For	rm 5500-SF	Short Form Annua	al Return/Report Benefit Plan	of Small Emplo	yee	С	MB Nos. 1210-0110 1210-0089
	rtment of the Treasury nal Revenue Service	This form is required to be filed		065 of the Employee Ret	tirement		2016
	epartment of Labor enefits Security Administration	Income Security Act of 1974 (7(b) and 6058(a) of the Ir			orm is Open to
_	enefit Guaranty Corporation	Complete all entries in activity	ccordance with the instr	uctions to the Form 550	00-SF.	Fubi	cinspection
Part I	Annual Report Ic	dentification Information	16	and ending 12/3	31/2016		
FUI Calenia		a single-employer plan		an (not multiemployer) (Fi		ring this how	must attach a
A This ret	turn/report is for:	a one-participant plan		ployer information in acc		-	
B This retu	urn/report is	the first return/report an amended return/report	the final return/report	n/report (less than 12 mor	nths)		
C Check	box if filing under:	Form 5558	automatic extension		DFVC p	rogram	
Dort II	Pacia Plan Infor	special extension (enter descrip	,				
Part II		mation—enter all requested info	ormation		1h Three	o diait	
1a Name SULLIVAN A	OF PIAN	INED BENEFIT PLAN			1b Three plan (PN)	number	002
					1c Effec	tive date of	plan /2013
Mailing	2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)						ication Number
City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) SULLIVAN AND ASSOCIATES, INC.						nsor's teleph 253-853	none number -4455
	RWOOD DRIVE NW R, WA 98332			-	2d Busin	ness code (s 56149	see instructions) 90
3a Plan a	dministrator's name and	address X Same as Plan Spons	sor.		3b Admi	nistrator's E	EIN
				-	3c Admin	nistrator's t	elephone number
					4		
name	, EIN, and the plan numb	blan sponsor has changed since the performed since the sport of the last return/report.	he last return/report filed fo		4b EIN 4c PN		
	or's name				5a		2
		t the beginning of the plan year		E E E E E E E E E E E E E E E E E E E	50 5b		2
C Numb	er of participants with ac	t the end of the plan year	ne plan year (only defined	contribution plans	50 50		
	,	cipants at the beginning of the pla		E E E E E E E E E E E E E E E E E E E	5d(1)		2
	•	cipants at the end of the plan year		F	5d(2)		2
e Numb	per of participants that te	rminated employment during the	plan year with accrued ber	nefits that were less	5e		(
		incomplete filing of this return/					
SB or Sche		er penalties set forth in the instruct signed by an enrolled actuary, as ete.					
SIGN	Filed with authorized/va	lid electronic signature.	09/20/2017	DENIS SULLIVAN			
HERE	Signature of plan adr	ministrator	Date	Enter name of individua	al signing a	as plan adn	ninistrator
SIGN HERE							
	Signature of employe		Date	Enter name of individua			
Preparer's	name (including firm nar	ne, if applicable) and address (inc	aude room or suite numbe	r) 	Preparer's	s telephone	number

	 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.) If you answered "No" to either line 6a or line 6b, the plan cannot use Form 5500-SF and must instead use Form 5500. c If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)? Yes No 										
Pa	Part III Financial Information										
7	Plan Assets and Liabilities		(a) Beginning of Year	(b) End of Year							
а	Total plan assets	7a	394891	842378							
b	Total plan liabilities	7b									
С	Net plan assets (subtract line 7b from line 7a)	7c	394891	842378							
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount	(b) Total							
a Contributions received or receivable from: 8a(1) (1) Employers 8a(1)											
			l l								

(2) Participants	8a(2)		
(3) Others (including rollovers)	8a(3)		
b Other income (loss)	8b	12384	
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c		447487
d Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		
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		
i Net income (loss) (subtract line 8h from line 8c)	8i		447487
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 co	odes from the List of Plan Characte	ristic Codes in the instructions:

9a	If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 1A 3D
	1A 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		X		
b	······ ····· (= - ····· ····· ··········	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		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	······································	10h				
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				

