Fo	rm 5500-SF	Short Form Annu		oyee	OMB Nos. 1210-0110 1210-0089				
	artment of the Treasury rnal Revenue Service	This form is required to be file	Benefit Plar d under sections 104 an		etirement	2016			
Employee E	epartment of Labor Benefits Security Administration	Income Security Act of 1974		6057(b) and 6058(a) of the		This Form is Open to Public Inspection			
	enefit Guaranty Corporation	Complete all entries in a	accordance with the in	structions to the Form 5	500-SF.				
For calence	Annual Report Ic lar plan year 2016 or fisc	dentification Information al plan year beginning 01/01/2	016	and ending 12	2/31/2016				
	turn/report is for:	a single-employer plan	a multiple-employer			ing this box must attach a ith the form instructions.)			
B This ret	urn/report is	the first return/report an amended return/report	the final return/repo	rt turn/report (less than 12 m	onths)				
C Check	box if filing under:	Form 5558 special extension (enter descr	automatic extension	n	DFVC p	rogram			
Part II	Basic Plan Infor	mation —enter all requested inf	ormation						
1a Name PAGECOM					(PN)	number			
Mailin	g address (include room,	er, if for a single-employer plan) apt., suite no. and street, or P.O			2b Empl (EIN)	oyer Identification Number			
PAGECOM,		country, and ZIP or foreign posta	al code (if foreign, see ir	istructions)	2c Sponsor's telephone number 425-445-7800				
17371 N.E. (REDMOND,	67TH COURT, SUITE 21 WA 98052	1			2d Busir	ness code (see instructions) 517000			
3a Plan a	administrator's name and	address 🛛 Same as Plan Spor	nsor.			nistrator's EIN nistrator's telephone number			
name		plan sponsor has changed since to be from the last return/report.	the last return/report file	d for this plan, enter the	4b EIN 4c PN				
		t the beginning of the plan year			5a	58			
-		t the end of the plan year			5b	63			
		count balances as of the end of			5c	26			
d(1) Tot	tal number of active parti	cipants at the beginning of the pla	an year		5d(1)	45			
• •		cipants at the end of the plan yea			5d(2)	51			
than	100% vested	rminated employment during the	•		5e	1			
Under pen SB or Sch	alties of perjury and othe	incomplete filing of this return r penalties set forth in the instruct signed by an enrolled actuary, a etc.	tions, I declare that I ha	ve examined this return/re	port, includi	ng, if applicable, a Schedule			
SIGN		lid electronic signature.	09/18/2017	JASON SURPRENAN	Т				
HERE	Signature of plan ad	ministrator	Date	Enter name of individ	ual signing	as plan administrator			
SIGN HERE	Signature of omploy		Data	Enter name of individ					
Preparer's	Signature of employed name (including firm name	me, if applicable) and address (in	Date Iclude room or suite nun			as employer or plan sponsor a telephone number			
For Papers	ork Reduction Act Notice	see the Instructions for Form 5500	LSF			Form 5500-SF (2016)			

6a b c	 b 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.)									
Pa	rt III Financial Information									
7	Plan Assets and Liabilities		(a) Beginning of Year	(b) End of Year						
a	Total plan assets	7a	240024	236302						
b	Total plan liabilities	7b								
C	Net plan assets (subtract line 7b from line 7a)	7c	240024	236302						
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount	(b) Total						
а	Contributions received or receivable from: (1) Employers	8a(1)								
	(2) Participants	8a(2)								
	(3) Others (including rollovers)	8a(3)								
b	Other income (loss)	8b	15069							
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c		15069						

d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	15862	
е	Certain deemed and/or corrective distributions (see instructions).	8e		
f	Administrative service providers (salaries, fees, commissions)	8f	2929	
g	Other expenses	8g		
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h		18791
i	Net income (loss) (subtract line 8h from line 8c)	8i		-3722
j	Transfers to (from) the plan (see instructions)	8j		
Pa	rt IV Plan Characteristics		•	-

Part IV | Plan Characteristics

9a	If the	plan	provid	des p	ension	benefits,	enter the	applicable	pension fe	eature o	codes from	the L	ist of Plan	Characte	eristic Co	des ir	n the i	nstructio	ns:
	2A	2E	2G	3D															

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

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		
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		
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 Co						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		er 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	

