Form 5500-S	F Short Form Ann	ort of Small Emplo	oyee	OMB Nos. 1210-0110 1210-0089	
Department of the Treasur Internal Revenue Service	<ul> <li>This form is required to be fill</li> </ul>	Benefit Pla			2015
Department of Labor Employee Benefits Security Admin	Income Security Act of 197		6057(b) and 6058(a) of the	Internal	This Form is Open to Public Inspection
Pension Benefit Guaranty Corpo	Complete all entries in		structions to the Form 55	00-SF.	
	port Identification Information 5 or fiscal plan year beginning 01/01		and ending 12	2/31/2015	
A This return/report is for	X a single-employer plan	a multiple-employe	er plan (not multiemployer) employer information in ac	(Filers checking	
<b>B</b> This return/report is	the first return/report	the final return/repo	ort sturn/report (less than 12 m	onths)	
C Check box if filing unde	r: Form 5558	automatic extensio	n		C program
Part II Basic Plar	Information—enter all requested i				
<b>1a</b> Name of plan LEADERSHIP BALANCE L				1b Three-dig plan num (PN) ▶ 1c Effective	ber 001
					01/01/2014
Mailing address (inclu	employer, if for a single-employer plan) de room, apt., suite no. and street, or P. rovince, country, and ZIP or foreign pos	O. Box)	nstructions)	(EIN)	Identification Number 46-4174557
EADERSHIP BALANCE LL		····· · · · · · · · · · · · · · · · ·	,	2c Sponsor's	s telephone number 866-864-8200
372 S. EAGLE RD., STE. 37	2			2d Business	code (see instructions)
EAGLE, ID 83616					541990
<b>3a</b> Plan administrator's na	ame and address XSame as Plan Spor	nsor.		3b Administr	ator's EIN
				3c Administr	ator's telephone number
	l of the plan sponsor has changed since	e the last return/report file	ed for this plan, enter the	4b EIN	
a Sponsor's name	an number from the last return/report.			<b>4c</b> PN	
5a Total number of partic	ipants at the beginning of the plan year			5a	3
	ipants at the end of the plan year			5b	3
	s with account balances as of the end o		•	5c	
d(1) Total number of act	ive participants at the beginning of the p	olan year		5d(1)	3
	ive participants at the end of the plan y			5d(2)	2
than 100% vested	ts that terminated employment during the structure of the			5e	0
Under penalties of perjury	and other penalties set forth in the instructed and signed by an enrolled actuary,	uctions, I declare that I ha	ave examined this return/rep	oort, including, if	applicable, a Schedule
SIGN Filed with auth	prized/valid electronic signature.	04/18/2016	CATHRINE M LIGHT		
	plan administrator	Date	Enter name of individe	ual signing as pl	an administrator
SIGN HERE Signature of		Data	Enter nome of individ		
	employer/plan sponsor firm name, if applicable) and address (	Date include room or suite nur		Preparer's tele	nployer or plan sponsor phone number
For Paperwork Reduction A	t Notice and OMB Control Numbers, see t	he instructions for Form 5	500-SF.		Form 5500-SF (2015)

		· · · · · · · · · · · · · · · · · · ·					
<ul><li>6a Were all of the plan's assets during the plan year invested in eligi</li><li>b Are you claiming a waiver of the annual examination and report o</li></ul>		· /					Yes No
under 29 CFR 2520.104-46? (See instructions on waiver eligibility				•	,		X Yes No
If you answered "No" to either line 6a or line 6b, the plan can						_	
<b>C</b> If the plan is a defined benefit plan, is it covered under the PBGC	insurance pr	ogram (see ERISA se	ction 4	021)? .		Yes	No Not determined
Part III Financial Information	_						
7 Plan Assets and Liabilities		(a) Beginning	of Yea	ar			(b) End of Year
a Total plan assets	7a		80	500			154146
<b>b</b> Total plan liabilities	7b						
C Net plan assets (subtract line 7b from line 7a)	7c		80	500			154146
8 Income, Expenses, and Transfers for this Plan Year		(a) Amoເ	int				(b) Total
a Contributions received or receivable from:	0(1)		31	701			
(1) Employers	8a(1)			372			
(2) Participants			44	512			
(3) Others (including rollovers)				407			
<b>b</b> Other income (loss)	1 1		-2	427	_		70040
<b>C</b> Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c				_		73646
<b>d</b> Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d						
e Certain deemed and/or corrective distributions (see instructions)	<b>8e</b>						
f Administrative service providers (salaries, fees, commissions)	8f						
g Other expenses	8g						
h Total expenses (add lines 8d, 8e, 8f, and 8g)	8h						0
i Net income (loss) (subtract line 8h from line 8c)	8i						73646
j Transfers to (from) the plan (see instructions)							
Part IV Plan Characteristics							
<b>9a</b> If the plan provides pension benefits, enter the applicable pensio 2A 2E 2F 2G 2J 2R 3B 3D	n feature coo	les from the List of Pla	an Cha	racteris	stic Co	des in t	the instructions:
