

Department of the Treasury
Internal Revenue ServiceDepartment of Labor
Employee Benefits Security Administration
Pension Benefit Guaranty CorporationShort Form Annual Return/Report of Small Employee
Benefit PlanThis 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).

ACK_ID

OMB Nos. 1210-0110
1210-0089

2016

This Form is Open to
Public Inspection

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

Part I Annual Report Identification Information

For calendar plan year 2016 or fiscal plan year beginning SF_PLAN_YEAR_BEGIN_DATE and ending SF_TAX_PRD

A This return/report is for:
SF_PLAN_ENTITY_CD ☐ 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 planB This SF_INITIAL_FILING_IND SF_FINAL_FILING_IND SF_SHORT_PLAN_YR_IND
SF_AMENDED_IND ☐ 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
SF_5558_APPLICATION_FILED_IND SF_EXT_SPECIAL_IND SF_EXT_AUTOMATIC_IND SF_DFVC_PROGRAM_IND

Part II Basic Plan Information enter all requested information

1a Name of plan SF_PLAN_NAME 1b Three-digit plan number (PN) SF_PLAN_NUM

1c Effective date of plan SF_PLAN_EFF_DATE

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)
2b Employer identification number (EIN) SF_SPONS_EIN

Refer to Page 4, Part II 2a

2c Sponsor's telephone number SF_SPONS_PHONE_NUM

2d Business code (see instructions) SF_BUSINESS_CODE

3a Plan administrator's name and address SF_ADMIN_EIN

3b Administrator's EIN SF_ADMIN_PHONE_NUM

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 SF_LAST_RPT_SPONS_NAME 4b EIN SF_LAST_RPT_SPONS_EIN

4c PN SF_LAST_RPT_PLAN_NUM

5a Total number of participants at the beginning of the plan year SF_TOT_PARTCP_BOY_CNT

b Total number of participants at the end of the plan year SF_TOT_ACT_RTD_SEP_BENEF_CNT

c Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) SF_PARTCP_ACCOUNT_BAL_CNT

d(1) Total number of active participants at the beginning of the plan year 5d SF_TOT_ACT_PARTCP_BOY_CNT

d(2) Total number of active participants at the end of the plan year 5d SF_TOT_ACT_PARTCP_EOY_CNT

e Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested SF_SEP_PARTCP_PARTL_VSTD_CNT

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 Signature of plan administrator SF_ADMIN_SIGNED_DATE SF_ADMIN_SIGNED_NAME

SIGN HERE Signature of employer/plan sponsor SF_SPONS_SIGNED_DATE SF_SPONS_SIGNED_NAME

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.) ☐ **SF_ELIGIBLE_ASSETS_IND** ☐ 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.) ☐ **SF_IQPA_WAIVER_IND** ☐ 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

SF_COVERED_PBGC_INSURANCE_IND**Part III Financial Information**

7 Plan Assets and Liabilities		(a) Beginning of Year	(b) End of Year
a Total plan assets	7a	SF_TOT_ASSETS_BOY_AMT	SF_TOT_ASSETS_EOY_AMT
b Total plan liabilities	7b	SF_TOT_LIABILITIES_BOY_AMT	SF_TOT_LIABILITIES_EOY_AMT
c Net plan assets (subtract line 7b from line 7a)	7c	SF_NET_ASSETS_BOY_AMT	SF_NET_ASSETS_EOY_AMT
8 Income, Expenses, and Transfers for this Plan Year		(a) Amount	(b) Total
a Contributions received or receivable from:			
(1) Employers	8a(1)	SF_EMPLR_CONTRIB_INCOME_AMT	
(2) Participants	8a(2)	SF_PARTICIP_CONTRIB_INCOME_AMT	
(3) Others (including rollovers)	8a(3)	SF_OTH_CONTRIB_RCVD_AMT	
b Other income (loss)	8b	SF_OTHER_INCOME_AMT	
c Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c		SF_TOT_INCOME_AMT
d Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	SF_TOT_DISTRI_BNFT_AMT	
e Certain deemed and/or corrective distributions (see instructions) ...	8e	SF_CORRECTIVE_DEEMED_DISTR_AMT	
f Administrative service providers (salaries, fees, commissions)	8f	SF_ADMIN_SRVC_PROVIDERS_AMT	
g Other expenses	8g	SF_OTH_EXPENSES_AMT	
h Total expenses (add lines 8d, 8e, 8f, and 8g)	8h		SF_TOT_EXPENSES_AMT
i Net income (loss) (subtract line 8h from line 8c)	8i		SF_NET_INCOME_AMT
j Transfers to (from) the plan (see instructions)	8j	SF_TOT_PLAN_TRANSFERS_AMT	

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: **SF_TYPE_PENSION_BNFT_CODE**
- b** If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions: **SF_TYPE_WELFARE_BNFT_CODE**

