## 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	Benefit Guaranty Corporation	▶ Complete all entries in a	accordance with the instructions to the Form 55	500-SF.		•
Part I	Annual Report	Identification Information				
For calen	dar plan year 2015 or fis	cal plan year beginning 01/01/2	2015 and ending 12	2/31/20 <sup>-</sup>	15	
A This re	eturn/report is for:	a single-employer plan     a one-participant plan	a multiple-employer plan (not multiemployer) list of participating employer information in ac a foreign plan		_	
<b>B</b> This re	turn/report is	the first return/report an amended return/report	the final return/report a short plan year return/report (less than 12 m	onths)		
C Check	box if filing under:	Form 5558	automatic extension		DFVC prog	ram
		special extension (enter descri	1 /			
Part II	Basic Plan Info	rmation—enter all requested in	formation			
1a Name NAMES F	e of plan AMILY MANAGEMENT,	LLC 401(K) PLAN		F	Three-digit olan number (PN)	001
				1c i	Effective date o	f plan 1/2012
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)					fication Number 980678	
	MILY MANAGEMENT, L		al code (if foreign, see instructions)	2c S	Sponsor's telep 253-5	hone number 66-7000
	ENTS BLVD., STE. 201 , WA 98466-6037			2d ∄	Business code (	see instructions)
3a Plan	administrator's name an	d address XSame as Plan Spons	SOr.	3b /	Administrator's	ΞIN
				3c /	Administrator's t	elephone number
		plan sponsor has changed since nber from the last return/report.	the last return/report filed for this plan, enter the	4b 1		
<b>a</b> Spon	sor's name			4c		
<b>5a</b> Tota	I number of participants	at the beginning of the plan year		5a	ı	2
<b>b</b> Tota	number of participants	at the end of the plan year		5b	•	2
			the plan year (defined benefit plans do not	5с		2
<b>d(1)</b> To	otal number of active par	ticipants at the beginning of the pl	an year	5d(1	1)	2
d(2) ⊤o	otal number of active par	ticipants at the end of the plan ve	ar	5d(2	2)	2
<b>e</b> Nun thar	nber of participants that to 100% vested	terminated employment during the	plan year with accrued benefits that were less	5e		0
		·	n/report will be assessed unless reasonable cau			
			ctions, I declare that I have examined this return/repas well as the electronic version of this return/report			

belief, it is true, correct, and complete.

	Filed with authorized/valid electronic signature.	04/18/2016	ROB TILLOTSON				
HERE	Signature of plan administrator	Date	Enter name of individual signing as plan administrator				
SIGN							
HERE	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor				
Preparer's	name (including firm name, if applicable) and address (include r	r) Preparer's telephone number					

	Form 5500-SF 2015		Page <b>2</b>								
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 indepe and condit not use Fo	ndent qualified public a ions.) orm 5500-SF and mus	ccount	ant (IQ	PA) Form	5500.			X Ye	es No
	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 dete	ermined
Par	t III Financial Information										
	Plan Assets and Liabilities		(a) Beginning			-		(b) Eı	nd of	Year	
	Fotal plan assets	. 7a		52	2978					62	2959
	Fotal plan liabilities	. 7b		FO	0 2978	-				60	0
	Net plan assets (subtract line 7b from line 7a)ncome, Expenses, and Transfers for this Plan Year	. 7c	(a) Ama-		.970	-		/ -	\ T-4		2959
	Contributions received or receivable from:		(a) Amou	unt				<u>a)</u>	) Tot	lai	
	1) Employers	. 8a(1)									
	2) Participants	. 8a(2)		11	200						
	3) Others (including rollovers)	. 8a(3)			0						
	Other income (loss)	. 8b		-1	219						
	Fotal income (add lines 8a(1), 8a(2), 8a(3), and 8b)	. 8c									9981
	Benefits paid (including direct rollovers and insurance premiums o provide benefits)	. 8d			0						
е	Certain deemed and/or corrective distributions (see instructions)	. 8e			0						
<u>f</u>	Administrative service providers (salaries, fees, commissions)	. 8f			0						
g	Other expenses	. 8g			0						
<u>h</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)	. 8h									0
	Net income (loss) (subtract line 8h from line 8c)	. 8i									9981
	Fransfers to (from) the plan (see instructions)	8j			0						
Par		<b>(</b> 1	also form that is a CDI	01		- 1' - 0 -		h - 1			
9a	If the plan provides pension benefits, enter the applicable pension 2A 2E 2F 2G 2J 2K 2R 3D	reature co	odes from the list of Pi	an Cna	racteris	Stic Co	aes in i	ne insi	ructio	ons:	
В	If the plan provides welfare benefits, enter the applicable welfare f	eature cod	les from the List of Pla	n Chara	acterist	ic Coc	les in th	e instr	uction	ns:	
_											
Part						L	L 1/4				
10 a	During the plan year:  Was there a failure to transmit to the plan any participant contribu	ıtions withi	n the time period		Yes	No	N/A			Amoun	t
u	described in 29 CFR 2510.3-102? (See instructions and DOL's V	oluntary F	iduciary Correction	10a		X					
b	Were there any nonexempt transactions with any party-in-interest					V					
	reported on line 10a.)			10b		X					
<u>c</u>	Was the plan covered by a fidelity bond?			10c	X						55000
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 some	her person ne or all of	s by an insurance the benefits under	40-		X					
	the plan? (See instructions.)  Has the plan failed to provide any benefit when due under the pla			10e					—		
				10f		X					
g	Did the plan have any participant loans? (If "Yes," enter amount a			10g		X					
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?			10i		X					
Part	VI Pension Funding Compliance			<b>,</b>							
11	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)									Ye	es No
11a	Enter the unpaid minimum required contribution for all years from						11a				
12	Is this a defined contribution plan subject to the minimum funding	requirem	ents of section 412 of t	he Cod	e or se	ction (	302 of E	RISA?	,	Ye	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		o
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	esign- ased safe arbor ethod	ADF test	P/ACP
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