Page **3-** 1

11	VI	Pension Funding Compliance							
		s a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and co n 5500) and line 11a below)	•					X Ye	es 🗌 No
11a	Ente	r the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40			11a				0
12		is a defined contribution plan subject to the minimum funding requirements of section 412 of the Co						Ye	es 🗙 No
		A? /es," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)					']	
а	lf a w	aiver of the minimum funding standard for a prior year is being amortized in this plan year, see instring the waiver.		, and e	enter tl Dav			letter ar	ruling
lf y	<u> </u>	ompleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 1			,				
b	Enter	the minimum required contribution for this plan year			12b				
		the amount contributed by the employer to the plan for this plan year			12c				
	Subti	act the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the le tive amount)	ft of a		12d				
е		he minimum funding amount reported on line 12d be met by the funding deadline?				Yes	N)	N/A
Part '	VII	Plan Terminations and Transfers of Assets							
		a resolution to terminate the plan been adopted in any plan year?				Yes	s)	No	
		es," 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 brough	nt undei	the			Ye	s X	No
С	lf, du	ol of the PBGC? ring this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify							
		n assets or liabilities were transferred. (See instructions.) Name of plan(s):	13	a(2) E			1	20(2)	PN(s)
	36(1)		10	8 c(2) E	.111(5)		1	50(3)	FIN(5)
Part	VIII	Trust Information							
14a	Name	of trust			11h -		.		
					140	rust's E	IN		
440					140	rust's E	IN		
14C	Name	of trustee or custodian				rust's E		stodia	ın's
14C	Name				14d ⊺		s or cu		ın's
		of trustee or custodian			14d ⊺	rustee'	s or cu		in's
14C Part					14d ⊺	rustee'	s or cu		in's
Part	t IX	of trustee or custodian		/es	14d ⊺ t	rustee' elephoi	s or cu ne num	ber	
Part 15a 15b	t IX Is the How c	of trustee or custodian IRS Compliance Questions plan a 401(k) plan? If "No," skip b		/es	14d T t	rustee' elephoi	s or cu ne num	ber	ar" ADP
Part 15a 15b	t IX Is the How c	of trustee or custodian IRS Compliance Questions plan a 401(k) plan? If "No," skip b		/es resign- afe ha	14d ⊤ t	rustee' elephor	s or cu ne num	ber	
Part 15a 15b	t IX Is the How c 401(k) What	of trustee or custodian IRS Compliance Questions plan a 401(k) plan? If "No," skip b lid the plan satisfy the nondiscrimination requirements for employee deferrals under section (3) for the plan year? Check all that apply: testing method was used to satisfy the coverage requirements under section 410(b) for the plan		Yes resign- afe ha DP tes Ratio	based rbor t year"	rustee' elephor	s or cu ne num] No] "Pri test] N/A verage	ber or yea	ar" ADP
Part 15a 15b	t IX Is the How c 401(k) What	of trustee or custodian IRS Compliance Questions plan a 401(k) plan? If "No," skip b lid the plan satisfy the nondiscrimination requirements for employee deferrals under section (3) for the plan year? Check all that apply:		/es esign- afe ha DP tes	based rbor t year"	rustee' elephor	s or cu ne num No Wri test	ber or yea	
Part 15a 15b 16a 16b	t IX Is the How c 401(k) What year? Did th	of trustee or custodian IRS Compliance Questions plan a 401(k) plan? If "No," skip b lid the plan satisfy the nondiscrimination requirements for employee deferrals under section (3) for the plan year? Check all that apply: testing method was used to satisfy the coverage requirements under section 410(b) for the plan		Yes esign- afe ha Curren DP tes Ratio percen	based rbor t year"	rustee' elephor	s or cu ne num] No] "Pri test] N/A verage	ber or yea	ar" ADP
Part 15a 15b 16a 16b	t IX Is the How c 401(k) What year? Did th for the	of trustee or custodian IRS Compliance Questions plan a 401(k) plan? If "No," skip b tid the plan satisfy the nondiscrimination requirements for employee deferrals under section (3) for the plan year? Check all that apply: testing method was used to satisfy the coverage requirements under section 410(b) for the plan Check all that apply: te plan satisfy the coverage and nondiscrimination requirements of sections 410(b) and 401(a)(4) a plan year by combining this plan with any other plan under the permissive aggregation rules?plan is a master and prototype plan (M&P) or volume submitter plan that received a favorable IRS or		Yes resign- afe ha Curren DP tes Ratio bercen est Yes	based rbor t year" st	rustee' elephor	s or cu ne num No "Pri- test N/A verage enefit te	ber or yea	ar" ADP
Part 15a 15b 16a 16b 17a	t IX Is the How c 401(k) What year? Did th for the If the the le	of trustee or custodian IRS Compliance Questions plan a 401(k) plan? If "No," skip b tid the plan satisfy the nondiscrimination requirements for employee deferrals under section (3) for the plan year? Check all that apply: testing method was used to satisfy the coverage requirements under section 410(b) for the plan Check all that apply: te plan satisfy the coverage and nondiscrimination requirements of sections 410(b) and 401(a)(4) a plan year by combining this plan with any other plan under the permissive aggregation rules?plan is a master and prototype plan (M&P) or volume submitter plan that received a favorable IRS or		Yes vesign- afe ha Curren DP tes Ratio bercen est Yes etter c	based rbor t year" tage	rustee' elephor	s or cu ne num] No] "Pri test] N/A verage enefit te enefit te enefit te	ber or yea est	ar" ADP
Part 15a 15b 16a 16b 17a 17b 18	t IX Is the How of 401(k) What year? Did th for the If the letter Define Were	of trustee or custodian IRS Compliance Questions plan a 401(k) plan? If "No," skip b tid the plan satisfy the nondiscrimination requirements for employee deferrals under section (3) for the plan year? Check all that apply: testing method was used to satisfy the coverage requirements under section 410(b) for the plan Check all that apply: te plan satisfy the coverage and nondiscrimination requirements of sections 410(b) and 401(a)(4) a plan year by combining this plan with any other plan under the permissive aggregation rules? plan is a master and prototype plan (M&P) or volume submitter plan that received a favorable IRS or tter and the serial number	F F F F t ter the c	Yes vesign- afe ha Curren DP tes Ratio Dercen est Yes etter co date of	based rbor t year" tage	rustee' elephor	s or cu ne num] No] "Pri test] N/A verage enefit te enefit te enefit te	ber or yea est	ar" ADP

