Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation

SIGN

HERE

SIGN HERE 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.

0045

2015

OMB Nos. 1210-0110

1210-0089

This Form is Open to Public Inspection

Part I	Annual Report I	ldentification Information							
For caler	dar plan year 2015 or fis			2/31/20	15				
A This r	eturn/report is for:	r) (Filers checking this box must attach a accordance with the form instructions)							
B This return/report is the first return/report the final return/report the final return/report an amended return/report a short plan year return/report (less than 12 months)									
C Chec	k box if filing under:	Form 5558	automatic extension DFVC program						
		special extension (enter descri	ription)		_				
Part II	Basic Plan Infor	rmation—enter all requested in	formation						
1a Nam				1	Three-digit plan number (PN)	001			
				1c	Effective date of 01/0	plan 1/2004			
2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) JS ENTERPRISES, INC.						nployer Identification Number N) 91-1285969			
				2c Sponsor's telephone number 253-922-0430					
	=10.11101111111			2d [Business code (see instructions)			
	FIC HIGHWAY E WA 98424-2611				7132	000			
3a Plan	administrator's name and	d address XSame as Plan Spons	sor.	3b /	Administrator's E	EIN			
				3c /	Administrator's t	elephone number			
		plan sponsor has changed since nber from the last return/report.	the last return/report filed for this plan, enter the	4b					
a Spor	nsor's name			4c					
5a Tota	I number of participants a	at the beginning of the plan year		5a		27			
	·	, ,		5b)	26			
			the plan year (defined benefit plans do not	5c	;	21			
d(1) ⊤	otal number of active part	ticipants at the beginning of the pl	lan year	5d(*	1)	17			
d(2) ⊤	otal number of active part	ticipants at the end of the plan year	ar	5d(2	2)	19			
tha	n 100% vested		e plan year with accrued benefits that were less	5e		0			
			n/report will be assessed unless reasonable cau			abla a Califoldia			
SB or Sc		d signed by an enrolled actuary, a	ctions, I declare that I have examined this return/rep as well as the electronic version of this return/report						

03/03/2016

Date

Date

JENYNNE DENOBLE

Enter name of individual signing as plan administrator

Enter name of individual signing as employer or plan sponsor

Preparer's telephone number

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

For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500-SF.

Filed with authorized/valid electronic signature.

