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**

Part I		t Identification Information							
For calend	dar plan year 2016 or	fiscal plan year beginning 01/01/2			2/31/2016				
A This re	eturn/report is for:	X a single-employer plan —		r plan (not multiemployer) employer information in a					
	·	a one-participant plan	a foreign plan						
B This ref	turn/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 n	nonths)				
C Check	box if filing under:	Form 5558	automatic extensio	on	DFVC program				
Dort II	Danie Dlen Inf	special extension (enter desc	1 /						
Part II		ormation—enter all requested in	formation		1h Thron digit				
1a Name M2 INNOVA	e of pian ATIVE CONCEPTS, I <mark>I</mark>	NC. 401(K) PROFIT SHARING PLA	N AND TRUST		1b Three-digit plan number				
					(PN) •	001			
					1c Effective dat	e of plan 1/01/2001			
Mailin	ng address (include ro	loyer, if for a single-employer plan) om, apt., suite no. and street, or P.C				entification Number 1-1476351			
	or town, state or proving ATIVE CONCEPTS, IN	nce, country, and ZIP or foreign post NC.	tal code (if foreign, see i	nstructions)	2c Sponsor's telephone number 253-383-5659				
						de (see instructions)			
3032 S. CEI TACOMA, V	DAR STREET, BUILD	DING A			327210				
TACOIVIA, V	VA 96409								
3a Plan a	administrator's name	and address X Same as Plan Spo	nsor.		3b Administrato	r's EIN			
					30 A desiminate	w/a + a a w b a w a w w b a w			
					JC Administrato	r's telephone number			
-									
		he plan sponsor has changed since umber from the last return/report.	the last return/report file	ed for this plan, enter the	4b EIN				
	sor's name	umber nom me last retam/report.			4c PN				
5a Total	number of participant	ts at the beginning of the plan year.			5a	18			
		ts at the end of the plan year			5b	19			
		h account balances as of the end of		ned contribution plans	5c	19			
		participants at the beginning of the p			5d(1)	9			
d(2) To	tal number of active p	participants at the end of the plan ye	ar		5d(2)	(
than	100% vested	at terminated employment during the			5e	(
		e or incomplete filing of this retur							
SB or Sch		other penalties set forth in the instru and signed by an enrolled actuary, a							
SIGN		d/valid electronic signature.	08/18/2017	KEVIN HAGEN					
HERE	Signature of plan	administrator	Date	Enter name of individ	dual signing as plan	administrator			
SIGN									
HERE		loyer/plan sponsor	Date			loyer or plan sponsor			
Preparer's	s name (including firm	name, if applicable) and address (in	nclude room or suite nur	mber)	Preparer's teleph	one number			

Form 5500-SF 2016 Page **2**

6a	Were all of the plan's assets during the plan year invested in eligib	le assets?	(See instructions.)						X Ye	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	and condi	tions.)		·····				X Ye	es 🗌 No
_	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	nsurance p	orogram (see ERISA se	ection 4	021)?		Yes	^ NO	☐ Not de	etermined
Pa	rt III Financial Information		i .							
	Plan Assets and Liabilities		(a) Beginning	of Year 641078			((b) End	of Year 6764	90
_ <u>a</u>	Total plan linkilities	7a		041070	,				0704	90
	Total plan liabilities	7b		641078					6764	90
	•	7c			+			(1-) 7		
	Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from:		(a) Amour	Ιτ				(b) 1	otai	
	(1) Employers	8a(1)		4564						
	(2) Participants	8a(2)		16625						
	(3) Others (including rollovers)	8a(3)		0						
b	Other income (loss)	8b		89324						
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							1105	13
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		66285	5					
е	Certain deemed and/or corrective distributions (see instructions).	8e		0						
f	Administrative service providers (salaries, fees, commissions)	8f		8816						
g	Other expenses	8g								
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							751	01
i	Net income (loss) (subtract line 8h from line 8c)	8i							354	12
j	Transfers to (from) the plan (see instructions)	8j								
Pai	rt IV Plan Characteristics									
9a	If the plan provides pension benefits, enter the applicable pension 2A 2E 2H 2J 2K 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 f	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		Amoun	ıt
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					75000
d	Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?			10d		X				
е		her persor ne or all of	ns by an insurance the benefits under	10e	Х					4421
f	Has the plan failed to provide any benefit when due under the pla	ın?		10f		X				
g		-		10g	X					20393
h ——	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		X				

Form 5	500	-SF	20	16
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Form 5500-SF 2016	Page 3- 1

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					's or cust ne numb		
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		n-based narbor	j ["Prio test	r year" <i>F</i>	ADP
	()(.	,		"Curre	ent year test	,,	N/A		
16a		esting 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 tes	st 🗌	N/A
16b		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?		Yes			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

Employee Benefits Security Administration Pension Benefit Guaranty Corporation

Department of Labor

Short Form Annual Return/Report of Small Employee **Benefit Plan**

This form is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA), and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

▶ Complete all entries in accordance with the instructions to the Form 5500-SF.

