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.

OMB Nos. 1210-0110 1210-0089

2015

This Form is Open to Public Inspection

	t Identification Information	1			
For calendar plan year 2015 or	fiscal plan year beginning 01/01/2	2015	and ending 1	2/31/2015	
A This return/report is for:	X a single-employer plan		plan (not multiemployer) employer information in a		
A This return report is for.	a one-participant plan	a foreign plan	inpoyor information in a	oooraanoo marano	Tom mondonono)
B This return/report is	the first return/report	the final return/repor			
0 20 11 11 11	an amended return/report	a short plan year ret	urn/report (less than 12 m	nonths)	
C Check box if filing under:	Form 5558 special extension (enter desc	automatic extension	ı	DFVC	program
Part II Basic Plan Inf	formation—enter all requested in				
1a Name of plan	enter an requested in	IOITIAUOTI		1b Three-digit	
ARMOUR VICKERMAN, PLLC	401(K) PLAN			plan number	
				1c Effective da	
					01/01/2014
Mailing address (include ro	loyer, if for a single-employer plan) om, apt., suite no. and street, or P.C				dentification Number 26-1195933
ARMOUR VICKERMAN, PLLC	nce, country, and ZIP or foreign post	al code (if foreign, see ins	structions)		telephone number 60-570-9933
COAS LITTLE DOOK DOAD OW				2d Business co	ode (see instructions)
6945 LITTLEROCK ROAD SW TUMWATER, WA 98512-7246					541211
3a Plan administrator's name	and address Same as Plan Spon	sor.		3b Administrat	or's EIN
4 If the name and/or EIN of t	he plan sponsor has changed since	the last return/report filed	I for this plan, optor the	4b EIN	or's telephone number
name, EIN, and the plan n	umber from the last return/report.	the last return/report filed	nor this plan, enter the		
a Sponsor's name				4c PN	40
_	ts at the beginning of the plan year			5a	10
' '	ts at the end of the plan year			5b	12
	h account balances as of the end of		nefit plans do not	5c	12
d(1) Total number of active p	participants at the beginning of the p	lan year		5d(1)	10
d(2) Total number of active p	participants at the end of the plan ye	ar		5d(2)	9
than 100% vested	at terminated employment during the			5e	2
	e or incomplete filing of this return				
	other penalties set forth in the instru and signed by an enrolled actuary, a molete.				
SIGN Filed with authorize	d/valid electronic signature.	02/09/2016	SUE VICKERMAN		
HERE Signature of plan	administrator	Date	Enter name of individ	lual signing as plar	n administrator
SIGN					
	loyer/plan sponsor	Date			oloyer or plan sponsor
Preparer's name (including firm	name, if applicable) and address (in	nclude room or suite num	ber)	Preparer's teleph	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 a 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	an independendendendendendendendendendendendende	dent qualified public a ons.) m 5500-SF and mus	ccount	ant (IQ	PA) Form	5500.	X	Yes No
C If the plan is a defined benefit plan, is it covered under the PBGC in	surance pr	ogram (see ERISA se	ection 4	021)? .		Yes	No Not	determined
Part III Financial Information								
7 Plan Assets and Liabilities		(a) Beginning					(b) End of Ye	
a Total plan assets	7a		258	930				412061
b Total plan liabilities	7b		250	020	-			412061
Net plan assets (subtract line 7b from line 7a) Income, Expenses, and Transfers for this Plan Year	7c	(a) A		930			(In) T = (= 1	412001
8 Income, Expenses, and Transfers for this Plan Year a Contributions received or receivable from:		(a) Amou	ınt				(b) Total	
(1) Employers	8a(1)		63	105				
(2) Participants	8a(2)		92	203				
(3) Others (including rollovers)	8a(3)			0				
b Other income (loss)	8b		-1	052				
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							154256
Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		1	025				
e Certain deemed and/or corrective distributions (see instructions)	8e			0				
f Administrative service providers (salaries, fees, commissions)	8f			100				
g Other expenses	8g			0				
h Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							1125
i Net income (loss) (subtract line 8h from line 8c)	8i							153131
j Transfers to (from) the plan (see instructions)	8j							
Part IV Plan Characteristics								
9a If the plan provides pension benefits, enter the applicable pension 2A 2E 2J 2K 2F 2G 3D 2T	feature cod	des from the List of Pla	an Cha	racteris	stic Co	des in th	ne instructions	:
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 instructions:	
— In the plant provides worker sollients, other the appropriate workers.	oataro ooat	oo nom aro ziot or rial	T Onarc	20101101			, mon donorio.	
Part V Compliance Questions								
10 During the plan year:				Yes	No	N/A	Amo	ount
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			
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				50000
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				359
f Has the plan failed to provide any benefit when due under the pla					V			333
			10f		X			
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					
j Did the plan trust incur unrelated business taxable income?			10j					
Part VI Pension Funding Compliance					-	<u> </u>		
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 (302 of El	RISA?	Yes X No

