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	│	t Identification Information								
For cale		iscal plan year beginning 01/01/2		and ending 12/3	1/2015					
A This	return/report is for:	a single-employer plan			er) (Filers checking this box must attach a n accordance with the form instructions)					
		a one-participant plan	a foreign plan							
B This	return/report is	the first return/report	the final return/report							
C Char	ak hay if filing under	an amended return/report		n/report (less than 12 mont	_					
C Chec	ck box if filing under:	Form 5558	automatic extension		DFVC pro	ogram				
		special extension (enter descri	. ,							
Part I		ormation—enter all requested in	formation		_	1				
	ne of plan	LAN		1	b Three-digit plan number					
BESTIE	CHSNW, INC. 401(K) PI	LAN			(PN) ▶	001				
				1	C Effective date	e of plan 1/01/2005				
2a Plai	n sponsor's name (empl	oyer, if for a single-employer plan)		2	b Employer Ide	ntification Number				
		om, apt., suite no. and street, or P.C ce, country, and ZIP or foreign post				3-0419221				
	HSNW, INC.	ce, country, and zir or toreign post	ar code (ii foreign, see inst	2	C Sponsor's tel	ephone number -353-9422				
				2	d Business cod	e (see instructions)				
1004 NE 4 RENTON,	ITH ST., 107-424 WA 98056-4102				54	11513				
3a Plai	n administrator's name a	and address XSame as Plan Spons	sor.	3	b Administrator	's EIN				
				3	C Administrator	s telephone number				
		ne plan sponsor has changed since umber from the last return/report.	the last return/report filed f	for this plan, enter the	b EIN					
a Spo	nsor's name	•		4	C PN					
5a Tot	al number of participants	s at the beginning of the plan year			5a	4				
b Tot	al number of participant	s at the end of the plan year			5b	3				
		account balances as of the end of	. , ,	•	5c	3				
d(1)	Total number of active pa	articipants at the beginning of the pl	an year		5d(1)	2				
d(2)	Total number of active pa	articipants at the end of the plan year	ar		5d(2)	2				
		t terminated employment during the			5e	0				
		or incomplete filing of this return								
SB or S		other penalties set forth in the instruction and signed by an enrolled actuary, a polete.								
SIGN		d/valid electronic signature.	02/16/2016	JALENE MARLER						
HERE	Signature of plan		Date	Enter name of individual	eigning as plan s	dministrator				
CICN	Signature or plan	aummistrator	Date	Litter hame of individual	signing as plant	iumiliotratuí				
SIGN HERE	A 1			.						

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

Signature of employer/plan sponsor

Enter name of individual signing as employer or plan sponsor

Preparer's telephone number

Form 5500-SF 2015		Page 2					
 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 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 	an indepen and conditi	dent qualified public a	ccount	ant (IQ	PA)		
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 Year
a Total plan assets	7a		263	092			257978
b Total plan liabilities	7b		262	092			257978
Net plan assets (subtract line 7b from line 7a) Income, Expenses, and Transfers for this Plan Year	7c	(a) Amou		0092			(b) Total
a Contributions received or receivable from:		(a) Alliot	4111				(b) Total
(1) Employers	8a(1)			589			
(2) Participants	8a(2)		7	900			
(3) Others (including rollovers)	8a(3)			160			
b Other income (loss)	8b		-0	160			8329
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) d Benefits paid (including direct rollovers and insurance premiums	8c						0329
to provide benefits)	8d		12	969			
e Certain deemed and/or corrective distributions (see instructions)	8e						
f Administrative service providers (salaries, fees, commissions)	8f			474			
g Other expenses	8g						42442
h Total expenses (add lines 8d, 8e, 8f, and 8g)	8h						13443 -5114
Net income (loss) (subtract line 8h from line 8c) Transfers to (from) the plan (see instructions)	8i						-5114
Part IV Plan Characteristics	8j						
9a If the plan provides pension benefits, enter the applicable pension	feature cod	des from the List of Pl	an Cha	racteris	stic Co	des in th	ne instructions:
B If the plan provides welfare benefits, enter the applicable welfare fe		as from the List of Dis	- Ch - II	4: -4	:- 0	laa :a 4ba	
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	ies in the	e instructions.
Part V Compliance Questions							
10 During the plan year:				Yes	No	N/A	Amount
Was there a failure to transmit to the plan any participant contributed 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 reported on line 10a.)			10b		X		
C Was the plan covered by a fidelity bond?			10c	Χ			E000
d Did the plan have a loss, whether or not reimbursed by the plan's			100				5000
by fraud or dishonesty?			10d		X		
Were any fees or commissions paid to any brokers, agents, or oth carrier, insurance service, or other organization that provides som the plan? (See instructions.)	ne or all of t	he benefits under	10e		X		
f Has the plan failed to provide any benefit when due under the plan			10f		Х		
g Did the plan have any participant loans? (If "Yes," enter amount as			10g		Χ		
h If this is an individual account plan, was there a blackout period? (2520.101-3.)	(See instru	ctions and 29 CFR	10g		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	ne required	notice or one of the	10ii				
j Did the plan trust incur unrelated business taxable income?			10j				
Part VI Pension Funding Compliance			10)	<u> </u>	<u> </u>		
11 Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)							
11a Enter the unpaid minimum required contribution for all years from						11a	·······
12 Is this a defined contribution plan subject to the minimum funding						-	RISA? Yes X N

