Department Revenue Savidy 2016 Department of Labor Inis 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). This form is Open temployee Retirement Income Security Act of 1974 (ERISA), and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code). This Form is Open temployee Retirement Income Security Act of 1974 (ERISA), and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code). This Form is Open temployee Retirement Income Security Act of 1974 (ERISA), and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code). This Form is Open temployee Retirement Income Security Act of 1974 (ERISA), and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code). This Form is Open temployee Retirement Income Security Act of 1974 (ERISA), and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code). This Form is Open temployee Retirement Income Security Act of 1974 (ERISA), and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code). This Form is Open temployee Retirement Revenue Code (the Code). Partial Annual Report Identification Information Internal Revenue Code (the Code). This form is Open temployee relaming 01/01/2016 Internal Revenue Code (the Code). Partial Annual Report Identification Information Internal Revenue Code (the Internal Revenu	-	m 5500-SF	Short Form Annua	rm Annual Return/Report of Small Employee Benefit Plan							
Encreptievent Security Convention This Form is Open t Particit Event Constantion - Complete all territiss in accordance with the instructions to the Form 5500-SF. This Form is Open t Particit Event Constantion - Complete all territiss in accordance with the instructions to the Form 5500-SF. This Form is Open t A This return/report is A single-employer plan and ending 1201/2016 A This return/report is the first return/report a one-participant plan a brot plan year return/report B This return/report is the first return/report a short plan year return/report B return return/report C Check box if filing under: Form 5568 a automatic actention DFVC program Special extension (enter description) Form 5568 automatic actention DFVC program VELOCITY PARTNERS LLC 401 K PROFIT SHARING PLAN TRUST 1b Three-digit plan number (eNV). 200 (ENV) 2b Employer Mendication Number (ENV). 200 (ENV). 2	Department of the Treasury Internal Revenue Service					etirement	2016				
Part L Annual Report Identification Information For all entries in accordance with the instructions to the Form 550-SF. Part L Annual Report Identification Information For all entries and entries andine entries and entries Form 550 Form 550 Formation	Employee Be	enefits Security Administration	Income Security Act of 1974	ty Act of 1974 (ERISA), and sections 6057(b) and 6058(a) of the							
For calender plan year 2016 or fiscal plan year beginning 0.001/2016 and ending 123/2016 A This return/report is for: a one-participant plan a tretige imployer plan (continuemployer) (Filers checking this box must attach. ist of participating employer information in accordance with the form instructions.) B This return/report is a one-participant plan a short plan year celum/report a core participant plan B This return/report is an amended return/report a short plan year return/report (less than 12 months) C Check box if filing under: Short plan year return/report a bort plan year return/report (less than 12 months) Part III Basic Plan Information—enter all requested information DFVC program general extension (enter description) Ib Three-diptice (montheter description) 1c Effective due of plan VeLOCITY PARTNERS LLC 401 K PROFIT SHARING PLAN TRUST 1b Three-diptice (montheter description) 1c Effective due of plan VeLOCITY PARTNERS LLC 401 K PROFIT SHARING PLAN TRUST 2c Sponsor's telephone number (mont) state or province, country, and 2IP or foreign postal code (if foreign, see instructions) 2c Sponsor's telephone number (2n) (2n) (2n) (2n) (2n) (2n) (2n) (2n)			• • •	eccordance with the instru	uctions to the Form 55	00-SF.		•			
A This return/report is for: a single employer plan a matigle employer plan a matigle employer plan B This return/report is a one-participant plan a toreign plan a toreign plan B This return/report is the first return/report a short plan year return/report (less than 12 months) C Check box if filing under: © form SS58 a utomatic extension DFVC program special extension (enter description) Part II Basic Plan Informationenter all requested information 1b Three-digit plan number (cm) VELOCITY PARTNERS LLC 401 K PROFIT SHARING PLAN TRUST 1b Three-digit plan number (cm) 001 12 Plan sponsor's name (employer, if for a single-employer plan) Malling address (include room, apt., sule no. and street, or P.O. Box) 2b Employer (denification Numbe (EIN) 20-89204 2d Plan sponsor's name (employer, if for a single-employer plan) Malling address (include room, apt., sule no. and street, or P.O. Box) 2c Sponsor's telephone number (SS) 42-920 2d Business code (see instructions) 2d Business code (see instructions) 2c Sponsor's telephone number (SS) 42-920 3a Plan administrator's name and address (Same as Plan Sponsor. 3b Administrator's ElN 3c 3a D totai number of participants at the eoginning of the plan yea				016	and ending 12	/31/2016					
