## Form 5500-SF

Department of the Treasury

Employee Benefits Security Administration Pension Benefit Guaranty Corporation

**Benefit Plan** Internal Revenue Service Department of Labor

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).

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

▶ 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		Identification Information				
For calenda	ar plan year 2016 or fi	iscal plan year beginning 01/01/2	2016	and ending 1	2/31/2016	
Δ This rat	urn/report is for:	X a single-employer plan	a multiple-employer pla	an (not multiemployer) aployer information in a		
A mister	uni/report is ior.	a one-participant plan	a foreign plan	projet information in a	oodraanoo mar aro	Term mediacione.
<b>B</b> This retu	urn/report is	the first return/report	the final return/report			
		X an amended return/report	a short plan year return	n/report (less than 12 m	nonths)	
C Check I	oox if filing under:	Form 5558	automatic extension		DFVC program	1
Part II	Pacia Plan Info	special extension (enter descr	. ,			
1a Name		ormation—enter all requested in	rormation		1b Three-digit	
	A INC. PROFIT SHAR	ING PLAN			plan number	
					1c Effective da	ate of plan 01/01/1994
Mailing	g address (include roo	oyer, if for a single-employer plan) om, apt., suite no. and street, or P.C			' '	dentification Number 27-4356969
City or OMNI-X USA		ce, country, and ZIP or foreign post	al code (if foreign, see instr	ructions)		telephone number 3-789-3575
	MANSFIELD AVE D, CO 80110-8639					ode (see instructions) 331200
3a Plan a	dministrator's name a	nd address X Same as Plan Spor	nsor.		<b>3b</b> Administrat	or's EIN
					7 Administrati	or's telephone number
		e plan sponsor has changed since	the last return/report filed for	or this plan, enter the	4b EIN	
name, <b>a</b> Sponse		mber from the last return/report.			4c PN	
· · · · · · · · · · · · · · · · · · ·		s at the beginning of the plan year			5a	75
<b>b</b> Total r	number of participants	s at the end of the plan year			5b	0
		account balances as of the end of			5c	0
		articipants at the beginning of the pl			5d(1)	0
		articipants at the end of the plan yea			5d(2)	0
than	100% vested	t terminated employment during the			5e	0
		or incomplete filing of this return				
SB or Sche		ther penalties set forth in the instructed and signed by an enrolled actuary, and plete.				
0.0	Filed with authorized	/valid electronic signature.	05/15/2020	SCOTT MITCHELL		
HERE	Signature of plan a	administrator	Date	Enter name of individ	dual signing as plar	n administrator
SIGN HERE						
	Signature of emplo	oyer/plan sponsor name, if applicable) and address (ir	Date			ployer or plan sponsor
Preparer s	name (including ilmi r	name, ii applicable) and address (ii	iciude room of suite numbe	er )	Preparer's telepl	ione number

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6a Were	e all of the plan's assets during the plan year invested in eligib	ole assets?	(See instructions.)						X Ye	es No
	ou claiming a waiver of the annual examination and report of 29 CFR 2520.104-46? (See instructions on waiver eligibility								X Ye	es No
	ı answered "No" to either line 6a or line 6b, the plan cann								ш	ш
<b>C</b> If the	plan is a defined benefit plan, is it covered under the PBGC ir	nsurance pr	ogram (see ERISA se	ection 4	021)?		Yes	No	Not de	etermined
Part III	Financial Information									
<b>7</b> Plan /	Assets and Liabilities		(a) Beginning	of Year				(b) End	of Year	
<b>a</b> Total	plan assets	7a		740555				. /		0
<b>b</b> Total	plan liabilities	7b								
C Net p	lan assets (subtract line 7b from line 7a)	7c	1	740555	5					0
8 Incom	ne, Expenses, and Transfers for this Plan Year		(a) Amoun	ıt				(b) T	otal	
	ibutions received or receivable from: mployers	8a(1)		C						
<b>(2)</b> P	articipants	8a(2)		112413						
(3) 0	thers (including rollovers)	8a(3)								
<b>b</b> Other	income (loss)	8b		74036	5					
<b>C</b> Total	income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							1864	49
	its paid (including direct rollovers and insurance premiums vide benefits)	8d		50140						
<b>e</b> Certa	in deemed and/or corrective distributions (see instructions).	8e								
<b>f</b> Admir	nistrative service providers (salaries, fees, commissions)	8f		1401						
<b>g</b> Other	expenses	8g								
<b>h</b> Total	expenses (add lines 8d, 8e, 8f, and 8g)	8h				51541				41
i Net in	come (loss) (subtract line 8h from line 8c)	8i							1349	08
<b>j</b> Trans	fers to (from) the plan (see instructions)	8j	-1	875463	3					
Part IV	Plan Characteristics									
9a If the 2A	plan provides pension benefits, enter the applicable pension 2E $$ 2F $$ 2G $$ 2K $$ 2T $$ 3D	feature coo	les from the List of Pl	an Cha	racteri	stic Co	odes in	the inst	ructions:	
<b>b</b> If the	plan provides welfare benefits, enter the applicable welfare for	eature code	es from the List of Pla	n Chara	acteris	tic Cod	des in t	he instru	ictions:	
Part V	Compliance Questions									
10 Duri	ng the plan year:				Yes	No	N/A		Amoun	t
des	s there a failure to transmit to the plan any participant contributoribed in 29 CFR 2510.3-102? (See instructions and DOL's Vigram)	/oluntary Fi	duciary Correction	10a	X					65703
	e there any nonexempt transactions with any party-in-interest orted on line 10a.)			10b		X				
<b>c</b> Wa	s the plan covered by a fidelity bond?			10c	X					180000
	the plan have a loss, whether or not reimbursed by the plan's aud or dishonesty?			10d		X				
carr	e any fees or commissions paid to any brokers, agents, or oth ier, insurance service, or other organization that provides som plan? (See instructions.)	ne or all of t	he benefits under	10e	X					6009
<b>f</b> Has	the plan failed to provide any benefit when due under the pla	ın?		10f		X				
<b>g</b> Did	the plan have any participant loans? (If "Yes," enter amount a	as of year-e	nd.)	10g	Х					0
	s is an individual account plan, was there a blackout period?	•		10h		X				
i If 10	th was answered "Yes," check the box if you either provided the options to providing the notice applied under 29 CFR 2520.10	he required	notice or one of the	10i						

