Form 5500-SF		Short Form Annua	oyee	OMB Nos. 1210-0110 1210-0089						
	tment of the Treasury nal Revenue Service	<b>Benefit Plan</b> This form is required to be filed under sections 104 and 4065 of the Employee R				2016				
Employee Be	epartment of Labor enefits Security Administration	Income Security Act of 1974 (I	ERISA), and sections 605 Revenue Code (the Code		Internal	This Form is Open to Public Inspection				
	enefit Guaranty Corporation	Complete all entries in ac	cordance with the instr	uctions to the Form 5	500-SF.					
For calenda	Annual Report Io	dentification Information	16	and ending 11	1/30/2016					
		X a single-employer plan				ing this box must attach a				
A This ret	urn/report is for:	a one-participant plan				ith the form instructions.)				
<b>B</b> This retu	ırn/report is		$\stackrel{[]}{\times}$ the final return/report $\stackrel{[]}{\times}$ a short plan year returr	n/report (less than 12 m	onths)					
C Check						rogram				
		special extension (enter descrip	,							
Part II		mation—enter all requested info	rmation		41					
<b>1a</b> Name REDDEN MA		01(K) PROFIT SHARING PLAN			<b>1b</b> Three plan (PN)	number				
					1c Effective date of plan 01/01/1996					
Mailing	address (include room	er, if for a single-employer plan) , apt., suite no. and street, or P.O.		uctions)	2b Empl (EIN)	oyer Identification Number 91-0697321				
City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) REDDEN MARINE SUPPLY, INC.					2c Sponsor's telephone number 360-733-0250					
	1411 ROEDER AVE. BELLINGHAM, WA 98225-2916					2d Business code (see instructions) 453990				
3a Plan a	dministrator's name and	l address X Same as Plan Spons	or.		<b>3b</b> Admi	nistrator's EIN				
					<b>3c</b> Admi	nistrator's telephone number				
name,	, EIN, and the plan num	plan sponsor has changed since th ber from the last return/report.	e last return/report filed fo	or this plan, enter the	4b EIN					
a Spons					4C PN					
		t the beginning of the plan year			5a	110				
		t the end of the plan year			5b	0				
compl	ete this item)	ccount balances as of the end of th			5c	0				
• • •	•	cipants at the beginning of the plar			5d(1)	92				
e Numb	per of participants that te	cipants at the end of the plan year erminated employment during the p	olan year with accrued ber	nefits that were less	5d(2) 5e	C				
		incomplete filing of this return/			use is estal	blished.				
SB or Sche		er penalties set forth in the instructi I signed by an enrolled actuary, as ete.								
		alid electronic signature.	08/29/2017	A.R. CHIABAI						
HERE	Signature of plan ad	gnature of plan administrator Date Enter name of individu				as plan administrator				
SIGN HERE										
	Signature of employ	<b>er/plan sponsor</b> me, if applicable) and address (inc	Date			as employer or plan sponsor				
Preparers	name (including inm na	me, il applicable) and address (inc	iude room of suite numbe	n )		telephone number				

6a b c	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 <b>If you answered "No" to either line 6a or line 6b, the plan cann</b> If the plan is a defined benefit plan, is it covered under the PBGC in	an indepen and condition ot use For	dent qualified public accountant (IQPA ons.) m 5500-SF and must instead use Fo	() 
Pa	rt III Financial Information			
7	Plan Assets and Liabilities		(a) Beginning of Year	(b) End of Year
а	Total plan assets	7a	2633937	0
b		7b		
С	Net plan assets (subtract line 7b from line 7a)	7c	2633937	0
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount	(b) Total
а	Contributions received or receivable from: (1) Employers	8a(1)	17789	
	(2) Participants	8a(2)	151770	
	(3) Others (including rollovers)	8a(3)	17256	
b	Other income (loss)	8b	153475	
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c		340290

<b>C</b> Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c		340290					
<b>d</b> Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	2891441						
e Certain deemed and/or corrective distributions (see instructions).	8e	71783						
f Administrative service providers (salaries, fees, commissions)	8f							
g Other expenses	8g	11003						
h Total expenses (add lines 8d, 8e, 8f, and 8g)	8h		2974227					
i Net income (loss) (subtract line 8h from line 8c)	8i		-2633937					
j Transfers to (from) the plan (see instructions)	8j							
Part IV Plan Characteristics								
<b>9a</b> If the plan provides pension benefits, enter the applicable pension	feature co	des from the List of Plan Characte	ristic Codes in the instructions:					

