Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation

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

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

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

2016

OMB Nos. 1210-0110

1210-0089

This Form is Open to **Public Inspection**

Part I		rt Identification Information							
For calend	ar plan year 2016 or	fiscal plan year beginning 01/01/	2017 	and ending 0	9/30/2017				
A This re	turn/report is for:	X a single-employer plan			er) (Filers checking this box must attach a accordance with the form instructions.)				
	·	a one-participant plan	a foreign plan						
B This ret	urn/report is	the first return/report	the final return/repo	ort					
		an amended return/report	a short plan year re	eturn/report (less than 12 n	nonths)				
C Check	box if filing under:	on	DFVC program						
Part II	Racic Plan In	special extension (enter desc formation—enter all requested in							
1a Name		Tormation—enter all requested in	liornation		1b Three-digit				
		EROLOGY, P. S. 401(K) PROFI SH	IARING PLAN		plan numbe	r			
					(PN) •	001			
					1c Effective da	te of plan 7/01/1998			
		oloyer, if for a single-employer plan)	O Box)		' '	entification Number 1-1893319			
City or		nce, country, and ZIP or foreign pos		nstructions)	2c Sponsor's telephone number				
						de (see instructions)			
4114 S NAP						21111			
SPOKANE, \	WA 99203								
3a Plan a	dministrator's name	and address X Same as Plan Spo	onsor.		3b Administrate	or's EIN			
					30 Adadatatatat	de televilee e e e e e e e			
					3C Administrato	or's telephone number			
		the plan sponsor has changed since	e the last return/report file	ed for this plan, enter the	4b EIN				
	e, EIN, and the plan r sor's name	number from the last return/report.			4c PN				
5a Total	number of participan	its at the beginning of the plan year			5a	15			
b Total	number of participan	its at the end of the plan year			5b	(
	er of participants wit lete this item)	h account balances as of the end of	f the plan year (only defir	ned contribution plans	5c				
d(1) Tot	al number of active p	participants at the beginning of the p	olan year		5d(1)				
d(2) Tot	tal number of active p	participants at the end of the plan ye	ear		5d(2)	(
than	100% vested	at terminated employment during th			5e	(
		e or incomplete filing of this return							
SB or Sche		other penalties set forth in the instru and signed by an enrolled actuary,							
SIGN		d/valid electronic signature.	10/26/2017	JOSEPH D. FITTERE	ER .				
HERE	Signature of plan	administrator	Date	Enter name of individ	dual signing as plan	administrator			
SIGN									
HERE		oloyer/plan sponsor	Date			loyer or plan sponsor			
Preparer's	name (including firm	n name, if applicable) and address (include room or suite nur	nber)	Preparer's teleph	one number			

