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	art i	Annual Repon	t identification information	1										
For o	calenda	ır plan year 2015 or f	iscal plan year beginning 01/01/2	/2015		and ending 12	/31/2	015						
A T	This retu	urn/report is for:	a single-employer plan a one-participant plan	list	of participating em	an (not multiemployer) ployer information in acc		_						
D			the first return/report		reign plan inal return/report									
D II	nis retu	rn/report is	H	H										
C (Chack b	oox if filing under:	an amended return/report			turn/report (less than 12 months)								
	CHECK D	ox ii iiiing under.	Form 5558	ш	omatic extension			DFVC prog	ram					
D-		Dania Dian Inf	special extension (enter description of the second											
	rt II		ormation—enter all requested in	ntormation	1		4 14	T	1					
	Name o	•	DEMENT DI ANI				ID	Three-digit plan number						
GD II	NIEKN	ATIONAL INC. RETI	REMENT PLAN					(PN) ▶	002					
								Effective date o						
	Mailing	address (include roo	oyer, if for a single-employer plan) om, apt., suite no. and street, or P.C	,	if foreign and instru	uotiono)	2b Employer Identification Number (EIN) 46-3345946							
		TIONAL INC.	ce, country, and ZIP or foreign post	stai code (i	ii loreign, see instit	actions)	2c Sponsor's telephone number 206-375-8030							
								2d Business code (see instructions)						
3220 N SEAT	NE 90TI	H ST. A 98115					531390							
							331330							
3a	Plan ac	Iministrator's name a	and address XSame as Plan Spons	nsor.			3b Administrator's EIN							
							3с	Administrator's	telephone number					
4	If the n	ame and/or FIN of th	ne plan sponsor has changed since	the last r	eturn/report filed fo	or this plan, enter the	4h	EIN						
•			umber from the last return/report.	o tilo idot i	otari, roport mod ro	r uno piari, oritor uno	TO EN							
a	Sponso	or's name					4c							
5a	Total n	umber of participants	s at the beginning of the plan year				5		2					
			s at the end of the plan year			Ť	5	b	2					
С			account balances as of the end of		• '	•	5	_	2					
d(1) Tota	al number of active pa	articipants at the beginning of the pl	olan year			5d		2					
d ((2) Tota	al number of active pa	articipants at the end of the plan year	ear			5d	2						
	than 1	00% vested	t terminated employment during the				5		0					
			or incomplete filing of this return											
SB c	or Sche		other penalties set forth in the instruction and signed by an enrolled actuary, an plete.											
SIGI		Filed with authorized	d/valid electronic signature.		02/28/2016	YINGDONG WU								
HER	KE.	Signature of plan	administrator		Date	Enter name of individu	ıal siç	ıning as plan adr	ministrator					
SIGI														
HER	RE	Signature of empl	oyer/plan sponsor	Enter name of individu	vidual 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

