## Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation

**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).

1210-0089

2015

OMB Nos. 1210-0110

This Form is Open to Public Inspection

Pension	benefit Guaranty Corporation	▶ Complete all entries in a	accordance with the instru	uctions to the Form 550	00-SF.	•				
Part I	Annual Report	<b>Identification Information</b>								
		scal plan year beginning 01/01/2	2015	and ending 12/	/31/2015					
	eturn/report is for:	a single-employer plan a one-participant plan	a multiple-employer pl	an (not multiemployer) ( ployer information in acc	Filers checking this b					
<b>B</b> This re	eturn/report is	the first return/report an amended return/report	the final return/report	n/report (less than 12 mo	onths)					
C Check	s box if filing under:	Form 5558 special extension (enter descr	automatic extension DFVC program							
Part II	Racio Blan Info	_ ` `	• •							
1a Nam	e of plan	ormation—enter all requested info			<b>1b</b> Three-digit plan number (PN) ▶	001				
					1c Effective date o	f plan 1/1988				
Mailii City o	ng address (include roo	yer, if for a single-employer plan) m, apt., suite no. and street, or P.C e, country, and ZIP or foreign posta		uctions)	<b>2c</b> Sponsor's telep	009917				
AST WEN	Y MALL PARKWAY IATCHEE, WA 98802-4				2d Business code (	210				
3a Plan	administrator's name ai	nd address ⊠Same as Plan Spons	sor.		3b Administrator's  3c Administrator's					
		e plan sponsor has changed since mber from the last return/report.	the last return/report filed fo	or this plan, enter the	4b EIN					
<b>a</b> Spon	sor's name				4c PN					
<b>5a</b> Tota	I number of participants	at the beginning of the plan year			5a	7				
<b>b</b> Tota	I number of participants	at the end of the plan year			5b	7				
	ber of participants with plete this item)		5c	7						
<b>d(1)</b> To	otal number of active pa	rticipants at the beginning of the plant	an year		5d(1)	7				
d(2) To	otal number of active pa	5d(2)	7							
		terminated employment during the			5e	0				
Caution:	A penalty for the late	or incomplete filing of this returr	n/report will be assessed of	unless reasonable caus	se is established.					
SB or Sch		her penalties set forth in the instructed and signed by an enrolled actuary, a plete.								
SIGN	Filed with authorized	/valid electronic signature.	02/02/2016	TOM K. MICHAEL, PR	ESIDENT					

Date

Date

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

Signature of plan administrator

Signature of employer/plan sponsor

Enter name of individual signing as plan administrator

Enter name of individual signing as employer or plan sponsor

Preparer's telephone number

Form 5500-SF 2015		Page <b>2</b>							
<ul> <li>Were all of the plan's assets during the plan year invested in eligible</li> <li>Are you claiming a waiver of the annual examination and report of a under 29 CFR 2520.104-46? (See instructions on waiver eligibility a lf you answered "No" to either line 6a or line 6b, the plan cannot be a second to the plan cannot be a seco</li></ul>	an indepen and condition	dent qualified public a	ccount	ant (IQ	PA)			□ .	Yes No
<b>C</b> 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 de	etermined
Part III Financial Information	1								
7 Plan Assets and Liabilities		(a) Beginning					(b) End	of Yea	
a Total plan assets	7a		4095					41	91878
<b>b</b> Total plan liabilities	7b		4005	0				44	0
Net plan assets (subtract line 7b from line 7a)      Income. Expenses. and Transfers for this Plan Year	7c	(a) A	4095	961			(1-)		91878
8 Income, Expenses, and Transfers for this Plan Year a Contributions received or receivable from:		(a) Amou	unt				(D)	Total	
(1) Employers	8a(1)		134	1926					
(2) Participants	8a(2)			0					
(3) Others (including rollovers)	8a(3)			0					
<b>b</b> Other income (loss)	8b		-39	9029					
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c								95897
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								95897
j Transfers to (from) the plan (see instructions)	8j			0					
Part IV Plan Characteristics									
B If the plan provides welfare benefits, enter the applicable welfare for Part V Compliance Questions	eature code	es from the List of Pla	n Chara	acterist	ic Cod	les in the	e instruc	tions:	
10 During the plan year:				Yes	No	N/A		Amoι	ınt
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>b</b> Were there any nonexempt transactions with any party-in-interest			405		X				
reported on line 10a.)  C Was the plan covered by a fidelity bond?			10b						
			10c	X					500000
<b>d</b> 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 plan			10f		Х				
					X				
h If this is an individual account plan, was there a blackout period? (	•	,	10g						
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"	1-3		10i						
j Did the plan trust incur unrelated business taxable income?			10j		X				
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	Schedule S	SB (Form 5500) line 4	0			11a		1 -	
12 Is this a defined contribution plan subject to the minimum funding	requireme	nts of section 412 of t	he Cod	e or se	ction 3	302 of E	RISA?	.  [] '	Yes X No

