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	t I Annual Report	t Identification Information							
For ca	alendar plan year 2016 or f	fiscal plan year beginning 01/01/2	2017 and ending 0	8/04/2017					
A Th	nis return/report is for:	a single-employer plan a one-participant plan		oployer plan (not multiemployer) (Filers checking this box must attach a pating employer information in accordance with the form instructions.)					
B Thi	is return/report is	the first return/report an amended return/report	the final return/report a short plan year return/report (less than 12 m	nonths)					
C Ch	neck box if filing under:	Form 5558 special extension (enter descr	automatic extension ription)	DFVC program					
Part	t II Basic Plan Info	ormation—enter all requested inf	formation						
	lame of plan H TRANSFER, INC. 401(k	K) PROFIT SHARING PLAN		1b Three-digit plan number (PN) ▶	001				
				1c Effective date 01	of plan /01/1978				
N C	failing address (include roo lity or town, state or provin	oyer, if for a single-employer plan) om, apt., suite no. and street, or P.C ice, country, and ZIP or foreign post		2b Employer Ide (EIN) 91 2c Sponsor's tel	-0665531				
SPAEII	H TRANSFER, INC.			360-373-6101					
BREME	OLLIS STREET RTON, WA 98310			48	e (see instructions) 4120				
за Р	ian administrator's name a	and address 🛚 Same as Plan Spor	nsor.	3b Administrator 3c Administrator	s telephone number				
		ne plan sponsor has changed since umber from the last return/report.	the last return/report filed for this plan, enter the	4b EIN					
a s	ponsor's name			4c PN					
5a ⊺	otal number of participant	s at the beginning of the plan year		5a	17				
b T	otal number of participant	s at the end of the plan year		5b	(
			the plan year (only defined contribution plans	5c	(
d(1) Total number of active pa	articipants at the beginning of the pl	an year	5d(1)	10				
d(2) Total number of active p	articipants at the end of the plan yea	ar	5d(2)	(
	than 100% vested		e plan year with accrued benefits that were less	5e	(
		<u> </u>	n/report will be assessed unless reasonable ca ctions, I declare that I have examined this return/re		olicable a Schodula				
SB or		and signed by an enrolled actuary, a	as well as the electronic version of this return/repor						

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	 Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.) Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.) If you answered "No" to either line 6a or line 6b, the plan cannot use Form 5500-SF and must instead use Form 5500. 								X Yes	
С	If the plan is a defined benefit plan, is it covered under the PBGC in					_	-	_	Not dete	ermined
	rt III Financial Information	<u> </u>	<u> </u>				1			
7	Plan Assets and Liabilities		(a) Beginning	of Year				(b) End	of Year	
а	Total plan assets	7a		957923)
	Total plan liabilities	7b		0					()
С	Net plan assets (subtract line 7b from line 7a)	7c		957923					()
8	Income, Expenses, and Transfers for this Plan Year		(a) Amour	nt				(b) T	otal	
а	Contributions received or receivable from:			0						
	(1) Employers	8a(1)		0						
	(2) Participants	8a(2)		0	_					
	(3) Others (including rollovers)	8a(3)		53142						
	Other income (loss)	8b			-				53142	>
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) Benefits paid (including direct rollovers and insurance premiums	8c							33142	
	to provide benefits)	8d	1	010706						
е	Certain deemed and/or corrective distributions (see instructions).	8e		0						
f	Administrative service providers (salaries, fees, commissions)	8f		359						
g	Other expenses	8g		0						
<u>h</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)	otal expenses (add lines 8d, 8e, 8f, and 8g)							101106	5
<u>i</u>	Net income (loss) (subtract line 8h from line 8c)	8i							-957923	3
j	Transfers to (from) the plan (see instructions)	8j		0						
Pai	t IV Plan Characteristics									
9a	If the plan provides pension benefits, enter the applicable pension 2E 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 for	eature cod	des from the List of Pla	n Chara	acterist	tic Cod	des in t	he instru	uctions:	
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 contributed described in 29 CFR 2510.3-102? (See instructions and DOL's Verogram)	oluntary F	Fiduciary Correction	10a		X				
b	Were there any nonexempt transactions with any party-in-interest reported on line 10a.)			10b		X				
С	Was the plan covered by a fidelity bond?			10c	X					120000
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 oth carrier, insurance service, or other organization that provides som the plan? (See instructions.)	ne or all of	the benefits under	10e		X				
f	Has the plan failed to provide any benefit when due under the pla	ın?		10f		X				
g	Did the plan have any participant loans? (If "Yes," enter amount a	as of year-	end.)	10g		X				
h	If this is an individual account plan, was there a blackout period? 2520.101-3.)			10h		X				
i	If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10	he require	d notice or one of the	10i						

