Form 5500-SF

Department of the Treasury

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation

Internal Revenue Service

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

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

Revenue Code (the Code).

OMB Nos. 1210-0110 1210-0089

2016

This Form is Open to **Public Inspection**

For calendar			n			
	plan year 2016 or f	iscal plan year beginning 01/01/	2016	and ending 1	2/31/2016	
		X a single-employer plan	a multiple-employer pla	an (not multiemployer)	(Filers checking the	nis box must attach a
A This return	n/report is for:	eport is for: a one-participant plan list of participating employer information in accordance with the form instructions.) a foreign plan the first return/report the final return/report				
		a one-participant plan	a foreign plan			
D =: .		the first return/report	the final return/report			
B This return	/report is		H	/ // // // 40	4	
		an amended return/report	a short plan year return	n/report (less than 12 m	nonths)	
C Check box	x if filing under:	X Form 5558	automatic extension		DFVC progra	m
		special extension (enter desc	cription)		_	
Part II	Basic Plan Info	ormation—enter all requested in	nformation			
1a Name of	plan				1b Three-digi	t
FIRE CHIEF E	QUIPMENT CO., IN	NC., 401(K) PROFIT SHARING PL	_AN		plan numb	
					(PN) •	001
					1c Effective of	late of plan 01/01/1984
Mailing a	ddress (include roc	oyer, if for a single-employer plan) om, apt., suite no. and street, or P.				Identification Number 91-0828688
City or to		ce, country, and ZIP or foreign pos	stal code (if foreign, see insti	ructions)		telephone number 5-641-2127
					2d Business	code (see instructions)
7661 159TH PL						423990
BELLEVUE, W	A 98052					
20 Dlan adm	-:-:	and address V Carre as Disa Car			2b Administra	tava FINI
Ja Plan adri	ninistrator's name a	and address X Same as Plan Spo	onsor.		3b Administra	ITOF S EIIN
					3c Administra	tor's telephone number
						•
4 If the nar	me and/or FIN of th	ne plan sponsor has changed since	e the last return/report filed for	or this plan, enter the	4b EIN	
		imber from the last return/report.		p,	· · ·	
a Sponsor'	s name					
5a Total nu					4c PN	
5a Total number of participants at the beginning of the plan year					4c PN 5a	44
_		s at the beginning of the plan year s at the end of the plan year			+	44
b Total number	mber of participants of participants with	s at the end of the plan year	f the plan year (only defined	contribution plans	5a 5b	
b Total number complete	mber of participants of participants with e this item)	s at the end of the plan year account balances as of the end o	f the plan year (only defined	contribution plans	5a 5b 5c	29
b Total number complete d(1) Total	mber of participants of participants with e this item)number of active participants	s at the end of the plan year account balances as of the end o	f the plan year (only defined	contribution plans	5a 5b 5c 5d(1)	29
b Total number complete d(1) Total d(2) Total	mber of participants of participants with e this item)number of active panumber of active panumbe	s at the end of the plan year	f the plan year (only defined plan year	contribution plans	5a 5b 5c	29
b Total number complete d(1) Total d(2) Total e Number	mber of participants of participants with e this item)number of active participants that	s at the end of the plan year account balances as of the end o	f the plan year (only defined blan yearear	contribution plans	5a 5b 5c 5d(1)	29
b Total number complete d(1) Total d(2) Total e Number than 10 Caution: A p	mber of participants of participants with e this item)number of active participants that of participants that ownered to the late	articipants at the end of the plan yeararticipants at the beginning of the participants at the end of the plan year terminated employment during the process of the plan year terminated employment during the process of the plan year terminated employment during the plan year.	of the plan year (only defined color plan year	contribution plans nefits that were less unless reasonable ca	5a 5b 5c 5d(1) 5d(2) 5e use is established	29 29 ((
b Total number complete d(1) Total d(2) Total e Number than 10 Caution: A p	mber of participants of participants with e this item)number of active participants that of participants that ownered the late ites of perjury and o	articipants at the end of the plan year	of the plan year (only defined plan year	contribution plans nefits that were less unless reasonable ca examined this return/re	5a 5b 5c 5d(1) 5d(2) 5e use is established eport, including, if	29 29 (((ed. applicable, a Schedule
b Total number complete d(1) Total d(2) Total e Number than 10 Caution: A p Under penalti SB or Schedu	mber of participants of participants with e this item)number of active participants that of participants that ownered the late ites of perjury and o	s at the end of the plan year	of the plan year (only defined plan year	contribution plans nefits that were less unless reasonable ca examined this return/re	5a 5b 5c 5d(1) 5d(2) 5e use is established eport, including, if	29 29 (((ed. applicable, a Schedule