	F	orm 5500-SF 2015 Page <b>3</b> - 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)		<b>13c(3)</b> F	PN(s)		
Part	: VIII	Trust Information							
14a	Name o	f trust		14b Trust's EIN					
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	<b>a</b> Check the box to indicate the method used by the plan to satisfy the coverage requirements under section 410(b):					Ratio Percentage Avera benefit			
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	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 Tressury Internal Revenue Service

Department of Labur Employee Senetts Security Admiristration

## 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 Ratirement income Security Act of 1974 (ERISA), and sections 8057(b) and 8058(a) of the Internal Revenue Code (the Code).

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OMB Nos. 1210-0110 1210-0688

2015

This Form is Open to Public inspection

Pension Senaft Quarenty Corporation	F Complete all entries in	accordance with the instru	stions to the Form 550	00-SF.	room make and
Part   Annual Report	Identification Information				
For calendar plan year 2015 or fi		01/01/2015	and ending	12/31/	
A Thie return/report is for:	a single-employer plan  s one-participant plan	a multiple-employer pit list of participating em a foreign plan	an (not muitiemployer) ( ployer (nformation in acc	Filers checking cordance with th	this box must attach a a form instructions)
B This return/report is	the first return/report an amended return/report	the final return/report	freport (less than 12 mo	mitts)	
C Check box if filing under:	Form 6558	automatic extension		[] DFVC	program
	special extension (enter desc		The state of the s		Makespille (1886 and 1866 with 1886) (1886) (1886) (1886) (1886) (1886) (1886) (1886) (1886) (1886)
13 Name of plen	ormation—enter all requested !	and the second	LAN ANT TRUST	1b Three-dig plan number (PN) b 1c Effective 01/01/	dete of plan
Mailing address (Include roo	byer, if for a single-employer plan) m, apt. suite no. and street, or P. ce. country, and ZIP or foreign pos D.S., P.S.	O. Box)	:	25 Employer (EIN) 91 20 Sponeors 509-88	identification Number -2009917 s telephone number (4~6901
703 VALLEY MALL PA			:	2d Business 621210	code (see instructions)
EAST WENATCHEE	WA 95802-46 ind address XSame as Plan Spot	PET THE RESIDENCE OF THE PETERS AND	Billion Billion, Spacetist Bris Printers Street 7, See Billion Billion Billion Bright years (* * * * * *	3b Acministr	mbre's Ciki
				3¢ Administr	utors telephone number
name, RIN, and the plan nu	le plan sponsor has changed sinci unber from the last refurn/report.	the last return/report flied for	r this plan, enter the	4b EIN	in the sine who was come and all the contract of the sine of the s
3 Sponsor's name	<b>まけっぱっぱい さい 一番</b> からない ないない マンディアンダイ かいり みん ない みょうがい <b>ままま</b> かった リン・ギャット とき ボータ オギッタ ままっきん・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・	anne d'archéire anns ann gailte a Mhaille anns an de Stait an Stait an Anns an Leannach (1988) an Anns an Anns		4C PN	Nonestativa en entre entre estata en l'estata en entre de l'estata en entre de l'estata en en entre del de l'e Anna entre en entre
	s at the beginning of the plan year		,	58	
<ul> <li>Q Number of participants with</li> </ul>	s at the end of the plan year ecount balances as of the end o	f the plan year (defined bene	fit plans do not	5b 5c	7
G(1) Total number of active pr	articipants at the beginning of the	Sian year	a. vii ciirinairviis ama e	5d(1)	7
d(2) Total number of solive p	articipants at the end of the plan y	##[		5d(2)	7
then 100% vested	t terminated employment during th	an anno de anno de la constanta de la constant		56	0
Under penalties of perjury and o	or incomplete filing of this return ther penglica calkorth in the instr- ind signed byets simplied solvery, tolete	uctions, I declare that I have	examined this return/rep	ort including, if	applicable, a Schedule
BAGN	1 AA		TOM K. MICHAEL	L. PRESIDE	NT
Signature of plan	edministrator	Date 2-2-16	Enter name of individu	al signing as hi	an administrator
skan	Water Marie Profession and annural convenients and account of the service and annual a	The same of the sa	Committee of the Control of the Cont	The second	Same - And Addition of the Control o
Manager Transport	oyer/plan sponsor	The states	Engar mann of indicide		
	name, if applicable) and address	Date include room or suite numbe			byone unuper
For Paperwork Reduction Add Not	ce and OMB Control Numbers nee	ne instructions for Form 5500	SF		Porm E800 SP (2018)