a one-participant plan a foreign plan B This return/report is the first return/report a short plan year return/report (less than 12 months) C Check box if filing under: G Form 5558 automatic extension DFVC program special extension (enter description) DPVC program special extension (enter description) Part III Basic Plan Information—enter all requested information 1b Three-digit plan number (PN) 1a Name of plan and special extension (enter description) 001 1c Effective date of plan. VELOCITY PARTNERS LLC 401 K PROFIT SHARING PLAN TRUST 1b Three-digit plan number (PN) 001 2a Plan sponsor's name (employer, if for a single-employer plan) the file promote character promote character (PN) 001 24 Plan sponsor's name (employer, if so a single-employer plan) 2b Employer (dentification Numbe (EIN) 20.8394475 2c VELOCITY PARTNERS LLC 20 State or promote stelephone number (SD) 2c Sponsor's stelephone number (SD) 2c 21200 NE 160TH STREET #240 3c Administrator's telephone number form the last return/report filed for this plan, enter the name. EN, and the plan number from the last return/report filed for this plan, enter the name. EN, and the plan number from the last return/report filed for this plan, enter the fast of the plan spons		þ			an (not multiemployer) (F		-				
an amended retum/report a short plan year retum/report (less than 12 months) C Check box if filing under: Form 5558 automatic extension DFVC program Part II Basic Plan Information —enter all requested information 1 Three-digit plan number VELOCITY PARTNERS LLC 401 K PROFIT SHARING PLAN TRUST Ib Three-digit plan number 001 12 Plan sponsor's name (employer, If for a single-employer plan) 1 C Effective date of plan - 0401/2007 2a Plan sponsor's name (employer, If for a single-employer plan) And steet, or P.O. Box) 2b Employer Identification Number (EIN) 20-4334477. VELOCITY PARTNERS LLC 2b Sponsor's telephone number 42-52-205-9204 2d Businescode (eas instruction 511210 12000 NE 1807H STREET #240 3c Administrator's name and address Same as Plan Sponsor. 3b Administrator's telephone number 42-52-205-9204 2d Businstrator's telephone number 62-53 name Same as Plan Sponsor. 3b Administrator's telephone number 62-53 name 3a Plan administrator's name and address Same as Plan sponsor. 3b 5b 5b 5a Total number of participants at the beginning of the plan year 5a 5b 5c 5d	A This ret	turn/report is for:	a one-participant plan		ployer information in ac	cordance w	vith the form	instructions.)			
C C Check box if filing under: Form 5558 automatic extension DFVC program Part II Basic Plan Information—enter all requested information 1 Three-digit plan number (PN) 001 12 Name of plan 1 Three-digit plan number (PN) 001 2a Plan sponsor's name (employer, if for a single-employer plan) Maing address (include room, apt., sute no. and street, or P.O. Box) 2b Employer Identification Number (EN) City or forw, state or protunce, country, and ZIP or foreign postal code (if foreign, see instructions) 2c Sponsor's transe (employer, if for a single-employer plan) VELOCITY PARTNERS LLC 2D Employer Identification Number (EN) 2d Business code (see instructions) VELOCITY PARTNERS LLC 2D Sponsor's transe (employer, if for a single-employer plan) 2d Business code (see instructions) VELOCITY PARTNERS LLC 2d Business code (see instruction Street et as a sponsor) 2d Business code (see instruction Street et as a sponsor's name and address is Same as Plan Sponsor. 3b Administrator's telephone number from the last return/report. 3b Administrator's telephone nume for the plan year. 5a 5b 5b 5a Total number of participants at the beginning of the plan year. 5a 5	B This retu	urn/report is									
Image: Instruction of the second stream of the plan property			an amended return/report		h/report (less than 12 mo	_					
Part II Basic Plan Information—enter all requested information 1a Name of plan 1b Three-digit plan number (PN) 1c Effective date of plan 001 1c Effective date of plan 001 2a Plan sponsor's name (employer, if for a single-employer plan) 01 Maling address (include room, apt., suite no. and street, or P.O. Box) 2b Employer Identification Number (EN) or town, state or province, country, and 2IP or foreign postal code (if foreign, see instructions) 2b Employer Identification Number (EN) or Suite no. and street, or P.O. Box) 21000 NE 180TH STREET #240 2c Sponsor's telephone number 425-550-9204 2d Business code (see instruction S11210 3a Plan administrator's name and address in sponsor. 3b Administrator's EIN 3c Administrator's telephone num 4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the asponsor's name 4c PN 3a Plan administrator's name and address in the beginning of the plan year. 5a 5b 50 5c 5c 5c 5a 5c 5c 5c 5a 5c 5d(1) 5d(2) 5a 5d(2) 5e 5d(2) 5a 5d(1) 5d(2) 5e 5d(1)	Check I	box if filing under:			l	DFVC p	orogram				