<b>B</b> If the plan provides welfare benefits, enter the applicable welfare	feature code	es from the List of Pla	n Chara	cterist	ic Cod	les in th	ne instructions:
Part V Compliance Questions							
<b>10</b> During the plan year:				Yes	No	N/A	Amount
<b>a</b> Was there a failure to transmit to the plan any participant contrib described in 29 CFR 2510.3-102? (See instructions and DOL's Program)	Voluntary Fig	duciary Correction	10a		х		
<b>b</b> Were there any nonexempt transactions with any party-in-interest reported on line 10a.)			10b		х		
<b>C</b> Was the plan covered by a fidelity bond?			10c		Х		
<b>d</b> Did the plan have a loss, whether or not reimbursed by the plan' by fraud or dishonesty?			10d		x		
e Were any fees or commissions paid to any brokers, agents, or o carrier, insurance service, or other organization that provides so the plan? (See instructions.)	me or all of th	he benefits under	10e		х		
f Has the plan failed to provide any benefit when due under the pl	an?		10f		Х		
g Did the plan have any participant loans? (If "Yes," enter amount					Х		
h If this is an individual account plan, was there a blackout period?	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR				х		
2520.101-3.)      If 10h was answered "Yes," check the box if you either provided     avcentione to providing the paties applied under 20 CEP 2520.1	the required	notice or one of the	10h				
<ul><li>exceptions to providing the notice applied under 29 CFR 2520.1</li><li>j Did the plan trust incur unrelated business taxable income?</li></ul>			10i 10j				
Part VI Pension Funding Compliance			10]			1	1

11		s a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Sched ) and line 11a below)		(Form	Yes	X No
11a	Ente	r the unpaid minimum required contribution for all years from Schedule SB (Form 5500) line 40	11a			
12	Is th	is 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

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	(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	ompleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line	13.		<b>.</b>						
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	art VII Plan Terminations and Transfers of Assets										
13a	Has	a resolution to terminate the plan been adopted in any plan year?			Υe	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									
D		e PBGC?				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.)	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 Name of trustee or custodian						<b>14d</b> Trustee's or custodian's telephone number					
Par	t IX	IRS Compliance Questions									
15a	Is th	e plan a 401(k) plan?		Y	es	No	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)?		b h	esign- ased safe arbor nethod	P/ACP					
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						
		k the box to indicate the method used by the plan to satisfy the coverage requirements under sect	.,	Цр	atio ercentage est		Average benefit test				
16b		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	Y	es	No					
17a	Has	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//////	•				tructions				
17c		plan sponsor is an adopter of a pre-approved master and prototype (M&P) or volume submitter placory 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		Υe	S	No					
19	Were	in-service distributions made during the plan year?		<b>Y</b>	es	No					
	lf "Y€	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 Annual Return/Report of Small Emp Benefit Plan						OMB Nos. 1210-01 1210-00				
	Internal Revenue Service		e filed under sections 104 ar			2	2015			
-	Department of Labor ployee Benefits Security Administration Pension Benefit Guaranty Corporation		ternal Revenue Code (the C	ode).			s Open to Public spection			
(Charles of	-Million Marriel	Complete all entries in ad dentification Information	ccordance with the instruc	ctions to the Form 5500-	-SF.		-			
	calendar plan year 2015 or fiscal		01/01/2015	and ending	1:	2/31/2015				
		a single-employer plan	a multiple-employer pla	an (not multiemployer) (Fil nployer information in acc	ers ch	ecking this box m				
В	This return/report is:	the first return/report an amended return/report	the final return/report	n/report (less than 12 mon	iths)					
С	C Check box if filing under: Form 5558 automatic extension DFVC program									
		mation enter all requested i	information							
1a	Name of plan Leadership Balance I	LLC 401(k) Plan			1b	Three-digit plan number (PN) ►	001			
					1c	Effective date of 01/01/2014	plan			
2a	Mailing Address (include room.	r, if for a single-employer plan) apt., suite no. and street or P.O. E country, and ZIP or foreign postal	Box) code (if foreign, see instruct	ions)	2b	Employer Identification Number (EIN) 46-4174557				
