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).

2016

This Form is Open to Public Inspection

OMB Nos. 1210-0110

1210-0089

▶ Complete all entries in accordance with the instructions to the Form 5500-SF.

b Total number of participants at the end of the plan year	Part I		Identification Information										
A This return/report is for: a one-participant plan before treatmy and a control of the plan plan and anomalor extension and the final return/report as a foreign plan before treatmy and anomalor extension (enter description) Part II Basic Plan Information—enter all requested information 1a Name of plan D. PETER REEDY MD PA PROFIT SHARING PLAN Part REEDY MD PA PROFIT SHARING PLAN 1b Three-digit plan number (PN) b 002 1c Effective date of plan 0.0001/2015 2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., sulfe no. and streat, or P.O. Box) Mailing address (include room, apt., sulfe no. and streat, or P.O. Box) Mailing address (include room, apt., sulfe no. and streat, or P.O. Box) BOISE, ID 83706 2d Business or explored in the plan plan plan or foreign postal code (if foreign, see instructions) 2d Business and (eep enstructions) 2d Business and (eep enstructions) 621111 4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN, and the plan number from the last return/report. 3 Sponsor's participants at the ed of the plan year. 4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN, and the plan number from the last return/report. 5 Total number of participants at the beginning of the plan year. 5 Total number of participants at the beginning of the plan year. 5 Total number of participants at the beginning of the plan year. 5 Total number of participants at the beginning of the plan year. 5 Total number of participants at the end of the plan year. 5 Total number of participants at the end of the plan year. 6 Number of participants at the end of the plan year. 6 Number of participants at the end of the plan year. 6 Number of participants at the end of the plan year. 6 Number of participants at the end of the plan year. 6 Number of participants at the end of the plan year. 6 Number of participants at	For calenda	ar plan year 2016 or fi	scal plan year beginning 01/01/2	2016 	and ending 1	2/31/2016							
B This return/report is	A This ret	turn/report is for:	a single-employer plan										
an amended return/report a short plan year return/report (less than 12 months) C Check box if filing under: Form 5558 automatic extension DFVC program Part II Basic Plan Information—enter all requested information 1a Name of plan D. PETER REEDY MD PA PROFIT SHARING PLAN 2a Plan sponsor's name (employer, if for a single-employer plan) Malling 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) D. PETER REEDY MD PA 2b Employer Identification Number (EIN) 20-0205332 2c Sponsor's telephone number 208-367-7500 2d Business code (see instructions) 2d Business code (see instructions) 621111 3a Plan administrator's name and address Same as Plan Sponsor. 4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN, and the plan number from the last return/report. a Sponsor's name 4 EPN 5a Total number of participants at the beginning of the plan year 4. b Total number of participants at the end of the plan year 5. c Number of participants with account balances as of the end of the plan year with account balances as of the end of the plan year 5. d(1) Total number of active participants at the end of the plan year with account belances as of the end of the plan year with account belances as the end of the plan year with account belances as the end of the plan year with account belances as the end of the plan year with account belances as the end of the plan year with account belances as the end of the plan year with account benefits that were less than 100% vested. Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established. Under penaltees of participants and other penaltees set forth in the instructions, I declare that I have examined this return/report, including, Il applicable, a Schedule Selection every solon of this return/report, and to the best o	71 11113 101	tarry report is ior.	a one-participant plan		,p. 0) 01 monnanon m a	,							
C Check box if filing under:	B This retu	urn/report is	H										
Special extension (enter description) Part II Basic Plan Information—enter all requested information 1a Name of plan D. PETER REEDY MD PA PROFIT SHARING PLAN 1b Three-digit plan number (PIN) 002 1c Effective date of plan 0/10/12/015 2a Plan sponsor's name (employer, if for a single-employer plan) 002 2d Effective date of plan 0/10/12/015 2b Employer Identification Number (EIN) 20-0205332 2c Sponsor's telephone number 208-367-7500 2d Business code (see instructions) 2d Business code (see in			an amended return/report	a short plan year return	n/report (less than 12 m	nonths)							
Part II Basic Plan Information—enter all requested information 1a Name of plan D. PETER REEDY MD PA PROFIT SHARING PLAN	C Check I	box if filing under:				DFVC program							
1 Name of plan D. PETER REEDY MD PA PROFIT SHARING PLAN 1 C Effective date of plan 0/001/2015 2 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) D. PETER REEDY MD PA 2 C Sponsor's telephone number 208-367-7500 2 d Business code (see instructions) 621111 3 a Plan administrator's name and address Same as Plan Sponsor. 4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN, and the plan number from the last return/report. 3 Sponsor's name 4 D Total number of participants at the beginning of the plan year. 5 Total number of participants at the end of the plan year. 5 (1) Total number of participants at the beginning of the plan year. 6 (1) Total number of active participants at the beginning of the plan year. 6 (1) Total number of active participants at the beginning of the plan year. 6 (1) Total number of active participants at the end of the plan year. 6 (1) Total number of active participants at the end of the plan year. 7 (2) Total number of active participants at the end of the plan year. 8 (1) Total number of active participants at the end of the plan year. 9 (1) Total number of active participants at the end of the plan year. 9 (1) Total number of active participants at the end of the plan year. 9 (1) Total number of active participants at the end of the plan year. 9 (2) Total number of participants at the end of the plan year. 1 (2) Total number of participants at the end of the plan year. 1 (2) Total number of participants at the end of the plan year. 2 (3) Total number of participants at the end of the plan year. 3 (2) Total number of participants at the end of the plan year. 4 (2) Total number of participants at the end of the plan year. 5 (3) Total number of participants at the end of the plan year. 9 (1) Total number of p	Dort II	Dania Dian Info	<u> </u>	· · ·									
