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**

Pa	irt I Annual Rep	<u>ort Identification Informatio</u>	n						
For o	calendar plan year 2015	or fiscal plan year beginning 01/01	/2015 and ending 12	2/31/20)15				
A T	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) a one-participant plan								
В ті	his return/report is	the first return/report an amended return/report	the final return/report a short plan year return/report (less than 12 months)						
C	Check box if filing under:	Form 5558	automatic extension		DFVC progr	am			
		special extension (enter desc	• •						
Pa	rt II Basic Plan I	nformation—enter all requested in	nformation	•					
	Name of plan THERN CAPITAL MANA	GEMENT, INC. 401(K) PROFIT SHA	RING PLAN		Three-digit plan number (PN) ▶	001			
				1c	Effective date of 01/01	plan I/1995			
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)				2b Employer Identification Numbe (EIN) 91-1548437					
City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) IORTHERN CAPITAL MANAGEMENT, INC.					2c Sponsor's telephone number 509-456-2526				
				2d	Business code (see instructions)			
	S. SOUTHEAST BLVD., 9 ANE, WA 99223-4984	SUITE 205			5231	20			
3a	Plan administrator's nam	e and address XSame as Plan Spor	nsor.	3b	Administrator's E	EIN			
				3c	Administrator's t	elephone number			
4		f the plan sponsor has changed since number from the last return/report.	e the last return/report filed for this plan, enter the	4b					
а	Sponsor's name			4c					
5a	Total number of participa	ants at the beginning of the plan year		58		14			
b	Total number of participa	ants at the end of the plan year		5k)	16			
С			f the plan year (defined benefit plans do not	50		15			
d(1) Total number of active	participants at the beginning of the p	olan year	5d(12			
d (2	2) Total number of active	participants at the end of the plan ye	ear	5d(2)	12			
	than 100% vested	. ,	e plan year with accrued benefits that were less	56		0			
			rn/report will be assessed unless reasonable cau			-1-1 0-1 -1-1			
SB c		ed and signed by an enrolled actuary,	uctions, I declare that I have examined this return/repart as well as the electronic version of this return/report						
					_				

SIGN Filed with authorized/valid electronic signature. 03/09/2016 JAMES K. WILSON **HERE** Signature of plan administrator Date Enter name of individual signing as plan administrator **SIGN HERE** Signature of employer/plan sponsor Date Enter name of individual signing as employer or plan sponsor Preparer's name (including firm name, if applicable) and address (include room or suite number) Preparer's telephone number 509-838-5500

JODI CALHOUN

RANDALL & HURLEY, INC.