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

2015

OMB Nos. 1210-0110 1210-0089

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		t Identification Information				
For calenda	ır plan year 2015 or t	iscal plan year beginning	01/01/2015	and ending	12/31/2	015
A This retu	urn/report is for:	X a single-employer plan	list of participating em	an (not multiemployer) ployer information in ac	, –	
		a one-participant plan	a foreign plan			
<b>B</b> This retu	rn/report is	the first return/report	the final return/report			
		an amended return/report	a short plan year return	n/report (less than 12 m	nonths)	
C Check b	oox if filing under:	Form 5558	automatic extension		DFVC p	rogram
- III	D : DI 1.6	special extension (enter desc	<del></del>			
Part II		ormation—enter all requested in	nformation		1b Three-digit	
1a Name o Names F		ment, LLC 401(k) Plar	n		plan numbe	r 001
					1c Effective da 01/01/2	•
Mailing	address (include ro	oyer, if for a single-employer plan) om, apt., suite no. and street, or P.0	O. Box)		2b Employer Id (EIN) 91-1	entification Number 1980678
•	town, state or provin Family Manag	ce, country, and ZIP or foreign pos gement, LLC	tal code (if foreign, see instr	uctions)	2c Sponsor's to 253-566	elephone number
1019 R	eqents Blvd.	. Ste. 201				de (see instructions)
Fircre			) 2 <i>7</i>		323720	
		WA 98466-60 and address X Same as Plan Spon			3b Administrate	or's EIN
					0	
					3C Administrate	or's telephone number
		he plan sponsor has changed since	e the last return/report filed f	or this plan, enter the	4b EIN	
	EIN, and the plan n	he plan sponsor has changed since umber from the last return/report.	e the last return/report filed f	or this plan, enter the	4b EIN 4c PN	
name, a Sponso	EIN, and the plan n or's name	umber from the last return/report.			4c PN	2
a Sponso	EIN, and the plan n or's name number of participan	umber from the last return/report.  ts at the beginning of the plan year.			4c PN . 5a	
a Sponso 5a Total r b Total r c Number	EIN, and the plan nor's name number of participant number of participant er of participants with	umber from the last return/report.  Its at the beginning of the plan year.  Its at the end of the plan year  Its account balances as of the end of	f the plan year (defined bene	efit plans do not	4c PN 5a 5b	2 2
a Sponso  5a Total r  b Total r  c Number complete	EIN, and the plan nor's name number of participant number of participant er of participants with ete this item)	ts at the beginning of the plan year, ts at the end of the plan year maccount balances as of the end of	f the plan year (defined bend	efit plans do not	4c PN 5a 5b 5c	2
name, a Sponso 5a Total r b Total r c Number comple d(1) Total	EIN, and the plan nor's name number of participant number of participant er of participants with ete this item)	umber from the last return/report.  Its at the beginning of the plan year  Its at the end of the plan year  In account balances as of the end of  Its articipants at the beginning of the p	f the plan year (defined ben	efit plans do not	4c PN 5a 5b 5c	2
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name, a Sponso 5a Total r b Total r c Number complete d(1) Total d(2) Total e Number name (Caution: A	EIN, and the plan nor's name number of participant er of participants with ete this item) al number of active p al number of active p er of participants that 100% vested	ts at the beginning of the plan year, its at the beginning of the plan year account balances as of the end of the plan year articipants at the beginning of the plan year terminated employment during the por incomplete filling of this return the penalties set forth in the instru	olan year (defined bence)  blan year  ear  rn/report will be assessed uctions. I declare that I have	efit plans do not  nefits that were less  unless reasonable ca	4c PN 5a 5b 5c 5d(1) 5d(2) 5e ause is established eport, including, if a	2 2 2 2 1 pplicable, a Schedule
