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.

2046

2016

OMB Nos. 1210-0110

1210-0089

This Form is Open to Public Inspection

Part I	Annual Report	Identification Information				
For calenda	ar plan year 2016 or fi	scal plan year beginning 01/01/	2016	and ending 1	2/31/2016	
A This ret	turn/report is for:	a single-employer plan		plan (not multiemployer) (employer information in ac		
	·	a one-participant plan	a foreign plan			
B This retu	urn/report is	the first return/report	the final return/repo			
•		an amended return/report	a short plan year re	turn/report (less than 12 m	_	
C Check I	box if filing under:	Form 5558 special extension (enter desc	automatic extensio	n	DFVC progra	m
Part II	Racic Plan Info	prmation—enter all requested in				
		ormation—enter an requested in	IIOIIIIalioii		1b Three-dig	it
1a Name ISSAQUAH I	LAW GROUP, PLLC 4	401(K) PLAN			plan numb	
					1c Effective of	date of plan 01/01/2016
22 Plan a	noncor'o nomo (omplo	over, if for a single-employer plan)			2h	
Mailing	g address (include roo	m, apt., suite no. and street, or P. ce, country, and ZIP or foreign pos		nstructions)	(EIN)	Identification Number 47-1956351
•	LAW GROUP, PLLC	,,, <u></u>		,		telephone number 25-313-1184
					2d Business	code (see instructions)
	RT WAY NW, SUITE WA 98027-3116	С				541110
,						
3a Plan a	dministrator's name a	nd address 🛛 Same as Plan Spo	onsor.		3b Administra	ator's EIN
					3c Administra	ator's telephone number
4 If the r	name and/or EIN of th	e plan sponsor has changed since	e the last return/report file	d for this plan, enter the	4b EIN	
name	, EIN, and the plan nu	mber from the last return/report.				
	or's name				4c PN 5a	
_		s at the beginning of the plan year			5b	•
		s at the end of the plan year account balances as of the end o				<u> </u>
compl	lete this item)				5c	
		articipants at the beginning of the p			5d(1) 5d(2)	
		articipants at the end of the plan yearticipants at the end of the plan year terminated employment during the				
than	100% vested				5e	_
		or incomplete filing of this retu ther penalties set forth in the instru				
SB or Sche		nd signed by an enrolled actuary,				
SIGN		/valid electronic signature.	05/16/2018	A. TROY HUNTER		
HERE	Signature of plan a	administrator	Date	Enter name of individ	dual signing as pla	an administrator
SIGN						
HERE	Signature of emplo		Date			nployer or plan sponsor
Preparer's	name (including firm r	name, if applicable) and address (include room or suite nun	nber)	Preparer's tele	phone number

