Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation

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

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

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

2016

OMB Nos. 1210-0110

1210-0089

This Form is Open to **Public Inspection**

Pa	art I Annual Repo	rt Identification Information			
For	calendar plan year 2016 o	r fiscal plan year beginning 01/01/2	2016 and ending 12	2/31/2016	
Α -	This return/report is for:	a single-employer plan a one-participant plan	a multiple-employer plan (not multiemployer) (list of participating employer information in ac a foreign plan		
Вт	his return/report is	the first return/report an amended return/report	the final return/report a short plan year return/report (less than 12 m	nonths)	
C	Check box if filing under:	Form 5558 special extension (enter descr	automatic extension	DFVC	program
Pa	rt II Basic Plan In	formation—enter all requested in	formation		
	Name of plan ERT S. WALKER, D.D.S., F	P.S. 401(K) PLAN		(PN	ee-digit n number n)
2a	Mailing address (include re	ployer, if for a single-employer plan) oom, apt., suite no. and street, or P.C ince, country, and ZIP or foreign post		2b Emp (EIN	ployer Identification Number
ROBE	ERT S. WALKER, D.D.S, P		iai code (ii ioreign, see instructions)	2c Spo	onsor's telephone number 509-466-9638
	/. CASCADE WAY, SUITE ANE, WA 99208	202		2d Bus	iness code (see instructions) 621210
3a	Plan administrator's name	and address X Same as Plan Spor	nsor.	3b Adm	ninistrator's EIN
				3c Adm	ninistrator's telephone number
4	name, EIN, and the plan i	the plan sponsor has changed since number from the last return/report.	the last return/report filed for this plan, enter the	4b EIN	
a	Sponsor's name			4c PN	
5a	Total number of participar	nts at the beginning of the plan year		5a	1
b		' '		5b	1
С			the plan year (only defined contribution plans	5c	1
d((1) Total number of active	participants at the beginning of the pl	lan year	5d(1)	1
d((2) Total number of active	participants at the end of the plan year	ar	5d(2)	1
е			e plan year with accrued benefits that were less	5e	

Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.

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

beller, it is t	true, correct, and complete.					
SIGN HERE	Filed with authorized/valid electronic signature.	09/29/2017	DOMONIQUE PERETTI			
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator			
SIGN						
HERE	Signature of employer/plan sponsor	Date	Enter name of individu	ual signing as employer or plan sponsor		
Preparer's	name (including firm name, if applicable) and address (include i	room or suite numbe	r)	Preparer's telephone number		

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6a Were all of the plan's assets during the plan year invested in eligible		` ,						X Yes	No
b Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility								X Yes	No
If you answered "No" to either line 6a or line 6b, the plan cann									_
C If the plan is a defined benefit plan, is it covered under the PBGC in	nsurance p	rogram (see ERISA se	ection 4	021)?		Yes	No	Not determ	nined
Part III Financial Information									
7 Plan Assets and Liabilities		(a) Beginning	of Year			((b) End of	Year	
a Total plan assets	7a		911619)				1100410	
b Total plan liabilities	7b								
C Net plan assets (subtract line 7b from line 7a)	7c		911619)				1100410	
8 Income, Expenses, and Transfers for this Plan Year		(a) Amour	nt				(b) Tota	al	
Contributions received or receivable from: (1) Employers	8a(1)		44687	,					
(2) Participants	8a(2)		41411						
(3) Others (including rollovers)	8a(3)								
b Other income (loss)	8b		113806	5					
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							199904	
d Benefits paid (including direct rollovers and insurance premiums									
to provide benefits)	8d		11113						
e Certain deemed and/or corrective distributions (see instructions).	8e			-					
f Administrative service providers (salaries, fees, commissions)	8f								
g Other expenses	8g			_				11113	
h Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							188791	
Net income (loss) (subtract line 8h from line 8c) Transfers to (from) the plan (see instructions)	8i							100731	
	8j								
Part IV Plan Characteristics	facture	doe from the Liet of D	on Cho	ro oto ri	atia Ca	doo in	the inetrue	utiona.	
9a If the plan provides pension benefits, enter the applicable pension 2E 2F 2G 2J 2R 3D	i teature co	des from the List of Pi	an Cna	racteri	Stic Co	aes in	the instruc	tions:	
b If the plan provides welfare benefits, enter the applicable welfare f	feature cod	es from the List of Pla	n Chara	acteris	tic Cod	les in t	he instructi	ions:	
Part V Compliance Questions									
10 During the plan year:				Yes	No	N/A		Amount	
a Was there a failure to transmit to the plan any participant contribu		·							
described in 29 CFR 2510.3-102? (See instructions and DOL's V Program)			10a		X				
b Were there any nonexempt transactions with any party-in-interes reported on line 10a.)	t? (Do not i	nclude transactions			X				
C Was the plan covered by a fidelity bond?			10b 10c	X				1	11004
d Did the plan have a loss, whether or not reimbursed by the plan's					X				
by fraud or dishonesty?			10d			i			
Were any fees or commissions paid to any brokers, agents, or ot carrier, insurance service, or other organization that provides son 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			10f		X				
g Did the plan have any participant loans? (If "Yes," enter amount a			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	the required	d notice or one of the	10ii						
2.30 phono to providing the hotion applied under 20 of 17 2020. To					<u> </u>				