Signature of plan administrator

Signature of employer/plan sponsor

Form 5500-SF 2015		Page 2						
 Were all of the plan's assets during the plan year invested in eliging Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility of you answered "No" to either line 6a or line 6b, the plan can 	f an indepen and condition	dent qualified public a	ccount	ant (IQ	PA)			X Yes No
C If the plan is a defined benefit plan, is it covered under the PBGC i	insurance 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 o	
a Total plan assets	7a		691	251				741598
b Total plan liabilities			601	251				741598
Net plan assets (subtract line 7b from line 7a) Income, Expenses, and Transfers for this Plan Year	7с	(a) Amou		231			(b) To	
a Contributions received or receivable from:		(a) Alliot	anı				(b) 10	nai
(1) Employers	8a(1)			0				
(2) Participants	8a(2)		70)458				
(3) Others (including rollovers)	-		_	,cor				
b Other income (loss)			-/	695				60762
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) d Benefits paid (including direct rollovers and insurance premiums	8c							62763
to provide benefits)	8d		12	2416				
e Certain deemed and/or corrective distributions (see instructions)	8e							
f Administrative service providers (salaries, fees, commissions)	8f							
g Other expenses								
h Total expenses (add lines 8d, 8e, 8f, and 8g)								12416
Net income (loss) (subtract line 8h from line 8c) Transfers to (from) the plan (see instructions)								50347
Part IV Plan Characteristics	·· 8j							
B If the plan provides welfare benefits, enter the applicable welfare Part V Compliance Questions	feature code	es from the List of Pla	n Chara	acterist	ic Cod	les in the	e instruction	ons:
10 During the plan year:				Yes	No	N/A		Amount
Was there a failure to transmit to the plan any participant contrib described in 29 CFR 2510.3-102? (See instructions and DOL's Program)	Voluntary Fi	duciary Correction	10a		X			
b Were there any nonexempt transactions with any party-in-interes reported on line 10a.)			10b		X			
C Was the plan covered by a fidelity bond?								400000
d Did the plan have a loss, whether or not reimbursed by the plan's			10c	X				100000
by fraud or dishonesty?			10d		Χ			
Were any fees or commissions paid to any brokers, agents, or of carrier, insurance service, or other organization that provides sof the plan? (See instructions.)	me or all of t	he benefits under	10e	X				862
f Has the plan failed to provide any benefit when due under the plant failed to provide any benefit when due under the plant failed to provide any benefit when due under the plant failed to provide any benefit when due under the plant failed to provide any benefit when due under the plant failed to provide any benefit when due under the plant failed to provide any benefit when due under the plant failed to provide any benefit when due under the plant failed to provide any benefit when due under the plant failed to provide any benefit when due under the plant failed to provide any benefit when due under the plant failed to provide any benefit when due under the plant failed to provide any benefit when due under the plant failed to provide any benefit when due under the plant failed to provide any benefit when due under the plant failed to provide any benefit when due under the plant failed to provide any benefit when due under the plant failed to provide any benefit when due under the plant failed to provide any benefit when due under the plant failed to provide any benefit when due to provide any bene			10f		Χ			
g Did the plan have any participant loans? (If "Yes," enter amount	as of year e	nd.)	10g		Χ			
h If this is an individual account plan, was there a blackout period? 2520.101-3.)	(See instru	ctions and 29 CFR	10h		X			
i If 10h was answered "Yes," check the box if you either provided 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 requirer 5500) and line 11a below)								Yes No
11a Enter the unpaid minimum required contribution for all years from	n Schedule S	SB (Form 5500) line 4	0			11a		
12 Is this a defined contribution plan subject to the minimum funding	g requireme	nts of section 412 of t	he Cod	e or se	ction 3	302 of E	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	
140 Name of trustee of custodian					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	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)-	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 Average benefit 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	

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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

