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.

0046

2016

OMB Nos. 1210-0110

1210-0089

This Form is Open to Public Inspection

Part I	Annual Report	Identification Information								
For calend	dar plan year 2016 or f	iscal plan year beginning 01/01/	2016	and ending 12	2/31/2016					
A This re	eturn/report is for:	X a single-employer plan			r) (Filers checking this box must attach a accordance with the form instructions.)					
		a one-participant plan	a foreign plan	. ,		,				
B This ret	turn/report is	the first return/report	the final return/repor							
•		an amended return/report	a short plan year ret	urn/report (less than 12 m	onths)					
C Check	box if filing under:	Form 5558 special extension (enter desc	automatic extension	1	DFVC program	1				
Dart II	Rasic Blan Infe	<u> </u>	. ,							
Part II 1a Name		ormation—enter all requested in	nrormation		1b Three-digit					
		SHARING PLAN & TRUST			plan numbe					
					(PN)	001				
			1c Effective da	ote of plan 01/01/1999						
Mailin	g address (include roo	oyer, if for a single-employer plan) om, apt., suite no. and street, or P.0				lentification Number 91-1521643				
	City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) SO-QUIP CORP.					elephone number -695-4243				
					2d Business co	ode (see instructions)				
	PASS RD., STE B-1 ER, WA 98665				236200					
V/ 11 VOOO V L	, **********************************									
3a Plan a	administrator's name a	nd address X Same as Plan Spo	onsor.		3b Administrat	or's EIN				
					3c Administrat	or's telephone number				
					7 Administrati	or a telephone number				
1 16 41- 0			. the colorest water was /no no not file o	d fan th'i a mlan an tan tha	Ala cui					
		ne plan sponsor has changed since imber from the last return/report.	the last return/report filed	for this plan, enter the	4b EIN					
a Spons	sor's name				4c PN					
5a Total	number of participants	s at the beginning of the plan year			5a	33				
		s at the end of the plan year			5b	44				
	per of participants with plete this item)	account balances as of the end of	the plan year (only define	ed contribution plans	5c	31				
d(1) To	tal number of active pa	articipants at the beginning of the p	lan year		5d(1)	33				
d(2) To	tal number of active pa	articipants at the end of the plan ye	ear		5d(2)	39				
		t terminated employment during the			5e	C				
Caution:	A penalty for the late	or incomplete filing of this retur	n/report will be assesse	d unless reasonable cau						
SB or Sch		ther penalties set forth in the instru and signed by an enrolled actuary, anlete								
SIGN		/valid electronic signature.	10/03/2017	DAN ODOHERTY						
HERE	Signature of plan a	administrator	Date	Enter name of individ	ual signing as plar	administrator				
SIGN										
HERE	Signature of emplo		Date		ual signing as emp	oloyer or plan sponsor				
Preparer's	name (including firm i	name, if applicable) and address (i	nclude room or suite num	ber)	Preparer's telepl	none number				

