Form 5500-\$	Form 5500-SF Short Form Annual Return/Report of Small Employee Benefit Plan					
Department of the Treasu Internal Revenue Service			2015			
Department of Labor Employee Benefits Security Admir	Income Security Act of 197		6057(b) and 6058(a) of the	Internal Thi	s Form is Open to ublic Inspection	
Pension Benefit Guaranty Corp	Complete all entries in		nstructions to the Form 55	i00-SF.		
	eport Identification Information		and ending 10	)/31/2015		
	a single-employer plan		er plan (not multiemployer)		s box must attach a	
A This return/report is fo	∵ ☐ a one-participant plan	list of participating a foreign plan	g employer information in ac	cordance with the f	orm instructions)	
<b>B</b> This return/report is	the first return/report	$\times$ the final return/rep	ort			
	an amended return/report	🗙 a short plan year r	eturn/report (less than 12 m	onths)		
C Check box if filing und	er: Form 5558	automatic extensi	on	DFVC p	rogram	
	special extension (enter des					
Part II Basic Pla	n Information—enter all requested in	nformation				
<b>1a</b> Name of plan RUSTY GEORGE CREAT	VE 401 (K) PLAN			1b Three-digit plan number (PN) ▶	001	
				1c Effective date		
<b>2a</b> Plan sponsor's name	(employer, if for a single-employer plan)				1/01/2009 entification Number	
	de room, apt., suite no. and street, or P. province, country, and ZIP or foreign pos		instructions)	(EIN) 9 2c Sponsor's te	1-2095424 lephone number	
				253	3-284-2140	
732 BROADWAY SUITE 30	2			20 Business coo	de (see instructions)	
ГАСОМА, WA 98402-3702				5	41400	
<b>3a</b> Plan administrator's n	ame and address XSame as Plan Spor	nsor.		3b Administrato	r's EIN	
				<b>3c</b> Administrato	r's telephone number	
A				4		
name, EIN, and the p	N of the plan sponsor has changed since lan number from the last return/report.	the last return/report fil	ed for this plan, enter the	4b EIN		
a Sponsor's name				4c PN	9	
	cipants at the beginning of the plan year			5a 5b	9	
	cipants at the end of the plan year ts with account balances as of the end o			50 50	· · · ·	
,					0	
	tive participants at the beginning of the p			5d(1) 5d(2)	6	
	tive participants at the end of the plan ye ts that terminated employment during th					
than 100% vested				5e	0	
Under penalties of perjury	e late or incomplete filing of this return and other penalties set forth in the instru- eted and signed by an enrolled actuary, decomplete	uctions, I declare that I h	ave examined this return/rep	oort, including, if ap		
	orized/valid electronic signature.	02/01/2016	HENRY GEORGE			
HERE	plan administrator	Date	Enter name of individu	ual signing as plan	administrator	
SIGN						
	employer/plan sponsor	Date	Enter name of individu			
Preparer s name (includin	g firm name, if applicable) and address (	include room of suite nu	mber)	Preparer's telepho	one number	
For Paperwork Reduction A	ct Notice and OMB Control Numbers, see t	he instructions for Form 5	500-SF.		Form 5500-SF (2015)	