OMB Nos. 1210-0110 1210-0089

2016

This Form is Open to **Public Inspection**

Faiti		i identification information				<u> </u>
_For calend	lar plan year 2016 or t	fiscal plan year beginning 01/01/20		and ending 12/3		
A Th:	A	X a single-employer plan	a multiple-employer plan			
A This re	turn/report is for:	a one-participant plan	list of participating emplo	oyer information in a	ccordance with the	e form instructions.)
B This ret	urn/report is	the first return/report	the final return/report			
		an amended return/report	a short plan year return/re	eport (less than 12 m	onths)	
C Check	box if filing under:	X Form 5558	automatic extension		DFVC program	m
		special extension (enter desc	cription)			
Part II	Basic Plan Info	ormation—enter all requested in	<u> </u>			 ·
1a Name					1b Three-digit	
		NC. 401(K) PROFIT SHARING PLA	AN AND TRUST		plan numb (PN) ▶	
					1c Effective d 01/01/200	
		oyer, if for a single-employer plan) om, apt., suite no. and street, or P.0) Box)		2b Employer I	dentification Number
		ce, country, and ZIP or foreign pos		tions)	(EIN) 91-14	
M2 INNOVA	TIVE CONCEPTS, IN	IC.				telephone number 253) 383-5659
					2d Business o	code (see instructions)
3032 S. CEI	DAR STREET, BUILD	ING A			327210	
TACOMA, W	VA 98409					
		nd address X Same as Plan Spo	nsor.		3b Administra	tor's EIN
					3c Administra	tor's telephone number
					_	
		e plan sponsor has changed since imber from the last return/report.	the last return/report filed for t	this plan, enter the	4b EIN	
	or's name	iniber nom the last return/report.			4c PN	
5a Total i	number of participants	s at the beginning of the plan year.			5a	18
		s at the end of the plan year				19
		account balances as of the end of				
					5c	19
d(1) Tota	al number of active pa	articipants at the beginning of the p	lan year		5d(1)	9
d(2) Tot	al number of active pa	articipants at the end of the plan ye	ar		5d(2)	9
		terminated employment during the			5e	0
Caution: A	A penalty for the late	or incomplete filing of this retur	n/report will be assessed un	less reasonable car	use is establishe	d.
SB or Sche	alties of perjury and ot edule MB completed a true, correct, and ǿm	ther penalties set forth in the instru- nd signed by an enrolled actuary, a	ctions, I declare that I have ex as well as the electronic version	amined this return/re on of this return/repor	port, including, if a t, and to the best	applicable, a Schedule of my knowledge and
SIGN	due, correct, and com	piete	8/18/2017 K	evin Hagen		<u> </u>
HERE	Signature of plan	desinietrator	0 10 (401)			
CICN	Signature of plants	Idyymistrator		Enter name of individ		1 administrator
SIGN HERE	0: 1/1	<u></u>	8/18/2017	Kern Hag		
Preparer's	Signature of emplo	oyer/plan sponsor name, if applicable) and address (in	Date E	nter name of individ	ual signing as em Preparer's telep	ployer or plan sponsor
. reparer s	(moluding mill)	in applicable) and address (II	nortice room or suite number)		i ichaici s (eleb	none numbel