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6a Were al	of the plan's assets during the plan year invested in eligib	ole assets?	(See instructions.)						X Ye	es No
under 29	b Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.)								× Ye	es 🗌 No
	n is a defined benefit plan, is it covered under the PBGC in					_	-	No	Not de	termined
Part III	Financial Information	-	<u> </u>		-		-	<u> </u>		
_	sets and Liabilities		(a) Beginning	of Year				(b) End	of Year	
a Total pla	n assets	7a		013505				()		0
b Total pla	n liabilities	7b								
C Net plan	assets (subtract line 7b from line 7a)	7c	3	013505						0
_	Expenses, and Transfers for this Plan Year		(a) Amour	ıt				(b) 1	Γotal	
	tions received or receivable from:									
	oloyers	8a(1)			_					
	icipants	8a(2)								
	ers (including rollovers)	8a(3)		81017						
-	come (loss)	8b		61017	_				040	17
	ome (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							810	17
	paid (including direct rollovers and insurance premiums e benefits)	8d	3	093778						
	deemed and/or corrective distributions (see instructions).	8e								
f Administ	rative service providers (salaries, fees, commissions)	8f		744						
	penses	8g								
	penses (add lines 8d, 8e, 8f, and 8g)	8h							30945	22
	me (loss) (subtract line 8h from line 8c)	8i							-301350)5
	s to (from) the plan (see instructions)	8j								
Part IV F	Plan Characteristics	9,								
	an provides pension benefits, enter the applicable pension	feature co	des from the List of Pl	an Cha	racteri	stic Co	odes in	the inst	tructions:	
b If the pla	an provides welfare benefits, enter the applicable welfare f	eature cod	es from the List of Pla	n Chara	acterist	tic Cod	des in t	he instr	uctions:	
Part V	Compliance Questions									
10 During	the plan year:				Yes	No	N/A		Amoun	t
descri	ere a failure to transmit to the plan any participant contribubed in 29 CFR 2510.3-102? (See instructions and DOL's \amplimes	/oluntary F	iduciary Correction	10a		X				
	here any nonexempt transactions with any party-in-interest d on line 10a.)			10b		X				
C Was th	ne plan covered by a fidelity bond?			10c	X					500000
	plan have a loss, whether or not reimbursed by the plan's d or dishonesty?			10d		X				
carrier,	iny fees or commissions paid to any brokers, agents, or oth insurance service, or other organization that provides son n? (See instructions.)	ne or all of	the benefits under	10e		X				
f Has the	e plan failed to provide any benefit when due under the pla	an?	·····	10f		X				
	plan have any participant loans? (If "Yes," enter amount a	-		10g	X					0
2520.1	s an individual account plan, was there a blackout period? 01-3.)	•••••		10h		X				
	vas answered "Yes," check the box if you either provided to ons 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 on 5500) and line 11a below)						Yes X No
		r 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 se ERISA?								Yes X No
(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)								
	grant	raiver of the minimum funding standard for a prior year is being amortized in this plan year, see ins ing the waiver.	/lonth _	s, and	d enter t Day		of the lett Year	er ruling
If	you co	ompleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line	13.	1		1		
<u>b</u>	Enter	the minimum required contribution for this plan year			12b			
С	Enter	the amount contributed by the employer to the plan for this plan year			12c			
d		ract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the live 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?				X Yes	S [] I	No
	If "Y€	es," enter the amount of any plan assets that reverted to the employer this year			13a			0
b		e all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brougol of the PBGC?		er the			X Yes	No
С		ring this plan year, any assets or liabilities were transferred from this plan to another plan(s), identinassets or liabilities were transferred. (See instructions.)	ify the p	lan(s)	to			
	13c(1)	Name of plan(s):	1	3c(2)	EIN(s)		13c(3) PN(s)
Part	VIII	Trust Information						
14a	Name	of trust			14b ⁻	Trust's E	EIN	
14c	Name	of trustee or custodian					s or custo ne numbe	
Par	t IX	IRS Compliance Questions		<u> </u>				
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:	- ILI ,		n-based arbor	d [] "Prior y test	ear" ADP
				"Curre	ent year est	<u>"</u>	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	ne plan satisfy the coverage and nondiscrimination requirements of sections 410(b) and 401(a)(4) are plan year by combining this plan with any other plan under the permissive aggregation rules?		Yes			No	
	the le							
	letter	plan is an individually-designed plan that received a favorable determination letter from the IRS, e	nter the	date	of the m	nost rece	ent determ	nination
18	Were	ed Benefit Plan or Money Purchase Pension Plan Only: any distributions made during the plan year to an employee who attained age 62 and had not sepa e?		rom	Ye	s [No	
19	Wasa	any plan participant a 5% owner who had attained at least age 70 ½ during the prior plan year?			Ye	s	No	