b Total number complete d(1) Total e Number than 10 Caution: A p Under penalti SB or Schedubelief, it is tru	of participants with e this item)number of active participants that of participants that of participants that ownered the participants that ownered the late ies of perjury and oule MB completed a e, correct, and com	s at the end of the plan year	of the plan year (only defined plan year	contribution plans nefits that were less unless reasonable ca examined this return/re	5a 5b 5c 5d(1) 5d(2) 5e use is established eport, including, if	29 29 (((ed. applicable, a Schedule
b Total number complete d(1) Total e Number than 10 Caution: A p Under penalti SB or Schedubelief, it is tru	of participants with e this item)number of active participants that of participants that of participants that ownered the participants that ownered the late ies of perjury and oule MB completed a e, correct, and com	s at the end of the plan year	f the plan year (only defined plan year	contribution plans nefits that were less unless reasonable ca examined this return/resion of this return/report	5a 5b 5c 5d(1) 5d(2) 5e suse is established aport, including, if rt, and to the best	29 29 (((((((((((((((((
b Total number complete d(1) Total e Number than 10 Caution: A p Under penalti SB or Schedubelief, it is tru	mber of participants of participants with e this item)	s at the end of the plan year	olan year (only defined only defined only bear only bear with accrued be only bear will be assessed uctions, I declare that I have as well as the electronic veri	contribution plans nefits that were less unless reasonable ca examined this return/resion of this return/report	5a 5b 5c 5d(1) 5d(2) 5e suse is established aport, including, if rt, and to the best	29 29 (((((((((((((((((
b Total num c Number complete d(1) Total e Number than 10 Caution: A p Under penalti SB or Schedu belief, it is tru SIGN HERE	mber of participants of participants with e this item)	s at the end of the plan year	olan year (only defined only defined only bear only bear with accrued be only bear will be assessed uctions, I declare that I have as well as the electronic veri	contribution plans nefits that were less unless reasonable ca examined this return/resion of this return/report ROBIN L RUCH Enter name of individ	5a 5b 5c 5d(1) 5d(2) 5e suse is established aport, including, if rt, and to the best dual signing as placed.	29 29 (((((((((((((((((
b Total num c Number complete d(1) Total e Number than 10 Caution: A p Under penalti SB or Schedbelief, it is tru SIGN HERE	mber of participants of participants with e this item)	s at the end of the plan year	olan year (only defined olan yearee plan year with accrued be rn/report will be assessed uctions, I declare that I have as well as the electronic ver old	contribution plans mefits that were less unless reasonable ca examined this return/resion of this return/report ROBIN L RUCH Enter name of individ	5a 5b 5c 5d(1) 5d(2) 5e suse is established aport, including, if rt, and to the best dual signing as placed.	29 29 29 (0 (0 (0 (0 (0 (0 (0 (0 (0 (0 (0 (0 (0
b Total num c Number complete d(1) Total e Number than 10 Caution: A p Under penalti SB or Schedbelief, it is tru SIGN HERE	mber of participants of participants with e this item)	s at the end of the plan year	olan year (only defined olan yearee plan year with accrued be rn/report will be assessed uctions, I declare that I have as well as the electronic ver old	contribution plans mefits that were less unless reasonable ca examined this return/resion of this return/report ROBIN L RUCH Enter name of individ	5a 5b 5c 5d(1) 5d(2) 5e suse is established aport, including, if rt, and to the best dual signing as placed and signing as emission of the signing as emissi	29 29 29 (0 (0 (0 (0 (0 (0 (0 (0 (0 (0 (0 (0 (0
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b Total num c Number complete d(1) Total e Number than 10 Caution: A p Under penalti SB or Schedbelief, it is tru SIGN HERE	mber of participants of participants with e this item)	s at the end of the plan year	olan year (only defined olan yearee plan year with accrued be rn/report will be assessed uctions, I declare that I have as well as the electronic ver old	contribution plans mefits that were less unless reasonable ca examined this return/resion of this return/report ROBIN L RUCH Enter name of individ	5a 5b 5c 5d(1) 5d(2) 5e suse is established aport, including, if rt, and to the best dual signing as placed and signing as emission of the signing as emissi	29 29 29 (0 (0 (0 (0 (0 (0 (0 (0 (0 (0 (0 (0 (0
b Total num c Number complete d(1) Total e Number than 10 Caution: A p Under penalti SB or Schedbelief, it is tru SIGN HERE	mber of participants of participants with e this item)	s at the end of the plan year	olan year (only defined olan yearee plan year with accrued be rn/report will be assessed uctions, I declare that I have as well as the electronic ver old	contribution plans mefits that were less unless reasonable ca examined this return/resion of this return/report ROBIN L RUCH Enter name of individ	5a 5b 5c 5d(1) 5d(2) 5e suse is established aport, including, if rt, and to the best dual signing as placed and signing as emission of the signing as emissi	29 29 29 29 30 30 30 30 40 40 40 40 40 40 40 40 40 40 40 40 40

