## 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).

1210-0089

2015

OMB Nos. 1210-0110

This Form is Open to Public Inspection

Pension B	enent Guaranty Corporation	▶ Complete all entries in a	accordance with the instructions to the Form 5	500-SF.	i	•			
Part I	Annual Report	Identification Information							
For calend	lar plan year 2015 or fis	cal plan year beginning 01/01/2	2015 and ending 12	2/31/201	15				
A This return/report is for:					-				
B This return/report is ☐ the first return/report ☐ the final return/report ☐ a short plan year return/report (less than 12 the first return/report).									
C Check	box if filing under:	Form 5558 special extension (enter description)	automatic extension		DFVC progr	ram			
Part II	Basic Plan Info	rmation—enter all requested in	formation						
1a Name	of plan	TMENT OF WASHINGTON 401K		r (	Three-digit olan number (PN) ▶	001			
				1c E	Effective date of 01/0	f plan 1/1995			
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) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) HE AMERICAN LEGION DEPARTMENT OF WASHINGTON					<b>2b</b> Employer Identification Number (EIN) 91-0124915				
					<b>2c</b> Sponsor's telephone number 360-491-4373				
600 RUDDELL ROAD SE ACEY, WA 98503					2d Business code (see instructions) 813000				
3a Plan a	administrator's name an	d address Same as Plan Spons	sor.	3b A	Administrator's I	ΞIN			
				3c A	Administrator's t	elephone number			
4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN, and the plan number from the last return/report.				4b E	ΞΙΝ				
a Sponsor's name		4c F	PN						
<b>5a</b> Total	number of participants	at the beginning of the plan year		5a		20			
<b>b</b> Total	number of participants	at the end of the plan year		5b		19			
C Numb	per of participants with a	account balances as of the end of	the plan year (defined benefit plans do not	5с		14			
<b>d(1)</b> Tot	tal number of active par	ticipants at the beginning of the pl	an year	5d(1	1)	15			
<b>d(2)</b> To	tal number of active par	ticipants at the end of the plan yea	ar	5d(2	2)	12			
Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested						1			
			n/report will be assessed unless reasonable car						
Under pen	alties of periury and oth	er penalties set forth in the instruc	ctions. I declare that I have examined this return/re	port, inc	cluding, if applic	able, a Schedule			

SB or Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/report, and to the best of my knowledge and

SIGN	Filed with authorized/valid electronic signature.	03/16/2016	FARMER & BETTS					
HERE	Signature of plan administrator	Date	Enter name of indivi	dual signing as plan administrator				
SIGN								
HERE	Signature of employer/plan sponsor Date Ent		Enter name of individual signing as employer or plan sponsor					
Preparer's	name (including firm name, if applicable) and address (in	clude room or suite num	per)	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 eligib</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 cann</li> </ul>	an independand condition	dent qualified public a	ccount	ant (IQ	PA)			2	Yes Yes	No 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	No	t deterr	mined
Part III Financial Information										
7 Plan Assets and Liabilities		(a) Beginning					(b) En	d of Y		
a Total plan assets	7a 		899	232	-				6836	
b Total plan liabilities	7b		909	909					6836	0
Net plan assets (subtract line 7b from line 7a)      Income, Expenses, and Transfers for this Plan Year	7c	(a) Amou		323			(b)	) Total		92
a Contributions received or receivable from:		(a) Alliot	ant				(D)	Total		
(1) Employers	8a(1)			286						
(2) Participants	8a(2)		38	1949						
(3) Others (including rollovers)	8a(3)			14.00						
b Other income (loss)	8b		-9	168					F00	67
Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)      Benefits paid (including direct rollovers and insurance premiums	8c								500	67
to provide benefits)	8d		264	448						
e Certain deemed and/or corrective distributions (see instructions)	8e									
<b>f</b> Administrative service providers (salaries, fees, commissions)	8f			250						
g Other expenses	8g									
h Total expenses (add lines 8d, 8e, 8f, and 8g)	8h								2646	
Net income (loss) (subtract line 8h from line 8c)	8i								-2146	31
Transfers to (from) the plan (see instructions)  Part IV Plan Characteristics	8j									
9a If the plan provides pension benefits, enter the applicable pension 2E 2F 2G 2J 2K 2T 3D  B If the plan provides welfare benefits, enter the applicable welfare fe										
Part V Compliance Questions										
10 During the plan year:				Yes	No	N/A		An	nount	
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>b</b> Were there any nonexempt transactions with any party-in-interest reported on line 10a.)			10b		X					
C Was the plan covered by a fidelity bond?					X					
d Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?	fidelity bon	nd, that was caused	10c		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.)	ner persons ne or all of t	by an insurance he benefits under	10e		X					
f Has the plan failed to provide any benefit when due under the plan			10f		Χ					
g Did the plan have any participant loans? (If "Yes," enter amount a			10g	X						0
h If this is an individual account plan, was there a blackout period? (2520.101-3.)	(See instru	ctions and 29 CFR	10g 10h	Λ	X					0
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	X No
11a Enter the unpaid minimum required contribution for all years from	Schedule S	SB (Form 5500) line 4	0			11a				
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)		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			telephone		a 11 0
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 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 section 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