1a Name of plan VELOCITY PARTNERS LLC 401 K PROFIT SHARING PLAN TRUST 1b Truee-digit plan number (PN) ▶ 001 1c Effective date of plan (40/12/007) 1c Effective date of plan (40/12/007) 04/01/2/007 2a Plan sponsor's name (employer, if for a single-employer plan) 2b Employer Identification Number (EIN) 20-8394475 2c Sponsor's telephone number 426-205-839244 2d Distribution (EIN) 2d Business code (see instructions) 2d Business code (see instruction 511210 3a Plan administrator's name and address (Same as Plan Sponsor. 3b Administrator's EIN 3c Administrator's telephone number 426-205-839244 3a Plan administrator's name and address (Same as Plan Sponsor. 3b Administrator's telephone number 426-205-839244 3c Administrator's telephone number 426-205-839244 3a Plan administrator's name and address (Same as Plan Sponsor. 3b Administrator's telephone number 426-205-839244 3c Administrator's telephone number 426-205-839244 3a Plan administrator's telephone number for the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN, and the plan number (form the last return/report. 3b Administrator's telephone number 5a Total number of participants at the edgining of the plan year	Dant II	Desis Disu Inform		,							
VELOCITY PARTNERS LLC 401 K PROFIT SHARING PLAN TRUST plan number (PN) b 001 2a Plan sponsor's name (employer, if for a single-employer plan) Maiing address (include room, act, suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) 2b Employer (dentification Number (EIN) 20-8394475 2a Plan sponsor's name (employer, if for a single-employer plan) Maiing address (include room, act, suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) 2b Employer (dentification Number (EIN) 20-8394475 2d Business code (see instruction BOTHELL, WA 98011 3b Administrator's telephone number 4.25:205-8204 3a Plan administrator's name and address Plan Sponsor. 3b Administrator's telephone num 5.12:10 3c Administrator's telephone num 4c PN 5a Total number of participants at the beginning of the plan year 5a 5b 5c complete this item). 5d(1) 5d(2) 5d(1) 5d(2) 5d(2) caution: A panalty for the late or incomplete set of the plan year with accound benefits that were less 5c Caution: A panalty for the late or incomplete set of the instructions year of the glan year with accound benefits that tervinerport, and to the best of my knowledge an ealled, it is recurrice of participants at the end of the plan year. 5d(2)			mation—enter all requested info	ormation		1h Thra	o diait				
Image: Construction of the plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) Zb Employer Identification Number (EIN) 20-4334475 VELOCITY PARTNERS LLC Zb Employer Identification Number (EIN) 20-4334475 Zc Sponsor's telephone number (ZiN) 20-4334475 12900 NE 180TH STREET #240 BOTHELL, WA 98011 Zd Business code (see instruction 511210 Zd Business code (see instruction 511210 3a Plan administrator's name and address Same as Plan Sponsor. 3b Administrator's telephone num 3c Administrator's telephone num 4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN, and the plan number from the last return/report. 3a Administrator's telephone num 5a Total number of participants at the end of the plan year. 5a 5b Total number of participants at the end of the plan year. 5b 6(1) Total number of participants at the enging of the plan year. 5c 6(2) Total number of active participants at the enging of the plan year. 5c 7caution: A penalty for the late or incomplete filling of this return/report will be assessed unless reasonable cause is established. Murder participants at the employment during the plan year with accrued benefits that were less than 100% wested. 5e Caution: A penalty f			PROFIT SHARING PLAN TRUST			plan	plan number				
2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or toxin, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) 2b Employer Identification Number (EIN) 20-8394475 1200 NE 180TH STREET #240 BOTHELL, WA 98011 2c Sponsor's telephone number 425-206-8204 3a Plan administrator's name and address Same as Plan Sponsor. 3b Administrator's EIN 3c Administrator's name address Same as Plan Sponsor. 3c Administrator's telephone number 425-206-8204 2d Business code (see instruction 511210 Sa Administrator's EIN 3a Plan administrator's name and address Same as Plan Sponsor. 3b Administrator's telephone num 511210 3c Administrator's telephone num 5a 5b 5c 5a 5b 5c 5a 5b 5a 5b 5c 5c 5c 611 Total number of participants at the end of the plan year					-	· · ·	1c Effective date of plan				
VELOCITY PARTNERS LLC 2C Sponsor's telephone number 425-205-9204 12900 NE 180TH STREET #240 2d Business code (see instruction 511210 3a Plan administrator's name and address Same as Plan Sponsor. 3b Administrator's EIN 3c Administrator's name and address Same as Plan Sponsor. 3c Administrator's telephone number of participants at the beginning of the plan year. 4b EIN 3a Plan administrator of articipants at the beginning of the plan year. 5a 5a 5b 5a Total number of participants at the beginning of the plan year. 5b 5c 5d(1) 5d(2) Total number of active participants at the end of the plan year. 5d(2) 5e 5e 6 Number of participants at the end of the plan year. 5d(2) 5e 5e 5e 7d(1) Total number of active participants at the end of the plan year. 5d(2) 5e 5e <td< td=""><td>Mailing</td><td>g address (include room,</td><td>apt., suite no. and street, or P.O.</td><td></td><td></td><td colspan="5">2b Employer Identification Number</td></td<>	Mailing	g address (include room,	apt., suite no. and street, or P.O.			2b Employer Identification Number					
