## 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).

1210-0089

OMB Nos. 1210-0110

2015

This Form is Open to Public Inspection

Pension Bene	fit Guaranty Corporation	▶ Complete all entries in a	ccordance with the instructions to the Form 55	500-SF				
Part I	Annual Report I	dentification Information						
For calendar	plan year 2015 or fis	cal plan year beginning 01/01/2	015 and ending 12	2/31/20	15			
A This retur	n/report is for:	a single-employer plan  a one-participant plan	a multiple-employer plan (not multiemployer) list of participating employer information in ac a foreign plan	`	ū			
<b>B</b> This return	n/report is	the first return/report an amended return/report	the final return/report a short plan year return/report (less than 12 me	onths)				
	x if filing under:	Form 5558 special extension (enter descri	. ,		DFVC progr	ram		
Part II	Basic Plan Infor	rmation—enter all requested inf	ormation					
1a Name of INTERWEST		V., INC. 401(K) RETIREMENT SA	VINGS PLAN		Three-digit plan number (PN)	001		
				1c	Effective date of 01/0	f plan 1/1998		
Mailing a	ddress (include room	rer, if for a single-employer plan) n, apt., suite no. and street, or P.O			Employer Identii (EIN) 91-1	ication Number 518872		
	ewn, state or province DEVELOPMENT N.W		al code (if foreign, see instructions)	<b>2c</b> Sponsor's telephone number 253-565-5800				
O MARK WA	LDRON, CH. 7 TRU	STEE		2d Business code (see instructions				
711 REGENT ACOMA, WA					2389	,		
3a Plan adn	ninistrator's name and	d address XSame as Plan Spons	or.	3b /	Administrator's I	ΞIN		
				3c /	Administrator's t	elephone number		
		plan sponsor has changed since the from the last return/report.	he last return/report filed for this plan, enter the	4b	EIN			
<b>a</b> Sponsor'	s name			4c	PN			
<b>5a</b> Total nu	mber of participants	at the beginning of the plan year		5a		23		
<b>b</b> Total nu	mber of participants	at the end of the plan year		5b	)	16		
	• •		he plan year (defined benefit plans do not	50	;	16		
d(1) Total	number of active part	ticipants at the beginning of the pla	an year	5d(	1)	0		
d(2) Total	number of active par	ticipants at the end of the plan yea	r	5d(	2)	0		
than 10	0% vested		plan year with accrued benefits that were less	5e		0		
			/report will be assessed unless reasonable cau	ıse is e	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.

O1/12/2016 MARK WALDRON, CHAPTER 7 TRUSTEE

Enter name of individual signing as plan administrator

SIGN HERE

Signature of employer/plan sponsor

Date

Enter name of individual signing as employer or plan sponsor

Signature of employer/plan sponsor

Preparer's name (including firm name, if applicable) and address (include room or suite number)