Part I		dentification Information							
For calenda	ar plan year 2015 or fisc		01/01/2015	and ending	12/31/2	015			
A This ret	X a single-employer plan a multiple-employer plan (not multiemployer) (Filers checking this box must attach a list of participating employer information in accordance with the form instructions)								
	l	a one-participant plan	a foreign plan						
B This return/report is the first return/report the final return/report									
an amended return/report a short plan year return/report (less than 12 months)									
C Check b	oox if filing under:	Form 5558	automatic extension		DFVC p	rogram			
Part II	Racio Plan Infor	special extension (enter descripmation—enter all requested info	•						
1a Name		mation—enter all requested into	ormation		1b Three-digit				
		C. 401 (K) PLAN			plan number	001			
					1c Effective dat 01/01/20	•			
Mailing	address (include room,	er, if for a single-employer plan) , apt., suite no. and street, or P.O.			2b Employer Ide (EIN) 91-1	entification Number			
	town, state or province, aterprises, Inc	country, and ZIP or foreign postal	I code (if foreign, see instr	uctions)	2c Sponsor's te	lephone number			
4434 5		_			253 - 922 - 2d Business coo	- 0430 de (see instructions)			
4411 P	acific Highway	r E			713200				
Tacoma		WA 98424-261			01				
3a Plan ac	dministrator's name and	address XSame as Plan Sponso	or _{a:}		3b Administrato	r's EIN			
3c Administrator's telephone number									
		plan sponsor has changed since th	ne last return/report filed fo	or this plan, enter the	4b EIN				
	EIN, and the plan number	olan sponsor has changed since th per from the last return/report.	ne last return/report filed fo	or this plan, enter the	4b EIN 4c PN				
name, a Sponso	EIN, and the plan numb or's name				4c PN	27			
a Sponso	EIN, and the plan numb or's name number of participants a	per from the last return/report. t the beginning of the plan year			4c PN . 5a	27 26			
name, a Sponso 5a Total n b Total n c Numbe	EIN, and the plan number's name number of participants and number of partic	per from the last return/report.			4c PN . 5a	26			
a Sponso 5a Total n b Total n c Number complete	EIN, and the plan number's name number of participants are number of participants are er of participants with accepte this item)	t the beginning of the plan year t the end of the plan year count balances as of the end of the	ne plan year (defined bene	fit plans do not	4c PN 5a 5b 5c	26 21			
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name, a Sponso 5a Total n b Total n c Number completed (1) Total d (2) Total e Number than 1 Caution: A Under pena SB or Sche belief, it is t	EIN, and the plan number of participants are of participants with active participants are of participants with active this item) all number of active participants that the participants that the penalty for the late or of perjury and other dule MB completed and true, correct, and completed and prue, correct, and completed and prue and pr	t the beginning of the plan year t the end of the plan year count balances as of the end of the cipants at the beginning of the plan year eminated employment during the process of the end of the plan year eminated employment during the process of the plan year eminated employment during the process of the plan year eminated employment during the process of the plan year incomplete filling of this return/er penalties set forth in the instruct I signed by an enrolled actuary, as	ne plan year (defined bene n year plan year with accrued be report will be assessed ions, I declare that I have	fit plans do not nefits that were less unless reasonable ca	4c PN 5a 5b 5c 5d(1) 5d(2) 5e use is established. eport, including, if ap	26 21 17 19 0 plicable, a Schedule			
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name, a Sponso 5a Total n b Total n c Number completed (1) Total d (2) Total e Number than n Caution: A Under penal SB or Sche belief, it is t SIGN HERE	EIN, and the plan number's name number of participants and another of participants with accepte this item) al number of active participants that the participants that the second participants that the second participants that the second participant of the late or alties of perjury and other dule MB completed and the correct, and completed and the correct, and completed and the second participants that the second participants that the second perjury and other dule MB completed and the correct, and completed and the second participants are second participants.	t the beginning of the plan year t the end of the plan year count balances as of the end of the cipants at the beginning of the plan year imminated employment during the process of the end of the plan year imminated employment during the process of the end of the plan year imminated employment during the process of the plan year imminated employment during the process of the plan year imminated employment during the process of the plan year imminated employment during the process of the plan year.	ne plan year (defined bene n year	fit plans do not nefits that were less unless reasonable ca examined this return/report sion of this return/report JENYNNE DENOB Enter name of individ	4c PN 5a 5b 5c 5d(1) 5d(2) 5e use is established. eport, including, if ap rt, and to the best of	21 17 19 0 plicable, a Schedule my knowledge and			
name, a Sponso 5a Total n b Total n c Number completed d(1) Total d(2) Total e Number than 1 Caution: A Under pena SB or Sche belief, it is t SIGN HERE	EIN, and the plan number's name number of participants at the participants are of participants with active this item). In the participants with active participants at number of active participants that the penalty for the late or alties of perjury and other dule MB completed and the penalty for the late of the penalty for the late or alties of perjury and other dule MB completed and the penalty for the late of the penalty for the late of the penalty for the late or alties of perjury and other dule MB completed and the penalty for the late or alties of penalty for the late or alties or alties of penalty for the late or alties or alt	t the beginning of the plan year It the end of the end of the plan year It is plants at the end of the plan year It is presented the plan year It is plants at the end of the plan year It is presented the plan year It is plants at the end of the plan year It is plants at the end of the plan year It is plants at the end of the plan year It is plants at the end of the plan year It is plants at the end of the end of the plan year It is plants at the end of the plan year It is plants at the end of the plan year It is plants at the end of the end of the plan year It is plants at the end of the end of the plan year It is plants at the end of the plan year It is plants at the end of the plan year It is plants at the end of the end of the plan year It is plants at the end of the plan year It is plants at the end of the plan year It is plants at the end of the plan year It is plants at the end of the end of the plan year It is plants at the end of the end of the plan year It is plants at the end of	ne plan year (defined bene n year	fit plans do not nefits that were less unless reasonable ca examined this return/repor sion of this return/repor JENYNNE DENOB Enter name of individ	4c PN 5a 5b 5c 5d(1) 5d(2) 5e use is established. sport, including, if ap rt, and to the best of	26 21 17 19 0 plicable, a Schedule my knowledge and administrator			
name, a Sponso 5a Total n b Total n c Number completed d(1) Total d(2) Total e Number than 1 Caution: A Under pena SB or Sche belief, it is t SIGN HERE	EIN, and the plan number's name number of participants at the participants are of participants with active this item). In the participants with active participants at number of active participants that the penalty for the late or alties of perjury and other dule MB completed and the penalty for the late of the penalty for the late or alties of perjury and other dule MB completed and the penalty for the late of the penalty for the late of the penalty for the late or alties of perjury and other dule MB completed and the penalty for the late or alties of penalty for the late or alties or alties of penalty for the late or alties or alt	t the beginning of the plan year It the end of the plan year It is the end of the end of the end of the plan year It is the end of the end of the end of the plan year It is the end of the end of the end of the plan year It is the end of the end of the end of the plan year It is the end of the end of the end of the plan year It is the end of the end of the end of the plan year It is the end of	ne plan year (defined bene n year	fit plans do not nefits that were less unless reasonable ca examined this return/repor sion of this return/repor JENYNNE DENOB Enter name of individ	4c PN 5a 5b 5c 5d(1) 5d(2) 5e use is established. eport, including, if ap rt, and to the best of	26 21 17 19 0 plicable, a Schedule my knowledge and administrator			

