Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation

Annual Report Identification Information

Short Form Annual Return/Report of Small Employee Benefit Plan

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

2016

This Form is Open to

Public Inspection

OMB Nos. 1210-0110

1210-0089

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

For calendar plan year 2016 or fiscal plan year beginning and ending X a single-employer plan a multiple-employer plan (not multiemployer) (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.) **A** This return/report is for: a one-participant plan a foreign plan the final return/report B This return/report is the first return/report an amended return/report a short plan year return/report (less than 12 months) C Check box if filing under: DFVC program Form 5558 automatic extension special extension (enter description) Part II Basic Plan Information—enter all requested information 1a Name of plan 1b Three-digit PAGECOM RETIREMENT PLAN plan number 001 (PN) • 1c Effective date of plan 01/01/2012 2a Plan sponsor's name (employer, if for a single-employer plan) **2b** Employer Identification Number Mailing address (include room, apt., suite no. and street, or P.O. Box) 91-1976003 (EIN) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) Sponsor's telephone number PAGECOM, INC. 425-445-7800 2d Business code (see instructions) 17371 N.E. 67TH COURT, SUITE 211 517000 REDMOND, WA 98052 **3a** Plan administrator's name and address X Same as Plan Sponsor. 3b Administrator's EIN 3c Administrator's telephone number If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the 4b EIN name, EIN, and the plan number from the last return/report. 4c PN a Sponsor's name 5a 63 5a Total number of participants at the beginning of the plan year 5b 0 **b** Total number of participants at the end of the plan year..... Number of participants with account balances as of the end of the plan year (only defined contribution plans 0 5c complete this item)..... 51 5d(1) d(1) Total number of active participants at the beginning of the plan year..... 5d(2) 0 d(2) Total number of active participants at the end of the plan year..... Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested..... Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including, if applicable, a Schedule SB or Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete Filed with authorized/valid electronic signature. 2/14/2017 JASON SURPRENANT SIGN HERE 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 sponsor Preparer's name (including firm name, if applicable) and address (include room or suite number) Preparer's telephone number For Paperwork Reduction Act Notice, see the Instructions for Form 5500-SF. Form 5500-SF (2016)