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 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 t	an independand condition to the condition of the conditio	dent qualified public a ons.) m 5500-SF and mus	ccount	ant (IQ ad use	PA) Form	5500.		<u> </u>	Yes Yes	
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	No	t deterr	nined
Part III Financial Information	1				-					
7 Plan Assets and Liabilities		(a) Beginning					(b) En	d of Y		
a Total plan assets	7a		103	739					1592	
b Total plan liabilities	7b		400	0					4500	0
C Net plan assets (subtract line 7b from line 7a)	7c			739	-				1592	45
8 Income, Expenses, and Transfers for this Plan Year a Contributions received or receivable from:		(a) Amou	ınt				(b)) Total		
(1) Employers	8a(1)		13	200						
(2) Participants	8a(2)		40	500						
(3) Others (including rollovers)	8a(3)			0						
b Other income (loss)	8b		1	806						
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c								555	06
Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d			0						
e Certain deemed and/or corrective distributions (see instructions)	8e			0						
f Administrative service providers (salaries, fees, commissions)	8f			0						
g Other expenses	8g			0						
h Total expenses (add lines 8d, 8e, 8f, and 8g)	8h									0
i Net income (loss) (subtract line 8h from line 8c)	8i								555	06
j Transfers to (from) the plan (see instructions)	8j			0						
Part IV Plan Characteristics										
9a If the plan provides pension benefits, enter the applicable pension 2A 2E 2F 2G 2J 3D	feature coo	des from the List of Plant	an Cha	racteris	stic Co	des in t	the insti	ruction	s:	
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 th	e instri	ıctions		
— In the plant provided world's bollonic, office the applicable world's	odiaio oodi	oo nom aro ziot or rial	T Onarc	20101101		.00	io motre	10110110	•	
Part V Compliance Questions										
10 During the plan year:				Yes	No	N/A		An	ount	
Was there a failure to transmit to the plan any participant contribu 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					V					
reported on line 10a.)			10b		X					
C Was the plan covered by a fidelity bond?			10c		X					
d Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?			10d		X					
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 pla			10f		Χ					
g Did the plan have any participant loans? (If "Yes," enter amount a					X					
h If this is an individual account plan, was there a blackout period?	(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 20 CER 3530.10	he required	notice or one of the	10h							
exceptions to providing the notice applied under 29 CFR 2520.10 j Did the plan trust incur unrelated business taxable income?			10i 10i		X					
Part VI Pension Funding Compliance			.0)	<u> </u>		[<u> </u>			
11 Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)									Yes	X No
11a Enter the unpaid minimum required contribution for all years from						11a		1		
12 Is this a defined contribution plan subject to the minimum funding							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		
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)-	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 Benefil 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

2015

OMB Nos. 1210-0110

1210-0089

This Form is Open to Public Inspection

Retirement Income Security Act of 1974 (ERISA), and section 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.

	art		t Identification Information											
For	calen	dar plan year 2015 or	fiscal plan year beginning	01,	01/2015	and ending	1	2/31/2015						
Α	This re	eturn/report is for:	x a single-employer plan ☐ a one-participant plan	a multip	participating e	lan (not multiemployer mployer information in	yer) (Filers checking this box must attach n in accordance with the form instructions)							
В	This re	eturn/report is:	the first return/report		I return/report									
			an amended return/report	a short	plan vear retu	rear return/report (less than 12 months)								
С	Check	box if filing under:	Form 5558		tic extension	Throport (1000 than 12	DFVC program							
		Ů	special extension (enter descri	iption)										
D	art II	Decis Dies Ind												
		ne of plan	formation enter all requested in	nformation			1 1h	Three-digit						
			Ing Detimenant Disa				"	plan number						
	GD	international .	Inc. Retirement Plan					(PN) ►	002					
				1c Effective date of plan 01/01/2013										
2a	Maili	ina Address (include ro	oloyer, if for a single-employer plan) oom, apt., suite no. and street or P.O	. Box)			2b Employer Identification Number (EIN) 46-3345946							
			nce, country, and ZIP or foreign posta	al code (if fo	reign, see inst	ructions)	20							
	GD	International 1	inc.				20	Sponsor's telepted (206) 375-8						
	322	O NE 90TH ST.					2d Business code (see instructions) 531390							
		SEATTLE WA 98115						331330						
3a			and address X Same as Plan Spo	nsor Name			3b Administrator's EIN							
							3c Administrator's telephone number							
							1 30	Auministrators	telephone number					
4			the plan sponsor has changed since t umber from the last return/report.	the last retu	rn/report filed f	or this plan, enter the	4b	EIN						
а		nsor's name	umber from the last return/report,				4c	PN						
5a	Tota	I number of participan	ts at the beginning of the plan year						2					
b			ts at the end of the plan year						2					
С	Num	ber of participants with	h account balances as of the end of t	he plan yea	r (defined bene	efit plans do not	50		2					
d			articipants at the beginning of the pla				5d	(1)	2					
d	(2) To	tal number of active p	articipants at the end of the plan year				5d	(2)	2					
е		H 4000/	t terminated employment during the p				5	е	0					
Ca	aution		e or incomplete filing of this return					actablished						
Ur SE	nder pe 3 or Sc	enalties of perjury and	other penalties set forth in the instruction and signed by an enrolled actuary, a	ctions, I dec	lare that I have	e examined this return/	report.	including, if appli	cable, a Schedule y knowledge and					
S	ign	0/12	7	02	128/2016	YingDong Wu								
H	IERE	Signature of plan ac	Iministrator	Date	/	Enter name of individu	ual sign	ing as plan admi	nistrator					
9	IGN	6/	/m	03/	28/2011	YingDong Wu								
	PROFESSION OF THE PERSON OF TH	Signature of employ	rer/plan sponsor	Date		Enter name of individe	ual sian	ina as emplover	or plan sponsor					
Pr			n name, if applicable) and address; ir		or suite numb			arer's telephone						
							特別	HANDING THE						

