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). ▶ Complete all entries in accordance with the instructions to the Form 5500-SF. OMB Nos. 1210-0110 1210-0089

2016

This Form is Open to Public Inspection

| Part I | Annual Report | t Identification Information | | | | | | | |
|--------------------------|------------------------|--|------------------------------|---|--|---------------------------------|--|--|--|
| For calenda | ar plan year 2016 or f | iscal plan year beginning 01/01/2 | 2016 | and ending 12 | 2/31/2016 | | | | |
| A This ret | urn/report is for: | X a single-employer plan | | olan (not multiemployer) (mployer information in ac | | | | | |
| | · | a one-participant plan | a foreign plan | | | | | | |
| B This retu | urn/report is | the first return/report | the final return/report | | | | | | |
| | | an amended return/report | a short plan year retu | rn/report (less than 12 m | ionths) | | | | |
| C Check b | oox if filing under: | X Form 5558 | automatic extension | | DFVC program | | | | |
| - · · · | | special extension (enter desc | | | | | | | |
| Part II | | ormation—enter all requested in | formation | | 41 | | | | |
| 1a Name EVERGREE | | DEFINED BENEFIT PENSION PLA | AN | | 1b Three-digit plan number | 001 | | | |
| | | | | | (PN) 1c Effective dat | e of plan | | | |
| | | | | //01/1999 | | | | | |
| Mailing | 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 | | truction a) | | entification Number -1852844 | | | |
| | N ERECTORS, INC. | iructions) | 2c Sponsor's te | lephone number 697-2189 | | | | | |
| | | | | | 2d Business cod | de (see instructions) | | | |
| P.O. BOX 25 LYNNWOOD | | | | | 23 | 36200 | | | |
| 2114447000 | , 111 00000 | | | | | | | | |
| 3a Plan a | dministrator's name a | and address X Same as Plan Spo | nsor. | | 3b Administrato | r's EIN | | | |
| | | | 25 | | | | | | |
| | | | | | 3c Administrator's telephone number | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | ne plan sponsor has changed since | the last return/report filed | for this plan, enter the | 4b EIN | | | | |
| name, a Sponso | | umber from the last return/report. | | | 4c PN | | | | |
| | | s at the beginning of the plan year. | | | 5a | 3 | | | |
| _ | | s at the end of the plan year | | | 5b | 3 | | | |
| | | account balances as of the end of | | | 5c | | | | |
| | ete this item) | | | | | | | | |
| | | articipants at the beginning of the p | | | 5d(1) | 3 | | | |
| | | articipants at the end of the plan ye | | | 5d(2) | | | | |
| | | t terminated employment during the | | | 5e | (| | | |
| | | or incomplete filing of this retur | | | | | | | |
| SB or Sche | | ther penalties set forth in the instru and signed by an enrolled actuary, a polete | | | | | | | |
| SIGN | 1 | l/valid electronic signature. | 10/09/2017 | LORI SULLIVAN | | | | | |
| HERE | Signature of plan | administrator | Date | Enter name of individ | lual signing as plan | administrator | | | |
| SIGN | | | | | | | | | |
| HERE | Signature of empl | oyer/plan sponsor | Date | Enter name of individ | lual signing as empl | oyer or plan sponsor | | | |
| Preparer's | | name, if applicable) and address (in | nclude room or suite numb | per) | Preparer's telepho | one number | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| Î | | | | | | | | | |
| | | | | | | | | | |

