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**

| | Report Identification Information | | | | | | | | |
|--|--|-------------------------------|---|--|---------------------------------------|--|--|--|--|
| For calendar plan year 2 | 2016 or fiscal plan year beginning 01/01/2 | | | 2/31/2016 | | | | | |
| A This return/report is | | | yer plan (not multiemployer) (Filers checking this box must attach a ng employer information in accordance with the form instructions.) | | | | | | |
| | a one-participant plan | a foreign plan | | | | | | | |
| B This return/report is | the first return/report | the final return/report | | 4 | | | | | |
| | an amended return/report | a short plan year retu | rn/report (less than 12 m | ionths) | | | | | |
| C Check box if filing un | | automatic extension | | DFVC progr | am | | | | |
| Part II Basic PI | special extension (enter descr | | | | | | | | |
| 1a Name of plan | an Information—enter all requested inf | formation | | 1b Three-dig | ait | | | | |
| EPIC INSURANCE 401K | PLAN | | | plan num (PN) ▶ | ~ | | | | |
| | | | | 1c Effective | date of plan 01/01/1999 | | | | |
| • | e (employer, if for a single-employer plan) |) Box) | | 2b Employer (EIN) | r Identification Number 45-5606663 | | | | |
| City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) CALROSE, INC. | | | | | 's telephone number | | | | |
| | | | | | s code (see instructions) | | | | |
| 1511 WALL EVERETT, WA 98201-400 | 707 | | | | 524210 | | | | |
| 3a Plan administrator's | | 3b Administrator's EIN | | | | | | | |
| | | | | 3c Administrator's telephone number | | | | | |
| | | | | | · | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| name, EIN, and the | EIN of the plan sponsor has changed since plan number from the last return/report. | the last return/report filed | for this plan, enter the | 4b EIN | 45-5606663 | | | | |
| · · · · · · · · · · · · · · · · · · · | TERSHAGEN INSURANCE | | | 4c PN | 001 | | | | |
| 5a Total number of pa | rticipants at the beginning of the plan year | | | 5a | 4 | | | | |
| | rticipants at the end of the plan year | | | 5b | 3 | | | | |
| | ants with account balances as of the end of | | | 5c | 3 | | | | |
| d(1) Total number of | active participants at the beginning of the pl | an year | | 5d(1) | 4 | | | | |
| d(2) Total number of | active participants at the end of the plan yea | ar | | 5d(2) | 2 | | | | |
| than 100% vested | ants that terminated employment during the | | | 5e | 0 | | | | |
| Caution: A penalty for | the late or incomplete filing of this return | n/report will be assessed | l unless reasonable ca | | | | | | |
| | ry and other penalties set forth in the instruct pleted and signed by an enrolled actuary, a and complete. | | | | | | | | |
| SIGN Filed with au | nthorized/valid electronic signature. | 08/17/2017 | DON LAYSON | | | | | | |
| HERE Signature | of plan administrator | Date | Enter name of individ | lual signing as p | olan administrator | | | | |
| SIGN | • | | | <u> </u> | | | | | |
| | of employer/plan sponsor | Date | | | employer or plan sponsor | | | | |
| Preparer's name (includ | ing firm name, if applicable) and address (ir | nclude room or suite numb | er) | Preparer's tele | ephone number | | | | |
| | | | | | | | | | |