2015

OMB Nos. 1210-0110

1210-0089

This Form is Open to Public Inspection

► Complete all entries in accordance with the instructions to the Form 5500-SF.

F	art	Annual Report	Id	entification Information	<u> </u>					W			
For	caler	ndar plan year 2015 or fis	cal	plan year beginning		01/01/2015	a	and ending	1	.2/31/2015			
Α	This	return/report is for:	X	a single-employer plan a one-participant plan		a multiple-employer a list of participating a foreign plan		, , ,		-			
В	This	return/report is:	Г	the first return/report	Ī	the final return/repor	t						
				an amended return/report		a short plan year ret	urn/repo	rt (less than 12	months	)			
С	Chec	k box if filing under:	F	Form 5558 special extension (enter descr	rintic	automatic extension				DFVC progra	am		
-		D DI I f	Ц										
	art I	ne of plan	rm	nation enter all requested	into	rmation			1h	Three-digit	I		
ıa			ı D	epartment of Washing	tor	n 401k Retireme	nt Pl	an	"	plan number (PN) ▶	001		
									1c	Effective date of 01/01/1995	•		
2a	Mai	ling Address (include roo	m,	, if for a single-employer plan) apt., suite no. and street or P.C country, and ZIP or foreign post	). Bo tal c	ox) ode (if foreign, see ins	structions	s)	2b Employer Identification Number (EIN) 91-0124915				
	The	e American Legion	ı D	epartment of Washing	tor	ı			2c	hone number 4373			
	360	00 Ruddell Road S	E						2d	Business code 813000	(see instructions)		
_		Lacey WA 98503			_				-				
Ja	Plar	n administrator's name al	iu a	nddress 🗓 Same as Plan Spo	JIISC	n Name			Carried a	Administrator's  Administrator's	telephone number		
4				an sponsor has changed since r from the last return/report.	the I	ast return/report filed	for this p	olan, enter the	4b	EIN			
a	Spo	nsor's name							4c	PN			
5a	Tota	al number of participants	at tl	he beginning of the plan year							20		
b	Tota	al number of participants	at ti	he end of the plan year					5	b	19		
С				ount balances as of the end of t					5	С	14		
d(	<b>1)</b> To	otal number of active part	icip	ants at the beginning of the pla	ın ye	ear			5d	(1)	15		
d(	<b>2)</b> To	otal number of active part	icip	ants at the end of the plan year	r				5d	(2)	12		
е				inated employment during the		•			5	e	1		
Ca	ution	· A penalty for the late	or i	ncomplete filing of this retur	n/re	port will be assesse	d unless	reasonable ca	use is	established.			
Un SB	der po	enalties of perjury and ot	her nd s	penalties set forth in the instrusigned by an enrolled actuary, a	ction	s, I declare that I hav	e examii	ned this return/re	eport, ir	ncluding, if applic			
C	GN	Wale 7 Dos.	-			3/10/16	Do	le F. I	av)	S			
	ERE	Signature of plan adm	inis	strator		Date				ing as plan admi	nistrator		
	CN	Wale F. Was		1		3/10/16	Da		av				
	GN ERE	Signature of employer			_	Date				ing as employer	or plan sponsor		
	-		<u>-</u>	e, if applicable) and address; ir	nclud		_		1	arer's telephone			
									1				