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Page 2

b	Were all of the plan's assets during the plan year invested in eligible. 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 cannot be a second to the plan's assets during the plan year invested in eligible and the plan's assets during the plan year invested in eligible and year invested invested in eligible and year invested invested in eligible and year invested in elig	an indepe and condi not use Fo	endent qualified public itions.) orm 5500-SF and mus	account	ant (IC	QPA) • Forn	n 5500			es No
	If the plan is a defined benefit plan, is it covered under the PBGC in	nsurance	program (see ERISA s	ection 4	021)?		Yes	⊠ No	Not d	etermined
	t III Financial Information	1								
	Plan Assets and Liabilities		(a) Beginning					(b) End		
	Total plan assets	7a		6410	78				676	3490
	Total plan liabilities	7b					_			
	Net plan assets (subtract line 7b from line 7a)	7c		6410	78				676	5490
	Income, Expenses, and Transfers for this Plan Year		(a) Amoui	nt				(b) T	otal	
	Contributions received or receivable from: (1) Employers	8a(1)		450	64					
	(2) Participants		-	166	25	-				
	(3) Others (including rollovers)	8a(3)			0					
	Other income (loss)	8b		893	24					
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c			$\neg \uparrow$				110	513
	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		6628	35					
	Certain deemed and/or corrective distributions (see instructions)	8e			0					
f	Administrative service providers (salaries, fees, commissions)	8f		88	16					
g	Other expenses	8g								
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							75	5101
i	Net income (loss) (subtract line 8h from line 8c)	8i							35	5412
j	Transfers to (from) the plan (see instructions)	8j		-						
Par	t IV Plan Characteristics		•							-
9a	If the plan provides pension benefits, enter the applicable pension 2A 2E 2H 2J 2K 3D	feature co	odes from the List of P	lan Cha	racteri	stic Co	odes in	the inst	ructions:	
b	If the plan provides welfare benefits, enter the applicable welfare for 4B	eature cod	des from the List of Pla	n Char	acteris	tic Cod	des in t	the instru	ictions:	
Part	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 contribut described in 29 CFR 2510.3-102? (See instructions and DOL's V	oluntary F	Fiduciary Correction			х				
	Program) Were there any nonexempt transactions with any party-in-interest			10a		<u> </u>			_	
	reported on line 10a.)	•••••		10b		Х				
с	Was the plan covered by a fidelity bond?			10c	X					75000
d	Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?			10d		Х				
е	Were any fees or commissions paid to any brokers, agents, or oth carrier, insurance service, or other organization that provides som the plan? (See instructions.)	e or all of	the benefits under	10e	Х					4421
f	Has the plan failed to provide any benefit when due under the plan	n?		10f		Х				
g	Did the plan have any participant loans? (If "Yes," enter amount a			10g	Х					20393
	If this is an individual account plan, was there a blackout period? (2520.101-3.)			10h		Х				
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	ne require 1-3	d notice or one of the	10i		Х				

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	OH C	2200		2010	

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Page	ა-	Į	1

Part						
11 —	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and co (Form 5500) and line 11a below)	mplete Sch	nedule SE	3	Yes	X No
11a	Enter the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40					
12	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Coc ERISA?	de or sectio	n 302 of		Yes	X No
a	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.) If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instri	uotiono on			- 1-44	1:
	granting the waiver	nth	u enter tr Day		e letter ru Year	iing
lf	you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13	3.				
b	Enter the minimum required contribution for this plan year	<u></u>	12b			
С	Enter the amount contributed by the employer to the plan for this plan year		12c			
d	Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left negative 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 resolution to terminate the plan been adopted in any plan year?			X Yes	No	
	If "Yes," enter the amount of any plan assets that reverted to the employer this year		13a			0
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brough control of the PBGC?	t under the		Y	es 🛛 N	0
С	If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify which assets or liabilities were transferred. (See instructions.)	the plan(s) to			
	13c(1) Name of plan(s):	13c(2	EIN(s)		13c(3) PN	\((s)
	VIII Trust Information					
14a	Name of trust		14b т	rust's EIN		
14c	Name of trustee or custodian			rustee's or c elephone nu		5
Par	t IX IRS Compliance Questions					
15a	Is the plan a 401(k) plan? If "No," skip b	Yes		☐ No		
	How did the plan satisfy the nondiscrimination requirements for employee deferrals under section 401(k)(3) for the plan year? Check all that apply:	☐ safe i	n-based narbor	☐ "P	rior year" st	ADP
		ADP	ent year" test	□ N/.	A	
	What testing method was used to satisfy the coverage requirements under section 410(b) for the plan year? Check all that apply:	Ratio	entage	Average benefit		N/A
	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		
	If the plan is a master and prototype plan (M&P) or volume submitter plan that received a favorable IRS on the letter and the serial number					
	If the plan is an individually-designed plan that received a favorable determination letter from the IRS, enter letter	er the date	of the mo	st recent de	terminatio	on
18	Defined Benefit Plan or Money Purchase Pension Plan Only: Were any distributions made during the plan year to an employee who attained age 62 and had not separaservice?		Yes	☐ No		
19	Was any plan participant a 5% owner who had attained at least age 70 ½ during the prior plan year?		Yes	☐ No		