Form 5500-SF 2016 Page **2**

| b Are you claiming a walver of the annual oxamination and report of an independent qualified public accountant (ICPA) under 29 CFR 520 10-14 PC (See instructions on waiver eligibility and conditions). If you answered "No" to either line 6 as of line 6b, the plan cannot use Form 5500-5F and must instead use Form 5500. If the pain is a defined benefit plan, is a covered under the PBGC insurance program (see ERISA section 4021)? Part III Financial Information 7 Pina Assets and Liabilities (a) Beginning of Year (b) End of Year 3745509 5 Total plan liabilities 7 To 3447140 5 745509 8 Total plan sessets 7 To 3447140 8 Total plan sessets, submortal line 70 from line 70. 7 To 10 Total plan liabilities 8 Income, Expenses, and Transfers for this Plan Year (a) Amount (b) Total 8 Income, Expenses, and Transfers for this Plan Year (d) Employers (d) Pantiopenste (d) Other income (loss) (d) Others (moduling rollovers) (e) Pantiopenste (d) Benefits paid (including direct rollovers and insurance premiums (e) Provide benefits) (e) Contain come (add lines 88(1), 88(2), 88(3), and 8b). (e) Contain come (add lines 88(1), 88(2), 88(3), and 8b). (f) Contain expenses (add lines 88(1), 88(2), 88(3), and 8b). (g) Other expenses. (g) Other e | | Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.) | | | | | | | | | | |
|--|--------------|---|------------|--------------------------|----------|----------|-------------|----------|-------------------|--|--|--|
| H you answerdd "No" to other line 6s or line 6b, the plan cannot use Form 5500-\$F and must instead use Form 5500. C if the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)? | b | | | | | | | | X Yes ∏ No | | | |
| Part III Financial Information (a) Beginning of Year (b) End of Year (b) End of Year (a) The Assets and Liabilities (a) Beginning of Year (b) End of Year (b) End of Year (a) The Assets and Liabilities (b) End of Year (a) Assets and Liabilities (b) End of Year (a) Assets (a) End of Year (a) Assets (a) End of Year (a) Assets (a) End of Year (b) End of Year (a) End of Year (a) End of Year (a) End of Year (b) End of Year (b) End of Year (c) End of Year (a) End of Year (b) End of Year (b) End of Year (c) End of | | ` ` ; | | , | | | | | | | | |
| 7 Plan Assets and Liabilities | 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 determined | | | |
| a Total plan lassitis | Pa | rt III Financial Information | | | | | | | | | | |
| b Total plan liabilities | 7 | Plan Assets and Liabilities | | (a) Beginning (| of Year | | | | (b) End of Year | | | |
| C Net plan seatinities. 8 Income, Expenses, and Transfers for this Plan Year C Net plan sessets (subtract line 7b from line 7a) | <u>a</u> | Total plan assets | 7a | 3 | 447140 | | | | 3749509 | | | |
| 8 income, Expenses, and Transfers for this Plan Year a Contributions received or receivable from: (1) Employers. (2) Participants. (3) Others (including rollowers). 8a(2) 0 0 3) Others (including rollowers). 8b (2) 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 | b | Total plan liabilities | 7b | | | | | | | | | |
| a Contributions received or receivable from: (1) Employers (2) Participants | С | Net plan assets (subtract line 7b from line 7a) | 7c | 3. | 447140 | | | | 3749509 | | | |
| (1) Employers | | | | (a) Amoun | ıt | | (b) Total | | | | | |
| (2) Participants | а | | 8a(1) | | 75000 | | | | | | | |
| (3) Other (including rollovers) | | | | | 0 | | | | | | | |
| b Other income (loss) | | • | | | 0 | | | | | | | |
| d Benefits paid (including direct rollovers and insurance premiums to provide benefits). d Benefits paid (including direct rollovers and insurance premiums to provide benefits). e Certain deemed and/or corrective distributions (see instructions). f Administrative service providers (salaries, fees, commissions) g Other expenses g Oth | b | , | | : | 246985 | | | | | | | |
| to provide benefits) | | | | | | | | | 321985 | | | |
| e Certain deemed and/or corrective distributions (see instructions). 8 | d | | | | | | | | | | | |
| f Administrative service providers (salaries, fees, commissions) | | | | | | | | | | | | |
| g Other expenses | <u>e</u> | | | | | | | | | | | |
| Total expenses (add lines 8d, 8e, 8f, and 8g) | <u> </u> | | | | | | | | | | | |
| Net income (loss) (subtract line 8h from line 8c) | | · | | | - | | | | 19616 | | | |
| Transfers to (from) the plan (see instructions) Si | <u>n</u> | | | | | | | | | | | |
| 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: 1A 3D 1B If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions: Part V Compliance Questions 10 During the plan year: Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program) b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.) | - | | | | 0 | | | | 002000 | | | |
| 9a | , | | | | | | | | | | | |
| b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions: Part V Compliance Questions 10 During the plan year: a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program) b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.) | | | | | | | | | | | | |
| Part V Compliance Questions 10 During the plan year: a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program) | Ja | | leature co | des nom the List of Fi | an Cna | lacteri | Suc Co | ues III | the instructions. | | | |
| 10 During the plan year: a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program) b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.) c Was the plan covered by a fidelity bond? d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? e 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.) f Has the plan failed to provide any benefit when due under the plan? g Did the plan have any participant loans? (If "Yes," enter amount as of year-end.) h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) 10 If 10h was answered "Yes," check the box if you either provided the required notice or one of the | b | If the plan provides welfare benefits, enter the applicable welfare for | eature cod | les from the List of Pla | n Chara | acterist | ic Cod | les in t | he instructions: | | | |
| 10 During the plan year: a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program) b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.) c Was the plan covered by a fidelity bond? d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? e 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.) f Has the plan failed to provide any benefit when due under the plan? g Did the plan have any participant loans? (If "Yes," enter amount as of year-end.) h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) 10 If 10h was answered "Yes," check the box if you either provided the required notice or one of the | | | | | | | | | | | | |
| a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program) | | | | | | I I | | | | | | |
| described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program). b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.). c Was the plan covered by a fidelity bond? | | | | | | Yes | No | N/A | Amount | | | |
| b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.) | а | | | | | | > | | | | | |
| reported on line 10a.) | | Program) | | | 10a | | ^ | | | | | |
| d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? | b | | | | 10b | | X | | | | | |
| by fraud or dishonesty? | С | Was the plan covered by a fidelity bond? | | | 10c | | X | | | | | |
| 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.) Has the plan failed to provide any benefit when due under the plan? Did the plan have any participant loans? (If "Yes," enter amount as of year-end.) If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) If 10h was answered "Yes," check the box if you either provided the required notice or one of the | d | | • | · · | 10d | | X | | | | | |
| g Did the plan have any participant loans? (If "Yes," enter amount as of year-end.) | е | e 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 | | | | | X | | | | | |
| g Did the plan have any participant loans? (If "Yes," enter amount as of year-end.) | f | Has the plan failed to provide any benefit when due under the pla | n? | | 10f | | X | | | | | |
| i If 10h was answered "Yes," check the box if you either provided the required notice or one of the | g | Did the plan have any participant loans? (If "Yes," enter amount a | s of year- | end.) | | | X | | | | | |
| | h | · | • | | 10h | | X | | | | | |
| | i | · | | | 10i | | | | | | | |