Form 5500-3F 2015	The state of the s	Page 2	-	14						
6a. Were all of the plan's assets during the plan year invested in eligib	de #55018?	See instructions.)			1111		*****	X Yes	N	0
is the you deliming a welver of the annual examination and report of	an indecen	dent qualified public so	counta	nt (IQP	'A)			T Yes	ПМ	0
under 29 CFR 2520.104-687 (See instructions on walver eligibility if you enswered "No" to either line 6s or line 6b, the plan cann	and conditional terms and conditions and conditions and conditions are seen and conditions and conditions are conditions and conditions are conditions and conditions are conditional conditions.	ons.) m 5500-3F and must i	nstead	1 486 1	Orm	5500	4, ** . 1	LT	اسا	
C If the pian is a defined benefit plan, is it covered under the PBGC in	nsurance or	ocram (see ERISA sec	tion 40	21)7		Yes	No []	lot deterr	nined	
Part Ht Financial Information	-	THE RESERVE OF THE PERSON OF T	- Internation of the last of t	<del>, , , , , , , , , , , , , , , , , , , </del>						
7 Plan Assets and Liabilities		(a) Beginning	of Yea	r T			(b) End of	Year		
à Total plan assets	-			5983		ALMIN PLANTS FOR THE	displatace describe successive	41	916	78
b Total plan liabilities	76		•	(						0
C Net plan assets (subtract line 7b from line 7a)	, 7c	MARKET THE PROPERTY OF THE PRO	409	598				41	918	78
8 Income, Expenses, and Transfers for this Plan Year		(a) Amour	nt				(b) To	tal	turumin.	dament
a Contributions received or receivable from:			h 7	34920	5	inin			in	N.
(1) Employers	8a(1)	A STATE OF THE PERSON NAMED OF THE PERSON NAME		-						1
(2) Participanta	88(2)	And the state of t	HART CHARGE IN T		+	WHO I	****		-	
(3) Others (including rollovers)	. 8a(3)	A STATE OF THE PARTY OF THE PAR		902	a				111	#
b Other income (loss)	8b		-	-	+-	1.7201016	أغماعات ماد		958	0.7
C Total income (add lines 8a(1) 6a(2), 8a(3), and 8b)  d Benefits paid (including direct rollovers and insurance premiums	. <b>8</b> c		. نظائد	فالتعضب		and the	WM 17 11			
to provide benefits)	8.0		* w		0		residential	والمتنائل	1	1
6 Certain deemed and/or corrective distributions (see instructions)	. 80			-	0		Alieberphysik	n juliar	113	1
Administrative service providers (salaries fees commissions)	ar	COLUMN TOUR OF THE PROPERTY OF	-	-	ببر ] ٢	10		Here IV	1	3 64
g Other expenses	82		in this	المحددة بالمحدث	0	(pisa)			i dei a	leit.
h Total expenses (add lines 8d, 8e, 8f, and 8g)	. 8h		444	4	-		MANUTO POR PORTO DE LA COMPOSITION DE			<u></u>
i Net income (toss) (subtract line 8n from line 8c)	. BI			-	-	AP OF STREET		exiliance:	958	4.5
j Transfers to (from) the plan (ses instructions)	<u> </u>				0				e k	
Part M. Compliance Questions	ILE DE PARTICIPATO DE CO		-						riy <del>o quadi</del> mar riy	
10 During the plan year:			Allenia de la constitución de la c	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 F	iduciary Correction	10a		х		Made ma, water to de-	nan van en de Regione en		-
b Were there any nonexempt transactions with any party-in-intere reported on line 10a )	st? (Do not	include transactions	106		X			den en e		
C Was the plan covered by a fidelity bond?			10c	X				hier autopaich.	500	00
d Did the plan have a loss, whether or not reimbursed by the plan			100		***					-
by fraud or dishonesty?			100		X	distant	THE RESERVE OF THE PARTY OF THE		-	· Commercia
<ul> <li>Ware any fees or commissions paid to any prokers, agents, or carrier, insurance service, or other organization that provides so the plan? (See instructions.).</li> </ul>	me or all of	the benefits under	10e		х	- 10				
T Has the plan failed to provide any benefit when due under the p	tionibe archiving		101		X		************			-
g Did the plan have any participant loans? (if "Yes" enter amount		-		<u> </u>	X	*********			******	-
n If this is an individual account plan, was there a brackout period	_	Married Annual of Assessment Printers and Assessment P	100	-		-elecent			X 400 10	(he)
2520,101-3.)			10h		X	1.21		1 01 11	11	
	If 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						a de la companya de l			A
j Did the plan trust incur unrelated business taxable income?			10		Х					
Part V Pension Funding Compliance	Par Series and parent rividizion con-commen			# 2 1 a 140 miles			error Maria Caralla (1974)			
11 te this a defined benefit plan subject to minimum funding require 5500) and line 11s below).							(Form		9 ]	No
11a Enter the unpaid minimum required contribution for all years fro	m Schedule	\$8 (Form 5500) line 4	0.,,,,,,	asana	0.000	11a				-
12 Is this a defined contribution plan subject to the minimum funding	ng requirem	ents of section 412 of the	he Cod	e or se	etlon	302 of 5	RISA?	Ye	×	No

