## 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

Part I	Annual Report	: Identification Informatior	1										
For calend	ar plan year 2015 or f	iscal plan year beginning 01/01/	2015	and ending 12	2/31/2015								
A This ref	X a single-employer plan  This return/report is for:  a multiple-employer plan (not multiemployer) (Filers checking this box must attach a list of participating employer information in accordance with the form instructions) a foreign plan												
<b>B</b> This retu	urn/report is	<ul><li>the first return/report</li><li>an amended return/report</li></ul>	the final return/report	the final return/report a short plan year return/report (less than 12 months)									
C Check	box if filing under:	Form 5558	automatic extension		DFVC pr	ogram							
Part II	Basic Plan Info	ormation—enter all requested ir	nformation										
1a Name					1b Three-digit plan number (PN) ▶	001							
					1c Effective date of plan 01/01/2015								
Mailing	g address (include roc	over, if for a single-employer plan) om, apt., suite no. and street, or P.0		tructiona)	<b>2b</b> Employer Ide (EIN) 9'	ntification Number 1-1405299							
	CORPORATION	ce, country, and ZIP or foreign pos	tai code (il foreign, see insi	tructions)	2c Sponsor's tel	ephone number 5-776-8119							
6605 - 200Th LYNNWOOD			2d Business code (see instructions) 541330										
3a Plan a	dministrator's name a	nd address XSame as Plan Spon	sor.		<b>3b</b> Administrator	's EIN							
					<b>3c</b> Administrator	's telephone number							
name	, EIN, and the plan nu	e plan sponsor has changed since imber from the last return/report.	the last return/report filed	for this plan, enter the	4b EIN								
<b>a</b> Spons	or's name				4c PN								
<b>5a</b> Total	number of participants	s at the beginning of the plan year.			5a	20							
<b>b</b> Total	number of participants	s at the end of the plan year			5b	19							
		account balances as of the end of	' ' '	•	5c								
<b>d(1)</b> Tot	al number of active pa	articipants at the beginning of the p	lan year		. 5d(1)								
<b>d(2)</b> Tot	al number of active pa	articipants at the end of the plan ye	ar		5d(2)								
		t terminated employment during the			<b>5e</b> 0								
		or incomplete filing of this retur											
SB or Sche		ther penalties set forth in the instru and signed by an enrolled actuary, aplete.											
SIGN		/valid electronic signature.	04/25/2016	STEVEN MACAULEY	/								
HERE	Signature of plan	administrator	Date	Enter name of individ	ual signing as plan a	administrator							
SIGN HERE													
	Signature of emplo		dual signing as employer or plan sponsor										
Preparer's	Preparer's name (including firm name, if applicable) and address (include room or suite number )												

