Form 5500-SF

Department of the Treasury Internal Revenue Service

Employee Benefits Security Administration Pension Benefit Guaranty Corporation

Department of Labor

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

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

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

OMB Nos. 1210-0110 1210-0089

2016

This Form is Open to Public Inspection

Part I		rt Identification Information						
For calenda	ar plan year 2016 or	fiscal plan year beginning 12/01/	/2016	and ending 1	1/30/2017			
_		🔀 a single-employer plan		olan (not multiemployer)				
A This return/report is for:		O a and norticinant plan	list of participating employer information in accordance					
		a one-participant plan	a foreign plan					
D		the first return/report	The final return/report					
B This retu	urn/report is	the first return/report	the final return/report					
		an amended return/report	a short plan year retu	rn/report (less than 12 m	nonths)			
C Check I	box if filing under:	Form 5558	automatic extension		DFVC program			
		special extension (enter des			☐ p9			
Part II	Racio Plan Int	formation—enter all requested in						
1a Name		offiation—enter all requested i	niormation		1b Three-digit			
	FOODS INC 401K F	PLAN			plan number			
					(PN) ▶	001		
					1c Effective date	e of plan		
					12	2/01/2012		
		loyer, if for a single-employer plan)			2b Employer Ide	entification Number		
		oom, apt., suite no. and street, or P. nce, country, and ZIP or foreign pos		tructions)	(EIN) 91	-1431398		
SUNFRESH		ice, country, and 21F or loreign pos	stal code (il loreign, see ins	aructions)	2c Sponsor's te			
						764-0940		
40E C KENIV	ONICT				2d Business coo	de (see instructions)		
125 S KENY(SEATTLE, W					31	11400		
3a Plan a	dministrator's name	and address X Same as Plan Spo	onsor		3b Administrator	r's FIN		
ou manu	diffinition delication of flamino	and address Figure as Fian opt	0110011	7 Administrator 5 En				
3c. Administrator's telephone pur								
					3c Administrator	's telephone number		
					3c Administrator	's telephone number		
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					3c Administrator	's telephone number		
4 If the r	name and/or EIN of t	he plan sponsor has changed since	e the last return/report filed	for this plan, enter the		's telephone number		
		the plan sponsor has changed since number from the last return/report.	e the last return/report filed	for this plan, enter the	3c Administrator 4b EIN	s's telephone number		
	, EIN, and the plan n		e the last return/report filed	for this plan, enter the		r's telephone number		
name, a Sponse	, EIN, and the plan n or's name			·	4b EIN			
a Sponse 5a Total r	, EIN, and the plan nor's name number of participan	number from the last return/report.	· · · · · · · · · · · · · · · · · · ·		4b EIN 4c PN	6		
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a Sponso 5a Total r b Total r c Numb	, EIN, and the plan nor's name number of participan number of participan er of participants wit	ts at the beginning of the plan year	of the plan year (only define	d contribution plans	4b EIN 4c PN 5a 5b 5c	c's telephone number 6 8		
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d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	6a	Were all of the plan's assets during the plan year invested in eligib	le assets?	' (See instructions.)						X Ye	es No
C if the plans is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)?	b	under 29 CFR 2520.104-46? (See instructions on waiver eligibility	and condi	tions.)						X Ye	es 🗌 No
Part III Financial Information (a) Beginning of Year (b) End of Year 248761 Tan Assats and Liabilities 7b 197399 248761 Tan Assats and Liabilities 7b 197399 248761 Tan Assats and Liabilities 7b 197399 248761 Tan Assats 197399 1973	_						_	-	_		
7 Plan Ássets and Liabilities		<u>_</u>	nsurance p	orogram (see ERISA se	ection 4	021)?		Yes	No	☐ Not de	etermined
a Total plan isabilities. 76 197399 248761	Pa		r	<u> </u>							
D Total plan liabilities			_	(a) Beginning					(b) End		21
C. Net plan assets (subtract line 7b from line 7a)	_	•			197399	_				2407	01
