## Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation

**Annual Report Identification Information** 

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

	1 2010 01 11000	ıl plan year beginning 01/01	1/2016	and ending 12	2/31/2016			
A This return/report	is for:	a single-employer plan		an (not multiemployer) (I	-			
·		a one-participant plan	a foreign plan					
<b>B</b> This return/report is	3	the first return/report	the final return/report					
		an amended return/report	a short plan year retur	n/report (less than 12 m	onths)			
C Check box if filing	under:	Form 5558	automatic extension		DFVC program			
David David		special extension (enter des	<u>'</u>					
	Pian Inform	nation—enter all requested	information		46 - 8 8			
<b>1a</b> Name of plan SPOKANE RESTAURA	NT EQUIPME	NT, INC 401(K) PROFIT SHA	ARING PLAN		<b>1b</b> Three-digit plan number (PN) ▶	001		
					1c Effective date of 01/0	of plan 1/2013		
Mailing address (	include room,	r, if for a single-employer plan apt., suite no. and street, or F	P.O. Box)		<b>2b</b> Employer Identi (EIN) 91-1	ification Number 433564		
City or town, state SPOKANE RESTAURA		country, and ZIP or foreign po NT, INC	ostal code (if foreign, see inst	ructions)	2c Sponsor's telep			
					2d Business code	(see instructions)		
1750 E TRENT AVE SPOKANE, WA 99202					4234	400		
<b>3a</b> Plan administrato	r's name and a	address 🛚 Same as Plan Sp	oonsor.		<b>3b</b> Administrator's	EIN		
					<b>3c</b> Administrator's telephone number			
<b>1</b> If the many and (	u FINI af the au	lan ananan han ahan ad aire	and the land and are fined to	ing this plant and the	4h en			
		lan sponsor has changed sinder from the last return/report.	ce the last return/report filed f	or this plan, enter the	4b EIN			
			ce the last return/report filed f	or this plan, enter the	4b EIN 4c PN			
name, EIN, and t	the plan numb					27		
name, EIN, and to a Sponsor's name  5a Total number of p	che plan numb	er from the last return/report.	r		4c PN			
name, EIN, and to a Sponsor's name  5a Total number of partic Number of partic	carticipants at participants at pants with acc	er from the last return/report. the beginning of the plan yea	rof the plan year (only defined	I contribution plans	4c PN 5a	27 29 14		
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name, EIN, and to a Sponsor's name  5a Total number of purpose this item at the complete this item.	participants at participants at ipants with accomplements of active participants that tered	the beginning of the plan yea the end of the plan year count balances as of the end ipants at the beginning of the cipants at the end of the plan year	rof the plan year (only defined plan yearplan year	I contribution plans	4c PN 5a 5b 5c 5d(1) 5d(2) 5e	29 14 27		
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name, EIN, and to a Sponsor's name  5a Total number of post of the sponsor's name  b Total number of particular complete this iter of the sponsor's name of the sponsor of particular number of the sponsor of particular number of particular n	che plan number participants at participants at participants at participants at participants with accomplement of active participants that tered participants that tered participants that tered participants that tered participants and other completed and set, and complete authorized/value of plan administration and participants are of employed authorized.	the beginning of the plan year the end of the plan year the plants at the beginning of the plants at the end of the planty minated employment during the plants at the end of the planty minated employment during the plants at the end of the planty minated employment during the plants at the end of the planty minated employment during the plants at the end of the planty minated employment during the plants at the end of the planty in the planty i	rof the plan year (only defined plan year	enefits that were less  unless reasonable cau examined this return/report pale STEVENS  Enter name of individu	4c PN  5a  5b  5c  5d(1)  5d(2)  5e  use is established. port, including, if applit, and to the best of m  ual signing as plan ad  ual signing as employed Preparer's telephone	29 14 27 28 0 cable, a Schedule y knowledge and ministrator er or plan sponsor e number		