SCHEDULE SB (Form 5500)Single-Employer Defined Benefit Plan Actuarial Information								No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administrat Pension Benefit Guaranty Corporation	ion Retiremen	edule is required to tt Income Security Internal F File as an atta	Act of 1974 (ER Revenue Code (th	ISA) and ne Code).	section 6059 of th		This Form	is Open to Public
For calendar plan year 2016 or fis	scal plan year beginni			5500 Or	and ending	12/2	31/2016	
Round off amounts to neare		ing 01/01/20	10		and ending	12/3	01/2010	
 Caution: A penalty of \$1,000 		ate filing of this rer	oort unless reaso	nahla cau	lsa is astablishad			
A Name of plan					B Three-dig			
SULLIVAN AND ASSOCIATES	S DEFINED BENEFIT	PLAN			plan numb)	002
								 .
C Plan sponsor's name as shown SULLIVAN AND ASSOCIATES		500 or 5500-SF			D Employer I	91-157	ation Number (E 77688	=IN)
E Type of plan: X Single	/ultiple-A Multiple	P	F Prior year pla	an sizo:	× 100 or fewer	101-	500 🛛 Moro th	nan 500
	· _ ·	-D				101-		1011 500
Part I Basic Informat								
1 Enter the valuation date:	Month 12	Day <u>3</u>	1 Year 2	016				
2 Assets:					г	_		
a Market value						2a		406799
b Actuarial value						2b		406799
3 Funding target/participant co				pa	Number of irticipants		sted Funding Target	(3) Total Funding Target
a For retired participants an	d beneficiaries receivi	ng payment			0		0	0
b For terminated vested par	ticipants				0		0	0
C For active participants					2		412972	421927
d Total					2		412972	421927
4 If the plan is in at-risk status	, check the box and c	omplete lines (a) a	and (b)	[
a Funding target disregardir	ng prescribed at-risk a	ssumptions				4a		
b Funding target reflecting a status for fewer than five of								
5 Effective interest rate						. 5		6.05 %
6 Target normal cost						. 6		79897
Statement by Enrolled Actuary To the best of my knowledge, the inform accordance with applicable law and regu combination, offer my best estimate of a SIGN	ulations. In my opinion, each	other assumption is reas						
HERE							08/25/201	7
	Signature of actu	Jary					Date	
R. SCOTT HARRISON, FSPA,	J	,					17-0217	5
	Type or print name or	factuary				Most r	ecent enrollme	
THE RAYMOND COMPANY		2					480-289-34	174
	Firm name				Tele	ephone	number (includ	
4545 E. SOUTHERN AVE. SUITE 108 MESA, AZ 85206					_		X	с , ,
	Address of the	TIRM						
If the actuary has not fully reflected instructions	l any regulation or ruli	ng promulgated ur	nder the statute ir	n complet	ing this schedule	, check	the box and se	e 🗌

For Paperwork Reduction Act Notice, see the Instructions for Form 5500 or 5500-SF.

P	art II	Begin	ning of Year	Carryov	er and Prefunding Ba	alances									
								(a) C	arryover balar	nce	(b) Pref	fundir	ng balance	
7		-	• • •		able adjustments (line 13 fro	•				0				62091	
8					nding requirement (line 35 fr					0				35174	
9	Amount	remaining	g (line 7 minus line	ə 8)						0				26917	
10	Interest	on line 9 i	using prior year's	actual retu	rn of <u>0.13</u> %					0				35	
11					to prefunding balance:										
	-				38a from prior year)							0			
					a over line 38b from prior yea e interest rate of							0			
	• •			•	edule SB, using prior year's a							0			
	C Total a	vailable a	t beginning of curre	ent plan yea	ar to add to prefunding balance	е								0	
	d Portio	n of (c) to	be added to prefe	unding bala	ance									0	
12	12 Other reductions in balances due to elections or deemed elections								0						
13	13 Balance at beginning of current year (line 9 + line 10 + line 11d - line 12) 0								26952						
Part III Funding Percentages															
												1	14	89.64%	
)								15	164.97%	
	Prior yea	ır's fundir	ig percentage for	purposes o	of determining whether carry	over/prefu	Indin	g balance	es may be use	d to re	duce currei	nt	16	88.27%	
17		0			less than 70 percent of the								17	%	
	art IV				ity Shortfalls		-								
18	Contribu	tions mad	le to the plan for t	he plan ye	ar by employer(s) and emplo	oyees:									
(1	(a) Dat		(b) Amount p		(c) Amount paid by) Dat		(b) Amour		by	• •		nt paid by	
	MM-DD-Y	-	employer	(s) 33703	employees 0	(MM-E	JD-Y	YYY)	emplo	yer(s)		6	empic	oyees	
)2/21/2017			5000	0										
	08/18/2017			396400	0										
						Totals	•	18(b)		43	5103 18	(c)		C	
19	Discount	ed emplo	yer contributions	– see instr	uctions for small plan with a	valuation	date	after the	beginning of t	he yea	r:				
			-		num required contributions f					. 19				0	
	b Contri	butions m	ade to avoid restr	ictions adj	usted to valuation date					. 19	b			0	
	c Contri	outions all	ocated toward min	imum requi	red contribution for current ye	ar adjusted	to v	aluation d	ate	19	c			421099	
20			tions and liquidity		,										
					e prior year?								X	Yes No	
			-		installments for the current y									Yes 🗙 No	
					nplete the following table as			,							
			,		Liquidity shortfall as of end			this plan y	year						
		(1) 1s ⁻	t		(2) 2nd			(3)	3rd			(4)	4th		
			0		0				0					0	