Page 3-	1	
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Part	VI	Pension Funding Compliance						
11		s a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and c n 5500) and line 11a below)						Yes No
		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. A?						Yes X No
	(lf "\	es," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)						
	grant	raiver of the minimum funding standard for a prior year is being amortized in this plan year, see ins ing the waiver.	/lonth _	s, and	d enter t Day		of the lett Year	-
If	you co	ompleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line	13.	1		1		
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			
d	d Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a negative amount)							
		he minimum funding amount reported on line 12d be met by the funding deadline?				Yes	No	N/A
Part	VII	Plan Terminations and Transfers of Assets		1				
13a	Has a	a resolution to terminate the plan been adopted in any plan year?				X Yes	s [] I	No
	If "Yes," enter the amount of any plan assets that reverted to the employer this year							0
b Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under t control of the PBGC?							X Yes	No
С		ring this plan year, any assets or liabilities were transferred from this plan to another plan(s), identinassets or liabilities were transferred. (See instructions.)	ify the p	lan(s)	to			
	13c(1)	Name of plan(s):	1	3c(2)	EIN(s)	N(s) 13c(3) PN		
-								
Part	VIII	Trust Information						
14a	Name	of trust			14b ⁻	Trust's E	EIN	
14c	Name	of trustee or custodian					s or custo ne numbe	
Par	t IX	IRS Compliance Questions		<u> </u>				
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:			n-based arbor	d [erior y test	/ear" ADP
			IП '	"Curre	ent year est	<u>"</u>	N/A	
16a 		testing method was used to satisfy the coverage requirements under section 410(b) for the plan Check all that apply:		Ratio perce test	entage		verage enefit test	□ N/A
	for the	be plan satisfy the coverage and nondiscrimination requirements of sections 410(b) and 401(a)(4) be plan year by combining this plan with any other plan under the permissive aggregation rules?		Yes			No	
	the le		-					
	letter	plan is an individually-designed plan that received a favorable determination letter from the IRS, en/	nter the	date	of the m	nost rece	ent determ	nination
18	Were	ed Benefit Plan or Money Purchase Pension Plan Only: any distributions made during the plan year to an employee who attained age 62 and had not sepa e?		rom	Ye	s [No	
19	Was a	any plan participant a 5% owner who had attained at least age 70 ½ during the prior plan year?			Ye	s [No	

Form 5500-SF

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Dopartment 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.