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) Participants. (6) Differ income (including rollovers). (8) Ba(2) 28786 (8) Others (including rollovers). (8) Differ income (including direct rollovers and insurance premiums to provide benefits). (8) Differ income (including direct rollovers and insurance premiums to provide benefits). (8) Differ income (including direct rollovers and insurance premiums to provide benefits). (8) Differ income (including direct rollovers and insurance premiums to provide benefits). (8) Differ income (including direct rollovers and insurance premiums to provide benefits). (8) Differ income (including direct rollovers and insurance premiums to provide benefits). (8) Differ income (including direct rollovers and insurance premiums to provide benefits. (9) Differ expenses (and lines 8d, 18, 8d, and 8g). (9) Differ expenses (and lines 8d, 8e, 8f, and 8g). (9) Differ expenses (and lines 8d, 8e, 8f, and 8g). (9) Differ expenses (and lines 8d, 8e, 8f, and 8g). (9) Differ expenses (and lines 8d, 8e, 8f, and 8g). (9) Differ plan penses (and lines 8d, 8e, 8f, and 8g). (9) Differ plan penses (and lines 8d, 8e, 8f, and 8g). (9) Differ plan penses (and lines 8d, 8e, 8f, and 8g). (9) Differ plan penses (and lines 8d, 8e, 8f, and 8g). (9) Differ plan penses (and lines 8d, 8e, 8f, and 8g). (9) Differ plan penses (and lines 8d, 8e, 8f, and 8g). (9) Differ plan penses (and lines 8d, 8e, 8f, and 8g). (9) Differ plan penses (and lines 8d, 8e, 8f, and 8g). (9) Differ plan penses (and lines 8d, 8e, 8f, and 8g). (9) Differ plan penses (and lines 8d, 8e, 8f, and 8g). (9) Differ plan penses (and lines 8d, 8e, 8f, and 8g). (9) Differ plan penses (and lines 8d, 8e, 8f, and 8g). (9)					197399					2487	S1
a Contributions received or receivable from: (1) Employers. (2) Participants. (3) Others (including rollovers). (3) Others (including rollovers). (4) Employers. (5) Others (including rollovers). (6) Other income (loss). (7) Other income (loss). (8) Other expenses. (9) Other expenses. (9) Other expenses. (9) Other expenses. (10) Other expenses. (11) Other expenses. (12) Other expenses. (13) Other expenses. (14) Other expenses. (15) Other expenses. (16) Other expenses. (17) Other expenses. (18) Other expenses. (19) Other expenses. (10) Other			/c						<i>4</i> > -		
(1) Employers 8a(1) 12097 (2) Participants 8a(2) 28786 (3) Others (including rollovers) 8a(2) 0 D Others (including rollovers) 8a(2) 0 D Other income (loss) 8a(1) 8a(2) 8a(3) and 8b) 8b 18594 C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) 8c 59477 d Benefits paid (including direct rollovers and insurance premiums to provide benefits) 9a(1) for the paid of the paid insurance premiums to provide benefits) 9a(1) for the paid of the paid insurance premiums to provide benefits) 9a(1) for the paid of the paid insurance premiums to provide benefits) 9a(1) for the paid of the paid insurance premiums to provide benefits 9a(1) for the paid of the paid insurance premiums to provide benefits) 9a(1) for the paid of the paid insurance premiums to provide benefits 9a(1) for the paid of the paid insurance premiums to provide benefits 9a(1) for the paid of the paid insurance premiums to the paid insurance premium state of the paid of the paid of the paid of the paid insurance premium state of the paid of the paid of the paid insurance premium state of the paid of the paid insurance provides welfare benefits, enter the applicable pension 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) 10a X Program 10a 10a X 10a				(a) Amour	nt				(b) I	otai	
(a) Others (including rollovers)			8a(1)		12097						
b Other income (loss). C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)		(2) Participants	8a(2)		28786						
C Total income (add lines 3a(1), 8a(2), 8a(3), and 8b)		(3) Others (including rollovers)	8a(3)		0)					
d Benefits paid (including direct rollovers and insurance premiums to provide benefits)	b	Other income (loss)	8b		18594						
e Certain deemed and/or corrective distributions (see instructions). e Certain deemed and/or corrective distributions (see instructions). f Administrative service providers (salaries, fees, commissions)	С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							594	77
f Administrative service providers (salaries, fees, commissions)	d		8d		7903						
g Other expenses	е	Certain deemed and/or corrective distributions (see instructions).	8e		0)					
Total expenses (add lines 8d, 8e, 8f, and 8g)	f	Administrative service providers (salaries, fees, commissions)	8f		212	2					
Net income (loss) (subtract line 8h from line 8c)	g	Other expenses	8g		0						
Transfers to (from) the plan (see instructions)	h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h				8115				15