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Part	VI	Pension Funding Compliance						
11		s a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and c n 5500) and line 11a below)					[] `	∕es X No
		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 A?					│	res X No
	(If "\	es," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)						
	grant	raiver of the minimum funding standard for a prior year is being amortized in this plan year, see ins ing the waiver	onth _	s, and	d enter t Day		of the lette Year _	er ruling
If	you c	ompleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 1	13.	1		T		
<u>b</u>	Enter	the minimum required contribution for this plan year			12b			
С	Enter	the amount contributed by the employer to the plan for this plan year			12c			
d		ract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the l tive amount)			12d			
		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 N	lo
	If "Ye	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 brougout of the PBGC?		er the			Yes	No
С		ring this plan year, any assets or liabilities were transferred from this plan to another plan(s), identinassets or liabilities were transferred. (See instructions.)	ify the p	lan(s)) to			
	13c(1)	Name of plan(s):	1	3c(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 custod ne number	ian's
Par	t IX	IRS Compliance Questions						
15a	Is the	plan a 401(k) plan? If "No," skip b		Yes		[No	
		did the plan satisfy the nondiscrimination requirements for employee deferrals under section (3) for the plan year? Check all that apply:	- LL ;		n-based narbor	^d [Prior ye test	ear" ADP
			ΙП '	"Curre	ent 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:		Ratio perce test	entage		verage enefit test	□ N/A
	for the	the 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							
	letter	plan is an individually-designed plan that received a favorable determination letter from the IRS, er	nter the	date	of the m	nost rece	ent determi	nation
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 e?		rom	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?			Ye	s [No	

