Form 5500-S	F Short Form Annu	•	ort of Small Emplo	oyee	ON	/IB Nos. 1210-0110 1210-0089		
Department of the Treasury Internal Revenue Service	This form is required to be fil	Benefit Pla		ee Retirement 2015				
Department of Labor Employee Benefits Security Adminis	Income Security Act of 197		6057(b) and 6058(a) of the I		m is Open to Inspection			
Pension Benefit Guaranty Corpor	Complete all entries in		nstructions to the Form 55	00-SF.				
	<b>cort Identification Information</b>		and ending 12	/31/2015				
A This return/report is for:	a single-employer plan		er plan (not multiemployer) ( g employer information in acc		0			
<b>B</b> This return/report is	the first return/report	X the final return/rep ☐ a short plan year r	ort eturn/report (less than 12 mo	onths)				
<b>C</b> Check box if filing under	Form 5558	automatic extensi	on		VC progran	ı		
Part II Basic Plan	Information—enter all requested in							
<b>1a</b> Name of plan GASPERETTI'S DISTRIBUT				1b Three- plan no (PN)	umber	002		
				1c Effecti	ve date of pl 01/01/1			
Mailing address (includ	ernoloyer, if for a single-employer plan) e room, apt., suite no. and street, or P.		·····	2b Employ (EIN)		tion Number		
City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) GASPERETTI'S DISTRIBUTING, INC.				2c Sponsor's telephone number 253-565-2323				
030 68TH AVE. W. #B INIVERSITY PL, WA 98466				2d Busine	ess code (see 423990	e instructions)		
<b>3a</b> Plan administrator's na	me and address XSame as Plan Spor	isor.		<b>3b</b> Admini	strator's EIN	1		
				3c Admini	strator's tele	phone number		
4 If the name and/or EIN	of the plan sponsor has changed since	the last return/report fil	ed for this plan, enter the	4b EIN				
name, EIN, and the pla <b>a</b> Sponsor's name	an number from the last return/report.			<b>4c</b> PN				
	pants at the beginning of the plan year		ř	5a		13		
C Number of participants	bants at the end of the plan year with account balances as of the end o	f the plan year (defined	penefit plans do not	5b 5c		0		
	ve participants at the beginning of the p		Γ	5d(1)		1		
	ve participants at the end of the plan ye	•	7	5d(2)		0		
e Number of participants than 100% vested	that terminated employment during th	e plan year with accrued	benefits that were less	5e		0		
Under penalties of perjury a	late or incomplete filing of this returned other penalties set forth in the instructed and signed by an enrolled actuary, complete.	uctions, I declare that I h	ave examined this return/rep	ort, including	g, if applicab			
	rized/valid electronic signature.	03/26/2016	SHIRLEY GASPERET	ті				
	lan administrator	Date	Enter name of individu	al signing as	s plan admin	istrator		
SIGN HERE Signature of e	mployer/plan sponsor	Date	Enter name of individu	al signing as	emplover o	r plan sponsor		
	firm name, if applicable) and address (	include room or suite nu		Preparer's t				
For Panerwork Reduction Act	Notice and OMB Control Numbers, see t	he instructions for Form 5	500-SF.		Fo	rm 5500-SF (2015)		

. . . .