D. PETER REEDY MD PA PROFIT SHARING PLAN Characteristics Palan number (PN)			rmation—enter all requested inf	formation		1h Thron digit							
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) Mailing address (include room, apt., suite no. and street, or P.O. Box) D. PETER REEDY MD PA 2b Employer Identification Number (EIN) 20-0205332 2c Sponsor's telephone number 208-367-7500 2d Business code (see instructions) 621111 3a Plan administrator's name and address Same as Plan Sponsor. 3b Administrator's telephone number 3c PN Sponsor's name 3c Administrator's telephone number 3c Administrator's telephone number 3c Administrator's telephone number 3c Administrator's telephone number 3c PN Sponsor's name 3c Administrator's telephone number 3c PN Sponsor's name 3c Administrator's telephone number 3c PN Sponsor's name 3c PN Sponsor			T SHARING PLAN			plan number							
2a Plan sponsor's name (employer, if for a single-employer plan) Mailling 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) D. PETER REEDY MD PA 2a Sponsor's telephone number 2b 3a Plan administrator's name and address Same as Plan Sponsor. 3b Administrator's telephone number 2c 3a Administrator's telephone number 2c 3a Administrator's telephone number 3c Administrator's telephone number 3c Administrator's telephone number 4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN, and the plan number from the last return/report. 4 Sponsor's name 4 D FIN 5 Total number of participants at the beginning of the plan year. 5 D Total number of participants at the end of the plan year. 5 D Total number of active participants at the beginning of the plan year. 5 D Total number of active participants at the beginning of the plan year. 5 D Total number of active participants at the end of the plan year. 5 D Total number of active participants at the end of the plan year. 5 D Total number of active participants at the end of the plan year. 5 D Total number of active participants at the end of the plan year. 5 D Total number of active participants at the end of the plan year. 5 D Total number of participants at the end of the plan year. 5 D Total number of participants at the end of the plan year. 5 D Total number of participants have the plan year with accrued benefits that were less 5 D Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established. 1 D D D D D D D D D D D D D D D D D D						1c Effective dat	e of plan						
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3a Plan administrator's name and address Same as Plan Sponsor. 3b Administrator's EIN 3c Administrator's telephone number 4b EIN 3c Administrator's telephone number 4b EIN 4c PN 5a Total number of participants at the beginning of the plan year. 5 Total number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item). 4d(1) Total number of active participants at the beginning of the plan year. 5c Number of participants at the beginning of the plan year. 5c Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item). 5c 3d(1) Total number of active participants at the end of the plan year. 6c Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested. 5c 1 5c 2 5d(2) 3 5d(2) 3 5d(2) 3 5cutton: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established. Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established. Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established. Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.													
4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN, and the plan number from the last return/report. a Sponsor's name 4c PN 5a Total number of participants at the beginning of the plan year	BOISE, ID 83	3706											
4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN, and the plan number from the last return/report. 3 Sponsor's name 4 C PN 5a Total number of participants at the beginning of the plan year	3a Plan a	dministrator's name a		3b Administrator's EIN									
name, EIN, and the plan number from the last return/report. a Sponsor's name 4c PN 5a Total number of participants at the beginning of the plan year						3c Administrato	r's telephone number						
name, EIN, and the plan number from the last return/report. a Sponsor's name 4c PN 5a Total number of participants at the beginning of the plan year													
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a Sponsor's name 5a Total number of participants at the beginning of the plan year				the last return/report filed for	or this plan, enter the	4b EIN							
b Total number of participants at the end of the plan year		•				4c PN							
C Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	5a Total	number of participants	at the beginning of the plan year			5a	4						
complete this item)			• •			5b	3						
d(1) Total number of active participants at the beginning of the plan year						5c	3						
Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested							4						
than 100% vested						5d(2)	3						
Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including, if applicable, a Schedule SB or Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.	than	100% vested					·						
SB or Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.													
E1-4 - 11-2 - 11	SB or Sche	edule MB completed a	nd signed by an enrolled actuary, a										
31314				09/22/2017	D PETER REEDY								
HERE Signature of plan administrator Date Enter name of individual signing as plan administrator		Filed with authorized	valid electronic signature.	00,12,2011	D. I ETEK KEEDT								
SIGN	SIGN HERE					dual signing as plan	administrator						
Signature of employer/plan sponsor Date Enter name of individual signing as employer or plan sponsor	HERE					dual signing as plan	administrator						
Preparer's name (including firm name, if applicable) and address (include room or suite number) Preparer's telephone number	HERE SIGN HERE	Signature of plan a	administrator oyer/plan sponsor	Date Date	Enter name of individ	dual signing as emp	oyer or plan sponsor						
	HERE SIGN HERE	Signature of plan a	administrator oyer/plan sponsor	Date Date	Enter name of individ	dual signing as emp	oyer or plan sponsor						