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6a	Were all of the plan's assets during the plan year invested in eligib	le assets?	(See instructions.)						X Ye	es No
b	Are you claiming a waiver of the annual examination and report of an independent qualified public accountant under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.)								X Ye	es No
	If you answered "No" to either line 6a or line 6b, the plan cann	ot use Fo	rm 5500-SF and mus	t instea	ad use	Form	5500.			_
С	If the plan is a defined benefit plan, is it covered under the PBGC in	nsurance p	orogram (see ERISA se	ection 4	021)?		Yes	No	Not de	etermined
Pa	rt III Financial Information									
7	Plan Assets and Liabilities		(a) Beginning	of Year			((b) End	of Year	
a	Total plan assets	7a		902666	i				10797	37
b	Total plan liabilities	7b								
С	Net plan assets (subtract line 7b from line 7a)	7c		902666	i				10797	37
8	Income, Expenses, and Transfers for this Plan Year		(a) Amour	nt				(b) T	otal	
а	Contributions received or receivable from:	0 (4)		70583						
	(1) Employers	8a(1)		132005						
	(2) Participants	8a(2)		10946	_					
	(3) Others (including rollovers)	8a(3)		79570						
	Other income (loss)	8b		73370					29310	0.4
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							29311	J4
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		109482						
e	Certain deemed and/or corrective distributions (see instructions).	8e								
f	Administrative service providers (salaries, fees, commissions)	8f		6551						
g	Other expenses	8g								
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							1160	33
i	Net income (loss) (subtract line 8h from line 8c)	8i							1770	71
j	Transfers to (from) the plan (see instructions)	8j								
Pa	rt IV Plan Characteristics	, ,	L		_					
9a	If the plan provides pension benefits, enter the applicable pension 2E 2G 2J 2K 2T 3D	feature co	odes from the List of Pl	an Cha	racteri	stic Co	odes in	the inst	ructions:	
b	If the plan provides welfare benefits, enter the applicable welfare f	eature cod	des from the List of Pla	n Chara	acterist	tic Cod	des in t	he instr	uctions:	
Par	t V Compliance Questions									
10	During the plan year:				Yes	No	N/A		Amoun	t
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 Normal)	oluntary F	iduciary Correction	10a		X				
b	,	t? (Do not	include transactions	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 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		-		10g	X					18404
h	2520.101-3.)	` 		10h		X				
i	If 10h was answered "Yes," check the box if you either provided to exceptions to providing the notice applied under 29 CFR 2520.10			10i						

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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 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	



Benefits for your Life and Business

Authorization to Electronically Sign and File 5500

I hereby authorize any employees of Compensation Systems Northwest, Inc. to electronically sign and file 5500 forms on my behalf.

I further understand the following:

- I must sign a paper copy of the completed 5500 form
- An image of my signature will be included with the rest of the return/report posted by the Department of Labor on the internet for public disclosure
- I may revoke or change this authorization at any time by written notification to Compensation Systems Northwest, Inc.

Dated: 10 03 2017 By: 3

David Reinhardt, Trustee ISO Quip Corp

Form 5500-SF

Department of the Treasury Internal Revenue Service

Employee Benefits Security Administration Pension Benefit Guaranty Corporation

Department of Labor

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

Pension E	Benefit Guaranty Corporation	➤ Complete all entries in	accordance with the inst	ructions to the Form	5500-SF.	Public Inspection			
Part I	Annual Report	Identification Information							
For calend	dar plan year 2016 or f	iscal plan year beginning	01/01/2016	and ending		31/2016			
A This re	eturn/report is for:	X a single-employer plan	list of participating er	lan (not multiemployer) mployer information in a	(Filers chec accordance v	king this box must attach a with the form instructions.)			
		a one-participant plan	a foreign plan						
B This ret	turn/report is	the first return/report	the final return/report						
0		an amended return/report	a short plan year retu	m/report (less than 12 i	months)				
C Check	box if filing under:	X Form 5558	automatic extension		DFVC p	rogram			
Part II	Posio Blan Info	special extension (enter descr	,						
1a Name		ormation—enter all requested in	formation		46 -				
		PROFIT SHARING PLAN	& TRUST		1b Thre plan (PN)	number 001			
***************************************					1	ctive date of plan 1/1999			
Mailin	g address (include roo	oyer, if for a single-employer plan) om, apt., suite no. and street, or P.C ce, country, and ZIP or foreign post). Box)	rustines)		oyer Identification Number 91-1521643			
	ip Corp.	e, country, and Ell of foreign positi	ar code (ir loreign, see inst	ructions)		nsor's telephone number 695-4243			
418 NE	Repass Rd., S	Ste B-1			2d Business code (see instructions) 236200				
Vancouv	ver	WA 98665			***				
3a Plan a	idministrator's name ar	nd address 🛛 Same as Plan Spor	isor.		3b Admi	nistrator's EIN			
4 If the r	name and/or EIN of the	e plan sponsor has changed since t	the last return/report filed for	or this plan, enter the	4b EIN	nistrator's telephone number			
	or's name	mber from the last return/report.			4c PN				
5a Total	number of participants	at the beginning of the plan year	*****************************	**************************	5a	3.3			
b Total	number of participants	at the end of the plan year		*****************************	5b	44			
C Numb compl	er of participants with lete this item)	account balances as of the end of t	he plan year (only defined	contribution plans	5c	3:			
d(1) Tota	al number of active pa	rticipants at the beginning of the pla	an year	****************************	5d(1)	33			
		rticipants at the end of the plan year			5d(2)	3.9			
than	100% vested	terminated employment during the			5e				
Under pena	A penalty for the late of periury and off	or incomplete filing of this return ner penalties set forth in the instruct	freport will be assessed	unless reasonable ca	use is estab	olished.			
SB or Sche	edule MB completed ar true, correct, and comp	nd signed by an enrolled actuary, as	s well as the electronic ver	sion of this return/repor	t, and to the	best of my knowledge and			
SIGN HERE	13005		10/03/2017	David Reinhar	dt				
	Signature of plan a	dministrator	Date	Enter name of individ	lual signing a	as plan administrator			
SIGN HERE	1315		10/03/2017						
	Signature of emplor	yer/plan sponsor ame, if applicable) and address (inc	Date	Enter name of individ		as employer or plan sponsor			
. Toparor 3	min gindoung min i	and, if applicable) and address (IIII	adde room of stille numbe	·)	reparers	telephone number			
					I .				