22000 NE 180TH STREET #240 2d Business code (see instruction S11210 3a Plan administrator's name and address S Same as Plan Sponsor. 3b Administrator's EIN 3c Administrator's name and address S Same as Plan Sponsor. 3b Administrator's telephone num 4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN, and the plan number from the last return/report. 4b EIN a Sponsor's name 4c PN 5a Total number of participants at the beginning of the plan year. 5b c Number of participants with account balances as of the end of the plan year. 5d(1) d(1) Total number of active participants at the end of the plan year. 5d(1) d(2) Total number of active participants at the end of the plan year. 5d(1) d(2) Total number of active participants at the end of the plan year. 5d(2) e Number of participants that terminated employment during the plan year with accound benefits that were less than 100% vested. 5d(2) Caution: A panalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established. Under prenalities of perjury and the prenaletes set forth in the instructors, I declare that I have examined this return/report, and to the best of my knowledge at belief. It is true, correct, and complete. Sign ture of plant year well as the electronic version of this return/report, and to the best of my knowledge at be			country, and ZIP or foreign posta	al code (if foreign, see instr	uctions)	2c Sponsor's telephone number					
BOTHELL, WA 98011 30 Difference 3a Plan administrator's name and address Same as Plan Sponsor. 3b Administrator's EIN 3c Administrator's name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN, and the plan number from the last return/report. 4b EIN a Sponsor's name 4c PN 5a Total number of participants at the beginning of the plan year 5a b Total number of participants with account balances as of the end of the plan year. 5b c Number of participants with account balances as of the end of the plan year. 5d(1) d(1) Total number of active participants at the end of the plan year. 5d(1) d(2) Total number of active participants at the end of the plan year. 5d(2) e Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested. 5e Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established. 5chedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/report, including, if applicable, a Sched Sched UB Sched UB completed and signed by an enrolled actuary, as well as the electronic version of this return/report, and to the best of my knowledge at signature. Signature of plan administrator Date Enter name of individual signing as plan administrator <td< td=""><td></td><td></td><td></td><td></td><td>-</td><td>2d Busir</td><td></td><td></td></td<>					-	2d Busir					
4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN, and the plan number from the last return/report. 4b EIN a Sponsor's name 4c PN 5a 5a 5b 5c c Number of participants at the beginning of the plan year						511210					
4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN, and the plan number from the last return/report. 4b EIN a Sponsor's name 4c PN 5a 5a 5b c Number of participants at the beginning of the plan year 5a 5b c Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item). 5d(1) 5d(1) d(1) Total number of active participants at the beginning of the plan year. 5d(2) 5e d(2) Total number of active participants at the end of the plan year. 5d(2) 5e e Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested. 5e 5e Caution: A penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including, if applicable, a Sched SG or Schedule MS completed and signed by an enrolled actuary, as well as the electronic version of this return/report, and to the best of my knowledge are belief, it is true, correct, and complete. 10/16/2017 SHANNON HENTSCHELL Signature of plan administrator Date Enter name of individual signing as employer or plan sponsor	3a Plan a	dministrator's name and	address X Same as Plan Spon	sor.		3b Administrator's EIN					
name, EIN, and the plan number from the last return/report. 4c PN a Sponsor's name 4c PN 5a Total number of participants at the beginning of the plan year 5a b Total number of participants at the end of the plan year. 5b c Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item). 5c d(1) Total number of active participants at the beginning of the plan year. 5d(1) d(2) Total number of active participants at the end of the plan year. 5d(2) e Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested. 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 periury and other penalties set forth in the instructions, I declare that I have examined this return/report, including, if applicable, a Sched 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 are belief, it is true, correct, and complete. SIGN Filed with authorized/valid electronic signature. 10/16/2017 SHANNON HENTSCHELL HERE Signature of plan administrator Date Enter name of individual signing as employer or plan sponsor					-	3c Administrator's telephone number					