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

2016

OMB Nos 1210-0110

1210-0089

This Form is Open to Public Inspection

Part I		rt Identification Information			
For calend	lar plan year 2016 or	fiscal plan year beginning	01/01/2016 and ending	12/31/2	
A		a single-employer plan	a multiple-employer plan (not multiemployer)		
A This re	turn/report is for:	a one-participant plan	list of participating employer information in a	accordance with the	form instructions)
			a foreign plan		
B This ret	urn/report is	the first return/report	the final return/report		
		an amended return/report	a short plan year return/report (less than 12 r	months)	
C Check	box if filing under:	□ F 5550		U 25.40	
• Officer	box if filling drider.	X Form 5558	automatic extension	DFVC program	1
Part II	Boolo Blon Int	special extension (enter desc			
1a Name		formation—enter all requested in	niormation	1b Three-digit	_
		.D.S., P.S. 401(K) PL	.AN	plan numbe	r
TOBBETT	o. million, b		12.114	(PN) >	001
				1c Effective da	•
22 Dian -		James if for a simple amplement		01/01/2	
Za Plans Mailin	g address (include ro	oloyer, if for a single-employer plan) oom, apt., suite no. and street, or P.	O Box)	(EIN) 20-	entification Number
City or	r town, state or provii	nce, country, and ZIP or foreign pos	stal code (if foreign, see instructions)	2c Sponsor's to	
ROBERT	S. WALKER, D	.D.S, P.S.			66 - 9638
				2d Business co	de (see instructions)
101 W.	CASCADE WAY,	SUITE 202		621210	
SPOKANE			WA 99208		
		and address X Same as Plan Spo		3b Administrato	or's EIN
				İ	
				3c Administrato	or's telephone number
				3c Administrato	or's telephone number
				3c Administrato	or's telephone number
				3c Administrato	r's telephone number
4 If the i	name and/or EIN of t	he plan sponsor has changed since	the last return/report filed for this plan, enter the	3c Administrato	or's telephone number
name	, EIN, and the plan n	he plan sponsor has changed since umber from the last return/report.	the last return/report filed for this plan, enter the	4b EIN	r's telephone number
name a Spons	, EIN, and the plan n or's name	number from the last return/report.	· · · · · · · · · · · · · · · · · · ·	4b EIN 4c PN	
a Spons 5a Total	, EIN, and the plan n or's name number of participan	ts at the beginning of the plan year.		4b EIN 4c PN 5a	16
name a Spons 5a Total	, EIN, and the plan n or's name number of participant number of participant	ts at the beginning of the plan year.		4b EIN 4c PN 5a	16
name a Spons 5a Total b Total c Numb	, EIN, and the plan n or's name number of participan number of participan er of participants with	ts at the beginning of the plan year. ts at the end of the plan year h account balances as of the end of		4b EIN 4c PN 5a	16
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name a Spons 5a Total of the to	, EIN, and the plan nor's name number of participant number of participant er of participants with lete this item)	ts at the beginning of the plan year. ts at the end of the plan year h account balances as of the end of	the plan year (only defined contribution plans	4b EIN 4c PN 5a 5b 5c 5d(1)	16 16 16
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name a Spons 5a Total of b Total of c Numb compi d(1) Tot d(2) Tot e Numb than	, EIN, and the plan nor's name number of participant number of participant er of participants witl lete this item)	ts at the beginning of the plan year. Its at the end of the end of the plan year.	the plan year (only defined contribution plans plan year par e plan year with accrued benefits that were less	4b EIN 4c PN 5a 5b 5c 5d(1) 5d(2)	16 16 16 14 11
