For	m 5500-SF	Short Form Annu	•	•	oyee	OMB Nos. 1210-0110 1210-0089			
	tment of the Treasury nal Revenue Service	This form is required to be fil	Benefit Plan ed under sections 104 ar		etirement 2015				
Employee Be	epartment of Labor enefits Security Administration enefit Guaranty Corporation	Income Security Act of 197	4 (ERISA), and sections Revenue Code (the C	6057(b) and 6058(a) of the ode).	Internal		orm is Open to c Inspection		
Part I		 Complete all entries in lentification Information 		structions to the Form 5	500-SF.		-		
	ar plan year 2015 or fisca			and ending 1	2/31/2015				
A This ret	urn/report is for:	a single-employer plan a one-participant plan		r plan (not multiemployer) employer information in ac	`	0			
B This retu	ırn/report is	the first return/report an amended return/report	the final return/repo	rt turn/report (less than 12 m	ionths)				
C Check b	box if filing under:] Form 5558	automatic extensio		·	FVC progra	am		
Dout II	Decis Dian Inform	special extension (enter dese							
Part II 1a Name NOW INVES	of plan	nation—enter all requested in ON 401(K) PROFIT SHARING			1b Three plan r (PN) 1c Effect	number ▶	001		
							/2002		
Mailing	address (include room,	r, if for a single-employer plan) apt., suite no. and street, or P. country, and ZIP or foreign pos		nstructions)	(EIN)	91-10	cation Number		
NOW INVES	TMENTS CORPORATIO	DN			2C Spons	sor's teleph <mark>509-78</mark>	one number 3-2112		
					2d Busine	ess code (s	ee instructions)		
(ENNEWICK	BLVD, SUITE B K, WA 99336					52390	00		
3a Plan a	dministrator's name and	address XSame as Plan Spor	nsor.		3b Admir	nistrator's E	IN		
							elephone number		
name,	, EIN, and the plan numb	lan sponsor has changed since per from the last return/report.	e the last return/report file	d for this plan, enter the	4b EIN				
a Sponse					4c PN 5a		7		
_		the beginning of the plan year the end of the plan year			5a 5b		7		
C Numb	er of participants with ac	count balances as of the end o	f the plan year (defined b	enefit plans do not	5c				
					5d(1)		4		
• •		cipants at the beginning of the p cipants at the end of the plan ye	-		5d(1) 5d(2)		6		
e Numb	per of participants that te 100% vested	rminated employment during th	e plan year with accrued	benefits that were less	5e		0		
Under pena SB or Sche	alties of perjury and othe edule MB completed and	incomplete filing of this return r penalties set forth in the instru- signed by an enrolled actuary,	ctions, I declare that I ha	ive examined this return/re	port, includin	g, if applica			
SIGN	Filed with authorized/va		04/12/2016	PAUL PRESBY					
HERE	Signature of plan adr		Date	Enter name of individ	lual signing a	s plan adm	inistrator		
SIGN HERE									
	Signature of employed name (including firm nar	er/plan sponsor ne, if applicable) and address (Date Include room or suite nur	Enter name of individ	lual signing a Preparer's				
For Paperwe	ork Reduction Act Notice a	and OMB Control Numbers, see t	ne instructions for Form 55	500-SF.		F	Form 5500-SF (2015)		

			Ū					
	Were all of the plan's assets during the plan year invested in eligib		(Yes No
b	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							X Yes No
	If you answered "No" to either line 6a or line 6b, the plan cann	ot use Fo	rm 5500-SF and must	t instea	id use	Form	5500.	
С	If the plan is a defined benefit plan, is it covered under the PBGC in	isurance p	rogram (see ERISA se	ection 40	021)? .		Yes	No Not determined
Pa	t III Financial Information					- 1		
7	Plan Assets and Liabilities		(a) Beginning	j of Yea	ar			(b) End of Year
а	Total plan assets	7a		233	174			236616
b	Total plan liabilities	7b						
С	Net plan assets (subtract line 7b from line 7a)	7c		233	174			236616
8	Income, Expenses, and Transfers for this Plan Year		(a) Amou	Int				(b) Total
а	Contributions received or receivable from:				- 1			
	(1) Employers	8a(1)			518			
	(2) Participants	8a(2)		9	672			
	(3) Others (including rollovers)	8a(3)			0			
b	Other income (loss)	8b		-6	241			
C	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						5949
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d			0			
е	Certain deemed and/or corrective distributions (see instructions)	8e			0			
	Administrative service providers (salaries, fees, commissions)	8f		2	507			
	Other expenses	8g						
	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h						2507
		8i						3442
	Net income (loss) (subtract line 8h from line 8c) Transfers to (from) the plan (see instructions)							5772
		8j						
	t IV Plan Characteristics			0				
9a	If the plan provides pension benefits, enter the applicable pension 2A 2E 2F 2G 2J 2K 2T 3B 3D	reature co	ides from the List of Pla	an Chai	racteris		aes in t	the instructions:
В	If the plan provides welfare benefits, enter the applicable welfare fe	eature coc	les from the List of Pla	n Chara	acterist	ic Coc	les in th	ne instructions:
Par	V Compliance Questions							
10	During the plan year:				Yes	No	N/A	Amount
	Was there a failure to transmit to the plan any participant contribu	tions withi	n the time period				-	, and and
	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			Tua				
	reported on line 10a.)			10b		Х		
С	Was the plan covered by a fidelity bond?			10c	X			30000
d	Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?			10d		x		
е	Were any fees or commissions paid to any brokers, agents, or oth carrier, insurance service, or other organization that provides som the plan? (See instructions.).	ne or all of	the benefits under	10e	x			1310
f	Has the plan failed to provide any benefit when due under the plan	n?		10f		Х		
g	Did the plan have any participant loans? (If "Yes," enter amount a	-	-	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							