OMB Nos. 1210-0110 1210-0089

2016

This Form is Open to Public Inspection

Part I Annual Repo	rt Identification Informatio	n	0000-011	
For calendar plan year 2016 or		01/01/2017 and ending	08/04/20	1.7
A This return/report is for:	x a single-employer plan	a multiple-employer plan (not multiemployer)		
Fr This total mapare is tot.	a one-participant plan	a foreign plan		
B This return/report is	the first return/report	X the final return/report		
	an amended return/report	🔀 a short plan year return/report (less than 12 i	months)	
C Check box if filling under:	Form 5558	automatic extension	DFVC program	
Partilli Barla District	special extension (enter des			
	ormation—enter all requested	Information	1b Three-digit	
1a Name of plan Spaeth Transfer, Inc	c. 401(k) Profit Shar	ring Plan	plan number	001
			1c Effective dat 01/01/19	
Mailing address (include ro	loyer, if for a single-employer plan om, apt., suite no. and street, or P	.O. Box)		entification Number
City or town, state or proving Spaeth Transfer, In		stal code (If forelgn, see instructions)	2c Spansor's te 360-373-6	lephone number
1229 Hollis Street				de (see Instructions)
Bremerton	WA 98310	MINISTER AND MANY MANY AND ADDRESS OF THE PARTY AND ADDRESS OF THE PART		The second secon
3a Plan administrator's name	and address 🕱 Same as Plan Sp	onsor,	3b Administrator	r's EIN
			3c Administrator	r's telephone number
		e the last return/report flied for this plan, enter the	4b EIN	
a Sponsor's name	umber from the last return/report.		4c PN	11/16/00/2
				1.7
b Total number of participant	s at the end of the plan year	ระบบการการการทางการการการการการการการการการการการการการก	. 5b	0
		of the plan year (only defined contribution plans	5c	
d(1) Total number of active p	articipants at the beginning of the	plan year	5d(1)	10
d(2) Total number of active p	articipants at the end of the plan y	TBP	. 5d(2)	
e Number of participants the	t terminated employment during the	ne plan year with accrued benefits that were less arn/report will be assessed unless reasonable ca	5e	. 0
Caution: A penalty for the late	or incomplete filing of this retu	rn/report will be assessed unless reasonable co uclions, I declare that I have examined this return/r	ause is established.	ellando - Octobril
SB or Schedule MB completed belief, it is true, correct, and cor	and signed by an enrolled actuary	, as well as the electronic version of this return/repo	ort, and to the best of	my knowledge and
SIGN Leur	lyall	8.28-77 Jenay Ingalls	1	
HERE Signature of plan	admig/listrator	Date Enter name of Indivi	dual signing as plan i	administrator
HERE CLEAN TO THE PARTY OF THE		I Date I Transport to the second	The same of the sa	AND A STATE OF THE
	oyer/plan sponsor name, if applicable) and address	Date Enter name of IndiVi	dual signing as emple Preparer's telepho	over or plan sponsor
			, rapaid o talapite	and named
				2/10 SEATTHE COX 10 HE - 502

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Р	а	Ċ	0	Z

Form 5500-SF 201	6		Page 2	-						
b Are you claiming a waive under 29 CFR 2520.104 If you answered "No" to	sets during the plan year Invested in eliger of the ennual exemination and report of 46? (See instructions on waiver eligibility of either line 6a or line 6b, the plan carenefit plan, is it covered under the PBGC	of an indepe y and condit nnot use Fo	ndent qualified public a tions.)	t inste	ant (IC	PA) Form	5500.	-(145)r(1(5	X Yes [X Yes [No No No
Part III Financial Inf	ormation		E 2 100 M 100 100							X.E.
7 Plan Assets and Liabilitie	is .		(a) Beginning (of Year				(b) End	of Year	
a Total plan assets	**************************************	7a		957,	923					er faransa l
b Total plan liabilities	omanico de la companya de la company	7b		1000000	0	18: "				
C Net plan assets (subtract	line 7b from line 7a)	7c		957,	923				and the later of	all line
8 Income, Expenses, and	Transfers for this Plan Year		(a) Amoun	t	- 1			(b) To	otal	
a Contributions received or (1) Employers	receivable from;	8a(1)	THE PROPERTY OF THE PROPERTY O		0					
(2) Participants	interior contrarior de la contraction de la cont	8a(2)			0	yl, i			W V V	優晨
(3) Others (including roll	overs)	8a(3)	1,000		0				4 8 JE (n)	
b Other income (loss)	······································	8b		53,	142			A (1)		
The state of the s	3a(1), 8a(2), 8a(3), and 8b)	-	1.0 (A) (A)	# 4		53,14			, 14:	
	lirect rollovers and Insurance premiums		1,	010,	706					
e Certain deemed and/or c	orrective distributions (see instructions).	8e		-	0			LAN	如此時間	
f Administrative service pr	oviders (salaries, fees, commissions)	a Bf		359		122 年 11 大國上 海岸区			10 1	
g Other expenses	dentes and the same and the same and the same	8g			0		4.2	W 10 100	第4 文型于	
h Total expenses (add line	s 8d, 8e, 8f, and 8g)	8h	THE STATE OF THE A						1,011	
Net income (loss) (subtra	ct line 8h from line 8s)	Bi	和可能更多。	3.61					-957	,92
j Transfers to (from) the pl	an (see instructions)	Bj	6		0			TEN		" PAL
Part IV Plan Characte	eristics									et l'éni
9a If the plan provides pens 2E 2J 2K 3D	sion benefits, enter the applicable pension	on feature co	odes from the List of Pl	an Cha	racteri	stic Co	odes in	the instr	uctions:	
b If the plan provides welf	are benefits, enter the applicable welfare	e feature cod	des from the List of Pla	n Char	acterís	tla Cod	des in 1	lhe instru	ctions:	ODA-OS
Part V Compliance	Questions					P	i			77
10 During the plan years	MIT TO AN ADDRESS OF THE PARTY				Yes	: No	N/A		Amount	-
described in 29 CFR 2	ansmit to the plan any participant contri 510.3-1027 (See instructions and DOL's	S Voluntary f	Fiduciary Correction	10a		Х				
	mpt transactions with any party-in-intere			10b		Х				
c Was the plan covered	by a fidelity bond? ,		***************************************	10c	Х				120	0,00
	s, whether or not reimbursed by the plan			10d		х			711	
carrier, insurance service	nissions paid to any brokers, agents, or ce, or other organization that provides so me.)	ome or all of	ns by an insurance f the benefits under	10e		x				