Page	3-	1

Part	VI F	Pension Funding Compliance							
11		a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and 5500) and line 11a below)						Yes	X No
11a	Enter	the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40			11a				
12	ERIS/	s a defined contribution plan subject to the minimum funding requirements of section 412 of the CA?					[	Yes	X No
а	If a wa	aiver of the minimum funding standard for a prior year is being amortized in this plan year, see in		ns, and	_				ng
If		ng the waiver			_ Day		Ye	al	
		he minimum required contribution for this plan year			12b				
					12c				
		he amount contributed by the employer to the plan for this plan year		_					
	negat	ive amount)			12d		П.,	п.	
		e minimum funding amount reported on line 12d be met by the funding deadline?				Yes	No	<u> </u>	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	s	No	
	If "Ye	s," enter the amount of any plan assets that reverted to the employer this year			13a				0
b		all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brou		er the			X Yes	s 📗 No	)
С		ing this plan year, any assets or liabilities were transferred from this plan to another plan(s), iden assets or liabilities were transferred. (See instructions.)	tify the p	olan(s)	to				
	13c(1) l	Name of plan(s):		13c(2)	EIN(s)		13	<b>Ic(3)</b> PN	l(s)
OASIS	RETIR	EMENT SAVINGS PLAN	65-07	31524			33	33	
Part	VIII	Trust Information							
14a	Name o	of trust			14b <sup>-</sup>	Trust's I	EIN		
14c	Name	of trustee or custodian					's or cus		;
Par	t IX	IRS Compliance Questions							
15a	Is the	plan a 401(k) plan? If "No," skip b		Yes			No		
		id the plan satisfy the nondiscrimination requirements for employee deferrals under section  3) for the plan year? Check all that apply:		Desig safe h	n-based narbor	d l	☐ "Prio	or year" i	ADP
	(),	-,,,		"Curre	ent year est	,,	N/A		
16a		esting 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 te	st	N/A
16b		e plan satisfy the coverage and nondiscrimination requirements of sections 410(b) and 401(a)(4) plan year by combining this plan with any other plan under the permissive aggregation rules?		Yes			No		
17a		olan is a master and prototype plan (M&P) or volume submitter plan that received a favorable IRS		n letter	or advi	sory let	tter, ente	r the da	te of
17b	If the plant	plan is an individually-designed plan that received a favorable determination letter from the IRS, $\epsilon$	enter the	date	of the m	nost rec	ent dete	erminatio	on
18	Were a	d 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 sep		from	Ye	s	No		
19		ny plan participant a 5% owner who had attained at least age 70 $\frac{1}{2}$ 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 Repor	t Identification Information				
For calendar plan year 2016 or		01/01/2016	and ending	12/31/2	2016
A This return/report is for:	a single-employer plan	a multiple-employer pl list of participating em	an (not multiemployer) nployer information in a		
<u>:</u>	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	n/report (less than 12 n	months)	
C Check box if filing under:	Form 5558 special extension (enter desi	automatic extension		DFVC program	i .
Dort II Posis Dien Inf	ormation—enter all requested i				
Part II Basic Plan Inf  1a Name of plan	ormation—enter all requested i	ntormation		1b Three-digit	
Omni-X USA Inc. Pro	fit Sharing Plan			plan numbe	or 001
				1c Effective da 01/01/1	
	loyer, if for a single-employer plan) om, apt., suite no. and street, or P.			2b Employer lo	dentification Number -4356969
	nce, country, and ZIP or foreign pos		ructions)	2c Sponsor's	elephone number
					ode (see instructions)
2751 West Mansfield	Ave			331200	,
Englewood		CO	80110-8639		
3a Plan administrator's name	and address 🖺 Same as Plan Sp	onsor.		3b Administrat	or's EIN
	he plan sponsor has changed sincumber from the last return/report.	e the last return/report filed f	or this plan, enter the	4b EIN	
a Sponsor's name	An interest to the control of the C			4c PN	
5a Total number of participant	ts at the beginning of the plan year			. 5a	75
<b>b</b> Total number of participan	ts at the end of the plan year			5b	(
[[[1] [1] - [1] [1] [1] [1] [1] [1] [1] [1] [1] [1]	h account balances as of the end c			5c	(
d(1) Total number of active p	articipants at the beginning of the	plan year		5d(1)	(
	participants at the end of the plan y			5d(2)	(
than 100% vested	at terminated employment during th			5e	(
Caution: A penalty for the late	e or incomplete filing of this retu other penalties set forth in the instr	rn/report will be assessed	unless reasonable ca	ause is establishe	d.
SB or Schedule MB completed belief, it is true, correct, and cor	and signed by an enrolled actuary				
SIGN SIGN	)	5/15/2010	Scott Mitchel	11	
HERE Signature of plan	administrator	Date	Enter name of indivi	dual signing as pla	n administrator
SIGN HERE Signature of amp	lover/plan spansor	Date	Enter name of indivi	dual cigaina ac am	ployer or plan sponsor
	loyer/plan sponsor name, if applicable) and address			Preparer's telep	
		•	50 <b>4</b> 0		
1					