i ait		
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

d contribution plan subject to the minimum funding re	equirements of section 412 of the Code or section 302 of ERISA?
-------------------------------------------------------	-----------------------------------------------------------------

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					1			
	(lf "`	es," 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 ru Year	ling	
lf	you c	ompleted 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				
-		the amount contributed by the employer to the plan for this plan year		12c				
d		ract 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?			Ye	es X No		
		es," enter the amount of any plan assets that reverted to the employer this year		13a				
h		e all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brou						
	of th	e PBGC?	-			Yes X	No	
С		ring this plan year, any assets or liabilities were transferred from this plan to another plan(s), identi h assets or liabilities were transferred. (See instructions.)	fy the plan(s) to					
1	13c(1)	Name of plan(s):	13c(2)	EIN(s)		13c(3)	PN(s)	
Part	VIII	Trust Information	-					
14a	Name	of trust		14b	Trusťs E	IN		
14c	Nam	e of trustee or custodian		14d Trustee's or custodian's telephone number				
Par	t IX	IRS Compliance Questions						
15a	Is th	e plan a 401(k) plan?		Ye	es			
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)?		b h	Design- based safe ADP// harbor test method			
15c	testir	ADP/ACP test is used, did the 401(k) plan perform ADP/ACP testing for the plan year using the "c ng method" for nonhighly compensated employees (Treas. Reg sections 1.401(k)-2(a)(2)(ii) and 1.4 2)(ii))?		Y	es			
16a	Chec	k the box to indicate the method used by the plan to satisfy the coverage requirements under sect	ion 410(b):	Цр	atio ercentag est		erage nefit test	
16b		the plan satisfy the coverage and nondiscrimination tests of sections 410(b) and 401(a)(4) by con lan with any other plans under the permissive aggregation rules?	0	Ye	es	No		
17a	Has	he plan been timely amended for all required tax law changes?		Ye	es	No	N/A	
	for ta	the last plan amendment/restatement for the required tax law changes was adopted///x law changes and codes).	•				tructions	
17c		plan sponsor is an adopter of a pre-approved master and prototype (M&P) or volume submitter placer letter, enter the date of that favorable letter/ and the letter's serial r		t to a f	avorable 	IRS opinion	or	
17d		plan is an individually-designed plan and received a favorable determination letter from the IRS, e mination letter/	nter the date of	the pla	in's last fa	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		Ye	S	No		
19	Were	in-service distributions made during the plan year?		Ye	es	No		
	lf "Y€	es," enter amount		19				
20	Were	required minimum distributions made to 5% owners who have attained age 70 ½ (regardless of w d), as required under section 401(a)(9)?		Y	es	No	N/A	