Form 5500-SF 2016 Page **2**

| d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? | 6a | Were all of the plan's assets during the plan year invested in eligib | ole assets? | ? (See instructions.) | | | | | | X Yes | s No | |
|--|----------|---|----------------------------|---|----------|----------|---------|-----------|------------|-----------|---------|--|
| C if the plans is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)? | b | under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.) | | | | | | | | | s No | |
| Part III Financial Information (a) Beginning of Year (b) End of Year 244646 | • | | | | | | _ | - | | 7 Nat dat | | |
| 7 Plan Ássets and Liabilities | | | nsurance p | orogram (see ERISA se | ection 4 | 021)? | | Yes | ∐ NO | Not det | erminea | |
| a Total plan isabilities. 77b 237049 244946 b Total plan liabilities. 77b 7c 1237049 244946 c Net plan sessets (subtract line 7b from line 7a). 7c 237049 244946 8 Income. Expenses, and Transfers for this Plan Year (a) Amount (b) Total a Contributions received or receivable from: (1) Employers. 8a(1) 3008 (2) Participants. 8a(2) 250 (3) Others (including rollovers). 8a(3) 0 0 b Other income (loss). 8a(2) 8a(3) 0 0 C Total income (loss). 8b 16542 C Total income (loss). 8b 16542 C Total income (loss). 8c 20700 d Benefits paid (including direct rollovers and insurance premiums to provide benefits). 8c 0 20700 f Administrative service providers (salaries, fees, commissions). 8c 0 0 f Administrative service providers (salaries, fees, commissions). 8f 2894 g Other expenses. 8g 0 0 f Total expenses (add lines 8d, 8e, 8f, and 8g). 8h 12803 i Net income (loss) (subtract line 8h from line 8c). 8i 12803 i Net income (loss) (subtract line 8h from line 8c). 8i 7897 J Transfers to (from) the plan (see instructions). 8j 7897 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: 2b If the plan provides pension benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions: 2c 2 2 2 2 3 2 3 3 30 d Did the plan year: a Was there a fallary to transmit to the plan any participant contributions within the time period described in 25 CFR 2510.3-1027 (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 they plan covered by a fidelity bond? 10c W plan is plan year earlier, insurance service, or other organization that provides some or all of the benefits under the plan is plan avea a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by Induced or dishonesty? (See instructions). | Pa | | | | | | | | | | | |
| D Total plan liabilities | | | | (a) Beginning | | | | • | (b) End c | | 3 | |
| C. Net plan assets (subtract line 7b from line 7a) | _ | · | | | 201040 | | | | | 244040 | | |
| 8 Income, Expenses, and Transfers for this Plan Year a Contributions received or receivable from: (1) Employers. (2) Participants. (3) Others (including rollovers). (3) Others (including rollovers). (4) Employers. (5) Ba(2) 250 (6) Other Income (including rollovers). (6) Employers. (7) Employers. (8) Ba(2) 250 (8) Others (including rollovers). (8) Ba(2) 250 (9) Other (including rollovers). (8) Ba(2) 250 (9) Other (including rollovers). (8) Ba(2) 250 (9) Other (including direct rollovers and insurance premiums to provide benefits). (8) Certain deemed and/or corrective distributions (see instructions). (8) Ba(2) 260 (9) Other expenses (and times 8a(1), 8a(2), 8a(3), and 8b). (9) Other expenses (and times 8a(4), 8a, 8f, and 8g). (9) Other expenses (and times 8a, 8a, 8f, and 8g). (9) Other expenses (and times 8d, 8a, 8f, and 8g). (9) Transfers to (from) the plan (see instructions). (9) It the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 20 If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions: 21 If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions: 22 If 20 24 25 25 25 25 25 25 25 25 25 25 25 25 25 | | | | | 237049 | | | | | 244946 | 6 | |
| a Contributions received or receivable from: (1) Employers. (2) Participants. (3) Others (including rollovers). (3) Others (including rollovers). (4) Employers. (5) Others (including rollovers). (6) Other income (loss). (7) Other income (loss). (8) Other expenses. (9) Other expenses. (9) Other expenses. (9) Other expenses. (10) Other | | • | 70 | | | | | (h) Total | | | | |
| (1) Employers 8a(1) 3908 (2) Participants 8a(2) 250 (3) Others (including rollovers) 8a(2) 0 (5) Others (including rollovers) 8a(2) 0 (6) Others (including rollovers) 8a(2) 0 (7) Others (including rollovers) 8a(3) 0 (8) Other income (loss) 15542 (8) Other expenses 16 Other income (loss) 15542 (8) Other expenses 17 Other loss) 15543 (8) Other expenses 17 Other loss) 15543 (9) Other expenses 17 Other expenses 17 Other expenses 17 Other expenses 18 Other expenses 19 | | | | (a) Amour | <u> </u> | | | | (b) 10 | otai | | |
| (a) Others (including rollovers) | | | 8a(1) | | 3908 | | | | | | | |
| b Other income (loss). c Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) | | (2) Participants | 8a(2) | | 250 |) | | | | | | |
| C Total income (add lines 3a(1), 8a(2), 8a(3), and 8b) | | (3) Others (including rollovers) | 8a(3) | | 0 |) | | | | | | |
| d Benefits paid (including direct rollovers and insurance premiums to provide benefits) | b | Other income (loss) | 8b | | 16542 | | | | | | | |
| e Certain deemed and/or corrective distributions (see instructions). e Certain deemed and/or corrective distributions (see instructions). f Administrative service providers (salaries, fees, commissions) | С | Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) | 8c | | | | | | | 20700 |) | |
| f Administrative service providers (salaries, fees, commissions) | d | | 8d | | 10109 |) | | | | | | |
| g Other expenses | е | Certain deemed and/or corrective distributions (see instructions). | 8e | | 0 | | | | | | | |
| Total expenses (add lines 8d, 8e, 8f, and 8g) | f | Administrative service providers (salaries, fees, commissions) | 8f | | 2694 | | | | | | | |
| Net income (loss) (subtract line 8h from line 8c) | g | Other expenses | 8g | | 0 | | | | | | | |
| Transfers to (from) the plan (see instructions) | h | Total expenses (add lines 8d, 8e, 8f, and 8g) | 8h | | | | | | | 1280 | 3 | |
| Part IV Plan Characteristics | <u>i</u> | Net income (loss) (subtract line 8h from line 8c) | 8i | | | | 7897 | | | | | |
| 9a | j | Transfers to (from) the plan (see instructions) | 8j | | | | | | | | | |
| 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 | Pai | t IV Plan Characteristics | | | | | | | | | | |
| 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.) 10 If 10h was answered "Yes," check the box if you either provided the required notice or one of the | 9a | | feature co | odes from the List of Pl | an Cha | racteri | stic Co | odes in | the instru | uctions: | | |
| 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.) 10 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 f | eature cod | des from the List of Pla | n Chara | acterist | tic Cod | des in t | he instrud | ctions: | | |
| 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.) 10 If 10h was answered "Yes," check the box if you either provided the required notice or one of the | Par | t V Compliance Questions | | | | | | | | | | |
| described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program) | 10 | | | | | Yes | No | N/A | | Amount | | |
| b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.) | а | described in 29 CFR 2510.3-102? (See instructions and DOL's \ | oluntary F | Fiduciary Correction | 10a | | 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? | b | Were there any nonexempt transactions with any party-in-interest | t? (Do not | include transactions | | | 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? 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 | | Was the plan covered by a fidelity bond? | | | 100 | Χ | | | | | 30000 | |
| 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 | d | Did the plan have a loss, whether or not reimbursed by the plan's | fidelity bo | and, that was caused | | | X | | | | | |
| g Did the plan have any participant loans? (If "Yes," enter amount as of year-end.) | е | Were any fees or commissions paid to any brokers, agents, or oth carrier, insurance service, or other organization that provides some | her persor ne or all of | s by an insurance the benefits under | | Х | | | | | 21 | |
| h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) | f | Has the plan failed to provide any benefit when due under the pla | ın? | | 10f | | X | | | | | |
| 2520.101-3.) | <u>_</u> | | - | - | 10g | | X | | | | | |
| | h | · | • | | 10h | | X | | | | | |
| | i | | | | 10i | | | | | | | |

