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

OMB Nos. 1210-0110

2015

This Form is Open to Public Inspection

Part I	Annual Report	: Identification Information	1							
For calend	lar plan year 2015 or fi	iscal plan year beginning 01/01/2	2015	and ending 12	/31/2015					
A This re	turn/report is for:		g this box must attach a he form instructions)							
a one-participant plan a foreign plan										
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 mo	onths)					
C Check	box if filing under:	Form 5558	automatic extension		DFV	C program				
Dort II	Pagia Dian Infe	special extension (enter desc								
Part II		ormation—enter all requested in	ntormation		1b Thuas di	-:-				
1a Name	or plan AVER RETIREMENT	ΡΙΔΝ			1b Three-diplan num	•				
DOOK! DE	AVERTEINEMENT	LAN			(PN) ▶	001				
					1c Effective	date of plan 01/01/2010				
Mailing	g address (include roo	oyer, if for a single-employer plan) om, apt., suite no. and street, or P.C			2b Employer Identification Number (EIN) 91-2017679					
	r town, state or provinc NVER PRE-SCHOOL	ce, country, and ZIP or foreign post	tal code (if foreign, see inst	tructions)	2c Sponsor	's telephone number 425-821-5022				
					2d Business	code (see instructions)				
13803 - 115 ⁻ KIRKLAND,	TH AVE. N.E. WA 98034					611000				
VIIVICAND,	WA 90004					611000				
3a Plan administrator's name and address Same as Plan Sponsor.						3b Administrator's EIN				
					3c Administ	rator's telephone number				
		e plan sponsor has changed since	the last return/report filed	for this plan, enter the	4b EIN					
	sor's name				4c PN					
5a Total	number of participants	s at the beginning of the plan year			5a	2				
b Total	number of participants	s at the end of the plan year			5b	2				
		account balances as of the end of		•	5c	2				
d(1) Tot	al number of active pa	articipants at the beginning of the p	lan year		5d(1)	2				
		articipants at the end of the plan ye		Ī	5d(2)	2				
e Numl	ber of participants that	t terminated employment during the	e plan year with accrued be	enefits that were less	5e	0				
		or incomplete filing of this retur			se is establish	ned.				
SB or Sche		ther penalties set forth in the instru and signed by an enrolled actuary, a aplete.								
SIGN	Filed with authorized	/valid electronic signature.	02/04/2016	MOLLY CARSON						
HERE	Signature of plan a	administrator	Date	Enter name of individu	vidual signing as plan administrator					
SIGN										
HERE	Signature of emplo		dual signing as employer or plan sponsor							
Preparer's	name (including firm r	name, if applicable) and address (in	nclude room or suite numb	er)	Preparer's tele	ephone number				

	Form 5500-SF 2015		Page 2								
b	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	an indepe and condit ot use Fo	ndent qualified public a tions.) orm 5500-SF and mus	ccount	ant (IQ	PA) Form	5500.			X Ye	
С	f the plan is a defined benefit plan, is it covered under the PBGC ir	nsurance p	program (see ERISA se	ection 4	021)?	📙	Yes	No	<u></u>	lot dete	rmined
Par	t III Financial Information	1	1								
7	Plan Assets and Liabilities		(a) Beginning	•				(b) E	nd of		
	Total plan assets	. 7a		148	3277					179	810
	Total plan liabilities	7b 7c		110	3277					170	910
	Net plan assets (subtract line 7b from line 7a)ncome, Expenses, and Transfers for this Plan Year		0211		(b) Total				010		
	Contributions received or receivable from:		(a) Amou	arit				<u> (r</u>) 101	ai	
	1) Employers	8a(1)		31	533						
	2) Participants	8a(2)									
	(3) Others (including rollovers)	8a(3)									
	Other income (loss)	8b									
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c								31	533
	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	. 8d									
е	Certain deemed and/or corrective distributions (see instructions)	8e									
<u>f</u> .	Administrative service providers (salaries, fees, commissions)	. 8f									
g	Other expenses	. 8g									
<u>h</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h									
	Net income (loss) (subtract line 8h from line 8c)	. 8i								31	533
	Transfers to (from) the plan (see instructions)	8j									
Par						0					
9a	If the plan provides pension benefits, enter the applicable pension 2A 2E 2G 2T 3D	teature co	odes from the List of Pi	an Cha	racteri	stic Cc	ides in 1	the ins	ructio	ons:	
В	If the plan provides welfare benefits, enter the applicable welfare f	eature cod	des from the List of Pla	n Char	acterist	ic Cod	les in th	ne instr	uctior	ns:	
Part	•				T.,						
10	During the plan year: Was there a failure to transmit to the plan any participant contribu	itiono withi	n the time neried		Yes	No	N/A			Mount	
а	described in 29 CFR 2510.3-102? (See instructions and DOL's V	oluntary F	Fiduciary Correction	10a		X					
b	Were there any nonexempt transactions with any party-in-interest			401		X					
	reported on line 10a.)			10b							
	Was the plan covered by a fidelity bond?			10c		X					
d	Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?			10d		X					
е	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.)	her person ne or all of	s by an insurance the benefits under	10e		X					
f	Has the plan failed to provide any benefit when due under the pla					X					
g	101					X					
h	If this is an individual account plan, was there a blackout period?	-		10g		^					
	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	L						
Part	VI Pension Funding Compliance										
11	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)									Ye	s No
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	requirem	ents of section 412 of t	he Cod	le or se	ction 3	302 of E	RISA	·	Ye	s X No