	F	orm 5500-SF 2015 Page 3 - 1					
	_ `	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 inc ng the waiver		enter the Day	date of t	he letter rul Year	ing
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		ct the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the		12d			
		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			
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), identiassets 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 1	Γrust's EIN	١	
14c	Name	of trustee or custodian		14d	Trustee's	or custodia	an's
	rianio	of tubics of suctorial			telephone		o
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)?		ba ha	esign- ased safe arbor ethod	ADF test	P/ACP
15c	testing	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 1.4(ii))?	101(m)-	Ye	S	No	
16a	Check	the box to indicate the method used by the plan to satisfy the coverage requirements under secti	on 410(b):		atio ercentage st		rage efit test
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

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.

OMB Nos. 1210-0110 1210-0089

2015

This Form is Open to Public Inspection

Part I	Annual Repor	t Identification Information					
For calendar	r plan year 2015 or	fiscal plan year beginning	01/01/2015	and ending	12/	31/201	5
		X a single-employer plan	a multiple-employer p	plan (not multiemployer)	(Filers check	king this b	ox must attach a
A This return	rn/report is for:		list of participating e	mployer information in a	ccordance wi	th the form	n instructions)
		a one-participant plan	a foreign plan				
			П.,				
B This return	n/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 bo	ox if filing under:	Form 5558	automatic extension		Пь	FVC prog	FORM
		H	L-mil			r v C progr	ranı
Dorf II	Danie Blee Inf	special extension (enter descri	<u>'</u>				
		ormation—enter all requested info	ormation		141		
1a Name of		LLC 401(k) Plan			1b Three		001
AIMOUI V	Vickerman, P	LLC 401(K) Plan			(PN)		001
					1c Effect		f plan
						01/2014	
2a Plan spo	onsor's name (empl	oyer, if for a single-employer plan)					fication Number
Mailing a	address (include roo	om, apt., suite no. and street, or P.O.				26-119	
		ce, country, and ZIP or foreign posta	I code (if foreign, see inst	tructions)			hone number
Armour	Vickerman,	PLLC				-570-99	
CO45 13		a di Civi			2d Busine	ess code ((see instructions)
6945 L1	ittlerock Ro	ad Sw			5412		,
			_				
Tumwate		WA 98512-724					
3a Plan adn	ministrator's name a	ind address XSame as Plan Sponso	or.		3b Admin	nistrator's l	EIN
					0		
					3C Admin	istrator's t	telephone number
					3C Admin	nistrator's t	telephone number
					3C Admin	istrator's t	telephone number
					3C Admin	iistrator's t	telephone number
4 If the na	me and/or EIN of th	ne plan sponsor has changed since tl	he last return/report filed	for this plan, enter the	4b EIN	iistrator's t	telephone number
лате, Е	EIN, and the plan nu	ne plan sponsor has changed since ti umber from the last return/report.	he last return/report filed	for this plan, enter the	4b EIN	nistrator's t	telephone number
name, E a Sponsor	EIN, and the plan nu 's name	ımber from the last return/report.			4b EIN 4c PN	iistrator's t	telephone number
name, E a Sponsor	EIN, and the plan nu 's name	ne plan sponsor has changed since the plan sponsor has return/report. s at the beginning of the plan year			4b EIN 4c PN	istrator's t	telephone number
name, E a Sponsor 5a Total nu	EIN, and the plan nu 's name imber of participant	ımber from the last return/report.			4b EIN 4c PN 5a	istrator's t	
name, E a Sponsor 5a Total nu b Total nu c Number	EIN, and the plan nuits name Imber of participants Imber of participants To participants To participants	s at the beginning of the plan year s at the end of the plan years at the end of the plan year	he plan year (defined ben	efit plans do not	4b EIN 4c PN 5a 5b	istrator's t	10
a Sponsor 5a Total nu b Total nu c Number complet	EIN, and the plan nut is name imber of participants imber of participants of participants with the this item)	s at the beginning of the plan years at the end of the plan years at the end of the plan year	ne plan year (defined ben	efit plans do not	4b EIN 4c PN 5a 5b 5c	istrator's t	10