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	Were all of the plan's assets during the plan year invested in eligib Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility	an indepe and condi	ndent qualified public a	account	ant (IQ	PA)				No No
•	If you answered "No" to either line 6a or line 6b, the plan cann					_	-		Not determin	ادد
	If the plan is a defined benefit plan, is it covered under the PBGC in rt III Financial Information	isurance p	orogram (see ERISA se	ection 4	021)?		res	Пио П	Not determin	eu
7	Plan Assets and Liabilities		(a) Beginning	of Year				(b) End of	Voar	
<u>.</u>	Total plan assets	7a		688055			'	b) Liiu oi	302676	
	Total plan liabilities	7b								
	Net plan assets (subtract line 7b from line 7a)	7c		688055	i				302676	
8	Income, Expenses, and Transfers for this Plan Year		(a) Amour	nt				(b) Tota	al	
а	Contributions received or receivable from:		, ,	0				` '		
-	(1) Employers	8a(1)								
	(2) Participants	8a(2)		0						
	(3) Others (including rollovers)	8a(3)		30182						
	Other income (loss)	8b		30102					30182	
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							30102	
u	to provide benefits)	8d		415561						
е	Certain deemed and/or corrective distributions (see instructions).	8e								
f	Administrative service providers (salaries, fees, commissions)	8f		O						
g	Other expenses	8g		0						
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							415561	
i_	Net income (loss) (subtract line 8h from line 8c)	8i							-385379	
j	Transfers to (from) the plan (see instructions)	8j								
Pai	t IV Plan Characteristics									
9a	If the plan provides pension benefits, enter the applicable pension 2E 2G 2J 2K 2R 3D									
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 instructi	ons:	
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	Fiduciary 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				
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 oth carrier, insurance service, or other organization that provides som the plan? (See instructions.)	ne or all of	the benefits under	10e		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	as of year-	end.)	10g	X				46	6954
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			10i				•		