	Leadership Balance I				2c Sponsor's telephone number (866) 864-8200					
	372 S. Eagle Rd., St	te. 372			2d Business code (see instructions) 541990					
20	US Eagle ID 83616		N		01					
əd	Plan administrator's name and a	address 🛛 🕱 Same as Plan Spo	onsor Name		30	Administrator's E	EIN			
					3c	Administrator's t	elephone number			
4	If the name and/or EIN of the pl name, EIN, and the plan number	lan sponsor has changed since the er from the last return/report.	e last return/report filed for th	his plan, enter the	4b	EIN				
a	Sponsor's name				4c	PN				
	Total number of participants at t				5a		3			
b C	Total number of participants at t Number of participants with acc	count balances as of the end of the	e plan year (defined benefit p	plans do not	5k 5c		3			
d(	1) Total number of active particip	pants at the beginning of the plan	year		5d(	1)	3			
d(	2) Total number of active particip				5d(	2)	2			
e		ninated employment during the pla			5	e	0			
Ur SE	der penalties of perjury and other	r incomplete filing of this return r penalties set forth in the instruction signed by an enrolled actuary, as ste.	ons, I declare that I have exa	amined this return/report.	includi	ng, if applicable.	a Schedule rledge and			
s	IGN ////MIM	IDAT	41/1	CATHERINE M LIG	HT					
H	ERE Signature of plan admin	Istrator	Date Date	Enter name of individual	signin	g as plan admini	strator			
122-030	IGN ERE Signature of employer/p		Date	CATHERINE M LIG		a as amployer or				
100000	y 3	me, if applicable) and address; incl				arer's telephone r	the second s			
Fr	r Paperwork Reduction Act No	otice and OMB Control Number	s, see the instructions for	Form 5500-SF		F	form 5500-SF (2015)			
			-,							

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6a	Were all of the plan's assets during the plan year invested in eligible a	issets? (See	instructions.)					X Yes No
b	Are you claiming a waiver of the annual examination and report of an i	ndependent						
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility and	d conditions.	)				•••••	XYes No
	If you answered "No" to either line 6a or line 6b, the plan cannol						—	
Q.C.C.	If the plan is a defined benefit plan, is it covered under the PBGC insu	irance progra	am (see ERISA section 4021)	?	······ [	Yes	No	Not determined
-	rt III Financial Information							
	Plan Assets and Liabilities		(a) Beginning of Ye				(b) End of	
	Total plan assets	. 7a . 7b	80,	500	+			154,146
	Net plan assets (subtract line 7b from line 7a)	. 70 . 7c	80	500	+		er winnen an oan ar de de ar an ar an ar	154,146
-	Income, Expenses, and Transfers for this Plan Year						(b) To	
	Contributions received or receivable from:	0-(4)	21	701				
	<ol> <li>Employers</li></ol>	. 8a(1) . 8a(2)	the set of	701 372				
	(3) Others (including rollovers)			572				
-	Other income (loss)	. 8b	(2,4	27)				
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	. 8c						73,646
	Benefits paid (including direct rollovers and insurance premiums to 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			a.			0
	Net income (loss) (subtract line 8h from line 8c)	. 8i						73,646
STREET, STREET	Transfers to (from) the plan (see instructions)	. 8j			and the second			
Contraction of the	rt IV Plan Characteristics							
9a	If the plan provides pension benefits, enter the applicable pension fea 2A 2E 2F 2G 2J 2R 3B 3D	ture codes fi	rom the List of Plan Character	istic Co	des in	the instr	uctions:	
h		wa and a fee			·			
	If the plan provides welfare benefits, enter the applicable welfare featu	are codes ind	in the List of Plan Characters	aic Coa	es in ti	ne instru	ctions:	
Pa	rt V Compliance Questions							
10	During the plan year:			Yes	No	N/A	А	mount
а	Was there a failure to transmit to the plan any participant contribution							
	described in 29 CFR 2510.3-102? (See instructions and DOL's Volu	,	,					
b	Program)			a	X			
	reported on line 10a.)		10	b	x			
				с	x			
d	Did the plan have a loss, whether or not reimbursed by the plan's fid by fraud or dishonesty?			d	x			
e	Were any fees or commissions paid to any brokers, agents, or other			<u> </u>				
	carrier, insurance service, or other organization that provides some		1					
f	the plan? (See instructions.) Has the plan failed to provide any benefit when due under the plan?		and the second		X			
				T	X			
<u>b</u>	Did the plan have any participant loans? (If "Yes," enter amount as a			g	X			
h 	2520.101-3.)			h	x			
i	If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.101-		ice or one of the 10	i				
j	Did the plan trust incur unrelated business taxable income?							