| Page 3- | 1 | |
|---------|---|--|
| | | |

| 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) | | | | | X | 'es No | |
| | Ente | r the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40 | | | 11a | | | 0 | |
| 12 | | is a defined contribution plan subject to the minimum funding requirements of section 412 of the Co A? | | | | | Y | ′es X No | |
| | (If " | es," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.) | | | | | | | |
| a | | raiver of the minimum funding standard for a prior year is being amortized in this plan year, see insing the waiver | | s, and | l enter t Day | | of the lette Year _ | r ruling | |
| If | you c | ompleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 1 | 13. | | | I | | | |
| 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 | | | | |
| 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 | x N | 0 | |
| | 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 brougout of the PBGC? | | | | Yes X | 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.) | fy the p | lan(s) | to | | | | |
| | 13c(1) | Name of plan(s): | 1 | 3c(2) | EIN(s) | | 13c(3 |) PN(s) | |
| | | | | | | | | | |
| Part | VIII | Trust Information | | ı | | | | | |
| 14a | Name | of trust | | | 14b Trust's EIN | | | | |
| 14c | Name | of trustee or custodian | | | 14d Trustee's or custodian's telephone number | | | | |
| 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: | L | | n-based arbor | j [|] "Prior ye test | ear" ADP | |
| | | | - □ □ □ | Curre ADP t | ent year est | " | 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 | be 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? | Ш | 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? | | om | 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 | | |

SCHEDULE SB (Form 5500)

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation

Single-Employer Defined Benefit Plan Actuarial Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).

File as an attachment to Form 5500 or 5500-SF.

OMB No. 1210-0110

2016

This Form is Open to Public Inspection

| Fo | or calendar plan year 2016 or fiscal plan year beginning 01/01/2016 | | and ending | g 12/ | 31/2016 | |
|-----|--|---------------|------------------------|--------------------|--------------------------|-----------------------------|
| | Round off amounts to nearest dollar. Caution: A penalty of \$1,000 will be assessed for late filing of this report unless reas | onable caus | e is established | d. | | |
| | Name of plan EVERGREEN ERECTORS, INC. DEFINED BENEFIT PENSION PLAN | 1 | B Three-dig plan num | git | J) • | 001 |
| С | Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF EVERGREEN ERECTORS, INC. | | D Employer | Identific 91-18 | ation Number (E 52844 | EIN) |
| Е | Type of plan: X Single Multiple-A Multiple-B F Prior year | plan size: X | 100 or fewer | 101- | -500 More th | an 500 |
| ı | Part I Basic Information | <u> </u> | | | <u> </u> | |
| 1 | Enter the valuation date: Month 01 Day 01 Year | 2016 | | | | |
| 2 | Assets: | | | | | |
| | a Market value | | | 2a | | 3443650 |
| | b Actuarial value | | | 2b | | 3443650 |
| 3 | Funding target/participant count breakdown | ` ' | lumber of ticipants | . , | sted Funding Target | (3) Total Funding Target |
| | a For retired participants and beneficiaries receiving payment | | 0 | | 0 | 0 |
| | b For terminated vested participants | | 0 | | 0 | 0 |
| | C For active participants | | 3 | | 2454421 | 2454421 |
| | d Total | | 3 | | 2454421 | 2454421 |
| 4 | If the plan is in at-risk status, check the box and complete lines (a) and (b) | | | | | |
| | a Funding target disregarding prescribed at-risk assumptions | | . | 4a | | |
| | b Funding target reflecting at-risk assumptions, but disregarding transition rule for patatus for fewer than five consecutive years and disregarding loading factor | | | | | |
| 5 | Effective interest rate | | | 5 | | 6.23 % |
| 6 | Target normal cost | | | 6 | | 438761 |
| Sta | atement by Enrolled Actuary To the best of my knowledge, the information supplied in this schedule and accompanying schedules, statements accordance with applicable law and regulations. In my opinion, each other assumption is reasonable (taking into a combination, offer my best estimate of anticipated experience under the plan. | | | | | |
| | SIGN HERE | | | | 10/05/201 | 7 |
| | Signature of actuary | | | | Date | |
| ; | STEVEN CAUDLE, MSPA, EA | | | | 17-07219 |) |
| | Type or print name of actuary | | | Most | recent enrollmer | nt number |
| : | STEVEN CAUDLE & ASSOCIATES, LLC | | | | 425-557-36 | 63 |
| | Firm name 22525 SE 64TH PLACE, SUITE 294 ISSAQUAH, WA 98027 | | Te | lephone | e number (includ | ing area code) |
| | Address of the firm | | - | | | |
| | ne actuary has not fully reflected any regulation or ruling promulgated under the statute | in completing | ng this schedule | e, check | the box and see | e 📗 |