Form 5500-SF 2015										
<b>6a</b> Were all of the plan's assets during the plan year invested in eligible	assets? (S	See instructions.)					XYes	□No		
<b>b</b> Are you claiming a waiver of the annual examination and report of all	n independ	ent qualified public acco	untant	(IQPA)			_	_		
under 29 CFR 2520.104-46? (See instructions on waiver eligibility a	nd conditio	ns.)					XYes	□No		
If you answered "No" to either line 6a or line 6b, the plan canno	t use Forn	n 5500-SF and must ins								
c If the plan is a defined benefit plan, is it covered under the PBGC ins	surance pro	ogram (see ERISA section	n 402	1)?	Ye	s No	Not d	etermined		
Part III Financial Information										
7 Plan Assets and Liabilities		(a) Beginning o	f Yea	r		(b) End	of Year			
a Total plan assets	7a	8	99,2	32 09			683,	692		
b Total plan liabilities								600,600		
Net plan assets (subtract line 7b from line 7a)      Income, Expenses, and Transfers for this Plan Year	7c		98,3	23		683, 692 (b) Total				
8 Income, Expenses, and Transfers for this Plan Year  a Contributions received or receivable from:		(a) Amoun		-		(D)	otai			
(1) Employers	8a(1)		20,2	86		(Lavey)		1900		
(2) Participants	8a(2)		38,9	49				edeans.		
(3) Others (including rollovers)	8a(3)				400			Nickey (		
b Other income (loss)	8b	(	9,16	8)						
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c	المظهرات بالتناسيات		J. P. C.	4 00 0	-	50,	067		
d Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	2	64,4	48						
e Certain deemed and/or corrective distributions (see instructions)	8e				17/6					
f Administrative service providers (salaries, fees, commissions)	8f		2	50						
g Other expenses	8g			- 1	IL CHOLD	il in the		P Juli		
h Total expenses (add lines 8d, 8e, 8f, and 8g)	8h						264,	698		
i Net income (loss) (subtract line 8h from line 8c)	8i			317			(214,6	31)		
Transfers to (from) the slan free instructions)	8i						12	Assir in		
Part IV Plan Characteristics  9a If the plan provides pension benefits, enter the applicable pension fe		s from the List of Plan C	haract	eristic C	ndes in t	ne instruct	ons.			
		s from the List of Plan C	haract	eristic C	odes in t	ne instruct	ons:			
Part IV Plan Characteristics  9a If the plan provides pension benefits, enter the applicable pension fe	eature code									
Part IV Plan Characteristics  9a If the plan provides pension benefits, enter the applicable pension fe 2E 2F 2G 2J 2K 2T 3D	eature code									
Part IV Plan Characteristics  9a If the plan provides pension benefits, enter the applicable pension fe 2E 2F 2G 2J 2K 2T 3D	eature code									
Part IV Plan Characteristics  9a If the plan provides pension benefits, enter the applicable pension fe 2E 2F 2G 2J 2K 2T 3D  b If the plan provides welfare benefits, enter the applicable welfare fea  Part V Compliance Questions  10 During the plan year:	ature code	from the List of Plan Ch			des in the	e instructio				
Part IV Plan Characteristics  9a If the plan provides pension benefits, enter the applicable pension fe 2E 2F 2G 2J 2K 2T 3D  b If the plan provides welfare benefits, enter the applicable welfare fea  Part V Compliance Questions  10 During the plan year:  a Was there a failure to transmit to the plan any participant contributions	eature codes	from the List of Plan Ch		ristic Co	des in the	e instructio	ns:			
Part IV Plan Characteristics  9a If the plan provides pension benefits, enter the applicable pension fe 2E 2F 2G 2J 2K 2T 3D  b If the plan provides welfare benefits, enter the applicable welfare fea  Part V Compliance Questions  10 During the plan year:  a Was there a failure to transmit to the plan any participant contributions described in 29 CFR 2510.3-102? (See instructions and DOL's Vol	ature codes iture codes	from the List of Plan Ch	aracte	ristic Co	des in the	e instructio	ns:			
Part IV Plan Characteristics  9a If the plan provides pension benefits, enter the applicable pension fe 2E 2F 2G 2J 2K 2T 3D  b If the plan provides welfare benefits, enter the applicable welfare fea  Part V Compliance Questions  10 During the plan year:  a Was there a failure to transmit to the plan any participant contributed described in 29 CFR 2510.3-102? (See instructions and DOL's Volengram)  b Were there any nonexempt transactions with any party-in-interest?	ature codes ions within luntary Fidi	from the List of Plan Ch the time period uciary Correction clude transactions	aracte	Yes N	des in the	e instructio	ns:			
Part IV Plan Characteristics  9a If the plan provides pension benefits, enter the applicable pension fe 2E 2F 2G 2J 2K 2T 3D  b If the plan provides welfare benefits, enter the applicable welfare fea  Part V Compliance Questions  10 During the plan year:  a Was there a failure to transmit to the plan any participant contribute described in 29 CFR 2510.3-102? (See instructions and DOL's Volency Program)  b Were there any nonexempt transactions with any party-in-interest? reported on line 10a.)	eature codes ions within luntary Fidi	from the List of Plan Ch the time period uciary Correction clude transactions	aracte	Yes N	D N/A	e instructio	ns:			