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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 lift the plan is a defined benefit plan, is it covered under the PBGC in	an independ and condition of use Form	dent qualified public ans.)	t instea	ant (IC	PA) Form	5500.		X Yes X Yes	No No mined
_	rt III Financial Information	1 (2) (1 (4) (1 (2) (4) (4) (4) (4) (4) (4) (4) (4) (4) (4			-				Text cites and see	
7	Plan Assets and Liabilities		(a) Beginning	of Year			(	b) End of	Year	
а	Total plan assets	7a		740,						0
	Total plan liabilities	7b								
	Net plan assets (subtract line 7b from line 7a)	7c	1,	740,	555					0
8	Income, Expenses, and Transfers for this Plan Year		(a) Amour	nt				(b) Tot	al	
а	Contributions received or receivable from: (1) Employers	8a(1)			0					
	(2) Participants	8a(2)		112,	413					
	(3) Others (including rollovers)	8a(3)								
b	Other income (loss)	8b		74,	036					
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							18	6,449
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		50,	140					
е	Certain deemed and/or corrective distributions (see instructions)	8e								
f	Administrative service providers (salaries, fees, commissions)	8f		1,	401					
g	Other expenses	8g								
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							5	1,541
i	Net income (loss) (subtract line 8h from line 8c)	8i							13	4,908
j	Transfers to (from) the plan (see instructions)	8j	-1,	875,	463					
Pa	rt IV Plan Characteristics									
9a	If the plan provides pension benefits, enter the applicable pension 2A 2E 2F 2G 2K 2T 3D	feature cod	es from the List of P	an Cha	racteri	stic Co	odes in	the instru	ctions:	
b	If the plan provides welfare benefits, enter the applicable welfare f	eature code	s from the List of Pla	n Chara	acteris	tic Co	des in ti	ne instruct	tions:	
Pa	rt V Compliance Questions									
10	During the plan year:				Yes	No	N/A		Amount	
- 8	Was there a failure to transmit to the plan any participant contributes described in 29 CFR 2510.3-102? (See instructions and DOL's N Program)	oluntary Fig	duciary Correction	10a	х				6	5,703
ŀ	Were there any nonexempt transactions with any party-in-interest reported on line 10a.)	t? (Do not in	clude transactions	10b		х				

10	During the plan year:		Yes	No	N/A	Amount
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)	10a	х			65,703
b	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	10b		х		
С	Was the plan covered by a fidelity bond?	10c	Х			180,000
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		х		
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.).	10e	х			6,009
f	Has the plan failed to provide any benefit when due under the plan?	10f		Х		
g	Did the plan have any participant loans? (If "Yes," enter amount as of year-end.)	10g	Х			0
h	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	10h		х		
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				

	Form 5500-SF 2016 Page <b>3-</b>					
Part	/I Pension Funding Compliance					
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and com (Form 5500) and line 11a below)					es 🛚 No
11a	Enter the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40					
12	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code ERISA?	or section	n 302 o		1	∕es ဩ No
а	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instrugranting the waiver.		d enter t		f the lette Year	r ruling
lf y	ou 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			
С	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)						
е	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?			X Yes		o
	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 control of the PBGC?					Yes [	] No
С	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.)	the plan(s)	) to			
	3c(1) Name of plan(s):		EIN(s)		13c(3) PN(s)	
Oasi	s Retirement Savings Plan	65-07	3152	4	3	33
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	
	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	n-based narbor ent year test	, L	"Prior ye test N/A	ear" ADP
16a	What testing method was used to satisfy the coverage requirements under section 410(b) for the plan year? Check all that apply:	Ratio	entage		erage nefit 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

Yes

☐ No

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

and the serial number

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

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

Defined Benefit Plan or Money Purchase Pension Plan Only:

letter

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