	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 П No			
		," enter the amount of any plan assets that reverted to the employer this year		13a		Yes No			
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), identifying the plan (s) identifies the pla				<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		

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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

This Form is Open to Public Inspection

		t Identification Information			The second second					
For calendar	r plan year 2015 or	fiscal plan year beginning	01/01/2015	and ending	12/31/20					
		X a single-employer plan	a multiple-employer pl							
A This retu	rn/report is for:	a one-participant plan	a foreign plan	coluance with the R	in instructions)					
			_							
B This retur	n/report is									
_ ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		nonths)								
C Check box if filing under: Form 5558 automatic extension DFVC program										
		special extension (enter desc								
Part II		formation—enter all requested in	nformation		1b Three-digit					
1a Name o	ofplan hsNW, Inc. 4	101(K) Plan			plan number	001				
Descree	iibiw, iiio.	101 (11)			(PN) •					
					1c Effective date					
					01/01/20					
2a Plan sp Mailing	onsor's name (emp	loyer, if for a single-employer plan) oom, apt., suite no. and street, or P.	O. Box)		(EIN) 83-0	ntification Number 419221				
City or t	town, state or provi	nce, country, and ZIP or foreign pos	stal code (if foreign, see insti	ructions)	2c Sponsor's te					
BESTTE	CHSNW, INC.				206-353-	•				
						le (see instructions)				
4004 N	E 4TH ST.,	107-424			541513					
RENTON		WA 98056-41	1.02							
		and address XSame as Plan Spor			3b Administrato	r's EIN				
oa i lan ac	anningtrator 3 manne	and dedicate property do not open								
		3c Administrato	r's telephone number							
					JC Auriministrato	i s telephone number				
					JC Aurimistrato	i s teleprione number				
					3C Administrato	r's telephone number				
						i S telephone number				
4 If the n	name and/or EIN of	the plan sponsor has changed since	e the last return/report filed	for this plan, enter the	4b EIN	т у тегерпопе пипъет				
name,	EIN, and the plan i	the plan sponsor has changed since number from the last return/report.	e the last return/report filed	for this plan, enter the		i S telephone number				
name, a Sponso	EiN, and the plan r or's name	number from the last return/report.			4b EIN 4c PN	4				
a Sponso	EIN, and the plan in or's name number of participar	number from the last return/report. Its at the beginning of the plan year			4b EIN 4c PN 5a					
name, a Sponso 5a Total r b Total r	EIN, and the plan or some number of participar number of participar	number from the last return/report. Its at the beginning of the plan year Its at the end of the plan year			4b EIN 4c PN 5a	4				
a Sponso 5a Total r b Total r c Number	EIN, and the plan in pris name number of participar number of participar er of participants wi	number from the last return/report. Its at the beginning of the plan year	of the plan year (defined ben	nefit plans do not	4b EIN 4c PN 5a 5b 5c	3				
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For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500-SF.