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 Compliance Program)	SF_FAIL_TRANSMIT_CONTRIB_IND				SF_FAIL_TRANSMIT_CONTRIB_AMT
b Were there any nonexempt transactions with any party-in-interest reported on line 10a.)	SF_PARTY_IN_INT_NOT_RPTD_IND				SF_PARTY_IN_INT_NOT_RPTD_AMT
c Was the plan covered by a fidelity bond?	SF_PLAN_INS_FDLTY_BOND_IND				SF_PLAN_INS_FDLTY_BOND_AMT
d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, by fraud or dishonesty?	SF_LOSS_DISCV_DUR_YEAR_IND				SF_LOSS_DISCV_DUR_YEAR_AMT
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 plan's insurance? (See instructions.)	SF_BROKER_FEES_PAID_IND				SF_BROKER_FEES_PAID_AMT
f Has the plan failed to provide any benefit when due under the plan?	SF_FAIL_PROVIDE_BENEF_DUE_IND				SF_FAIL_PROVIDE_BENEF_DUE_AMT
g Did the plan have any participant loans? (If "Yes," enter amount as of year-end)	SF_PARTCP_LOANS_IND				SF_PARTCP_LOANS_EOY_AMT
h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)					SF_PLAN_BLACKOUT_PERIOD_IND
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					SF_COMPLY_BLACKOUT_NOTICE_IND

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
 SF_DB_PLAN_FUNDING_REQD_IND

11a Enter the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40 SF_UNP_MIN_CONT_CUR_YRTOT_AMT

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.) SF_DC_PLAN_FUNDING_REQD_IND

a If a waiver of the minimum funding requirements is being amortized in this plan year, see instructions, and enter the date of the letter ruling granting the waiver. SF_RULING_LETTER_GRANT_DATE 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 SF_SEC_412_REQ_CONTRIB_AMT

c Enter the amount contributed by the employer to the plan for this plan year SF_EMLR_CONTRIB_PAID_AMT

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) 12 SF_FUNDING_DEFICIENCY_AMT

e Will the minimum funding amount reported on line 12d be met by the funding deadline SF_FUNDING_DEADLINE_IND ☐ 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? SF_RES_TERM_PLAN_ADPT_IND ☐ Yes ☐ No

If "Yes," enter the amount of any plan assets that reverted to the employer this year SF_RES_TERM_PLAN_ADPT_AMT

b Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or transferred to the control of the PBGC? SF_ALL_PLAN_AST_DISTIB_IND ☐ 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)	13c(3) PN(s)
TABLE:Efast_09.F_5500_sf_part1_2009 SF_PLAN_TRANSFER_NAME	SF_PLAN_TRANSFER_EIN	SF_PLAN_TRANSFER_PN

Part VIII Trust Information

14a Name of trust

SF_FDCRY_TRUST_NAME

14b Trust's EIN

SF_FDCRY_TRUST_EIN

14c Name of trustee or custodian

SF_FDCRY_TRUSTE_CUST_NAME

14d Trustee's or custodian's telephone number

SF_FDCRY_TRUSTE_CUST_PHONE_NUM

Part IX IRS Compliance Questions

15a Is the plan a 401(k) plan? If "No," skip b. SF_401K_PLAN_IND ☐ Yes ☐ No

15b How did the plan satisfy the nondiscrimination requirements for a 401(k)(3) for the plan year? Check all that apply: SF_401K_DESIGN_BASED_SAFE_IND ☐ Design-based safe harbor ☐ Prior year ADP test
 SF_401K_CURRENT_YEAR_ADP_IND ☐ Current year ADP test ☐ N/A SF_401K_NA_IND

16a What testing method was used to satisfy the coverage requirements under section 410(b) for the plan year? Check all that apply: SF_MTHD_AVG_BNFT_TEST_IND ☐ Average benefit test ☐ N/A
 SF_MTHD_RATIO_PRCNT_TEST_IND ☐ percentage test

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? SF_PLAN_SATISFY_TESTS_IND

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 SF_LAST_OPIN_ADVI_DATE the serial number SF_LAST_OPIN_ADVI_SERIAL_NUM

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 SF_FAV_DETERM_LTR_DATE

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? SF_DISTRIB_MADE_EMPLOYE_62_IND ☐ 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

SF_MIN_REQ_DISTIB_IND

ROW_ORDER

Part II 2a Variables

SF_SPONSOR_NAME

SF_SPONSOR_DFE_DBA_NAME

SF_SPONS_US_ADDRESS1

SF SPONS US ADDRESS2

SF_SPONS_US_CITY

SF_SPONS_US_STATE

SF_SPONS_US_ZIP

SF_SPONS_FOREIGN_ADDRESS1

SF SPONS FOREIGN ADDRESS2

SF_SPONS_FOREIGN_CITY

SF_SPONS_FOREIGN_PROV_STATE

SF_SPONS_FOREIGN_CNTRY

SF_SPONS_FOREIGN_POSTAL_CD

Part II 3a Variables

SF_ADMIN_CARE_OF_NAME

SF_ADMIN_US_ADDRESS1

SF_ADMIN_US_ADDRESS2

SF_ADMIN_US_CITY

SF_ADMIN_US_STATE

SF_ADMIN_FOREIGN_ADDRESS1

SF_ADMIN_FOREIGN_ADDRESS2

SF_ADMIN_FOREIGN_CITY

SF_ADMIN_FOREIGN_PROV_STATE

SF_ADMIN_FOREIGN_CNTRY

SF_LAST_RPT_SPONS_NAME

SF_ADMIN_FOREIGN_POSTAL_CD