Page 3

F	Part V	Assumpti	ons Used to Determ	ine Funding Target a	and Targ	et Normal Cost						
21	Discount	rate:										
	a Segm	ent rates:	1st segment: 4.43%	2nd segment		3rd segment: 6.65 %		N/A, full yield curve used				
	b Applic	able month (er	nter code)				21b	0				
22	Weightee	d average retire	ement age				22	62				
23	Mortality	table(s) (see	instructions) X	Prescribed - combined	Presc	ribed - separate	Substitu	ute				
	-	Miscellane				`	<u> </u>					
24	Has a ch	ange been ma	de in the non-prescribed a	ctuarial assumptions for the	e current pla	an year? If "Yes," see ii	nstruction	s regarding required				
		-		·								
25	Has a me	ethod change l	been made for the current	plan year? If "Yes," see ins	tructions re	garding required attach	ment	Yes 🕺 No				
26	Is the pla	an required to p	provide a Schedule of Activ	ve Participants? If "Yes," se	e instructio	ns regarding required a	ittachmen	itYes ☐ No				
27	7 If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment											
P	art VII	Reconcilia	ation of Unpaid Min	imum Required Cont	ribution	s For Prior Years						
28	Unpaid n	ninimum requir	ed contributions for all price	or years			28	0				
29				rd unpaid minimum require			29	0				
30	Remainir	ng amount of u	inpaid minimum required c	ontributions (line 28 minus	ine 29)		30	0				
Pa	art VIII	Minimum	Required Contribut	ion For Current Year								
31	Target n	ormal cost and	d excess assets (see instru	ictions):								
	a Target	normal cost (li	ne 6)				31a	79897				
	b Excess	s assets, if app	licable, but not greater tha	n line 31a			31b	0				
32	Amortiza	tion installmen	its:			Outstanding Bala	nce	Installment				
	a Net sh	ortfall amortiza	tion installment				43711	7925				
	b Waive	r amortization i	installment				0	0				
33	<i></i>			enter the date of the ruling location () and the waived a			33					
34	Total fun	ding requireme	ent before reflecting carryo	ver/prefunding balances (lir	nes 31a - 3 ⁷	1b + 32a + 32b - 33)	34	87822				
				Carryover balar	ice	Prefunding balar	ice	Total balance				
35			se to offset funding									
36	Additiona	al cash require	ment (line 34 minus line 35	5)			36	87822				
37			•	contribution for current yea		```	37	421099				
38	Present	value of excess	s contributions for current	year (see instructions)								
							38a	333277				
				of prefunding and funding st			38b	0				
39	Unpaid n	ninimum requir	ed contribution for current	year (excess, if any, of line	36 over lin	e 37)	39	0				
40	Unpaid n	ninimum requir	ed contributions for all yea	ars			40	0				
Ра	rt IX	Pension	Funding Relief Unde	er Pension Relief Act	of 2010	(See Instructions)					
41	1 If an election was made to use PRA 2010 funding relief for this plan:											
	a Schedu	ule elected					[2 plus 7 years 15 years				
	b Eligible	e plan year(s) f	or which the election in lin	e 41a was made			20	08 2009 2010 2011				
42	Amount o	of acceleration	adjustment				42					
43	Excess ir	nstallment acce	eleration amount to be carr	ied over to future plan years	S		43					

	Form 5500-SF	Renefit Plan							
En	Department of Labor Department of Labor	This form is required to be filed Retirement Income Security Act of the Internal		action 6057(b) and 6058(This Form i	s Open to Public		
_	Pension Benefit Guaranty Corporation	Complete all entries in accorda	ance with the instru	ctions to the Form 5500	-SF.	In	spection		
-	art I Annual Report Ic calendar plan year 2016 or fisca	dentification Information	01/01/2016	and anding	10/5	31/2016			
FOI	ľ			and ending			/ must attack		
	This return/report is for:	a one-participant plan	i list of participating e i foreign plan he final return/report	an (not multiemployer) (f mployer information in ac	cordance	with the form	n instructions.)		
9		닠 ' 님		n/report (less than 12 mo	onths)				
С	Check box if filing under:	– – – – – –	utomatic extension			DFVC progra	m		
		special extension (enter description)							
	art II Basic Plan Inforn Name of plan	mation enter all requested inform	ation		1h Th	ree-digit			
10		tes Defined Benefit Plan				n number			
	SUITIVAII allu ASSOCIA	ites berined benefit Flan				() ►	002		
				ective date of /01/2013	r plan				
2a	Plan sponsor's name (employe Mailing Address (include room City or town, state or province,	uctions)		nployer Identi N) 91–15	fication Number 77688				
	Sullivan and Associa		e (e.e.g., eeee.			onsor's telepl 53) 853-4	hone number 1455		
	5312 Canterwood Driv	re NW			2d Business code (see instructions) 561490				
	US Gig Harbor WA 98332								
3a		address 🗴 Same as Plan Sponsor			3b Administrator's EIN				
					3c Ad	ministrator's t	elephone number		
4	If the name and/or EIN of the p name, EIN, and the plan numb	blan sponsor has changed since the las	st return/report filed for	or this plan, enter the	4b EIN	N			
а	Sponsor's name				4c PN				
5a	Total number of participants at	t the beginning of the plan year	5005000560580030005605B008605B005		5 a		2		
b		t the end of the plan year			5b		2		
C		count balances as of the end of the pla			5c				
d	(1) Total number of active partic	ipants at the beginning of the plan yea	r		5d(1)	<u> </u>	2		
d		cipants at the end of the plan year rminated employment during the plan y			5d(2)	<u> </u>	2		
е 	less than 100% vested				5e		0		
Provide state		r incomplete filing of this return/repo							
S		er penalties set forth in the instructions d signed by an enrolled actuary, as we lete.							
9	SIGN Jus Ju	L	9/20/17	Denis Sullivan	and the second				
ł	IERE Signature of plan admin	nistrator	Date	Enter name of individua	I signing	as plan admii	nistrator		
9	SIGN // C	Denis SUI	lina						
1.000	IERE Signature of employer/	plan sponsor	Date	Enter name of individua	I signing	as employer	or plan sponsor		
	reparer's name (including firm na kip this question	nne, if applicable) and address (include	e room or suite numb	er)		r's telephone t <mark>his quest</mark>			