			i ugo 🗖								
<ul> <li>6a Were all of the plan's assets during the plan year</li> <li>b Are you claiming a waiver of the annual examina under 29 CFR 2520.104-46? (See instructions of If you answered "No" to either line 6a or line</li> </ul>	ation and report of a on waiver eligibility a <b>6b, the plan canno</b>	an indeper and condit ot use Fo	ndent qualified public a tions.) orm 5500-SF and mus	accounta t instea	ant (IQ ad use	PA) Form	5500.		X Yes [		
<b>C</b> If the plan is a defined benefit plan, is it covered	under the PBGC in:	surance p	orogram (see ERISA se	ection 4	021)? .		Yes	No	Not determin	ned	
Part III Financial Information											
7 Plan Assets and Liabilities			(a) Beginning	g of Yea	ar			(b) End	of Year		
a Total plan assets		7a		123	030		)				
<b>b</b> Total plan liabilities		7b			0				C	)	
<b>C</b> Net plan assets (subtract line 7b from line 7a)		7c		123	030				C	)	
8 Income, Expenses, and Transfers for this Plan Y	′ear		(a) Amou	unt				(b) 1	otal		
a Contributions received or receivable from: (1) Employers		8a(1)			0						
(2) Participants		8a(2)			0						
(3) Others (including rollovers)		8a(3)			0						
<b>b</b> Other income (loss)		8b		1	214						
<b>C</b> Total income (add lines 8a(1), 8a(2), 8a(3), and		8c							1214	1	
<b>d</b> Benefits paid (including direct rollovers and insu	,										
to provide benefits)		8d		124	169						
e Certain deemed and/or corrective distributions (	ertain deemed and/or corrective distributions (see instructions) 8e				0						
f Administrative service providers (salaries, fees,	Administrative service providers (salaries, fees, commissions) 8f				75						
g Other expenses		8g			0						
h Total expenses (add lines 8d, 8e, 8f, and 8g)		8h					124244			ŧ	
i Net income (loss) (subtract line 8h from line 8c)		8i							-123030	)	
j Transfers to (from) the plan (see instructions)		8i			0						
Part IV Plan Characteristics											
<b>9a</b> If the plan provides pension benefits, enter the 3D 2E 2F 2H 2J 2K 2T	applicable pension f	feature co	odes from the List of Pla	an Cha	racteris	stic Co	des in	the instru	ctions:		
<b>B</b> If the plan provides welfare benefits, enter the a	applicable welfare fe	eature coo	des from the List of Pla	n Chara	acterist	ic Coo	les in th	ne instruct	ions:		
Part V Compliance Questions											
10 During the plan year:					Yes	No	N/A		Amount		
a Was there a failure to transmit to the plan any	participant contribut	tions withi	n the time period						Anount		
described in 29 CFR 2510.3-102? (See instru	ctions and DOL's Vo	oluntary F	iduciary Correction			X					
Program)				10a		Х					
<b>b</b> Were there any nonexempt transactions with a reported on line 10a.)				10b		Х					
<b>C</b> Was the plan covered by a fidelity bond?				10c	Х				Ę	50000	
<b>d</b> Did the plan have a loss, whether or not reimbiby fraud or dishonesty?				10d		х					
e Were any fees or commissions paid to any bro carrier, insurance service, or other organization the plan? (See instructions.)	n that provides some	e or all of	the benefits under	10e		X					
f Has the plan failed to provide any benefit when	due under the plar	n?		10f		Х					
<b>g</b> Did the plan have any participant loans? (If "Ye	es," enter amount as	s of year e	ənd.)	10g		Х					
<b>h</b> If this is an individual account plan, was there a 2520.101-3.)				10h		x					
<ul> <li>If 10h was answered "Yes," check the box if ye exceptions to providing the notice applied under</li> </ul>	u either provided th	ne require	d notice or one of the	10n 10i							
j Did the plan trust incur unrelated business tax				10j							

Part	VI Pension Funding Compliance	
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form 5500) and line 11a below)	Yes No
11a	Enter the unpaid minimum required contribution for all years from Schedule SB (Form 5500) line 40 11a	
12	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA?	Yes X No

Form 5500-SF 2015

Page **3** - 1

-					Т			
		Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)						
a		waiver of the minimum funding standard for a prior year is being amortized in this plan year, see in: ting the waiver.		enter th Day	e date of	the letter r Year	uling	
lf	you c	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				
С	Enter	the amount contributed by the employer to the plan for this plan year		12c				
d		tract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the ative amount)		12d				
е	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?			X Y	es No		
		es," enter the amount of any plan assets that reverted to the employer this year		13a			0	
<b>b</b> Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under th							0	
D		e PBGC?				X Yes	No	
С		ring this plan year, any assets or liabilities were transferred from this plan to another plan(s), identi th assets or liabilities were transferred. (See instructions.)	ify the plan(s) to	I				
-	13c(1)	Name of plan(s):	13c(2)	EIN(s)		13c(3)	PN(s)	
Dert	1/111	Truck Information						
Part		Trust Information		116	T	15.1		
14a	Name	e of trust		140	Trust's E	IN		
14c Name of trustee or custodian					14d Trustee's or custodian's telephone number			
Par	t IX	IRS Compliance Questions		1				
15a	Is th	e plan a 401(k) plan?		Y	es	No		
15b		es," how does the 401(k) plan satisfy the nondiscrimination requirements for employee deferrals an hing contributions (as applicable) under sections 401(k)(3) and 401(m)(2)?			Design- ased safe arbor nethod	e AD	PP/ACP st	
15c	testir	ADP/ACP test is used, did the 401(k) plan perform ADP/ACP testing for the plan year using the "cng method" for nonhighly compensated employees (Treas. Reg sections 1.401(k)-2(a)(2)(ii) and 1.42)(ii))?		Υ	es	No		
16a	Chec	sk the box to indicate the method used by the plan to satisfy the coverage requirements under sect	ion 410(b):	Цp	Ratio ercentag est		verage enefit test	
16b		s the plan satisfy the coverage and nondiscrimination tests of sections 410(b) and 401(a)(4) by con plan with any other plans under the permissive aggregation rules?	0	ΓY	es	No		
17a	Hast	the plan been timely amended for all required tax law changes?		Y	es	No	N/A	
	for ta	the last plan amendment/restatement for the required tax law changes was adopted////	•				structions	
17c		plan sponsor is an adopter of a pre-approved master and prototype (M&P) or volume submitter play sory letter, enter the date of that favorable letter/ and the letter's serial r		t to a f	avorable	IRS opinio	n or	
17d		plan is an individually-designed plan and received a favorable determination letter from the IRS, e rmination letter/	nter the date of	the pla	an's last f	avorable		
18		e Plan maintained in a U.S. territory (i.e., Puerto Rico (if no election under ERISA section 1022(i)(2 e), American Samoa, Guam, the Commonwealth of the Northern Mariana Islands or the U.S. Virgir		∏ Y€	es	No		
19	Were	in-service distributions made during the plan year?		Y	es	No		
	lf "Ye	es," enter amount		19				
20		e required minimum distributions made to 5% owners who have attained age 70 ½ (regardless of wed), as required under section 401(a)(9)?		[] Y	es	No	N/A	