Preparer's telephone number

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<ul> <li>Were all of the plan's assets during the plan year invested in eligib</li> <li>Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility of you answered "No" to either line 6a or line 6b, the plan cannot be a second or line 6b.</li> </ul>	an indepen and conditi	dent qualified public a	ccount	ant (IQ	PA)				′es
<b>c</b> If the plan is a defined benefit plan, is it covered under the PBGC in	nsurance pr	ogram (see ERISA se	ection 4	021)? .		Yes	]No	Not de	termined
Part III Financial Information									
7 Plan Assets and Liabilities		(a) Beginning	of Ye	ar			(b) End	of Year	
<b>a</b> Total plan assets	7a		787	679				6′	17229
<b>b</b> Total plan liabilities	7b		707					-	17000
C Net plan assets (subtract line 7b from line 7a)	7c			679					17229
8 Income, Expenses, and Transfers for this Plan Year a Contributions received or receivable from:		(a) Amou	ınt				(b)	Total	
(1) Employers	8a(1)								
(2) Participants	8a(2)								
(3) Others (including rollovers)	8a(3)								
<b>b</b> Other income (loss)	8b		-17	898					
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c								17898
d Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		145	499					
e Certain deemed and/or corrective distributions (see instructions)	8e								
f Administrative service providers (salaries, fees, commissions)	8f		7	053					
g Other expenses	8g								
h Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							15	52552
i Net income (loss) (subtract line 8h from line 8c)	8i							-17	70450
j Transfers to (from) the plan (see instructions)	8j								
Part IV Plan Characteristics									
9a If the plan provides pension benefits, enter the applicable pension 2E 2J 2K 2G 2F 2T 3D	feature cod	des from the List of Pl	an Cha	racteris	stic Co	des in t	he instru	ctions:	
B If the plan provides welfare benefits, enter the applicable welfare for	eature code	es from the List of Pla	n Chara	acterist	ic Coc	les in th	e instruc	tions:	
Part V Compliance Questions									
10 During the plan year:				Yes	No	N/A		Amou	nt
Was there a failure to transmit to the plan any participant contributed described in 29 CFR 2510.3-102? (See instructions and DOL's Verogram)	oluntary Fi	duciary Correction	10a	X					13096
<b>b</b> Were there any nonexempt transactions with any party-in-interest					· ·				
reported on line 10a.)			10b		X				
C Was the plan covered by a fidelity bond?			10c	X					1000000
<b>d</b> Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?			10d		X				
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 t	he benefits under	10e	X					3701
f Has the plan failed to provide any benefit when due under the pla			10f		Х				
				X					47750
	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR				X				41730
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	he required	notice or one of the	10h 10i						
j Did the plan trust incur unrelated business taxable income?			10i						
Part VI Pension Funding Compliance			IUJ	<u> </u>	<u> </u>				
11 Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)								П	∕es ∏ No
11a Enter the unpaid minimum required contribution for all years from						11a		<u>. L. '</u>	
12 Is this a defined contribution plan subject to the minimum funding							RISA?	l l	′es X No

	F	orm 5500-SF 2015 Page <b>3</b> - 1						
	(If "Ye	s," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)						
а		aiver of the minimum funding standard for a prior year is being amortized in this plan year, see in ng the waiver		enter the Day	e date of	the letter ru Year	ling	
If		mpleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line		Day_		Toal		
b	Enter th	ne minimum required contribution for this plan year		12b				
С	Enter th	ne amount contributed by the employer to the plan for this plan year		12c				
	Subtra	act the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the	left of a	12d				
		ve amount)			Yes	No	N/A	
Part		e minimum funding amount reported on line 12d be met by the funding deadline?  Plan Terminations and Transfers of Assets			163	NO	IN/A	
		resolution to terminate the plan been adopted in any plan year?			X Ye	s $\square$ No		
		," enter the amount of any plan assets that reverted to the employer this year		13a		<u> П</u>	(	
b	Were	all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brou	ght under the co			Yes X	No	
С	If durin	PBGC?  ng this plan year, any assets or liabilities were transferred from this plan to another plan(s), identi				<u> </u>		
		assets or liabilities were transferred. (See instructions.)  lame of plan(s):	13c(2)	FIN(e)		13c(3) F	PN(e)	
	100(1)	uno oi piuntoj.	130(2)	LII4(3)		130(3)	· <b>V</b> (3)	
Dant		Turnet hafe amount on						
Part	Name o	Trust Information		14h 1	Γrust's Ell	N		
ı <del>T</del> a	Name 0	ii iiust		140	TUSES EII	14		
14c	Name	of trustee or custodian		14d Trustee's or custodian's telephone number				
					tolophon	o mambon		
Par	t IX	IRS Compliance Questions						
15a	Is the	plan a 401(k) plan?		Ye	s	No		
					esign-			
15b		"how does the 401(k) plan satisfy the nondiscrimination requirements for employee deferrals an ng contributions (as applicable) under sections 401(k)(3) and 401(m)(2)?			ased safe arbor	☐ ADF	P/ACP	
450				method				
<b>15c</b> If the ADP/ACP test is used, did the 401(k) plan perform ADP/ACP testing for the plan year using the "current year testing method" for nonhighly compensated employees (Treas. Reg sections 1.401(k)-2(a)(2)(ii) and 1.401(m)-					Yes No			
	2(a)(2)	(ii))?		□ Ra	atio			
16a	Check	the box to indicate the method used by the plan to satisfy the coverage requirements under section	on 410(b):		ercentage		erage efit test	
16b		he plan satisfy the coverage and nondiscrimination tests of sections 410(b) and 401(a)(4) by comun with any other plans under the permissive aggregation rules?		Ye	s	No		
17a		e plan been timely amended for all required tax law changes?		Ye	s	No	N/A	
17b		ne last plan amendment/restatement for the required tax law changes was adopted//law changes and codes).	Enter the ap	plicable	code	(See ins	tructions	
17c	If the p	lan sponsor is an adopter of a pre-approved master and prototype (M&P) or volume submitter play letter, enter the date of that favorable letter/ and the letter's serial r		t to a fa	vorable I	RS opinion	or	
17d	If the p	lan is an individually-designed plan and received a favorable determination letter from the IRS, e ination letter/		the plai	n's last fa	vorable		
18	Is the I	Plan maintained in a U.S. territory (i.e., Puerto Rico (if no election under ERISA section 1022(i)(2, American Samoa, Guam, the Commonwealth of the Northern Mariana Islands or the U.S. Virgin		Yes	\$	No		
19	Were in	n-service distributions made during the plan year?		Ye	s	No		
	If "Yes	" enter amount		19				
20		equired minimum distributions made to 5% owners who have attained age 70 $\frac{1}{2}$ (regardless of w ), as required under section 401(a)(9)?		Ye	S	No	N/A	