	Form 5500-SF 2016		Page 2						
6a	Were all of the plan's assets during the plan year invested in eligible	acceto2 (Cas instanti - >						
b	Are you claiming a waiver of the annual examination and report of a	n indepen	dopt qualified public acces	*********			898888888888888888888888888888888888888		XYes No
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility a	nd conditio	ons.)	untar	nt (IQP	Ά)			
	in you answered "No" to either line 6a or line 6b, the plan canno	t use For	m 5500-SF and must ins	stead	use F	orm !	5500		X Yes No
C	If the plan is a defined benefit plan, is it covered under the PBGC ins	surance pr	ogram (see ERISA sectio	on 402	21)?		XYes		Not determined
Pa	art III Financial Information			a the second second					
7	Plan Assets and Liabilities		(a) Beginning o	of Vos	r	1		(h) Find of	
а	Total plan assets	7a		94,8			(b) End of	
b	Total plan liabilities	7b	3	94,0) aT				842,378
С	Net plan assets (subtract line 7b from line 7a)	7c	3	94,8	01	+			
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount		.91	+		(b) Tot	842,378
а	Contributions received or receivable from:							(0) 100	
-	(1) Employers	8a(1)	4:	35,1	.03				
	 (2) Participants (3) Others (including reliance) 	8a(2)							
b	(3) Others (including rollovers) Other income (loss)	8a(3)							
c	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8b 8c		12,3	84	-			
d	Benefits paid (including direct rollovers and insurance premiums	00							447,487
-	to provide benefits)	8d							
-	Certain deemed and/or corrective distributions (see instructions)	8e							
<u>f</u>	Administrative service providers (salaries, fees, commissions)	8f							
g	Other expenses	8g							
-	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							
<u>i</u>	Net income (loss) (subtract line 8h from line 8c)	8i							447,487
	Transfers to (from) the plan (see instructions)	8j							
T	rt IV Plan Characteristics								
9a	If the plan provides pension benefits, enter the applicable pension fea	ature code	s from the List of Plan Ch	naract	eristic	Code	s in the i	nstructions	s:
-+	1A 3D								
b	If the plan provides welfare benefits, enter the applicable welfare feat	ture codes	from the List of Plan Cha	aracte	ristic (Codes	in the in	structions:	
Colorisation of the local division of the lo	rt V Compliance Questions								
10	During the plan year:	and the second second second			Yes	No	N/A	An	nount
a	Was there a failure to transmit to the plan any participant contribution								
	described in 29 CFR 2510.3-102? (See instructions and DOL's Volu Program)					37			
b	Program)			10a		X			
	reported on line 10a.)			10b		x			
C	Was the plan covered by a fidelity bond?			10c		x			
d	Did the plan have a loss, whether or not reimbursed by the plan's fi								
	by fraud or dishonesty?			10d		Х			
е	Were any fees or commissions paid to any brokers, agents, or othe carrier, insurance service, or other organization that provides some	r persons	by an insurance						
	the plan? (See instructions.)			10e		x			
f	Has the plan failed to provide any benefit when due under the plan			10f		x			
g								alaine ann an an Ann Ann Ann Ann Ann Ann Ann A	
h	If this is an individual account plan, was there a blackout period? (S	and the state of the second		10g		x		Annan (Anna) a' an tao ang asa an	
	2520.101-3.)	******		10h					
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					

Form 5500-SF 2016

Page 3 -

Par	t VI	Pension Funding Compliance							
11	Is this a (Form §	defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and o 500 and line 11a below)	complete	Schedu	le SB	X	Yes [No
<u>11a</u>	Enter th	e unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40	********	11a		•			0
12	Is this ERISA	a defined contribution plan subject to the minimum funding requirements of section 412 of the C	ode or ee	otion 20	2		Yes [No
a	(ii re	s, complete line 12a of lines 12b, 12c, 12d, and 12e below, as applicable.)					-	-	
	granung	ver of the minimum funding standard for a prior year is being amortized in this plan year, see ins the waiver	onth		ter the date	e of the		ling	
		pleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 1							
b		e minimum required contribution for this plan year							
<u> </u>		e amount contributed by the employer to the plan for the plan year		. 120					
d	negativ	t the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the e amount)	. 12d						
e	Will the	Yes [] No		I/A				
Parl	t VII	Plan Terminations and Transfers of Assets							
<u>13a</u>		esolution to terminate the plan been adopted in any plan year?			Yes	x	No		
	and the second second second	enter the amount of any plan assets that reverted to the employer this year							
b	Were al	l the plan assets distributed to participants or beneficiaries, transferred to another plan, or broug of the PBGC?	ght under	the		Yes	X No)	
C	lf, durin which a	g this plan year, any assets or liabilities were transferred from this plan to another plan(s), identi ssets or liabilities were transferred. (See instructions.)	ify the pla	n(s) to					
13	3c(1) Na	ne of plan(s):	13c(2)	EIN(s)		13	c(3) PN	(s)	

Part		Trust Information - Skip These Questions							
	Name o			14	b Trust's E	IN			
14c	Name o	f trustee or custodian		-					
	Nume o			14	d Trustee telephon				
Part	IX	IRS Compliance Questions - Skip These Questions							
15a	Is the pl	an a 401(k) plan? If "No," skip b		Yes			No		
15b	How did 401(k)(3	the plan satisfy the nondiscrimination requirements for employee deferrals under section) for the plan year? Check all that apply:		Design- safe ha			"Prior y	ear" /	ADP
				"Curren			N/A		
16a	What te	sting method was used to satisfy the coverage requirements under section 410(b) for the plan		Ratio		A		••••••	
	year? C	neck all that apply:		percent test	age 🗌	Avera benef			N/A
16b	Did the p	plan satisfy the coverage and nondiscrimination requirements of sections 410(b) and 401(a)(4) lan year by combining this plan with any other plan under the permissive aggregation rules?		Yes			No		
17a	If the pla the lette	n is a master and prototype plan (M&P) or volume submitter plan that received a favorable IRS	opinion le	etter or a	advisory let	ter, ent	er the d	ate o	f
17b	If the pla	n is an individually-designed plan that received a favorable determination letter from the IRS, er	nter the d	ate of th	e most rec	ent det	erminati	on	
	Defined Were an	Benefit Plan or Money Purchase Pension Plan Only: y distributions made during the plan year to an employee who attained age 62 and had not sepa	arated fro	m	Yes		No		
		plan participant a 5% owner who had attained at least age 70 ½ during the prior plan year?			Yes		No		

Summary of Plan Provisions Plan Year: 1/1/2016 to 12/31/2016 Valuation Date: 12/31/2016