	F	orm 5500-SF 2015 Page 3 - 1								
	_ `	s," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)								
a If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, and enter the date of the letter ruling granting the waiver										
lf		mpleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line		Duy_		1 oui				
b	Enter t	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						
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										
		ve amount)e minimum funding amount reported on line 12d be met by the funding deadline?		П	Yes	No 🗌	N/A			
Part		Plan Terminations and Transfers of Assets			100	110	1471			
		resolution to terminate the plan been adopted in any plan year?			Yes	s X No				
		s," enter the amount of any plan assets that reverted to the employer this year		13a	13a					
b	Were	all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brough	ght under the co	ontrol		Yes X	No			
С	If duri	ng this plan year, any assets or liabilities were transferred from this plan to another plan(s), identi assets or liabilities were transferred. (See instructions.)								
•	13c(1) N	lame of plan(s):	13c(2)	EIN(s)		13c(3) F	PN(s)			
Part	: VIII	Trust Information								
14a	Name o	f trust		14b Trust's EIN						
14c	Name	of trustee or custodian		14d	Trustee's	or custodia	an's			
Name of trustee of custodian						14d Trustee's or custodian's telephone number				
Par	t IX	IRS Compliance Questions								
15a	Is the	plan a 401(k) plan?		Ye	S	No				
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)?		Design-based safe ADP/ACP harbor test method						
15c	5c 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))?					Yes No				
16a	Check	the box to indicate the method used by the plan to satisfy the coverage requirements under secti	on 410(b):	Ratio percentage benefit						
16b		he plan satisfy the coverage and nondiscrimination tests of sections 410(b) and 401(a)(4) by come with any other plans under the permissive aggregation rules?		Ye	s	No				
17a	Has the	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		lan sponsor is an adopter of a pre-approved master and prototype (M&P) or volume submitter pland the letter yellower. I and the letter's serial references and the letter's serial references and the letter's serial references.		t to a fa	vorable II	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 fav	vorable				
18		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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OMB Nos. 1210-0110 1210-0089

