Form 5500-SF		Short Form Annua	al Return/Repor Benefit Plan	t of Small Empl	oyee	С	MB Nos. 1210-0110 1210-0089		
	ent of the Treasury Revenue Service	This form is required to be filed under sections 104 and 4065 of the Employee R							
Employee Bene	rtment of Labor ofits Security Administration	Income Security Act of 1974 (Internal	This Form is Open to Public Inspection					
	fit Guaranty Corporation	Complete all entries in a	ccordance with the ins	tructions to the Form 5	500-SF.				
		dentification Information al plan year beginning 01/01/20	16	and ending 12	2/31/2016				
_	n/report is for:	a single-employer plan		olan (not multiemployer) (employer information in ac		-			
B This return/report is in the first return/report in the final return/report in a mended return/report in a short plan year return/report (less than 1)									
C Check bo	x if filing under:	Form 5558	automatic extension		DFVC p	rogram			
Part II	Basic Plan Infor	mation—enter all requested info							
1a Name of			inducin		(PN)	number tive date of			
Mailing a City or to	ddress (include room,	er, if for a single-employer plan) apt., suite no. and street, or P.O. country, and ZIP or foreign posta		structions)	07/06/2015 2b Employer Identification Number (EIN) 47-3693505 2c Sponsor's telephone number				
OOGADI LLC						360-941			
516 N. WEST A ARLINGTON, V						5413	30		
					3c Admi	inistrator's t	elephone number		
name, E	IN, and the plan num	blan sponsor has changed since the sponsor has changed since the last return/report.	ne last return/report filed	for this plan, enter the	4b EIN				
a Sponsor'		the beginning of the plan year			4c PN 5a		8		
		t the beginning of the plan year			5a 5b		10		
C Number	of participants with ac	t the end of the plan year count balances as of the end of th	ne plan year (only define	ed contribution plans	5c		g		
d(1) Total	number of active parti	cipants at the beginning of the pla	n year		5d(1)		8		
		cipants at the end of the plan year			5d(2)		8		
e Number than 10	of participants that te 0% vested	rminated employment during the	plan year with accrued b	enefits that were less	5e		C		
Under penalti SB or Schedu	ies of perjury and othe	incomplete filing of this return, er penalties set forth in the instruct signed by an enrolled actuary, as etc.	ions, I declare that I hav	e examined this return/re	port, includi	ng, if applic	able, a Schedule knowledge and		
		lid electronic signature.	09/14/2017	KRISHNA NADELLA					
HERE	Signature of plan adı	ministrator	Date	Enter name of individ	ual signing	as plan adn	ninistrator		
SIGN									
HFRF	Signature of employe	er/plan sponsor	Date	Enter name of individ	ual signing	as emplove	r or plan sponsor		
		ne, if applicable) and address (inc				s telephone			
For Paperner'	Paduction Act Nation	see the Instructions for Form 5500-	QE				orm 5500-SF (2016)		
FOI Faperwork	A NEULIUN ACT NOTICE,	see the man denons for Form 5500-	.			F	orm 5500-5F (2016)		

6a	Were all of the plan's assets during the plan year invested in eligib	le assets?	(See instructions.)	X Yes 🗌 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			
	If you answered "No" to either line 6a or line 6b, the plan cann			
<u>с</u>	If the plan is a defined benefit plan, is it covered under the PBGC in	nsurance p	rogram (see ERISA section 4021)?	Yes No Not determined
Pa	rt III Financial Information	·		
7	Plan Assets and Liabilities		(a) Beginning of Year	(b) End of Year
a	Total plan assets	7a	6241	32343
b	Total plan liabilities	7b		
С	Net plan assets (subtract line 7b from line 7a)	7c	6241	32343
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount	(b) Total
а	Contributions received or receivable from:		4267	
	(1) Employers	8a(1)	-	
	(2) Participants	8a(2)	22519	
	(3) Others (including rollovers)	8a(3)		
b	Other income (loss)	8b	1242	
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c		28028
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	1926	
е	Certain deemed and/or corrective distributions (see instructions).	8e		
f	Administrative service providers (salaries, fees, commissions)	8f		
g	Other expenses	8g		
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h		1926
i	Net income (loss) (subtract line 8h from line 8c)	8i		26102
j	Transfers to (from) the plan (see instructions)	8i		
Pa	rt IV Plan Characteristics	- ,		
9a	If the plan provides pension benefits, enter the applicable pension	feature co	des from the List of Plan Characteristic	c Codes in the instructions:
	2E 2G 2J 2K 2T 3B 3D			
b	If the plan provides welfare benefits, enter the applicable welfare for	eature cod	es from the List of Plan Characteristic	Codes in the instructions:

