

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.	OMB Nos. 1210-0110 1210-0089 2016 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2016 or fiscal plan year beginning <u>01/01/2016</u> and ending <u>08/31/2016</u>	
A This return/report is for:	☒ 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 one-participant plan ☐ a foreign plan
B This return/report is	☐ the first return/report ☒ the final return/report ☐ an amended return/report ☒ a short plan year return/report (less than 12 months)
C Check box if filing under:	☒ Form 5558 ☐ automatic extension ☐ DFVC program ☐ special extension (enter description)

Part II	Basic Plan Information —enter all requested information
1a Name of plan SNIPP INTERACTIVE INC. , 401K	1b Three-digit plan number (PN) ▶ <u>001</u>
	1c Effective date of plan <u>01/01/2012</u>
2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) SNIPP INTERACTIVE INC. 6708 TULIP HILL TERRACE BETHESDA, MD 20816	2b Employer Identification Number (EIN) <u>20-8787892</u> 2c Sponsor's telephone number <u>778-989-4043</u> 2d Business code (see instructions) <u>541800</u>
3a Plan administrator's name and address ☒ Same as Plan Sponsor.	3b Administrator's EIN 3c Administrator's telephone number
4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN, and the plan number from the last return/report. a Sponsor's name	4b EIN 4c PN
5a Total number of participants at the beginning of the plan year	5a <u>26</u>
b Total number of participants at the end of the plan year.....	5b <u>0</u>
c Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item).....	5c <u>0</u>
d(1) Total number of active participants at the beginning of the plan year.....	5d(1) <u>25</u>
d(2) Total number of active participants at the end of the plan year	5d(2) <u>0</u>
e Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	5e <u>0</u>

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.

SIGN HERE	Filed with authorized/valid electronic signature.	12/19/2018	J AISUN GARCHA
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	12/19/2018	J AISUN GARCHA
	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

- 6a** Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.) ☒ Yes ☐ No
- b** Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.) ☒ 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 defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)? ☐ Yes ☐ No ☐ Not determined

Part III Financial Information

7 Plan Assets and Liabilities		(a) Beginning of Year	(b) End of Year
a Total plan assets	7a	40267	0
b Total plan liabilities	7b		
c Net plan assets (subtract line 7b from line 7a)	7c	40267	0
8 Income, Expenses, and Transfers for this Plan Year		(a) Amount	(b) Total
a Contributions received or receivable from:			
(1) Employers	8a(1)		
(2) Participants	8a(2)	32575	
(3) Others (including rollovers)	8a(3)		
b Other income (loss)	8b	4084	
c Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c		36659
d Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	37005	
e Certain deemed and/or corrective distributions (see instructions) ..	8e		
f Administrative service providers (salaries, fees, commissions)	8f	150	
g Other expenses	8g		
h Total expenses (add lines 8d, 8e, 8f, and 8g)	8h		37155
i Net income (loss) (subtract line 8h from line 8c)	8i		-496
j Transfers to (from) the plan (see instructions)	8j	-39771	

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 2T 3D
- b** If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:

Part V Compliance Questions

10 During the plan year:		Yes	No	N/A	Amount
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		
b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	10b		X		
c Was the plan covered by a fidelity bond?	10c	X			5000
d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	10d		X		
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.)	10e		X		
f Has the plan failed to provide any benefit when due under the plan?	10f		X		
g Did the plan have any participant loans? (If "Yes," enter amount as of year-end.)	10g		X		
h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	10h		X		
i If 10h was answered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3	10i				

Part VI Pension Funding Compliance

11 Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form 5500) and line 11a below)	☐ Yes ☐ 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 Code or section 302 of ERISA?	☐ Yes ☒ No
(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)	
a If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, and enter the date of the letter ruling granting the waiver. Month _____ Day _____ Year _____	
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 left of a 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 ☒ 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 brought under the control of the PBGC?	☒ Yes ☐ No
c If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)	
13c(1) Name of plan(s):	13c(2) EIN(s)
SEQUOIA ONE 401K PLAN	46-4716239
	13c(3) PN(s)
	001

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:	☐ Design-based safe harbor	☐ "Prior year" ADP test
	☐ "Current 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 percentage test	☐ Average benefit test ☐ N/A
16b Did the plan satisfy the coverage and nondiscrimination requirements of sections 410(b) and 401(a)(4) for the plan year by combining this plan with any other plan under the permissive aggregation rules?	☐ Yes	☐ 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 the letter ____/____/____ and the serial number _____.		
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 letter ____/____/____.		
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 separated from service?	☐ Yes	☐ No
19 Was any plan participant a 5% owner who had attained at least age 70 ½ during the prior plan year?	☐ Yes	☐ No