	Form 5500-SF 2015		Page 2							
6a	Were all of the plan's assets during the plan year invested in clinible					-				
	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 accountant (IQPA)									
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.)									
	If you answered "No" to either line 6a or line 6b, the plan canno	na conditions I t use Form	s.) 5500-SF and must ins					XYes LN		
	If the plan is a defined benefit plan, is it covered under the PBGC ins							☐ No ☐ Not determ	nined	
Pa	rt III Financial Information									
7	Plan Assets and Liabilities	Unit it	(a) Beginning o	f Yea	r			(b) End of Year		
а	Total plan assets	7a	10	03,7	39			159,245		
b	Total plan liabilities	7b			0			0		
_	Net plan assets (subtract line 7b from line 7a)	7c	1(39		159,245				
	Income, Expenses, and Transfers for this Plan Year		(a) Amount	(a) Amount				(b) Total		
	Contributions received or receivable from: (1) Employers	8a(1)	1	13,2	0.0	100			I S	
	(2) Participants	8a(2)		40,5		CO.U.	VIEW A		1	
	(3) Others (including rollovers)	8a(3)			0	9,77			1	
	Other income (loss)	8b		1,8	06	18-7	201		10/11	
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c				7		55,506		
	Benefits paid (including direct rollovers and insurance premiums	0.4				163	00/00	avidus many salah	38	
	to provide benefits) Certain deemed and/or corrective distributions (see instructions)	8d			0	Water I	HEGALIST .		7700	
					0	0100				
	AL 1993 AND				0		ES IUS		5 50 50	
	Total expenses (add lines 8d, 8e, 8f, and 8g)							0		
	Net income (loss) (subtract line 8h from line 8c)	81		1	138			55,506		
_	Transfers to (from) the plan (see instructions)	8j			0		the los	IALES HEREN AND THE RES	-5118	
LYALMOND.	rt IV Plan Characteristics								-	
9a	If the plan provides pension benefits, enter the applicable pension fe	ature codes	from the List of Plan C	harac	terist	ic Cod	es in the	e instructions:		
	2A 2E 2F 2G 2J 3D									
b	If the plan provides welfare benefits, enter the applicable welfare fea	ture codes fr	om the List of Plan Ch	aracte	eristic	Code	s in the	instructions		
Pa	rt V Compliance Questions									
10	During the plan year:				Yes	No	N/A	Amount		
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 Vo	la continue a Elista de la con-								
b		•	,							
	Were there any popeyempt transactions with any party in interest?			10a		х				
	Were there any nonexempt transactions with any party-in-interest?	' (Do not incl	ude transactions	10a		x				
C	Were there any nonexempt transactions with any party-in-interest? reported on line 10a.) Was the plan covered by a fidelity bond?	' (Do not incl	ude transactions							
	Were there any nonexempt transactions with any party-in-interest? reported on line 10a.) Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan's f	(Do not incl	ude transactions that was caused	10b 10c		x x			_	
c d	Were there any nonexempt transactions with any party-in-interest? reported on line 10a.) Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan's f by fraud or dishonesty?	O (Do not incl	ude transactions that was caused	10b		х				
	Were there any nonexempt transactions with any party-in-interest? reported on line 10a.) Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan's f by fraud or dishonesty? Were any fees or commissions paid to any brokers, agents, or other carrier, insurance service, or other organization that provides some	(Do not incl	ude transactions that was caused y an insurance benefits under	10b 10c 10d		x x				
c d	Were there any nonexempt transactions with any party-in-interest? reported on line 10a.) Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan's f by fraud or dishonesty? Were any fees or commissions paid to any brokers, agents, or other carrier, insurance service, or other organization that provides some the plan? (See instructions.)	P (Do not incl idelity bond, er persons b e or all of the	that was caused y an insurance benefits under	10b 10c 10d		x x x				
c d	Were there any nonexempt transactions with any party-in-interest? reported on line 10a.) Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan's f by fraud or dishonesty? Were any fees or commissions paid to any brokers, agents, or other carrier, insurance service, or other organization that provides some the plan? (See instructions.) Has the plan failed to provide any benefit when due under the plan	P (Do not incl	ude transactions that was caused y an insurance benefits under	10b 10c 10d 10e 10f		x x x				
c d e f g	Were there any nonexempt transactions with any party-in-interest? reported on line 10a.) Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan's f by fraud or dishonesty? Were any fees or commissions paid to any brokers, agents, or other carrier, insurance service, or other organization that provides some the plan? (See instructions.) Has the plan failed to provide any benefit when due under the plan Did the plan have any participant loans? (If "Yes," enter amount as	P (Do not inclaid inclaim) idelity bond, er persons be or all of the	ude transactions that was caused y an insurance benefits under	10b 10c 10d		x x x				