Form 5500-SF	Short Form Ann	ual Return/Report of Small Err Benefit Plan	nployee	OMB Nos. 1210-0 1210-0				
Department of the Treasury Internal Revenue Service	This form is required to be fil	led under sections 104 and 4065 of the Employe	ee Retirement	2016				
Department of Labor Employee Benefits Security Administratio		4 (ERISA), and sections 6057(b) and 6058(a) of Revenue Code (the Code).	f the Internal	This Form is Open to				
Pension Benefit Guaranty Corporation		n accordance with the instructions to the For	m 6500 95	Public Inspection				
Part I Annual Report	rt Identification Information		III 3300-3F.	·····				
	fiscal plan year beginning 01/01/20		12/31/2016					
A This return/report is for:	X a single-employer plan	a multiple-employer plan (not multiemploy list of participating employer information i a foreign plan						
B This return/report is	the first return/report	the final return/report						
	an amended return/report	2 months)						
C Check box if filing under:	X Form 5558	automatic extension	DFVC pi	ogram				
	special extension (enter desc	cription)						
Part II Basic Plan Inf	ormation-enter all requested in	nformation						
1a Name of plan AGECOM RETIREMENT PLAN	J		1b Three plan (PN)	number				
			1c Effec	tive date of plan				
	loyer, if for a single-employer plan)		2b Emplo	oyer Identification Numbe				
	om, apt., suite no. and street, or P. nce, country, and ZIP or foreign pos	O. Box) stal code (if foreign, see instructions)		91-1976003 sor's telephone number				
			2d Busin	(425) 445-7800 ess code (see instruction				
371 N.E. 67TH COURT, SUITE	= 211		51700					
,,,,,								
EDMOND, WA 98052			i					
3a Plan administrator's name a	and address 🛛 Same as Plan Spo	onsor.		nistrator's EIN nistrator's telephone num				
3a Plan administrator's name a	and address 🛛 Same as Plan Spo	onsor.						
If the name and/or EIN of th	ne plan sponsor has changed since	onsor. e the last return/report filed for this plan, enter the	3c Admir					
If the name and/or EIN of th name, EIN, and the plan nu	_		3c Admir					
If the name and/or EIN of th name, EIN, and the plan nu a Sponsor's name	he plan sponsor has changed since umber from the last return/report.	e the last return/report filed for this plan, enter the	3c Admir e 4b EIN 4c PN	histrator's telephone num				
If the name and/or EIN of th name, EIN, and the plan nu a Sponsor's name a Total number of participants	he plan sponsor has changed since umber from the last return/report. s at the beginning of the plan year.	e the last return/report filed for this plan, enter the	3c Admir e 4b EIN 4c PN 5a	histrator's telephone num				
If the name and/or EIN of the name, EIN, and the plan nu a Sponsor's name Total number of participants b Total number of participants C Number of participants with	he plan sponsor has changed since umber from the last return/report. s at the beginning of the plan year . s at the end of the plan year account balances as of the end of	e the last return/report filed for this plan, enter the	3c Admir e 4b EIN 4c PN 5a 5b 5c	histrator's telephone num				
 If the name and/or EIN of the name, EIN, and the plan nuare, EIN, and the plan nuare sponsor's name Total number of participants Total number of participants Number of participants with complete this item) 	he plan sponsor has changed since umber from the last return/report. is at the beginning of the plan year is at the end of the plan year account balances as of the end of	e the last return/report filed for this plan, enter the	3c Admir e 4b EIN 4c PN 5a 5b 5c	histrator's telephone num				
 If the name and/or EIN of the name, EIN, and the plan numer of participants a Total number of participants b Total number of participants with complete this item)	he plan sponsor has changed since umber from the last return/report. s at the beginning of the plan year . s at the end of the plan year account balances as of the end of articipants at the beginning of the p	e the last return/report filed for this plan, enter the	3c Admir e 4b EIN 4c PN 5a 5b 5c 5d(1)	histrator's telephone num 5 6 2 4				
 If the name and/or EIN of the name, EIN, and the plan number of participants Total number of participants Total number of participants with complete this item) d(1) Total number of active participants of participants active participants Number of participants with complete this item) 	he plan sponsor has changed since umber from the last return/report. s at the beginning of the plan year . s at the end of the plan year account balances as of the end of articipants at the beginning of the p articipants at the end of the plan ye t terminated employment during the	e the last return/report filed for this plan, enter the f the plan year (only defined contribution plans plan year e plan year with accrued benefits that were less	3c Admir 4b EIN 4c PN 5a 5b 5c 5d(1) 5d(2)	histrator's telephone num				