Form 5500-SF 2015			Page <b>2</b>								
6a Were all of the plan's assets during the plan year b Are you claiming a waiver of the annual examina under 29 CFR 2520.104-46? (See instructions of If you answered "No" to either line 6a or line	ation and report of an n waiver eligibility and 6b, the plan cannot	indepen d conditi use For	ident qualified public a ons.)rm 5500-SF and must	ccount	ant (IQ ad use	PA)  <b>Form</b>	5500.			X Yes	
C If the plan is a defined benefit plan, is it covered	under the PBGC insu	ırance pı	rogram (see ERISA se	ction 4	021)? .		Yes	No	N	ot deter	mined
Part III   Financial Information						1					
7 Plan Assets and Liabilities			(a) Beginning	of Ye				(b) Eı	nd of		
a Total plan assets		7a			0	-				1336	307
<b>b</b> Total plan liabilities		7b -			0	+				4220	207
C Net plan assets (subtract line 7b from line 7a)		7c	0				133607 (b) Total				
8 Income, Expenses, and Transfers for this Plan Y a Contributions received or receivable from:	ear		(a) Amou	ınt				a)	) I Ota	31	
(1) Employers		8a(1)		61	052						
(2) Participants		8a(2)		73	791						
(3) Others (including rollovers)		8a(3)									
<b>b</b> Other income (loss)		8b			594						
C Total income (add lines 8a(1), 8a(2), 8a(3), and		8c								1342	249
Benefits paid (including direct rollovers and insure to provide benefits)	•	8d			642						
e Certain deemed and/or corrective distributions (s	see instructions)	8e									
<b>f</b> Administrative service providers (salaries, fees,	commissions)	8f									
g Other expenses		8g									
h Total expenses (add lines 8d, 8e, 8f, and 8g)		8h								(	642
i Net income (loss) (subtract line 8h from line 8c)		8i								1336	307
j Transfers to (from) the plan (see instructions)		8j									
Part IV Plan Characteristics											
9a If the plan provides pension benefits, enter the a 2E 2G 2J 2K 2T 3D	applicable pension fea	ature co	des from the List of Pla	an Cha	racteris	stic Co	des in t	he inst	ructio	ns:	
B If the plan provides welfare benefits, enter the a	policable welfare feat	ture cod	es from the List of Pla	n Chara	acterist	ic Cod	es in th	e instri	ıction	s:	
	ppdabio monaro roat			. 0						<u> </u>	
Part V Compliance Questions											
10 During the plan year:					Yes	No	N/A		Α	mount	
Was there a failure to transmit to the plan any plans described in 29 CFR 2510.3-102? (See instruction Program)	ctions and DOL's Volu	untary Fi	duciary Correction	10a		X					
<b>b</b> Were there any nonexempt transactions with a						V					
reported on line 10a.)				10b		X					
C Was the plan covered by a fidelity bond?				10c		X					
d Did the plan have a loss, whether or not reimbout by fraud or dishonesty?				10d		X					
Were any fees or commissions paid to any bro carrier, insurance service, or other organization the plan? (See instructions.)	that provides some of	or all of t	the benefits under	10e		X					
f Has the plan failed to provide any benefit when				10f		Х					
<b>g</b> Did the plan have any participant loans? (If "Ye	· · · · · · · · · · · · · · · · · · ·			10g		Χ					
h If this is an individual account plan, was there a 2520.101-3.)	a blackout period? (Se	ee instru	ctions and 29 CFR	10g 10h		X					
i If 10h was answered "Yes," check the box if yo exceptions to providing the notice applied under	u either provided the	required	notice or one of the	10ii							
j Did the plan trust incur unrelated business taxa				10i 10j							
Part VI Pension Funding Compliance								1			
11 Is this a defined benefit plan subject to minimur 5500) and line 11a below)										Yes	s No
11a Enter the unpaid minimum required contribution							11a			<u></u>	
12 Is this a defined contribution plan subject to the	•		,					RISA?		Yes	s 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)		13c(3) 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			
140 Name of trustee of custodian						telephone number				
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)?		Design- based safe ADP/ACF harbor test method						
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			

## 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.

2015

2015

OMB Nos. 1210-0110 1210-0089

This Form is Open to Public Inspection

Part I	Annual Repor	t Identification Information	)								
For caler	ndar plan year 2015 or t	fiscal plan year beginning 01/01/20	15	and ending 12	/31/2015						
A This r	A This return/report is for:    X   a single-employer plan										
	,	a one-participant plan	a foreign plan	p.oyor mionnation in a	recordance with	the form instructions)					
<b>B</b> This re	eturn/report is	X the first return/report	the final return/report								
		an amended return/report									
C Check	k box if filing under:	☐ Form 5558 ☐ automatic extension ☐ DFVC program ☐ special extension (enter description)									
Day II	Decis Dien Infe		· · · · · · · · · · · · · · · · · · ·								
Part II		ormation—enter all requested inf	ormation		T						
1a Name ACTIVE EI	e of plan NGINEERING RETIRE		1b Three-d plan nui (PN)								
			1c Effective date of plan 01/01/2015								
2a Plan Mailir	sponsor's name (emplo	yer, if for a single-employer plan) m, apt., suite no. and street, or P.O	. Box)		2b Employer Identification Number						
City of DUNINGER		ee, country, and ZIP or foreign posta		tructions)	(EIN) 91-1405299  2c Sponsor's telephone number (425) 776-8119						
(1)						code (see instructions)					
	TH ST. S.W. DD. WA 98036		541330								
		ad address Vice Discourse			01-						
Ja Flanc	auministrator s name ar	nd address X Same as Plan Spons	or,		3b Administ	rator's EIN					
					3c Administ	rator's telephone number					
4 If the name	name and/or EIN of the	e plan sponsor has changed since the plan sponsor has changed since the plant from the last return/report.	he last return/report filed f	or this plan, enter the	4b EIN						
	sor's name				4c PN						
5a Total	number of participants	at the beginning of the plan year			5a	20					
		at the end of the plan year			5b	19					
C Numb	per of participants with a	account balances as of the end of the	ne plan year (defined bene	efit plans do not	5c	19					
		ticipants at the beginning of the pla			5d(1)	20					
		ticipants at the end of the plan year			5d(2)	19					
than	100% vested	terminated employment during the p	, 		5e	0					
Under pen	alties of periury and oth	or incomplete filing of this return/ er penalties set forth in the instructi	ons I declare that I have	examined this return/rer	ort including it	eg.					
SB or Sche	edule MB completed an true, correct, and comp	d signed by an enrolled actuary, as	well as the electronic ver	sion of this return/report	, and to the bes	t of my knowledge and					
SIGN HERE	x mar and 14/21/14 x 1Star Macarley Mas/con										
SIGN	Signature of plan ac	anning ator	Date	Enter name of individu	Jai signing as pl	an administrator					
HERE	Signature of employ	/er/plan sponsor	Date	Enter name of individu	Jal signing as er	nployer or plan sponsor					
Preparer's		ame, if applicable) and address (incl		r)		phone number					
						į					