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

2045

2015

OMB Nos. 1210-0110 1210-0089

This Form is Open to Public Inspection

	ort Identification Informatior				
For calendar plan year 2015	The state of the s	01/01/2015	and ending	12/31/	2015
A This return/report is for:	X a single-employer plan	a multiple-employer pla list of participating emp			
	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 m	onths)	
C Check box if filing under:	Form 5558	automatic extension		DFVC	program
F = - 5 T =	special extension (enter desc				
	nformation—enter all requested in	nformation			
1a Name of plan INTERWEST DEVELOP	MENT N.W., INC. 401(K)	RETIREMENT SAVING	GS PLAN	1b Three-digi plan numb (PN) ▶	12.50
				1c Effective of	
	nployer, if for a single-employer plan) room, apt., suite no. and street, or P.	O. Box)		2b Employer	Identification Number
	vince, country, and ZIP or foreign pos PMENT N.W., INC.	tal code (if foreign, see instru	ections)	2c Sponsor's	telephone number
c/o Mark Waldron	, Ch. 7 Trustee				5-5800
6711 Regents Blv	d. W			238900	code (see instructions)
Tacoma	WA 98466				
3a Plan administrator's nam	ne and address XSame as Plan Spor	nsor.		3b Administra	itor's EIN
				3c Administra	tor's telephone number
	of the plan sponsor has changed since	the last return/report filed fo	r this plan, enter the	4b EIN	
	n number from the last return/report.			40.00	
a Sponsor's name				4c PN	
	ants at the beginning of the plan year.			5a	23
	ants at the end of the plan year			5b	16
•	with account balances as of the end o	, ,		5c	16
	e participants at the beginning of the p			5d(1)	0
	e participants at the end of the plan ye			5d(2)	0
e Number of participants	that terminated employment during th	e plan year with accrued ben	efits that were less	50	0
Caution: A penalty for the I	ate or incomplete filing of this retu	rn/report will be assessed u	ınless reasonable ca	use is establishe	
	d other penalties set forth in the instrued and signed by an enrolled actuary, domblete.				
SIGN // W	16	1-12-16	Mark Waldron	, Chapter	7 Trustee
HEDE /	an administrator	Date	Enter name of individ	lual signing as pla	ın administrator
SIGN					
HERE	nployer/plan sponsor	Date	Enter name of individ	lual signing as en	nployer or plan sponsor
	rm name, if applicable) and address (			Preparer's telep	<del></del>
1					