| Pad | е | 2 | - | , |
|-----|---|---|---|---|
| | | | | |

| P | art II | Begin | ning of Year | Carryov | ver and Prefunding Ba | alances | | | | | | | | |
|----|---|-------------|---------------------------------|---------------|---------------------------------------|-------------------------|---------------|---------|--------------------|---------|-------|------------------------------|------------|--|
| | • | | | | | | | (a) C | arryover baland | e | (b) F | Prefundii | ng balance | |
| 7 | | - | • | | able adjustments (line 13 fro | | | | 93 | 14 | | | 389161 | |
| 8 | | | • | - | nding requirement (line 35 f | | | | | 0 | | | 0 | |
| 9 | , , | | | | | | | | | | | 389161 | | |
| 10 | | | • | | ırn of <u>-0.81</u> % | | | | - | 75 | | | -3152 | |
| 11 | | | | | | | | | | | | | | |
| | a Preser | nt value o | of excess contribut | tions (line 3 | 38a from prior year) | | | | | | | | 0 | |
| | b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of 6.44 % | | | | | | | | | | | | 0 | |
| | b(2) Int | erest on I | ine 38b from prior | year Sche | edule SB, using prior year's | actual | | | | | | | 0 | |
| | | | | | | | | | | | | | 0 | |
| | C Total a | vailable a | t beginning of curre | ent plan yea | ar to add to prefunding balanc | e | | | | | | | 0 | |
| | d Portio | n of (c) to | be added to pref | unding bala | ance | | | | | | | | 0 | |
| 12 | Other re | ductions i | n balances due to | elections | or deemed elections | | | | | 1 | | | 0 | |
| 13 | 13 Balance at beginning of current year (line 9 + line 10 + line 11d – line 12) | | | | | | | | 92 | 38 | | | 386009 | |
| F | Part III | Fun | ding Percent | ages | | | | | | | | | | |
| 14 | Funding | target att | ainment percenta | ge | | | | | | | | 14 | 124.20% | |
| | 15 Adjusted funding target attainment percentage | | | | | | | | | | | 15 | 124.20% | |
| 16 | 16 Prior year's funding percentage for purposes of determining whether carryover/prefu year's funding requirement | | | | | | | | | | | 16 | 132.96% | |
| 17 | 17 If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage | | | | | | | | | | | | | |
| P | Part IV Contributions and Liquidity Shortfalls | | | | | | | | | | | | | |
| 18 | | | | | ear by employer(s) and employer | | | | | | | | | |
| (1 | (a) Date MM-DD-Y | | (b) Amount p employer | | (c) Amount paid by employees | (a) I (MM-DE | Date D-YYY | Y) | (b) Amount employe | | (0 | (c) Amount paid by employees | | |
| | 09/15/2017 | | - 1 - 2 | 75000 | 0 | , | | | | (-) | | | , | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| | | | | | | Totals ▶ | 1 | 8(b) | | 7500 | 18(c) | | 0 | |
| 19 | Discount | ed emplo | yer contributions | – see instr | ructions for small plan with a | valuation da | ate aft | er the | beginning of the | e year: | | | | |
| | | | | | mum required contributions f | | | | | 19a | | | 0 | |
| | | | | | justed to valuation date | | | | | 19b | | | 0 | |
| | C Contril | outions all | ocated toward min | imum requi | ired contribution for current ye | ar adjusted t | to valu | ation d | ate | 19c | | | 67647 | |
| 20 | - | | itions and liquidity | | | | | | | | | | | |
| | _ | | _ | | ne prior year? | | | | | | | | Yes X No | |
| | | | | - | installments for the current y | | | nely ma | anner? | | | ······∐ | Yes No | |
| | C If line | 20a is "Y | es," see instructio | ns and cor | mplete the following table as | | | nlon : | voor. | | | | | |
| | | (1) 1s | <u> </u> | | Liquidity shortfall as of end (2) 2nd | u or quarter | oi inis | | year 3rd | | | (4) 4th | <u> </u> | |
| | | . , . | | | | | | ` / | | | | . , | | |
| | | | | | | | | | | | | | | |

| P | art V | Assumpti | ons Used to Determine | e Funding Target and Tar | get Normal Cost | | | | | |
|----|--|------------------|----------------------------------|---|---------------------------|----------|--------|--------------|---------|------|
| 21 | Discount | • | | U U | | | | | | |
| | a Segm | ent rates: | 1st segment: 4.72% | 2nd segment: 6.11% | 3rd segment: 6.81 % | | □N | /A, full yie | d curve | used |
| | b Applica | able month (er | nter code) | | | 21b | | | 1 | |
| 22 | Weighted | d average retire | ement age | | | 22 | | ţ | 58 | |
| 23 | Mortality | table(s) (see i | instructions) X Pres | scribed - combined Pres | cribed - separate | Substi | tute | | | |
| Pa | art VI | Miscellane | ous Items | - | - | | | | | |
| 24 | | • | · | arial assumptions for the current p | • | | • | - | - | × No |
| 25 | Has a me | ethod change b | been made for the current pla | n year? If "Yes," see instructions | regarding required attach | ment | | | Yes | X No |
| 26 | 26 Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment | | | | | | | | | |
| 27 | | | | r applicable code and see instruct | | 27 | | | | |
| P | art VII | | | um Required Contribution | | | | | | |
| | | | | ears | | 28 | | | | 0 |
| 29 | Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a) | | | | | | | | | 0 |
| 30 | Remainir | ng amount of u | inpaid minimum required cont | ributions (line 28 minus line 29) | | 30 | | | | 0 |
| Pa | art VIII | Minimum | Required Contribution | For Current Year | | | | | | |
| 31 | Target n | ormal cost and | d excess assets (see instruction | ons): | | | | | | |
| | a Target | normal cost (lir | ne 6) | | | 31a | | | 438 | 3761 |
| | b Excess assets, if applicable, but not greater than line 31a | | | | | | | | 438 | 3761 |
| 32 | Amortiza | tion installmen | its: | | Outstanding Bala | nce | | Install | ment | |
| | a Net sho | ortfall amortiza | tion installment | | | 0 | | | | 0 |
| | | | | | | 0 | | | | 0 |
| 33 | | | | er the date of the ruling letter grant) and the waived amount | | 33 | | | | |
| 34 | Total fun | ding requireme | ent before reflecting carryover | /prefunding balances (lines 31a - | 31b + 32a + 32b - 33) | 34 | | | | 0 |
| | | | | Carryover balance | Prefunding balar | nce | | Total ba | alance | |
| 35 | | | se to offset funding | 0 | | 0 | | | | 0 |
| 36 | Additiona | al cash requirer | ment (line 34 minus line 35) | | | 36 | | | | 0 |
| | Contribut | ions allocated | toward minimum required cor | ntribution for current year adjusted | to valuation date (line | 37 | | | 67 | 647 |
| 38 | | | s contributions for current yea | | | <u> </u> | 1 | | | |
| | | | | (************************************** | | 38a | | | 67 | 647 |
| | b Portion | included in lin | ne 38a attributable to use of pr | refunding and funding standard ca | rryover balances | 38b | | | | 0 |
| 39 | Unpaid m | ninimum requir | ed contribution for current yea | ar (excess, if any, of line 36 over li | ne 37) | 39 | | | | 0 |
| 40 | Unpaid m | ninimum requir | ed contributions for all years. | | | 40 | | | | 0 |
| Pa | rt IX | Pension I | Funding Relief Under I | Pension Relief Act of 2010 | 0 (See Instructions | s) | | | | |
| 41 | If an elec | tion was made | to use PRA 2010 funding reli | ef for this plan: | | | | | | |
| | a Schedu | ule elected | | | | | 2 plus | 7 years | 15 y | ears |
| | b Eligible | e plan year(s) f | or which the election in line 4 | 1a was made | | 2 | 2008 2 | 2009 20 | 10 🔲 2 | 2011 |
| 42 | Amount o | f acceleration | adjustment | | | 42 | | | | |
| 43 | Excess in | stallment acce | eleration amount to be carried | over to future plan years | | 43 | | | | |