Form 5500-SF 2016 Page **2** 

<b>6a</b> Were all of the plan's assets during the plan year invested in eligil	ble assets?	(See instructions.)					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							X Yes	No
If you answered "No" to either line 6a or line 6b, the plan can		,						
<b>C</b> If the plan is a defined benefit plan, is it covered under the PBGC i	nsurance p	orogram (see ERISA se	ection 4	021)?		Yes	No Not determine	ned
Part III Financial Information								
7 Plan Assets and Liabilities		(a) Beginning	of Year			(	(b) End of Year	
a Total plan assets	7a		456887				536365	
<b>b</b> Total plan liabilities	7b							
C Net plan assets (subtract line 7b from line 7a)	7c		456887				536365	
8 Income, Expenses, and Transfers for this Plan Year		(a) Amour	nt	_			(b) Total	
Contributions received or receivable from:     (1) Employers	8a(1)							
(2) Participants	8a(2)		48537					
(3) Others (including rollovers)	8a(3)							
b Other income (loss)	8b		30941					
<b>C</b> Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						79478	
<b>d</b> Benefits paid (including direct rollovers and insurance premiums								
to provide benefits)	8d							
<b>e</b> Certain deemed and/or corrective distributions (see instructions).	8e							
<b>f</b> Administrative service providers (salaries, fees, commissions)	8f			_				
<b>g</b> Other expenses	8g			_				
h Total expenses (add lines 8d, 8e, 8f, and 8g)	8h						0	
Net income (loss) (subtract line 8h from line 8c)	8i						79478	
j Transfers to (from) the plan (see instructions)	8j							
Part IV Plan Characteristics								
9a If the plan provides pension benefits, enter the applicable pension 2E 2J 2F 2G 3D	n feature co	odes from the List of Pl	an Cha	racteri	stic Co	odes in	the instructions:	
<b>b</b> If the plan provides welfare benefits, enter the applicable welfare	feature cod	des from the List of Pla	n Chara	acteris	tic Cod	des in t	he instructions:	
Part V Compliance Questions								
10 During the plan year:				Yes	No	N/A	Amount	
a Was there a failure to transmit to the plan any participant contribu								
described in 29 CFR 2510.3-102? (See instructions and DOL's 'Program)			10a		X			
<b>b</b> Were there any nonexempt transactions with any party-in-interest			104		Х			
reported on line 10a.)			10b	X				1800
C Was the plan covered by a fidelity bond?			10c					
<b>d</b> 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 of carrier, insurance service, or other organization that provides sor								
the plan? (See instructions.)			10e		X			
f Has the plan failed to provide any benefit when due under the plan	an?	·····	10f		X			
g Did the plan have any participant loans? (If "Yes," enter amount	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 exceptions to providing the notice applied under 29 CFR 2520.10	the require	d notice or one of the	10i					
2.30 phono to providing the hotiou applied under 20 of 11 2020.10				<u> </u>	<u> </u>			

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Page 3-	1	
Page <b>3</b> -	1	