Х

X

Х

10g

10h

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.)

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.

Dago	2	
Page	3	

Part	VI Pension Funding Compliance	10		411	
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete (Form 5600) and line 11a below)	e Sched	lule SB		Yes No
11a			11a		- CO-4-1
12	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or s ERISA?				Yes X No
а	If a walver of the minimum funding standard for a prior year is being amortized in this plan year, see instruction granting the waiver. Month	s, and e	nter the Day	date of the le Yea	
lf	you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.				
b	Enter the minimum required contribution for this plan year	15001117	12b		
C	Enter the amount contributed by the employer to the plan for this plan year	várov	12c		
d			12d		
е	Will the minimum funding amount reported on line 12d be met by the funding deadline?		1 3 Y	es 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 [No
	If "Yes," enter the amount of any plan assets that reverted to the employer this year	,,,,,,,,, 1	3a		0
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought undecontrol of the PBGC?			X Yes	☐ No
С	If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the p which assets or liabilities were transferred. (See instructions.)				
	(3c(1) Name of plan(s):	3c(2) E	IN(s)	130	(3) PN(s)
Part 14a	VIII. Trust Information Name of trust]: 1	4b Tru	st's EIN	transmitted in the second
14c	Name of trustee or custodian	1		stee's or custo aphone numbe	
Pan	The state of the s				
15a	Is the plan a 401(k) plan? If "No," skip b	Yes		∐ No	
	How did the plan salisty the nondiscrimination requirements for employee deterrals under section 401(k)(3) for the plan year? Check all that apply:	Design- søfe har 'Current ADP tes	bor year"	Prior test	year" ADP
16a	What testing method was used to satisfy the coverage requirements under section 410(b) for the plan year? Check all that apply:	Ratio percent test	age [Average benefit tes	t N/A
	for the plan year by combining this plan with any other plan under the parmissive aggregation rules?	Yes		No	
	If the plan is a master and prototype plan (M&P) or volume submitter plan that received a favorable IRS opinion the letter and the serial number.			A Comment	
17D	If the plan is an individually-designed plan that received a favorable determination letter from the IRS, enter the letter	date of	the mos	it recent deteri	mination
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 separated fi service?	rom [Yes	∏ No	1221212
19	Was any plan participant a 5% owner who had attained at least age 70 ½ during the prior plan year?] Yes	∏No	