c d e f g h	Were there any nonexempt transactions with any party-in-interest? reported on line 10a.) Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan's f by fraud or dishonesty? Were any fees or commissions paid to any brokers, agents, or other carrier, insurance service, or other organization that provides some the plan? (See instructions.) Has the plan failed to provide any benefit when due under the plan Did the plan have any participant loans? (If "Yes," enter amount as If this is an individual account plan, was there a blackout period? (\$2520,101-3.)	c (Do not incl	that was caused y an insurance benefits under	10b 10c 10d 10e 10f		x x x			21.00	
c d e f g	Were there any nonexempt transactions with any party-in-interest? reported on line 10a.) Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan's f by fraud or dishonesty? Were any fees or commissions paid to any brokers, agents, or other carrier, insurance service, or other organization that provides some the plan? (See instructions.) Has the plan failed to provide any benefit when due under the plan Did the plan have any participant loans? (If "Yes," enter amount as If this is an individual account plan, was there a blackout period? (See instructions)	cropulation of the control of the co	that was caused y an insurance benefits under ons and 29 CFR	10b 10c 10d 10e 10f 10g		x x x x				
c d e f g h	Were there any nonexempt transactions with any party-in-interest? reported on line 10a.) Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan's f by fraud or dishonesty? Were any fees or commissions paid to any brokers, agents, or other carrier, insurance service, or other organization that provides some the plan? (See instructions.) Has the plan failed to provide any benefit when due under the plan Did the plan have any participant loans? (If "Yes," enter amount as If this is an individual account plan, was there a blackout period? (\$2520,101-3.)	er persons be or all of the sof year end See instruction of the required not all of the sof year end see instruction of year end year	that was caused y an insurance benefits under ons and 29 CFR	10b 10c 10d 10e 10f 10g		x x x x				
c d e f g h	Were there any nonexempt transactions with any party-in-interest? reported on line 10a.) Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan's f by fraud or dishonesty? Were any fees or commissions paid to any brokers, agents, or other carrier, insurance service, or other organization that provides some the plan? (See instructions.) Has the plan failed to provide any benefit when due under the plan Did the plan have any participant loans? (If "Yes," enter amount as If this is an individual account plan, was there a blackout period? (\$2520,101-3.) If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.101 Did the plan trust incur unrelated business taxable income?	er persons be or all of the sof year end See instruction of the required not all of the sof year end see instruction of year end year	that was caused y an insurance benefits under ons and 29 CFR	10b 10c 10d 10e 10f 10g 10h		x x x x x x				
c d e f g h i j	Were there any nonexempt transactions with any party-in-interest? reported on line 10a.) Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan's f by fraud or dishonesty? Were any fees or commissions paid to any brokers, agents, or other carrier, insurance service, or other organization that provides some the plan? (See instructions.) Has the plan failed to provide any benefit when due under the plan Did the plan have any participant loans? (If "Yes," enter amount as If this is an individual account plan, was there a blackout period? (\$2520,101-3.) If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.101 Did the plan trust incur unrelated business taxable income? It VI Pension Funding Compliance Is this a defined benefit plan subject to minimum funding requirements.	er persons be or all of the sof year end See instructions erequired no -3	that was caused y an insurance benefits under ons and 29 CFR otice or one of the	10b 10c 10d 10e 10f 10g 10h 10i	plete	x x x x x x x x x x	lule SB	(Form Yes X	No	
c d e f g h i J Par 11	Were there any nonexempt transactions with any party-in-interest? reported on line 10a.) Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan's f by fraud or dishonesty? Were any fees or commissions paid to any brokers, agents, or other carrier, insurance service, or other organization that provides some the plan? (See instructions.) Has the plan failed to provide any benefit when due under the plan Did the plan have any participant loans? (If "Yes," enter amount as If this is an individual account plan, was there a blackout period? (\$2520,101-3.) If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.101 Did the plan trust incur unrelated business taxable income?	er persons be or all of the sof year end See instructions are required not all of the sof years.	ude transactions that was caused y an insurance benefits under ons and 29 CFR otice or one of the	10b 10c 10d 10e 10f 10g 10h 10i 10j		x x x x x x x x x	lule SB	(Form Yes X	No	