Form 5500-SF 2016 Page **2**

	Were all of the plan's assets during the plan year invested in eligib Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility	an indepe	ndent qualified public a	account	ant (IC	PA)			X Yes	☐ No
	If you answered "No" to either line 6a or line 6b, the plan cann									Ш
С	If the plan is a defined benefit plan, is it covered under the PBGC in	nsurance p	orogram (see ERISA se	ection 4	021)?		Yes	No	Not dete	rmined
Pa	rt III Financial Information									
7	Plan Assets and Liabilities		(a) Beginning	of Year				(b) End c	of Year	
а	Total plan assets	7a	, , g	0				•	99007	
b	Total plan liabilities	7b								
С	Net plan assets (subtract line 7b from line 7a)	7c		0)				99007	
8	Income, Expenses, and Transfers for this Plan Year		(a) Amour	nt				(b) To	otal	
а	Contributions received or receivable from:			8729						
	(1) Employers	8a(1)		9402						
	(2) Participants	8a(2)		80532	_					
	(3) Others (including rollovers)	8a(3)		624						
	Other income (loss)	8b		024					99287	
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							99267	
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d								
e	Certain deemed and/or corrective distributions (see instructions).	8e								
f	Administrative service providers (salaries, fees, commissions)	8f		280)					
g	Other expenses	8g								
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							280	
i	Net income (loss) (subtract line 8h from line 8c)	8i							99007	
j	Transfers to (from) the plan (see instructions)	8i								
Pai	rt IV Plan Characteristics									
9a	If the plan provides pension benefits, enter the applicable pension 2A 2E 2J 2K 2F 2G 3D 2T	feature co	odes from the List of Pl	an Cha	racteri	stic Co	odes in	the instr	uctions:	
b	If the plan provides welfare benefits, enter the applicable welfare for	eature cod	des from the List of Pla	n Chara	acterist	tic Cod	des in t	he instru	ctions:	
Par	t V Compliance Questions									
10	During the plan year:				Yes	No	N/A		Amount	
а	Was there a failure to transmit to the plan any participant contribu described in 29 CFR 2510.3-102? (See instructions and DOL's V Program)	oluntary F	Fiduciary Correction	10a		X				
b	Were there any nonexempt transactions with any party-in-interest reported on line 10a.)			10b		X				
С	Was the plan covered by a fidelity bond?			10c	X					100000
d	Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?			10d		X				
е	Were any fees or commissions paid to any brokers, agents, or oth carrier, insurance service, or other organization that provides som the plan? (See instructions.)	ne or all of	the benefits under	10e		X				
f	Has the plan failed to provide any benefit when due under the pla	ın?		10f		X			_	
g	Did the plan have any participant loans? (If "Yes," enter amount a	s of year-	end.)	10g	X					6913
h	2520.101-3.)	•		10h		X				
i	If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10			10i						

Form	5500	-SF	201	6

Page 3-	1	

Part	VI	Pension Funding Compliance						
11		s a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and c n 5500) and line 11a below)						Yes No
		r the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40						
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	onth _	s, and	d enter t Day		of the lette Year _	er ruling
If	you co	ompleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 1	13.			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 l tive amount)			12d			
		he minimum funding amount reported on line 12d be met by the funding deadline?				Yes	No	N/A
Part	VII	Plan Terminations and Transfers of Assets						
13a	Has a	a resolution to terminate the plan been adopted in any plan year?				Yes	s <mark>X</mark> N	lo
	If "Y€	es," enter the amount of any plan assets that reverted to the employer this year			13a			
b		e all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brougout of the PBGC?		r 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	lan(s)) to			
	13c(1)	Name of plan(s):	1	3c(2)) EIN(s) 13c(3)			B) PN(s)
Part	VIII	Trust Information		1				
14a	Name	of trust			14b ⁻	Trust's E	ΞIN	
14c	Name	of trustee or custodian					s or custoo ne number	
Par	t IX	IRS Compliance Questions						
15a	Is the	plan a 401(k) plan? If "No," skip b		Yes			No	
		did the plan satisfy the nondiscrimination requirements for employee deferrals under section (3) for the plan year? Check all that apply:	L		n-based narbor	d [Test	ear" ADP
				Curre ADP t	ent year test	<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
16b		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, er	nter the	date	of the m	nost rec	ent determ	ination
18	Were	ed Benefit Plan or Money Purchase Pension Plan Only: any distributions made during the plan year to an employee who attained age 62 and had not sepa e?		om	Ye	s [No	
19	Wasa	any plan participant a 5% owner who had attained at least age 70 $^{1\!\!/}_{2}$ during the prior plan year?			Ye	s	No	

