## Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation

## Short Form Annual Return/Report of Small Employee Benefit Plan

This form is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA), and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

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

1210-0089

OMB Nos. 1210-0110

2015

This Form is Open to Public Inspection

Parti	Annual Report	i identification information					
For calend	dar plan year 2015 or f	iscal plan year beginning 01/01/3	2015	and ending 12	/31/2015		
<b>A</b> This re	eturn/report is for:	x a single-employer plan		lan (not multiemployer)		_	
		a one-participant plan	a foreign plan				,
<b>B</b> This ref	turn/report is	the first return/report	the final return/report				
		an amended return/report	a short plan year retur	n/report (less than 12 mo	onths)		
C Check	box if filing under:	Form 5558	automatic extension			DFVC progr	ram
		special extension (enter desc					
Part II	Basic Plan Info	ormation—enter all requested in	formation				
1a Name	•				<b>1b</b> Thr	-	
JAY A. GO	LDSTEIN LAW OFFIC	CE, PLLC.401K RETIREMENT SAV	/INGS PLAN		•	n number	001
				}		1) 🕨	
					IC ETT	ective date of 04/0	1/2004
Mailin	ng address (include roc	oyer, if for a single-employer plan) om, apt., suite no. and street, or P.0			2b Em		ication Number 080238
	DSTEIN LAW OFFICE	ce, country, and ZIP or foreign pos E, PLLC.	tai code (ii foreign, see insti	ructions)	2c Spo		hone number 52-1970
		_			2d Bus	iness code (	see instructions)
OLYMPIA, V	PER POINT RD SW, #8 WA 98502	3				5411	10
0		🗔			01		
3a Plan a	administrator's name a	ind address XSame as Plan Spon	sor.		3D Adn	ninistrator's I	=IN
					3c Adr	ninistrator's t	elephone number
		ne plan sponsor has changed since	the last return/report filed f	or this plan, enter the	4b EIN	l	
	e, Elin, and the plan hu sor's name	imber from the last return/report.			4c PN		
<b>5a</b> Total	number of participants	s at the beginning of the plan year.			5a		8
<b>b</b> Total	number of participants	s at the end of the plan year			5b		7
		account balances as of the end of	. , ,	•	5c		6
<b>d(1)</b> To	tal number of active pa	articipants at the beginning of the p	lan year		5d(1)		7
<b>d(2)</b> To	otal number of active pa	articipants at the end of the plan ye	ar		5d(2)		5
		t terminated employment during the			5e		0
Caution:	A penalty for the late	or incomplete filing of this retur	n/report will be assessed	unless reasonable cau			
SB or Sch		ther penalties set forth in the instru and signed by an enrolled actuary, a polete					
SIGN		I/valid electronic signature.	04/08/2016	FARMER & BETTS			
HERE	Signature of plan	administrator	Date	Enter name of individu	ual signing	as plan adn	ninistrator
SIGN							
HERE	Signature of empl		Date	Enter name of individu	ual signing	as employe	r or plan sponsor
Preparer's	s name (including firm	name, if applicable) and address (i	nclude room or suite numbe	er)	Preparer	's telephone	number