 If the name and/or EIN of the name, EIN, and the plan number of participants Total number of participants Total number of participants with complete this item) d(1) Total number of active participants than 100% vested aution: A penalty for the late 	te plan sponsor has changed since umber from the last return/report. s at the beginning of the plan year . account balances as of the end of articipants at the beginning of the p articipants at the end of the plan year terminated employment during the of incomplete filling of this retur	e the last return/report filed for this plan, enter the f the plan year (only defined contribution plans plan year e plan year with accrued benefits that were less m/report will be assessed unless reasonable	3c Admir e 4b EIN 4c PN 5a 5b 5c 5d(1) 5d(2) 5e 5e cause is estab 5e stab 5c	histrator's telephone num 5 6 24 4 5				
 If the name and/or EIN of the name, EIN, and the plan number of participants Total number of participants Total number of participants with complete this item) d(1) Total number of active participants than 100% vested Number of participants that than 100% vested aution: A penalty for the late inder penalties of perjury and of B or Schedule MB complete data 	the plan sponsor has changed since umber from the last return/report. Is at the beginning of the plan year . account balances as of the end of articipants at the beginning of the plan year terminated employment during the of incomplete filing of this retur ind signed by an enrolled actuary, a	e the last return/report filed for this plan, enter the f the plan year (only defined contribution plans plan year e plan year with accrued benefits that were less <u>m/report will be assessed unless reasonable</u> ctions, I declare that I have examined this return/re as well as the electronic version of this return/re	3c Admir e 4b EIN 4c PN 5a 5b 5c 5d(1) 5d(2) 5e 5e cause is estab 5e stab 5c	histrator's telephone num 5 6 24 4 5				
If the name and/or EIN of the name, EIN, and the plan nu a Sponsor's name a Total number of participants b Total number of participants c Number of participants with complete this item)	the plan sponsor has changed since umber from the last return/report. Is at the beginning of the plan year . account balances as of the end of articipants at the beginning of the plan year terminated employment during the of incomplete filing of this retur ind signed by an enrolled actuary, a	e the last return/report filed for this plan, enter the f the plan year (only defined contribution plans plan year e plan year with accrued benefits that were less m/report will be assessed unless reasonable	3c Admir 4b EIN 4c PN 5a 5b 5c 5d(1) 5d(2) 5e cause is estab 5report, includin port, and to the	histrator's telephone num 51 62 43 5 11shed.				
If the name and/or EIN of the name, EIN, and the plan nu a Sponsor's name a Total number of participants b Total number of participants c Number of participants with complete this item)	the plan sponsor has changed since umber from the last return/report. Is at the beginning of the plan year . account balances as of the end of articipants at the beginning of the plan ye terminated employment during the of incomplete filing of this return the penalties set forth in the instru- ind signed by an enrolled actuary, a plete	the last return/report filed for this plan, enter the last return/report filed for this plan, enter the plan year (only defined contribution plans blan year	3c Admir e 4b EIN 4c PN 5a 5b 5c 5d(1) 5d(2) 5e cause is estab port, and to the Sump	histrator's telephone numl 5i 6i 24 44 5 1ished. g, if applicable, a Schedu best of my knowledge and				
If the name and/or EIN of the name, EIN, and the plan number of participants book and the plan number of participants and the plan number of participants book and the plan number of participants with complete this item)	the plan sponsor has changed since umber from the last return/report. Is at the beginning of the plan year . account balances as of the end of articipants at the beginning of the plan year terminated employment during the o incomplete filing of this return the penalties set forth in the instru- ind signed by an enrolled actuary, a plete.	e the last return/report filed for this plan, enter the the plan year (only defined contribution plans lan year e plan year with accrued benefits that were less m/report will be assessed unless reasonable rctions, I declare that I have examined this return as well as the electronic version of this return/re v 9 11117 × Jacon Date Enter name of ind	3c Admir 4b EIN 4c PN 5a 5b 5c 5d(1) 5d(2) 5e cause is estab port, including port, and to the Sumption of the second	histrator's telephone number 58 63 26 45 11 5 11 5 11 5 11 5 11 5 11 5 11 5				