2015

This Form is Open to **Public Inspection**

	on Benefit Guaranty Corporation	Complete all entries in	accordance with the in	netructions to the Farm		Public Inspection
Part	Annual Report	l Identification Information)	istructions to the Form	5500-SF.	
_ror cale	endar plan year 2015 or f	iscal plan year beginning 01/01/20 X a single-employer plan	15	and ending 12	/31/2015	
A This	return/report is for:) (Filers chec	king this box must attach a			
71 71110	return report is ior;	a one-participant plan	list of participating a foreign plan	employer information in	accordance w	ith the form instructions)
B This	return/report is	the first return/report	the final return/repo	ort		
		months)				
C Chec	ck box if filing under:	_				
		special extension (enter descr	automatic extensio		Пг	PFVC program
Part II	Basic Plan Info	rmation—enter all requested inf	formation			
1a Nam	ie or plan				1h Thur	
BUCKYB	EAVER RETIREMENT F	² LAN			1b Three plan r	number
					(PN)	
2a Plan	SDODSOF'S name (employ	NOT if for a size !				ive date of plan /2010
IAICHIII	riy avviess (include mor	yer, if for a single-employer plan) n, apt., suite no. and street, or P.O.	Boy)		2b Emplo	yer Identification Number
• • • • • • • • • • • • • • • • • • •	or town, state or province EAVER PRE-SCHOOL	e, country, and ZIP or foreign posta	il code (if foreign, see in	structions)	(EIN) 9	91-2017679
	JACKT KE-SCHOOL				2c Spons	sor's telephone number (425) 821-5022
13803 - 11	5TH AVE. N.E.				2d Busine	ess code (see instructions)
					611000)
	0. WA 98034					
Ja Plan	administrator's name and	d address X Same as Plan Sponso	Dr.		3b Admini	strator's EIN
					, contract	strator's telephone number
		plan sponsor has changed since the ber from the last return/report.	e last return/report filed	for this plan, enter the	4b EIN	
	sor's name				4c PN	
b Tara	number of participants a	t the beginning of the plan year			5a	2
- 10101	ridiliber of participants a	t the end of the plan year			5b	2
comp	lete this item)	Darances as of the end of the	e plan year (defined ber	nefit plans do not	5c	_
-(-)	an number of active parti	cipants at the beginning of the plan	vear		5d(1)	2
-1-1	ar number of active parti	Cipants at the end of the nian year			5d(2)	2
than	100% vested	minated employment during the pi	lan year with accrued be	enefits that were less	-	2
Caution: A	penalty for the late or	Incomplete filing of this return/n	eport will be assessed	uniose rozeonobio soci		0
SB or Sche	alties of perjury and othe	r penalties set forth in the instruction signed by an enrolled actuary, as the signed by an enrolled actuary, as the signed by an enrolled actuary.	ons, I declare that I have	e examined this return/rep	ort. including	if applicable a Schodule
belief, it is	rue, correct, and comple	signed by an enrolled actuary, as tele.	well as the electronic ve	rsion of this return/report,	and to the be	st of my knowledge and
SIGN HERE	x mill	garson	12/1/16	x1 Mally	Cars	
	Signature of plan adr	hinistrator	Date	Enter name of individu		
SIGN HERE				THE THE STATE OF THE STATE OF	ai signing as	Jian administrator
	Signature of employe	r/plan sponsor	Date	Enter name of individu	-1 -11	
reparer s i	name (including firm nan	ne, if applicable) and address (inclu	ide room or suite numbe	er)	ai signing as e Prenarer's tel	employer or plan sponsor ephone number
					pa.c. 3 (CI	spacine number
				-	Still	
or Panerus	rk Reduction Act Notice a					
· «haima	on ABUUCUON ACT NATion of	nd OMD Control No. 1				