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

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

2016

OMB Nos 1210-0110 1210-0089

This Form is Open to Public Inspection

For calend	dar plan year 2016 or	fiscal plan year beginning	01/01/2017	and ending	09/30/2	
A This ro	eturn/report is for:			plan (not multiemployer) employer information in a		
A IIIISTO	turrireport is for.	a one-participant plan	a foreign plan	зтрюует тотпалон т а	ccordance with the	tom instructions)
		ш	☐ = 151.5.3 E.=			
B This ret	turn/report is	the first return/report	X the final return/report	t		
		an amended return/report	X a short plan year rete	urn/report (less than 12 m	nonths)	
C Check	box if filing under:	Form 5558	automatic extension	1	DFVC program	1
		special extension (enter descri	-		☐ € F9	•
Part II	Basic Plan Inf	formation—enter all requested inf	· ·			
1a Name	of plan			-	1b Three-digit	
		oenterology, P. S. 401	(K) Profi		plan numbe	
Sharing	r Pian				(PN) 1C Effective da	te of plan
					07/01/1	
		loyer, if for a single-employer plan)				entification Number
		om, apt., suite no. and street, or P.O nce, country, and ZIP or foreign posta		structions)		1893319
		oenterology, P.S	11 0000 (ii 10/0/g/., 001	30 0000107		elephone number
					(509) 74	de (see instructions)
4114 S	Nana				621111	de (see ilistructions)
	•]	
Spokane		and address V Camp on Dian Camp		A 99203	25 41	
Ja Fiaii a	IGNIIIIISU atoi 5 maine a	and address 🏿 Same as Plan Spon	sor.		3b Administrato	or's EIN
				1	3c Administrato	or's telephone number
					3c Administrato	r's telephone number
					3c Administrato	or's telephone number
					3c Administrato	r's telephone number
4 If the spame	name and/or EIN of the	he plan sponsor has changed since t	he last return/report filed	for this plan, enter the	3c Administrato	r's telephone number
name	name and/or EIN of th , EIN, and the plan no or's name	he plan sponsor has changed since tumber from the last return/report.	he last return/report filed	for this plan, enter the	4b EIN	r's telephone number
name a Spons	or's name	umber from the last return/report.				or's telephone number
a Spons 5a Total	, EIN, and the plan nu or's name number of participant	umber from the last return/report.			4b EIN 4c PN	15
a Spons 5a Total a b Total a C Numb	, EIN, and the plan no or's name number of participant number of participant er of participants with	s at the beginning of the plan years at the beginning of the plan years at the end of the plan year	he plan year (only define	ed contribution plans	4b EIN 4c PN 5a 5b	
a Spons 5a Total a b Total a C Numb	e, EIN, and the plan no or's name number of participant number of participant wer of participants with lete this item)	s at the beginning of the plan year s at the end of the plan year n account balances as of the end of the	he plan year (only define	ed contribution plans	4b EIN 4c PN 5a 5b 5c	15
a Spons 5a Total a b Total a C Numb	e, EIN, and the plan no or's name number of participant number of participant wer of participants with lete this item)	s at the beginning of the plan years at the beginning of the plan years at the end of the plan year	he plan year (only define	ed contribution plans	4b EIN 4c PN 5a 5b 5c 5d(1)	15
name a Spons 5a Total a b Total a c Numb compl d(1) Total d(2) Total	e, EIN, and the plan number of participants rumber of participants rer of participants with lete this item) al number of active participants of active participants	s at the beginning of the plan year s at the end of the plan year n account balances as of the end of the plan year articipants at the beginning of the plan articipants at the end of the plan year	he plan year (only define	ed contribution plans	4b EIN 4c PN 5a 5b 5c	15
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name a Spons 5a Total a b Total a c Numb compl d(1) Tota d(2) Tot e Numb than Caution: A	p. EIN, and the plan nuor's name number of participants number of participants with lete this item)	s at the beginning of the plan year s at the end of the plan year account balances as of the end of the plan year articipants at the beginning of the plan year articipants at the end of the plan year to terminated employment during the por incomplete filing of this return.	he plan year (only define in year r plan year with accrued b	ed contribution plans enefits that were less d unless reasonable ca	4b EIN 4c PN 5a 5b 5c 5d(1) 5d(2) 5e use is established	15