If the name and/or EIN of the name, EIN, and the plan nu a Sponsor's name a Total number of participants b Total number of participants c Number of participants with complete this item)	the plan sponsor has changed since umber from the last return/report. Is at the beginning of the plan year . account balances as of the end of articipants at the beginning of the plan ye articipants at the beginning of the plan ye terminated employment during the o incomplete filing of this return the penalties set forth in the instru- ind signer by an enrolled actuary, a plete	e the last return/report filed for this plan, enter the the plan year (only defined contribution plans lan year e plan year with accrued benefits that were less m/report will be assessed unless reasonable retions, I declare that I have examined this return as well as the electronic version of this return/re v 9 11117 × Jacon Date Enter name of ind Date Enter name of ind	3c Admir e 4b EIN 4c PN 5a 5b 5c 5d(1) 5d(2) 5e cause is estab port, and to the Sumption Sumption ividual signing and	histrator's telephone numb 58 63 26 45 11 11 11 11 11 11 11 11 11 11 11 11 11				
If the name and/or EIN of the name, EIN, and the plan number of participants book and the plan number of participants book and the plan number of participants with complete this item)	the plan sponsor has changed since umber from the last return/report. Is at the beginning of the plan year . account balances as of the end of articipants at the beginning of the plan year terminated employment during the o incomplete filing of this return the penalties set forth in the instru- ind signed by an enrolled actuary, a plete.	e the last return/report filed for this plan, enter the the plan year (only defined contribution plans lan year e plan year with accrued benefits that were less m/report will be assessed unless reasonable retions, I declare that I have examined this return as well as the electronic version of this return/re v 9 11117 × Jacon Date Enter name of ind Date Enter name of ind	3c Admir e 4b EIN 4c PN 5a 5b 5c 5d(1) 5d(2) 5e cause is estab port, and to the Sumption Sumption ividual signing and	histrator's telephone num 5 6 2 4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1				
 If the name and/or EIN of the name, EIN, and the plan number of participants Total number of participants Total number of participants Total number of participants with complete this item)	the plan sponsor has changed since umber from the last return/report. Is at the beginning of the plan year . account balances as of the end of articipants at the beginning of the plan ye articipants at the beginning of the plan ye terminated employment during the o incomplete filing of this return the penalties set forth in the instru- ind signer by an enrolled actuary, a plete	e the last return/report filed for this plan, enter the the plan year (only defined contribution plans lan year e plan year with accrued benefits that were less m/report will be assessed unless reasonable retions, I declare that I have examined this return as well as the electronic version of this return/re v 9 11117 × Jacon Date Enter name of ind Date Enter name of ind	3c Admir e 4b EIN 4c PN 5a 5b 5c 5d(1) 5d(2) 5e cause is estab port, and to the Sumption Sumption ividual signing and	istrator's telephone numb				
 If the name and/or EIN of the name, EIN, and the plan number of participants Total number of participants Total number of participants Total number of participants with complete this item)	the plan sponsor has changed since umber from the last return/report. Is at the beginning of the plan year . account balances as of the end of articipants at the beginning of the plan ye articipants at the beginning of the plan ye terminated employment during the o incomplete filing of this return the penalties set forth in the instru- ind signer by an enrolled actuary, a plete	e the last return/report filed for this plan, enter the the plan year (only defined contribution plans lan year e plan year with accrued benefits that were less m/report will be assessed unless reasonable retions, I declare that I have examined this return as well as the electronic version of this return/re v 9 11117 × Jacon Date Enter name of ind Date Enter name of ind	3c Admir e 4b EIN 4c PN 5a 5b 5c 5d(1) 5d(2) 5e cause is estab port, and to the Sumption Sumption ividual signing and	istrator's telephone numb				
If the name and/or EIN of the name, EIN, and the plan nu a Sponsor's name a Total number of participants b Total number of participants c Number of participants with complete this item)	the plan sponsor has changed since umber from the last return/report. Is at the beginning of the plan year . account balances as of the end of articipants at the beginning of the plan ye articipants at the beginning of the plan ye terminated employment during the o incomplete filing of this return the penalties set forth in the instru- ind signer by an enrolled actuary, a plete	e the last return/report filed for this plan, enter the the plan year (only defined contribution plans lan year e plan year with accrued benefits that were less m/report will be assessed unless reasonable retions, I declare that I have examined this return as well as the electronic version of this return/re v 9 11117 × Jacon Date Enter name of ind Date Enter name of ind	3c Admir e 4b EIN 4c PN 5a 5b 5c 5d(1) 5d(2) 5e cause is estab port, and to the Sumption Sumption ividual signing and	istrator's telephone numb				