a Sponsor 5a Total nu b Total nu c Number complet	EIN, and the plan nut is name imber of participants imber of participants of participants with the this item)	s at the beginning of the plan year s at the end of the plan years at the end of the plan year	ne plan year (defined ben	efit plans do not	4b EIN 4c PN 5a 5b 5c	istrator's t	10 12
a Sponsor 5a Total nu b Total nu c Number complet d(1) Total	EIN, and the plan nuits name Imber of participants Imber of participants Tof participants with the this item)	s at the beginning of the plan years at the end of the plan yearaccount balances as of the end of the plan year articipants at the beginning of the pla	he plan year (defined ben	efit plans do not	4b EIN 4c PN 5a 5b 5c 5d(1)	istrator's t	10 12 12
a Sponsor 5a Total nu b Total nu c Number complet d(1) Total d(2) Total e Number	EIN, and the plan number of participants of participants of participants with the this item)	s at the beginning of the plan year s at the end of the plan year account balances as of the end of the plan year articipants at the beginning of the plan year to terminated employment during the	he plan year (defined ben n yearr	efit plans do not	4b EIN 4c PN 5a 5b 5c 5d(1) 5d(2)	istrator's t	10 12 12 10
b Total nu C Number complet d(1) Total d(2) Total e Number than 10	EIN, and the plan nuts name Imber of participants of participants of participants with the this item) number of active participants of participants that number of active participants that now wested	s at the beginning of the plan year s at the end of the plan year account balances as of the end of the plan year articipants at the beginning of the plan year terminated employment during the plan year	he plan year (defined ben in year rplan year with accrued be	efit plans do not	4b EIN 4c PN 5a 5b 5c 5d(1) 5d(2) 5e		10 12 12 10
b Total nu C Number complet d(1) Total e Numbel than 10 Caution: A p	EIN, and the plan nuts name Imber of participants amber of participants with the this item) number of active participants that the participants that one participants that the participants the participant	s at the beginning of the plan years at the end of the plan year	ne plan year (defined ben n year rplan year with accrued be	efit plans do not enefits that were less	4b EIN 4c PN 5a 5b 5c 5d(1) 5d(2) 5e use is estable	lished.	10 12 12 10 9
a Sponsor 5a Total nu b Total nu c Number complet d(1) Total d(2) Total e Number than 10 Caution: A p	EIN, and the plan nuts name Imber of participants are participants of participants with the this item) number of active participants the participants the participants the participants the poenalty for the late ties of perjury and o	s at the beginning of the plan years at the end of the plan year	ne plan year (defined ben n year rplan year with accrued be report will be assessed	efit plans do not enefits that were less unless reasonable ca	4b EIN 4c PN 5a 5b 5c 5d(1) 5d(2) 5e use is establication, including	l ished. a. if applic	10 12 12 10 9
name, E a Sponsor 5a Total nu b Total nu c Number complet d(1) Total d(2) Total e Numbee than 10 Caution: A p Under penalt SB or Schedu	EIN, and the plan nuts name Imber of participants are participants of participants with the this item) number of active participants the participants the participants the participants the poenalty for the late ties of perjury and o	s at the beginning of the plan years at the end of the plan year	ne plan year (defined ben n year rplan year with accrued be report will be assessed	efit plans do not enefits that were less unless reasonable ca	4b EIN 4c PN 5a 5b 5c 5d(1) 5d(2) 5e use is establication, including	l ished. a. if applic	10 12 12 10 9
name, E a Sponsor 5a Total nu b Total nu c Number complet d(1) Total d(2) Total e Number than 10 Caution: A p Under penalt SB or Schedt belief, it is tru	EIN, and the plan number of participants of participants of participants with the this item) number of active participants that one participants are participants of participants and only the participants of participants are participants.	s at the beginning of the plan years at the end of the plan year	ne plan year (defined ben n year rplan year with accrued be treport will be assessed tions, I declare that I have s well as the electronic ve	efit plans do not enefits that were less unless reasonable ca	4b EIN 4c PN 5a 5b 5c 5d(1) 5d(2) 5e use is estable port, including t, and to the including t, and the	l ished. a. if applic	10 12 12 10 9