Form 5500-SF 2016 Page **2**

b Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IOPA) under 20 FF 2550.104-46 (See instructions on waiver eligibility and conditions.) \(\text{Ves} \) Ves \ \ No \ Not determined \ \text{Ves} \ \text{Not determined} \ \text{Part III Financial Information} \] 7 Plan Assets and Liabilities \ \(\text{7 a 239302} \) O	6a Were all of the plan's assets during the plan year invested in eligible	ble assets?	(See instructions.)						X Yes No
If you answered "No" to either line 6a or line 6b, the plan cannot use Form 5500-SF and must instead use Form 5500. C If the plan is a define benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)?									X Yes □ No
Part III Financial Information (a) Beginning of Year (b) End of Year 236302 0 0 0 1 1 1 1 1 1 1	, ,		,					•••••	
7 Plan Assets and Liabilities						_		No 🗌	Not determined
a Total plan assets	Part III Financial Information						•		
a Total plan assets			(a) Beginning	of Year				(b) End of Y	ear
C Net plan assets (subtract line 7b from line 7a)	a Total plan assets	7a						•	
8 Income, Expenses, and Transfers for this Plan Year a Contributions received or receivable from: (1) Employers. (2) Participants. (3) Others (including rollovers). (3) Others (including rollovers). (4) Employers. (5) End of the plan form (loss). (6) Other income (loss). (7) Employers. (8) Other spenses (lockliding of the plan form (loss). (8) Other spenses (lockliding direct rollovers and insurance premiums to provide benefits). (8) Other expenses (lockliding direct rollovers and insurance premiums to provide benefits). (8) Other expenses (and direct sold sirbutions (see instructions). (8) Other expenses (and direct sold sirbutions (see instructions). (9) Other expenses (and times 8d, 8e, 8f, and 8g). (9) Other expenses (and times 8d, 8e, 8f, and 8g). (9) Other expenses (and times 8d, 8e, 8f, and 8g). (9) Transfers to (from) the plan (see instructions). (9) Transfers to (from) the plan (see instructions). (9) Transfers to (from) the plan (see instructions). (9) If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: (10) Expenses (and times 8d, 8e, 8f, and 8g). (11) If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions: (12) Expenses (and times 8d, 8e, 8f, and 8g). (13) If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions: (14) Expenses (and times 8da). (15) Expenses (and times 8da). (16) Expenses (and times 8da). (17) Expenses (and times 8da). (18) Expenses (and times 8da). (1	b Total plan liabilities	7b							
a Contributions received or receivable from: (i) Employers (i) Employers (ii) Employers (iii) Employers (iiii) Employers (iiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiii	C Net plan assets (subtract line 7b from line 7a)	7c		236302					0
(1) Employers	8 Income, Expenses, and Transfers for this Plan Year		(a) Amour	nt				(b) Total	<u> </u>
(2) Participants									
(3) Other including rollovers)									
b Other income (loss)									
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	- · · · · · · · · · · · · · · · · · · ·			32475	,				
d Benefits paid (including direct rollovers and insurance premiums to provide benefits)									32475
e Certain deemed and/or corrective distributions (see instructions). 8		00							
f Administrative service providers (salaries, fees, commissions)		8d		265226					
g Other expenses (add lines 8d, 8e, 8f, and 8g)	e Certain deemed and/or corrective distributions (see instructions).	8e							
Total expenses (add lines 8d, 8e, 8f, and 8g)	f Administrative service providers (salaries, fees, commissions)	8f							
Net income (loss) (subtract line 8h from line 8c)	g Other expenses	8g		3551					
Transfers to (from) the plan (see instructions)	h Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							
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: 2A 2E 2G 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: 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)		8i							-236302
Second		8j							
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									
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.)		n feature co	des from the List of Pl	an Cha	racteri	stic Co	des in	the instructi	ions:
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	feature cod	les from the List of Pla	n Chara	acteris	tic Coc	les in t	he instructio	ons:
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	Part V Compliance Questions								
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.)					Yes	No	N/A	Α	mount
b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)									
b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)				10a		X			
C Was the plan covered by a fidelity bond?	b Were there any nonexempt transactions with any party-in-interes	st? (Do not	include transactions	10b		X			
d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	,			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.)						X			
g Did the plan have any participant loans? (If "Yes," enter amount as of year-end.)	e Were any fees or commissions paid to any brokers, agents, or ot carrier, insurance service, or other organization that provides sor	ther person me or all of	s by an insurance the benefits under			Х			
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	an?		10f		X			
2520.101-3.)	g Did the plan have any participant loans? (If "Yes," enter amount a	as of year-e	end.)			X			
i If 10h was answered "Yes," check the box if you either provided the required notice or one of the				10h		X			
	i If 10h was answered "Yes," check the box if you either provided t	the required	d notice or one of the	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 c n 5500) and line 11a below)						Yes No
		r the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40			11a		_	
12		is a defined contribution plan subject to the minimum funding requirements of section 412 of the Co. A?						Yes X No
	(lf "\	es," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)						
	grant	raiver of the minimum funding standard for a prior year is being amortized in this plan year, see ins ing the waiver.	/lonth _	s, and	d enter t Day		of the lett Year	-
If	you co	ompleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line	13.	1		1		
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 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		1				
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:			n-based arbor	d [erior y test	/ear" ADP
			IП '	"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	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?		Yes			No	
	the le		-					
	letter	plan is an individually-designed plan that received a favorable determination letter from the IRS, en/	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	Was a	any plan participant a 5% owner who had attained at least age 70 ½ during the prior plan year?			Ye	s [No	

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.