Form 5500-SF	Short Form Annu	al Return/Report Benefit Plan	of Small Emplo	oyee		OMB Nos. 1210-0110 1210-0089		
Department of the Treasury Internal Revenue Service	This form is required to be file	d under sections 104 and 40				2015		
Department of Labor Employee Benefits Security Administration	Income Security Act of 1974	(ERISA), and sections 6057 Revenue Code (the Code)		Public Inspection				
Pension Benefit Guaranty Corporation	Complete all entries in a		ctions to the Form 55	500-SF.				
	dentification Information	and a second	100 He 100 He 100 He 100					
For calendar plan year 2015 or fisc		01/01/2015	and ending		/31/201			
A This return/report is for:	X a single-employer plan	a multiple-employer pla list of participating emp						
	a one-participant plan	a foreign plan						
<b>B</b> This return/report is	the first return/report an amended return/report	X the final return/report	/report (less than 12 m	onths)				
C Check box if filing under:	Form 5558	automatic extension		онало) П	DFVC prog	ıram		
					D. 10 p.02	,		
	special extension (enter descr			_				
Part II Basic Plan Infor	mation-enter all requested int	formation				1		
<b>1a</b> Name of plan GASPERETTI'S DISTRIBU			ee-digit n number 1) 🕨	002				
		1c Effe	ective date of					
2a Plan sponsor's name (employed					/01/199 ployer Ident	6 ification Number		
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)					v) 91-10 onsor's telet	05160 phone number		
Gasperetti'S Distributing, Inc.					53-565-2323			
3030 68th Ave. W. #H	3				iness code 3990	(see instructions)		
University Pl	WA 98466							
3a Plan administrator's name and	address XSame as Plan Spons	sor,		3b Adr	ninistrator's	EIN		
				3c Adr	ninistrator's	telephone number		
	plan sponsor has changed since ber from the last return/report.	the last return/report filed fo	r this plan, enter the	4b EIN				
a Sponsor's name				4c PN				
5a Total number of participants a	at the beginning of the plan year			5a		13		
<b>b</b> Total number of participants a	at the end of the plan year			5b		0		
	ccount balances as of the end of		•	5c		0		
<b>d(1)</b> Total number of active part	icipants at the beginning of the pl	lan year		5d(1)		1		
	icipants at the end of the plan ye			5d(2)		0		
than 100% vested	erminated employment during the			5e		0		
Caution: A penalty for the late o Under penalties of perjury and other SB or Schedule MB completed and belief, it is true, correct, and completed	er penalties set forth in the instruct d signed by an enrolled actuary, a	ctions, I declare that I have as well as the electronic vers	examined this return/re	port, inclu	ding, if appli	cable, a Schedule y knowledge and		
SIGN HERE	ly Shaper	3-26-16	SHIRLEY GASPE	_				
Signature of plan ad	imingtrator	Date	Enter name of individ	ual signing	j as plan ad	ministrator		
HERE Signature of employ	ver/nlan snonsor	Date	Enter name of individ	ual signing	as employ	er or plan sponsor		
Preparer's name (including firm na	ime, if applicable) and address (in	nclude room or suite numbe		And a subscription of the second states of the seco	's telephon	the second s		