6a Were all of the plan's assets during the plan year invested in e b Are you claiming a waiver of the annual examination and repor under 29 CFR 2520.104-467 (See Instructions on waiver eligib If you answered "No" to either line 6a or line 6b, the plan of c If the plan is a defined benefit plan, is it covered under the PBG Part III   Financial Information 7    Plan Assets and Liabilities a Total plan liabilities c Net plan assets. b Total plan liabilities c Net plan assets (subtract line 7b from line 7a) 8    Income, Expenses, and Transfers for this Plan Year a Contributions received or receivable from: (1) Employers. (2) Participants. (3) Others (including rollovers) b Other income (loss) c Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)  d Benefits paid (including direct rollovers and insurance premium to provide benefits) e Certain deemed and/or corrective distributions (see instructions of Administrative service providers (salaries, fees, commissions). g Other expenses h Total expenses (add lines 8d, 8e, 8f, and 8g) i Net income (loss) (subtract line 8h from line 8c) j Transfers to (from) the plan (see instructions)  Part IV Plan Characteristics 9a If the plan provides pension benefits, enter the applicable pension benefits, enter the applicable welfall if the plan provides welfare benefits, enter the applicable welfall if the plan provides welfare benefits, enter the applicable welfall if the plan provides welfare benefits, enter the applicable welfall if the plan provides welfare benefits, enter the applicable welfall puring the plan year: a Was there a failure to transmit to the plan any participant condescribed in 29 CFR 2510.3-1027 (See instructions and DOI	7a 7b 7c 8a(1) 8b 8c 8d 8d 8f 8g 8f 8g 8h 8f 8g 8h 8l	dent qualified public ons.) m 5500-SF and mu	accounters at instead section 40 7 7 7 7 7 9 9 9 9 9 9 9 9 9 9 9 9 9 9	ant (IQ id use 021)?	PA) Form 9 9 9 9 9 9 9	5500.		617229 617229
Total plan assets  b Total plan liabilities  c Net plan assets (subtract line 7b from line 7a)  lincome, Expenses, and Transfers for this Plan Year  a Contributions received or receivable from: (1) Employers	7b 7c 8a(1) 8a(2) 8b 8c 8c 8d 8d 8d 8d 8d 8d 8f 8g 8f		7 7 punt	8767 8767 1789	9			617229 617229 otal
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b Total plan liabilities  c Net plan assets (subtract line 7b from line 7a)  lincome, Expenses, and Transfers for this Plan Year  a Contributions received or receivable from: (1) Employers (2) Participants (3) Others (including rollovers)  b Other income (loss)  c Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)  d Benefits paid (including direct rollovers and insurance premium to provide benefits)  e Certain deemed and/or corrective distributions (see instructions of Administrative service providers (salaries, fees, commissions).  g Other expenses  h Total expenses (add lines 8d, 8e, 8f, and 8g)  i Net income (loss) (subtract line 8h from line 8c)  j Transfers to (from) the plan (see instructions)  Part IV Plan Characteristics  9a If the plan provides pension benefits, enter the applicable pension benefits, enter the applicable welfators  Part V Compliance Questions  10 During the plan year:  a Was there a fallure to transmit to the plan any participant condescribed in 29 CFR 2510.3-102? (See instructions and DOI described in 29 CFR 2510.3-102? (See instructions and DOI described in 29 CFR 2510.3-102? (See instructions and DOI described in 29 CFR 2510.3-102? (See instructions and DOI described in 29 CFR 2510.3-102? (See instructions and DOI described in 29 CFR 2510.3-102? (See instructions and DOI described in 29 CFR 2510.3-102? (See instructions and DOI described in 29 CFR 2510.3-102? (See instructions and DOI described in 29 CFR 2510.3-102? (See instructions and DOI described in 29 CFR 2510.3-102? (See instructions and DOI described in 29 CFR 2510.3-102? (See instructions and DOI described in 29 CFR 2510.3-102? (See instructions and DOI described in 29 CFR 2510.3-102? (See instructions and DOI described in 29 CFR 2510.3-102? (See instructions and DOI described in 29 CFR 2510.3-102? (See instructions and DOI described in 29 CFR 2510.3-102? (See instructions and DOI described in 29 CFR 2510.3-102? (See instructions and DOI described in 29 CFR 2510.3-102? (See instructions and DOI described in 20 CFR 2510.3	7b 7c 8a(1) 8a(2) 8b 8c 8c 8d 8d 8d 8d 8d 8d 8f 8g 8f	(a) Am	7 ount	1789 4549	9			617229 617229 otal