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: b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions: Part V Compliance Questions 10 During the plan year: a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program) b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	i	Net income (loss) (subtract line 8h from line 8c)	8i				51362				62
Part IV Plan Characteristics	j	Transfers to (from) the plan (see instructions)	8i								
9a	Pa	rt IV Plan Characteristics		•							
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.) 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	9a	If the plan provides pension benefits, enter the applicable pension	feature co	odes from the List of Pl	an Cha	racteri	stic Co	odes in	the inst	ructions:	
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 f	eature cod	des from the List of Pla	n Chara	acterist	tic Cod	des in t	he instru	uctions:	
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	Par	t V Compliance Questions									
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)						Yes	No	N/A		Amour	t
b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	a	Was there a failure to transmit to the plan any participant contribudescribed in 29 CFR 2510.3-102? (See instructions and DOL's V	oluntary F	Fiduciary Correction	100		X				
C Was the plan covered by a fidelity bond?	b	Were there any nonexempt transactions with any party-in-interest	t? (Do not	include transactions			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? 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.) 10h i If 10h was answered "Yes," check the box if you either provided the required notice or one of the		,				X					100000
Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service, or other organization that provides some or all of the benefits under the plan? (See instructions.) Has the plan failed to provide any benefit when due under the plan? Did the plan have any participant loans? (If "Yes," enter amount as of year-end.) If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) If 10h was answered "Yes," check the box if you either provided the required notice or one of the	d						X				
g Did the plan have any participant loans? (If "Yes," enter amount as of year-end.)	е	Were any fees or commissions paid to any brokers, agents, or oth carrier, insurance service, or other organization that provides some	ner persor ne or all of	s by an insurance the benefits under		Х					135
h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	f	Has the plan failed to provide any benefit when due under the pla	n?		10f		X				
2520.101-3.)	g	Did the plan have any participant loans? (If "Yes," enter amount a	s of year-	end.)	10g		X				
	h	·	•		10h		X				
	i				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)					[] `	∕es X No	
		the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40			11a				
12		s a defined contribution plan subject to the minimum funding requirements of section 412 of the Co A?					│	res X No	
	(lf "\	es," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)							
	grant	aiver 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 lette Year _	er ruling	
If	you co	empleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 1	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		act the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the live amount)			12d				
		ne 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 X N	lo	
	If "Y€	s," enter the amount of any plan assets that reverted to the employer this year			13a				
b		e all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brougol of the PBGC?		er the			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	olan(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			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		
		lid the plan satisfy the nondiscrimination requirements for employee deferrals under section (3) for the plan year? Check all that apply:	IШ		n-based narbor	d [Prior ye test	ear" ADP	
				"Curre	ent year test	<u>"</u>	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:							verage enefit 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	plan is an individually-designed plan that received a favorable determination letter from the IRS, er	nter the	date	of the m	nost rece	ent determi	nation	
18	Were	ed Benefit Plan or Money Purchase Pension Plan Only: any distributions made during the plan year to an employee who attained age 62 and had not sepa e?		rom	Ye	s [No		
19	Was a	any plan participant a 5% owner who had attained at least age 70 $^{1\!\!/}$ during the prior plan year?			Ye	s	No		