	Form 5500-SF 2015		Page 2							
b	Were all of the plan's assets during the plan year invested in eligit 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 can of the plan is a defined benefit plan is it covered under the PRCC in	QPA) e For	PA)							
Par	If the plan is a defined benefit plan, is it covered under the PBGC in	nsurance pro	gram (see ERISA s	section	4021)?		Yes	∐No	Not determined	
_	Plan Assets and Liabilities		(-) Dt1			T				
	Total plan assets	7a	(a) Beginnir	ig or Y	ear O	+		(b) En	d of Year 133607	
	Total plan liabilities	7b			<del></del>	$\dashv$		-	133007	
	Net plan assets (subtract line 7b from line 7a)	7c			0	+		·	133607	
_	Income, Expenses, and Transfers for this Plan Year		(a) Amo	unt		$\top$	-	(b)	Total	
	Contributions received or receivable from:		(4) / 0110			223		(0)	TOTAL TRANSPORT	
	(1) Employers	8a(1)		610		177				
	(2) Participants	8a(2)		737	91		- 1 W-		ny Stay State	
	(3) Others (including rollovers)	8a(3)				5				
	Other income (loss)	8b		-5	94	100	우리 시간 아니는 경기를 받는다.			
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c		, L E.		9.	134249			
u i	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		6	42					
	Certain deemed and/or corrective distributions (see instructions)	8e				1				
	Administrative service providers (salaries, fees, commissions)	8f								
g (	Other expenses	8g	-	-		54				
	Fotal expenses (add lines 8d, 8e, 8f, and 8g)	8h					642			
i ı	Net income (loss) (subtract line 8h from line 8c)	8i					133607			
	Fransfers to (from) the plan (see instructions)	8j								
$\dashv$	If the plan provides pension benefits, enter the applicable pension 2E 2G 2J 2K 2T 3D  If the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare benefits, enter the applicable pension.									
					Voe	No	NVA			
а	During the plan year:  Was there a failure to transmit to the plan any participant contribut described in 29 CFR 2510.3-102? (See instructions and DOL's Von Program)	pluntary Fidu	ciary Correction	10a	Yes	No X	N/A		Amount	
b	Was there a failure to transmit to the plan any participant contribut	oluntary Fiduo	ciary Correction  ude transactions	10a	Yes		N/A		Amount	
b	Was there a failure to transmit to the plan any participant contribut described in 29 CFR 2510.3-102? (See instructions and DOL's Vo Program)	oluntary Fiduc	ciary Correction ude transactions		Yes	x	N/A		Amount	
b c d	Was there a failure to transmit to the plan any participant contribut described in 29 CFR 2510.3-102? (See instructions and DOL's Volence Program)	(Do not included)	ide transactions	10b	Yes	x	N/A		Amount	
b c d	Was there a failure to transmit to the plan any participant contribut described in 29 CFR 2510.3-102? (See instructions and DOL's Voltage Program)	(Do not included in the includ	ide transactions that was caused an insurance benefits under	10b 10c 10d	Yes	x x	N/A		Amount	
b c d	Was there a failure to transmit to the plan any participant contribut described in 29 CFR 2510.3-102? (See instructions and DOL's Vorgram)  Were there any nonexempt transactions with any party-in-interest? reported on line 10a.)  Was the plan covered by a fidelity bond?  Did the plan have a loss, whether or not reimbursed by the plan's fiby fraud or dishonesty?  Were any fees or commissions paid to any brokers, agents, or othe carrier, insurance service, or other organization that provides some the plan? (See instructions.)	idelity bond, it	ide transactions  that was caused  an insurance benefits under	10b 10c 10d	Yes	x x x	N/A		Amount	
b c d e	Was there a failure to transmit to the plan any participant contribut described in 29 CFR 2510.3-102? (See instructions and DOL's Vorgram)  Were there any nonexempt transactions with any party-in-interest? reported on line 10a.)  Was the plan covered by a fidelity bond?  Did the plan have a loss, whether or not reimbursed by the plan's fiby fraud or dishonesty?  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.)  Has the plan failed to provide any benefit when due under the plan	(Do not included in the included it is persons by a or all of the	ide transactions that was caused an insurance benefits under	10b 10c 10d 10e 10f	Yes	x x x x	N/A		Amount	
b c d e	Was there a failure to transmit to the plan any participant contribut described in 29 CFR 2510.3-102? (See instructions and DOL's Voltage Program)	cr persons by e or all of the	an insurance benefits under	10b 10c 10d	Yes	x x x x	N/A		Amount	
b c d e	Was there a failure to transmit to the plan any participant contribut described in 29 CFR 2510.3-102? (See instructions and DOL's Vorgram)  Were there any nonexempt transactions with any party-in-interest? reported on line 10a.)  Was the plan covered by a fidelity bond?  Did the plan have a loss, whether or not reimbursed by the plan's f by fraud or dishonesty?  Were any fees or commissions paid to any brokers, agents, or othe carrier, insurance service, or other organization that provides some the plan? (See instructions.)  Has the plan failed to provide any benefit when due under the plan Did the plan have any participant loans? (If "Yes," enter amount as	continued in the contin	an insurance benefits under	10b 10c 10d 10e 10f 10g	Yes	x x x x x	N/A		Amount	
b c d e f g h	Was there a failure to transmit to the plan any participant contribut described in 29 CFR 2510.3-102? (See instructions and DOL's Vorgram)  Were there any nonexempt transactions with any party-in-interest? reported on line 10a.)  Was the plan covered by a fidelity bond?  Did the plan have a loss, whether or not reimbursed by the plan's fiby fraud or dishonesty?  Were any fees or commissions paid to any brokers, agents, or othe carrier, insurance service, or other organization that provides some the plan? (See instructions.)  Has the plan failed to provide any benefit when due under the plan Did the plan have any participant loans? (If "Yes," enter amount as If this is an individual account plan, was there a blackout period? (\$2520.101-3.)	idelity bond, if the persons by a or all of the of year end.) See instruction are required not 3	ins and 29 CFR	10b 10c 10d 10e 10f 10g 10h	Yes	x x x x x	N/A		Amount	