Part IV Plan Characteristics  9a If the plan provides pension benefits, enter the applicable pension fe 2E 2F 2G 2J 2K 2T 3D  b If the plan provides welfare benefits, enter the applicable welfare fea  Part V Compliance Questions  10 During the plan year:  a Was there a failure to transmit to the plan any participant contribute described in 29 CFR 2510.3-102? (See instructions and DOL's Vol Program)  b Were there any nonexempt transactions with any party-in-interest? reported on line 10a.)	eature codes iture codes ions within luntary Fide	the time period uciary Correction	10a	Yes N	o N/A	e instructio	ns:			
Part IV Plan Characteristics  9a If the plan provides pension benefits, enter the applicable pension fe 2E 2F 2G 2J 2K 2T 3D  b If the plan provides welfare benefits, enter the applicable welfare fea  Part V Compliance Questions  10 During the plan year:  a Was there a failure to transmit to the plan any participant contribut described in 29 CFR 2510.3-102? (See instructions and DOL's Vol Program)  b Were there any nonexempt transactions with any party-in-interest? reported on line 10a.)  c Was the plan covered by a fidelity bond?  d Did the plan have a loss, whether or not reimbursed by the plan's features.	ions within luntary Fide	the time period uciary Correction clude transactions d, that was caused by an insurance	10a 10b	Yes N	D N/A	e instructio	ns:			
Part IV Plan Characteristics  9a If the plan provides pension benefits, enter the applicable pension fe 2E 2F 2G 2J 2K 2T 3D  b If the plan provides welfare benefits, enter the applicable welfare fea  Part V Compliance Questions  10 During the plan year:  a Was there a failure to transmit to the plan any participant contributing described in 29 CFR 2510.3-102? (See instructions and DOL's Volence)  Program  b Were there any nonexempt transactions with any party-in-interest? reported on line 10a.)  C Was the plan covered by a fidelity bond?  d Did the plan have a loss, whether or not reimbursed by the plan's feather than the plan have a loss, whether or not reimbursed by the plan's feather than the plan have a loss, or other organization that provides some the plan? (See instructions.)	ions within luntary Fidelity bonder persons e or all of the	the time period uciary Correction clude transactions d, that was caused by an insurance he benefits under	10a 10b	Yes N	D N/A	e instructio	ns:			
Part IV Plan Characteristics  9a If the plan provides pension benefits, enter the applicable pension fe 2E 2F 2G 2J 2K 2T 3D  b If the plan provides welfare benefits, enter the applicable welfare fea  Part V Compliance Questions  10 During the plan year:  a Was there a failure to transmit to the plan any participant contributed described in 29 CFR 2510.3-102? (See instructions and DOL's Volence on line 10a.)  b Were there any nonexempt transactions with any party-in-interest? reported on line 10a.)  c Was the plan covered by a fidelity bond?  d Did the plan have a loss, whether or not reimbursed by the plan's for by fraud or dishonesty?  e 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.)	ions within luntary Fidelity bonder persons e or all of the	the time period uciary Correction  clude transactions  d, that was caused  by an insurance he benefits under	10a 10b 10c 10d	Yes N	D N/A	e instructio	ns:			
Part IV Plan Characteristics  9a If the plan provides pension benefits, enter the applicable pension fear EE 2F 2G 2J 2K 2T 3D  b If the plan provides welfare benefits, enter the applicable welfare fear  Part V Compliance Questions  10 During the plan year:  a Was there a failure to transmit to the plan any participant contributed described in 29 CFR 2510.3-102? (See instructions and DOL's Volence on line 10a.)  b Were there any nonexempt transactions with any party-in-interest? reported on line 10a.)  c Was the plan covered by a fidelity bond?  d Did the plan have a loss, whether or not reimbursed by the plan's findly fraud or dishonesty?  e 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.)  f Has the plan failed to provide any benefit when due under the plan.  g Did the plan have any participant loans? (If "Yes," enter amount as	eature codes iture codes	the time period uciary Correction  clude transactions  d, that was caused by an insurance ne benefits under	10a 10b 10c 10d	Yes N	D N/A	e instructio	ns:	0		