1328 N. WHITMAN LN. LIBERTY LAKE, WA 99019

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 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 cannot be a second or line 6b. 	an indepen and condition of use For	dent qualified public a ons.) m 5500-SF and mus	ccount	ant (IQ	PA) Form	5500.		□ □	es No
C If the plan is a defined benefit plan, is it covered under the PBGC in	nsurance pr	ogram (see ERISA se	ection 4	021)? .		Yes	No	Not det	ermined
Part III Financial Information									
7 Plan Assets and Liabilities		(a) Beginning					(b) End	of Year	
a Total plan assets	. 7a		1438	8649				150	5016
b Total plan liabilities	. 7b		1438	2640				150	5016
Net plan assets (subtract line 7b from line 7a) Income, Expenses, and Transfers for this Plan Year	. 7c	(a) Amou		0049			(b) :	Total	3010
a Contributions received or receivable from:		(a) Amou	unt				(0)	otai	
(1) Employers	. 8a(1)		34	496					
(2) Participants	. 8a(2)		58	3726					
(3) Others (including rollovers)	1								
b Other income (loss)			-24	817	_				0.105
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	. 8c							6	8405
d Benefits paid (including direct rollovers and insurance premiums to provide benefits)	. 8d		1	788					
e Certain deemed and/or corrective distributions (see instructions)	. 8e								
f Administrative service providers (salaries, fees, commissions)	. 8f			250					
g Other expenses	. 8g								
h Total expenses (add lines 8d, 8e, 8f, and 8g)	. 8h								2038
i Net income (loss) (subtract line 8h from line 8c)	. 8i							6	6367
j Transfers to (from) the plan (see instructions)	· 8j								
Part IV Plan Characteristics									
9a If the plan provides pension benefits, enter the applicable pension 2E 2F 2H 2J 2K 2R 3H 3D	n feature cod	des from the List of Pla	an Cha	racteris	stic Co	des in th	he instru	ctions:	
B If the plan provides welfare benefits, enter the applicable welfare f	feature code	es from the List of Pla	n Chara	acterist	ic Coc	les in the	e instruc	tions:	
Part V Compliance Questions									
10 During the plan year:			1	Yes	No	N/A		Amour	nt
Was there a failure to transmit to the plan any participant contributes described in 29 CFR 2510.3-102? (See instructions and DOL's Verogram)	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?				V					
			10c	X					150600
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 son the plan? (See instructions.)	ne or all of t	he benefits under	10e		X				
			10e		X				
					-				
g Did the plan have any participant loans? (If "Yes," enter amount a	•	,	10g		X				
·	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)				Χ				
i If 10h was answered "Yes," check the box if you either provided t 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 requirem 5500) and line 11a below)								Y	es No
11a Enter the unpaid minimum required contribution for all years from						11a			<u>—</u>
12 Is this a defined contribution plan subject to the minimum funding						302 of E	RISA?	. Y	es 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	you co	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	Subtra	12d						
	negati	П	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			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			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	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))?	Yes No					
16a	Check	the box to indicate the method used by the plan to satisfy the coverage requirements under secti		atio ercentage st		Average benefit test		
16b	16b Does the plan satisfy the coverage and nondiscrimination tests of sections 410(b) and 401(a)(4) by combining this plan with any other plans under the permissive aggregation rules?					No		
17a	Has the	e plan been timely amended for all required tax law changes?		Ye	S	No	N/A	
17b Date the last plan amendment/restatement for the required tax law changes was adopted// Enter the applicable code for tax law changes and codes).							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	

For. 5500-SF

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Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