Part	VI	Pension Funding Compliance					
11		s a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and constructions and constructions and constructions and constructions and constructions and constructions are supplied to the constructions and constructions are supplied to the constructions are supplied to the construction and construction are supplied to the construction are supplied to the construction and construction are supplied to the construction and construction are supplied to the construction and construction are supplied to the construction are supplied to the construction and construction are supplied to the construction and construction are supplied to the constru				Y	es No
11a	Ente	r the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40		11a		•	
12		is a defined contribution plan subject to the minimum funding requirements of section 412 of the Co			f	ΠY	es X No
	ERIS (If "\	A?				🖰	
а		raiver of the minimum funding standard for a prior year is being amortized in this plan year, see inst ing the waiver		nd enter i		of the letter Year _	ruling
If	you co	ompleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 1	3.				
b	Enter	the minimum required contribution for this plan year		12b			
С	Enter	the amount contributed by the employer to the plan for this plan year		12c			
	Subt	ract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the letive amount)	eft of a	12d			
е	Will t	he minimum funding amount reported on line 12d be met by the funding deadline?		🗌	Yes	No	N/A
Part	VII	Plan Terminations and Transfers of Assets					
13a	Has a	a resolution to terminate the plan been adopted in any plan year?			Yes	s X No	)
	If "Y€	es," enter the amount of any plan assets that reverted to the employer this year		13a			
b		e all the plan assets distributed to participants or beneficiaries, transferred to another plan, or broug				Yes X	No
С		rring this plan year, any assets or liabilities were transferred from this plan to another plan(s), identif h assets or liabilities were transferred. (See instructions.)	fy the plan(	s) to			
	13c(1)	Name of plan(s):	13c(	<b>2)</b> EIN(s)		13c(3)	PN(s)
Part	VIII	Trust Information		1			
14a	Name	of trust		14b	Trust's E	EIN	
14c	Name	of trustee or custodian				s or custodia ne number	an's
Par	t IX	IRS Compliance Questions		•			
15a	Is the	plan a 401(k) plan? If "No," skip b	Yes			No	
15b		did the plan satisfy the nondiscrimination requirements for employee deferrals under section (3) for the plan year? Check all that apply:		gn-based harbor	d [	Test	ar" ADP
				rent year test	,"	N/A	
16a		testing method was used to satisfy the coverage requirements under section 410(b) for the plan Check all that apply:	Rat	centage		verage enefit test	□ N/A
16b		ne plan satisfy the coverage and nondiscrimination requirements of sections 410(b) and 401(a)(4) be plan year by combining this plan with any other plan under the permissive aggregation rules?	Yes			No	
	the le		<u>'</u>				
	letter		nter the date	e of the n	nost rec	ent determir	ation
18	Were	ed Benefit Plan or Money Purchase Pension Plan Only: any distributions made during the plan year to an employee who attained age 62 and had not sepa		Ye	s [	No	
19	Was	any plan participant a 5% owner who had attained at least age 70 $\frac{1}{2}$ during the prior plan year?			s	No	

## Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation

## Short Form Annual Return/Report of Small Employee Benefit Plan

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

▶ 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** 

Part I Annual Repo	IT Identification Information	accordance with the inst	ructions to the Form	5500-SF.	
For calendar plan year 2016 o	r fiscal plan year beginning	01/01/2016	and ending	12/31/	2016
A This return/report is for:	a single-employer plan	a multiple-employer p		(Filers checking t	his how must attach a
	a one-participant plan	a foreign plan		ioooidanoo mara	ie ionii instructions.)
B This return/report is	the first return/report	the final return/report			
	an amended return/report		m/ramad (lass III and		
C Check box if filing under:		a short plan year retur	m/report (less than 12 r	nonths)	
Officer box it ming under.	X Form 5558	automatic extension		DFVC progra	m
Part II Basic Plan In	special extension (enter desc	cription)			
1a Name of plan	formation—enter all requested in	nformation			
The state of the s	Equipment To 404 (1)			1b Three-dig	
spondic Restaurant	Equipment, Inc 401(k)	Profit Sharing	Plan	plan numb	per  001
				1c Effective of	date of plan
2a Plan sponsor's name (em	oloyer, if for a single-employer plan)			01/01/2	013
Mailing address (include r	oom, apt., suite no, and street or P (	D. Box)			Identification Number
City or town, state or prov	nce, country, and ZIP or foreign pos-	tal code (if foreign, see inst	ructions)		1433564
Spokane Restaurant	Equipment, Inc			509-534	telephone number
1750 E Trent Ave					code (see instructions)
				423400	(
Spokane	WA 99202				
3a Plan administrator's name	and address X Same as Plan Spo	nsor.		3b Administra	tor's FIN
4 If the name and/or EIN of	the plan sponsor has changed since	the last return/report filed for	or this plan, enter the	4b EIN	
a Sponsor's name	number from the last return/report.			4c PN	
5a Total number of participar	its at the beginning of the plan year.				27
b Total number of participar	its at the end of the plan year			5b	29
<ul> <li>Number of participants with</li> </ul>	h account balances as of the end of	the plan year (only defined	contribution plane	5c	
d(1) Total number of active	Participants at the beginning of the				14
d(2) Total number of active	participants at the beginning of the planticipants at the and of the planticipants	an year		5d(1)	27
e Number of participants th	participants at the end of the plan ye at terminated employment during the	ar		5d(2)	28
triali 100% vested				5e	C
Caution: A penalty for the lat	e or incomplete filing of this return	nireport will be assessed	unless reasonable ca	use is establishe	- al
SB or Schedule MB completed belief, it is true, correct, and co	other penalties set forth in the instru and signed by an enrolled actuary, a	ctions, I declare that I have as well as the electronic ver	examined this return/re sion of this return/repor	port, including, if t, and to the best	applicable, a Schedule of my knowledge and
SIGN Anstant	and the second		RICHARD LARGE		
HERE Signature of May	Administrator	9/1/17			
SIGN A Market	radyillis yaldi	Date [/7/17	Enter name of individ		n administrator
HERE P	November on an analysis	- 9/0/-	RICHARD LARGE		
Preparer's name (including firm	oloyer/plan sponsor n name, if applicable) and address (in	Date /6//>	Enter name of individ		ployer or plan sponsor
Jale Stevens		loldde footh of suite fluiffibe	:i )	Preparer's telep	
Break-Thru Benefits				209-	755-3767
200 North Mullan Ro	ad, Suite 216				
Spokane Valley	WA 99206				