Plan Effective Date	January 1, 2013
Plan Year	From January 1, 2016 to December 31, 2016
Eligibility	All employees not excluded by class are eligible to enter on the January 1 or July 1 coincident with or following the completion of the following requirements:
	3 months of service Minimum age 21
Normal Retirement Age	All participants are eligible to retire with their full retirement benefit on the later of the following:
	Attainment of age 62 Completion of 5 years of participation from beginning of entry year
Normal Retirement Benefit	Upon normal retirement each participant will be entitled to a benefit payable in the normal form equal to the following:
	The accrued benefit as of January 1, 2016, plus the benefit based on the following formula:
	Group 1: 1.5% times years of credited service up to ten years
	Group 2: .5 percent of compensation times credited years
	Employees not included in the Group(s) above: The accrued benefit based on plan provisions prior to January 1, 2016, plus the benefit based on 1.63% of average compensation per credited year of service with a maximum of 10 years. Credited years are plan years from date of hire excluding years before January 1, 2016, years before age 21 and years with less than 1,000 hours.
	The maximum monthly benefit is the lesser of \$17,500 and 100% of the highest 3-year average salary, subject to service requirements.
	The benefit is based on average salary during the highest 3 consecutive years of service from date of hire.
Normal Form of Benefit	A benefit payable for the life of the participant
Accrued Benefit	The normal retirement benefit described above calculated based on salary and/or service on the calculation date, and payable on the normal retirement date.
	Credited years are plan years from date of hire excluding the

Summary of Plan Provisions Plan Year: 1/1/2016 to 12/31/2016 Valuation Date: 12/31/2016

following:

Years before January 1, 2016 Years with less than 1,000 hours

Termination Benefit

Death Benefit

Upon termination for any reason other than death or retirement a participant shall be entitled to a portion of the actuarial equivalent of his accrued benefit in accordance with the following vesting schedule:

Credited Years	Vested Percent
1	0
2	20
3	40
4	60
5	80
6	100

Credited years are 12-month periods from date of hire to the anniversaries of date of hire excluding the following:

Years with less than 1,000 hours

Top-Heavy StatusA plan is top-heavy if over 60% of the value of all accrued
benefits in all of the employer's plans are for the benefit of key
employees. A key employee is generally an officer or owner
of the company. This plan is currently top-heavy.

Actuarial Equivalent of the accrued benefit earned to date of death

S	SCHEDULE SB Single-Employer Defined Benefit Plan								
	(Form 5500)			2016					
1	Department of the Treasury			2016					
	Internal Revenue Service Department of Labor	This schedule is r Retirement Income							
	ee Benefits Security Administration			Revenue Code (Section 0039 011	ine .		is Open to Public spection
Pens	on Benefit Guaranty Corporation	▶ File a	as an atta	chment to For	m 5500 or	5500-SF.			
For caler	dar plan year 2016 or fiscal pla	n year beginning	01/01/20	16		and ending	g 12	/31/2016	
	d off amounts to nearest doll								
	on: A penalty of \$1,000 will be	assessed for late filing	of this rep	ort unless reas	onable cau				
A Name		St Dian				B Three-dig	50, CL		002
Suiliva	n and Associates Defined Bene	ent Plan				plan num	iber (PN		
							and the second s	•	•
and the second	oonsor's name as shown on line	e 2a of Form 5500 or 5	500-SF			D Employer	Identific	ation Number (EIN)
Sulliva	n and Associates, Inc.					91-1577688		3 ¥	
E Type of	plan: X Single Multiple-	A Multiple-B		F Prior year	alan size. K	100 or fewer	□ 101-	500 More t	han 500
The second second				I Thoryear					nan 500
Part I	Basic Information	March 12	Day 31	Year	2016				
1 Ente	er the valuation date:	Month 12	Day_51	Year	2010				
	arket value				18		2a		406799
	ctuarial value						2b		406799
1944 C 19	ding target/participant count bre				(1)	Number of		sted Funding	(3) Total Funding
					A	ticipants		Target	Target
	or retired participants and bene					0		0	(
	or terminated vested participant					0		. 0	
	or active participants					2	4	412972	42192
100 million (1997)	otal		Contract, granter and			2	· · · · · ·	412972	42192
	e plan is in at-risk status, check			Same a second second second	Ľ				
	unding target disregarding pres								
b Fu	Inding target reflecting at-risk a atus for fewer than five consect	ssumptions, but disregative vears and disregative vears and disregative vears and disregative vears and disrega	arding trar rding load	nsition rule for p ing factor	lans that h	ave been in at-ri	sk 4b		
244 22.320	ctive interest rate						5		6.05 %
	et normal cost								7989
	t by Enrolled Actuary								
accorda	est of my knowledge, the information sup nee with applicable law and regulations. In	n my opinion, each other assun	mpanying sch nption is reas	hedules, statements onable (taking into a	and attachment account the exp	ts, if any, is complete erience of the plan a	e and accu nd reasona	rate. Each prescribe able expectations) a	ed assumption was applied in nd such other assumptions, in
	tion, offer my best estimate of anticipated	a experience under the plan.					12	and an and a second	12
SIGN		Dett.						08/25/201	7
REN		ignature of actuany						Mar an	1
		ignature of actuary tt Harrison, FSPA, APA						Date 17-02175	5
	and the second	or print name of actuary					Most	recent enrollme	and the second se
		Raymond Company					WIGST	(480) 289-34	
		Firm name				Те	lephone		ding area code)
	454	15 E. Southern Ave.					2		
	· · · · ·	Suite 108						×.	
_		Mesa, AZ 85206 Address of the firm				-			
		Address of the firm							

For Paperwork Reduction Act Notice, see the Instructions for Form 5500 or 5500-SF. 2017-08-22T12:48:15.906-05:00