Pa	t VI Pension Funding Compliance			<u> </u>		II		
11	Is this a defined benefit plan subject to minimum funding requireme 5500) and line 11a below)				edule \$	SB (Forn	n	Yes X No
11:	Enter the unpaid minimum required contribution for current year from	and the second se	the second s			11a		
12	Is this a defined contribution plan subject to the minimum funding re-		The second s		1		?	Yes X No

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(If "Yes," complete line 12a or lines 12	b, 12c, 12d, and 12e below, as applicable.)						
a If a waiver of the minimum funding st granting the waiver.	andard for a prior year is being amortized in		uctions, and enter onth Da		e of the letter Year	ruling	
If you completed line 12a, complete line	es 3, 9, and 10 of Schedule MB (Form 55	00), and skip to line 13	B				
b Enter the minimum required contribution	on for this plan year			12b			
c Enter the amount contributed by the en	nployer to the plan for this plan year			12c			
	ne amount in line 12b. Enter the result (ente		(1003P0420404)	12d			
e Will the minimum funding amount repo	orted on line 12d be met by the funding dea	dline?		🗆	Yes	No 🗌	N/A
Part VII Plan Terminations an	d Transfers of Assets						5
13a Has a resolution to terminate the plan		Ye	es X No				
If "Yes," enter the amount of any plan	assets that reverted to the employer this yea	ar		13a			
	participants or beneficiaries, transferred to					Yes	X No
	iabilities were transferred from this plan to a						
13c(1) Name of plan(s):	· · · · · ·		13c	(2) EIN(	s)	13c(3)	PN(s)
Part VIII Trust Information							
14a Name of trust				<b>14b</b> T	rust's EIN		
14c Name of trustee or custodian				14d Trustee or custodian's telephone number			
Part IX IRS Compliance Que	stions						
15a Is the plan a 401(k) plan:				Ye:	s [	No	
15b If "Yes," how does the 401(k) plan sati matching contributions (as applicable)	sfy the nondiscrimination requirements for e under sections 401(k)(3) and 401(m)(2)?	mployee deferrals and e	mployer	ba: hai	Design- based safe ADP/ACP harbor test nethod		
• • • • •	erform ADP/ACP testing for the plan year u ated employees (Treas. Reg. section 1.401	(k)-2(a)(2)(ii) and 1.401(	m)-	🗌 Ye	s [	] No	
16a Check the box to indicate the method	, , , , , , , , , , , , , , , , , , ,			Pe Te	rcentage L	Avera	ge fit Test
16b Does the plan satisfy the coverage an this plan with any other plans under the		and 401(a)(4) by combi		🗌 Ye	s [	] No	
17a Has the Plan been timely amended for	all required law changes?			Ye	s [	] No	🗌 N/A
17b Date of the last plan amendment/resta instructions for tax law changes and co	des).	· · · · · · · · · · · · · · · · · · ·			ible code _	(Se	e
17c If the plan sponsor is an adopter of a p advisory letter, enter the date of that far		olume submitter plan that and the letter's serial nu		orable l	IRS opinion of	or	
17d If the plan is an individually-designed p determination letter /	lan and recieved a favorable determination	letter from IRS, please e	nter the date of pl	an's lasi	t favorable		
18 Is the Plan maintained in a U.S. territor made), American Samoa, Guam, the C	y (i.e., Puerto Rico (if no election under ERI commonwealth of the Northern Mariana Isla	SA section 1022(i)(2) ha nds or the U.S. Virgin Isl	s been ands)?	🗌 Ye	s [	] No	
19 Were in-service distributions made dur	ing the plan year?			🗌 Ye	s [	] No	
If Yes, enter amount				19			1990 TT-1990 - 1997 INFO
20 Were minimum required distributions n not retired) as required under section 4	nade to 5% owners who have attained age 7 01(a)(9)?			☐ Ye	s [	No	🗌 N/A