Fo	rm 5500-SF	Short Form Annu		t of Small Emplo	yee		OMB Nos. 1210-0110 1210-0089		
	rtment of the Treasury mal Revenue Service	This form is required to be file	Benefit Plan ed under sections 104 and	4065 of the Employee Re	irement	2015			
	epartment of Labor lenefits Security Administration	Income Security Act of 1974		057(b) and 6058(a) of the l			form is Open to		
Pension B	enefit Guaranty Corporation	Complete all entries in	accordance with the ins	tructions to the Form 550	00-SF.	Pub	lic Inspection		
Part I		Identification Information							
For calend	ar plan year 2015 or fis	cal plan year beginning 01/01/20		and ending 12/31					
A This re	turn/report is for:	 ☆ a single-employer plan ☐ a one-participant plan 		plan (not multiemployer) (mployer information in acc		a second s			
B This ret	urn/report is	the first return/report	the final return/report						
		an amended return/report	a short plan year retu	ırn/report (less than 12 mo	nths)				
C Check	box if filing under:	Form 5558	automatic extension		[] [FVC prog	ram		
		special extension (enter desc							
Part II	100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100	rmation—enter all requested in	formation			2.24 .04			
1a Name NOW INVES		TION 401(K) PROFIT SHARING I	PLAN		1b Three plan (PN)	number	001		
						tive date o 1/2002	f plan		
Mailing	g address (include roon	ver, if for a single-employer plan) n, apt., suite no. and street, or P.C				oyer Identi 91-102968	fication Number 39		
City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) NOW INVESTMENTS CORPORATION				tructions)	2c Sponsor's telephone number (509) 783-2112				
						ess code (see instructions)		
	BLVD, SUITE B				52390	90			
Transferrenzen das Litter statuten	K. WA 99336	d address 🛛 Same as Plan Spon	1-10			nistrator's I	- Talata fa		
				-	3c Admi	nistrator's t	elephone number		
		plan sponsor has changed since ber from the last return/report.	the last return/report filed	for this plan, enter the	4b EIN				
a Spons	or's name				4c PN				
5a Total	number of participants	at the beginning of the plan year			5a		7		
b Total	number of participants	at the end of the plan year			5b		7		
		account balances as of the end of	Collection of the second	and a construction of the construction of the second s	5c		4		
d(1) ⊺ot	al number of active par	ticipants at the beginning of the p	lan year		5d(1)		7		
d(2) Tot	al number of active par	ticipants at the end of the plan ye	ar		5d(2)		6		
than	100% vested	erminated employment during the			5e		0		
Under pen SB or Sche	alties of perjury and oth	r incomplete filing of this returner penalties set forth in the instruid signed by an enrolled actuary, a lete	ctions, I declare that I have	e examined this return/repo	ort, includir	ng, if applic	able, a Schedule knowledge and		
SIGN		H	4-12-16	Paul Presby					
HERE	Silvature at alan a	Aminiatratar	2022 22	Cates as a findividu	al adamstara a		-1-1-11		
SIGN	Signature of plan a	anninstrator	Date	Enter name of individua	a siyning a	is plan adr	misuator		
HERE	Signature of employ	yer/plan sponsor	Date	Enter name of individua	al signing a	as employe	r or plan sponsor		
Preparer's	name (including firm na	ame, if applicable) and address (i	nclude room or suite numb	per)	Preparer's	telephone	number		
For Pananw	ork Reduction Act Notice	e and OMB Control Numbers, see th	e instructions for Form 550	0-SE			Form 5500-SF (2015)		

Form 5500-SF 2015

	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 a under 29 CFR 2520.104-46? (See instructions on waiver eligibility a If you answered "No" to either line 6a or line 6b, the plan cann	an independ and conditio	dent qualified public a	ccount	ant (IQ	PA)			X X			10 10
C	If the plan is a defined benefit plan, is it covered under the PBGC in	surance pro	ogram (see ERISA se	ction 4	021)?	[] Yes [No [Not	determ	nined	
Pa	rt III Financial Information											
7	Plan Assets and Liabilities		(a) Beginning	of Yea	ar			(b) End	of Ye	ar		
а	Total plan assets	7a		23317	'4		- Horney		23	36616		
b	Total plan liabilities	7b										
C	Net plan assets (subtract line 7b from line 7a)	7c		23317	'4				23	36616		
8	Income, Expenses, and Transfers for this Plan Year	7 12	(a) Amou	Int				(b) T	otal			
а	Contributions received or receivable from:	9-(4)		251	8							
	(1) Employers	8a(1)	the Contraction	967								
	 (2) Participants (3) Others (including rollovers) 	8a(2) 8a(3)			0			-				
	(3) Others (including rollovers)	8b		-624	24				-			
5003	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	80 8c		021		-	1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.	PARTY IN THE		5949		
	Benefits paid (including direct rollovers and insurance premiums	00				122		0.024.05	-	0040	1	3
	to provide benefits)	8d			0		al and	Netter of		de	AV.	
e	Certain deemed and/or corrective distributions (see instructions)	8e			0					5.33		
f	Administrative service providers (salaries, fees, commissions)	8f		250	7							
g	Other expenses	8g						Sugar.				
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h						•		2507		
<u> i </u>	Net income (loss) (subtract line 8h from line 8c)	8i		1683	224					3442		
j	Transfers to (from) the plan (see instructions)	8j										
Par	t IV Plan Characteristics											
9a	If the plan provides pension benefits, enter the applicable pension	feature cod	es from the List of Pla	an Chai	acteris	stic Co	odes in t	he instruc	tions:			
	2A 2E 2F 2G 2J 2K 2T 3B 3D			01							_	_
В	If the plan provides welfare benefits, enter the applicable welfare fe	eature code	s from the List of Plar	i Chara	icterist		ies in th	e instructi	ons:			
Par	V Compliance Questions											
10	During the plan year:				Yes	No	N/A		Amo	unt		_
a		tions within	the time period						Ant	unt	_	_
	described in 29 CFR 2510.3-102? (See instructions and DOL's V Program)	oluntary Fic	luciary Correction	10a		х						
b	Were there any nonexempt transactions with any party-in-interest reported on line 10a.)	and the second sec	In the rest of the second s	10b		х						
С	Was the plan covered by a fidelity bond?			10c	х						3000	Э
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 som the plan? (See instructions.)	e or all of th	ne benefits under	10e	х						131	 с
f	Has the plan failed to provide any benefit when due under the plan	n?		10f		Х						
g	Did the plan have any participant loans? (If "Yes," enter amount as	s of year en	id.)	10g		х	- S. 18					_
h	If this is an individual account plan, was there a blackout period? (See instruc	tions and 29 CFR						3.			
	2520.101-3.)			10h		X				1.52		
1	If 10h was answered "Yes," check the box if you either provided th exceptions to providing the notice applied under 29 CFR 2520.101			10i								4.8
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)	ents? (If "Y	es," see instructions a	and con	nplete	Scheo	lule SB	(Form		Yes		lo
11a	Enter the unpaid minimum required contribution for all years from					-						
12	Is this a defined contribution plan subject to the minimum funding	requiremer	its of section 412 of th	ne Code	e or se	ction :	302 of E	RISA?		Yes	XN	lo