	F0III 5500-SF 2015		Page Z								
b	<ul> <li>6a Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)</li> <li>b Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA)</li> <li>independent 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.)</li> <li>if you answered "No" to either line 6a or line 6b, the plan cannot use Form 5500-SF and must instead use Form 5500.</li> </ul>										
С	If the plan is a defined benefit plan, is it covered under the PBGC in	nsurance p	orogram (see ERISA se	ction 4	021)?		Yes	No Not determined			
Par	t III Financial Information										
	Plan Assets and Liabilities		(a) Beginning		ar			(b) End of Year			
	Total plan assets	7a			624		0				
	Total plan liabilities	7a 7b		100	0		0				
	Net plan assets (subtract line 7b from line 7a)	70 70		150	624		0				
		70	(a) Ameri		024			-			
-	Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from:		(a) Amou	Int		_		(b) Total			
	(1) Employers	8a(1)			0						
	(2) Participants	8a(2)		5	477						
	(3) Others (including rollovers)	8a(3)			0						
b	Other income (loss)	8b		3	544						
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						9021			
d	Benefits paid (including direct rollovers and insurance premiums										
	to provide benefits)	8d		157	384						
е	Certain deemed and/or corrective distributions (see instructions)	8e			0						
f	Administrative service providers (salaries, fees, commissions)	8f		2	261						
g	Other expenses	8g			0	_					
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h					159645				
	Net income (loss) (subtract line 8h from line 8c)	8i						-150624			
j	Transfers to (from) the plan (see instructions)	8j			0						
Par	t IV Plan Characteristics										
9a	If the plan provides pension benefits, enter the applicable pension 2A 2E 2F 2G 2J 2K 2T 3D	feature co	odes from the List of Pla	an Cha	racteris	stic Co	odes in	the instructions:			
В	If the plan provides welfare benefits, enter the applicable welfare for	eature coo	des from the List of Pla	n Chara	acterist	ic Coc	les in th	ne 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 contribu	tions with	n the time period								
	described in 29 CFR 2510.3-102? (See instructions and DOL's V	oluntary F	Fiduciary Correction			×					
	Program)			10a		Х					
u	Were there any nonexempt transactions with any party-in-interest reported on line 10a.)			10b		х					
C	Was the plan covered by a fidelity bond?			10c	Х			1000			
d	Did the plan have a loss, whether or not reimbursed by the plan's 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	х			36			
f	Has the plan failed to provide any benefit when due under the plan?					X					
g	Did the plan have any participant loans? (If "Yes," enter amount as of year end.)					Х					
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							
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 requirements? (If "Yes," see instructions and 5500) and line 11a below)		plete	Scheo	dule SE	8 (Form		Yes	No
11a	Enter the unpaid minimum required contribution 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	e or se	ection	302 of	ERISA?.	[	Yes	X No

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					1					
		es," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)								
a		waiver of the minimum funding standard for a prior year is being amortized in this plan year, see in: ting the waiver.		enter th Day	ne date of	f the letter Year	ruling			
lf	you c	ompleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line	13.	1						
b	Ente	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		rract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the ative 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?			XY	es No				
		es," enter the amount of any plan assets that reverted to the employer this year		13a			0			
h		e all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brou					-			
	of th	e PBGC?	-			X Yes	No			
С		ring this plan year, any assets or liabilities were transferred from this plan to another plan(s), identi th assets or liabilities were transferred. (See instructions.)	ify the plan(s) to	1						
	13c(1)	Name of plan(s):	13c(2)	EIN(s)		13c(3	<b>)</b> PN(s)			
Part		Trust Information								
14a	Name	of trust		14b Trust's EIN						
14c Name of trustee or custodian						<b>14d</b> Trustee's or custodian's telephone number				
Par	t IX	IRS Compliance Questions		1						
15a	Is th	e plan a 401(k) plan?		🗌 Y	es	No	1			
15b		es," how does the 401(k) plan satisfy the nondiscrimination requirements for employee deferrals an hing contributions (as applicable) under sections 401(k)(3) and 401(m)(2)?		b   h	Design- based safe barbor nethod		ADP/ACP test			
15c	testir	ADP/ACP test is used, did the 401(k) plan perform ADP/ACP testing for the plan year using the "c ng method" for nonhighly compensated employees (Treas. Reg sections 1.401(k)-2(a)(2)(ii) and 1.4 2)(ii))?		Υ	es		1			
16a	Cheo	k the box to indicate the method used by the plan to satisfy the coverage requirements under sect	ion 410(b):	ļЦр	Ratio ercentag est		verage enefit test			
16b		the plan satisfy the coverage and nondiscrimination tests of sections 410(b) and 401(a)(4) by con plan with any other plans under the permissive aggregation rules?	0	Y	es	X No	I			
17a	Has	the plan been timely amended for all required tax law changes?		Y	es	No	N/A			
	for ta	the last plan amendment/restatement for the required tax law changes was adopted//////		·			nstructions			
17c		plan sponsor is an adopter of a pre-approved master and prototype (M&P) or volume submitter placed sory letter, enter the date of that favorable letter/ and the letter's serial r		ct to a f	avorable	IRS opinio	n or			
17d		plan is an individually-designed plan and received a favorable determination letter from the IRS, e mination letter/	nter the date of	the pla	an's last f	avorable				
18		e Plan maintained in a U.S. territory (i.e., Puerto Rico (if no election under ERISA section 1022(i)(2 e), American Samoa, Guam, the Commonwealth of the Northern Mariana Islands or the U.S. Virgir		∏ Y€	es	No				
19	Were	in-service distributions made during the plan year?		Y	es	No				
	lf "Y€	es," enter amount		19						
20		e required minimum distributions made to 5% owners who have attained age 70 ½ (regardless of wed), as required under section 401(a)(9)?		Y	es	No	N/A			