name, a Sponso 5a Total r b Total r c Number compl d(1) Tota d(2) Tota e Number than Caution: A Under pena	EIN, and the plan nor's name number of participant er of participants with ete this item) al number of active p al number of active p er of participants tha 100% vested	ts at the beginning of the plan year its at the end of the plan year its at the end of the plan year in account balances as of the end of the plan year its at the end of the plan year its participants at the end of the plan year terminated employment during the or incomplete filling of this return the penalties set forth in the instruction of the plan year than the penalties set forth in the instruction of the plan year than the penalties are forther penalties are forther penalties.	olan year (defined benderation)  ear  ear plan year with accrued be plan year will be assessed uctions, I declare that I have as well as the electronic ve	nefits that were less unless reasonable ca examined this return/repo	4c PN 5a 5b 5c 5d(1) 5d(2) 5e ause is established eport, including, if a ort, and to the best control of the second of the secon	2 2 2 2 1 pplicable, a Schedule
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name, a Sponso 5a Total r b Total r c Number compl d(1) Tota d(2) Tota e Number than Caution: A Under pena SB or Sche belief, it is to SIGN HERE	EIN, and the plan nor's name number of participant of participants with ete this item) all number of active participants of participants that number of active participants that now vested alties of perupy and edule MB completed true, correct, and could signature of plants.	ts at the beginning of the plan year.  Its at the end of the plan year.  Its account balances as of the end of the end of the plan year tricipants at the beginning of the plan year terminated employment during the or incomplete filling of this return the plan year terminated employment during the penalties set forth in the instrument of the plan year terminated employment during the penalties set forth in the instrument of the plan year.  Its at the beginning of the plan year.	olan year (defined bence)  clan year ear	nefits that were less  unless reasonable ca examined this return/repo  Rob Tillotsor  Enter name of indivi	4c PN 5a 5b 5c 5d(1) 5d(2) 5e eport, including, if a ort, and to the best orthogonal dual signing as plan	2 2 2 2 0 1. pplicable, a Schedule of my knowledge and administrator
name, a Sponso 5a Total r b Total r c Number compl d(1) Tota d(2) Tota e Number than Caution: A Under pena SB or Sche belief, it is to SIGN HERE	EIN, and the plan nor's name number of participant of participants with ete this item) all number of active participants of participants that number of active participants that now vested alties of perupy and edule MB completed true, correct, and could signature of plants.	ts at the beginning of the plan year account balances as of the end of the plan year account balances as of the end of the plan year articipants at the beginning of the plan year terminated employment during the or incomplete filing of this return the plan year terminated employment during the plan year terminated employment during the plan year terminated employment during the account of the plan year terminated employment during the account of the plan year terminated employment during the plan the plan year terminated employment during the plan year.	olan year (defined bence)  clan year ear	nefits that were less  unless reasonable ca examined this return/repo  Rob Tillotsor  Enter name of indivi	4c PN 5a 5b 5c 5d(1) 5d(2) 5e eport, including, if a ort, and to the best ort. dual signing as plan	2 2 2 2 0 1. pplicable, a Schedule of my knowledge and administrator