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 Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.) 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. 									X Yes	No No
c	If you answered "No" to either line 6a or line 6b, the plan cann If the plan is a defined benefit plan, is it covered under the PBGC ir					_	-		Not dete	rmined
	rt III Financial Information	100101100 p	rogram (666 Errie/166		<u> </u>		1.00			
7	Plan Assets and Liabilities		(a) Beginning	of Year				(b) End o	of Year	
a	Total plan assets							()	17736	
	Total plan liabilities		0							
	Net plan assets (subtract line 7b from line 7a)	7c		7513					17736	
8	Income, Expenses, and Transfers for this Plan Year		(a) Amoun	ıt		(b) Total				
а	Contributions received or receivable from:		, ,	10000						
	(1) Employers	8a(1)								
	(2) Participants	8a(2)		0	_					
	(3) Others (including rollovers)	8a(3)		373						
	Other income (loss)	8b		3/3					40070	
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							10373	
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		0						
е	Certain deemed and/or corrective distributions (see instructions).	8e		0						
f	Administrative service providers (salaries, fees, commissions)	8f		150						
q	Other expenses	8g		0						
	Total expenses (add lines 8d, 8e, 8f, and 8g)							150		
ī	1 Total expenses (add lines 8d, 8e, 8f, and 8g)								10223	
j	Transfers to (from) the plan (see instructions)	0								
Pai	Part IV Plan Characteristics									
9a	If the plan provides pension benefits, enter the applicable pension 2A 2E 2G 2R 3D	feature co	odes from the List of Pl	an Cha	racteri	stic Co	odes in	the instru	uctions:	
b	If the plan provides welfare benefits, enter the applicable welfare for	eature cod	les from the List of Pla	n Chara	acterist	tic Cod	des in t	he instruc	ctions:	
Par	t 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 contributed described in 29 CFR 2510.3-102? (See instructions and DOL's Verogram)	oluntary F	iduciary Correction	10a		X				
b	Were there any nonexempt transactions with any party-in-interest reported on line 10a.)			10b		X				
С	Was the plan covered by a fidelity bond?			10c	X					10000
d	Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?			10d		X				
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.)					X				
f	Has the plan failed to provide any benefit when due under the pla	ın?		10f		X				
g	Did the plan have any participant loans? (If "Yes," enter amount a	s 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 the exceptions to providing the notice applied under 29 CFR 2520.10	he require	d notice or one of the	10i						

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Page 3-	1	

Part	VI	Pension Funding Compliance					
11		s a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and con 5500) and line 11a below)				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(2) EIN(s)		13c(3)	PN(s)
Part	VIII	Trust Information					
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).