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Page 2
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6a b	under 29 CFR 2520.104-46? (See instructions on waiver eligibility	an indepen	dent qualified public a	account	ant (IC	QPA)				Yes No
С	If you answered "No" to either line 6a or line 6b, the plan canr If the plan is a defined benefit plan, is it covered under the PBGC in									
CONTRACTOR OF STREET	rt III Financial Information	risurance pr	ogram (see ERISA se	ection 4	021)?		Yes	□No	∐ Not o	determined
7	Plan Assets and Liabilities		(a) D		T					
a	Total plan assets	7-	(a) Beginning	456,				(b) End	of Year	536,365
	Total plan liabilities	. 7a . 7b		450,	007		-			330,303
	Net plan assets (subtract line 7b from line 7a)	. 7c	*	456,	887		- Jan Control			536,365
8	Income, Expenses, and Transfers for this Plan Year		(a) Amoun		007		17			330,303
a	Contributions received or receivable from: (1) Employers	. 8a(1)	(a) Amour	it				(D)	Γotal	
	(2) Participants	. 8a(2)	Allers South Control of the Control	48,	537					
	(3) Others (including rollovers)	1								
b	Other income (loss)	. 8b		30,	941					
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	. 8c					100000000000000000000000000000000000000			79,478
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	. 8d								
e	Certain deemed and/or corrective distributions (see instructions)	. 8e			6					
f	Administrative service providers (salaries, fees, commissions)	. 8f								
<u>g</u>	Other expenses	. 8g	11							
<u>h</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)	. 8h								0
<u>i</u>	Net income (loss) (subtract line 8h from line 8c)	. 8i								79,478
j	Transfers to (from) the plan (see instructions)	- 8j		access Williams						
Pa	rt IV Plan Characteristics									
9a	If the plan provides pension benefits, enter the applicable pension 2E 2J 2F 2G 3D	feature cod	les from the List of PI	an Cha	racteris	stic Co	odes in	the ins	tructions:	
b	If the plan provides welfare benefits, enter the applicable welfare f	feature code	es from the List of Pla	n Chara	acterist	ic Co	des in t	the instr	uctions:	ner e de la companya
Pai	t V Compliance Questions		1		***************************************		7			
10	During the plan year:				Yes	No	N/A		Amou	nt
a		Voluntary Fig	duciary Correction	40-		Х			741104	
k	Were there any nonexempt transactions with any party-in-interest reported on line 10a.)	t? (Do not in	nclude transactions	10a 10b		Х				***************************************
C	1 Nation Test (Nat) 200 Nation (Nation 1997) 1997		All D. Landan Valle Comp Comments and A	10c	Х					48,000
C	Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?			10d		Х				
		har naraana	by an insurance							
e	<ul> <li>Were any fees or commissions paid to any brokers, agents, or oth carrier, insurance service, or other organization that provides son the plan? (See instructions.)</li> </ul>	ne or all of the	he benefits under	10e		X				50000 S 40000 S 4000
f	carrier, insurance service, or other organization that provides son the plan? (See instructions.)	ne or all of the		10e		X				
	carrier, insurance service, or other organization that provides son the plan? (See instructions.)	ne or all of the								
f	carrier, insurance service, or other organization that provides son the plan? (See instructions.)	an?as of year-er	nd.)	10f		Х				