<ul> <li>6a Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)</li> <li>b Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.)</li> </ul>	
If you answered "No" to either line 6a or line 6b, the plan cannot use Form 5500-SF and must instead use Form 5500.	
c If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)?	Not determined
Part III Financial Information	
	End of Year
a Total plan assets 7a 52978	62959
b Total plan liabilities	0
C Net plan assets (subtract line 7b from line 7a)	62959
	(b) Total
a Contributions received or receivable from:	
(1) Employers	
(2) Participants	
(3) Others (including rollovers)	
b Other income (loss)	SAN WARE TO ME
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	9981
d Benefits paid (including direct rollovers and insurance premiums to provide benefits)	
e Certain deemed and/or corrective distributions (see instructions) 8e	
f Administrative service providers (salaries, fees, commissions) 8f	
g Other expenses	
h Total expenses (add lines 8d, 8e, 8f, and 8g)	0
i Net income (loss) (subtract line 8h from line 8c)	9981
j Transfers to (from) the plan (see instructions)	
Part IV Plan Characteristics	
B If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the ins  Part V Compliance Questions	structions:
10 During the plan year: Yes No N/A	Amount
a 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)	
b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	
C Was the plan covered by a fidelity bond?	5500
d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	
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.)	
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 of year end.)	
h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	
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?	
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 (For 5500) and line 11a below).	m Yes No
11a Enter the unpaid minimum required contribution for all years from Schedule SB (Form 5500) line 40	

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	f "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)				
9	a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, and e ranting the waiver	enter the Day	e date of tl	ne letter rul Year	ing
lf yo	u completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.		r		
b E	ter the minimum required contribution for this plan year	12b			
C Er	ter the amount contributed by the employer to the plan for this plan year	12c			
	ubtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a egative amount)	12d			-
<b>e</b> v	fill the minimum funding amount reported on line 12d be met by the funding deadline?		Yes	No	N/A
Part V	Plan Terminations and Transfers of Assets				
13a ⊦	as a resolution to terminate the plan been adopted in any plan year?		Yes	X No	
ľ	"Yes," enter the amount of any plan assets that reverted to the employer this year	13a			
	Vere all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the co			Yes X	No
	during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to hich assets or liabilities were transferred. (See instructions.)				
13	(1) Name of plan(s): 13c(2)	EIN(s)		13c(3) F	N(s)
Part V	Trust Information	E			
<b>14a</b> Na	me of trust	14b	Trust's EIN	N	
14c N	ame of trustee or custodian	14d	Trustee's telephone	or custodia number	an's
Part I	IRS Compliance Questions				
15a I	the plan a 401(k) plan?	Y	es	No	
	"Yes," how does the 401(k) plan satisfy the nondiscrimination requirements for employee deferrals and employer atching contributions (as applicable) under sections 401(k)(3) and 401(m)(2)?	∐ b h	esign- ased safe arbor nethod	ADF test	P/ACP
te	the ADP/ACP test is used, did the 401(k) plan perform ADP/ACP testing for the plan year using the "current year sting method" for nonhighly compensated employees (Treas. Reg sections 1.401(k)-2(a)(2)(ii) and 1.401(m)-(a)(2)(ii))?	Y	es	No	
<b>16a</b> c	neck the box to indicate the method used by the plan to satisfy the coverage requirements under section 410(b):	Цр	latio ercentage est		erage refit test
	oes the plan satisfy the coverage and nondiscrimination tests of sections 410(b) and 401(a)(4) by combining is plan with any other plans under the permissive aggregation rules?	Y	es	∏ No	, man
17a ⊢	as the plan been timely amended for all required tax law changes?	Y	es	No	N/A
	ate the last plan amendment/restatement for the required tax law changes was adopted Enter the r tax law changes and codes).	applica	ble code_	(See i	nstruction
a	the plan sponsor is an adopter of a pre-approved master and prototype (M&P) or volume submitter plan that is subject dvisory letter, enter the date of that favorable letter and the letter's serial number				or
d	the plan is an individually-designed plan and received a favorable determination letter from the IRS, enter the date of etermination letter	the pla	n's last fa	vorable	
18 I	the Plan maintained in a U.S. territory (i.e., Puerto Rico (if no election under ERISA section 1022(i)(2) has been ade), American Samoa, Guam, the Commonwealth of the Northern Mariana Islands or the U.S. Virgin Islands)?	Ye		No	
<b>19</b> v	ere in-service distributions made during the plan year?	Y	es	☐ No	
		4	10		
It	"Yes," enter amount	19			