1214

124169

0

75

0

0

1214

124244

-123030

Yes X No

	Were all of the plan's assets during the plan year invested in eligibl 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 <b>If you answered "No" to either line 6a or line 6b, the plan canno</b> If the plan is a defined benefit plan, is it covered under the PBGC in:	in independe and condition ot use Form	ent qualified public accountant (IQPA) is.) 5500-SF and must instead use Fo	) X Yes No rm 5500.
Pa	rt III Financial Information			
7	Plan Assets and Liabilities	No. of Lot	(a) Beginning of Year	(b) End of Year
a	Total plan assets	7a	123030	0
b	Total plan liabilities	7b	0	0
С	Net plan assets (subtract line 7b from line 7a)	7c	123030	0
8	Income, Expenses, and Transfers for this Plan Year	1	(a) Amount	(b) Total
a	Contributions received or receivable from: (1) Employers	8a(1)	0	
	(2) Participants	8a(2)	0	
	(3) Others (including rollovers)	8a(3)	0	

8b

8c

8d

8e

8f

8g

8h

81

8i

## Part IV Plan Characteristics

j.

b Other income (loss) .....

C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b).....
 d Benefits paid (including direct rollovers and insurance premiums)

e Certain deemed and/or corrective distributions (see instructions).

f Administrative service providers (salaries, fees, commissions) ....

g Other expenses .....

h Total expenses (add lines 8d, 8e, 8f, and 8g).....

Transfers to (from) the plan (see instructions).....

to provide benefits) .....

i Net income (loss) (subtract line 8h from line 8c) ......

9a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 3D 2E 2F 2H 2J 2K 2T

B If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:

## Part 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 contributions within the time period described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)	10a		x		
b	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	10b		x		
С	Was the plan covered by a fidelity bond?	10c	Х		. 8-1	50000
d	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	10d		x		
e	Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service, or other organization that provides some or all of the benefits under the plan? (See instructions.)	10e		x		6
f	Has the plan failed to provide any benefit when due under the plan?	10f		X		
g	Did the plan have any participant loans? (If "Yes," enter amount as of year end.)	10g		x	8.81	
h	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	10h		x		
i	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	10i				11. Start 1. 124
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 requirements? (If "Yes," see instructions a 5500) and line 11a below)					Form
11a	Enter the unpaid minimum required contribution for all years from Schedule SB (Form 5500) line 40	0			11a	

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

	Form 5500-SF 2015 Page 3 -					
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)					
а	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, ar granting the waiver	d enter th Day		e letter ruli 7ear	ng	
If	you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.	Day				
_	Enter the minimum required contribution for this plan year	12b				
	Enter the amount contributed by the employer to the plan for this plan year	420				
	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)		I IYes ∏	No 🗌	N/A	
2	Will the minimum funding amount reported on line 12d be met by the funding deadline?		165			
Part		T	X Yes	∏ No		
138	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				0	
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the			<u>х</u> П.		
	of the PBGC?		. X	Yes [] N	10 	
С	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				
	3c(1) Name of plan(s): 13c	2) EIN(s)		13c(3) P	N(s)	
Part	VIII Trust Information					
	Name of trust	14b	14b Trust's EIN			
44-		14d	Trustee's	or custodia	n's	
140	Name of trustee or custodian	144	telephone			
Par	IX IRS Compliance Questions					
15a	Is the plan a 401(k) plan?	[ ] Y	es	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 barbor nethod	ADP test	/ACP	
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 method" for nonhighly compensated employees (Treas. Reg sections 1.401(k)-2(a)(2)(ii) and 1.401(m)-2(a)(2)(ii))?		es	No		
16a	Check the box to indicate the method used by the plan to satisfy the coverage requirements under section 410(b):	📙 p	Ratio percentage est		rage efit 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?	🗌 Y	es	No No	_	
17a	Has the plan been timely amended for all required tax law changes?	[ Y	es	No No	□ N/A	
17b	Date the last plan amendment/restatement for the required tax law changes was adopted Enter for tax law changes and codes).	he applica	able code	(See ir	nstructions	
17c	If the plan sponsor is an adopter of a pre-approved master and prototype (M&P) or volume submitter plan that is su advisory letter, enter the date of that favorable letter and the letter's serial number	oject to a	favorable IR	S opinion	or	
17d	If the plan is an individually-designed plan and received a favorable determination letter from the IRS, enter the date determination letter	of the pl	an'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)?	🗌 Yı	es	No		
19	Were in-service distributions made during the plan year?		es	No		
	If "Yes," enter amount	19		<u> </u>		
	11 1 Co, Chick annualli					
20	Were required minimum distributions made to 5% owners who have attained age 70 ½ (regardless of whether or no	t 🗖	'es	No	N/A	