name, E a Sponsor 5a Total nu b Total nu c Number complet d(1) Total d(2) Total e Numbe than 10 Caution: A p Under penalt SB or Schedt belief, it is tru	EIN, and the plan number of participants of participants of participants with the this item) number of active participants that the participants are participants that the participants are participants and the participants are participants.	s at the beginning of the plan year s at the end of the plan year account balances as of the end of the plan year articipants at the beginning of the plan year t terminated employment during the plan year terminated employment during the plan year year.	ne plan year (defined ben in year rplan year with accrued be irreport will be assessed irions, I declare that I have s well as the electronic ve	enefits that were less I unless reasonable ca e examined this return/re ersion of this return/repor	4b EIN 4c PN 5a 5b 5c 5d(1) 5d(2) 5e use is estable port, including the and to the including the angle of the including the	l ished. g, if applic pest of my	10 12 12 10 9 2 sable, a Schedule
name, E a Sponsor 5a Total nu b Total nu c Number complet d(1) Total e Number than 10 Caution: A p Under penalt SB or Sched belief, it is tru SIGN HERE	EIN, and the plan nuts name Imber of participants and participants of participants with the this item) number of active participants that the participants	s at the beginning of the plan year s at the end of the plan year account balances as of the end of the plan year articipants at the beginning of the plan year t terminated employment during the plan year terminated employment during the plan year year.	ne plan year (defined ben n year rplan year with accrued be treport will be assessed tions, I declare that I have s well as the electronic ve	efit plans do not enefits that were less l unless reasonable ca e examined this return/repor	4b EIN 4c PN 5a 5b 5c 5d(1) 5d(2) 5e use is estable port, including the and to the including the angle of the including the	l ished. g, if applic pest of my	10 12 12 10 9 2 sable, a Schedule
name, E a Sponsor 5a Total nu b Total nu c Number complet d(1) Total d(2) Total e Number than 10 Caution: A p Under penalt SB or Schedu belief, it is tru SIGN HERE	EIN, and the plan nuits name Imber of participants Imber of participants Imber of participants Imber of participants with Ite this item) Inumber of active participants tha Imperial participants	s at the beginning of the plan year s at the end of the plan year account balances as of the end of the plan year articipants at the beginning of the plan year terminated employment during the plan year terminated employment during the position or incomplete filling of this return ther penalties set forth in the instruct and signed by an enrolled actuary, as administrator	he plan year (defined ben in year	enefit plans do not enefits that were less unless reasonable ca e examined this return/re ersion of this return/repor	4b EIN 4c PN 5a 5b 5c 5d(1) 5d(2) 5e use is estable port, including t, and to the including t, and to the including the includin	l ished. g, if applic best of my s plan adn	10 12 10 9 2 sable, a Schedule knowledge and
name, E a Sponsor 5a Total nu b Total nu c Number complet d(1) Total d(2) Total e Number than 10 Caution: A p Under penalt SB or Schedt belief, it is tru SIGN HERE	EIN, and the plan nurs name Imber of participants amber of participants with the this item) number of active participants that the participants are participants that the participants are participants. Signature of plan and the participants are participants.	s at the beginning of the plan year s at the end of the plan year account balances as of the end of the plan year atticipants at the beginning of the plan articipants at the end of the plan year terminated employment during the por incomplete filing of this return ther penalties set forth in the instruct and signed by an enrolled actuary, as applete.	ne plan year (defined ben in year	enefits that were less unless reasonable ca examined this return/report SUE VICKERMAN Enter name of individ	4b EIN 4c PN 5a 5b 5c 5d(1) 5d(2) 5e use is estable port, including t, and to the literature of the literature o	lished. g, if applic best of my s plan adn	10 12 10 9 2 sable, a Schedule knowledge and