		Page 2						
 Were all of the plan's assets during the plan's asset as a plant as a plant	examination and report of an indeper ctions on waiver eligibility and conditi	ndent qualified public accoun	tant (IC	PA)			<u>K</u>	Yes [] N
C If the plan is a defined benefit plan, is it co	overed under the PBGC insurance p	rogram (see ERISA section 4	1021)?	Г	Yes	∏No I	□Not	determined
Part III Financial Information						<u> </u>		
7 Plan Assets and Liabilities	jā.	(a) Beginning of Ye	ar			(b) En	d of Ye	27
a Total plan assets		1482		\top		(2) 20		79810
b Total plan liabilities								
C Net plan assets (subtract line 7b from line		1482	77				17	79810
 Income, Expenses, and Transfers for this Contributions received or receivable from 		(a) Amount				(b)	Total	
(1) Employers		315	33					
(2) Participants								
(3) Others (including rollovers)					2.11			
b Other income (loss)							trac)	
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) 8c			V			3	1533
d Benefits paid (including direct rollovers an to provide benefits)	8d			1 11				
e Certain deemed and/or corrective distribu								
f Administrative service providers (salaries,								
g Other expenses (add line add a continue of the continue of t								
h Total expenses (add lines 8d, 8e, 8f, and				ľ				
 Net income (loss) (subtract line 8h from ling Transfers to (from) the plan (see instruction) 	ne)					· 1712/2011	3	31533
	(is)			300		NEW MEDI		
9a If the plan provides pension benefits, ento 2A 2E 2G 2T 3D B If the plan provides welfare benefits, ento 2D								
9a If the plan provides pension benefits, enter 2A 2E 2G 2T 3D B If the plan provides welfare benefits, enter								
9a If the plan provides pension benefits, enter 2A 2E 2G 2T 3D B If the plan provides welfare benefits, enter Part V Compliance Questions During the plan year:	r the applicable welfare feature code	es from the List of Plan Char					tions:	
9a If the plan provides pension benefits, enter 2A 2E 2G 2T 3D B If the plan provides welfare benefits, enter 2D Compliance Questions 10 During the plan year: a Was there a failure to transmit to the plan described in 29 CFR 2510.3-102? (See	or the applicable welfare feature code n any participant contributions within instructions and DOL's Voluntary Fire	the time period	acterist	ic Cod	les in th			
9a If the plan provides pension benefits, enter 2A 2E 2G 2T 3D B If the plan provides welfare benefits, enter 19 If the plan provides welfare benefits, enter 10 During the plan year: a Was there a failure to transmit to the plan described in 29 CFR 2510.3-102? (See Program)	n any participant contributions within instructions and DOL's Voluntary Fig.	the time period duciary Correction	acterist	No	les in th		tions:	
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9a If the plan provides pension benefits, enter 2A 2E 2G 2T 3D B If the plan provides welfare benefits, enter 2B If the plan provides welfare benefits, enter 3D If the plan provides welfare and to the plan described in 29 CFR 2510.3-102? (See Program)	n any participant contributions within instructions and DOL's Voluntary Figure with any party-in-interest? (Do not in reimbursed by the plan's fidelity bone in brokers, agents, or other persons ization that provides some or all of the station that provides some or all of the stations are stations.	the time period duciary Correction 10a 10b 10c d, that was caused by an insurance the herefits under	acterist	No X X	les in th		tions:	
9a If the plan provides pension benefits, enter 2A 2E 2G 2T 3D B If the plan provides welfare benefits, enter 2A 2E 2G 2T 3D If the plan provides welfare benefits, enter 3D During the plan year: a Was there a failure to transmit to the plan described in 29 CFR 2510.3-102? (See Program) b Were there any nonexempt transactions reported on line 10a.) C Was the plan covered by a fidelity bond? d Did the plan have a loss, whether or not by fraud or dishonesty? e Were any fees or commissions paid to an carrier, insurance service, or other organ the plan? (See instructions.)	n any participant contributions within instructions and DOL's Voluntary Fig. with any party-in-interest? (Do not in reimbursed by the plan's fidelity bone provides some or all of the provides some	the time period duciary Correction 10a 10b 10c d, that was caused by an insurance ne benefits under 10e	acterist	No X X X X X	les in th		tions:	
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9a If the plan provides pension benefits, enter 2A 2E 2G 2T 3D B If the plan provides welfare benefits, enter 2A 2E 2G 2T 3D If the plan provides welfare benefits, enter 3D During the plan year: a Was there a failure to transmit to the plan described in 29 CFR 2510.3-102? (See Program) b Were there any nonexempt transactions reported on line 10a.) C Was the plan covered by a fidelity bond? d Did the plan have a loss, whether or not by fraud or dishonesty? e Were any fees or commissions paid to an carrier, insurance service, or other organ the plan? (See instructions.) f Has the plan failed to provide any benefit g Did the plan have any participant loans? h If this is an individual account plan, was to 2520.101-3.) i If 10h was answered "Yes," check the bo exceptions to providing the notice applied.	in any participant contributions within instructions and DOL's Voluntary Fig. with any party-in-interest? (Do not in reimbursed by the plan's fidelity bone ization that provides some or all of the twhen due under the plan? (If "Yes," enter amount as of year enthere a blackout period? (See instructions if you either provided the required it under 29 CFR 2520.101-3	the time period duciary Correction 10a nclude transactions 10b 10c d, that was caused 10d by an insurance ne benefits under 10e 10f d.) 10g stions and 29 CFR 10h notice or one of the 10i	acterist	No X X X X X X X X X X	les in th		tions:	
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 If the plan provides pension benefits, enter 2A 2E 2G 2T 3D If the plan provides welfare benefits, enter 2A 2E 2G 2T 3D If the plan provides welfare benefits, enter 3D During the plan year: Was there a failure to transmit to the plan described in 29 CFR 2510.3-102? (See Program) Were there any nonexempt transactions reported on line 10a.) Was the plan covered by a fidelity bond d Did the plan have a loss, whether or not by fraud or dishonesty? e Were any fees or commissions paid to an carrier, insurance service, or other organ the plan? (See instructions.) f Has the plan failed to provide any benefit g Did the plan have any participant loans? h If this is an individual account plan, was to 2520.101-3.) i If 10h was answered "Yes," check the bo exceptions to providing the notice applied j Did the plan trust incur unrelated busines Pension Funding Compliant Is this a defined benefit plan subject to ming 5500) and line 11a below) 	in any participant contributions within instructions and DOL's Voluntary Fidwith any party-in-interest? (Do not in with any party-in-interest? (Do not in reimbursed by the plan's fidelity bones, agents, or other persons ization that provides some or all of the when due under the plan? (If "Yes," enter amount as of year enthere a blackout period? (See instruction in you either provided the required at under 29 CFR 2520.101-3	the time period duciary Correction 10a nclude transactions 10b 10c d, that was caused 10d by an insurance ne benefits under 10e 10f d.) 10g stions and 29 CFR 10h notice or one of the 10i 10j es," see instructions and con	Yes Paper State of the Control of th	No X X X X X X Checked	N/A	e instruc	Amo	unt
9a If the plan provides pension benefits, enter 2A 2E 2G 2T 3D B If the plan provides welfare benefits, enter 2A 2E 2G 2T 3D If the plan provides welfare benefits, enter 3D During the plan year: a Was there a failure to transmit to the plan described in 29 CFR 2510.3-102? (See Program)	in any participant contributions within instructions and DOL's Voluntary Fidwith any party-in-interest? (Do not in reimbursed by the plan's fidelity bond in the plan's fi	the time period duciary Correction 10a nclude transactions 10b 10c d, that was caused 10d by an insurance ne benefits under 10e 10f d.) 10g ctions and 29 CFR 10h notice or one of the 10i 10j es," see instructions and con 10 E (Form 5500) line 40	Yes Political Po	No X X X X X X Change of the content	N/A N/A	e instruc	Amo	unt