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Part	VI P	ension Funding Compliance							
11		a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and of 5500) and line 11a below)						Yes	X No
11a	Enter t	he unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40			11a				
12	ERISA	a defined contribution plan subject to the minimum funding requirements of section 412 of the C? s," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)					[Yes	X No
а	If a wa	iver of the minimum funding standard for a prior year is being amortized in this plan year, see ins		ns, and	_				ng
	_	g the waiver			Day	/	Yea	ar	
					12b				
	Enter tr	e minimum required contribution for this plan year							
		e amount contributed by the employer to the plan for this plan year			12c				
d Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a negative amount)									
	Will the minimum funding amount reported on line 12d be met by the funding deadline?						No	L N	I/A
Part	VII F	Plan Terminations and Transfers of Assets							
13a	Has a	resolution to terminate the plan been adopted in any plan year?				X Ye	s	No	
	If "Yes	," enter the amount of any plan assets that reverted to the employer this year			13a				0
b		all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought the PBGC?		er the			Yes	X No)
С		ng this plan year, any assets or liabilities were transferred from this plan to another plan(s), ident assets or liabilities were transferred. (See instructions.)	ify the p	olan(s)) to				
	13c(1) N	ame of plan(s):		13c(2)	EIN(s)		13	c(3) PN	(s)
Part		Trust Information			4.41.				
14a	Name o	f trust			146	Trust's I	EIN		
14c	Name o	f trustee or custodian			14d Trustee's or custodian's telephone number				
Par	t IX	IRS Compliance Questions							
15a	Is the p	lan a 401(k) plan? If "No," skip b		Yes			No		
		the plan satisfy the nondiscrimination requirements for employee deferrals under section by for the plan year? Check all that apply:	IШ		ign-based "Prior year" AD test				
	()(.	,		"Curre	ent year test	,,	N/A		
16a		esting method was used to satisfy the coverage requirements under section 410(b) for the plan Check all that apply:		Ratio perce test	entage		verage enefit tes	st 🗌	N/A
16b		plan satisfy the coverage and nondiscrimination requirements of sections 410(b) and 401(a)(4) plan year by combining this plan with any other plan under the permissive aggregation rules?		Yes			No		
17a		an is a master and prototype plan (M&P) or volume submitter plan that received a favorable IRS		lette	r or advi	sory let	ter, ente	r the dat	e of
17b	If the p	lan is an individually-designed plan that received a favorable determination letter from the IRS, e	nter the	date	of the n	nost rec	ent dete	rminatio	n
18	Were a	Benefit Plan or Money Purchase Pension Plan Only: ny distributions made during the plan year to an employee who attained age 62 and had not sep ?		from	Ye	s	No		
19	Was ar	ly plan participant a 5% owner who had attained at least age 70 $^{\prime\prime}$ during the prior plan year?			Ye	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 section 6057(b) and 6058(a) of

the Internal Revenue Code (the Code).

1210-0089

OMB Nos. 1210-0110

2016

This Form is Open to Public Inspection

		Benefit Guaranty Corporation	► Complete all entries in acc	ordance with the Instru	ctions to the Form 5500-	SF.		
	art I		Identification Information				100 1000 0	
Fore	calend	lar plan year 2016 or fisca		01/01/2016	and ending		/31/2016	
_		eturn/report is for: eturn/report is:	a single-employer plan a one-participant plan the first return/report		an (not multiemployer) (Fil mployer information in acc		•	
			an amended return/report	a short plan year retur	n/report (less than 12 mon	ths)		
C	Check	box if filing under:	Form 5558 [automatic extension on)			DFVC progra	ım
Pa	rt II	Basic Plan Info	rmation enter all requested info	ormation				
1a		e of plan	nt Co., Inc., 401(k) Pro		n	P	hree-digit lan number PN) ►	001
							iffective date o	•
2a	Mail	ing Address (include roon	er, if for a single-employer plan) n, apt., suite no. and street, or P.O. Bo e, country, and ZIP or foreign postal co	ox) ode (if foreign, see instruc	tions)		imployer Identi EIN) 91-08	fication Number 28688
		Enterprises, I			·		ponsor's telep (425) 641-	
		1 159th Place Ni	E				Business code 123990	(see instructions)
3a		ellevue WA 98052 administrator's name and	d address X Same as Plan Spons	sor		3b A	dministrator's	EIN
						3c A	Administrator's	lelephone number
4			plan sponsor has changed since the I ber from the last return/report.	ast return/report filed for	this plan, enter the	4b E	EIN	
_a	Spo	nsor's name				4c F	PN	
5a		•				5a		44
b		• •	• •			5b		29
С	Nun com	ber of participants with a plete this item)	ccount balances as of the end of the p	lan year (only defined co	ntribution plans	5c		29
d(1) To	otal number of active parti	cipants at the beginning of the plan ye	ar	***************************************	5d(1)	0
d(•	· · · · · · · · · · · · · · · · · · ·	cipants at the end of the plan year			5d(2)	0
е 		and the second second	rminated employment during the plan	•		5e		0
Ca	ution	: A penalty for the late	or incomplete filing of this return/re	port will be assessed	unless reasonable cause	is esta	blished.	
SB	or So	enalties of perjury and oth chedule MB completed an is true, correct, and comp	ner penalties set forth in the instruction and signed by an enrolled actuary, as wo lete.	s, I declare that I have ex ell as the electronic version	tamined this return/report, on of this return/report, and	including to the b	g, if applicable, est of my knov	, a Schedule vledge and
s	IGN	DODE	hrin.	9/2.6/17	Robin L. Ruch			
	ERE	Signature of plan adm	ihistrator	Date	Enter name of individual	signing	as plan admin	istrator
s	IGN	(- i-/ C	rol_		Robin L. Ruch			
Н	ERE	Signature of employer	<u> </u>	Date 9/26/17	Enter name of individual	signing	as employer o	r plan sponsor
Pri Si	epare kip t	's name (including firm na his question	ame, if applicable) and address (includ	de room or suite number)			er's telephone this ques	
					·			