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a Contributions received or receivable from: (1) Employers	8a(1) 8a(2) 8a(3) 8b 8c 8c 8c 8d 8	(a) Am	ount	1789 4549	8		(ь) то	otal
a Contributions received or receivable from: (1) Employers	8a(2) 8a(3) 8b 8c 8c 8c 8c 8d 8d 8, 8d 8, 8d 8, 8d 8, 8d	(a) Am		4549	9		(b) To	
(2) Participants (3) Others (including rollovers)  b Other income (loss)  C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)  d Benefits paid (including direct rollovers and insurance premium to provide benefits)  e Certain deemed and/or corrective distributions (see instructions f Administrative service providers (salaries, fees, commissions)  g Other expenses  h Total expenses (add lines 8d, 8e, 8f, and 8g).  i Net income (loss) (subtract line 8h from line 8c)  j Transfers to (from) the plan (see instructions)  Part IV Plan Characteristics  9a If the plan provides pension benefits, enter the applicable pension benefits, enter the applicable welfs  Part V Compliance Questions  10 During the plan year:  a Was there a fallure to transmit to the plan any participant condescribed in 29 CFR 2510.3-102? (See instructions and DOI	8a(2) 8a(3) 8b 8c 8c 8c 8c 8d 8d 8, 8d 8, 8d 8, 8d 8, 8d			4549	9			-17898
(2) Participants	8a(2) 8a(3) 8b 8c 8c 8c 8c 8d 8d 8, 8d 8, 8d 8, 8d 8, 8d			4549	9			-17898
(3) Others (including rollovers)  b Other income (loss)  C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)  d Benefits paid (including direct rollovers and insurance premium to provide benefits)  e Certain deemed and/or corrective distributions (see instructions f Administrative service providers (salaries, fees, commissions).  g Other expenses  h Total expenses (add lines 8d, 8e, 8f, and 8g)  i Net income (loss) (subtract line 8h from line 8c)  j Transfers to (from) the plan (see instructions)  Part IV Plan Characteristics  9a If the plan provides pension benefits, enter the applicable pensage 2E 2J 2K 2G 2F 2T 3D  B If the plan provides welfare benefits, enter the applicable welfate the plan growing the plan year:  a Was there a fallure to transmit to the plan any participant condescribed in 29 CFR 2510.3-102? (See instructions and DOI	8a(3) 8b 8c 8c 8c 8d 8,8d 8,86 8,86 8,86			4549	9			-17898
Dother income (loss)     C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)     Benefits paid (including direct rollovers and insurance premium to provide benefits)      Certain deemed and/or corrective distributions (see instructions of Administrative service providers (salaries, fees, commissions).      Other expenses     h Total expenses (add lines 8d, 8e, 8f, and 8g)	8b 8c 8c 8d			4549	9			-17898
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c 8c 8d 8d 8d 8f 8g 8h 8h 8l			4549	9			-17898
d Benefits paid (including direct rollovers and insurance premium to provide benefits)  e Certain deemed and/or corrective distributions (see instructions of Administrative service providers (salaries, fees, commissions).  g Other expenses  h Total expenses (add lines 8d, 8e, 8f, and 8g)	8d 8d 8d 8f 8g 8h 8h 8l		1.					-17898
to provide benefits)  e Certain deemed and/or corrective distributions (see instructions)  f Administrative service providers (salaries, fees, commissions)  g Other expenses  h Total expenses (add lines 8d, 8e, 8f, and 8g)	8d 8d 8e 8f 8g 8h 8h 8l		1.			7111		
e Certain deemed and/or corrective distributions (see instructions f Administrative service providers (salaries, fees, commissions).  g Other expenses  h Total expenses (add lines 8d, 8e, 8f, and 8g)	8) 8e 8f 8g 8h			705	3			
h Total expenses (add lines 8d, 8e, 8f, and 8g)	8g 8h 8l			705	3	****		
i Net income (loss) (subtract line 8h from line 8c)  j Transfers to (from) the plan (see instructions)	8h 8l							