If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 2E 2F 2G 2J 2K 2T 3D 9a

If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions: b

## Part 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 contributions within the time period described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)	10a		Х		
b	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	10b		Х		
C	Was the plan covered by a fidelity bond?	10c	Х			275000
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		Х		
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	Has the plan failed to provide any benefit when due under the plan?	10f		Х		
g	Did the plan have any participant loans? (If "Yes," enter amount as of year-end.)	10g	Х			0
h	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	10h		Х		
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	10i				

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)					· [] ا	Yes 🗌 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						Yes 🗙 No
		SA? Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)						
а		vaiver of the minimum funding standard for a prior year is being amortized in this plan year, see insi	tructior	ns, and	l enter t	he date	of the lette	er ruling
	<u> </u>	ting the waiver			_ Day	/	Year _	
lf	you c	ompleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 1	13.	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		ract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the litive amount)			12d			
е	Will	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 resolution to terminate the plan been adopted in any plan year?				X Ye	s 🗌 N	lo
		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?	-				X Yes	No
C		uring this plan year, any assets or liabilities were transferred from this plan to another plan(s), identi h assets or liabilities were transferred. (See instructions.)	fy the p	olan(s)	to			
1	13c(1)	Name of plan(s):		13c(2)	EIN(s)		13c(3	<b>8)</b> PN(s)
Part	VIII	Trust Information						
14a	Name	of trust			14b ⊺	Frust's I	EIN	
14c	Name	e of trustee or custodian			14d 1	<b>Frustee</b>	's or custod	lian's
					1	telepho	ne number	
1								
Par	t 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-basec arbor	ł	Prior ye test	ear" ADP
				"Curre ADP t	ent year est	33	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
16b		ne plan satisfy the coverage and nondiscrimination requirements of sections 410(b) and 401(a)(4) e plan year by combining this plan with any other plan under the permissive aggregation rules?		Yes			No	
	the le		-					
	letter		nter the	e date	of the m	nost rec	ent determi	ination
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 ce?		from	Ye	s	No	
19	Was	any plan participant a 5% owner who had attained at least age 70 ½ during the prior plan year?			Yes	s	No	

				<u> </u>					
	Form 5500-SF	Short Form Annu	al Return/Report Benefit Plan	t of Small Em	oloyee	OMB Nos. 1210-011 1210-008			
	Department of Labor	This form is required to be file	d under sections 104 and	4065 of the Employee	Retirement	2016			
	yee Benefits Security Administration	-	Income Security Act of 1974 (ERISA), and sections 6057(b) and 6058(a) o Revenue Code (the Code).						
		Complete all entries in a	accordance with the inst	ructions to the Form	5500-SF.	Public Inspection			
Part		Identification Information							
FUICA	enual plan year 2016 of its	cal plan year beginning 01/01/201		and ending 11					
A This	s return/report is for:	X a single-employer plan a one-participant plan	a multiple-employer pla list of participating em	an (not multiemployer) aployer information in	) (Filers checki accordance wit	ng this box must attach a the form instructions.)			
<b>B</b> This	return/report is	the first return/report	the final return/report						
		an amended return/report	X a short plan year return	n/report (less than 12)	months)				
C Che	ck box if filing under:	X Form 5558	automatic extension		DFVC pro	ogram			
-		special extension (enter descri	iption)			-			
Part I	Basic Plan Infor	mation-enter all requested info	ormation						
	ne of plan	01(k) PROFIT SHARING PLAN			1b Three- plan nu (PN)	umber 001			
					01/01/	e date of plan			
Mail	ling address (include room,	er, if for a single-employer plan) apt., suite no. and street, or P.O. country, and ZIP or foreign postal	Box)		2b Employ	rer Identification Number 1-0697321			
REDDEN	MARINE SUPPLY, INC.		i code (if foreign, see instru	ictions)	2c Sponsor's telephone number (360) 733-0250				
1411 ROE	DER AVE.				2d Busines 453990	ss code (see instructions)			
	IAM, WA 98225-2916								
		address K Same as Plan Spons							
					<b>3c</b> Adminis	trator's telephone number			
4 If the nam	e name and/or EIN of the pl e, EIN, and the plan numb	an sponsor has changed since the er from the last return/report.	e last return/report filed for	this plan, enter the	4b EIN				
a Spon	sor's name				4c PN				
5a Total	number of participants at	the beginning of the plan year			5a	140			
b Total	number of participants at i	the end of the plan year			5b	110			
C Num	ber of participants with acc	ount balances as of the end of the	e plan vear (only defined co	potribution plans	50 5c	0			
<b>d(1)</b> To	tal number of active partici	pants at the beginning of the plan	year		5d(1)	92			
d(2) To	tal number of active partici	pants at the end of the plan year .			5d(2)	0			
e Num than	ber of participants that terr 100% vested	ninated employment during the pla	an year with accrued benef	fits that were less	5e	0			
Gaution.	w penalty for the late of I	icomplete tilling of this return/re	nu hossessed un	less ressonable cau	se is establist	ned.			
		penalties set forth in the instruction gned by an enrolled actuary, as w	ne i declare that i have ev	ominod this return/men	and in all direct				
BIGN	× HK/1	atrais	8/22/17 ×		41421	1			
IERE	Signature of plan admi	nistrator		Enter name of individu					
SIGN IERE					ar signing as pr				
	Signature of employer/	plan sponsor	Date E	inter name of individua	al signing as er	nployer or plan sponsor			
reparer's	name (including firm name	, if applicable) and address (inclue	de room or suite number )		Preparer's tele	phone number			
or Banoc	de Dordruction And M. (								