name a Spons 5a Total a b Total a c Numb compl d(1) Tota d(2) Tot e Numb than Caution: A Under pena	p. EIN, and the plan nuor's name number of participants number of participants with lete this item)	s at the beginning of the plan year s at the end of the plan year account balances as of the end of the plan year articipants at the beginning of the plan articipants at the end of the plan year terminated employment during the por incomplete filing of this returnation of the penalties set forth in the instructional signed by an enrolled actuary, as	he plan year (only define n year plan year with accrued be freport will be assessed ions. I declare that I have	ed contribution plans enefits that were less d unless reasonable cau	4b EIN 4c PN 5a 5b 5c 5d(1) 5d(2) 5e use is established port, including, if ar	15 ((14 ((((((((((((((((
name a Spons 5a Total a b Total a c Numb compl d(1) Tota d(2) Tot e Numb than Caution: A Under pena	p. EIN, and the plan nuor's name number of participants number of participants with lete this item)	s at the beginning of the plan year s at the end of the plan year account balances as of the end of the plan year articipants at the beginning of the plan articipants at the end of the plan year terminated employment during the por incomplete filing of this returnation of the penalties set forth in the instructional signed by an enrolled actuary, as	ne plan year (only define n year r plan year with accrued be /report will be assessed ions, I declare that I have s well as the electronic ve	end contribution plans benefits that were less d unless reasonable cau e examined this return/report	4b EIN 4c PN 5a 5b 5c 5d(1) 5d(2) 5e use is established port, including, if apt, and to the best of	15 ((14 ((((((((((((((((
b Total of Complete C	number of participant or or or participant or participant or participant or participant or participant or	s at the beginning of the plan year s at the end of the plan year account balances as of the end of the plan articipants at the beginning of the plan articipants at the end of the plan year at terminated employment during the process of the end of the plan years at the end of the plan years terminated employment during the end of the penalties set forth in the instructional signed by an enrolled actuary, as applete.	n year (only define on year	d contribution plans energits that were less d unless reasonable cau e examined this return/report Joseph D. Fitt	4b EIN 4c PN 5a 5b 5c 5d(1) 5e use is established port, including, if apt, and to the best of the set o	15 (14 (14 (17) (18) (18) (18) (19) (19) (19) (19) (19) (19) (19) (19
name a Spons 5a Total a b Total a c Numb compl d(1) Total d(2) Tot e Numb than Caution: A Under pena SB or Sche belief, it is to	p. EIN, and the plan nuor's name number of participants number of participants with lete this item)	s at the beginning of the plan year s at the end of the plan year account balances as of the end of the plan articipants at the beginning of the plan articipants at the end of the plan year at terminated employment during the process of the end of the plan years at the end of the plan years terminated employment during the end of the penalties set forth in the instructional signed by an enrolled actuary, as applete.	ne plan year (only define n year r plan year with accrued be /report will be assessed ions, I declare that I have s well as the electronic ve	end contribution plans benefits that were less d unless reasonable cau e examined this return/report	4b EIN 4c PN 5a 5b 5c 5d(1) 5e use is established port, including, if apt, and to the best of the set o	15 (14 (14 (17) (18) (18) (18) (19) (19) (19) (19) (19) (19) (19) (19
name a Spons 5a Total a b Total a c Numb compl d(1) Total d(2) Tot e Numb than Caution: A Under pena SB or Sche belief, it is t	number of participant or or participant number of participant or of participant or of participant or of participant or of participants with lete this item)	s at the beginning of the plan year s at the end of the plan year account balances as of the end of the articipants at the beginning of the plan articipants at the beginning of the plan year at terminated employment during the process of the end of the plan years of the plan years at the end of the plan years terminated employment during the process of the plan years of the penalties set forth in the instructional signed by an enrolled actuary, as applete.	he plan year (only define on year r plan year with accrued b freport will be assessed ions, I declare that I have s well as the electronic ve	d contribution plans energits that were less d unless reasonable cau e examined this return/re ersion of this return/report Joseph D. Fitt Enter name of individu	4b EIN 4c PN 5a 5b 5c 5d(1) 5d(2) 5e use is established port, including, if and to the best of the best of the series and the series are sual signing as plan	15 (((((((((((((((((((