	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 ot use Forn	ent qualified public ans.) ns.) n 5500-SF and mus	account t instea	ant (IC	PA) Form	5500.		_	Yes No
Pa	rt III Financial Information									
7	Plan Assets and Liabilities		(a) Beginnin	g of Ye	ar			(b) Er	nd of Year	,
а	Total plan assets	7a			9125	1		- New York		741598
b	Total plan liabilities	7b								
c	Net plan assets (subtract line 7b from line 7a)	7c		6	9125	1				741598
8	Income, Expenses, and Transfers for this Plan Year		(a) Amo	unt				(b)	Total	
а	Contributions received or receivable from:					0		27.5		
	(1) Employers	8a(1)			7045	-		-		
	(2) Participants	8a(2)			7045	8		_		
- h	(3) Others (including rollovers)	8a(3)		_	-769	-	-	_		
	Other income (loss)	8b			- 769	5		_		60760
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c				+				62763
	to provide benefits)	8d			1241	6				
е	Certain deemed and/or corrective distributions (see instructions)	8e								
f	Administrative service providers (salaries, fees, commissions)	8f								
g	Other expenses	8g								
h_	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h			ΠE					12416
i	Net income (loss) (subtract line 8h from line 8c)	et income (loss) (subtract line 8h from line 8c)								50347
j	Transfers to (from) the plan (see instructions)	8j								
Pai	t IV Plan Characteristics									
9a	If the plan provides pension benefits, enter the applicable pension 2A 2F 2G 2J 2K 3D 2E 2T	feature code	es from the List of PI	an Cha	racteri	stic Co	des in	the instr	uctions:	
В	If the plan provides welfare benefits, enter the applicable welfare fe	eature codes	from the List of Pla	n Chara	acterist	ic Cod	les in th	ne instru	ctions:	
Par	V Compliance Questions									
10	During the plan year:				Yes	No	N/A		Amou	nt
а	Was there a failure to transmit to the plan any participant contribut described in 29 CFR 2510.3-102? (See instructions and DOL's V Program)	oluntary Fidi	uciary Correction	10a		х				
b	Were there any nonexempt transactions with any party-in-interest			100						
	reported on line 10a.)			10b		X				
С	Was the plan covered by a fidelity bond?			10c	Х					100000
d	Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?	fidelity bond	, that was caused	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 the	e benefits under	10e	х					86
f	Has the plan failed to provide any benefit when due under the plan			10f		х				
q	Did the plan have any participant loans? (If "Yes," enter amount a	AND PRODUCTION				Х				
h				10g		- 1				
	2520.101-3.) If 10h was answered "Yes," check the box if you either provided the		***************************************	10h		Х				
-	exceptions to providing the notice applied under 29 CFR 2520.10	1-3		10i						
J	Did the plan trust incur unrelated business taxable income?			10j						
Part										
11	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)									′es No
11a	Enter the unpaid minimum required contribution for all years from	Schedule SE	3 (Form 5500) line 4	0	********	********	11a			

Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA?..

12

Yes X No

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	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)								
а	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 waiverf you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and sk			Day		Year			
	Enter the minimum required contribution for this plan year	12b							
		12c							
	Enter the amount contributed by the employer to the plan for this plan year	40.							
	negative amount)		12d						
	Will the minimum funding amount reported on line 12d be met by the funding deadline?			Yes No N/A					
Part	t VII Plan Terminations and Transfers of Assets								
_13a	A 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	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan of the PBGC?					Yes X	No		
С	If during this plan year, any assets or liabilities were transferred from this plan to another plan which assets or liabilities were transferred. (See instructions.)								
	13c(1) Name of plan(s):		13c(2)	EIN(s)		13c(3) F	PN(s)		
D. 4	1700 7 41.6								
	t VIII Trust Information			441-					
144	Name of trust			140	b Trust's EIN				
14c	Name of trustee or custodian				Trustee's		an's		
					telephone number				
Par	rt IX IRS Compliance Questions								
15a	a Is the plan a 401(k) plan?			Ye	s	No			
		2002-200-200		_ Do	Design-				
15b	If "Yes," how does the 401(k) plan satisfy the nondiscrimination requirements for employee de matching contributions (as applicable) under sections 401(k)(3) and 401(m)(2)?			ba	sed safe arbor		PACP		
	matering contributions (as applicable) under sections 401(x)(3) and 401(m)(2)?				narbor test nethod				
15c	If the ADP/ACP test is used, did the 401(k) plan perform ADP/ACP testing for the plan year us testing method" for nonhighly compensated employees (Treas. Reg sections 1.401(k)-2(a)(2)(Ye	es No				
	2(a)(2)(ii))?								
16a	Check the box to indicate the method used by the plan to satisfy the coverage requirements u	nder sec	tion 410(b)		atio ercentage		rage		
-				te	-	ben	efit test		
16b	Does the plan satisfy the coverage and nondiscrimination tests of sections 410(b) and 401(a)(this plan with any other plans under the permissive aggregation rules?	4) by cor	nbining	Ye	s	No			
	A Has the plan been timely amended for all required tax law changes?	**********		Ye		□ 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				nstructions		
17c	If the plan sponsor is an adopter of a pre-approved master and prototype (M&P) or volume suladvisory letter, enter the date of that favorable letter and the letter			t to a fa	vorable IR	S opinion	or		
17d	If the plan is an individually-designed plan and received a favorable determination letter from to determination letter	he IRS,	enter the date of	the pla	n's last fav	orable			
18	Is the Plan maintained in a U.S. territory (i.e., Puerto Rico (if no election under ERISA section made), American Samoa, Guam, the Commonwealth of the Northern Mariana Islands or the U			Yes	3	No			
19	Were in-service distributions made during the plan year?			Ye	s	No			
	If "Yes," enter amount			19					
20	Were required minimum distributions made to 5% owners who have attained age 70 ½ (regard retired), as required under section 401(a)(9)?			Ye	s	No	N/A		