Schedule SB (Form 5500) 2016 v. 160205

P	art II	Begir	ning of Year	Carryov	er and Prefunding Bal	ances							
								(a) Ca	arryover balance		(b) i	refundi	ng balance
7	7 Balance at beginning of prior year after applicable adjustments (line 13 from prior year)									0			62091
8	8 Portion elected for use to offset prior year's funding requirement (line 35 from prior year)									0			35174
9										0			26917
10	Interest	on line 9	using prior year's a	actual retur	m of0.13%					0			35
11					o prefunding balance:								
	a Prese	nt value o	f excess contributi	ons (line 3	8a from prior year)								0
	b(1) Ini Sc	terest on t hedule SI	he excess, if any, B, using prior year	of line 38a s effective	over line 38b from prior year interest rate of $\frac{0.00}{\%}$								0
	b(2) Ini	terest on l	ine 38b from prior	year Sche	dule SB, using prior year's ac	tual							0
													0
	C lotal a	available a	t beginning of curre	nt plan yea	r to add to prefunding balance .								0
	d Portic	on of (c) to	be added to prefu	inding bala	ance								0
12	Other re	ductions i	n balances due to	elections	or deemed elections					0			0
13	Balance	at beginr	ning of current year	(line 9 + l	ine 10 + line 11d – line 12)					0			26952
F	Part III	Fun	ding Percenta	iges									
14	Funding	target att	ainment percentag	je								14	89.64 %
15	Adjusted	d funding	target attainment p	ercentage								15	164.97 %
16					f determining whether carryov							16	88.27 %
17	17 If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage										%		
P	Part IV	Con	tributions and	l Liquid	ity Shortfalls								
18	Contribu	itions mad	de to the plan for th	ne plan yea	ar by employer(s) and employ	ees:							
(1	(a) Dat MM-DD-Y		(b) Amount pa employer((c) Amount paid by employees		Date (b) Amount paid by D-YYYY) employer(s)			(0		nt paid by oyees	
	10-04-201	6		33703									
	02-21-201	17		5000									
	08-18-201	17		396400									
					•	Totals 🕨	18	8(b)		43510	03 18(c)		0
19	Discoun	ted emplo	oyer contributions -	- see instru	uctions for small plan with a va	aluation d	date afte	r the	beginning of the	year:			
	a Contr	ibutions a	llocated toward un	paid minin	num required contributions fro	m prior y	ears			19a			0
b Contributions made to avoid restrictions adjusted to valuation date									0				
	c Contri	butions all	ocated toward mini	mum requii	red contribution for current year	adjusted	to valuat	tion da	ate	19c			421099
20	Quarterl	y contribu	tions and liquidity	shortfalls:									
	a Did th	ne plan ha	ve a "funding shor	tfall" for the	e prior year?							X	Yes No
	b If line	20a is "Y	es," were required	quarterly i	nstallments for the current ye	ar made i	in a time	ely ma	anner?				Yes X No
	c If line	20a is "Y	es," see instructior	ns and com	nplete the following table as a	pplicable:	:			ſ			
			<u>.</u>		Liquidity shortfall as of end	of quarter	r of this	plan y	vear	I			
		(1) 1s	t		(2) 2nd	ļ		(3) 3	3rd			(4) 4th	1

2017-08-22T12:48:15.921-05:00

Page 3

F	Part V	Assumpti	ons Used to Dete	ermine	e Funding Target an	d Targ	et Normal Cost					
21	Discount	t rate:										
	a Segm	ent rates:	1st segment: 4.43 %		2nd segment: 5.91 %		3rd segment: 6.65 %		N/A, full yield curve used			
	b Applic	0										
22 Weighted average retirement age												
23	Mortality	table(s) (see	instructions)	Pres	cribed - combined	Presc	ribed - separate	Substitu	ute			
Pa	Part VI Miscellaneous Items											
24		-			arial assumptions for the c		-					
25	Has a m	ethod change l	been made for the curr	ent plar	n year? If "Yes," see instru	ictions re	egarding required attach	ment	Yes X No			
26	Is the pla	an required to p	provide a Schedule of	Active P	Participants? If "Yes," see	nstructio	ons regarding required a	attachmen	tX Yes 🗌 No			
27		•	-		r applicable code and see			27				
P	art VII	Reconcili	ation of Unpaid M	linimu	um Required Contril	bution	s For Prior Years					
28	Unpaid r	minimum requii	red contributions for all	prior ye	ears			28	0			
29					unpaid minimum required o			29	0			
30	Remaini	ng amount of u	unpaid minimum requir	ed contr	ibutions (line 28 minus line	ə 29)		30	0			
Pa	art VIII	Minimum	Required Contril	oution	For Current Year							
31	Target n	ormal cost and	d excess assets (see ir	structio	ns):							
	a Target	normal cost (li	ne 6)					31a	79897			
	b Exces	s assets, if app	blicable, but not greate	r than lir	ne 31a			31b	0			
32	Amortiza	ation installmen	nts:				Outstanding Bala	nce	Installment			
	a Net sh	ortfall amortiza	ation installment					43711	7925			
	b Waive	r amortization	installment					0	0			
33					er the date of the ruling letter) and the waived ame			33				
34	Total fun	nding requireme	ent before reflecting ca	rryover/	prefunding balances (lines	s 31a - 3	1b + 32a + 32b - 33)	34	87822			
					Carryover balance	•	Prefunding balar	nce	Total balance			
35			se to offset funding			0		0	0			
36	Additiona	al cash require	ment (line 34 minus lin	e 35)				36	87822			
37					tribution for current year a			37	421099			
38	Present	value of exces	s contributions for curr	ent year	r (see instructions)							
	a Total (excess, if any,	of line 37 over line 36)					38a	333277			
	b Portior	n included in lir	ne 38a attributable to u	se of pr	efunding and funding stan	dard car	ryover balances	38b	0			
39	39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)											
40	Unpaid r	ninimum requii	red contributions for all	years				40	0			
Ра	rt IX	Pension	Funding Relief U	nder F	Pension Relief Act o	f 2010	(See Instructions	5)				
41	If an elec	tion was made	e to use PRA 2010 fund	ding reli	ef for this plan:							
	a Sched	ule elected							2 plus 7 years			
	b Eligible	e plan year(s) f	for which the election in	n line 41	a was made			20	08 2009 2010 2011			
42	Amount of	of acceleration	adjustment					42				
43	Excess in	nstallment acce	eleration amount to be	carried	over to future plan years			43				

