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.

2015

OMB Nos. 1210-0110

1210-0089

This Form is Open to Public Inspection

Parti	Annual Report	identification information								
For calend	lar plan year 2015 or fis	scal plan year beginning 01/01/2	2015	and ending 1	2/31/2015					
Δ This rot	turn/report is for:	x a single-employer plan		olan (not multiemployer) mployer information in ad						
A THIS IE	tum/report is ior.	a one-participant plan	a foreign plan	mpioyer illionnation in at	ccordance with the	riomi instructions)				
B This ret	urn/report is	the first return/report	the final return/report							
		an amended return/report	a short plan year retu	rn/report (less than 12 m	nonths)					
C Check	box if filing under:	Form 5558	automatic extension		DFVC	program				
-		special extension (enter descr	• ,							
Part II	Basic Plan Info	ermation—enter all requested inf	formation							
1a Name LOMBINO	of plan MARTINO, P.S. 401(K)) PLAN			1b Three-digit plan number (PN) ▶					
					1c Effective da					
		yer, if for a single-employer plan) m, apt., suite no. and street, or P.C). Box)			dentification Number 05-0625260				
	r town, state or provinc MARTINO, P.S.	e, country, and ZIP or foreign post	al code (if foreign, see ins	tructions)	2c Sponsor's	telephone number 53-830-2700				
						ode (see instructions)				
10009 59TH					Zu Business C	ode (see ilistractions)				
LAKEWOOD), WA 98499-2775					541110				
3a Plan a	administrator's name ar	nd address XSame as Plan Spons	sor.		3b Administrat	or's EIN				
					3c Administrat	or's telephone number				
		e plan sponsor has changed since mber from the last return/report.	the last return/report filed	for this plan, enter the	4b EIN					
a Spons	sor's name				4c PN					
5a Total	number of participants	at the beginning of the plan year			5a	39				
b Total	number of participants	at the end of the plan year			5b	38				
		account balances as of the end of	' '	•	5c	19				
d(1) Tot	al number of active pa	rticipants at the beginning of the plant	an year		5d(1)	38				
d(2) Tot	tal number of active pa	rticipants at the end of the plan yea	ar		5d(2)	36				
e Numl	ber of participants that	terminated employment during the	plan year with accrued be	enefits that were less	5e	0				
Caution: A	A penalty for the late	or incomplete filing of this returr	n/report will be assessed	l unless reasonable ca						
SB or Sche		her penalties set forth in the instruc nd signed by an enrolled actuary, a plete.								
SIGN		valid electronic signature.	02/03/2016	JOSEPH J.M. LOMBI	INO					
HERE	Signature of plan a		Date	Enter name of individ		n administrator				
SIGN										
HERE	Signature of emplo	yer/plan sponsor	Date	Enter name of individ	lual signing as em	ployer or plan sponsor				
Preparer's	name (including firm n	name, if applicable) and address (in	nclude room or suite numb	per)	Preparer's telepl	none number				

Form 5500-SF 2015		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 a lf you answered "No" to either line 6a or line 6b, the plan cannot be a second to the plan cannot be a second t	an independand condition to the condition of the conditio	dent qualified public a ons.) m 5500-SF and mus	ccount	ant (IQ	PA) Form	5500.		×	Yes No
C 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 c	letermined
Part III Financial Information					_				
7 Plan Assets and Liabilities		(a) Beginning			-		(b) End	of Yea	
a Total plan assets	7a		723	550					699890
b Total plan liabilities	7b 7c		723	550					1983 697907
Net plan assets (subtract line 7b from line 7a) Income, Expenses, and Transfers for this Plan Year	70	(a) Amou		000			(b)	Total	001001
a Contributions received or receivable from:		(a) Alliot	ant				(5)	TOtal	
(1) Employers	8a(1)			0					
(2) Participants	8a(2)		30	006					
(3) Others (including rollovers)	8a(3)			0					
b Other income (loss)	8b		-12	161					
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c								17845
d Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		42	142					
e Certain deemed and/or corrective distributions (see instructions)	8e			0					
f Administrative service providers (salaries, fees, commissions)	8f		1	346					
g Other expenses	8g			0					
h Total expenses (add lines 8d, 8e, 8f, and 8g)	8h								43488
i Net income (loss) (subtract line 8h from line 8c)	8i								-25643
j Transfers to (from) the plan (see instructions)	8j								
Part IV Plan Characteristics									
9a If the plan provides pension benefits, enter the applicable pension 3D 2A 2E 2F 2G 2J 2T 2K	feature cod	des from the List of Pl	an Cha	racteris	stic Co	des in t	he instru	ıctions:	
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 the	e instruc	tions:	
Part V Compliance Questions									
10 During the plan year:			1	Yes	No	N/A		Amo	unt
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 Fi	duciary Correction	10a		X				
b Were there any nonexempt transactions with any party-in-interest			401		X				
reported on line 10a.)			10b						
C 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				
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.)	ner persons ne or all of t	by an insurance he benefits under	10e	X					997
f Has the plan failed to provide any benefit when due under the pla					X				331
			10f		-				
g Did the plan have any participant loans? (If "Yes," enter amount a	•	,	10g		X				
h If this is an individual account plan, was there a blackout period? 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	X					
j Did the plan trust incur unrelated business taxable income?			10j				_		
Part VI Pension Funding Compliance				•					
11 Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)									Yes No
11a Enter the unpaid minimum required contribution for all years from	Schedule S	SB (Form 5500) line 4	0			11a			
12 Is this a defined contribution plan subject to the minimum funding	requireme	nts of section 412 of t	he Cod	e or se	ction 3	302 of E	RISA?	\prod	Yes X No