	Form 5500-SF 2015 Page 3 - 1					
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)					
a	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see inst granting the waiver		enter the Day		e letter ru Year	ling
lf	you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 1	3.				
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 result (enter a minus sign to the le negative amount)		12d			
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					
13a	Has a resolution to terminate the plan been adopted in any plan year?			Yes	X No	
	If "Yes," enter the amount of any plan assets that reverted to the employer this year		13a			
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brough of the PBGC?				Yes 🛛	No
с 	If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify which assets or liabilities were transferred. (See instructions.)	y the plan(s) to				
	3c(1) Name of plan(s):	13c(2)	EIN(s)		13c(3) F	PN(s)
Part	VIII Trust Information	1				
and the second second	Name of trust		14b 1	rust's EIN		
5 GGS						
14c	Name of trustee or custodian			Trustee's o telephone r		an's
Par	IX IRS Compliance Questions					
15a	Is the plan a 401(k) plan?		Ye		No	
15b	If "Yes," how does the 401(k) plan satisfy the nondiscrimination requirements for employee deferrals and matching contributions (as applicable) under sections 401(k)(3) and 401(m)(2)?		ba ha	esign- ased safe arbor ethod	ADP test	PIACP
15c	If the ADP/ACP test is used, did the 401(k) plan perform ADP/ACP testing for the plan year using the "cui testing method" for nonhighly compensated employees (Treas. Reg sections 1.401(k)-2(a)(2)(ii) and 1.40 2(a)(2)(ii))?)1(m)-] Ye	s	No	
	Check the box to indicate the method used by the plan to satisfy the coverage requirements under section			atio ercentage st		rage efit test
16b	Does the plan satisfy the coverage and nondiscrimination tests of sections 410(b) and 401(a)(4) by comb this plan with any other plans under the permissive aggregation rules?		Ye	s	No	1 m - 1
17a	Has the plan been timely amended for all required tax law changes?		Ye	S	No	N/A
	Date the last plan amendment/restatement for the required tax law changes was adopted for tax law changes and codes).	Enter the a				structions
	If the plan sponsor is an adopter of a pre-approved master and prototype (M&P) or volume submitter plan advisory letter, enter the date of that favorable letter and the letter's serial n	umber		<u> </u>		or
	If the plan is an individually-designed plan and received a favorable determination letter from the IRS, end determination letter		the plar	ı's last favo	rable	
18	Is the Plan maintained in a U.S. territory (i.e., Puerto Rico (if no election under ERISA section 1022(i)(2) made), American Samoa, Guam, the Commonwealth of the Northern Mariana Islands or the U.S. Virgin I	has been Islands)?	Yes	5	No	
19	Were in-service distributions made during the plan year?		Ye	s	No	
	If "Yes," enter amount		19			
20	Were required minimum distributions made to 5% owners who have attained age 70 ½ (regardless of who retired), as required under section 401(a)(9)?	ether or not	Ye	s	No	N/A