SNIPP INTERACTIVE INC.
6708 TULIP HILL TERRACE, BETHESDA, MD, 20816

Internal Revenue Service
Attention: EP Entity Unit, Mail Stop 6273
1973 N. Rulon White Blvd.
Ogden, UT, 84404

Re: Reasonable Cause Letter – Late Form 5500 Filing

This letter is regarding our company, Snipp Interactive Inc., Taxpayer ID# 20-8787892, Plan # 001 for tax year ending 12-31-2016. This plan was merged into a new plan. Please see attached documentation indicating that our current/new 401k plan administrator company, Sequoia Benefits 401(k) Plan, had sent to our former/old 401k plan administrator company, ADP Retirement Services, a letter notifying ADP Retirement Services of our 401k plan being merged into a new plan to be administered by Sequoia Benefits 401(k) Plan, and that ADP Retirement Services is responsible for preparing final form 5500 reporting for the original/old 401k plan. Our letter was sent to ADP Retirement Services in December 2015 which was well in advance of the final form 5500 reporting due dates for the 2016 period. Since ADP Retirement Services did not prepare the final form 5500 as a result of the plan transfer/merger, we did not have a final form 5500 available to file and therefore filing did not occur on time. Due to these circumstances we ask that you waive any late filing penalties.

Thank you,

Snipp Interactive Inc.



Name: Jaisun Garcha

Title: CFO

Jaisun Garcha

From: Lisa Hoffmeister <lisa.hoffmeister@sequoia.com>
Sent: October 30, 2018 3:42 PM
To: Jane Hildeburn; Jaisun Garcha; Monisa Croxton
Cc: Suyash Patwardhan
Subject: RE: URGENT: SNIPP INTERACTIVE - IRS Letter regarding 2016 Form 5500 Filing
Attachments: 61426 Snipp Sequoia Authorization Letter-signed.pdf

Categories: Red

Hi Jaisun,

The 2016 Form 5500 was not marked as final because an additional 5500 needed to be filed for the first of the year when there were still balances in the stand alone 401(k) plan at ADP. I have attached the authorization letter that was sent to them stating that they were responsible for the final 5500 reporting. You would want to reach out to them to resolve it, but we can join you on a call if you would like. The contact information that I have is for their general conversion team inbox - Plan_Transfer@ADP.com.

Please let me know if you need any additional help from us.

Thanks!

Lisa

Lisa Hoffmeister

401(k) Advisor
(650) 762-4119



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December 4, 2015

Jill Violi
ADP Retirement Services
jill.violi@adp.com

Re: Snipp Interactive Inc Plan 225734

Dear Jill:

This is to notify you that we have elected to merge our existing retirement plan into the Sequoia Benefits 401(k) Plan. Since Sequoia Benefits 401(k) Plan is a Multiple Employer Plan, and as such, a plan merger with specific consideration is required. This includes short plan year testing for your existing retirement plan as well as final 5500 reporting requirements following the transfer. This will be prepared by Mass Mutual after the transfer of assets to the Plan. Schedule I section 5b of the Final Form 5500 should reflect the following information:

5b(1) Sequoia Benefits 401(k) Plan
5b(2) 46-4716239
5b(3) 001

I authorize ADP to conduct short plan year testing and preparation of the final Form 5500 for this merger. We will be working with MassMutual Financial Group to perform a successful plan merger. As such, you are hereby authorized to release all documents, data, and information pertaining to our plan with you, including but not limited to the items detailed below. Ben Medina, a New Business Account Manager from MassMutual will be in contact with you to discuss our transition.

DOCUMENTS:

- ☐ Plan Amendments - EGTRRA, PPA, 415 Amendment & HEART/WRERA
- ☐ Executed copy of the EGTRRA Restated Adoption Agreement
- ☐ Copy of the IRS Determination Letter
- ☐ Copy of the Summary Plan Description
- ☐ Copy of the Prior Plan Document
- ☐ Copy of Loan Amortization Schedules
- ☐ Copy of most recent Form 5500
- ☐ Copy of most recent plan valuation
- ☐ Copy of compliance testing:
 - ☐ ACP
 - ☐ ADP
 - ☐ Top Heavy
 - ☐ Any other compliance test applicable

Please send documentation to: MassMutual Financial Group
Ben Medina, M252
100 Bright Meadow Blvd.



Enfield, CT 06082
Phone: 860-562-5691
bmedina@massmutual.com

Thank you for your assistance.

Sincerely,

A handwritten signature in black ink, appearing to read "JG", is positioned above the printed name.

[Signature]
Jaisun Garcha, CFO
Jaisun.garcha@snipp.com

Cc: Ben Medina
MassMutual Financial Group
Bmedina@massmutual.com