| ı | Form | 550 | 0-SF | 201 | 16 |
|---|------|-----|------|-----|----|
| | | | | | |

| Page 3- | 1 | |
|---------|---|--|
| Page 3- | 1 | |

| Part | VI | Pension Funding Compliance | | | | | |
|------|----------------|--|---------------|--------------------|-----------|----------------------------|---------|
| 11 | | s a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and con 5500) and line 11a below) | | | | Y | es No |
| 11a | Ente | r the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40 | | 11a | | • | |
| 12 | | is a defined contribution plan subject to the minimum funding requirements of section 412 of the Co | | | f | ΠY | es X No |
| | ERIS (If "\ | A? | | | | 🖰 | |
| а | | raiver of the minimum funding standard for a prior year is being amortized in this plan year, see inst ing the waiver | | nd enter i | | of the letter Year _ | ruling |
| If | you co | ompleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 1 | 3. | | | | |
| b | 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 | | | |
| | Subt | ract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the letive amount) | eft of a | 12d | | | |
| е | Will t | 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 | | | | | |
| 13a | Has a | 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 | | | |
| b | | e all the plan assets distributed to participants or beneficiaries, transferred to another plan, or broug | | | | Yes X | No |
| С | | rring this plan year, any assets or liabilities were transferred from this plan to another plan(s), identif h assets or liabilities were transferred. (See instructions.) | fy the plan(| s) to | | | |
| | 13c(1) | Name of plan(s): | 13c(| 2) EIN(s) | | 13c(3) | PN(s) |
| | | | | | | | |
| Part | VIII | Trust Information | | | | | |
| 14a | Name | of trust | | 14b | Trust's E | EIN | |
| 14c | Name | of trustee or custodian | | | | s or custodia ne number | an's |
| Par | t IX | IRS Compliance Questions | | • | | | |
| 15a | Is the | plan a 401(k) plan? If "No," skip b | Yes | | | No | |
| 15b | | did the plan satisfy the nondiscrimination requirements for employee deferrals under section (3) for the plan year? Check all that apply: | | gn-based harbor | d [| Test | ar" ADP |
| | | | | rent year test | ," | N/A | |
| 16a | | testing method was used to satisfy the coverage requirements under section 410(b) for the plan Check all that apply: | Rat | centage | | verage enefit test | □ N/A |
| 16b | | ne 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 | | <u>'</u> | | | | |
| | letter | | nter the date | e of the n | nost rec | ent determir | ation |
| 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 | | 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? | | | s | No | |

Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation

Short Form Annual Return/Report of Small Employee Benefit Plan

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

Revenue Code (the Code).