Form 5500-SF 2015		Page 2							
 Were all of the plan's assets during the plan year invested in eligit 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 can 	an independ and condition not use Forr	dent qualified public a ons.) m 5500-SF and mus	account at instea	ant (IQ ad use	PA) Form	5500.		_	es No
C If the plan is a defined benefit plan, is it covered under the PBGC i	nsurance pro	ogram (see ERISA se	ection 4	021)? .		Yes	No [Not dete	ermined
Part III Financial Information									
7 Plan Assets and Liabilities		(a) Beginnin			\bot		(b) End	of Year	
a Total plan assets			2	6309	2				257978
b Total plan liabilities					_				
C Net plan assets (subtract line 7b from line 7a)	7c			6309	2	_			257978
Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from: (1) Employers	8a(1)	(a) Amo	unt	658	9		(b) T	<u> </u>	
(2) Participants				790	0				
(3) Others (including rollovers)							7.1		
b Other income (loss)				-616	0				
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	. 8c								8329
Benefits paid (including direct rollovers and insurance premiums to provide benefits)				1296	9				
e Certain deemed and/or corrective distributions (see instructions)	. 8e								
f Administrative service providers (salaries, fees, commissions)				47	4				
g Other expenses			-		+		1 0		
h Total expenses (add lines 8d, 8e, 8f, and 8g)	1				+				13443
i Net income (loss) (subtract line 8h from line 8c) Transfers to (from) the plan (see instructions)		X		_	-				-5114
Part IV Plan Characteristics	·· 8j						Dyll.		100
B If the plan provides welfare benefits, enter the applicable welfare Part V Compliance Questions									
10 During the plan year:				Yes	No	N/A		Amount	t
a Was there a failure to transmit to the plan any participant contributed described in 29 CFR 2510.3-102? (See instructions and DOL's Program)	Voluntary Fid	duciary Correction	10a		х				
b Were there any nonexempt transactions with any party-in-interes reported on line 10a.)	t? (Do not in	clude transactions	10b		х				
C Was the plan covered by a fidelity bond?			10c	Х					5000
d Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?			10d		х				
Were any fees or commissions paid to any brokers, agents, or ot carrier, insurance service, or other organization that provides sor the plan? (See instructions.)	ne or all of th	ne benefits under	10e		х				
f Has the plan failed to provide any benefit when due under the pla			10f		х				
g Did the plan have any participant loans? (If "Yes," enter amount	as of year en	nd.)	10g		Х				
h If this is an individual account plan, was there a blackout period? 2520.101-3.)	(See instruc	tions and 29 CFR	10h		х				
	f 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								
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 requirer 5500) and line 11a below)	ments? (If "Yo	es," see instructions	and cor	mplete	Sched	lule SB	(Form	Ye	s No
11 Is this a defined benefit plan subject to minimum funding requirer		**************************	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		,,,,,,,,,,,	lule SB	(Form	Ye	s No

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	(If "Yes," 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 bein granting the waiver.				nter th	e date of the	he letter rul Year	ing
lf	you completed line 12a, complete lines 3, 9, and 10 of Schedule	MB (Form 5500), and sk	p to line	13.		i -		
b	Enter the minimum required contribution for this plan year				12b			
	Enter the amount contributed by the employer to the plan for this plan				12c			
d	Subtract the amount in line 12c from the amount in line 12b. Enter negative amount)	•	•		12d	<u> </u>		
е	Will the minimum funding amount reported on line 12d be met by the			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 No	
	If "Yes," enter the amount of any plan assets that reverted to the e	mployer this year			13a			0
b	Were all the plan assets distributed to participants or beneficiaries of the PBGC?	•		•			Yes X	No
С								
	13c(1) Name of plan(s):			13c(2)	EIN(s)		13c(3) F	N(s)
		_						
Part	t VIII Trust Information							
14a	Name of trust				14b	Trust's Ell	١	
14c	Name of trustee or custodian				14d	Trustee's telephone	or custodia number	an's
Par	rt IX IRS Compliance Questions							
15a	Is the plan a 401(k) plan?				_ Y	es	No	
	o If "Yes," how does the 401(k) plan satisfy the nondiscrimination recomatching contributions (as applicable) under sections 401(k)(3) an	uirements for employee de				Design- based safe narbor method	ADF	P/ACP
150	C If the ADP/ACP test is used, did the 401(k) plan perform ADP/ACP testing method" for nonhighly compensated employees (Treas. Re 2(a)(2)(ii))?	g sections 1.401(k)-2(a)(2)	(ii) and 1	.401(m)-		'es	No	
16a	a Check the box to indicate the method used by the plan to satisfy th	e coverage requirements ι	ınder sed	ction 410(b):	Ш	Ratio percentage est		erage nefit test
16b	Does the plan satisfy the coverage and nondiscrimination tests of this plan with any other plans under the permissive aggregation rule				□ Y	'es	No	
	Has the plan been timely amended for all required tax law changes					'es	No	□ N/A
	Date the last plan amendment/restatement for the required tax law for tax law changes and codes).			Enter the				
	C If the plan sponsor is an adopter of a pre-approved master and pro- advisory letter, enter the date of that favorable letter	and the lette	r's serial	l number		20		or
	d If the plan is an individually-designed plan and received a favorabl determination letter				the pl	an's last fa	vorable	
18	Is the Plan maintained in a U.S. territory (i.e., Puerto Rico (if no elemade), American Samoa, Guam, the Commonwealth of the North				Y	es	No	
19	Were in-service distributions made during the plan year?					'es	No	
	If "Yes," enter amount				19			
20	A SECURIO DE PROPERCIO POR SECUENCIA DE LA CONTRACTORIA DEL CONTRACTORIA DE LA CONTRACTORIA DELICA DE LA CONTRACTORIA DE LA CON	e attained age 70 ½ (rega	dless of			′es	No	□ N/A