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		
С	Was the plan covered by a fidelity bond?	10c		Х		
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		Х		
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		
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		is a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and co m 5500) and line 11a below)						Yes 🗙 No
11a	Ente	er the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40			11a			
12		his a defined contribution plan subject to the minimum funding requirements of section 412 of the Con						Yes 🗙 No
		SA? Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)						
а	,	valver of the minimum funding standard for a prior year is being amortized in this plan year, see instr	uctior	ns, and	d enter t	he date	of the lett	er ruling
	gran	ting the waiver	onth_		_ Day		Year	
lf	you c	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			
d		tract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the le ative 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	s XI	No
		es," enter the amount of any plan assets that reverted to the employer this year			13a			
b	Wer	e all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brough rol of the PBGC?	nt und	er the			Yes	X No
c	lf, d	uring this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the assets or liabilities were transferred. (See instructions.)			to			
1		Name of plan(s):		13c(2)	EIN(s)		13c(3) PN(s)
Part	VIII	Trust Information						
14a	Name	e of trust			14b ⊺	Frust's E	IN	
14c	Name	e of trustee or custodian					s or custo ne number	
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 y test	ear" ADP
				"Curre ADP t	ent year est	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	N/A	
16a		t 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		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	
	the le		-			-		
	letter		ter the	e date	of the m	nost rece	ent determ	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 separce?		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?			Ye	s	No	

Intermit Nerwis Service 2016 Determine of Labor Income Security Act of 1974 (ERISA) and sociations 6057(b) and 6058(a) of the Internal Revenue Code (the Code). The Form is Open Public Inspection Part I Annual Report Identification Information a single-employer plan and ending 12/3/2016 The form is open Public Inspection A This return/report is for: a single-employer plan a foreign plan a foreign plan a concilence with the final return/report is of oparticipating employer information in accordance with the form instructions C Check box if filing under: Form 558 a undomatic extension DFVC program Special extension (employer, if for a single-employer plan) a undomatic extension DFVC program C Check box if filing under: Form 558 a undomatic extension DFVC program Special extension (enter description) Part I Basic Plan Information— is special extension (enter description) 1b Three-digit plan number 001 2a Plan sponsor's name (employer, if for a single-employer plan) (foreign, see instructions) 2b Employer dentification Numb (cit) 47-3093203 2c Sponsor's telephone number (stop) 41-4022 2a Plan sponsor's name and address (Same as Plan Sponsor. 3b Administrator's ElN 3c Administrator's telephone number (stop) 41-4022	FC	orm 5500-SF	Short Form Ann	ual Return/Report of Small	Employee	OMB Nos. 1210 1210				
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For Paperwork Reduction Act Notice, see the Instructions for Form 54 2017-07-31T17:11:30.798-05:00