Form 5500-SF

Department of the Treesury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Ponsion Benefit Gueranty Composition

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).

OMB Nos. 1210-0110 1210-0089

2016

This Form is Open to Public Inspection

	Bhelit Guaranty Corporation	▶ Complete all entries in a	accordance with the inst	ructions to the Form	5500-SF.	Public Inspection
Part I	<u> Annual Report</u>	Identification Information	·	,		
<u>For calend</u>	<u>lar plan year 2016 or f</u>	iscel plan year beginning	12/01/2016	and ending i	11,	/30/2017
.		X a single-employer plan	a multiple-employer pl	lan (not multiemploye	r) (Filers check	king this box must attach a
A This re	turn/report is for.	a one-participant plan	list of participating en	nployer information in	accordance v	vith the form Instructions.)
		Li a one-participant plan	a foreign plan			
R This ear	um/report is	the first return/report	□ * *			
₽ 1111 2 141	with eport is	= '	the final return/report			
		an amended return/report	a short plan year retur	'n/report (less than [12	2 months)	
C Check	box if filing under:	Form 5558	automatic extension		☐ DFVC p	rogram
		apecial extension (enter descr	iption)	İ		·-g·-···
Part II	Basic Plan Info	ormation—enter all requested inf	•			
1a Name			on idagii		1b Thre	o diela
	H FCODS INC 4	01K PLAN		i		e-uigit number
					(PN)	001
					1c Effec	tive date of plan
De mini				!	12/	01/2012
za Pianis Mailin	ponsors name (empio o address (include mo	oyer, if for a single-employer plan) m, apt., sulte no. and street, or P.O	Dau\			oyer Identification Number
City or	r town, state or province	ce, country, and ZIP or foreign posts	al code (if foreign, see inst	ructions)		<u>91-1431398</u>
	H FOODS INC	- 1	, •	,		sor's telephone number
						6) 764-0940
105 0 15						ess code (see instructions)
125 S K	ENYON ST				311	400
SEATTLE			WA	98108		
3a Plan a	idministrator's name a	nd address 🏿 Same las Plan Spon	sor.	-	3b Admi	nistrator's EIN
					_	<u></u> .
					3c Admi	nistrator's telephone number
4 If the r	name and/or EIN of the	e plan sponsor has changed since t	he last return/report filed f	orthis plan, enter the	4b EIN	
	or's name	mber from the last return/report.		İ	4- DV	<u> </u>
•					4c PN	
		at the beginning of the plan year				<u> </u>
b Total	number of participants	at the end of the plan year			<u>5</u> b	<u> </u>
C Numb	or of participants with lete this item?	account balances as of the end of t	he plan year (only defined	contribution plans	5c	-
					····	
		rticipants at the beginning of the pla			5d(1)	
C(Z) lot	al number of active pa	rticipants at the end of the plan yea	Г		5d(2)	<u> </u>
e Numi; than '	ter of participants that 100% vector	terminated employment during the	plan year with accrued be	nefits that were less	5e	Λ.
Caution: A	penalty for the late	or incomplete filing of this return	report will be assessed.	uniess reasonablé d	: cause is estab	<u> </u>
Under pena	alties of perjury and ot	her penalties set forth in the instruc	tions. I declare that I have	examined this return/	report, includir	og, if applicable, a Schedule
belief, it is t	raule MB completed al true, correct, and com-	nd signed by an enrolled actuary, as	s well as the electronic ver	sion of this return/rep	ort, and to the	best of my knowledge and
SIGN	A. de	Homeston	Marilia	T	المام والأ	1
HERE		NEIGHOUR -	1/2-6/18	Zinzi	Hogaer	
	Signature of plan	dministrator	Date	Enter name of indiv	<u>ridua</u> l signing e	is plan administrator
SIGN HERE						
	Signature of emplo		Date	Enter name of indiv	vidual signing a	as employer or plan sponsor
Preparer's	name (including firm n	ame, if applicable) and address (in	clude room or suite numbe	HT)		telephone number
				į		
		• .		ļ.	1	