For Paperwork Reduction Act Notice, see the Instructions for Form 5500-SF. 2017-08-08709:39:17-604-05:00 Form 5500-SF 2016

· ·

Ū.

a       Total plan assets       7a       2633937         b       Total plan liabilities       7b	Not determine			
7       Plan Assets and Liabilities       (a) Beginning of Year       (b) Enc.         a       Total plan isabilities       7a       2633937         b       Total plan liabilities       7b       2633937         c       Net plan assets (subtract line 7b from line 7a)       7c       2633937         8       income, Expenses, and Transfers for this Plan Year       (a) Amount       (b) Total plan liabilities         1       Employers       8a(1)       17789         (2)       Participants       8a(2)       161770         (3)       Others (including rollovers)       8a(3)       17256         D       Other income (ods)       8b       153475         C       Total neemed and/or corrective distributions (see instructions)       8c       2891441         e       Certain deemed and/or corrective distributions (see instructions)       8c       71783         f       Administrative service providers (salaries, fees, commissions)       8f       11003         f       Total expenses       8g       11003       11003         f       Administrative service (add lines 8d, 8d, and 8g)       8h       11003       1         f       Total expenses (add lines 8d, 8d, and 8g)       8h       11003       1	0			
a Total plan assets       7a       2633937         b Total plan liabilities       7b       2633937         c Net plan assets (subtract line 7b from line 7a)       7c       2633937         3 Income, Expenses, and Transfers for this Plan Year       (a) Amount       (b) "         a Contributions received or receivable from:       8a(1)       17769         (2) Participants       8a(2)       151770       (a) Amount       (b) "         (3) Others (including rollovers)       8a(3)       17256       (b) "       (c) Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)       8c       (c) Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)       8c       (c) Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)       8c       (c) Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)       8c       (c) Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)       8c       (c) Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)       8c       (c) Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)       8c       (c) Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)       8c       (c) Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)       8c       (d) Total expenses       (d) Total expenses       (d) Inter expenses       (d) Total expenses       (d) Inter expenses       (d)	0			
b       Total plan liabilities       7b         c       Net plan assets (subtract line 7b from line 7a)       7c       2633937         8       income, Expenses, and Transfers for this Plan Year       (a) Amount       (b)*         a       Contributions received or receivable from:       8a(1)       17789         (2)       Participants       8a(2)       151770         (3)       Others (including rollovers)       8a(3)       17256         b       Other income (loss)       8b       153475         C       Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)       8c       3d         d       Benefits paid (including direct rollovers and insurance premiums to provide benefits)       8d       2881441         e       Certain deemed and/or corrective distributions (see instructions)       8e       71783         f       Administrative service providers (salaries, fees, commissions)       8f       1003         f       Transfers to (from) the plan (see instructions)       8g       11003         i       Net income (loss) (subtract line 8 from line 8c)       8i       1003         j       Transfers to (from) the plan (see instructions)       8j       1003         j       Transfers to (from) the plan (see instructions)       8j       100	0			
C       Net plan assets (subtract line 7b from line 7a)       7c       2633937         8       Income, Expenses, and Transfers for this Plan Year       (a) Amount       (b) <sup>T</sup> a       Contributions received or receivable from:       17789         (1)       Employers       8a(1)       17789         (2)       Participants       8a(2)       151770         (3)       Others (including rollovers)       8a(3)       17256         b       Other income (loss)       8b       153475         C       Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)       8c       6         d       Benefits paid (including direct rollovers and insurance premiums to provide benefits)       8d       2891441         e       Certain deemed and/or corrective distributions (see instructions)       8e       71783         f       Administrative service providers (salaries, fees, commissions)       8f       1003         h       Total expenses (add lines 8d, 8e, 8f, and 8g)       8h       11003         j       Transfers to (from) the plan (see instructions)       8j       9g         If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instru 2E       2F       2G       2J       2K at T       3D				
8       Income, Expenses, and Transfers for this Plan Year       (a) Amount       (b)*         a       Contributions received or receivable from:       17789       (b)*         (1)       Employers       8a(1)       17789       (c)         (2)       Participants       8a(2)       151770       (c)         (3)       Others (including rollovers)       8a(3)       17256       (c)         b       Other income (toss)       8b       153475       (c)         C       Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)       8c       (c)       (c)         d       Benefits paid (including direct rollovers and insurance premiums to provide benefits).       8e       71783       (c)         f       Administrative service providers (salaries, fees, commissions)       8f       (c)       (c)         g       Other expenses       8g       11003       (c)       (c)         h       Total expenses (add lines 8d, 8e, 8f, and 8g)       8h       (c)       (c)       (c)         g       Other spension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructors)       8j       (c)       (c)         g       If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Charact				
a Contributions received or receivable from:       (1) <t< td=""><td></td></t<>				