Form	5500-SF 2016

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Page 3-
9

Part	VI Pension Funding Compliance		-				Commission !
11	Is this a defined benefit plan subject to minimum funding requirement (Form 5500) and line 11a below)	ts? (If "Yes," see instructions and o	complete Sch	edule SE	3	Yes	No
_11a	Enter the unpaid minimum required contributions for all years from Se	chedule SB (Form 5500) line 40		112			
12	Is this a defined contribution plan subject to the minimum funding red ERISA?	quirements of section 412 of the Co	nde or section	n 302 of		Yes	X No
	(II Yes, complete line 12a or lines 12b, 12c, 12d, and 12e below, as	s applicable.)					_
а	If a waiver of the minimum funding standard for a prior year is being a granting the waiver.	amortized in this plan year, see ins	tructions, and	A			ng
lf	you completed line 12a, complete lines 3, 9, and 10 of Schedule M	B (Form 5500), and skip to line	13.	_ Day	Y 6	ar	
	Enter the minimum required contribution for this plan year			12b			
	Enter the amount contributed by the employer to the plan for this plan			12c			
d	Subtract the amount in line 12c from the amount in line 12b. Enter the negative amount)	e result (enter a minus sign to the l	eft of a	12d		-	
е	Will the minimum funding amount reported on line 12d be met by the			П	Yes No		I/A
Part '		<u> </u>					
13a	Has a resolution to terminate the plan been adopted in any plan year?			Г	Yes	No	
2000	If "Yes," enter the amount of any plan assets that reverted to the emp			13a		140	
b		ansferred to another plan, or broug	ht under the	iou	Yes	X No	)
С	If, during this plan year, any assets or liabilities were transferred from which assets or liabilities were transferred. (See instructions.)	this plan to another plan(s), identi	fy the plan(s)	to			
1	13c(1) Name of plan(s):		13c(2)	EIN(s)	13	3c(3) PN	(s)
Post	VIII Truck Information						
Part							
14a i	Name of trust			<b>14b</b> ⊤r	ust's EIN		
14c	Name of trustee or custodian				ustee's or cus lephone num		
Part	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 employ 401(k)(3) for the plan year? Check all that apply:	yee deferrals under section	□ safe h	nt year"	"Prio test	r year" A	NDP
	What testing method was used to satisfy the coverage requirements ur year? Check all that apply:		Ratio perce test	ntage	Average benefit te	st 🗌	N/A
	Did the plan satisfy the coverage and nondiscrimination requirements 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 p the letter and the serial number	olan that received a favorable IRS					
	If the plan is an individually-designed plan that received a favorable deletter	etermination letter from the IRS, en	ter the date o	of the mo	st recent dete	rminatio	n
	Defined Benefit Plan or Money Purchase Pension Plan Only: Were any distributions made during the plan year to an employee who service?	attained age 62 and had not sepa	rated from	Yes	☐ No		20000_000
19	Was any plan participant a 5% owner who had attained at least age 70	1½ during the prior plan year?		Yes	No		