b Are you claiming a wriver of the annual examination and report of an independent qualified public accountant (ICPA) Yes		Form 5500-SF 2016		Page 2		<u>. i</u>																
Part III Financial Information (a) Beginning of Year (b) End of Year 248,7 7a 197, 399 248,7 7b 197, 399 248,7 7b 7b 197, 399 248,7 7c 197, 399 248,7 7c 197, 399 248,7 7c 197, 399 248,7 3 Income, Expanses, and Transfers for this Plan Year (a) Amount (b) Total 3 Income, Expanses, and Transfers for this Plan Year (a) Amount (b) Total 3 Income, Expanses, and Transfers for this Plan Year (a) Amount (b) Total 3 Income, Expanses, and Transfers for this Plan Year (a) Amount (b) Total 3 Income, Expanses, and Transfers for this Plan Year (a) Amount (b) Total 3 Income, Expanses, and Transfers for this Plan Year 384(2) 28,786 (b) Income 384(2) 28,786 (c) Income 384(2) 28,786 (c) Income 384(2) 38,786 (c) Income 384(2) 384(b	Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility if you answered "No" to either line 6a or line 6b, the plan cann	an indepe and condi not use Fo	ndent qualified public tions.) orm 5500-SF and mus	accoun	tant (i ad us	QPA) e Forr	n 5500).	<u> </u>	Yes No											
7 Plan Assers and Liabilities				nogram (ace Erach e	444414		••••• L] 45		∐ мог												
a Total plan assets	7		ļ	(a) Banimui	_£ W	<u> </u>																
b Total plan isabilities C Net plan assets (subtract line 7b from line 7a) C Net plan assets (subtract line 7b from line 7a) R Income, Expanses, and Transfers for this Plan year a Contributions received or receivable from: (1) Employers (2) Participants (3) Others (Including rollovers) (3) Others (Including rollovers) (3) Others (Including rollovers) (3) Others (Including rollovers) (3) Others (Including rollovers) (4) Employers (5) Others (Including rollovers) (6) Other income (load lines 3a(1), 8a(2), 3a(3), and 8b) (7) Other Income (load lines 3a(1), 8a(2), 3a(3), and 8b) (8) Other spension (Including office to rollovers and insurance premiums to provide benefits) (6) Other income (load lines 3a(1), 8a(2), 3a(3), and 8b) (7) Other spension (Including office to rollovers and insurance premiums to provide benefits) (8) Other expension (Including office to rollovers and insurance premiums to provide benefits) (9) Other expensions (10) Other plan provides verifier benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: Part IV Plan Characteristics Part V Compliance Questions (10) Ouring the plan year: A Was there a failure to transmit to the plan any participant contributions within the time period described in 28 GFR 2510.3-1027 (See Instructions and DOL's Voluntary Feduciary Correction Program (10) During the plan year: A Was there a failure to transmit to the plan any participant contributions within the time period described in 28 GFR 2510.3-1027 (See Instructions and DOL's Voluntary Feduciary Correction Program (10) Other plan haws a losa, whether or not reimbursed by the plan's fidelity bond's that was caused by fraud of shonesty. B Vers the plan covere	a		72	(а) Бедіппілд			_		(b) End	of Year												
E Net plan assets (aubtract line 7b from line 7a)					191,	: :	•		•		248,761											
8 Income, Expanses, and Transfers for this Plan Year a Contributions received or receivable from: (1) Employers					197	300	_				2/0 761											
a Contributions received or receivable from: (1) Employers			<u> </u>			: 1	•		(b) T	ntal	240,701											
(2) Participants	а	Contributions received or receivable from:	90/41	(a) renada		007		_	(1) 1) Leas												
(3) Other s(including rollovers)						- 1																
b Other income (loss)	-			,		- 1																
c Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	ь	· · · · · · · · · · · · · · · · · · ·			18	, ~ 1	,				<u> </u>											
d Benefits paid (including direct rollovers and insurance premiums to provide benefits). e Certain deemed and/or corrective distributions (see instructions). e Certain deemed and/or corrective distributions (see instructions). g Other expenses. g Other expenses (adal lines 8d, 8e, 8f, and 8g). i Not income (loss) (subtract line 8h from line 8c). i Not income (loss) (subtract line 8h from line 8c). i Not income (loss) (subtract line 8h from line 8c). i Not income (loss) (subtract line 8h from line 8c). i Not income (loss) (subtract line 8h from line 8c). i Not income (loss) (subtract line 8h from line 8c). i Not income (loss) (subtract line 8h from line 8c). i Not income (loss) (subtract line 8h from line 8c). i Not lift the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions; Part IV Plan Characteristics b lift he plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions; Part V Compliance Questions 10 During the plan year: a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program). b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a). 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 froud or dishonesty? d Was they plan felied 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.) I 10g X lift 10h was answered "Yes," check the box if you either provides the required notice or one of the			_				·			•	59 477											
e Certain deemed and/or corrective distributions (see instructions) 8e		Benefits paid (including direct rollovers and insurance premiums				İ		_	1													
g Other expenses					7,	: 1	e .				e de la se											
g Other expenses	-	· · · · · · · · · · · · · · · · · · ·				· -		_														
h Total expenses (add lines 8d, 8e, 8f, and 8g)	<u> </u>						٠.				<u>na la dispersión de la companya de la companya de la companya de la companya de la companya de la companya de</u> La companya de la i Net income (loss) (subtract line 8h from line 8c) 8i 51, 3 j Transfers to (from) the plan (see instructions). 8j 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 welfere 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 eny participant contributions within the time period described in 29 CFR 2510.3-1027 (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?						+	· ·				0.445
j Transfers to (from) the plan (see instructions)	T	•				\dashv	_															
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If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 2E 2F 2C 2J 2K 2T 3D	Pai	,	<u> </u>			<u> </u>	_		•													
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g Did the plan have any participant loans? (If "Yes," enter amount as of year-end.)	f	The state of the s			10f		х															
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i If 10h was answered "Yes," check the box if you either provided the required notice or one of the	h	2520.101-3.)		***************************************	Ū	İ				-												
		If 10h was answered "Yes," check the box if you either provided the	ne required	notice or one of the	10]																	