	Form 5500-SF 2015 Page 3 -							
	(If "Yes," complete line 12s or lines 12b, 12c, 12d, and 12e below, as applicable.)  If s waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, and					ng		
if:	granting the waiver	***************************************	) PV	***************************************	/ear	-		
	Enter the minimum required contribution for this plan year	T1	2b			*********		
			<b>1</b> c	-		-		
	Enter the amount contributed by the employer to the plan for this plan year.  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).	+	2d			THE PERSON NAMED IN COLUMN		
	Will the minimum funding amount reported on line 120 be met by the funding ceadiline?	****		Yes	No	N/A		
	Plan Terminations and Transfers of Assets	eren director	remarkt offic	an record and the Am	Magazine annaria melitika	بمهما والمهما والماسا		
13a	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 amployer this year	The state of the last	30	enillianes.	Managar don	-		
Ь	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the of the PBGC?	cont	ંગ					
C	if during this pian 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 STATE AND A WAR COME.			
~	35(1) Name of plan(s): 13c	2) Eil	V(8)		13c(3) P	N(6)		
101110	Trust Information							
148	Name of trust	4	4b	frust's EIN				
14c	Name of trustee or custodien	14	14d Trustee's or custodian's telephone number					
Pit	IRS Compliance Questions							
15a	is the plan a 401(k) plan?	. [	Ye		∏ No			
15b	If "Yes," how does the 401(k) plan satisfy the nondiscrimination requirements for employee deferrers and employer matching contributions (as applicable) under sections 401(k)(3) and 401(m)(2)?		] be	besign- based safe ADP/AI harbor test method				
15c	If the ADP/ACP test is used, did the 401(k) plan perform ADP/ACP testing for the plan year using the "current year testing mathod" for nonhighly compensated employees (Treas, Reg sections 1.401(k)-2(a)(2)(ii) and 1.401(m)-2(a)(2)(ii))?	1	Y •	**************************************	☐ No			
-	Check the box to indicate the method used by the plan to satisfy the coverage requirements under section 410(b):		J pt	atio ercentage st		rage eff test		
16k	Does the pion satisfy the coverage and nondiscrimination tests of sections 410(b) and 401(a)(4) by combining this plans with any other pions under the permissive aggregation rules?		Ye	) \$	No			
17a	Has the plan been timely amended for all required tax law changes?		] Ye	8	No	NA		
176	Date the last plan amendment/restatement for the required tax law changes was adopted Enter to for tax law changes and codes).	ne ap	pilce	ble code	(See !	natruction		
17c	If the plan sponsor is an adopter of a pre-approved master and prototype (M&P) or volume submitter plan it at is suitable plan sponsor is an adopter of a pre-approved master and prototype (M&P) or volume submitter plan it at is suitable plan sponsor is an adopter of a pre-approved master and prototype (M&P) or volume submitter plan it at is suitable plan sponsor is an adopter of a pre-approved master and prototype (M&P) or volume submitter plan it at is suitable plan sponsor is an adopter of a pre-approved master and prototype (M&P) or volume submitter plan it at is suitable plan sponsor is an adopter of a pre-approved master and prototype (M&P) or volume submitter plan it at is suitable plan sponsor is an adopter of a pre-approved master and prototype (M&P) or volume submitter plan it at is suitable plan sponsor is an adopter of a pre-approved master and prototype (M&P) or volume submitter plan it at is suitable plan sponsor is an adopter of a pre-approved master and prototype (M&P) or volume submitter plan it at its suitable plan sponsor is a prototype (M&P) or volume submitter plan it at its suitable plan sponsor is a prototype (M&P) or volume submitter plan it at its submitter plan i	ject t	o a fi	RI elderovs	S epinion	or		
	If the plan is an individually-designed plan and received a favorable determination letter from the IRS, enter the date determination letter.	of th	e pla	n's lest favo	crable			
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)?		Ye	5	[] No			
19	Were in-service distributions made during the plan year?			Yea No				
	If 'Yee,' enter amount		. 19					
20	Were required minimum distributions made to 5% owners who have attained age 70 ½ (regardless of whather or no retired), as required under section 401(a)(9)?		] Y		□No	□ N/A		