			Page 2			·				
	Were all of the plan's assets during the plan year invested in eligible		•	•••••	••••••	•••••	••••••	•••••	XY	es No
ι	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.)							XY	es No	
	If you answered "No" to either line 6a or line 6b, the plan cannot							_	_	
C I	If the plan is a defined benefit plan, is it covered under the PBGC ins	urance prog	ram (see ERISA section 40	21)?		L	Yes	الــا	Vo ∐ N∈	ot determin
Pa	art III Financial Information									
7	Plan Assets and Liabilities		(a) Beginning of	Year	•			(b) En	d of Year	
<u>a</u> .	Total plan assets	7a	68	8,0	55	<u> </u>			3(2,676
<u>p</u> .	Total plan liabilities	7b								
	Net plan assets (subtract line 7b from line 7a)	7c	68	8,0	55					2,676
	Income, Expenses, and Transfers for this Plan Year		(a) Amount			<u> </u>		(b) Total	
	Contributions received or receivable from: (1) Employers	8a(1)			0					
	(2) Participants				0	+				
	(3) Others (including rollovers)	- - - - - - - - - - 				┼				<u> </u>
	Other income (loss)		3	0,1	82	1				
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)					1				30,182
d (Benefits paid (including direct rollovers and insurance premiums to provide benefits)		41	.5,5	61					
<u>e</u>	Certain deemed and/or corrective distributions (see instructions)	8e								
<u>f</u>	Administrative service providers (salaries, fees, commissions)	8f			0					
g	Other expenses	8g			0					
h ·	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							4:	15,561
<u>i </u>	Net Income (loss) (subtract line 8h from line 8c)	8i				-			(38	5,379)
		01							(36.	,,,,,,
<u>j</u>	Transfers to (from) the plan (see instructions)	-				<u> </u>			(36.	3,313,
	Transfers to (from) the plan (see instructions)art IV Plan Characteristics					<u> </u>			(36.	,,,,,
Pa		8j	from the List of Plan Chara	cteris	tic Co	des in	the inst	ruction		3,3,3,
Pa 9a	art IV Plan Characteristics If the plan provides pension benefits, enter the applicable pension fe	8j ature codes							s:	
Pa 9a b	art IV Plan Characteristics If the plan provides pension benefits, enter the applicable pension fe 2E 2G 2J 2K 2R 3D	8j ature codes							s:	
Pa b	art IV Plan Characteristics If the plan provides pension benefits, enter the applicable pension fe 2E 2G 2J 2K 2R 3D If the plan provides welfare benefits, enter the applicable welfare fea	8j ature codes				es in th			s:	
Pa b Pa	If the plan provides pension benefits, enter the applicable pension for 2E 2G 2J 2K 2R 3D If the plan provides welfare benefits, enter the applicable welfare feather the plan provides welfare benefits, enter the applicable welfare feather to the plan pensions. During the plan year: Was there a failure to transmit to the plan any participant contribute.	ature codes ture codes fr	rom the List of Plan Charac		c Cod	es in th	ne instru		s: :	
Pa b Pa	If the plan provides pension benefits, enter the applicable pension for 2E 2G 2J 2K 2R 3D If the plan provides welfare benefits, enter the applicable welfare feather the plan provides welfare denoted by the plan provides welfare considerated by the plan year:	ature codes ture codes fr	rom the List of Plan Charac		c Cod	es in th	ne instru		s: :	
Pa b Pa 10 a	If the plan provides pension benefits, enter the applicable pension for 2E 2G 2J 2K 2R 3D If the plan provides welfare benefits, enter the applicable welfare feater to the plan provides welfare benefits, enter the applicable welfare feater to the plan pension to the plan any participant contribut described in 29 CFR 2510.3-102? (See instructions and DOL's Vo Program)	ature codes ture codes fr	om the List of Plan Charac ne time period ciary Correction		c Cod	es in th	ne instru		s: :	
Pa b Pa 0 a	If the plan provides pension benefits, enter the applicable pension for 2E 2G 2J 2R 2R 3D If the plan provides welfare benefits, enter the applicable welfare feature. If the plan provides welfare benefits, enter the applicable welfare feature. If the plan provides welfare benefits, enter the applicable welfare feature. During the plan year: If was there a failure to transmit to the plan any participant contributed described in 29 CFR 2510.3-102? (See instructions and DOL's Vorengram) Were there any nonexempt transactions with any party-in-interests.	ature codes ture codes fr	ne time period ciary Correction	10a	c Cod	No X	ne instru		s: :	
Pa b Pa l0 a	If the plan provides pension benefits, enter the applicable pension for 2E 2G 2J 2K 2R 3D If the plan provides welfare benefits, enter the applicable welfare feature. If the plan provides welfare benefits, enter the applicable welfare feature. During the plan year: Was there a failure to transmit to the plan any participant contributed described in 29 CFR 2510.3-102? (See instructions and DOL's Von Program) Were there any nonexempt transactions with any party-in-interest reported on line 10a.)	ature codes ture codes fr ions within the	om the List of Plan Charac ne time period ciary Correction ude transactions	10a	c Cod	No X	ne instru		s: :	
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	Fo	m 5500-SF 2016 Page 3 -					
Part		Pension Funding Compliance					
11	Is this (Form	a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete 5500 and line 11a below)	Scheo	iule SB	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	. Yes	X No
_11a	Enter	the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40		11a			
12	ERISA	a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or	ection 3	302 of	•••••	. Yes	X No
а	If a wa	iver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions	, and e				g
If vo		g the waiver		Da	у	Year	
		the minimum required contribution for this plan year.		12b			
				 			