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

This Form is Open to **Public Inspection**

| | t Identification Information | | | | | | |
|---------------------------------------|---|----------------------------------|---|---|---|--|--|
| For calendar plan year 2016 or | | 01/01/2016 | and ending | 12/31/2 | *************************************** | | |
| A This return/report is for: | x a single-employer plan | a multiple-employer pl | lan (not multiemployer) nployer information in a | | | | |
| | a one-participant plan | a foreign plan | | | | | |
| B This return/report is | the first return/report | the final return/report | them and those those 40 m | · \ | | | |
| | an amended return/report | a short plan year return | n/report (less than 12 h | nonins) | | | |
| C Check box if filing under: | ▼ Form 5558 ▼ special extension (enter description) | automatic extension | | DFVC program | n. | | |
| Part II Basic Plan Info | ormation—enter all requested inf | | <u> </u> | | | | |
| 1a Name of plan | Jimation—enter an requested in | omation | | 1b Three-digit | · T | | |
| • | INC. DEFINED BENEFIT | PENSION PLAN | | plan numb | II. | | |
| | | | | 1c Effective d 01/01/1 | • | | |
| Mailing address (include roo | oyer, if for a single-employer plan) om, apt., suite no. and street, or P.O | | | 2b Employer I | dentification Number 1852844 | | |
| | City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) | | | | | | |
| Evergreen Erectors, | Inc. | | | 425-697 | telephone number -2189 | | |
| P.O. Box 2516 | | | | ode (see instructions) | | | |
| P.U. BOX 2010 | | | | 236200 | | | |
| Lynnwood | WA 98036 | | | 25 | | | |
| 3a Plan administrator's name a | ınd address 🏻 Same as Plan Spon | ISOF. | - | 3b Administrat | or's EIN | | |
| | • | | | 3c Administrator's telephone number | | | |
| • | | | | | | | |
| | | | | | | | |
| | | | | | • | | |
| | e plan sponsor has changed since t imber from the last return/report. | the last return/report filed for | or this plan, enter the | 4b EIN | | | |
| a Sponsor's name | | | | 4c PN | | | |
| 5a Total number of participants | at the beginning of the plan year | | | . 5a | 3 | | |
| | s at the end of the plan year | | | | 3 | | |
| C Number of participants with | account balances as of the end of t | the plan year (only defined | contribution plans | 5c | | | |
| • | articipants at the beginning of the pla | | | 5d(1) | 3 | | |
| | articipants at the end of the plan yea | | | 5d(2) | | | |
| e Number of participants that | t terminated employment during the | plan year with accrued ber | nefits that were less | 5e | | | |
| Caution: A penalty for the late | or incomplete filing of this return | n/report will be assessed to | unless reasonable ca | | | | |
| | ther penalties set forth in the instruct and signed by an enrolled actuary, as plete— | | | | | | |
| SIGN COM | Julivan | | Lori Sullivan | | <u></u> | | |
| HERE Signature of plan a | | Date 6 9/17 | Enter name of individ | bial signing as plai | n administrator | | |
| 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | .ummou aco: | Date, J.J. | Class dans of marks | ual signing as pier | I duli ministrator | | |
| SIGN HERE COLOR | | | | | | | |
| Signature of emplo | oyer/plan sponsor name, if applicable) and address (inc | Date Date | | lual signing as em Preparer's telepi | ployer or plan sponsor hone number | | |
| Treparer a manne (mondang man a | iditie, ii appiicavie) and address (iii | Siddle (DOIT) OF SORE HOLLIGG | 3) | Fichaici a michi | IONE HUMBE | | |
| | | | | | • | | |
| | | | | | | | |
| | | | | Maria Carlo | | | |