(2) Participants       8a(2)       151770         (3) Others (including rollovers)       8a(3)       17256         b Other income (loss)       8a(2)       153475         c Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)       8c       6         d Benefits paid (including direct rollovers and insurance premiums to provide benefits)       8d       2891441         e Certain deemed and/or corrective distributions (see instructions)       8e       71783         f Administrative service providers (salaries, fees, commissions)       8f       11003         g Other expenses       8g       11003         h Total expenses (add lines 8d, 8e, 8f, and 8g)       8h       1         i Net income (loss) (subtract line 8h from line 8c)       8i       1         j Transfers to (from) the plan (see instructions)       8j       9i         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 instruct 2E 2F 2G 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 instruct 2E 2F 2G 2J 2K 2T 3D         b If the plan year:       Yes       No       N/A         a Was there a failure to transmit to the plan any participant contributions within the time period				
(3) Others (including rollovers)       88(3)       17256         b Other income (loss)       8b       153475         c Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)       8c       6c         d Benefits paid (including direct rollovers and insurance premiums to provide benefits)       8d       2891441         e Certain deemed and/or corrective distributions (see instructions)       8e       71783         f Administrative service providers (salaries, fees, commissions)       8f       9         g Other expenses       3g       11003         h Total expenses (add lines 8d, 8e, 8f, and 8g)       8h       1         i Net income (loss) (subtract line 8h from line 8c)       8i       1         j Transfers to (from) the plan (see instructions)       8j       9a         all the plan provides welfare benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instru 2E 2F 2G 2J 2K 2T 3D       3D         b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instru         Part IV       Compliance Questions         0       During the plan year:       Yes       No       N/A         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       Other income (loss)       8b       153475         c       Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)       8c       8c         d       Benefits paid (including direct rollovers and insurance premiums to provide benefits)       8d       2891441         e       Certain deemed and/or corrective distributions (see instructions)       8e       71783         f       Administrative service providers (salaries, fees, commissions)       8f       9g         g       Other expenses       8g       11003         h       Total expenses (add lines 8d, 8e, 8f, and 8g)       8i       1         j       Transfers to (from) the plan (see instructions)       8j       9g         Part IV       Plan Characteristics       9a       1f the plan provides welfare benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instru         2E       2F       2G       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 instru         2Bat       V       Compliance Questions       Ves       No       N/A         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 V				
C       Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)       8c         d       Benefits paid (including direct rollovers and insurance premiums to provide benefits)       8d       2891441         e       Certain deemed and/or corrective distributions (see instructions)       8e       71783         f       Administrative service providers (salaries, fees, commissions)       8f          g       Other expenses       3g       11003         h       Total expenses (add lines 8d, 8e, 8f, and 8g)       8h          i       Net income (loss) (subtract line 8h from line 8c)       8i          j       Transfers to (from) the plan (see instructions)       8j          Part IV       Plan Characteristics       8j          9a       If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructe 2E 2F 2G 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 within the time period described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)       X         b       Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)       X				
d Benefits paid (including direct rollovers and insurance premiums to provide benefits).       8d       2891441         e Certain deemed and/or corrective distributions (see instructions)       8e       71783         f Administrative service providers (salaries, fees, commissions)	240200			
e       Certain deemed and/or corrective distributions (see instructions)       8e       71783         f       Administrative service providers (salaries, fees, commissions)	340290			
g       Other expenses       8g       11003         h       Total expenses (add lines 8d, 8e, 8f, and 8g)       8h				
h       Total expenses (add lines 8d, 8e, 8f, and 8g)       8h         i       Net income (loss) (subtract line 8h from line 8c)       8i         j       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 within the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions         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         0       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.)       X				
h       Total expenses (add lines 8d, 8e, 8f, and 8g)       8h         i       Net income (loss) (subtract line 8h from line 8c)       8i         j       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 within the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions         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         0       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.)       X				
j       Transfers to (from) the plan (see instructions)	2974227			
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 instru         2E       2F       2G       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 instru         Part V       Compliance Questions         0       During the plan year:       Yes       No       N/A         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)       X       10a         b       Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)       X       10b       X	-2633937			
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 instru         2E       2F       2G       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 instru         Part V       Compliance Questions         0       During the plan year:       Yes       No       N/A         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)       Yes       No       X         b       Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)       X       I0b       X				
IO       During the plan year:       Yes       No       N/A         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)				
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)				
described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)       10a         b       Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)       10b	Amount			
b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)				
C vvas ne plan covered by a fidelity bond?	27500			
d       Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	2/000			
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? 10f X				
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 exceptions to providing the notice applied under 29 CFR 2520.101-3	(			