1210-0089

2016

OMB Nos. 1210-0110

This Form is Open to Public Inspection

Part I Annual Repo	ort Identification Information	accordance with	i the in	structions to the Form	n 5500-SF.	
For calendar plan year 2016 of	or fiscal plan year beginning 01/01/201	7				
	X a single-employer plan		nnlovor	and ending 1		
A This return/report is for:		list of partic	npioyer inating	plan (not multiemploye employer information ir	r) (Filers checking	this box must attach
	a one-participant plan	a foreign pla	ın	omployer information (accordance with	tne form instructions.)
B This return/report is	the first return/report	Mu- 6				
2 This return report is	· =	the final retu				
0 0 11 170	an amended return/report	X a short plan	ear ret	urn/report (less than 12	months)	
C Check box if filing under:	Form 5558	automatic ex	tensior	ı	DFVC progr	am
	special extension (enter descri					
Part II Basic Plan In	formation—enter all requested info	rmation				
1a Name of plan PAGECOM RETIREMENT PLAI					1b Three-dig	jit
PAGECOW RETIREWIENT PLAI	N				plan num	ber 001
a a					(PN) •	
	19				1c Effective 01/01/20	
2a Plan sponsor's name (emp	loyer, if for a single-employer plan) om, apt., suite no. and street, or P.O.	D				Identification Number
City or town, state or provir	nce, country, and ZIP or foreign postal	Box) Code (if foreign	see ins	structions)	(EIN) 91-	1976003
PAGECOM, INC.		out (ii roroigii,	000 1110	a deliensy		telephone number
	ie.					(425) 445-7800
7371 N.E. 67TH COURT, SUITE	211				517000	code (see instructions
REDMOND, WA 98052					1 000	
	and address K Same as Plan Sponso					
The real manufactor of reality to	To address A Same as Plan Sponso	or,			3b Administra	itor's EIN
					20 Advisor	tor's telephone numb
4 if the name and/or EIN of th	e plan sponsor has changed since the	last return/repo	rt filed f	for this plan, enter the	4b EIN	
лате, EIN, and the plan nu a Sponsor's name	mber from the last return/report.	·		, , , , , , , , , , , , ,		
	at the hoginaine of the plan was				4c PN	
b Total number of participants	at the beginning of the plan year			«	5a	63
C Number of participants with	at the end of the plan year account balances as of the end of the	plan veer (est.			. 5b	0
complete this item)					5c	0
d(1) Total number of active pa	rticipants at the beginning of the plan	year	••••		5d(1)	51
d(2) Total number of active pa	rticipants at the end of the plan year				5d(2)	0
 Number of participants that 	terminated employment during the pla	n vear with accr	ued hei	nefits that were less		
aution: A penalty for the late	r incomplete filing of this return/re	port will be ass	essed	uniess reasonable ca	uso is actablished	•
elief, it is true, correct, and comp	d signed by an enrolled actuary, as w	ell as the electro	nic ven	sion of this return/repor	t, and to the best o	f my knowledge and
IGN X		viz ii	17	x, Jason	Surpren	unt
Signature of plan a	ministrator	Date		Enter name of individ		
IGN (\ \					adi digriling as pian	auministrator
Signature of employ	rer/plan sponsor	Date		Enter name of individu	Isl signing	
reparer's name (including firm na	ime, if applicable) and address (includ	le room or suite	number	r)	Preparer's teleph	one number
					,	one namber
88 0						
9				}-		
r Panerwork Reduction Act Notice	see the Instructions for Form 5500-SF.					
-11-15TU (5:28):==13:04	. 10-000-00-00-00-00-00-00-00-00-00-00-00-					Form 5500-SF (2016)