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Form	5	500	1-5	F	20	1	í

b	Were all of the plan's assets during the plan year invested in eligible. Are 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 cannot be a second to the plan's assets during the plan year invested in eligible and the plan's assets during the plan year invested in eligible and the plan's assets during the plan year invested in eligible and the plan's assets during the plan year invested in eligible and year invested in eli	an indeper and conditi not use For	one dent qualified public ons.)rm 5500-SF and mus	accoun st inste	tant (IC	PA)	n 5500		×	
	If the plan is a defined benefit plan, is it covered under the PBGC in	nsurance p	rogram (see ERISA s	ection 4	4021)?		Yes	No	☐ No	t determined
7	Plan Assets and Liabilities	T	(a) Beginning	of Von	. T	***************		(b) E	L of Voc	-
a	Total plan assets	7a	(a) Beginning	902,				(b) Enc	of Yea	1,079,73
	Total plan liabilities	7b								27013713
	Net plan assets (subtract line 7b from line 7a)	7c		902,	666		**************			1,079,73
8	Income, Expenses, and Transfers for this Plan Year		(a) Amour				-	(b)	Total	
а	Contributions received or receivable from:							(5)	10101	
	(1) Employers	8a(1)			583					
	(2) Participants	8a(2)	Note that the same of the same	132,						
	(3) Others (including rollovers)	8a(3)			946				*************	
b	Other income (loss)	8b		79,	570					
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c								293,10
	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		109,	482					
	Certain deemed and/or corrective distributions (see instructions)	8e		1001	102					
	Administrative service providers (salaries, fees, commissions)	8f			551			-		
				0,	221					
	Other expenses Total expenses (add lines 8d, 8e, 8f, and 8g)	8g			-+					116,03
		8h		-	\dashv	***************************************				
This was near the second	Net income (loss) (subtract line 8h from line 8c) Transfers to (from) the plan (see instructions).	81			\dashv					177,07
Par		8j								***************************************
9a	If the plan provides pension benefits, enter the applicable pension	feature cod	des from the List of PI	an Cha	racteri	stic Co	odes in	the ins	tructions	s:
b	2E 2G 2J 2K 2T 3D			01						
IJ	If the plan provides welfare benefits, enter the applicable welfare f	eature cooe	es from the List of Pia	n Chan	actensi	ic Coc	ies in i	the instr	uctions:	
Par	V Compliance Questions					***************************************	***************************************		Hainburan on museus,	
10	During the plan year:				Yes	No	N/A		Amo	unt
а	Was there a failure to transmit to the plan any participant contributes described in 29 CFR 2510.3-102? (See instructions and DOL's V. Program)	oluntary Fi	duciary Correction	10a		Х				
b	Were there any nonexempt transactions with any party-in-interest reported on line 10a.)	? (Do not in	nclude transactions	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 by fraud or dishonesty?			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.).	ne or all of t	he benefits under	10e		Х				
f	Has the plan failed to provide any benefit when due under the pla	******************************		10f		Х				77777
g				10g	Х					18,40
h	If this is an individual account plan, was there a blackout period? 2520.101-3.)		********************	10h		Х				
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						