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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	Ailliuai Kepoli	Identification Information	1							
For calenda	ar plan year 2015 or f	iscal plan year beginning	01/01/2015	and ending	12/31/203	15				
A This ret	urn/report is for:	er) (Filers checking this box must attach a accordance with the form instructions)								
a one-participant plan a foreign plan										
B This retu	ırn/report is									
		nonths)								
C Check b	C Check box if filing under: Form 5558 automatic extension DFVC program									
		special extension (enter desc	cription)							
Part II	Basic Plan Info	ormation—enter all requested in	nformation			<u> </u>				
1a Name of NORTHER		NAGEMENT, INC. 401(K)	PROFIT SHARING	PLAN	1b Three-digit plan number (PN) ▶	001				
					1c Effective date of plan 01/01/1995					
Mailing	address (include roo	oyer, if for a single-employer plan) m, apt., suite no. and street, or P.C			2b Employer Identification Number (EIN) 91-1548437					
1350	ASS. 533	ce, country, and ZIP or foreign post ANAGEMENT, INC.	tal code (if foreign, see inst	ructions)	2c Sponsor's tele					
2700 S	. SOUTHEAST I	BLVD., SUITE 205			2d Business code 523120					
SPOKAN	(190)	WA 99223-49								
3a Plan ac	dministrator's name a	nd address XSame as Plan Spon	sor.		3b Administrator's	EIN				
					3c Administrator's	telephone number				
		e plan sponsor has changed since	the last return/report filed f	for this plan, enter the	4b EIN	telephone number				
	EIN, and the plan nu	e plan sponsor has changed since mber from the last return/report.	the last return/report filed f	for this plan, enter the		telepnone number				
name, a Sponso	EIN, and the plan nu or's name			* %	4b EIN 4c PN	telephone number				
a Sponso	EIN, and the plan nu or's name number of participants	mber from the last return/report.			4b EIN 4c PN 5a					
a Sponso 5a Total n b Total n c Number	EIN, and the plan nu or's name number of participants number of participants er of participants with	mber from the last return/report.	the plan year (defined ben	efit plans do not	4b EIN 4c PN 5a	14				
a Sponso 5a Total n b Total n c Number complete	EIN, and the plan nu or's name number of participants number of participants er of participants with ete this item)	at the beginning of the plan year at the end of the plan year	the plan year (defined ben	efit plans do not	4b EIN 4c PN 5a 5b 5c	14 16 15				
a Sponso 5a Total n b Total n c Number completed (1) Total	EIN, and the plan nu or's name number of participants number of participants er of participants with ete this item)	at the beginning of the plan year at the end of the plan year account balances as of the end of	the plan year (defined ben	efit plans do not	4b EIN 4c PN 5a 5b 5c 5d(1)	14 16 15 12				
name, a Sponso 5a Total n b Total n c Numbe comple d(1) Tota d(2) Tota e Numb	EIN, and the plan nu or's name number of participants number of participants er of participants with ete this item)	at the beginning of the plan year at the end of the plan year account balances as of the end of articipants at the beginning of the plan year activity account balances as of the end of	the plan year (defined ben lan yearearear plan year bear bear bear bear bear bear bear b	efit plans do not	4b EIN 4c PN 5a 5b 5c 5d(1) 5d(2)	14 16 15 12				
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name, a Sponso 5a Total n b Total n c Number comple d(1) Total d(2) Total e Number than 1 Caution: A Under pena SB or Schebelief, it is to SIGN HERE SIGN	EIN, and the plan number's name number of participants number of participants are of participants with ete this item)	at the beginning of the plan year at the end of the plan year account balances as of the end of articipants at the beginning of the plan year articipants at the beginning of the plan year articipants at the beginning of the plan year articipants at the end of the plan year. The properties of this return the properties of the plan year. The properties of the plan year. The properties of the plan year. The plan year The pl	the plan year (defined ben lan year	efit plans do not enefits that were less unless reasonable cal examined this return/re rsion of this return/repor	4b EIN 4c PN 5a 5b 5c 5d(1) 5d(2) 5e use is established. eport, including, if applient, and to the best of means and the best of means a	14 16 15 12 12 0 icable, a Schedule y knowledge and				
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	7										
5	Form 5500-SF 2015		Page 2			_					
	Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.) Are you claiming a waiver of the annual examination and report of an independent qualified public under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.)					(PA)		X	Yes [No No	
С	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 d	letermine	èd
Pai	t III Financial Information										
7	Plan Assets and Liabilities		(a) Beginning	of Ye	ar			(b) End	of Yea	ar	
а	Total plan assets	7a		14	3864	9				1505	016
b	Total plan liabilities	7b									
С	Net plan assets (subtract line 7b from line 7a)	7c		14	3864	9				1505	016
а	Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from: (1) Employers	8a(1)	(a) Amou		3449	6		(b) .	Total		
	(2) Participants	8a(2)			5872	6					
	(3) Others (including rollovers)	8a(3)									
b	Other income (loss)	8b			2481	7					
-	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c		V.	75.0					684	405
	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d			178	8					
	Certain deemed and/or corrective distributions (see instructions)	8e									
f	Administrative service providers (salaries, fees, commissions)	8f			25	0					
	Other expenses	8g		With the same of							
78.0	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h								200/816	038
	Net income (loss) (subtract line 8h from line 8c)	8i								66.	367
Par	Transfers to (from) the plan (see instructions) t IV Plan Characteristics	8j									
B	If the plan provides welfare benefits, enter the applicable welfare for the compliance Questions	eature code	s from the List of Pla	n Chara	acterist	ic Cod	des in th	e instruc	tions:		
10	During the plan year:				Yes	No	N/A		Amo	unt	
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 Fig	duciary Correction	10a		х					
b	Were there any nonexempt transactions with any party-in-interest	? (Do not in	clude transactions	10.134		х					
_	reported on line 10a.)			10b						797-95-9	
с				10c	Х					15	060
d	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.)	e or all of th	ne benefits under	10e		х					
f	Has the plan failed to provide any benefit when due under the plan	n?		10f		х					
g	Did the plan have any participant loans? (If "Yes," enter amount as	s of year en	ıd.)	10g		Х					
h	If this is an individual account plan, was there a blackout period? (2520.101-3.)			10h		х					
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	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 requirem 5500) and line 11a below)									Yes 📗	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	its of section 412 of the	ne Code	e or se	ction :	302 of E	RISA?		Yes X	No