	rm 5500-SF	t of Small Empl	oyee	OMB Nos, 1210-0110 1210-0089						
Inter	rtment of the Treasury mal Revenue Service	This form is required to be file	Benefit Plan d under sections 104 and	4065 of the Employee R	tetirement	2015				
Employee B	epartment of Labor tenefils Security Administration	Income Security Act of 1974	(ERISA), and sections 609 Revenue Code (the Code		Internal	This Form is Open to				
1	enefit Guaranty Corporation	Complete all entries in a	accordance with the inst	ructions to the Form 5	500-SF.	Public Inspection				
Part I		Identification Information								
For calend	ar plan year 2015 of h	scal plan year beginning           X         a single-employer plan	01/01/2015	and ending		/31/2015				
A This rel	turn/report is for:	a single-employer plan	list of participating en			cking this box must attach a /ith the form instructions)				
			a foreign plan							
B This retu	urn/report is	the first return/report	X the final return/report							
		an amended return/report	x a short plan year retur	n/report (less than 12 m	ionths)					
C Check	box if filing under:	Form 5558	automatic extension		Πι	DFVC program				
		special extension (enter descr	iption)							
Part II	Basic Plan Info	ormation-enter all requested inf	ormation							
1a Name	of plan				1b Thre	e-digit				
RUSTY G	SEORGE CREATIN	/E 401 (K) PLAN			17 P = 10 1 1 2 1 1	number 001				
					(PN)					
						ctive date of plan 01/2009				
2a Plan s	ponsor's name (emplo	yer, if for a single-employer plan)				loyer Identification Number				
Mailing City or	address (include roo town_state or provinc	m, apt., suite no. and street, or P.O e, country, and ZIP or foreign posta	. Box) al code (if foreign, see inst	ructions)		91-2095424				
	GEORGE DESIG		a code (il loreign, see insti	rucions)	2c Sponsor's telephone number					
						-284-2140				
732 BR	CADWAY SUITE	302			2d Business code (see instructions) 541400					
The down										
TACOMA		WA 98402-370								
Ja Plania	oministrator's name at	nd address XSame as Plan Spons	or		3b Admi	Administrator's EIN				
					3c Administrator's telephone number					
4 If the r	ame and/or EIN of the	e plan sponsor has changed since t mber from the last return/report.	the last return/report filed for	or this plan, enter the	4b EIN					
	or's name	nber nom the last return/report.			4c PN					
		at the beginning of the plan year			5a	9				
		at the end of the plan year			5b	9				
		account balances as of the end of t				0				
compl	ete this item)	isilit.			5c	0				
<b>d(1)</b> Tota	al number of active pa	rticipants at the beginning of the pla	an year		5d(1)	6				
		rticipants at the end of the plan yea			5d(2)	0				
e Numb	er of participants that	terminated employment during the	plan year with accrued be	nefits that were less	5e					
Caution: A	penalty for the late	or incomplete filing of this return	/report will be assessed	unless reasonable cau		0 Dished.				
Under pena	Ities of perjury and oth	ner penalties set forth in the instruc	tions. I declare that I have	examined this return/rei	oort includir	ng if applicable, a Schedule				
belief, it is t	rue, correct, and completed ar	nd signed by an enrolled actuary, a plete.	s well as the electronic ver	sion of this return/report	t, and to the	best of my knowledge and				
SIGN			211/16	HENRY GEORGE						
HERE	Signature of plan a	dministrator	Date	Enter name of individ	ual signing -	as plan administrator				
SIGN	Sector Plant &		Date	Enter name of individ	မရာ ခု၊ပွားကျပွဲ န	รร คุณา อนากการแลเปล				
HERE	Signature of empla	vorinian energes	D-1-	Entres 11 P.1						
Preparer's r	Signature of emplo name (including firm n	ame, if applicable) and address (in	Date clude room or suite numbe	I Enter name of individual er)		as employer or plan sponsor telephone number				
		,		ŕ	option of					

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3544

157384

2261

0

0

0

9021

159645

-150624

6a	Were all of the plan's assets during the plan year invested in eligibl	e assets? (S	ee instructions.)	Yes No
b	Are you claiming a waiver of the annual examination and report of a under 29 CFR 2520.104-46? (See instructions on waiver eligibility a	ind condition	s.)	
	If you answered "No" to either line 6a or line 6b, the plan canno	ot 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 in:	surance prog	ram (see ERISA section 4021)?	Yes 🗌 No 📋 Not determined
Pa	rt III Financial Information			
7	Plan Assets and Liabilities		(a) Beginning of Year	(b) End of Year
a	Total plan assets	7a	150624	0
b	Total plan liabilities	7b	0	0
С	Net plan assets (subtract line 7b from line 7a)	7c	150624	0
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount	(b) Total
a	Contributions received or receivable from: (1) Employers	8a(1)	0	Staffill and Staffill and Staff
	(2) Participants	8a(2)	5477	
	(3) Others (including rollovers)	8a(3)	0	