| Pana | 2 |
|-------|---|
| - KJI | - |

| b | Were all of the plan's assets during the plan year invested in eligil 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 can If the plan is a defined benefit plan, is it covered under the PBGC is | f an indepe and cond not use Fe | endent qualified public itions.) orm 5500-SF and mus | accour st inste | tant (i | QPA) e Forn | n 5500 | • | X Yes X Yes Not dete | No No mined |
|-----|--|---------------------------------------|--|--------------------|---------|----------------|-------------|---|--|---|
| | rt III Financial Information | | | | | | | Luž | | |
| 7 | Plan Assets and Liabilities | | (a) Beginning | of Yea | r | | | (b) End | of Year | *************************************** |
| a | Total plan assets | . 7a | | ,447 | | | | , | | 9,509 |
| b | Total plan liabilities | . 7b | | | 0 | | | | | - 0 |
| С | Net plan assets (subtract line 7b from line 7a) | . 7c | 3 | ,447, | 140 | | | | 3,74 | 9,509 |
| 8 | Income, Expenses, and Transfers for this Plan Year | 1 | (a) Amou | nt | | | | (b) To | otaí | |
| а | | | | 75 | 000 | | | | | |
| | (1) Employers | 8a(1) | ., | , 5, | 000 | | | | | |
| | (2) Participants | . 8a(2) | | | 0 | | | | | |
| | (3) Others (including rollovers) | . 8a(3) | | 246 | | | | oran en | La e l'a l'anno de til Lorent d'a l'elle d'agel | |
| | Other income (loss) | 7 | | 246, | 985 | · * · | | | 20 | 1 005 |
| | Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) | . 8c | | | | 1.01110 | | | 3∠ | 1,985 |
| u | 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 | | 19, | 616 | | | | | |
| g | Other expenses | . 8g | | | 0 | 1.5 | | | | |
| h | Total expenses (add lines 8d, 8e, 8f, and 8g) | | | | 27 34 | | | | 1 | 9,616 |
| ĭ | Net income (loss) (subtract line 8h from line 8c) | . 8i | | | | | | | 30 | 2,369 |
| j | Transfers to (from) the plan (see instructions) | - 8j | | | | | | | | |
| Pai | t IV Plan Characteristics | , 9 | | | L | <u> </u> | *********** | | | <u>;i,ii</u> |
| | If the plan provides pension benefits, enter the applicable pension 1A 3D | feature co | odes from the List of Pi | lan Cha | racteri | stic Co | odes in | the instr | uctions: | |
| b | If the plan provides welfare benefits, enter the applicable welfare f | eature cod | les from the List of Pla | ın Char | acteris | tic Cod | des in t | he instru | ctions: | |
| Par | tV Compliance Questions | | | - | | | | | | |
| 10 | During the plan year: | | | | Yes | No | N/A | | Amount | |
| a | Was there a failure to transmit to the plan any participant contributescribed in 29 CFR 2510.3-102? (See instructions and DOL's \Program) | /oluntary F | iduciary Correction | 10a | | х | | | | |
| b | Were there any nonexempt transactions with any party-in-interest reported on line 10a.) | | | 10b | | Х | | | | |
| C | 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 | | | | | | Х | | | | |
| f | Has the plan failed to provide any benefit when due under the pla | n? | | 10f | | Х | | | | |
| g | | | | 10g | | Х | | | | |
| 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 | | | # 1 | | | |

| Form 5500-SF 2016 Page 3 - | ···· | | | | |
|--|---|-----------|------------|---------------------------|---|
| Part VI Pension Funding Compliance | | | | | |
| 11 Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and (Form 5500) and line 11a below) | complete Sch | edule S | В | ΧY | es N |
| 11a Enter the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40 | | | | 0 | |
| 12 Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the C | ode or sectio | n 302 o | f | ПΥ | es X N |
| ERISA?(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.) | | | | П. | 00 E |
| If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see insgranting the waiver. | structions, and Month | d enter t | | the letter Year | ruling |
| If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line | | | | | |
| 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 sign to the negative amount) | | 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 | | | | | |
| 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, or broug control of the PBGC? | ght under the | | | Yes X | No |
| c If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), ident which assets or liabilities were transferred. (See instructions.) | ify the plan(s) | to | | | |
| 13c(1) Name of plan(s): | 13c(2) | EIN(s) | | 13c(3) | PN(s) |
| | | | 1 | | |
| | | | ĺ | | |
| į | | | | | |
| | | | | | |
| Part VIII Trust Information | | | | | |
| 14a Name of trust | | 14b T | rust's EIN | | *************************************** |
| | | | | | |
| 14c Name of trustee or custodian | 14d Trustee's or custodian's telephone number | | | | |
| Part IX IRS Compliance Questions | | | | | |
| 15a is the plan a 401(k) plan? If "No," skip b | Yes | | _ n | 10 | |
| 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: | | nt year" | ∐ t | 'Prìor yea test N/A | ir" ADP |
| 16a What testing method was used to satisfy the coverage requirements under section 410(b) for the plan year? Check all that apply: | Ratio perce | | Avera | age fit test | □ N/A |

17a If the plan is a master and prototype plan (M&P) or volume submitter plan that received a favorable IRS opinion letter or advisory letter, enter 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

No

No

No

Yes

Yes

Yes

16b Did the plan satisfy the coverage and nondiscrimination requirements of sections 410(b) and 401(a)(4)

and the serial number

Defined Benefit Plan or Money Purchase Pension Plan Only:

for the plan year by combining this plan with any other plan under the permissive aggregation rules?.....

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?