name, EIN, and the plan number from the last return/report. 4c PN a Sponsor's name 4c PN 5a Total number of participants at the beginning of the plan year 5a b Total number of participants at the end of the plan year. 5b c Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item). 5c d(1) Total number of active participants at the beginning of the plan year. 5d(1) d(2) Total number of active participants at the end of the plan year. 5d(2) e Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested. 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 periury and other penalties set forth in the instructions, I declare that I have examined this return/report, including, if applicable, a Sched 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 are belief, it is true, correct, and complete. SIGN Filed with authorized/valid electronic signature. 10/16/2017 SHANNON HENTSCHELL HERE Signature of plan administrator Date Enter name of individual signing as employer or plan sponsor											
name, EIN, and the plan number from the last return/report. 4c PN a Sponsor's name 4c PN 5a Total number of participants at the beginning of the plan year 5a b Total number of participants at the end of the plan year. 5b c Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item). 5c d(1) Total number of active participants at the beginning of the plan year. 5d(1) d(2) Total number of active participants at the end of the plan year. 5d(2) e Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested. 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 periury and other penalties set forth in the instructions, I declare that I have examined this return/report, including, if applicable, a Sched 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 are belief, it is true, correct, and complete. SIGN Filed with authorized/valid electronic signature. 10/16/2017 SHANNON HENTSCHELL HERE Signature of plan administrator Date Enter name of individual signing as employer or plan sponsor	4 If the r	name and/or FIN of the r	blan sponsor has changed since t	be last return/report filed fo	or this plan, enter the	4b FIN					
5a Total number of participants at the beginning of the plan year 5a b Total number of participants at the end of the plan year 5b c Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item). 5c d(1) Total number of active participants at the beginning of the plan year 5d(1) d(2) Total number of active participants at the end of the plan year 5d(2) e Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested. 5e Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established. 5e 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 Sched SB or Schedule MB complete. 5if multicle with authorized/valid electronic signature. SIGN Filed with authorized/valid electronic signature. 10/16/2017 SHANNON HENTSCHELL Signature of plan administrator Date Enter name of individual signing as employer or plan sponsor	name	, EIN, and the plan numb									
b Total number of participants at the end of the plan year			t the beginning of the plan year					C			
C Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	-										
d(1) Total number of active participants at the beginning of the plan year	C Numb	er of participants with ac	count balances as of the end of t	he plan year (only defined	contribution plans	5c					
e Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested. 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 Sched 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 ar belief, it is true, correct, and complete. SIGN HERE Filed with authorized/valid electronic signature. 10/16/2017 SHANNON HENTSCHELL Signature of plan administrator Date Enter name of individual signing as plan administrator Signature of employer/plan sponsor Date Enter name of individual signing as employer or plan sponsor	d(1) Tota	al number of active parti	cipants at the beginning of the pla	an year		5d(1)					
than 100% vested Jee 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 Sched 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 ar belief, it is true, correct, and complete. SIGN Filed with authorized/valid electronic signature. 10/16/2017 SHANNON HENTSCHELL Signature of plan administrator Date Enter name of individual signing as plan administrator Signature of employer/plan sponsor Date Enter name of individual signing as employer or plan sponsor	• •					5d(2)	5d(2) 10				
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 Sched 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 are belief, it is true, correct, and complete. SIGN HERE Filed with authorized/valid electronic signature. 10/16/2017 SHANNON HENTSCHELL Signature of plan administrator Date Enter name of individual signing as plan administrator Signature of employer/plan sponsor Date Enter name of individual signing as employer or plan sponsor						5e		C			
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 ar belief, it is true, correct, and complete. SIGN HERE Filed with authorized/valid electronic signature. 10/16/2017 SHANNON HENTSCHELL Signature of plan administrator Date SIGN HERE Signature of employer/plan sponsor Date Enter name of individual signing as employer or plan sponsor						se is estal	blished.				