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name a Spons 5a Total of b Total of c Numb compi d(1) Tot d(2) Tot e Numb than Caution: A Under pens SB or Sche belief, it is	, EIN, and the plan nor's name number of participant er of participants with lete this item) al number of active p al number of active p ber of participants tha 100% vested A penalty for the late alties of perjury and actule MB complete	ts at the beginning of the plan year. Its at the end of the plan year. Its at the beginning of the plan year. Its at the beginning of the plan year. Its at the beginning of the plan year. Its at the end of	the plan year (only defined contribution plans plan year e plan year with accrued benefits that were less in/report will be assessed unless reasonable ca citions, I declare that I have examined this return/re as well as the electronic version of this return/report	4b EIN 4c PN 5a 5b 5c 5d(1) 5d(2) 5e suse is established eport, including, if aport, and to the best on the second extension of the second ext	16 16 14 11 0 I. opplicable, a Schedule f my knowledge and
name a Spons 5a Total of b Total of c Numb compl d(1) Tot d(2) Tot e Numb than Caution: A Under pens SB or Sche belief, it is of HERE	, EIN, and the plan nor's name number of participant number of participant er of participants with lete this item)	ts at the beginning of the plan year. Its at the end of the plan year. Its at the beginning of the plan year. Its at the beginning of the plan year. Its at the beginning of the plan year. Its at the end of	the plan year (only defined contribution plans plan year ear ear with accrued benefits that were less entreport will be assessed unless reasonable cauctions, I declare that I have examined this return/report will as the electronic version of this return/report ear well as the electronic version of this return/report earlier to the electronic version earl	4b EIN 4c PN 5a 5b 5c 5d(1) 5d(2) 5e suse is established eport, including, if aport, and to the best on the second extension of the second ext	16 16 16 14 11 0 I. opplicable, a Schedule f my knowledge and
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name a Spons 5a Total of b Total of c Numb compl d(1) Tot d(2) Tot e Numb than Caution: A Under pens SB or Sche belief, it is of SIGN HERE	, EIN, and the plan nor's name number of participant number of participant er of participants with lete this item)	ts at the beginning of the plan year. Its at the end of the plan year. I	the plan year (only defined contribution plans plan year e plan year with accrued benefits that were less m/report will be assessed unless reasonable ca citions, I declare that I have examined this return/re as well as the electronic version of this return/report 10	4b EIN 4c PN 5a 5b 5c 5d(1) 5d(2) 5e suse is established eport, including, if aprt, and to the best on the best of the	16 16 16 14 11 0 I. Oplicable, a Schedule f my knowledge and administrator
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name a Spons 5a Total of b Total of c Numb compl d(1) Tot d(2) Tot e Numb than Caution: A Under pens SB or Sche belief, it is of SIGN HERE	, EIN, and the plan nor's name number of participant number of participant er of participants with lete this item)	ts at the beginning of the plan year. Its at the end of the plan year. Its at terminated employment during the plan year. Its at the end of	the plan year (only defined contribution plans plan year e plan year with accrued benefits that were less m/report will be assessed unless reasonable ca citions, I declare that I have examined this return/re as well as the electronic version of this return/report 10	4b EIN 4c PN 5a 5b 5c 5d(1) 5d(2) 5e suse is established eport, including, if aprt, and to the best of the	16 16 16 16 14 11 0 I. Oplicable, a Schedule f my knowledge and administrator
name a Spons 5a Total of b Total of c Numb compl d(1) Tot d(2) Tot e Numb than Caution: A Under pens SB or Sche belief, it is of SIGN HERE	, EIN, and the plan nor's name number of participant number of participant er of participants with lete this item)	ts at the beginning of the plan year. Its at the end of the plan year. Its at terminated employment during the plan year. Its at the end of	the plan year (only defined contribution plans plan year e plan year with accrued benefits that were less m/report will be assessed unless reasonable ca citions, I declare that I have examined this return/re as well as the electronic version of this return/report 10	4b EIN 4c PN 5a 5b 5c 5d(1) 5d(2) 5e suse is established eport, including, if aprt, and to the best of the	16 16 16 16 14 11 0 I. Oplicable, a Schedule f my knowledge and administrator