Part IV Plan Characteristics  9a If the plan provides pension benefits, enter the applicable pension fear Exercise 2E 2F 2G 2J 2K 2T 3D  b If the plan provides welfare benefits, enter the applicable welfare fear  Part V Compliance Questions  10 During the plan year:  a Was there a failure to transmit to the plan any participant contributing described in 29 CFR 2510.3-102? (See instructions and DOL's Volence on line 10a.)  b Were there any nonexempt transactions with any party-in-interest? reported on line 10a.)  c Was the plan covered by a fidelity bond?  d Did the plan have a loss, whether or not reimbursed by the plan's fear by fraud or dishonesty?  e Were any fees or commissions paid to any brokers, agents, or othe carrier, insurance service, or other organization that provides some the plan? (See instructions.)  f 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? (\$250.101-3.)	ions within luntary Fide in the persons e or all of the see instructions at the see instruction in the see instructions.	the time period uciary Correction  clude transactions  d, that was caused by an insurance ne benefits under  d.)  tions and 29 CFR	10a 10b 10c 10d	Yes N	D N/A	e instructio	ns:	0		
Part IV Plan Characteristics  9a If the plan provides pension benefits, enter the applicable pension fe 2E 2F 2G 2J 2K 2T 3D  b If the plan provides welfare benefits, enter the applicable welfare fea  Part V Compliance Questions  10 During the plan year:  a Was there a failure to transmit to the plan any participant contributed described in 29 CFR 2510.3-102? (See instructions and DOL's Volency Program)  b Were there any nonexempt transactions with any party-in-interest? reported on line 10a.)  c Was the plan covered by a fidelity bond?  d Did the plan have a loss, whether or not reimbursed by the plan's feet by fraud or dishonesty?  e Were any fees or commissions paid to any brokers, agents, or othe carrier, insurance service, or other organization that provides some the plan? (See instructions.)  f Has the plan failed to provide any benefit when due under the plan g 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.)  i If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.101	ions within luntary Fiding (Do not in fidelity bonder persons e or all of the see instructions of year en See instructions er required -3	the time period uciary Correction  clude transactions  d, that was caused  by an insurance ne benefits under  d.)  tions and 29 CFR	10a 10b 10c 10d 10e 10f	Yes N	D N/A	e instructio	ns:	0		
Part IV Plan Characteristics  9a If the plan provides pension benefits, enter the applicable pension fe 2E 2F 2G 2J 2K 2T 3D  b If the plan provides welfare benefits, enter the applicable welfare feat  Part V Compliance Questions  10 During the plan year:  a Was there a failure to transmit to the plan any participant contributing described in 29 CFR 2510.3-102? (See instructions and DOL's Volengram)  b Were there any nonexempt transactions with any party-in-interest? reported on line 10a.)  c Was the plan covered by a fidelity bond?  d Did the plan have a loss, whether or not reimbursed by the plan's feather than the plan failed to provide any brokers, agents, or other carrier, insurance service, or other organization that provides some the plan? (See instructions.)  f Has the plan failed to provide any benefit when due under the plan g 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.)  i If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.101  j Did the plan trust incur unrelated business taxable income?	ions within luntary Fiding (Do not in fidelity bonder persons e or all of the see instructions of year en See instructions er required -3	the time period uciary Correction  clude transactions  d, that was caused  by an insurance ne benefits under  d.)  tions and 29 CFR	10a 10b 10c 10d 10e 10f 10g	Yes N	D N/A	e instructio	ns:	0		
Part IV Plan Characteristics  9a If the plan provides pension benefits, enter the applicable pension fear 2E 2F 2G 2J 2K 2T 3D  b If the plan provides welfare benefits, enter the applicable welfare fear  Part V Compliance Questions  10 During the plan year:  a Was there a failure to transmit to the plan any participant contributed described in 29 CFR 2510.3-102? (See instructions and DOL's Volency Program)  b Were there any nonexempt transactions with any party-in-interest? reported on line 10a.)  c Was the plan covered by a fidelity bond?  d Did the plan have a loss, whether or not reimbursed by the plan's feby fraud or dishonesty?  e 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.)  f Has the plan failed to provide any benefit when due under the plan g 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.)  i If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.101  j Did the plan trust incur unrelated business taxable income?	ions within luntary Fiding (Do not in fidelity bonder persons e or all of the software in fidelity bonder persons e or all of the fidelity bonder persons e required -3	the time period uciary Correction  clude transactions  d, that was caused by an insurance he benefits under  d.)  tions and 29 CFR	10a 10b 10c 10d 10g 10h	Yes N	D N/A	e instructio	ns:	0		