name a Spons 5a Total a b Total a c Numb compl d(1) Tota d(2) Tot e Numb than Caution: A Under pena SB or Sche belief, it is to SIGN HERE	p. EIN, and the plan nuor's name number of participants number of participants with lete this item)	s at the beginning of the plan year s at the end of the plan year account balances as of the end of the plan articipants at the beginning of the plan articipants at the end of the plan year at terminated employment during the process of the end of the plan years at the end of the plan years terminated employment during the end of the penalties set forth in the instructional signed by an enrolled actuary, as applete.	he plan year (only define on year	d contribution plans enefits that were less d unless reasonable car e examined this return/re ersion of this return/report Joseph D. Fitt Enter name of individu	4b EIN 4c PN 5a 5b 5c 5d(1) 5d(2) 5e use is established port, including, if and to the best of the best of the series and the series are sual signing as plan	15 ((14 ((((((((((((((((
name a Spons 5a Total a b Total a c Numb compl d(1) Tota d(2) Tot e Numb than Caution: A Under pena SB or Sche belief, it is to SIGN HERE	p. EIN, and the plan nuor's name number of participants number of participants with lete this item)	s at the beginning of the plan year s at the end of the plan year n account balances as of the end of the plan year articipants at the beginning of the plan articipants at the end of the plan year terminated employment during the process of the end of the plan year the terminated employment during the period of the plan years the penalties set forth in the instruction and signed by an enrolled actuary, as applete.	he plan year (only define on year	d contribution plans enefits that were less d unless reasonable car e examined this return/re ersion of this return/report Joseph D. Fitt Enter name of individu	4b EIN 4c PN 5a 5b 5c 5d(1) 5d(2) 5e use is established port, including, if and to the best of	15 (((((((((((((((((((
name a Spons 5a Total a b Total a c Numb compl d(1) Tota d(2) Tot e Numb than Caution: A Under pena SB or Sche belief, it is to SIGN HERE	p. EIN, and the plan nuor's name number of participants number of participants with lete this item)	s at the beginning of the plan year s at the end of the plan year n account balances as of the end of the plan year articipants at the beginning of the plan articipants at the end of the plan year terminated employment during the process of the end of the plan year the terminated employment during the period of the plan years the penalties set forth in the instruction and signed by an enrolled actuary, as applete.	he plan year (only define on year	d contribution plans enefits that were less d unless reasonable car e examined this return/re ersion of this return/report Joseph D. Fitt Enter name of individu	4b EIN 4c PN 5a 5b 5c 5d(1) 5d(2) 5e use is established port, including, if and to the best of	15 ((14 ((((((((((((((((
name a Spons 5a Total a b Total a c Numb compl d(1) Tota d(2) Tot e Numb than Caution: A Under pena SB or Sche belief, it is to SIGN HERE	p. EIN, and the plan nuor's name number of participants number of participants with lete this item)	s at the beginning of the plan year s at the end of the plan year n account balances as of the end of the plan year articipants at the beginning of the plan articipants at the end of the plan year terminated employment during the process of the end of the plan year the terminated employment during the period of the plan years the penalties set forth in the instruction and signed by an enrolled actuary, as applete.	he plan year (only define on year	d contribution plans enefits that were less d unless reasonable car e examined this return/re ersion of this return/report Joseph D. Fitt Enter name of individu	4b EIN 4c PN 5a 5b 5c 5d(1) 5d(2) 5e use is established port, including, if and to the best of	15 (((((((((((((((((((