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 Retlrement 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		t Identification Information			10/21/20	10		
For calenda	ır plan year 2016 or	fiscal plan year beginning	01/01/2016	and ending	12/31/20			
A This rela	urn/report Is for:	X a single-employer plana one-participant plan	a multiple-employer pla tlst of participating employer a foreign plan	n (not multiemployer) (ployer information in ac	cordance with the	form instructions.)		
B This relu	rn/report Is	X the first return/report	the final return/report					
		an amended return/report	a short plan year return	/report (less than 12 m	onths)			
C Check b	oox if filing under:	X Form 5558	automatic extension		DFVC program			
		special extension (enter desc	cription)					
Part II	Basic Plan Inf	ormation—enter all requested in						
1a Name		Friedrich Control Cont			1b Three-digit			
Issaquah	Law Group,	PLLC 401(k) Plan			plan numbe (PN)	r 0.01		
					1c Effective da 01/01/20	•		
2a Dlan ar	annas's nama (amn	oyer, if for a single-employer plan)				entification Number		
Mailing	address (include ro	om, apt., suite no, and street, or P.	O. Box)	,,	(EIN)47-1			
	town, state or provir th Law Group,	nce, country, and ZIP or foreign pos	stal code (if foreign, see instri	uctions)	2c Sponsor's telephone number			
Issaqua	III Haw Group,	FIDE			425-313-			
410 New	port Way NW,	Suite C			541110	de (see instructions)		
Issaqua		WA 98027-313			3b Administrate	or's FIN		
3a Plan a	dministrator's name	and address X Same as Plan Spo	onsor		SD Administrate) 2 FII		
4 If the r	name and/or EIN of t , EIN, and the plan r	he plan sponsor has changed sinco umber from the last return/report.	e the last return/report filed fo	or this plan, enter the	4b EIN			
100	or's name				4c PN			
		ts at the beginning of the plan year			F1.	3		
b Total	number of participan	is at the end of the plan year	en 1	t. ll tl	5b	3		
c Numb	er of participants wit lete this item)	h account balances as of the end c	of the plan year (only defined	contribution plans	5c	3		
		participants at the beginning of the			5d(1)	3		
		participants at the end of the plan y			5d(2)	2		
e Numi	per of participants th	at terminated employment during the	ne plan year with accrued be	nefits that were less	5e	1		
lhan	100% vested	e or incomplete filing of this retu				d. 1		
Under pen SB or Scho	alline of parium and	other penalties set forth in the instr and signed by an enrolled actuary	uctions I declare that I have	examined this return/re	eport, including, if a	ipplicable, a Schedule		
SIGN	Mun	Houte	10/11/17	A. Troy Hunte	r			
HERE	Signature of plan	administrator	Date	Enter name of individ	dual signing as pla	n administrator		
SIGN								
HERE	Oleverteen of our		Date	Enter name of individ	dual signing as em	ployer or plan sponsor		
	I Signature of emi	loyer/pian sponsor	Date					
2	name (including firm	oloyer/plan sponsor n name, if applicable) and address			Preparer's telep			
2	name (including firm	n name, if applicable) and address			Preparer's telep			