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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	ndent qualified public a	ccount	ant (IQ	PA)					es No
C	f 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	<u></u>	Not det	ermined
Par	t III Financial Information	1	•								
7	Plan Assets and Liabilities		(a) Beginning	of Ye	ar	-		(b) E	nd o	Year	
	Total plan assets	. 7a		792	2321					84	8271
	Fotal plan liabilities	. 7b		700	2004					0.4	0074
	Net plan assets (subtract line 7b from line 7a)	7с			2321						8271
	ncome, Expenses, and Transfers for this Plan Year  Contributions received or receivable from:		(a) Amou	unt				<u>(k</u>	) To	tal	
	1) Employers	. 8a(1)		13	3154						
	2) Participants	. 8a(2)		53	8632						
(	3) Others (including rollovers)	. 8a(3)									
b	Other income (loss)	. 8b		-10	)836						
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	. 8c								5	5950
	Benefits paid (including direct rollovers and insurance premiums o provide benefits)	. 8d									
-	Certain deemed and/or corrective distributions (see instructions)	. 8e									
	Administrative service providers (salaries, fees, commissions)	. 8f									
g	Other expenses	. 8g									
h ·	Total expenses (add lines 8d, 8e, 8f, and 8g)	. 8h									
<u>i</u>	Net income (loss) (subtract line 8h from line 8c)	. 8i								5	5950
j	Transfers to (from) the plan (see instructions)	· 8j									
Par	IV Plan Characteristics										
9a	If the plan provides pension benefits, enter the applicable pension 2E 2F 2G 2J 2K 2R 3D	feature co	odes from the List of PI	an Cha	racteri	stic Co	des in t	he ins	ructi	ons:	
В	If the plan provides welfare benefits, enter the applicable welfare f	eature cod	les from the List of Pla	n Char	acterist	tic Cod	les in th	e instr	uctio	ns:	
				•							
Part	V Compliance Questions										
10	During the plan year:				Yes	No	N/A		1	Amour	nt
а	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 F	iduciary Correction	10a		X					
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?			10c	X						50000
d	Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?			10d		Х					
е	Were any fees or commissions paid to any brokers, agents, or oth carrier, insurance service, or other organization that provides some	her person ne or all of	s by an insurance the benefits under			X					
f	the plan? (See instructions.)  Has the plan failed to provide any benefit when due under the pla			10e		X					
-				10f		^					
g	Did the plan have any participant loans? (If "Yes," enter amount a	-		10g	X						1655
h	If this is an individual account plan, was there a blackout period? 2520.101-3.)			10h		X					
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			•	•						
11	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)									Y	es X No
11a	Enter the unpaid minimum required contribution for all years from						11a		•		i de la companya de l
12	Is this a defined contribution plan subject to the minimum funding	requireme	ents of section 412 of t	he Cod	e or se	ection	302 of E	RISA	·	Y	es 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 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)?		ba ha	Design- based safe ADP/ACP harbor test method				
<b>15c</b> 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))?						Yes 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		

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Pension Benefit Guaranty Corporation

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

OMB Nos. 1210-0110 1210-0089

2015

This Form is Open to Public Inspection

Pai		t Identification Information				
For ca	llendar plan year 2015 or f	scal plan year beginning	01/01/2015	and ending	12/31/201	5
	ils return/report is for:	x a single-employer plan	a list of participating a foreign plan	r plan (not multlemployer) g employer information in		
BTh	is return/report is:	the first return/report	the final return/repo	rt·		
		an amended return/report	a short plan year re	turn/report (less than 12 r	nontha)	
C cı	neck box if filing under:	Form 5558	automatic extension	า	DFVC pn	ogram
Dar	Basic Plan Inf	ormation enter all requested	Information			
1a 1	Name of plan	OTTIGOTE CITAL BILLEGOOM	BIGINGSON		1b Three-digit	<u> </u>
		AW OFFICE, PLLC.401k R	TIREMENT SAVINGS	PLAN	plan numbe (PN) ►	r   001
					1c Effective da 04/01/20	te of plan
	Valfing Address (Include ro	oyer, if for a single-employer plan) om, apt., suite no. and street or P.0 nce, country, and ZIP or foreign pos	D. Box) tal code (if foreign, see in	structions)	<del>                                     </del>	lentification Number
	JAY A. GOLDSTEIN I		,	•	2C Sponsors to (360) 35	alephone number 52–1970
1	1800 COOPER POINT	RD SW, #8			2d Business co 541110	ode (see instructions)
	IS OLYMPIA WA 98502				1 01	
3 <b>a</b> F	Plan administrator's name	and address 🗓 Same as Plan Sp	onsor Name		3b Administrate	or's EiN
					3C Administrate	or's telephone number
		ne plan sponsor has changed since imber from the last return/report.	the lest return/report filed	for this plan, enter the	4b EIN	
	Sponsor's name	•			4c PN	4
5a 1	Total number of participant	s at the beginning of the plan year			5a	8
<b>b</b> 1	Total number of participant	s at the end of the plan year		***********************	5b	7
		account balances as of the end of			5c	6
	· •	irticipants at the beginning of the pl			5d(1)	7
d(2)	Total number of active pa	uticipants at the end of the plan yea	ar	***************************************	5d(2)	5
a 1	lumber of participants that	terminated employment during the	plan year with accrued be	enefits that were	5e	0
Caut	ion: A penalty for the lat	or incomplete filing of this retu	m/report will be essesse	ed unless reasonable ca	use is established	
Unde SB o	or penalties of perjury and	other penalties set forth in the instruent and signed by an enrolled actuary.	ictions, I declare that I ha	ve examined this return/re	eport, including, if ap	plicable, a Schedule
8IG			4.7.16	Jay A. Goldstei	Ln	
HE		ministrator	Date	Enter name of Individu		dministrator
13000			4.7.16	Jay A Goldstein		OTHER ISO BICA
SIG HEF		r/olan aned sor	Date			vot or alon anamor
		neme, if applicable) and address; i		Enter name of individu	Preparer's telepho	
		io, n'eppiessio, site sautess, i	TOGGE TOGT OF SAILS HAIT	ш	терага с свартк	nie manion

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6a	Were all of the plan's assets during the plan year invested in eligible	assets? (S	See Instructions.)					*******	X Yes No	_
b	Are you claiming a walver of the annual examination and report of a	e you claiming a walver of the annual examination and report of an independent qualified public accountant (IQPA)								
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility a	VIVe CNo								
	if you answered "No" to either she da or line ob, the pian canno If the plan is a defined benefit plan, is it covered under the PBGC in							- FINA	Not determine	ed
21200 XX		surar pro	ogram (odd Erdon ddeser	1 102	-/-				[] Not determine	_
7	rt III Financial Information		(a) Beginning of	Ven		Т		(b) End o	fVaer	_
<u>'</u> a	Plan Assets and Liabilities Total plan assets	7a	· · · · · · · · · · · · · · · · · · ·	2.3		╁┈		(b) Liid o	848,271	
	Total plan flabilities	7ъ	,,	<u>- , -</u>		T			040,212	
	Net plan assets (subtract line 7b from line 7a)	7c	79	2,3	21	╈	848,271			
	Income, Expenses, and Transfers for this Plan Year	<b>500000</b>	(a) Amount				(b) Total			
a	Contributions received or receivable from:	80/41	1	3,1	54					
	(1) Employers	. 8a(1) . 8a(2)		3,6						
	(3) Others (including rollovers)	8a(3)								
b	Other income (loss)	. 8b	(10	1,83	6)					
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	. 8c							55,950	
d	Benefits paid (including direct rollovers and insurance premiums					15080				
	to provide benefits)	. 8d				1000		7.70		
f	Administrative service providers (salaries, fees, commissions)	81								
g	Other expenses	. 8g								
	Total expenses (add lines 8d, 8e, 8f, and 8g)	. 8h		n)i		56				
ī	Net income (koss) (subtract line 8h from line 8c)	. 81			1	Š			55,950	
1	Transfers to (from) the plan (see instructions)	. Bj				280				
Pa	rt IV Plan Characteristics									
9a	If the plan provides pension benefits, enter the applicable pension for	eature code	ss from the List of Plan Ch	araci	eristic	Code	es in th	e instructio	ns:	
	2E 2F 2G 2J 2K 2R 3D									_
b	If the plan provides welfare benefits, enter the applicable welfare fea	sture code:	s from the List of Plan Cha	racte	ristic (	Code	s in the	instruction	<b>s</b> :	
1187296										
	int V   Compliance Questions	·			Yes	NI.	NA		Amanana	_
<u>10</u>	During the plan year:  Was there a fallure to transmit to the plan any participant contribu	tions within	the time period		168	МО	I TALLA	1	Amount	_
•	described in 29 CFR 2510,3-102? (See instructions and DOL's Vo						1000000			
	Program)		***************************************	10a		х				_
b	Were there any nonexempt transactions with any party-in-interest reported on line 10a.)	•		10b		х				
			-	10c	Х		1000000		50,00	0
d	Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?	-	· ·	10d		х	neezes			_
8	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.)		***************************************	10e 10f		Х				_
f						X				_
_ 9				10g	X	<u> </u>	DOMESTICAL STREET		1,65	5
h	2520.101-3.)	•	·····	10h		x				
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			101						
	Did the plan trust incur unrelated business taxable income?		***************************************	10]						_
Pa	Pension Funding Compliance								1	
11	Is this e defined benefit plan subject to minimum funding requirem 5500) and line 11a below)								Yes X N	0
11	a Enter the unpaid minimum required contribution for current year fr	om Sched	ule SB (Form 5500) line 40	)		*****	11a			_
12	Is this a defined contribution plan subject to the minimum funding	requireme	nts of section 412 of the C	ode (	or sect	lon 3	02 of E	RISA?	☐ Yes 🗓 N	0
										-

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(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as appli a If a waiver of the minimum funding standard for a prior year is being amor granting the waiver.	cable.)	and enter the	e date of the latter ruling Year
If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Fo		Бау	1081
b Enter the minimum required contribution for this plan year		12b	· · · · · · · · · · · · · · · · · · ·
c Enter the amount contributed by the employer to the plan for this plan year		12c	
d Subtract the amount in line 12c from the amount in line 12b. Enter the resunegative amount)	It (enter a minus sign to the left of a	12d	
e Will the minimum funding amount reported on line 12d be met by the funding		1	Yes No 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?	******************************		s X No
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, transfer of the PSGC?	***************************************		Yes X No
c if during this plan year, any assets or liabilities were transferred from this pi which assets or liabilities were transferred. (See instructions.)	an to another plan(s), identify the plan(s	) to	
13c(1) Name of plan(s):		13c(2) EIN(s	s) 13c(3) PN(s)
Part VIII Trust Information			
14a Name of trust		1	
rate value of trust		14b Tn	uat's EiN
14c Name of trustee or custodian			ustee or custodian's hone 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 requirement matching contributions (as applicable) under sections 401(k)(3) and 401(m)(	Desi	ign- ed sefe	
15c if ADP/ACP test, did the 401(k) plan perform ADP/ACP testing for the plan y testing method* for nonhighly compensated employees (Treas. Reg. section 2(a)(2)(ii))?	Yes	□ No	
16a Check the box to indicate the method used by the plan to satisfy the coverage	• •	Ratio	entage
		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 changinstructions for tax law changes and codes).		the applicab	
17c If the plan sponsor is an adopter of a pre-approved master, prototype (M&P) advisory letter, enter the date of that favorable letter / / 17d If the plan is an individually-designed plan and recieved a favorable determined of the plan is an individually-designed plan and recieved a favorable determined of the plan is an individually-designed plan and recieved a favorable determined of the plan is an individually-designed plan and recieved a favorable determined of the plan is an individually-designed plan and recieved a favorable determined of the plan is an individually-designed plan and recieved a favorable determined of the plan is an individually-designed plan and recieved a favorable determined of the plan is an individually-designed plan and recieved a favorable determined of the plan is an individually-designed plan and recieved a favorable determined of the plan is an individually-designed plan and recieved a favorable determined of the plan is an individually-designed plan and recieved a favorable determined of the plan is an individually-designed plan and recieved a favorable determined of the plan is an individually-designed plan and recieved a favorable determined of the plan is an individually-designed plan and recieved a favorable determined of the plan is a plan individually-designed plan and recieved a favorable determined of the plan is a plan individually-designed plan and recieved and plan individually-designed plan and recieved and plan individually-designed plan individually-designed plan individually-designed plan and recieved and plan individually-designed plan	and the letter's cortal number		
Getermination retter		ate of plan's	lest favorable
18 Is the Plan maintained in a U.S. territory (i.e., Puerto Rico (if no election under made), American Samoa, Guam, the Commonwealth of the Northern Marian.	r ERISA section 1022(I)(2) has been a Islands or the U.S. Virgin Islands)?	☐ Yes	□ No
***	***************************************	· Yes	□ No
If Yes, enter amount		- 19	
Were minimum required distributions made to 5% owners who have attained not retired) as required under section 401(a)(9)?	age 70 ½ (regardless of whether or	☐ Yes	□ No □ N/A