	Form 5500-SF 2016 Page 3-	İ					
E							
Part \	<u> </u>						
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions an (Form 5500) and line 11s below)	id com	ete Sch	edule S	В	י 🛘 🗎	∕es 🏻 No
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 ERISA?	Code	or sectio	n 302 of		ПП	∕es X No
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)					1 "	
æ	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see granting the waiver.	instruct	tions, an				rruling
lf y	rou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to lin	<u> мопп</u> 18 13,	:	Day	'	Year_	<u> </u>
<u>b</u>	Enter the minimum required contribution for this plan year	******		12b			
c	Enter the amount contributed by the employer to the plan for this plan year		: 	12c			
d	Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the negative amount)	ne left c	fa	12d			
<u>e</u>	Will the minimum funding amount reported on line 12d be met by the funding deadline?		: •		Yes	No	N/A
Part \	/II Plan Terminations and Transfers of Assets						
_13a	Has a resolution to terminate the plan been adopted in any plan year?				Yes	×Ν	0
	If "Yes," enter the amount of any plan assets that reverted to the employer this year			13a		·	
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or bricontrol of the PBGC?	ought u	nder the		[Yes 🛚	No
c	If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), ide which assets or liabilities were transferred. (See instructions.)	entify th	e plan(s) to			
1:	3c(1) Name of plan(5):		13c(2	EIN(s)		13c{3) PN(s)
Face to a							
Part	VIII Trust Information						
14a N	lame of trust			14b ⊺	rust's E	N	
14c r	Name of trustee or custodian					or custodi e number	ian's
Part	IX IRS Compliance Questions						
15a t	s the plan a 401(k) plan? If "No," skip b		Yes			No .	
) Desig	n-based	' г	*Prior ye	ar ADP
4	How did the plan satisfy the nondiscrimination requirements for employee deferrals under section 101(k)(3) for the plan year? Check all that apply:	۔ا ۔۔۔۔۔۔۔		arbor ent year	_ 	test	
		<u> </u>	ADP		L.	N/A	
16a y	What testing method was used to satisfy the coverage requirements under section 410(b) for the plan year? Check all that apply:	` [Ration percontest	o entage		erage nefit test	□ N/A
1	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?	L	Yeş			No	
17a (f the plan is a master and prototype plan (M&P) or volume submitter plan that received a favorable If the letter and the serial number	₹5 opin	ion letto	r or advi:	sory lette	r, enter th	e date of
	If the plan is an individually-designed plan that received a favorable determination letter from the IRS, letter	, enter l	he date	of the m	ost rece	ıt determi	nation
1	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 si service?	eparate 	d from	Yes	; [No	
	Was any plan participant a 5% owner who had attained at least age 70 ½ during the prior plan year? .			Yes	<u> </u>	No	