	9		
age	4		

b a	Were all of the plan's assets during the plan year invested in eligible. Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility	an indepe	ndent qualifled public a	ccounta	int (IQ	PA)			X Yes No
1	If you answered "No" to either line 6a or line 6b, the pian canr	not use Fo	rm 5500-SF and must	Instea	d use	Form	5500.		
CI	f the plan is a defined benefit plan, is it covered under the PBGC in	nsurance p	program (see ERISA se	ction 40	021)? .		Yes	No [Not determined
Par	t III Financial Information								***************************************
7	Plan Assets and Liabilities		(a) Beginning o	of Year			(b) End of	Year
a	Total plan assets	. 7a		11301110115	0				111,439
b	Total plan liabilities	. 7b							
C	Net plan assets (subtract line 7b from line 7a)	. 7c			0				111,439
8	Income, Expenses, and Transfers for this Plan Year	distribution for the	(a) Amoun	t				(b) Tot	tal
-	Contributions received or receivable from: (1) Employers	. 8a(1)		21,1	_				
	(2) Participants	. 8a(2)		9,4			1900 PM		
	(3) Others (including rollovers)	. 8a(3)		80,	532			Control of the Contro	
b	Other Income (loss)	. 8b			524				10 (4 (7 (8)
C	Total Income (add lines 8a(1), 8a(2), 8a(3), and 8b)	. 8c							111,719
	Benefits pald (including direct rollovers and insurance premiums to provide benefits)	. 8d	unitella .						
е	Certain deemed and/or corrective distributions (see instructions)	. 8e			1				
f.	Administrative service providers (salaries, fees, commissions)	. 8f			280				
g	Other expenses	. 8g	Turbus as en et et et et en						
h_	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							28
i	Net income (loss) (subtract line 8h from line 8c)	. 81				and the first of t	J.D. Horse		111,43
j	Transfers to (from) the plan (see instructions)	. 8j							
Par	t IV Plan Characteristics								
	If the plan provides pension benefits, enter the applicable pension 2A 2E 2J 2K 2F 2G 3D 2T								255
b	If the plan provides welfare benefits, enter the applicable welfare	feature co	des from the List of Pla	n Chara	acterist	tic Cod	des in t	he instruc	tions:
Par	tV Compliance Questions								
10	During the plan year:				Yes	No	N/A		Amount
а	10.1	Voluntary	Fiduciary Correction	10a		х			
b	Were there any nonexempt transactions with any party-in-interest reported on line 10a.)	st? (Do no	l include transactions	10b		х			
C	Was the plan covered by a fidelity bond?			10c	x				100,00
1:	Did the plan have a loss, whether or not reimbursed by the plan- by fraud or dishonesty?	s fidelity b	ond, that was caused	10d		х			
е	Were any fees or commissions paid to any brokers, agents, or o carrier, insurance service, or other organization that provides so the plan? (See instructions.)	ther perso me or all c	ns by an insurance If the benefits under	10e		х			
f	Has the plan failed to provide any benefit when due under the pl	lan?		10f		х			
g	Did the plan have any participant loans? (If "Yes," enter amount	as of year	-end.)	10g	Х				6,91
_	If this is an individual account plan, was there a blackout period? 2520.101-3.)	? (See Inst	ructions and 29 CFR	10h		х			
i	If 10h was answered "Yes," check the box if you either provided exceptions to providing the notice applied under 29 CFR 2520.1	the require	ed notice or one of the	101					

			_
	2		-1
Page.	-C	l	- 1

Part VI Pension Funding Compliance					
11 Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see Instructions and (Form 5500) and line 11a below)				Yes	No 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 CERISA?	code or section	n 302 of		Yes	X No
(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)					
If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see in granting the waiver.	Month	d enter t Day	he date	of the letter ru Year	ling
If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line	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			
d Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the negative amount)	left of a	12d			
Will the minimum funding amount reported on line 12d be met by the funding deadline?		L	Yes	∐ No ∐	N/A
Part VII Plan Terminations and Transfers of Assets			1555		
13a Has a resolution to terminate the plan been adopted in any plan year?			Yes	X No	
If "Yes," enter the amount of any plan assets that reverted to the employer this year		13a			
b Were all the plan assets distributed to participants or beneficiarles, transferred to another plan, or broucontrol of the PBGC?	*******			Yes X	Vo
c If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), iden which assets or liabilities were transferred. (See instructions.)					100
13c(1) Name of plan(s):	13c(2)	EIN(s)		13c(3) P	N(s)

Part VIII Trust Information		14h	Trust's E	TINI	
14a Name of trust		140	110515	=114	
14c Name of trustee or custodian		14d		s or custodiar ne number	's
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		jn-base harbor	d [☐ "Prior year test	" ADP
401(k)(3) for the plan year? Check all that apply:		ent yea	r" [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	o entage		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	
17a If the plan is a master and prototype plan (M&P) or volume submitter plan that received a favorable IR the letter and the serial number	S opinion lette				
17b If the plan is an Individually-designed plan that received a favorable determination letter from the IRS, letter	enter the date	of the	nost rec	ent delermina	tion
18 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 se service?	parated from	Y	es [No No	
19 Was any plan participant a 5% owner who had attained at least age 70 ½ during the prior plan year?		. Y	es	No	