Form 5500-SF 2016

6a	Were all of the plan's assets during the plan year invested in eligib	ole assets?	(See instructions.)						X Yes	s 🗌 No
	Are you claiming a waiver of the annual examination and report of									s 🗍 No
	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.									
<u>с</u>	If the plan is a defined benefit plan, is it covered under the PBGC in	nsurance pr	ogram (see ERISA se	ection 4	1021)?	····· [Jres			ermined
Pa	rt III Financial Information	T							.	
7	Plan Assets and Liabilities		(a) Beginning		1			(b) End	of Year	
a	Total plan assets	7a		2400	24				2363	02
b	Total plan liabilities	7b								
<u> </u>	Net plan assets (subtract line 7b from line 7a)	7c		2400	24				2363	02
8	Income, Expenses, and Transfers for this Plan Year		(a) Amour	It				(b) T	otal	
a 	Contributions received or receivable from: (1) Employers	8a(1)								
	(2) Participants	8a(2)						and the	TREE 1	
	(3) Others (including rollovers)	8a(3)				1.7		1		
b	Other income (loss)	8b		150	69		- 44			
C	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c		5,050	1.684				1500	39
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	<u></u>	1586	32					
e	Certain deemed and/or corrective distributions (see instructions)	8e								
f	Administrative service providers (salaries, fees, commissions)	8f		292	29					
g	Other expenses	8g								
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h			116-	18791				
i	Net income (loss) (subtract line 8h from line 8c)	8i			in the	-3722				
j	Transfers to (from) the plan (see instructions)	8j								
Par	t IV Plan Characteristics									
9 a	If the plan provides pension benefits, enter the applicable pension 2A 2E 2G 3D	feature cod	es from the List of Pl	an Cha	racteri	stic Co	odes in	the instr	uctions:	
b	If the plan provides welfare benefits, enter the applicable welfare for	eature code	s from the List of Pla	n Chara	acteris	tic Co	des in t	he instru	ctions:	
Par	t V Compliance Questions									
10	During the plan year:				Yes	No	N/A		Amount	
а										
	described in 29 CFR 2510.3-102? (See instructions and DOL's V Program)	•		10a		X				
b	Were there any nonexempt transactions with any party-in-interest reported on line 10a.)	? (Do not in	clude transactions	10b		х				
c	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?			10d		x				
e	Were any fees or commissions paid to any brokers, agents, or oth carrier, insurance service, or other organization that provides som the plan? (See instructions.)	e or all of th	ne benefits under	10e		х				
f	Has the plan failed to provide any benefit when due under the plan	n?		10f		х				
g	Did the plan have any participant loans? (If "Yes," enter amount as	s of year-er	ud.)	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 th exceptions to providing the notice applied under 29 CFR 2520.101			10i			14			é.

Form 5500-SF 2016

1 .

Page 3- 1

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)					`\`	res 🗙 No
11a Enter the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40.						·
12 Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the ERISA?						res 🛛 No
(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)						
a 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	ns, and	d enter t Day		of the lette Year	r ruling
If 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			12b			
c Enter the amount contributed by the employer to the plan for this plan year	<u></u>		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			_
e Will the minimum funding amount reported on line 12d be met by the funding deadline?				Yes	U 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 X N	0
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 broucontrol of the PBGC?					Yes X	No
C If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), ider which assets or liabilities were transferred. (See instructions.)	ntify the p	plan(s)) to			
13c(1) Name of plan(s):		13c(2)	EIN(s)		13c(3) PN(s)
Part VIII Trust Information	· ·		4 41			
14a Name of trust			140 1	rust's E	IN	
14c Name of trustee or custodian		_			s or custodi le number	an's
Part IX IRS Compliance Questions						· ·
15a Is the plan a 401(k) plan? If "No," skip b		Yes		[No	
15b How did the plan satisfy the nondiscrimination requirements for employee deferrals under section 401(k)(3) for the plan year? Check all that apply:		safe h			Prior ye test	ar" ADP
		"Curre ADP t	ent year" est] N/A	
16a What testing method was used to satisfy the coverage requirements under section 410(b) for the plan year? Check all that apply:		Ratio perce test	entage		erage nefit test	□ N/A
16b 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	
17a If 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						
17b 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 rece	nt determir	nation
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 sep service?	arated fr	om	Yes] No	
19 Was any plan participant a 5% owner who had attained at least age 70 ½ during the prior plan year?			Yes		No	