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b	Were all of the plan's assets during the plan year invested in eligionary of the you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility if you answered "No" to either line 6a or line 6b, the plan can if the plan is a defined boxoft plan is it expected under the PROCO.	f an Indepe and condi not use Fo	endent qualified public itions.) orm 5500-SF and mu	accour	ntant (l	QPA) e Forr	n 5500		X Ye	s 🗌 No
	If the plan is a defined benefit plan, is it covered under the PBGC i	insurance	program (see ERISA s	section	4021)?	' ······ <u>[</u>	Yes	∐No	∐ Not del	termined
7	Plan Assets and Liabilities	T	1					_		
<u>'</u> a	Total plan assets	. 7a	(a) Beginning					(b) End		00 410
<u></u>		. 7a	 	911,	619				1 <u>,</u> 1	00,410
	Net plan assets (subtract line 7b from line 7a)	_		911,	610				1 1	00 410
8	Income, Expenses, and Transfers for this Plan Year	1 / ((a) Amou		019		_	(b) T		00,410
	Contributions received or receivable from:	 	(a) Airiou	nt	_			(b) To	otai	
	(1) Employers	. 8a(1)		44,	687			-		
	(2) Participants	8a(2)		41,	411					
	(3) Others (including rollovers)	. 8a(3)	·							
<u>b</u>	Other income (loss)	8b		113,	806					
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							1	99,904
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	اما		1 1	113					
	Certain deemed and/or corrective distributions (see instructions)	8d 8e		ΤΙ,	113			-		
f	Administrative service providers (salaries, fees, commissions)	8f								
q	Other expenses				\dashv					_
	Total expenses (add lines 8d, 8e, 8f, and 8g)				\dashv					11 110
$\overline{}$	Net income (loss) (subtract line 8h from line 8c)		<u> </u>							11,113
i	Transfers to (from) the plan (see instructions)				-	_				88 , 791
Par	t IV Plan Characteristics	8 j							.	
	If the plan provides pension benefits, enter the applicable pension	feature co	des from the List of P	lan Cha	racteri	etic Co	ndes in	the inetri	etions:	
	2E 2F 2G 2J 2R 3D			iui One	actori	3110 01	Jues III	the mone	ictions.	
b	If the plan provides welfare benefits, enter the applicable welfare for	eature cod	les from the List of Pla	n Char	acteris	tic Cod	des in t	he instruc	tions:	
_		 ·		_						
Par		_	<u> </u>	_						_
10	During the plan year:			r	Yes	No	N/A		Amount	
a	Was there a failure to transmit to the plan any participant contribu described in 29 CFR 2510.3-102? (See instructions and DOL's V	itions withii Journany E	n the time period				i			
	Program)			10a		Х				
b	Were there any nonexempt transactions with any party-in-interest reported on line 10a.)	? (Do not i	nclude transactions	10b		Х				
С	Was the plan covered by a fidelity bond?			10c	Х				1:	10,041
d	Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?	fidelity bor	nd, that was caused	10d		Х				
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.)	ner persons	s by an insurance the benefits under	10e		Х				-
f				10f		Х			·	
g	Did the plan have any participant loans? (If "Yes," enter amount as	s of year-e	nd.)	10g		Х				
h	If this is an individual account plan, was there a blackout period? (2520 101-3.)	(See instru	ctions and 29 CFR	10h		X		<u> </u>		
i	If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520 101	ne required	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 instruct (Form 5500) and line 11a below)	tions and comple	ete Schedule S	SB	Yes X No
11a 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 41 ERISA?	12 of the Code or	section 302 o	f	Yes X No
a If a waiver of the minimum funding standard for a prior year is being amortized in this plan year granting the waiver.	ear, see instruction	ons, and enter		f the letter ruling Year
If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and ski			<i>,</i>	T Cut
b Enter the minimum required contribution for this plan year		12b		
C Enter the amount contributed by the employer to the plan for this plan year		12c		
d Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus si negative amount)	ign to the left of	a 404		
e Will the minimum funding amount reported on line 12d be met by the funding deadline?			Yes	No N/A
art VII Plan Terminations and Transfers of Assets				
13a Has a resolution to terminate the plan been adopted in any plan year?			Yes	X No
If "Yes," enter the amount of any plan assets that reverted to the employer this year		13a		
b Were all the plan assets distributed to participants or beneficiaries, transferred to another plan control of the PBGC?	n, or brought und	der the		Yes 🛛 No
c If, during this plan year, any assets or liabilities were transferred from this plan to another plan which assets or liabilities were transferred. (See instructions.)				
13c(1) Name of plan(s):		13c(2) EIN(s)		13c(3) PN(s)
tart VIII Trust Information 4a Name of trust		445		-
-a Name of trust		140	Trust's EIN	•
4c Name of trustee or custodian		l l	Frustee's o	or custodian's number
Part IX IRS Compliance Questions				
15a Is the plan a 401(k) plan? If "No," skip b		Yes		No
15b How did the plan satisfy the nondiscrimination requirements for employee deferrals under section 401(k)(3) for the plan year? Check all that apply:	ion ii i	Design-based safe harbor "Current year"	, _–	"Prior year" ADP test
		ADP test	Ц	N/A
16a What testing method was used to satisfy the coverage requirements under section 410(b) for the year? Check all that apply:	he plan	Ratio percentage test	Aver	rage N/A
6b Did the plan satisfy the coverage and nondiscrimination requirements of sections 410(b) and 40 for the plan year by combining this plan with any other plan under the permissive aggregation of	101(a)(4) rules?	Yes		No
7a If the plan is a master and prototype plan (M&P) or volume submitter plan that received a favor the letter and the serial number	rable IRS opinior		_	
7b If the plan is an individually-designed plan that received a favorable determination letter from the letter	he IRS, enter the	date of the m	ost recent	determination
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 service?	d not separated f	from Yes	. []	No
9 Was any plan participant a 5% owner who had attained at least age 70 ½ during the prior plan		Yes	· []	No
				