2016

OMB Nos. 1210-0110 1210-0089

This Form is Open to Public Inspection

		P Complete all entires if		structions to the Form	5500-51.	
		Identification Information	the state of the s			
For calendar pla	an year 2016 or fis	scal plan year beginning	01/01/2016	and ending	12/31/20	
A This return/r	report is for:	X a single-employer plan		plan (not multiemployer) employer information in a		
		a one-participant plan	a foreign plan			
B This return/re	eport is	the first return/report	the final return/repo	rt		
		an amended return/report	a short plan year re	turn/report (less than 12 r	nonths)	
C Check box if	filing under:	X Form 5558	automatic extension	n	DFVC program	
		special extension (enter des	cription)			
Part II Ba	asic Plan Info	rmation—enter all requested in	nformation			
1a Name of pla	an				1b Three-digit	
. Peter Re	eedy MD PA	Profit Sharing Plan			plan numbe	002
					1c Effective da	te of plan
					01/01/20	
		yer, if for a single-employer plan) n, apt., suite no. and street, or P.			2b Employer Id (EIN) 20 - 0	entification Number
		e, country, and ZIP or foreign pos	stal code (if foreign, see in	structions)	2c Sponsor's te	
D. Peter I	Reedy MD PA				208-367-	
000 17 0	1 - 5 - 3 - 6				2d Business co	de (see instructions)
999 N Curt	is Road, S	uite 307			621111	
Boise		ID 83706				
3a Plan admini	istrator's name an	d address X Same as Plan Spo	onsor.		3b Administrato	r's EIN
		plan sponsor has changed since	the last return/report filed	d for this plan, enter the	4b EIN	
a Sponsor's n		nber from the last return/report.			4c PN	
5a Total numb	er of participants	at the beginning of the plan year			. 5a	
b Total numb	er of participants	at the end of the plan year		.,	5b	
		account balances as of the end o			5c	
AND A STATE OF THE		ticipants at the beginning of the p			5d(1)	
		ticipants at the end of the plan ye			5d(2)	
e Number of	participants that t	terminated employment during th	e plan year with accrued	benefits that were less	5e	
Caution: A pen	alty for the late of	or incomplete filing of this return	rn/report will be assesse	ed unless reasonable ca	use is established	
Under penalties SB or Schedule	of perjury and oth MB completed an	ner penalties set forth in the instru d signed by an enrolled actuary,	ictions, I declare that I have	ve examined this return/re	eport, including, if ap	oplicable, a Schedule
	correct, and comp	0 1	9.22.17	D Datam Bood		
SIGN HERE	Beter	Reedy		D. Peter Reed		
Sig	nature of plan ac	dministrator	Date	Enter name of individ	dual signing as plan	administrator
HERE						
HERE Sig		yer/plan sponsor	Date			loyer or plan sponsor
		yer/plan sponsor ame, if applicable) and address (dual signing as emp	
HERE Sig						
HERE Sig						
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	Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)									
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 cann		,						ш	
С	If the plan is a defined benefit plan, is it covered under the PBGC ir	nsurance p	orogram (see ERISA se	ection 4	021)?		Yes	No [Not deter	rmined
Pa	rt III Financial Information									
7	Plan Assets and Liabilities		(a) Beginning	of Year			((b) End of	Year	
a	a Total plan assets								1	.7,736
b	Total plan liabilities	7b			0					C
C	Net plan assets (subtract line 7b from line 7a)	7c		7,	513			17,73		
8	Income, Expenses, and Transfers for this Plan Year		(a) Amoun	ıt	_			(b) To	tal	
а	Contributions received or receivable from: (1) Employers	8a(1)		10,	000					
	(2) Participants	8a(2)			0					
	(3) Others (including rollovers)	8a(3)			0					
b	Other income (loss)	8b			373					
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							1	0,373
d	Benefits paid (including direct rollovers and insurance premiums									
	to provide benefits)	8d			0					
<u>e</u>	Certain deemed and/or corrective distributions (see instructions)	8e 8f			0					
	Administrative service providers (salaries, fees, commissions)		150							
<u>g</u>	Other expenses	8g			U					1 - (
_ <u>n</u>	h Total expenses (add lines 8d, 8e, 8f, and 8g)								1	150 .0,223
+	Net income (loss) (subtract line 8h from line 8c)								1	.0,223
	J Transfers to (from) the plan (see instructions)									
	Part IV Plan Characteristics 9a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:									
9a 	2A 2E 2G 2R 3D	reature co	odes from the List of Pi	an Cha	racteri	Stic Co	aes in	tne instru	ctions:	
b	If the plan provides welfare benefits, enter the applicable welfare for	eature cod	des from the List of Pla	n Chara	acterist	tic Cod	les in t	he instruc	tions:	
Pai	t V Compliance Questions									
10	During the plan year:				Yes	No	N/A		Amount	
	Was there a failure to transmit to the plan any participant contribu	itions with	in the time period		103	110	IVA		Amount	
	described in 29 CFR 2510.3-102? (See instructions and DOL's V	oluntary F	Fiduciary Correction	40-		Х				
	Program) Were there any nonexempt transactions with any party-in-interest			10a						
•	reported on line 10a.)			10b		Х				
	Was the plan covered by a fidelity bond?			10c	Х					10,00
C	Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?	•	·	10d		Х				
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.)	ne or all of	the benefits under	10e		Х				
f				10f		Х				
				10g		Х				
h	If this is an individual account plan, was there a blackout period? 2520.101-3.)	•		10h		Х				
i		he require	d notice or one of the	10i						

