Corporation

Part I

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

For calend	lar plan year 2016 or	fiscal plan year beginning 01/01/	2016	and ending 1	2/31/2016					
a single-employer plan a multiple-employer plan (not multiemployer)) (Filers checking this box must attach a					
A This return/report is for:			list of participating employer information in accordance with t			orm instructions.)				
		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 return/report (less than 12									
C Check	C Check box if filing under: Form 5558 automatic extension					DFVC program				
		special extension (enter des	cription)							
Part II	Basic Plan In	formation—enter all requested i	nformation							
1a Name of plan BENEFITGUARD RETIREMENT INCOME SECURITY PLAN-BUZZBEE COMPANY					1b Three-digit plan number (PN) ▶	003				
					1c Effective date	of plan /01/2012				
2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)					2b Employer Identification Number (EIN) 20-5050268					
BUZZBEE C		ice, country, and zir of foreign pos	sa code (ii ioreigii, see i	nisa uodons)	2c Sponsor's telephone number 206-282-4676					
					2d Business code	e (see instructions)				
307 THIRD A SUITE 300	AVENUE SOUTH				54	1400				
SEATTLE, V	VA 98104									
3a Plan a	administrator's name	and address Same as Plan Spo	onsor.		3b Administrator'	s EIN				
BENEFITGL		<u>—</u>	T 1200 SOUTH		20-5354793					
		#1272 OREM I	JT 84097		3c Administrator's telephone number					
		J. L.			877-860-2664					
		the plan sponsor has changed since tumber from the last return/report.	e the last return/report file	ed for this plan, enter the	4b EIN					
	sor's name	umber nom me last retum/report.			4c PN					
		ts at the beginning of the plan year			5a	20				
_		0 0 1 7			5b	18				
b Total number of participants at the end of the plan year C Number of participants with account balances as of the end of the plan year (only defined contribution plans					5c	1				
comp	lete this item)									
d(1) Tot	tal number of active p	participants at the beginning of the p	olan year		5d(1)	1				
		participants at the end of the plan ye			5d(2)	1				
		at terminated employment during th			5e					
Caution:	A penalty for the lat	e or incomplete filing of this retu	rn/report will be assess	sed unless reasonable ca	use is established.					
SB or Sch		other penalties set forth in the instru and signed by an enrolled actuary, molete								
SIGN		d/valid electronic signature.	07/28/2017	SPENCER BARCLAY	,					
HERE	Signature of plan	administrator	Date	Enter name of individ	dual signing as plan a	dministrator				
SIGN										
HERE	Signature of emp	loyer/plan sponsor	Date	Enter name of individ	vidual signing as employer or plan sp					
Preparer's		name, if applicable) and address (Preparer's telepho					
	ant Dadretten Ast No	tion and the Instructions for Form FE	20.05			Form 5500 SE (2016)				

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	Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)										
С	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 ir	ot use Fo	rm 5500-SF and mus	t instea	ad use	Form	5500.		Not determined		
Pa	rt III Financial Information		-								
_7	Plan Assets and Liabilities		(a) Beginning				((b) End of Y			
	Total plan assets	7a		638543		662879					
<u>b</u>	Total plan liabilities	7b	0			0					
C	Net plan assets (subtract line 7b from line 7a)	7c		638543			662879				
8	Income, Expenses, and Transfers for this Plan Year		(a) Amour	(a) Amount			(b) Total				
а	Contributions received or receivable from: (1) Employers	8a(1)		35592							
	(2) Participants	8a(2)		94754							
	(3) Others (including rollovers)	8a(3)		9642							
b	Other income (loss)	8b		52694							
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c				192682					
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		160614							
е	Certain deemed and/or corrective distributions (see instructions).	8e		0							
f	Administrative service providers (salaries, fees, commissions)	8f		7732							
g	Other expenses	8g		0							
<u>h</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h				168346					
<u>i</u>	Net income (loss) (subtract line 8h from line 8c)	8i					24336				
j	Transfers to (from) the plan (see instructions)	8j		0							
Pai	Part IV Plan Characteristics										
9a											
b	If the plan provides welfare benefits, enter the applicable welfare for	eature cod	les from the List of Pla	n Chara	acterist	tic Cod	des in t	he instructio	ns:		
Par	t V Compliance Questions										
10	During the plan year:				Yes	No	N/A	Α	mount		
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	iduciary Correction	10a	X				13991		
b	b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)					X					
С	Was the plan covered by a fidelity bond?			10c	X				500000		
d	d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?					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.)					Х					
f	f Has the plan failed to provide any benefit when due under the plan?					X			0		
g	g Did the plan have any participant loans? (If "Yes," enter amount as of year-end.)					Χ			0		
h	h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)					X					
i				10h 10i		X					

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Part	VI	Pension Funding Compliance						
11		this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB form 5500) and line 11a below)					T	es X No
11a Enter the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40					11a			
12	ERIS	nis a defined contribution plan subject to the minimum funding requirements of section 412 of the Co SA?				f 	🛮 Y	es X No
		Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)			1 1 1	U I- 1 -	-645 - 1-44	
	gran	vaiver of the minimum funding standard for a prior year is being amortized in this plan year, see inst ting the waiver	onth _	ns, and	enter t Day		of the letter	ruling
If	you c	ompleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 1	3.	ı		ı		
<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 leative amount)			12d			
<u>e</u>	Will	the minimum funding amount reported on line 12d be met by the funding deadline?				Yes	X No	N/A
Part '	VII	Plan Terminations and Transfers of Assets						
13a	Has	a resolution to terminate the plan been adopted in any plan year?				Yes	s X No)
	If "Y	es," enter the amount of any plan assets that reverted to the employer this year			13a			0
b		e all the plan assets distributed to participants or beneficiaries, transferred to another plan, or broug rol of the PBGC?					Yes X	No
С		uring this plan year, any assets or liabilities were transferred from this plan to another plan(s), identifich assets or liabilities were transferred. (See instructions.)	y the	plan(s)	to			
1	3c(1)	Name of plan(s):		13c(2)	EIN(s)		13c(3)	PN(s)
Part		Trust Information		I	4.41			
14a Name of trust				14b ⁻	14b Trust's EIN			
14c Name of trustee or custodian				14d Trustee's or custodian's telephone number				
Part	: 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:		Desig safe h	n-based arbor	t [☐ "Prior ye test	ar" ADP
			"Curre	rrent year" N/A P test				
year? Check all that apply: per			Ratio perce test	Average N/A benefit test N/A				
16b Did the plan satisfy the coverage and nondiscrimination requirements of sections 410(b) and 401(a)(4) for the plan year by combining this plan with any other plan under the permissive aggregation rules?				Yes	☐ No			
17a If the plan is a master and prototype plan (M&P) or volume submitter plan that received a favorable IRS opinion letter or advisory letter, enter the date of the letter/ and the serial number								
17b If the plan is an individually-designed plan that received a favorable determination letter from the IRS, enter the date of the most recent determination letter/								
Defined Benefit Plan or Money Purchase Pension Plan Only: Were any distributions made during the plan year to an employee who attained age 62 and had not separated from service?				Ye	Yes No			
19 Was any plan participant a 5% owner who had attained at least age 70 ½ during the prior plan year?					Ye	s [No	