Form		

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6a b	Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.) Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) under 29 CFR 2520 104-46? (See instructions on waiver eligibility and conditions.) If you answered "No" to either line 6a or line 6b, the plan cannot use Form 5500-SF and must instead use Form 5500.								X Yes No
С	If the plan is a defined benefit plan, is it covered under the PBGC i								Not determined
Pa	rt III Financial Information	_							
7	Plan Assets and Liabilities		(a) Beginning	of Yea	<u>r</u>]			(b) End	of Year
a	Total plan assets	. 7a	3,	013,	505				(
<u>b</u>	Total plan liabilities	. 7b							
<u> </u>	Net plan assets (subtract line 7b from line 7a)	7c	3,	013,	505				
_8	Income, Expenses, and Transfers for this Plan Year		(a) Amou	nt				(b) T	otal
а	Contributions received or receivable from.								
	(1) Employers	8a(1)							
	(2) Participants	 							· · · · · · · · · · · · · · · · · · ·
<u> </u>	(3) Others (including rollovers)		<u></u>		045				
	Other income (loss)	8b		81,	017				
d	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) Benefits paid (including direct rollovers and insurance premiums	8c							81,017
u	to provide benefits).	8d	3,	093,	778				
е	Certain deemed and/or corrective distributions (see instructions)	8e						-	
f	Administrative service providers (salaries, fees, commissions)	8f		-	744				
g	Other expenses	8g		-					<u> </u>
h	Total expenses (add lines 8d, 8e, 8f, and 8g)								3,094,522
i	Net income (loss) (subtract line 8h from line 8c)	8i							-3,013,505
j	Transfers to (from) the plan (see instructions)	8i							3,013,303
Pai	rt IV Plan Characteristics	<u> </u>	-		<u> </u>				
9a	If the plan provides pension benefits, enter the applicable pension 2E 2F 2G 2J 3D	feature co	odes from the List of P	an Cha	racteri	stic Co	odes in	the instr	uctions.
b	If the plan provides welfare benefits, enter the applicable welfare for	eature coo	les from the List of Pla	n Char	acteris	tic Cod	des ın t	he instru	ctions.
Par	t V Compliance Questions								
10	During the plan year:				Yes	No	N/A		Amount
a	Was there a failure to transmit to the plan any participant contribu	tions withi	n the time period						
	described in 29 CFR 2510.3-102? (See instructions and DOL's V			40-		.,			
<u>b</u>	Program) Were there any nonexempt transactions with any party-in-interest			10a		X		·	
	reported on line 10a.)			10b		Χ			
	Was the plan covered by a fidelity bond?		······································	10c	Х				500,000
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 other carrier, insurance service, or other organization that provides som the plan? (See instructions.)	ner person	s by an insurance the benefits under	10e		Х			
f	Has the plan failed to provide any benefit when due under the plan			10f		Х			
g				10g	Χ				0
h	If this is an individual account plan, was there a blackout period? (2520.101-3.)	(See instru	octions and 29 CFR	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	ne required	notice or one of the	10i					

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						_
Part \						
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and co (Form 5500) and line 11a below)	mplete Scl	nedule S	BB		Yes X N
_11a	Enter the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40		11a			
12	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Cod ERISA?	e or section	n 302 o	f		Yes X No
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)				1 -	Ч
a	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instru- granting the waiver	uctions, an	d enter		of the lette Year	er ruling
lf y	ou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13					
b	nter the minimum required contribution for this plan year	<u></u>	12b			
C E	nter the amount contributed by the employer to the plan for this plan year		12c			
	Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the lef negative amount)	t of a	12d			
е	Will the minimum funding amount reported on line 12d be met by the funding deadline?			Yes	No	N/A
Part V	II Plan Terminations and Transfers of Assets					
13a	Has a resolution to terminate the plan been adopted in any plan year?			X Yes		lo
	If "Yes," enter the amount of any plan assets that reverted to the employer this year				<u> Ľ</u>	
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought control of the PBGC?	under the		Σ	Yes	No
С	If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify			<u> </u>		
	which assets or liabilities were transferred. (See instructions) c(1) Name of plan(s):	40-/0		—-		
	of ty thank of plants.	13C(2)	EIN(s)		130(3) PN(s)
Part \	/III Trust Information		_			
14a N	ame of trust		14b T	rust's Ell	4	
14c N	ame of trustee or custodian		14d T	rustee's	or custod	ian's
				elephone		
Part	X IRS Compliance Questions					
15a Is	the plan a 401(k) plan? If "No," skip b	Yes			No	
15b ∺	ow did the plan satisfy the nondiscrimination requirements for employee deferrals under section	Desig	n-based arbor		"Prior ye	ar" ADP
40	01(k)(3) for the plan year? Check all that apply	☐ "Curre	nt year"	П	N/A	
16a v	/hat testing method was used to satisfy the coverage requirements under section 410(b) for the plan	□ ADP t				
у	ear? Check all that apply	Ratio perce	ntage	Ave bend	rage efit test	□ N/A
16b	d the plan satisfy the coverage and nondiscrimination requirements of sections 410(b) and 401(a)(4)	П Уде			No	<u>-</u>

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

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?.....

and the serial number

Defined Benefit Plan or Money Purchase Pension Plan Only:

the letter

Yes

Yes

Yes

∏ No

☐ No

No