Part IV Plan Characteristics  9a If the plan provides pension benefits, enter the applicable pension fe 2E 2F 2G 2J 2K 2T 3D  b If the plan provides welfare benefits, enter the applicable welfare feat  Part V Compliance Questions  10 During the plan year:  a Was there a failure to transmit to the plan any participant contribution described in 29 CFR 2510.3-102? (See instructions and DOL's Volency Program)  b Were there any nonexempt transactions with any party-in-interest? reported on line 10a.)  c Was the plan covered by a fidelity bond?  d Did the plan have a loss, whether or not reimbursed by the plan's feat by fraud or dishonesty?  e Were any fees or commissions paid to any brokers, agents, or othe carrier, insurance service, or other organization that provides some the plan? (See instructions.)  f Has the plan failed to provide any benefit when due under the plan g 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.)  i If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.101  j Did the plan trust incur unrelated business taxable income?	ions within luntary Fiding (Do not in fidelity bonder persons e or all of the software e required -3	the time period uciary Correction  clude transactions  d, that was caused by an insurance he benefits under  d.)  tions and 29 CFR  notice or one of the	10a 10b 10c 10d 10e 10f 10g 10h 10i 10j	Yes N	D N/A	e instruction	Amount	0 0 8 X No		
Part IV Plan Characteristics  9a If the plan provides pension benefits, enter the applicable pension fear 2E 2F 2G 2J 2K 2T 3D  b If the plan provides welfare benefits, enter the applicable welfare fear  Part V Compliance Questions  10 During the plan year:  a Was there a failure to transmit to the plan any participant contributed described in 29 CFR 2510.3-102? (See instructions and DOL's Volency Program)  b Were there any nonexempt transactions with any party-in-interest? reported on line 10a.)  c Was the plan covered by a fidelity bond?  d Did the plan have a loss, whether or not reimbursed by the plan's feby fraud or dishonesty?  e 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.)  f Has the plan failed to provide any benefit when due under the plan go Did the plan have any participant loans? (If "Yes," enter amount as the plan have any participant loans? (If "Yes," enter amount as 15 this is an individual account plan, was there a blackout period? (\$2520.101-3.)  i If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.101  j Did the plan trust incur unrelated business taxable income?  Part VI Pension Funding Compliance  11 Is this a defined benefit plan subject to minimum funding requirements.	ions within luntary Fide repersons e or all of the see instructions of the see instructions are required and are required and repersons e or all of the see instructions of year en see instructions are required and are required	the time period uciary Correction  clude transactions  d, that was caused  by an insurance ne benefits under  d.)  tions and 29 CFR  notice or one of the	10a 10b 10c 10d 10f 10g 10h 10i	Yes N	D N/A	e instruction	Amount  Yes	O S X No		

Form 5500-SF 2015 Page <b>3-</b>	
(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)	
If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, a granting the waiver.  Month	and enter the date of the letter ruling Day Year
If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.	Day
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	
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	12d
negative amount)	····
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	
Has a resolution to terminate the plan been adopted in any plan year?	
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, 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.)	
13c(1) Name of plan(s):	13c(2) EIN(s) 13c(3) PN(s)
Part VIII Trust Information	-
14a Name of trust	14b Trust's EIN
14c Name of trustee or custodian	14d Trustee or custodian's telephone number
Part IX IRS Compliance Questions	
15a Is the plan a 401(k) plan:	Yes 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 ADP/ACP harbor test method
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 No
16a Check the box to indicate the method used by the plan to satisfy the coverage requirements under section 410(b):	Ratio Percentage Average Test Average
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 No
17a Has the Plan been timely amended for all required law changes?	Yes No N/A
17b Date of the last plan amendment/restatement for the required tax law changes was adopted//Ente instructions for tax law changes and codes).	r the applicable code (See
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.	et to a favorable IRS opinion or
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 / / .	date of plan's last favorable
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 No
19 Were in-service distributions made during the plan year?	Yes 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