	F	orm 5500-SF 2015 Page 3 - 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)	L114(3)		130(3)	· v (3)
Dant		Turnet hafe amount on					
Part	Name o	Trust Information		14h 1	Γrust's Ell	N	
ı T a	Name 0	ii iiust		140	TUSES EII	14	
14c	Name	of trustee or custodian				s or custodia e number	an's
					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 test	P/ACP
450					ethod		
150		DP/ACP test is used, did the 401(k) plan perform ADP/ACP testing for the plan year using the "c method" for nonhighly compensated employees (Treas. Reg sections 1.401(k)-2(a)(2)(ii) and 1.401(k)-2(a)(2)(ii) and 1.401(k)-2(a)(b) and 1.401(k)		Ye	S	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

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**

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

OMB Nos. 1210-0110 1210-0089

2015

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Part I Annual Repo	rt Identification Information	1						
For calendar plan year 2015 or	fiscal plan year beginning	01/01/2015	and ending	12/31/	2015			
	X a single-employer plan	a multiple-employe	r plan (not multiemployer)	(Filers checking	this box must attach a			
A This return/report is for:		list of participating	e form instructions)					
	a one-participant plan	a foreign plan						
B This return/report is	the first return/report	the final return/repo	rt					
	an amended return/report	a short plan year re	turn/report (less than 12 m	nonths)				
C Charle have if filling and an		П						
C Check box if filing under:	Form 5558	automatic extensio	n	☐ DFVC	program			
103	special extension (enter desc	cription)						
Part II Basic Plan In	formation—enter all requested in	nformation						
1a Name of plan				1b Three-digi	it			
LOMBINO MARTINO, P	.S. 401(K) PLAN			plan numb	per 001			
				(PN) •				
				1c Effective of				
-				09/01/	2005			
	ployer, if for a single-employer plan)	O D\			Identification Number			
	oom, apt., suite no. and street, or P.0 nce, country, and ZIP or foreign posi		estructions)	(EIN) 05	-0625260			
Lombino Martino,		tar oodo (ii foroigiti, ood ii	1001 4 501 671 67		telephone number			
				253-83				
10009 59th Ave S.V	N -			2d Business code (see instructions)				
				541110				
Lakewood	WA 98499-27	175						
	and address XSame as Plan Spon			3b Administra				
ou i fair authinistrator s fiame	and address Manie as Flan Sport	801.		3D Administra	HOT'S EIN			
				3c Administra	ator's telephone number			
				3c Administra	ator's telephone number			
				3c Administra	ator's telephone number			
				3c Administra	ator's telephone number			
A If the name and/or FIN of					ttor's telephone number			
	the plan sponsor has changed since	the last return/report file	d for this plan, enter the	3c Administra	ttor's telephone number			
name, EIN, and the plan n	the plan sponsor has changed since number from the last return/report.	the last return/report file	d for this plan, enter the	4b EIN	tor's telephone number			
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-	Form 5500-SF 2015		Page 2									
b c	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 If you answered "No" to either line 6a or line 6b, the plan cann If the plan is a defined benefit plan, is it covered under the PBGC in	an independ and condition ot use Forr	dent qualified public a ons.) m 5500-SF and mus	t instea	ant (IC	PA) Form	5500.		[X Yes X Yes		
Pa	rt III Financial Information											
7_	Plan Assets and Liabilities		(a) Beginning	g of Ye	ar			(b) End	l of Y	'ear		
	Total plan assets	7a		7	2355	0				6	998	_
	Total plan liabilities	7b									_	983
	Net plan assets (subtract line 7b from line 7a)	7c			2355	0					979	307
8 a	Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from: (1) Employers	8a(1)	(a) Amo	unt		0		(b)	Tota			
	(2) Participants	8a(2)			3000	6	0 8	- 1-0	T.		150	
	(3) Others (including rollovers)	8a(3)				0				TI EWE		
b	Other income (loss)	8b			1216	1	1100		nile-			
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c 8d			4214	2	V. R.	O Lynn	36		178	145
е	Certain deemed and/or corrective distributions (see instructions)	8e				0	7			1		
f	Administrative service providers (salaries, fees, commissions)	8f			134	6						
g	Other expenses	8g				0	100	22.0	- 11	2.1	9	XI.
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h			113						434	88
	Net income (loss) (subtract line 8h from line 8c)	81		11/18	3 01	to a				_	256	43
j	Transfers to (from) the plan (see instructions)	8j				2.3			πÜ.	31		W
Par	If the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare for the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare for the plan provides welfare benefits, enter the plan provides welfare for the pl	eature code	s from the List of Pla	n Chara	acteris	tic Cod	des in the	e instruc	tions	:		
10	During the plan year:				Yes	No	N/A		Λ.,	ount		_
a	Was there a failure to transmit to the plan any participant contribut described in 29 CFR 2510.3-102? (See instructions and DOL's V Program) Were there any nonexempt transactions with any party-in-interest	oluntary Fid	luciary Correction	10a		х			All	iount		_
	reported on line 10a.)			10b		21						_
				10c	Х						100	0000
- d	by fraud or dishonesty?			10d		Х	Mg.					
	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.)	e or all of th	e benefits under	10e	х							997
f	Has the plan failed to provide any benefit when due under the plan	n?		10f		Х	1100-					_
g	Did the plan have any participant loans? (If "Yes," enter amount a	s of year en	d.)	10g		Х	199					_
h	If this is an individual account plan, was there a blackout period? (2520.101-3.)			10h	Х							
i 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	х					3 11 1		
j	Did the plan trust incur unrelated business taxable income?			10j								
Part	VI Pension Funding Compliance			- 0								
11	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)	ents? (If "Ye	es," see instructions	and cor	nplete	Sched	lule SB	(Form		Yes	П	No
11a	Enter the unpaid minimum required contribution for all years from											
12	Is this a defined contribution plan subject to the minimum funding	requiremen	ts of section 412 of t	he Cod	e or se	ction :	302 of E	RISA?		Yes	Х	No