		Form 5500-SF 2016 Page 3	3-							
D	.,,	Paraira Fundina Compliana								***************************************
Part 11	ls ti	Pension Funding Compliance nis a defined benefit plan subject to minimum funding requirements? (If "Yes," see instruments from 5500) and line 11a below)					В		Yes	☐ No
11a	Ent	er the unpaid minimum required contributions for all years from Schedule SB (Form 550	00) line 40.			11a			*************	Thiriday
12	ERI	his a defined contribution plan subject to the minimum funding requirements of section (ISA?					· · · · · · · · · · · · · · · · · · ·		Yes	X No
		"Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.) waiver of the minimum funding standard for a prior year is being amortized in this plan y	vear see ir	nstruction	ne and	entert	he date	e of the le	ttar ruli	00
	grai	nting the waiver.	********	Month	10, 0.10	Day		Yea		···g
If	you (completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and s	skip to line	e 13.			r			
b	Ente	r the minimum required contribution for this plan year				12b				
С	Ente	r the amount contributed by the employer to the plan for this plan year			******	12c				
d		otract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus pative amount)	-		1	12d				
e	Will	the 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							A	
13a	Has	s a resolution to terminate the plan been adopted in any plan year?		********			Ye	ss X	No	
	If "Y	res," enter the amount of any plan assets that reverted to the employer this year		***********	•••••	13a				
b		re all the plan assets distributed to participants or beneficiaries, transferred to another patrol of the PBGC?		ught und	er the	>		Yes	X No)
С	If, d	during this plan year, any assets or liabilities were transferred from this plan to another p ch assets or liabilities were transferred. (See instructions.)	lan(s), ider	ntify the	plan(s)	to				
1	3c(1) Name of plan(s):			13c(2)	EIN(s)		130	(3) PN	(s)
National Association of the Control										
Part	VIII	Trust Information								
14a	Nam	e of trust				14b	Trust's	EIN		
14c	Nam	ie of trustee or custodian	3.000	-				e's or cust one numb		01
Part	IX	IRS Compliance Questions								
15a	Is the	e plan a 401(k) plan? If "No," skip b			Yes			□ No		
		did the plan satisfy the nondiscrimination requirements for employee deferrals under sets)(3) for the plan year? Check all that apply:			safe h			☐ "Prior test	year" A	ADP
	,				"Curre	est		□ N/A		Philipped Commission and Commission and Commission and Commission and Commission and Commission and Commission
16a		at testing method was used to satisfy the coverage requirements under section 410(b) for check all that apply:			Ratio perce test	ntage		Average Senefit tes	it 🛚	N/A
	for th	the plan satisfy the coverage and nondiscrimination requirements of sections 410(b) and the plan year by combining this plan with any other plan under the permissive aggregation.	n rules?	Ц	Yes			No		
-	the I	e plan is a master and prototype plan (M&P) or volume submitter plan that received a far etter and the serial number								
	lette		n the IRS,	enter the	date	of the m	nost red	cent deter	minatio	n
	Wer	ned Benefit Plan or Money Purchase Pension Plan Only: e any distributions made during the plan year to an employee who attained age 62 and lice?			from	Yes	s	☐ No		
19	Was	any plan participant a 5% owner who had attained at least age 70 $\%$ during the prior plan	an year?	**********		Ye	5	No		