name, E a Sponsor 5a Total nu b Total nu c Number complet d(1) Total d(2) Total e Number than 10 Caution: A p Under penalt SB or Schedt belief, it is tru SIGN HERE	EIN, and the plan nurs name Imber of participants amber of participants with the this item) number of active participants that the participants are participants that the participants are participants. Signature of plan and the participants are participants.	s at the beginning of the plan year s at the end of the plan year account balances as of the end of the plan year articipants at the beginning of the plan year terminated employment during the plan year terminated employment during the position or incomplete filling of this return ther penalties set forth in the instruct and signed by an enrolled actuary, as administrator	ne plan year (defined ben in year	enefits that were less unless reasonable ca examined this return/report SUE VICKERMAN Enter name of individ	4b EIN 4c PN 5a 5b 5c 5d(1) 5d(2) 5e use is estable port, including t, and to the including t, and to the including the includin	lished. g, if applic best of my s plan adn	10 12 10 9 2 sable, a Schedule knowledge and
name, E a Sponsor 5a Total nu b Total nu c Number complet d(1) Total d(2) Total e Number than 10 Caution: A p Under penalt SB or Schedt belief, it is tru SIGN HERE	EIN, and the plan nurs name Imber of participants amber of participants with the this item) number of active participants that the participants are participants that the participants are participants. Signature of plan and the participants are participants.	s at the beginning of the plan year s at the end of the plan year account balances as of the end of the plan year atticipants at the beginning of the plan articipants at the end of the plan year terminated employment during the por incomplete filing of this return ther penalties set forth in the instruct and signed by an enrolled actuary, as applete.	ne plan year (defined ben in year	enefits that were less unless reasonable ca examined this return/report SUE VICKERMAN Enter name of individ	4b EIN 4c PN 5a 5b 5c 5d(1) 5d(2) 5e use is estable port, including t, and to the literature of the literature o	lished. g, if applic best of my s plan adn	10 12 10 9 2 sable, a Schedule knowledge and
name, E a Sponsor 5a Total nu b Total nu c Number complet d(1) Total d(2) Total e Number than 10 Caution: A p Under penalt SB or Schedt belief, it is tru SIGN HERE	EIN, and the plan nurs name Imber of participants amber of participants with the this item) number of active participants that the participants are participants that the participants are participants. Signature of plan and the participants are participants.	s at the beginning of the plan year s at the end of the plan year account balances as of the end of the plan year atticipants at the beginning of the plan articipants at the end of the plan year terminated employment during the por incomplete filing of this return ther penalties set forth in the instruct and signed by an enrolled actuary, as applete.	ne plan year (defined ben in year	enefits that were less unless reasonable ca examined this return/report SUE VICKERMAN Enter name of individ	4b EIN 4c PN 5a 5b 5c 5d(1) 5d(2) 5e use is estable port, including t, and to the literature of the literature o	lished. g, if applic best of my s plan adn	10 12 10 9 2 sable, a Schedule knowledge and
name, E a Sponsor 5a Total nu b Total nu c Number complet d(1) Total d(2) Total e Number than 10 Caution: A p Under penalt SB or Schedt belief, it is tru SIGN HERE	EIN, and the plan nurs name Imber of participants amber of participants with the this item) number of active participants that the participants are participants that the participants are participants. Signature of plan and the participants are participants.	s at the beginning of the plan year s at the end of the plan year account balances as of the end of the plan year atticipants at the beginning of the plan articipants at the end of the plan year terminated employment during the por incomplete filing of this return ther penalties set forth in the instruct and signed by an enrolled actuary, as applete.	ne plan year (defined ben in year	enefits that were less unless reasonable ca examined this return/report SUE VICKERMAN Enter name of individ	4b EIN 4c PN 5a 5b 5c 5d(1) 5d(2) 5e use is estable port, including t, and to the literature of the literature o	lished. g, if applic best of my s plan adn	10 12 10 9 2 sable, a Schedule knowledge and