8b

8c

8d

8e

8f

8g

8h

8i

8j

## Part IV Plan Characteristics

to provide benefits) ....

f

i.

j

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 premiums

e Certain deemed and/or corrective distributions (see instructions).

g Other expenses .....

h Total expenses (add lines 8d, 8e, 8f, and 8g).....

Net income (loss) (subtract line 8h from line 8c) .....

Transfers to (from) the plan (see instructions)

Administrative service providers (salaries, fees, commissions).....

9a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 2A 2E 2F 2G 2J 2K 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		х		
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			1000
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			36
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				
j	Did the plan trust incur unrelated business taxable income?	10j				
Part	VI Pension Funding Compliance		1.		M	
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions a 5500) and line 11a below).					Form
11a	Enter the unpaid minimum required contribution for all years from Schedule SB (Form 5500) line 4	0			11a	
12	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the	he Cod	le or s	ection	302 of El	RISA? Yes X No

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(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e b				
a If a waiver of the minimum funding standard for a prior year i granting the waiver.	s being amortized in this plan yea	ar, see instructions, and e	nter the da	te of the letter ruling Year
If you completed line 12a, complete lines 3, 9, and 10 of Sch			Duy	
b Enter the minimum required contribution for this plan year	462		12b	
C Enter the amount contributed by the employer to the plan for t			12c	
<ul> <li>d Subtract the amount in line 12c from the amount in line 12b.</li> <li>negative amount)</li> </ul>	Enter the result (enter a minus sig	gn to the left of a	12d	
<ul> <li>Will the minimum funding amount reported on line 12d be me</li> </ul>			T Ye	es 🗌 No 🗌 N/A
Part VII Plan Terminations and Transfers of Asse				
13a Has a resolution to terminate the plan been adopted in any plan	/ear?			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 benefic of the PBGC?				X Yes 🗌 No
C If during this plan year, any assets or liabilities were transfer which assets or liabilities were transferred. (See instructions		(s), identify the plan(s) to		
13c(1) Name of plan(s):		13c(2)	EIN(s)	13c(3) PN(s)
Part VIII Trust Information				
14a Name of trust			14b Trus	st's EIN
14c Name of trustee or custodian				ustee's or custodian's ephone number
Part IX IRS Compliance Questions				
15a Is the plan a 401(k) plan?			Yes	No
<b>15b</b> If "Yes," how does the 401(k) plan satisfy the nondiscriminati matching contributions (as applicable) under sections 401(k)	on requirements for employee de	ferrals and employer		d safe ADP/ACP pr test
15c If the ADP/ACP test is used, did the 401(k) plan perform ADF testing method" for nonhighly compensated employees (Trea 2(a)(2)(ii))?	as. Reg sections 1.401(k)-2(a)(2)	(ii) and 1.401(m)-	Yes	No
<b>16a</b> Check the box to indicate the method used by the plan to sa	isfy the coverage requirements u	nder section 410(b):	Ratio	entage Average benefit test
16b Does the plan satisfy the coverage and nondiscrimination ter this plan with any other plans under the permissive aggregat			Yes	X No
17a Has the plan been timely amended for all required tax law ch			. 🗌 Yes	No N/A
17b Date the last plan amendment/restatement for the required t for tax law changes and codes).	ax law changes was adopted	Enter the	applicable	code (See instructions
17c If the plan sponsor is an adopter of a pre-approved master a advisory letter, enter the date of that favorable letter	and the lette	r's serial number	_	
17d If the plan is an individually-designed plan and received a fa determination letter			f the plan's	last favorable
18 Is the Plan maintained in a U.S. territory (i.e., Puerto Rico (if made), American Samoa, Guam, the Commonwealth of the	no election under ERISA section Northern Mariana Islands or the U	n 1022(i)(2) has been U.S. Virgin Islands)?	Yes	No
19 Were in-service distributions made during the plan year?			Yes	No
If "Yes," enter amount			. 19	
20 Were required minimum distributions made to 5% owners w retired), as required under section 401(a)(9)?			Yes	No N/A