5500) and line 11a below).....

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 No

Yes X No

	Form 5500-SF 2015 Page <b>3</b> - 1					
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)					<del></del>
_	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see in granting the waiver.	structions, and	enter the	e date of the	he letter i Year	ruling
	f you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line					
	Enter the minimum required contribution for this plan year		12b			
	Enter 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 negative amount)	eft of a	12d			
e	Will the minimum funding amount reported on line 12d be met by the funding deadline?			Yes	No	N/A
Pari	Plan Terminations and Transfers of Assets					
138	Has a resolution to terminate the plan been adopted in any plan year?			Yes	No N	
	If "Yes," enter the amount of any plan assets that reverted to the employer this year					
b	of the PBGC?				Yes X	No
	If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identifully which assets or liabilities were transferred. (See instructions.)	y the plan(s) to	)			
	13c(1) Name of plan(s):	13c(2)	EIN(s)		13c(3)	PN(s)
- Taranana						
Part	Trust Information					
14a	Name of trust		14b ⊤i	rust's EIN		-
14c	Name of trustee or custodian	14d Trustee's or custodian's telephone number				
Par	IRS Compliance Questions					
15a	is the plan a 401(k) plan?		Yes		No	
	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)?		bas har	sign- sed safe bor thod	ADI	
15c	If the ADP/ACP test is used, did the 401(k) plan perform ADP/ACP testing for the plan year using the "cu testing method" for nonhighly compensated employees (Treas. Reg sections 1.401(k)-2(a)(2)(ii) and 1.402(a)(2)(ii))?	rrent year 11(m)-	Yes		No	
	Check the box to indicate the method used by the plan to satisfy the coverage requirements under sectio		Rat perd test	centage		erage nefit 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?	ining	Yes		No	
17a	Has the plan been timely amended for all required tax law changes?		Yes		No	N/A
	Date the last plan amendment/restatement for the required tax law changes was adopted	Enter the ap			- '	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				or
	If the plan is an individually-designed plan and received a favorable determination letter from the IRS, ent determination letter		he plan's	last favor	able	
18 	ls the Plan maintained in a U.S. territory (i.e., Puerto Rico (if no election under ERISA section 1022(i)(2) h made), American Samoa, Guam, the Commonwealth of the Northern Mariana Islands or the U.S. Virgin Is	nas been slands)?	Yes		No	
19	Nere in-service distributions made during the plan year?		Yes		No	
	f "Yes," enter amount		19			
20 v	Were required minimum distributions made to 5% owners who have attained age 70 ½ (regardless of whe retired), as required under section 401(a)(9)?	ther or not	Yes	[	No	∏N/A