		he amount contributed by the employer to the plan for the plan year		12c			
	negati	e amount)		12d	_		
		e minimum funding amount reported on line 12d be met by the funding deadline?			Yes [No	N/A
Part		Plan Terminations and Transfers of Assets					
13a	Has a	resolution to terminate the plan been adopted in any plan year?			Yes	No)
		enter the amount of any plan assets that reverted to the employer this year		13a			
b		ill the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under of the PBGC?	r the			Yes 🕱	No
_ C	lf, duri which	ng this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the pla assets or liabilities were transferred. (See instructions.)					
			3c(2) E	IN(s)		13c(3)	PN(s)
Part	VIII	Trust Information - Skip These Questions					
14a	Name	of trust	·	14b	Trust's (EIN	
14c	Name	of trustee or custodian	**			or custodian	's
Part	IX	IRS Compliance Questions - Skip These Questions					
15a	is the	olan a 401(k) plan? If "No," skip b.	□ Y	'es		☐ No	
15b	How d 401(k)	d the plan satisfy the nondiscrimination requirements for employee deferrals under section 3) for the plan year? Check all that apply:	□ s	Design-ba	or	"Prid	or year" ADF
				Current y DP test	ear.	□ N//	4
16a		esting method was used to satisfy the coverage requirements under section 410(b) for the plan Check all that apply:	□ p	latio ercentag	e 🗆	Average benefit tes	ι
16b	Did the	plan satisfy the coverage and nondiscrimination requirements of sections 410(b) and 401(a)(4) plan year by combining this plan with any other plan under the permissive aggregation rules?		'es		□ No	
17a	If the	lan is a master and prototype plan (M&P) or volume submitter plan that received a favorable IRS opinion I	etter or	advisory	letter, e	nter the date	of

17b If the plan is an individually-designed plan that received a favorable determination letter from the IRS, enter the date of the most recent determination

Yes No

☐ No

Yes Yes

Were any distributions made during the plan year to an employee who attained age 62 and had not separated from

19 Was any plan participant a 5% owner who had attained at least age 70 ½ during the prior plan year?

the letter _____/_____/ and serial number

letter / /.

18 Defined Benefit Plan or Money Purchase Pension Plan Only: