For	n 5500-SF	Short Form Annu	hort Form Annual Return/Report of Small Employee				OMB Nos. 1210-0110 1210-0089		
	nent of the Treasury al Revenue Service	This form is required to be file	Benefit Pla		etirement	2015			
Employee Ber	artment of Labor nefits Security Administration	Income Security Act of 1974		6057(b) and 6058(a) of the					
	efit Guaranty Corporation			nstructions to the Form 5	500-SF.				
For calendar	plan year 2015 or fisc	dentification Information al plan year beginning 04/01/		and ending 08	8/31/2015				
_	rn/report is for:	X a single-employer plan a one-participant plan		er plan (not multiemployer) g employer information in ac	(Filers checl	0			
B This retur	n/report is	the first return/report an amended return/report	\overline{X} the final return/rep \overline{X} a short plan year r	ort eturn/report (less than 12 m	onths)				
C Check bo	ox if filing under:	Form 5558 special extension (enter desc	automatic extensi	on	_ D	FVC progra	im		
Part II	Basic Plan Infor	mation—enter all requested ir							
1a Name o	f plan	ING RETIREMENT PLAN			(PN)	number	001 plan		
		er, if for a single-employer plan)			2b Emplo	12/31 oyer Identifi	/1984 cation Number		
	own, state or province,	, apt., suite no. and street, or P. country, and ZIP or foreign pos		instructions)	(EIN) 2c Spons	sor's teleph	27048 one number		
					2d Busine	425-45 ess code (s	ee instructions)		
(IRKLAND, W	DLAND COVE DR. /A 98034					5312	0		
3a Plan ad	ministrator's name and	address XSame as Plan Spor	sor.		3b Admir	nistrator's E	IN		
					3C Admir	histrator's te	lephone number		
name, l	EIN, and the plan num	plan sponsor has changed since ber from the last return/report.	the last return/report fi	ed for this plan, enter the	4b EIN				
a Sponsor		t the beginning of the plan year			4c PN 5a		4		
		t the beginning of the plan year. t the end of the plan year			5a 5b		0		
C Numbe	r of participants with ac	ccount balances as of the end of	the plan year (defined	benefit plans do not	5c		0		
		cipants at the beginning of the p			5d(1)		0		
		icipants at the end of the plan ye			5d(2)		0		
than 10	00% vested	erminated employment during th			5e	lichod	0		
Under penal SB or Scheo	ties of perjury and othe	er penalties set forth in the instru I signed by an enrolled actuary,	ctions, I declare that I h	ave examined this return/re	port, includin	g, if applica			
	Filed with authorized/va	alid electronic signature.	01/30/2016	STEVE SMITH					
HERE	Signature of plan ad	ministrator	Date	Enter name of individ	ual signing a	s plan adm	nistrator		
SIGN HERE	Signature of employ	er/nlan sponsor	Date	Enter name of individ	ual signing o	s employer	or plan sponsor		
Preparer's n		me, if applicable) and address (i			Preparer's				
For Paperwor	rk Reduction Act Notice	and OMB Control Numbers, see th	e instructions for Form !	5500-SE		F	orm 5500-SF (2015)		

b	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	an indepe and condit	ndent qualified public a tions.)	account	ant (IQ	PA)			X Ye	
	If you answered "No" to either line 6a or line 6b, the plan cann						_	п., г	1	
	If the plan is a defined benefit plan, is it covered under the PBGC in	isurance p	orogram (see ERISA se	ection 4	021)? .		Yes	No	Not dete	ermined
Par			() -					<i></i>		
	Plan Assets and Liabilities	_	(a) Beginning					(b) End	of Year	0
-	Total plan assets Total plan liabilities	7a 7b			617 0	_				0
	Net plan assets (subtract line 7b from line 7a)	7b 7c			617	-		0		
_	Income, Expenses, and Transfers for this Plan Year		(a) Amou		011	_		(b) T	otal	Ū
	Contributions received or receivable from:			unt				(b) Total		
	(1) Employers	8a(1)			0					
	(2) Participants	8a(2)			0					
	(3) Others (including rollovers)	8a(3)			0					
b	Other income (loss)	8b			0					
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c								0
	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d			617					
е	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								617
<u>i</u>	Net income (loss) (subtract line 8h from line 8c)	8i								-617
j	Transfers to (from) the plan (see instructions)	8j			0					
Par	t IV Plan Characteristics									
9a	If the plan provides pension benefits, enter the applicable pension $2A$ $2E$ $3D$	feature co	odes from the List of Pl	an Cha	racteris	stic Co	des in t	the instruc	ctions:	
В	If the plan provides welfare benefits, enter the applicable welfare ${\sf f}$	eature coo	des from the List of Pla	n Chara	acterist	ic Coc	les in th	ne instruct	ions:	
Part	V Compliance Questions									
10	During the plan year:				Yes	No	N/A		Amoun	t
а	Was there a failure to transmit to the plan any participant contribut described in 29 CFR 2510.3-102? (See instructions and DOL's V Program)	oluntary F	iduciary Correction	10a		Х				
b	Were there any nonexempt transactions with any party-in-interest reported on line 10a.)	•		10b		x				
С	Was the plan covered by a fidelity bond?			10c	Х					200000
d	Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?	fidelity bo	nd, that was caused	10d		х				
e	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 person ne or all of	s by an insurance the benefits under	10e		x				
f	Has the plan failed to provide any benefit when due under the pla	n?		10f		x				
g	Did the plan have any participant loans? (If "Yes," enter amount a	s of year e	end.)	10g		Х				
h	If this is an individual account plan, was there a blackout period? 2520.101-3.)	•		10h		Х				
i	If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10			10i						
j	Did the plan trust incur unrelated business taxable income?			10j						
Part	VI Pension Funding Compliance			,	1	1	1	•		

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)					
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 E	RISA?	Yes	X No	

Is this a defined contribution plan subject	t to the minimum funding requirements	of section 412 of the Code or section 302 of ERIS
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SA?... Yes X No

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-					Т				
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)								
a	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								
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	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)								
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		
h		e all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brou					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	Nam	ne 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):	Цр	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		

For	n 5500-SF	Short Form Annu	al Return/Report	of Small Emplo	oyee		OMB Nos. 1210-0110 1210-0089	
Department of the Treasury Benefit Plan							2015	
Dep	al Revenue Service artment of Labor lefils Security Administration	065 of the Employee Re 7(b) and 6058(a) of the l).	Internal		form is Open to lic Inspection			
	efil Guaranty Corporation	00-SF,	Fub	inc inspection				
Part I	Annual Report I	dentification Information				101 1001		
For calendar	r plan year 2015 or fis	cal plan year beginning	04/01/2015	and ending		/31/201		
A This retu	rn/report is for:	X a single-employer plan	☐ a multiple-employer pla list of participating em ☐ a foreign plan	an (not multiemployer) ployer information in acc	(Filers che cordance v	with the form	n instructions)	
			_					
B This retur	n/report is	the first return/report	\mathbf{X} the final return/report \mathbf{X} a short plan year return	/report (less than 12 mo	onths)			
0						DFVC prog	ram	
C Check be	ox if filing under:	Form 5558	automatic extension			Di vo piog		
		special extension (enter desc						
Part II		mation—enter all requested in	formation		1b Thre	e-diait	1	
1a Name o PATTI SI	fplan MITH, INC. PR	OFIT SHARING RETIREM	IENT PLAN			number	001	
					1c Effe	ctive date o		
0 . Di	ula sur (seelo	er if for a single omployer plan)				/31/198	fication Number	
Mailing	address (include room	rer, if for a single-employer plan) n, apt., suite no. and street, or P.C a, country, and ZIP or foreign pos	D. Box) tal code (if foreign, see instr	uctions)	(EIN) 91-132	27048	
	SMITH, INC.	a, country, and zip or loreign pos	lai code (il loi cigii, see ilisti			onsor's telep 5-455-5	ohone number 300	
					2d Business code (see instructions)			
8486 NI	E WOODLAND CO	VE DR.			533	1210		
KIRKLA		WA 98034			3h Adm	ninistrator's	FIN	
3a Plan ad	iministrator's name an	d address XSame as Plan Spon	SOI,		3c Administrator's telephone number			
		plan sponsor has changed since	the last return/report filed fr	or this plan enter the	4b EIN			
4 If the n name,	ame and/or EIN of the EIN, and the plan nun	nber from the last return/report.	the last return report mod it		4c PN			
a Sponso					-	T	4	
		at the beginning of the plan year.					(
c Numbe	er of participants with a	at the end of the plan year account balances as of the end of	f the plan year (defined bene	efit plans do not	5c			
comple	ete this item)	i					(
		ticipants at the beginning of the p			= 1(0)		(
e Numb	er of participants that	rticipants at the end of the plan ye terminated employment during th	e plan year with accrued be	nefits that were less	5e		(
	the fair that had a	or incomplete filing of this retu	m/report will be assessed	unless reasonable ca	use is esta	ablished.		
Under pena SB or Sche	Ities of perjury and ot dule MB completed ar	ner penalties set forth in the instru nd signed by an enrolled actuary,	ictions I declare that I have	examined this returning	DOLL ILICIU	uniq, ii appi	icable, a Schedule ly knowledge and	
belief, it is t	B Tento	n Smith	1.30.16	STEVE SMITH				
HERE	Signature of plan a	A A A A A A A A A A A A A A A A A A A	Date	Enter name of individ	lual signing	g as plan ac	Iministrator	
SIGN								
HERE Signature of employer/plan sponsor Date Enter name of individual signing as employer/plan sponsor Preparer's name (including firm name, if applicable) and address (include room or suite number) Preparer's teleptide								
Preparer's	name (including firm n	ame, if applicable) and address (include room or suite numb	er)	Preparei	stelephon	enamber	
			he instructions for Form 5500	SF			Form 5500-SF (2015)	

	Form 5500-SF 2015		Page 2								
b	Were all of the plan's assets during the plan year invested in eligib Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility If you answered "No" to either line 6a or line 6b, the plan cann	an indeper and condit ot use Fo	ndent qualified public a ions.) 	t instea	ant (IQ I d use	PA) Form	5500.		X Yes X Yes	No No	
	If the plan is a defined benefit plan, is it covered under the PBGC ir	nsurance p	orogram (see ERISA se	ection 4	021)?		Yes	No	Not determ	nined	
Pa	rt III Financial Information	1									
7	Plan Assets and Liabilities	-	(a) Beginning	g of Yea		_		(b) End	of Year		
	Total plan assets	7a			61	-				0	
b	Total plan liabilities	7b				0				0	
С	Net plan assets (subtract line 7b from line 7a)	7c			61	7				0	
8	Income, Expenses, and Transfers for this Plan Year		(a) Amou	unt				(b) 1	Total		
а	Contributions received or receivable from:	8a(1)				0					
	 (1) Employers	8a(2)				0					
		8a(3)				0					
h	(3) Others (including rollovers) Other income (loss)	8b				0					
-	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c				<u> </u>				0	
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d			61	7				0	
	Certain deemed and/or corrective distributions (see instructions)	8e				0					
f	Administrative service providers (salaries, fees, commissions)	8f				0					
	Other expenses	8g				0					
<u> </u>	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h				-				617	
i	Net income (loss) (subtract line 8h from line 8c)	8i							-617		
<u> </u>	Transfers to (from) the plan (see instructions)					0		017			
,	rt IV Plan Characteristics	8j				0					
9a B	If the plan provides pension benefits, enter the applicable pension 2A 2E 3D If the plan provides welfare benefits, enter the applicable welfare f										
Par 10					Yes	No	N/A		A		
	During the plan year: Was there a failure to transmit to the plan any participant contribu	itions withi	n the time period		165	NO	11/4		Amount		
ŭ	described in 29 CFR 2510.3-102? (See instructions and DOL's V Program)	oluntary F	iduciary Correction	10a		х					
b	Were there any nonexempt transactions with any party-in-interest reported on line 10a.)	t? (Do not	include transactions	10b		х					
С	Was the plan covered by a fidelity bond?			10c	Х					200000	
d	Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?			10d		х					
e	Were any fees or commissions paid to any brokers, agents, or oth carrier, insurance service, or other organization that provides son the plan? (See instructions.)	ne or all of	the benefits under	10e		х					
f	Has the plan failed to provide any benefit when due under the pla	n?		10f		х					