OMB Nos. 1210-0110 1210-0089

2016

This Form is Open to Public Inspection

| Pension Benefit Guaranty Corporation | ► Complete all entries in | accordance with the instr | ructions to the Form 5 | 500-SF. | | | | | |
|---|--|--------------------------------|--|---|-----------------------|---|--|--|--|
| | t Identification Information | | | | | | | | |
| For calendar plan year 2016 or f | iscal plan year beginning | 01/01/2016 | and ending | 12/3 | 1/2016 | | | | |
| | X a single-employer plan | a multiple-employer pl | lan (not multiemployer) (| Filers checki | ing this box mi | ust attach a | | | |
| A This return/report is for: | | list of participating en | nployer information in ac | cordance wi | ith the form ins | structions.) | | | |
| | a one-participant plan | a foreign plan | | | | | | | |
| B This return/report is | the first return/report | the final return/report | | | | | | | |
| - | an amended return/report | a short plan year return | n/report (less than 12 m | onths) | | | | | |
| C Check box if filing under: | X Form 5558 | automatic extension | | DFVC pr | ogram | | | | |
| Docto Blon Infe | special extension (enter descr | <u>.'</u> | | | | | | | |
| · · · · · · · · · · · · · · · · · · · | ormation—enter all requested inf | formation | ************************************** | 4h Thros | - di _ ii | | | | |
| 1a Name of plan | | | | 1b Three | e-aigit number 00: | 1 | | | |
| Epic Insurance 401k | Plan | | | (PN) | | _ | | | |
| | | | | 1c Effect | tive date of pla | ın | | | |
| 22 Plan spansor's name (ample | oyer, if for a single-employer plan) | | | | | ion Number | | | |
| | oyer, it for a single-employer plan) om, apt., suite no. and street, or P.C | D. Box) | | 2b Employer Identification Number (EIN) 45 - 5606663 | | | | | |
| City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) | | ructions) | | sor's telephone | | | | | |
| Calrose, Inc. | | | | 252-5197 | J | | | | |
| | | | | | ess code (see | instructions) | | | |
| 1511 Wall | | | 52421 | | | | | | |
| | | | | | | | | | |
| Everett WA 98201-4007 | | | | Oh Admin | · 44-2- (**INI | | | | |
| 3a Plan administrator's name and address Same as Plan Sponsor. | | 3D Admin | nistrator's EIN | | | | | | |
| | | 3c Admir | nistrator's teler | ohone number | | | | | |
| | | | 1 | 00 | 110trate: = , | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| 4 If the name and/or EIN of th | ne plan sponsor has changed since | the last return/report filed f | for this plan, enter the | 4h FIN 4 | 15-560666 | 2 | | | |
| name, EIN, and the plan nu | ie plan sponsor has changed since imber from the last return/report. | the last return, report mean | of the plan, once are | 4D EIN 43-3000003 | | | | | |
| a Sponsor's name | | EN INSURANCE | | 4C PN 0 |)01 | | | | |
| | s at the beginning of the plan year | | | 5a | | 4 | | | |
| | s at the end of the plan year | | | 5b | | 3 | | | |
| | account balances as of the end of | | | 5c | | | | | |
| | | | | 50 | | 3 | | | |
| d(1) Total number of active pa | articipants at the beginning of the pl | an year | | 5d(1) | | 4 | | | |
| d(2) Total number of active pa | articipants at the end of the plan yea | ar | | 5d(2) | | 2 | | | |
| | t terminated employment during the | | | 5e | | 0 | | | |
| than 100% vested | or incomplete filing of this return | -/ | unless reasonable car | | lished | 0 | | | |
| Under penalties of periury and of | ther penalties set forth in the instruc | ctions. I declare that I have | examined this return/rep | port, includin | ng, if applicable | e, a Schedule | | | |
| SB or Schedule MB completed a | and signed by an enrolled actuary, a | as well as the electronic ver | rsion of this return/repor | t, and to the | best of my kno | owledge and | | | |
| belief, it is true, correct, and com | nplete | | T | | | | | | |
| SIGN // max | la (Zayser | 8-17-17 | Don Layson | | | | | | |
| HERE Signature of plan a | administrator / | Date | Enter name of individ | ual signing a | is plan adminis | strator | | | |
| SIGN | | | | | | | | | |