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 Annua	al Report le	dentification Information	1			
For calendar plan year	ar 2016 or fisc	cal plan year beginning	01/01/2016	and ending	12/31/2	2016
		X a single-employer plan		an (not multiemployer)		
A This return/report is for:		a one-participant plan		nployer information in a	ccordance with th	ne form instructions.)
	1	a one-participant plan	a foreign plan			
B This return/report	is	X the first return/report	the final return/report			
		X an amended return/report	□ □	n/report (less than 12 m	ionths)	
C Check box if filing		_		• (
Check box if filling	i under.	X Form 5558	automatic extension		☐ DFVC progra	am
D-411 D-11	Discolation	special extension (enter desc				
	Plan Infor	mation—enter all requested in	nformation		dh =	
1a Name of plan	O D1	FT C 401 (1-) D1			1b Three-dig plan numl	
Issaquan Law (group, Pi	LLC 401(k) Plan			(PN)	001
					1c Effective	
					01/01/2	
		er, if for a single-employer plan) , apt., suite no. and street, or P.	O. Box)		UNICTY 1575	Identification Number
		, country, and ZIP or foreign pos		ructions)	- A STATE OF	s telephone number
Issaquah Law	Group, I	PLLC			425-313	•
						code (see instructions)
410 Newport V	Nay NW, S	Suite C			541110	,
Issaquah		WA 98027-311	<i>C</i>			
	nr's name and	l address X Same as Plan Spo			3b Administra	ator'e FIN
ou man daministrate	or o marrie and	address Modifie as rial ope	11301,		OD Administra	ator 5 LIN
					3c Administra	ator's telephone number
		plan sponsor has changed since	the last return/report filed f	or this plan, enter the	4b EIN	
	the plan num	ber from the last return/report.			40 DN	
a Sponsor's name		4 th - 1 2			4c PN 5a	
		t the beginning of the plan year				3
		It the end of the plan year scount balances as of the end of			. 5b	3
					5c	3
d(1) Total number	of active parti	cipants at the beginning of the p	olan year		5d(1)	3
· '		icipants at the end of the plan ye			5d(2)	
e Number of parti	cipants that te	erminated employment during th	e plan year with accrued be	enefits that were less	5e	
than 100% vest	ed	r incomplete filing of this retur	w/rawart will be assessed	unlage receptable as		1
		er penalties set forth in the instru				
SB or Schedule MB of	completed and	signed by an enrolled actuary,				
belief, it is true, corre	Ct. and comple	Hanter	5/18/18	Troughton		
SIGN HERE	7	/		A. Troy Hunte		
Signatu	re of plan ad	ministrator	Date	Enter name of individ	lual signing as pl	an administrator
SIGN HERE						
Signatu		er/plan sponsor	Date	Enter name of individ		nployer or plan sponsor
Preparer's name (inc	luding firm na	me, if applicable) and address (include room of suite numb	er)	Preparer's tele	phone number
I .						U.S