h	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	10h		Х				
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							
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 5500) and line 11a below)					(Form	Yes	No
11a	Enter the unpaid minimum required contribution for all years from Schedule SB (Form 5500) line 4							
12	12 Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA?							

g Did the plan have any participant loans? (If "Yes," enter amount as of year end.)

Х

10g

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	(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 instru granting the waiver		nter the Day	e date of t	the letter ru Year	ling
	ou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.		Duy_			
b Enter the minimum required contribution for this plan year						
CE	nter the amount contributed by the employer to the plan for this plan year		12c			
	Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left negative amount)		12d			
е	Will the minimum funding amount reported on line 12d be met by the funding deadline?			Yes	No	N/A
Part V	II Plan Terminations and Transfers of Assets			Langua		
13a	Has a resolution to terminate the plan been adopted in any plan year?			X Ye	s No	
-	If "Yes," enter the amount of any plan assets that reverted to the employer this year		13a			0
	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought of the PBGC?	under the co	ntrol	X	Yes	No
С	If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify t which assets or liabilities were transferred. (See instructions.)	the plan(s) to		1		
	c(1) Name of plan(s):	13c(2) E	EIN(s)		13c(3)	PN(s)
Part	/III Trust Information					
	ame of trust		14b Trust's EIN			
14c	Name of trustee or custodian		14d Trustee's or custodian's telephone number			
Part	IX IRS Compliance Questions	1				
15a I	s the plan a 401(k) plan?		Ye	S	No	
	f "Yes," how does the 401(k) plan satisfy the nondiscrimination requirements for employee deferrals and e natching contributions (as applicable) under sections 401(k)(3) and 401(m)(2)?		ba ha	esign- ased safe arbor ethod	ADP/ACP test	
t	f the ADP/ACP test is used, did the 401(k) plan perform ADP/ACP testing for the plan year using the "curre esting method" for nonhighly compensated employees (Treas. Reg sections 1.401(k)-2(a)(2)(ii) and 1.401 2(a)(2)(ii))?	(m)-	Yes		No	
16a (Check the box to indicate the method used by the plan to satisfy the coverage requirements under section	410(b):		atio ercentage st		erage nefit test
	Does the plan satisfy the coverage and nondiscrimination tests of sections 410(b) and 401(a)(4) by combir his plan with any other plans under the permissive aggregation rules?		Ye	S	No	
	las the plan been timely amended for all required tax law changes?		Ye		No	N/A
f	Date the last plan amendment/restatement for the required tax law changes was adopted or tax law changes and codes).	. Enter the a		-		nstructions
17c In	the plan sponsor is an adopter of a pre-approved master and prototype (M&P) or volume submitter plan t advisory letter, enter the date of that favorable letter and the letter's serial num		t to a fa	vorable I	RS opinion	or
	f the plan is an individually-designed plan and received a favorable determination letter from the IRS, ente letermination letter	er the date of	the pla	n's last fa	vorable	
	s the Plan maintained in a U.S. territory (i.e., Puerto Rico (if no election under ERISA section 1022(i)(2) han nade), American Samoa, Guam, the Commonwealth of the Northern Mariana Islands or the U.S. Virgin Isl		Ye	6	No	
19 v	Vere in-service distributions made during the plan year?		Ye	s	No	
ľ	f "Yes," enter amount		19			
	Vere required minimum distributions made to 5% owners who have attained age 70 $\frac{1}{2}$ (regardless of whet etired), as required under section 401(a)(9)?		Ye	S	No	N/A