| HERE Signature of emplo | over/plan enoneor | Date | Enter name of individ | ual signing a | as employer or | plan sponsor | | | |
| Preparer's name (including firm (| name, if applicable) and address (in | | | | telephone nur | | | | |
| Troparor o riamo (moidamig illim | issue, ii approacto, and according | | , | | | | | | |
| | | | | | | | | | |
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| | Form 5500-SF 2016 | | Page 2 | | | | | | | | |
|----------|--|---|--|---------------------|---------------|-------------|--|-----------------|---------------------------|-------------|--|
| b c | Were all of the plan's assets during the plan year invested in eligil 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 can of the plan is a defined benefit plan, is it covered under the PBGC in | f an indeper and condit not use Fo | ndent qualified public a ions.)rm 5500-SF and mus | account t instea | ant (IC | PA) Form | 5500. | [| Yes Yes | No No Mined | |
| Pa | rt III Financial Information | | 1 | | — | | | | | | |
| 7 | Plan Assets and Liabilities | | (a) Beginning | | | | - 1 | (b) End of Ye | | | |
| <u>a</u> | Total plan assets | . 7a | | 237, | 049 | | | | 244 | 4,946 | |
| <u>b</u> | Total plan liabilities | . 7b | | | \rightarrow | | | | | | |
| <u> </u> | Net plan assets (subtract line 7b from line 7a) | . 7c | | 237, | 049 | | | | 244 | 1,946 | |
| 8 | Income, Expenses, and Transfers for this Plan Year | | (a) Amoun | t | | | F 22-30-07 | (b) Total | | | |
| a | Contributions received or receivable from: (1) Employers | . 8a(1) | | 3, | 908 | | | | | | |
| , | (2) Participants | . 8a(2) | | | 250 | 233 | | | | | |
| | (3) Others (including rollovers) | . 8a(3) | · | | 0 | | | | | | |
| <u>b</u> | Other income (loss) | . 8b | | 16, | 542 | | ely : | | | | |
| c | Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) | . 8c | 7.4 | | | | ······································ | | 20 | 0,700 | |
| d | Benefits paid (including direct rollovers and insurance premiums to provide benefits) | . 8d | , | 10, | 109 | | | | | | |
| <u>e</u> | Certain deemed and/or corrective distributions (see instructions) \ldots | . 8e | | 0 | | - | | | | | |
| f_ | Administrative service providers (salaries, fees, commissions) | . 8f | | 2, | 694 | - 11 | | | | | |
| g | Other expenses | . 8g | - 18 | | 0 | | | | | | |
| <u>h</u> | Total expenses (add lines 8d, 8e, 8f, and 8g) | . 8h | | | | | | | | 2,803 | |
| <u>i</u> | Net income (loss) (subtract line 8h from line 8c) | . 8i | | | | | 7,89 | | | | |
| j | Transfers to (from) the plan (see instructions) | 8j | | | | | | | | | |
| Pa | t IV Plan Characteristics | | | | | | | | | | |
| 9a | If the plan provides pension benefits, enter the applicable pension $2E\ 2G\ 2J\ 2K\ 3D$ | | | | | | | | | | |
| b | If the plan provides welfare benefits, enter the applicable welfare | feature cod | es from the List of Pla | n Chara | cterist | tic Cod | des in t | the instruction | s: | | |
| Par | t V Compliance Questions | | · | | | | | | | | |
| 10 | During the plan year: | | | | Yes | No | N/A | Ar | nount | | |
| 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 Program) | Voluntary F | iduciary Correction | 10a | | х | | | | | |
| b | Were there any nonexempt transactions with any party-in-interes reported on line 10a.) | st? (Do not | include transactions | 10b | | Х | | | | | |
| C | Was the plan covered by a fidelity bond? | | | 10c | Х | | | | 3 | 0,000 | |
| 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 of carrier, insurance service, or other organization that provides sor the plan? (See instructions.) | that provides some or all of the benefits under | | | х | | | | | 21 | |
| f | f Has the plan failed to provide any benefit when due under the plan? | | | 10f | | Х | | | | | |
| g | g Did the plan have any participant loans? (If "Yes," enter amount as of year-end.) | | | 10g | | х | | | | | |
| h | If this is an individual account plan, was there a blackout period? 2520.101-3.) | | | 10h | | х | | | 1 (4 (5 (4) 2 (4 (5) | | |
| i | i If 10h was answered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3 | | | | | | | | | | |