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6	More all of the plan's assets during the attenues:									
1	Were all of the plan's assets during the plan year invested in eligi	ble assets?	(See instructions.).						🛛	Yes N
	Are you claiming a waiver of the annual examination and report or under 29 CFR 2520.104-46? (See instructions on waiver eligibility	f an indenen	dent qualified nublic		intant (CODA				
	If you answered "No" to either line 6a or line 6b, the plan can	not use For	ກຣ.) m 5500-SF and mi	t inet	haad u		EE0		<u>X</u>	Yes No
(If the plan is a defined benefit plan, is it covered under the PBGC	insurance pr	ogram (see FRISA	section	4021)	2		υ. . □ λι	. Пы	
	art III Financial Information	<u>.</u>						,	2 MOI	determined
_7	Plan Assets and Liabilities		(a) Beginning	of Ye	ar			/b) E.	nd of Voc	
e	Total plan assets	. 7a	(-/ 5	236		_		(D) EI	nd of Year	0
	Total plan liabilities	7b						_		- 0
	Net plan assets (subtract line 7b from line 7a)	7c		236	302					0
8	Income, Expenses, and Transfers for this Plan Year	A STATE OF THE STA	(a) Amou	ınt				/h	Total	
а	Contributions received or receivable from:						20 (325)	124 (2	n Dia	Walter St
	(1) Employers									
	(2) Participants	8a(2)							quitting a	
	(3) Others (including rollovers)	8a(3)				diffe.				
	Other income (loss)	8b		324	175			Fed 8		STATE OF STA
c d	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) Benefits paid (including direct rollovers and insurance premiums	8c	2 23	1000	Grans"	OR CO.			3	2475
	to provide benefits)	8d		2652	26					
е	Certain deemed and/or corrective distributions (see instructions)	8e						intrince Cultilities		
f	Administrative service providers (salaries, fees, commissions)	8f			_					
g	Other expenses	8g		35	51					
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h					16-3-15 di		26000000	8777
		011							20	
ī	Net income (loss) (subtract line 8h from line 8c)	Ri III		Stewart						
ij	Net income (loss) (subtract line 8h from line 8c)	8i				\$				6302
j		8i - 18		S (4/1)		i ji				
j Pai	Transfers to (from) the plan (see instructions)	8j	s from the List of PI	an Cha	racteri	stic Ce	odes in	the ins	-23	
j Pai	Transfers to (from) the plan (see instructions) t IV Plan Characteristics If the plan provides pension benefits, enter the applicable pension f	8j eature code							-23	
j Par 9a b	Transfers to (from) the plan (see instructions) t IV Plan Characteristics If the plan provides pension benefits, enter the applicable pension f 2A 2E 2G 3D If the plan provides welfare benefits, enter the applicable welfare fe	8j eature code							-23	
j Par 9a b	Transfers to (from) the plan (see instructions) t IV Plan Characteristics If the plan provides pension benefits, enter the applicable pension f 2A 2E 2G 3D If the plan provides welfare benefits, enter the applicable welfare fe	8j eature code			acterist	tic Cod	des in th		-23 tructions: uctions:	6302
j Par 9a b	Transfers to (from) the plan (see instructions) If IV Plan Characteristics If the plan provides pension benefits, enter the applicable pension for 2A 2E 2G 3D If the plan provides welfare benefits, enter the applicable welfare fermions welfare Questions During the plan year: Was there a failure to transmit to the plan any participant contributions.	eature codes	from the List of Pla						-23	6302
Par D Par 10	Transfers to (from) the plan (see instructions) If the plan provides pension benefits, enter the applicable pension for 2A 2E 2G 3D If the plan provides welfare benefits, enter the applicable welfare feet. V Compliance Questions During the plan year: Was there a failure to transmit to the plan any participant contributing described in 29 CFR 2510.3-102? (See instructions and DOL's Volerogram)	eature codes ature codes ons within the	from the List of Pla e time period ciary Correction		acterist	tic Cod	des in th		-23 tructions: uctions:	6302
Par D Par 10	Transfers to (from) the plan (see instructions)	feature codes ature codes ons within the	e time period	n Chara	acterist	No	des in th		-23 tructions: uctions:	6302
j Par 9a b Par 10 a	Transfers to (from) the plan (see instructions)	feature codes ature codes ons within the	e time period ciary Correction	n Chara	acterist	No X	des in th		-23 tructions: uctions:	6302
j Par 9a b Par 10 a	Transfers to (from) the plan (see instructions)	feature codes ature codes ons within the	e time period ciary Correction	10a 10b	acterist	No X	des in th		-23 tructions: uctions:	6302
Par b Par 10 a	Transfers to (from) the plan (see instructions)	eature codes ature codes ons within the soluntary Fidure (Do not included) delity bond, to the or persons by or all of the	e time period ciary Correction ude transactions that was caused an insurance	10a 10b 10c	acterist	No X X	des in th		-23 tructions: uctions:	6302
par 9a b Par 10 a b c d d e	Transfers to (from) the plan (see instructions)	eature codes ature codes ons within the luntary Fidure (Do not included lity bond, in persons by or all of the	e time period ciary Correction	10a 10b	acterist	No X X X X	des in th		-23 tructions: uctions:	6302
par b Par 10 a b c d f g	Transfers to (from) the plan (see instructions)	feature codes ature codes ons within the luntary Fidure (Do not included by or all of the or persons by or all of the or persons by or gear-end.)	e time period ciary Correction	10a 10b 10c 10d	acterist	No X X X X	des in th		-23 tructions: uctions:	6302
i j Par 9a b Par 10 a b c d e	Transfers to (from) the plan (see instructions)	eature codes ature codes ons within the luntary Fidure (Do not included by or all of the of year-end.) ee instruction	e time period ciary Correction	10a 10b 10c 10d	acterist	No X X X X X	des in th		-23 tructions: uctions:	6302