Form 5500-SF 2015 Page 3-									
(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)		1							
a If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, and enter the date of the letter ruling granting the waiver. Month Day Year									
If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.									
b Enter the minimum required contribution for this plan year	. 12b								
c Enter the amount contributed by the employer to the plan for this plan year	. 12c								
d Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a negative amount)	12d								
e Will the minimum funding amount reported on line 12d be met by the funding deadline?	🗀	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?	. 🗆 Y	Yes X No							
If "Yes," enter the amount of any plan assets that reverted to the employer this year									
b Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the of the PBGC?		[Yes	X No					
c If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) which assets or liabilities were transferred. (See instructions.)	to								
13c(1) Name of plan(s):	Bc(2) EIN	(s)	13c(3) PN(s)						
Part VIII Trust Information (optional)									
14a Name of trust	1								
THE Name of this	14b Trust's EIN								
14c Name of trustee or custodian	14d T	14d Trustee or custodian's							
		telephone number							
Part IX IRS Compliance Questions									
15a is the plan a 401(k) plan:	☐ Ye	5	□ No						
15b If "Yes," how does the 401(k) plan satisfy the nondiscrimination requirements for employee deferrals and employer matching contributions (as applicable) under sections 401(k)(3) and 401(m)(2)?	Design- based safe ADF harbor test method			ACP					
15c If ADP/ACP test, did the 401(k) plan perform ADP/ACP testing for the plan year using the "current year testing method" for nonhighly compensated employees (Treas. Reg. section 1.401(k)-2(a)(2)(ii) and 1.401(m)-2(a)(2)(ii))?	☐ Yes	s	☐ No						
16a Check the box to indicate the method used by the plan to satisfy the coverage requirements under section 410(b):	□ Rat Per Tes	centage l	Avera Bene	age fit Test					
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?	☐ Yes	3 [No						
17a Has the Plan been timely amended for all required law changes?	☐ Yes	s [No	□ N/A					
instructions for tax law changes and codes).		ble code							
17c If the plan sponsor is an adopter of a pre-approved master, prototype (M&P), or volume submitter plan that is subject advisory letter, enter the date of that favorable letter / / and the letter's serial number.									
17d If the plan is an individually-designed plan and recieved a favorable determination letter from IRS, please enter the determination letter	ate of plar	's last fav	orable						
18 Is the Plan maintained in a U.S. territory (i.e., Puerto Rico (if no election under ERISA section 1022(i)(2) has been made), American Samoa, Guam, the Commonwealth of the Northern Mariana Islands or the U.S. Virgin Islands)?	☐ Yes	s [No						
19 Were in-service distributions made during the plan year?	☐ Yes	s [No						
If Yes, enter amount	19								
Were minimum required distributions made to 5% owners who have attained age 70 ½ (regardless of whether or not retired) as required under section 401(a)(9)?	Yes	. [No	□ N/A					