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	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)				
а	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, and granting the waiver	enter the Day_		e 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			
	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			
е	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?		X Yes	No	
	If "Yes," enter the amount of any plan assets that reverted to the employer this year	13a			0
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the of the PBGC?	ontrol		Yes X	No
С	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.))			
	3c(1) Name of plan(s): 13c(2)	EIN(s)		13c(3) F	PN(s)
Part	VIII Trust Information				
14a	Name of trust	14b ⁻	Γrust's EIN		
14c	Name of trustee or custodian	14d	Trustee's telephone		an'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 and employer matching contributions (as applicable) under sections 401(k)(3) and 401(m)(2)?	ba ha	esign- ased safe arbor ethod	ADF	P/ACP
15c	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)-2(a)(2)(ii))?	Ye	s	No	
16a	Check the box to indicate the method used by the plan to satisfy the coverage requirements under section 410(b):	⊔ р∈	atio ercentage st		erage nefit test
16b	Does the plan satisfy the coverage and nondiscrimination tests of sections 410(b) and 401(a)(4) by combining this plan with any other plans under the permissive aggregation rules?	Ye	s	No	
	Has the plan been timely amended for all required tax law changes?	Ye		No	N/A
17b ——	Date the last plan amendment/restatement for the required tax law changes was adopted Enter the for tax law changes and codes).	applical	ole code _	(See i	nstructions
	If the plan sponsor is an adopter of a pre-approved master and prototype (M&P) or volume submitter plan that is subje advisory letter, enter the date of that favorable letter and the letter's serial number		:		or
17d	If the plan is an individually-designed plan and received a favorable determination letter from the IRS, enter the date of determination letter section.	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) has been made), American Samoa, Guam, the Commonwealth of the Northern Mariana Islands or the U.S. Virgin Islands)?	Ye	3	No	
		Ye:		□ No	
	made), American Samoa, Guam, the Commonwealth of the Northern Mariana Islands or the U.S. Virgin Islands)?				