i Net income (loss) (subtract line 8h from line 8c) j Transfers to (from) the plan (see instructions)	8h 8l							
Part IV Plan Characteristics  9a If the plan provides pension benefits, enter the applicable welfare benefits, enter the applicable pension benefits, enter the applicable welfare benefits, enter the applicable pension benefits, enter the applicable pension benefits, enter the applicable pension benefits and enter the applicable pension benefits, enter the applicable pension benefits, enter the applicable pension benefits and								152552
Part IV Plan Characteristics  9a If the plan provides pension benefits, enter the applicable welfare benefits, enter the applicable pension benefits, enter the applicable welfare benefits, enter the applicable pension benefits, enter the applicable pension benefits, enter the applicable pension benefits and benefits								-170450
9a If the plan provides pension benefits, enter the applicable pension benefits, enter the applicable pension B If the plan provides welfare benefits, enter the applicable welfare.  Part V   Compliance Questions  10   During the plan year:  a   Was there a fallure to transmit to the plan any participant condescribed in 29 CFR 2510.3-102? (See instructions and DOI					i			
9a If the plan provides pension benefits, enter the applicable pension benefits, enter the applicable pension B If the plan provides welfare benefits, enter the applicable welfare benefits, enter the applicable welfare benefits, enter the applicable welfare B If the plan provides welfare benefits, enter the applicable welfare B If the plan provides welfare benefits, enter the applicable welfare B If the plan provides welfare benefits, enter the applicable pension B If the plan provides welfare benefits, enter the applicable pension B If the plan provides welfare benefits, enter the applicable pension B If the plan provides welfare benefits, enter the applicable pension B If the plan provides welfare benefits, enter the applicable pension B If the plan provides welfare benefits, enter the applicable pension B If the plan provides welfare benefits, enter the applicable pension B If the plan provides welfare benefits, enter the applicable welfare benefits, enter the applicable welfare B If the plan provides welfare benefits, enter the applicable welfare B If the plan provides welfare benefits, enter the applicable welfare B If the plan provides welfare benefits, enter the applicable welfare B If the plan provides welfare B								
<ul> <li>During the plan year:</li> <li>Was there a failure to transmit to the plan any participant con described in 29 CFR 2510.3-102? (See instructions and DOI</li> </ul>								
a Was there a fallure to transmit to the plan any participant con described in 29 CFR 2510.3-102? (See instructions and DOI						,		
described in 29 CFR 2510.3-1027 (See instructions and DOI				Yes	No	N/A		Amount
Program)	L's Voluntary Fl	ductary Correction	10a	х				1309
b Were there any nonexempt transactions with any party-in-intereported on line 10a.)	erest? (Do not in	nclude transactions			х			
C Was the plan covered by a fidelity bond?		•••••	- 10c	х				100000
d Did the plan have a loss, whether or not reimbursed by the pl by fraud or dishonesty?	an's fidelity bor	nd, that was caused	10d		х			
<ul> <li>Were any fees or commissions paid to any brokers, agents, or carrier, insurance service, or other organization that provides the plan? (See instructions.)</li> </ul>	some or all of t	the benefits under	10e	х				370
f Has the plan falled to provide any benefit when due under the					х			
	the plan have any participant loans? (If "Yes," enter amount as of year end.)			х				4775
	in Individual account plan, was there a blackout period? (See instructions and 29 CFR			-	х			4773
i If 10h was answered "Yes," check the box if you either provid exceptions to providing the notice applied under 29 CFR 252	led the required	notice or one of the						
j Did the plan trust incur unrelated business taxable income?			10]					
Part VI Pension Funding Compliance			1 101					
11 Is this a defined benefit plan subject to minimum funding requ						fule SD	(Form I	☐ Yes ☐ No