Form	5500	SF	201	6

Page 2

6a b	Were all of the plan's assets during the plan year invested in eligible. 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 cannot be a second or second or line 6b.		X Yes No							
	If the plan is a defined benefit plan, is it covered under the PBGC in	nsurance pr	ogram (see ERISA s	ection -	4021)?		Yes	No [Not determined	
	rt III Financial Information									
7_	Plan Assets and Liabilities	Just St	(a) Beginning	(a) Beginning of Year			(b) End of Year			
a	Total plan assets	7a					99,00			
b	Total plan liabilities	7b								
<u>c</u>	Net plan assets (subtract line 7b from line 7a)	7c		C			99,00			
8	Income, Expenses, and Transfers for this Plan Year	7.57	(a) Amount			(b) Total				
а	Contributions received or receivable from:					171	77.77	HI COM		
-	(1) Employers	8a(1)	9,4		729					
	(2) Participants	8a(2)			$\overline{}$	"The seal of the s				
	(3) Others (including rollovers)	8a(3)		80,532						
	Other income (loss)	8b		624						
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c				99,28				
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d						0.0		
<u>е</u>	Certain deemed and/or corrective distributions (see instructions)	8e					Course			
f_	Administrative service providers (salaries, fees, commissions)	8f		280		3570		N W		
g	Other expenses	8g					J. ST.		Pro Maria	
h_	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h	Maria Company	Cear Committee			280			
i_	Net income (loss) (subtract line 8h from line 8c)	8i	K Wallson Carl				99,007			
j	Transfers to (from) the plan (see instructions)	8i				J. No.	7G (
Pai	t IV Plan Characteristics	-7_1								
9a b	If the plan provides pension benefits, enter the applicable pension $2A$ $2E$ $2J$ $2K$ $2F$ $2G$ $3D$ $2T$ If the plan provides welfare benefits, enter the applicable welfare fe									
Par										
10	During the plan year:				Yes	No	N/A		A == 0.1.114	
а	Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)				100	Х			Amount	
b	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)					Х				
С	Was the plan covered by a fidelity bond?			10c	х		E3/6		100,00	
d	Did the plan have a loss, whether or not reimbursed by the plan's	he plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused and or dishonesty?				Х			100,00	
е	Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service, or other organization that provides some or all of the benefits under the plan? (See instructions.)					х				
f	Has the plan failed to provide any benefit when due under the plan?					x	2 - 1			
g	Did the plan have any participant loans? (If "Yes," enter amount as of year-end.)				х	21	7 7		6,91	
h	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)					Х		I Y Lat		
i								811.78	MILE TO S	

Form 5500-SF 2016						
Form 5500-SF 2016 Page 3-						
Part VI Pension Funding Compliance						
11 Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and (Form 5500) and line 11a below)	d complete Sch	nedule S	В	Ye	es No	
11a Enter the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40	***************************************	112				
12 Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the ERISA? (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)	Code or section	n 302 o	f	Ye	es 🛛 No	
a If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see in	nstructions, an	d enter	the date of	the letter i	rulina	
granting the warver.	Month	Day		Year	umig	
If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line		T				
b Enter the minimum required contribution for this plan year		12b				
C Enter the amount contributed by the employer to the plan for this plan year	·····	12c				
d Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the negative amount)		12d				
e Will the minimum funding amount reported on line 12d be met by the funding deadline?			Yes	No 📗	N/A	
Part VII Plan Terminations and Transfers of Assets						
13a Has a resolution to terminate the plan been adopted in any plan year?			Yes	X No		
If "Yes," enter the amount of any plan assets that reverted to the employer this year		13a				
b Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brocontrol of the PBGC?	ught under the			Yes X	No	
C If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), ider which assets or liabilities were transferred. (See instructions.)	ntify the plan(s)) to				
13c(1) Name of plan(s):	13c(2)	EIN(s)		13c(3) F	PN(s)	
Part VIII Trust Information						
14a Name of trust	14b Trust's EIN					
14c Name of trustee or custodian	14d Trustee's or custodian's telephone number					
Part IX IRS Compliance Questions						
15a Is the plan a 401(k) plan? If "No," skip b	Yes	☐ 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:	□ safe h	gn-based "Prior year" ADP test 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 perce test	tio Average N/A				
16b Did the plan satisfy the coverage and nondiscrimination requirements of sections 410(b) and 401(a)(4)	П Уев			No.		

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?......

service? 19 Was any plan participant a 5% owner who had attained at least age 70 ½ during the prior plan year?

Were any distributions made during the plan year to an employee who attained age 62 and had not separated from

and the serial number

Defined Benefit Plan or Money Purchase Pension Plan Only:

the letter

letter

Yes

Yes

Yes

☐ No

No

No