6a	Were all of the plan's assets during the plan year invested in eligit	ble assets?	(See instructions.)						X Yes 🗌 N	
b	Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility								X Yes 🗌 N	
	If you answered "No" to either line 6a or line 6b, the plan can									
С	If the plan is a defined benefit plan, is it covered under the PBGC in					-	-	_	Not determine	
Pa	rt III Financial Information									
7	Plan Assets and Liabilities		(a) Beginning	of Yea	r T			(b) End	of Year	
а	Total plan assets	. 7a		62	41				32343	
b	Total plan liabilities	7b		_						
С	Net plan assets (subtract line 7b from line 7a)	7c		62	41				32343	
8	Income, Expenses, and Transfers for this Plan Year		(a) Amour	nt				(b) T	otal	
	Contributions received or receivable from: (1) Employers	8a(1)		42	67					
	(2) Participants	8a(2)		225	19					
	(3) Others (including rollovers)	8a(3)								
b	Other income (loss)	8b		12	42					
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							28028	
	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		19	26			1		
e	Certain deemed and/or corrective distributions (see instructions)	8e								
f	Administrative service providers (salaries, fees, commissions)	8f								
g	Other expenses	8g								
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h		Ţ		1926				
i	Net income (loss) (subtract line 8h from line 8c)	8i			14				26102	
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 2E 2G 2J 2K 2T 3B 3D	feature coo	les from the List of Pl	lan Cha	racteri	stic Co	odes in	the insti	ructions:	
b	If the plan provides welfare benefits, enter the applicable welfare for	eature code	es from the List of Pla	n Char	acteris	tic Coo	des in t	he instru	ctions:	
Par	V Compliance Questions							<u></u>		
10	During the plan year:				Yes	No	N/A		Amount	
a	Was there a failure to transmit to the plan any participant contribu	tions within	the time period		<u> </u>					
	described in 29 CFR 2510.3-102? (See instructions and DOL's V			100		X				
—	Program) Were there any nonexempt transactions with any party-in-interest			10a	-					
	reported on line 10a.)			10b		Х				
С	Was the plan covered by a fidelity bond?			10c		х				
d	Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?	fidelity bon	d, that was caused	10d		х				
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.).					x				
f	f Has the plan failed to provide any benefit when due under the plan?					х				
g	Did the plan have any participant loans? (If "Yes," enter amount a	s of year-er	nd.)	10g		х				
h	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			10i						

Form 5500-SF 2016

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Part	VI Pension Funding Compliance					
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and (Form 5500) and line 11a below)	complete Sch	edule S	B	Ye	es 🗙 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 C ERISA?				Y	es 🗙 No
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)	- t t		I	F 41 1 - 44	
	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see in granting the waiver.	Month	Day		Year	
If y	ou 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		12b			
c	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 negative amount)		12d			
е	Will the minimum funding amount reported on line 12d be met by the funding deadline?			Yes	No L	N/A
Part '	/II Plan Terminations and Transfers of Assets					
13a	Has a resolution to terminate the plan been adopted in any plan year?			Yes	X No	
12.2	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 brou control of the PBGC?	ght under the		[Yes X	No
С	If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), iden which assets or liabilities were transferred. (See instructions.)		to			
1	3c(1) Name of plan(s):	13c(2)	EIN(s)		13c(3)	PN(s)
Part 14a i	VIII Trust Information Jame of trust		14b ⊺	rust's El	N	
14c	Name of trustee or custodian				or custodia e number	n's
Part	IX IRS Compliance Questions					
		☐ Yes			No	
15a	is the plan a 401(k) plan? If "No," skip b					
	How did the plan satisfy the nondiscrimination requirements for employee deferrals under section l01(k)(3) for the plan year? Check all that apply:	⊔ safe h	ent year'		"Prior yea test N/A	r" adp
	What testing method was used to satisfy the coverage requirements under section 410(b) for the plan year? Check all that apply:	Ratio	entage		erage lefit test	□ 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	
	f the plan is a master and prototype plan (M&P) or volume submitter plan that received a favorable IRS the letter and the serial number			-	·	
	If the plan is an individually-designed plan that received a favorable determination letter from the IRS, e letter	enter the date	of the m	ost recer	t determina	ation
	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 sep service?		[] Yes	i []	Νο	
19	Nas any plan participant a 5% owner who had attained at least age 70 ½ during the prior plan year?		[] Yes		No	