Signature of plan administrator Date Enter name of individual signing as plan administrator Signature of employer/plan sponsor Date Enter name of individual signing as employer or plan spon	SB or Sche	edule MB completed and	signed by an enrolled actuary, a								
Signature of plan administrator Date Enter name of individual signing as plan administrator SIGN HERE Signature of employer/plan sponsor Date Enter name of individual signing as employer or plan spon					SHANNON HENTSCH	ELL					
HERE Signature of employer/plan sponsor Date Enter name of individual signing as employer or plan spon	HERE	Signature of plan ad	ministrator	Date	Enter name of individu	ividual signing as plan administrator					
Signature of employer/plan sponsor Date Enter name of individual signing as employer or plan spon											
Preparer's name (including firm name, if applicable) and address (include room or suite number) Preparer's telephone number											
	Preparer's	name (including firm nar	ne, if applicable) and address (in	clude room or suite numbe	r)	Preparer's	s telephone r	number			

b c	under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.)								
<u>га</u> 7	Part III Financial Information								
<u> </u>	Plan Assets and Liabilities	_	(a) Beginning of Year 1503013	(b) End of Year 1769810					
<u>a</u>	Total plan assets	7a	0	0					
b	Total plan liabilities	7b		-					
C	Net plan assets (subtract line 7b from line 7a)	7c	1503013	1769810					
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount	(b) Total					
а	Contributions received or receivable from: (1) Employers	8a(1)	2824						
	(2) Participants	8a(2)	6757						
	(3) Others (including rollovers)	8a(3)	0						
b	Other income (loss)	8b	257216						
C	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c		266797					
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	0						
е	Certain deemed and/or corrective distributions (see instructions).	8e	0						
f	Administrative service providers (salaries, fees, commissions)	8f	0						
g	Other expenses	8g	0						
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h		0					
i	Net income (loss) (subtract line 8h from line 8c)	8i		266797					
j	Transfers to (from) the plan (see instructions)	8j	0						

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: 2E 2F 2G 2J 2K 2T 3D

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:			No	N/A	Amount
а	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)	10a		x		
b	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions 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 fidelity bond, that was caused by fraud or dishonesty?	10d		Х		
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.).	10e		х		
f	Has the plan failed to provide any benefit when due under the plan?	10f		Х		
g	Did the plan have any participant loans? (If "Yes," enter amount as of year-end.)	10g		Х		
h	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	10h		Х		
i	If 10h was answered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3	10i				

Part	VI	Pension Funding Compliance							
11		is a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and co m 5500) and line 11a below)						Yes 🗙 No	
11a	Ente	er the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40			11a				
12 Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section								Yes 🗙 No	
		SA? Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)					-		
а	,	valver of the minimum funding standard for a prior year is being amortized in this plan year, see instr	uctior	ns, and	d enter t	he date	of the lett	er ruling	
	gran	ting the waiver	onth_		_ Day		_ Year		
lf	you c	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				
d		tract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the le ative amount)			12d				
е	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	s XI	No	
		es," enter the amount of any plan assets that reverted to the employer this year			13a				
b	Wer	e all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brough rol of the PBGC?	nt und	er the			Yes	X No	
c	lf, d	uring this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the assets or liabilities were transferred. (See instructions.)			to				
1		Name of plan(s):		13c(2)	EIN(s)		13c(3) PN(s)	
Part	VIII	Trust Information							
14a	Name	e of trust			14b ⊺	Frust's E	IN		
14c	Name	e 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:			gn-based "Prior year" ADP harbor test				
				ent year" N/A est					
16a What testing method was used to satisfy the coverage requirements under section 410(b) for the plan year? Check all that apply:				o Average N/A benefit test N/A					
16b Did the plan satisfy the coverage and nondiscrimination requirements of sections 410(b) and 401(a)(4) for the plan year by combining this plan with any other plan under the permissive aggregation rules?							No		
	the le		-			-			
	letter		ter the	e date	of the m	nost rece	ent determ	ination	
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 separce?		from	Ye	s	No		
19	Was	any plan participant a 5% owner who had attained at least age 70 ½ during the prior plan year?			Ye	s	No		