_	Form 5500-SF 2015		Page 2									
b	Were all of the plan's assets during the plan year invested in eligible. 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 cannot lift the plan is a defined benefit plan, is it covered under the PBGC in	an independ and condition of use Forn	ent qualified public a ns.) n 5500-SF and mus	ccount instea	ant (IC	PA)	5500.		_	Yes Yes eterm	_ _ r	
Pa	rt III Financial Information											
7	Plan Assets and Liabilities	A 1881 C	(a) Beginning	of Ye	ar			(b) End	of Yea	r		
	Total plan assets	7a		2	5893	0				41	.20	61
	Total plan liabilities	7b				4				_		
	Net plan assets (subtract line 7b from line 7a)	7c			5893	0		301 < 15		41	20	61
8	Income, Expenses, and Transfers for this Plan Year	Mary 1	(a) Amou	ınt		(54.00	N DAVID	(b) To	otal			
а	Contributions received or receivable from: (1) Employers	8a(1)			6310	5						
	(2) Participants	8a(2)			9220	3			110		2	
	(3) Others (including rollovers)	8a(3)				0		N TA		1,5	W,	
b	Other income (loss)	8b			-105	2				il c		
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c		37	Mail					15	42.	
d	Benefits paid (including direct rollovers and insurance premiums				102	_	C 1115	1.		1.3	."	
	to provide benefits)	8d			102	0			-	118		
f	Certain deemed and/or corrective distributions (see instructions)	8e			10	-	0.000					
	Administrative service providers (salaries, fees, commissions)	8f			10	0						
<u>9</u>	Other expenses (add lines 8d, 8e, 8f, and 8g)	8g	0.171.76.11	= 27	100.7	0						0.5
-	Net income (loss) (subtract line 8h from line 8c)	8h			V.E	-			_	1.0	11:	
÷	Transfers to (from) the plan (see instructions)	8i	Miles and the Control			163	PU . EV.	1 1 1	43/16	15	31.	3 T
Par	rt IV Plan Characteristics	8j			_	150	4113				Tall	
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 plan provides welfare for the plan plan provides welfare for the plan plan provides welfare for the plan plan plan plan plan plan plan plan	eature code	s from the List of Plan	n Chara	acterist	ic Cod	les in the	instruction	ons:			_
10	During the plan year:				Yes	No	N/A		Amou	ınt		
a	described in 29 CFR 2510.3-102? (See instructions and DOL's V Program)	oluntary Fid	uciary Correction	10a		х						
a	Were there any nonexempt transactions with any party-in-interest reported on line 10a.)	? (Do not in	clude transactions	10b		Х						
С	Was the plan covered by a fidelity bond?			10c	Х						50	000
d	Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?			10d		Х						
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.)	ne or all of th	e benefits under	10e	х							359
f	Has the plan failed to provide any benefit when due under the pla	n?		10f		Х						
g	Did the plan have any participant loans? (If "Yes," enter amount a	s of year en	d.)	10g		Х	YH)					
h	If this is an individual account plan, was there a blackout period? 2520.101-3.)			10h		Х				37		
1	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 i	notice or one of the	10i					H			5
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)	nents? (If "Ye	es," see instructions a	and cor	nplete	Sched	lule SB (F	orm		Yes] 1	No
_11a	Enter the unpaid minimum required contribution for all years from						11a					
12	Is this a defined contribution plan subject to the minimum funding	requiremen	ts of section 412 of the	ne Cod	e or se	ction (302 of EF	RISA?		Yes	X	10

e date of the letter ruling Year
<u> </u>
Yes No N/A
Yes X No
Yes X No
13c(3) PN(s)
Trust's EIN
Trustee's or custodian's telephone number
telephone number
es No esign- ased safe ADP/ACP arbor test
es No esign- earbor test
es No esignased safe ADP/ACP test ethod es No atio ercentage st No es No Average benefit test es No
es No esignased safe ADP/ACP test ethod es No atio ercentage Average benefit test
es No esignased safe ADP/ACP test est No atio Average benefit test st No es No No No Average benefit test No es No No No (See instruction)
telephone number Ses No esign- assed safe ADP/ACP arbor test est No atio Average benefit test ess No No Average benefit test ess No No N/A ble code (See instruction avorable IRS opinion or
es No esignased safe ADP/ACP test est No atio Average benefit test st No es No No No Average benefit test No es No No No (See instruction)
es No esignased safe ADP/ACP test est No atio ercentage Average benefit test es No N
es No esignased safe ADP/ACP esthod test es No atio ercentage benefit test es No No No es No No es No No es
es No esignased safe ADP/ACP test est No atio ercentage Average benefit test es No N