	Form 5500-SF 2015 Page 3 - 1							
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)							
	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see ins granting the waiver.	structions, and o	enter the	date of t	he letter n Year	uling		
	f you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line	13.	buy_		1001			
t	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						
	Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the	12d						
	negative amount)	12 0	Yes	l Na T	1 51/6			
Part	Plan Terminations and Transfers of Assets			168	No	N/A		
13a	Has a resolution to terminate the plan been adopted in any plan year?			☐ Yes	X No			
	If "Yes," enter the amount of any plan assets that reverted to the employer this year		13a					
b		tht under the co	ontrol		Yes 🛛	No		
	If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identified which assets or liabilities were transferred. (See instructions.)	y the plan(s) to						
	13c(1) Name of plan(s):	13c(2)	EIN(s)		13c(3)	PN(s)		
BURNESS SOR	Trust Information							
14a	Name of trust		14b T	rust's EIN				
14c Name of trustee or custodian					14d Trustee's or custodian's telephone number			
	IRS Compliance Questions							
15a	is the plan a 401(k) plan?		Yes	i	No			
	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)?					ADP/ACP test		
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))?				No			
	Check the box to indicate the method used by the plan to satisfy the coverage requirements under section		Ra per tes	centage	Average benefit test			
160	Does the plan satisfy the coverage and nondiscrimination tests of sections 410(b) and 401(a)(4) by com this plan with any other plans under the permissive aggregation rules?	bining	Yes		No			
	Has the plan been timely amended for all required tax law changes?		Yes		No	∏N/A		
	Date the last plan amendment/restatement for the required tax law changes was adopted for tax law changes and codes).	Enter the a	•		-	structions		
	If the plan sponsor is an adopter of a pre-approved master and prototype (M&P) or volume submitter pla advisory letter, enter the date of that favorable letter and the letter's serial in the letter's serial	number				or		
	If the plan is an individually-designed plan and received a favorable determination letter from the IRS, endetermination letter		the plan	'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	has been Islands)?	Yes		No			
19	Were in-service distributions made during the plan year?		Yes					
	If "Yes," enter amount		19					
20	Were required minimum distributions made to 5% owners who have attained age 70 ½ (regardless of wr retired), as required under section 401(a)(9)?	ether or not	Yes		No	N/A		