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Part	VI Pension Funding Compliance					
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete	Sched	lule SE	3	Пү	es No
	(Form 5500) and line 11a below)		<u> </u>			
_	Enter the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40	•	11a		_	
12	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or se ERISA?		302 of		Y	es X No
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)					
а	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions,	, and e	_		of the letter Year	ruling
If ·	granting the waiver		Day			
	Enter the minimum required contribution for this plan year		12b			
	Enter the amount contributed by the employer to the plan for this plan year		12c			
d		١.	12d			
е	Will the minimum funding amount reported on line 12d be met by the funding deadline?			Yes	No	N/A
Part						
	Has a resolution to terminate the plan been adopted in any plan year?			Yes	X No)
154	If "Yes," enter the amount of any plan assets that reverted to the employer this year		I3a	100	24 140	<u>'</u>
b			ı sa			
	control 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), identify the planth which assets or liabilities were transferred. (See instructions.)	an(s) to)			
1	3c(1) Name of plan(s):	c(2) E	IN(s)		13c(3)	PN(s)
				<u> </u>		
Part	VIII Trust Information					
14a	Name of trust	1	I4b ⊺	rust's E	IN	
14c	Name of trustee or custodian	1			or custodia e number	an's
Part	IRS Compliance Questions					
15a	Is the plan a 401(k) plan? If "No," skip b.	'es			No	
	How did the plan satisfy the nondiscrimination requirements for employee deferrals under section $\parallel \parallel$	esign-l afe har			"Prior ye test	ar" ADP
		Current DP tes			N/A	
16a		Ratio	togo	☐ Av	verage	□ N/A
- 101	t	ercent est	ıaye	∐ be	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?	'es			No	
17a	If the plan is a master and prototype plan (M&P) or volume submitter plan that received a favorable IRS opinion the letter and the serial number	etter o	r advis	ory lette	er, enter the	date of
17b	If the plan is an individually-designed plan that received a favorable determination letter from the IRS, enter the cletter	late of	the mo	ost rece	ent determin	ation
	Defined Benefit Plan or Money Purchase Pension Plan Only: Were any distributions made during the plan year to an employee who attained age 62 and had not separated froservice?	om [Yes		No	
19	Was any plan participant a 5% owner who had attained at least age 70 $\frac{1}{2}$ during the prior plan year?	[Yes		No	