SCHEDULE SB (Form 5500)

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Single-Employer Defined Benefit Plan Actuarial Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). 2016

OMB No. 1210-0110

This Form is Open to Public Inspection

| File as an attachment to Form | n 5500 or 5500-SF. | | | | |
|---|--|---------------------------|--|--|--|
| For calendar plan year 2016 or fiscal plan year beginning 01/01/2016 | g | 12/31/2016 | | | |
| Round off amounts to nearest dollar. | | | | | |
| Caution: A penalty of \$1,000 will be assessed for late filing of this report unless reason | T | d. | | | |
| A Name of plan EVERGREEN ERECTORS, INC. DEFINED BENEFIT PENSION P. | LAN B Three-di | git nber (PN) |) | 001 | |
| | | | | The state of the s | |
| C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF | D Employer | Identifica | tion Number (E | IN) | |
| Evergreen Erectors, Inc. | 91-185284 | 4 | | • | |
| | | | 🗆 | | |
| | lan size: X 100 or fewer | 101-5 | 600 More th | an 500 | |
| Part I Basic Information | 2036 | | | | |
| 1 Enter the valuation date: Month 01 Day 01 Year 2 Assets: | 2016 | ſ: | | | |
| a Market value | | . 2a | | 3,443,650 | |
| b Actuarial value | | 2b | | 3,443,650 | |
| 3 Funding target/participant count breakdown | (1) Number of | , | ted Funding | (3) Total Funding | |
| | participants | T | arget | Target | |
| For retired participants and beneficiaries receiving payment | | | 0 | 0 | |
| b For terminated vested participants | | | 0 | 0 | |
| C For active participants | | | ,454,421 | 2,454,421 | |
| d Total | <u> </u> | 2 | ,454,421 | 2,454,421 | |
| 4 If the plan is in at-risk status, check the box and complete lines (a) and (b) | | | | 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | |
| a Funding target disregarding prescribed at-risk assumptions | | | | | |
| b Funding target reflecting at-risk assumptions, but disregarding transition rule for pla status for fewer than five consecutive years and disregarding loading factor | ans that have been in at-r | sk 4b | | | |
| 5 Effective interest rate | | | 6.23% | | |
| 6 Target normal cost | | 6 | | 438,761 | |
| Statement by Enrolled Actuary | | | | | |
| To the best of my knowledge, the information supplied in this schedule and accompanying schedules, statements as accordance with applicable law and regulations. In my opinion, each other assumption is reasonable (taking into accombination, offer my best estimate of anticipated experience under the plan. | nd attachments, if any, is complete count the experience of the plan a | and accura nd reasonab | te. Each prescribed : e expectations) and | assumption was applied in such other assumptions, in | |
| SIGN / | | | <u> </u> | | |
| HERE Jew mobile | | | 10/05/201 | : 7 | |
| Signature of actuary | | | Date | | |
| Steven Caudle, MSPA, EA 1707219 | | | | | |
| Type or print name of actuary | | | cent enrollmen | | |
| Steven Caudle & Associates, LLC | | 4 | 25-557-36 | 563 | |
| Firm name | Те | ephone r | number (includie | ng area code) | |
| 22525 SE 64th Place, Suite 294 | | | | | |
| Issaquah WA 98027 Address of the firm | MANAGEM MANAGE | | | | |
| If the actuary has not fully reflected any regulation or ruling promulgated under the statute in instructions | n completing this schedule | , check th | ne box and see | | |

| age 2 - | | |
|----------------|--|--|
| | | |

| | art II Begi | nning of Year | Carryo | ver and Prefunding E | Balances | | (a) Ca | rryover balance | | (b) F | refund | ing balance | |
|----|-----------------------------|---------------------------|----------------|--|---------------|--|----------|---------------------------------------|---|-------|---------|--|--|
| 7 | - | • • • | | cable adjustments (line 13 f | • | 9,31 | | | . 314 | 389. | | 389,161 | |
| 8 | Portion elected for | or use to offset pric | or year's fu | anding requirement (line 35 | from prior | | | | | 0 | | | |
| 9 | | | | | | | | | | | 389,161 | | |
| 10 | | • | | ım of <u>-0.81</u> % | | + | | | | | | -3,152 | |
| 11 | Prior year's exce | ss contributions to | be added | to prefunding balance: | | The state of the s | | | | | | | |
| | a Present value | of excess contribut | tions (line | 38a from prior year) | | The state of the s | | | | | | | |
| | | | | a over line 38b from prior ye e interest rate of 6 . 44 | | The state of the s | | | | | | | |
| | • - | • | - | edule SB, using prior year's | | | | | | | | | |
| | | | | ar to add to prefunding balan | | The second state of the se | | | | | | | |
| | d Portion of (c) to | be added to pref | unding bal | ance | | | | | | | | 0 | |
| 12 | Other reductions | in halances due to | elections | or deemed elections | | 101101999 | | 1 | 1 | | | | |
| | | | | line 10 + line 11d - line 12) | | | | 9 | 238 | | | 386,009 | |
| | 12-01-12-20-20-20-12-12-0 | ding Percenta | | | | 1 | | | | | | | |
| | | | | | | | | | | | 14 | 124.20% | |
| | | | | 3 | | | | | | , | 15 | 124.20% | |
| | Prior year's fundir | ng percentage for | purposes o | of determining whether carr | yover/prefun | nding bal | lances | may be used to | reduce | | 16 | 132.96% | |
| 17 | | | | less than 70 percent of the | | | | | | | 17 | % | |
| P | art IV Con | tributions an | d Liquid | ity Shortfalls | | | | | | | | | |
| 18 | | | | ar by employer(s) and emp | loyees: | | | | | | | ······································ | |
| | (a) Date (M-DD-YYYY) | (b) Amount p employer(| (s) | (c) Amount paid by employees | | (a) Date (b) Amount paid by (c) Amount paid by employer(s) employees | | | | | | | |
| 0: | 9/15/2017 | | 75,000 | C | | | | | | | | | |
| | | | | | | | | | | | | | |
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| | | | İ | | | | | | | | | | |
| | | | | | Totals ▶ | 18(| (b) | 7 | 5,000 | 18(c) | | 0 | |
| 19 | Discounted emplo | yer contributions - | - see instri | uctions for small plan with a | valuation da | ate after | the be | ginning of the ye | ear: | | | | |
| | • | = | | num required contributions | | | | · · | 9a | | | 0 | |
| | b Contributions m | ade to avoid restri | ctions adju | usted to valuation date | | | | 1 | 9b | | | 0 | |
| | C Contributions allo | ocated toward mini | num requir | red contribution for current ye | ar adjusted t | o valuati | ion date | 1 | 9с | | | 67,647 | |
| | Quarterly contribut | | | | | | | | 22.00 am 20.00 am 20. | | | | |
| | a Did the plan hav | e a "funding shor | tfall" for the | e prior year? | | | | | | | | Yes X No | |
| | b If line 20a is "Ye | es," were required | quarterly i | nstallments for the current | year made ir | n a timel | iy manr | ner? | | | | Yes No | |
| | C If line 20a is "Ye | s," see instruction | s and com | plete the following table as | applicable: | | | | | | | | |
| | Len | | | Liquidity shortfall as of en | d of quarter | | | | I | | 43 | | |
| | (1) 1st | | | (2) 2nd | | (; | 3) 3rc | 1 | ļ | . (- | 4) 4th | <u> </u> | |