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Part VI Pension Funding Compliance							
11 Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and o (Form 5500) and line 11a below)	comp	olete Sch	nedule S	SB		Ye	s No
11a Enter the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40			112				
Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Co	040	0	- 000	f	1	Yes	
						_	_
a If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see inst	IAntr	ions, and	d enter Da		e of the I Ye		uling
If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 1	13.						
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				
G Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the length of the leng	eft of	а	12d				
e Will the minimum funding amount reported on line 12d be met by the funding deadline?				Yes	No	П	N/A
Part VII Plan Terminations and Transfers of Assets							
13a Has a resolution to terminate the plan been adopted in any plan year?				X Ye	sП	No	
If "Yes," enter the amount of any plan assets that reverted to the employer this year			13a				0
b Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brough control of the PBGC?	a#	el e e Ale e			X Yes	Пи	
C If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify which assets or liabilities were transferred. (See instructions.)	y the	plan(s)	to			 -	
13c(1) Name of plan(s):		13c(2)	EIN(s)		130	(3) PN	J(s)
						(0) 1 1	1(3)
				- 1			
Part VIII Trust Information							
14a Name of trust			14b Ti		18.1		
·			170 11	usis	IIN		
14c Name of trustee or custodian							
145 Name of trastee of custodian			14d Tr	ustee's	or custo	dian's	<u></u>
¥		ł	le	epnon	e numbe	r	
Part IX IRS Compliance Questions							
15a is the plan a 401(k) plan? If "No," skip b		Yes			No		
15b How did the plan satisfy the nondiscrimination requirements for employee deferrals under section 401(k)(3) for the plan year? Check all that apply:		Design- safe ha	based bor		"Prior y	 /ear" А	NDP
		"Current ADP tes	t year" it		N/A		
16a What testing method was used to satisfy the coverage requirements under section 410(b) for the plan year? Check all that apply:		Ratio percent test	age	Ave	erage efit 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?		Yes		Г	No		
17a If the plan is a master and prototype plan (M&P) or volume submitter plan that received a favorable IRS opi the letter and the serial number				ry lette	, enter th		
17b If the plan is an individually-designed plan that received a favorable determination letter from the IRS, enter letter	r the	date of	the mos	t recen	t determ	ination	
Defined Benefit Plan or Money Purchase Pension Plan Only: Were any distributions made during the plan year to an employee who attained age 62 and had not separat service?		_ _	Yes		No		
9 Was any plan participant a 5% owner who had attained at least age 70 ½ during the prior plan year?		[Yes		No	··· <u>-</u> .	