Shortfall Amortization Plan Year: 1/1/2016 to 12/31/2016 Valuation Date: 12/31/2016

If the plan has a funded status below 100%, the plan may require additional payments in the form of shortfall amortization payments. A plan's amortization payments are calculated to pay down the plan's underfunding over a seven year period (unless a plan sponsor has elected to use allowable relief, in which case the payment period will be longer).

Valuation Date	Amortization <u>Method</u>	Number of Future <u>Installments</u>	<u>Installment</u>	Value of Future <u>Installments</u>
12/31/2014	7-year	5	\$1,069	\$4,912
12/31/2015	7-year	6	\$3,802	\$20,316
12/31/2016	7-year	7	\$3,054	<u>\$18,483</u>
Total			\$7,925	\$43,711

Schedule of Active Participant Data Plan Year: 1/1/2016 to 12/31/2016 Valuation Date: 12/31/2016

Svc/ Age	<1	1-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40+	Total
<25	0	0	0	0	0	0	0	0	0	0	0
25-29	0	0	0	0	0	0	0	0	0	0	0
30-34	0	0	0	0	0	0	0	0	0	0	0
35-39	0	0	0	0	0	0	0	0	0	0	0
40-44	0	0	0	0	0	0	0	0	0	0	0
45-49	0	0	0	0	0	0	0	0	0	0	0
50-54	0	0	0	0	0	0	0	0	0	0	0
55-59	0	2	0	0	0	0	0	0	0	0	2
60-64	0	0	0	0	0	0	0	0	0	0	0
65-69	0	0	0	0	0	0	0	0	0	0	0
70+	0	0	0	0	0	0	0	0	0	0	0
Total	0	2	0	0	0	0	0	0	0	0	2

4

*Employees who have not met the minimum eligibility requirements are excluded

Average Age: 58.5 Average Service:

SULLIVAN AND ASSOCIATES DEFINED BENEFIT PLAN Employer ID# 91-1577688: Plan No. 002

Quarterly Installment Payment: \$0.00

Schedule SB, line 19 - Discounted Employer Contributions

Plan Year: 1/1/2016 to 12/31/2016 Valuation Date: 12/31/2016

<u>Date</u> 10-04-2016	<u>Amount</u> 33,703.00	<u>Year</u> 2016	<u>Rate</u> 6.05%	Period 10-04-2016 to 12-31-2016	<u>Adj Ctb</u> 34,179.99
02-21-2017	5,000.00	2016	6.05%	02-21-2017 to 12-31-2016	4,959.11
08-18-2017	396,400.00	2016	6.05%	08-18-2017 to 12-31-2016	381,960.15
Totals:	435,103.00				421,099.25

19 Discounted employer contributions -- see instructions for small plan with a valuation date after the beginning of the year

a	Contributions allocated toward unpaid minimum required contribution from prior years	19a	0.00
b	Contributions made to avoid benefit restrictions adjusted to valuation date	19b	0.00
с	Contributions allocated toward minimum required contribution for current year, adjusted to valuation date	19c	421,099.25

Attachment to 2016 Schedule SB, Line 22 - Description of Weighted Average Retirement Age EIN: 91-1577688 PN: 002

SULLIVAN AND ASSOCIATES DEFINED BENEFIT PLAN

Weighted Average Retirement Age Plan Year: 1/1/2016 to 12/31/2016 Valuation Date: 12/31/2016

Assumed Retirement Age - 100% of the participants are assumed to retire at the date the plan's normal retirement age is attained, which is defined as:

The later of:

Attainment of age 62 Completion of 5 years of participation from beginning of entry year

Participants who have passed their Normal Retirement Date as defined above are assumed to retire on the valuation date.

Weighted average retirement age 62

Summary of Actuarial Assumptions and Method Plan Year: 1/1/2016 to 12/31/2016 Valuation Date: 12/31/2016

	For Fo <u>Min</u>	unding <u>Max</u>	<u>For 417</u>	(<u>e)</u>	<u>For Actuarial Equiv.</u>			
Interest Rates	Seg 1: 4.43%	1.55%	Seg 1:	2.04%	Pre-Retirement: 5.50%			
	Seg 2: 5.91%	3.76%	Seg 2:	4.03%	Post-Retirement: 5.50%			
	Seg 3: 6.65%	4.73%	Seg 3:	4.82%				
Pre-Retirement								
Turnover	None		None		None			
Mortality	None		None		None			
Assumed Ret Age	Normal retireme 5 years of partic			retirement age 62 and of participation	Normal retirement age 62 and 5 years of participation			
Post-Retirement								
Mortality	Male-modified 1 combined health projected 31 & 2 Female-modifie combined health projected 31 & 2	ny male 23 years d RP2000 ny female		oplicable Mortality om Notice 2015-53	GAR 94 without loads projected to 2002 with scale AA 50%M/50%F			
Assumed Benefit Form	For Funding		Normal Form					
Calculated Effective Interview	erest Rate		6.05%					
Actuarial Cost Method				The Unit Credit funding method was used as prescribed by the Pension Protection Act. This method sets the funding target equal to the present value of accrued benefits, and sets the normal cost equal to the present value of the benefit accrued in the current year.				

An actuarial value of assets is used for funding purposes. This year the actuarial value of assets is 100.0% of the market value of assets.