| | Form 5500-SF 2016 Page 3 - | | | | | | |
|------|---|-----------------|----------|-----------------|----------------|-------------|--|
| | | | | | | | |
| Part | | | | | | | |
| 11 | Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and comple (Form 5500) and line 11a below) | ete Sch | edule S | В | | Yes No | |
| 11a | Enter the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40 | | 11a | | • | | |
| 12 | Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code of | rsection | n 302 o | f | Τп | Yes 🛛 No | |
| | ERISA?(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.) | | | | 1 " | 100 🖺 110 | |
| а | If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instruction | ns, and | | | of the let | er ruling | |
| | granting the waiver | | Day | / | Year | | |
| | | . | 12b | l | | | |
| | Enter the minimum required contribution for this plan year | | 12c | | | | |
| | Enter the amount contributed by the employer to the plan for this plan year | | 126 | ļ | | | |
| | 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? | | | Yes | <u> </u> | No | |
| | If "Yes," enter the amount of any plan assets that reverted to the employer this year | | 13a | | | | |
| b | Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought un control of the PBGC? | | | | Yes | X No | |
| С | If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the | plan(s) | to | | | | |
| | which assets or liabilities were transferred. (See instructions.) | 12=(2) | CINI(a) | | 120 | (3) DN(6) | |
| | l3c(1) Name of plan(s): | 130(2) | EIN(s) | s) 13c(3) PN(s) | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| Part | VIII Trust Information | | | | | | |
| | Name of trust | | 14b | Trust's E | in | | |
| | | | | | | | |
| | | | 144 | Erustoo' | s or custo | dian's | |
| 14C | Name of trustee or custodian | | | | ne numbe | | |
| | | | | | | | |
| Par | IRS Compliance Questions | -1 | | | , - | | |
| 15a | Is the plan a 401(k) plan? If "No," skip b | Yes | | [|] No | | |
| 15h | How did the plan satisfy the nondiscrimination requirements for employee deferrals under section | Desig safe h | n-base | j [| "Prior | year" ADP | |
| 100 | 401(k)(3) for the plan year? Check all that apply: | | ent year | , _ | _ | | |
| | | ADP 1 | - | | N/A | | |
| 16a | What testing method was used to satisfy the coverage requirements under section 410(b) for the plan | Ratio | | A | verage | D NI/A | |
| | year? Check all that apply: | perce test | entage | | enefit test | ∐ N/A | |
| 16b | Did the plan satisfy the coverage and nondiscrimination requirements of sections 410(b) and 401(a)(4) | Yes | 1901 | 1 | No | | |
| | for the plan year by combining this plan with any other plan under the permissive aggregation rules? | | | | | | |

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

Yes

Yes

☐ No

No

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

and the serial number

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?

Defined Benefit Plan or Money Purchase Pension Plan Only:

letter