Form 5500-SF 2016

, , <sup>1</sup>2 - 1

Page 3- 1

Pa	art V	Pension Funding Compliance	-						
1	(	s this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and Form 5500) and line 11a below)				SB		Yes	5 🗍 No
1	1 <b>a</b> E	after the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40.			119				
1:	∠ I E	s this a defined contribution plan subject to the minimum funding requirements of section 412 of the C RISA?	'odo			i of		Yes	X No
									-
	~	a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see ins ranting the waiver.	/lont	tions, an	d enter Da	the da	ite of the Ye		ling
	<u>п уо</u>	u completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line	<u>13</u> .						
	b En	ter the minimum required contribution for this plan year		<u></u>	12b				
	C En	ter the amount contributed by the employer to the plan for this plan year			12c				
	a si	ubtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the I egative amount)	off	10	12d				
	e w	(ill the minimum funding amount reported on line 12d be met by the funding deadline?				Yes	No		N/A
	t VII								
13	ана	as a resolution to terminate the plan been adopted in any plan year?				XY	es 🗍	No	
	lf	"Yes," enter the amount of any plan assets that reverted to the employer this year			13a				
k	) w	ere all the plan assets distributed to participants or beneficiaries, transferred to another plan, or broug ntrol of the PBGC?		and a set for a			X Yes	N	0
C	∶lf,	during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identif hich assets or liabilities were transferred. (See instructions.)	iy the	e plan(s)	to				
		1) Name of plan(s):		13c(2)			1 42	(0) (0)	
				100(2)	LIN(3)		130	c <b>(3)</b> PN	(S)
Par	t VII	Trust Information					1		
14a	Nam	le of trust			14b T	rusťs	EIN		
444									
140	; Nam	e of trustee or custodian		T			's or custo ne numbe		
Par	tIX	IRS Compliance Questions							
15a	Is the	e plan a 401(k) plan? If "No," skip b	.0	Yes		[	No	. <u> </u>	
15b	How 401(k	did the plan satisfy the nondiscrimination requirements for employee deferrals under section ()(3) for the plan year? Check all that apply:		Design- safe ha	-based rbor	[	"Prior test	year" A	DP
				"Curren ADP te:	t year" st		] N/A		
104	year	t testing method was used to satisfy the coverage requirements under section 410(b) for the plan ? Check all that apply:		Ratio percent test	tage		verage enefit test		N/A
_	ioi in	he plan satisfy the coverage and nondiscrimination requirements of sections 410(b) and 401(a)(4) e plan year by combining this plan with any other plan under the permissive aggregation rules?		Yes		[	No		
17a	If the the le	plan is a master and prototype plan (M&P) or volume submitter plan that received a favorable IRS op etter and the serial number							
		plan is an individually-designed plan that received a favorable determination letter from the IRS, ente	r the	date of	the mos	t rece	nt determ	ination	
1	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 separa e?	ted f	rom	] Yes		No		
		any plan participant a 5% owner who had attained at least age 70 ½ during the prior plan year?			] Yes		No		