Schedule SB (Form 5500) 2016

| - | Part V Assumptions Used to Determin | ne Funding Target and Ta | rget Normal Cost | | | | | |
|----------|--|---|----------------------------|-----------|----------------------------|--|--|--|
| 21 | | 2nd normani: | 2rd ocamont: | | 1 | | | |
| | a Segment rates: 1st segment: 4.72 % | 2nd segment: 6 . 1.1 % | 3rd segment: 6.81% | 1 | N/A, full yield curve used | | | |
| | b Applicable month (enter code) | *************************************** | | 21b | 1 | | | |
| _22 | Weighted average retirement age | | | 22 | 58 | | | |
| 23 | Mortality table(s) (see instructions) | Substit | ute | | | | | |
| P | art VI Miscellaneous Items | | | | | | | |
| 24 | Has a change been made in the non-prescribed act attachment. | | | | | | | |
| 25 | Has a method change been made for the current pla | an year? If "Yes," see instructions | regarding required attact | ment | Yes 🛛 No | | | |
| 26 | Is the plan required to provide a Schedule of Active | Participants? If "Yes," see instruc | tions regarding required a | ittachmer | nt Yes 🗓 No | | | |
| 27 | If the plan is subject to afternative funding rules, ent- attachment | | | 27 | | | | |
| P | art VII Reconciliation of Unpaid Minim | num Required Contributio | ns For Prior Years | | | | | |
| 28 | Unpaid minimum required contributions for all prior y | · · · · · · · · · · · · · · · · · · · | | 28 | 0 | | | |
| 29 | Discounted employer contributions allocated toward (line 19a) | unpaid minimum required contribu | itions from prior years | 29 | . 0 | | | |
| 30 | Remaining amount of unpaid minimum required con | | | 30 | 0 | | | |
| Pa | art VIII Minimum Required Contributio | n For Current Year | | | | | | |
| 31 | | | | | | | | |
| | a Target normal cost (line 6) | | | 31a | 438,761 | | | |
| | b Excess assets, if applicable, but not greater than I | | | 31b | 438,761 | | | |
| 32 | Amortization installments: | | Outstanding Bala | - | Installment | | | |
| | a Net shortfall amortization installment | | | 0 | 0 | | | |
| | b Waiver amortization installment | | | 0 | 0 | | | |
| 33 | If a waiver has been approved for this plan year, ent | | ting the approval | 33 | - | | | |
| 34 | Total funding requirement before reflecting carryover | | | 34 | 0 | | | |
| | | Carryover balance | Prefunding balan | ce | Total balance | | | |
| 35 | Balances elected for use to offset funding requirement. | |) | . 0 | 0 | | | |
| 26 | ` | <u> </u> | <u></u> | 36 | 0 | | | |
| | Additional cash requirement (line 34 minus line 35) Contributions allocated toward minimum required co | ntribution for current year adjusted | to valuation date (line | 37 | · | | | |
| 38 | Present value of excess contributions for current year | | | | 67,647 | | | |
| ~ | a Total (excess, if any, of line 37 over line 36) | | | 38a | 67,647 | | | |
| | b Portion included in line 38a attributable to use of p | • | | 38b | 0 0 | | | |
| 30 | Unpaid minimum required contribution for current year | 0 | | | | | | |
| | Unpaid minimum required contributions for all years | | | 39 40 | 0: | | | |
| | t IX Pension Funding Relief Under | | | | 0 | | | |
| 10000000 | If an election was made to use PRA 2010 funding reli | | | | | | | |
| | a Schedule elected | - | | Г | 2 plus 7 years 15 years | | | |
| | b Eligible plan year(s) for which the election in line 4 | | | | 008 | | | |
| | Amount of acceleration adjustment | | | 42 | N N N TALL | | | |
| | Excess installment acceleration amount to be carried | | | 43 | | | | |
| TV | EVOCOS RUSTOM HOUR GOODIES GROLL GUIDANT TO DE COLLIER | over to rathte high Acais | | 70 | | | | |