11a Enter the unpaid minimum required contribution 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 or section 302 of ERISA?...

	Form 5500-SF 2015 Page 3 -					
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)					
	If a walver of the minimum funding standard for a prior year is being amortized in this plan year, see insignanting the waiver.	Month	nter the	date of the	e letter ruli Year	Ing
If	ou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line	13,				
<u>b</u>	Enter the minimum required contribution for this plan year		12b			
	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				
е	Will the minimum funding amount reported on line 12d be met by the funding deadline?			Yes	No 📗	N/A
Part	Plan Terminations and Transfers of Assets					
13a	Has a resolution to terminate the plan been adopted in any plan year?			X Yes	□ No	
	If "Yes," enter the amount of any plan assets that reverted to the employer this year		13a		1.0	0
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brou of the PBGC?				Yes 🔀 I	No
С	If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identi- which assets or liabilities were transferred. (See instructions.)			-		
	3c(1) Name of plan(s):	13c(2)	EIN(s)		13c(3) P	N(s)
Part	VIII: Trust Information					
14a	Name of trust		14b -	Trust's EIN		
14c	Name of trustee or custodian		14d	Trustee's telephone	or custodia number	ın's
Par	IRS Compliance Questions					
15a	is the plan a 401(k) plan?		Ye	s	No	
15b	If "Yes," how does the 401(k) plan satisfy the nondiscrimination requirements for employee deferrals ar matching contributions (as applicable) under sections 401(k)(3) and 401(m)(2)?		bi	esign- ased safe arbor ethod	ADP test	
15c	If the ADP/ACP test is used, did the 401(k) plan perform ADP/ACP testing for the plan year using the "testing method" for nonhighly compensated employees (Treas, Reg sections 1.401(k)-2(a)(2)(ii) and 1.2(a)(2)(ii))?	401(m)-	Ye	es	No	
16a	Check the box to indicate the method used by the plan to satisfy the coverage requirements under sect		□ R	atio ercentage est		rage efit test
16b	Does the plan satisfy the coverage and nondiscrimination tests of sections 410(b) and 401(a)(4) by conthis plan with any other plans under the permissive aggregation rules?		Ye	35	No	
17a	Has the plan been timely amended for all required tax law changes?		Ye	98	□No	□ N/A
17b	Date the last plan amendment/restatement for the required tax law changes was adopted for tax law changes and codes).	Enter the	applica	ble code _	(See in	nstructions
	If the plan sponsor is an adopter of a pre-approved master and prototype (M&P) or volume submitter planting and the letter's serial and the letter's s	number				or
	If the plan is an individually-designed plan and received a favorable determination letter from the IRS, edetermination letter		the pla	n's last fav	orable	
18	Is the Plan maintained in a U.S. territory (i.e., Puerto Rico (if no election under ERISA section 1022(i)(2 made), American Samoa, Guam, the Commonwealth of the Northern Mariana Islands or the U.S. Virgin		Ye	s	No	
19	Were in-service distributions made during the plan year?		Y	8	□ No	
	If "Yes," enter amount		19			
20	Were required minimum distributions made to 5% owners who have attained age 70 ½ (regardless of v retired), as required under section 401(a)(9)?		□ Y <sub>1</sub>	es	∏ No	□N/A
	Total Col / Do Total Col Double Col Total Col /					