Form 5500-SF		Short Form Annual Return/Report of Small Employee								
Department of the Treasury Internal Revenue Service		Benefit Plan This form is required to be filed under sections 104 and 4065 of the Employee Retirement				2015				
Employee Ber	partment of Labor nefits Security Administration nefit Guaranty Corporation	Income Security Act of 1974 (ERISA), and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).				This Form is Open to Public Inspection				
Part I		 Complete all entries in ac lentification Information 	cordance with the inst	ructions to the Form 5	500-SF.					
	r plan year 2015 or fisca		15	and ending 1	2/31/2015					
A This return/report is for: a one-participant plan a foreign plan a foreign plan 										
B This retu	rn/report is	Image: style styl								
C Check box if filing under:							am			
Part II	Basic Plan Inform	special extension (enter descrip								
1a Name o					(PN)	tive date of	•			
Mailing	address (include room,	r, if for a single-employer plan) apt., suite no. and street, or P.O. country, and ZIP or foreign postal		tructions)	06/12/2015 2b Employer Identification Number (EIN) 91-2196217					
City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) LUMINTERRA, LLC 15215 NE 160TH ST WOODINVILLE, WA 98072-8152 15215 NE 160TH ST WOODINVILLE, WA 98072-8152					2c Sponsor's telephone number 425-424-0419 2d Business code (see instructions) 541990					
					3c Admi	nistrator's te	elephone number			
name,		lan sponsor has changed since the from the last return/report.	e last return/report filed	for this plan, enter the	4b EIN 4c PN	91-21	96217			
		the beginning of the plan year			_		2			
		the end of the plan year					2			
C Numbe	er of participants with ac	count balances as of the end of th	e plan year (defined ber	nefit plans do not	5c		2			
d(1) Tota	I number of active partic	cipants at the beginning of the plar	n year		5d(1)		2			
d(2) Total number of active participants at the end of the plan yeare Number of participants that terminated employment during the plan year with accrued benefits that were less				5d(2) 5e		2				
Caution: A Under penal SB or Sched	penalty for the late or lties of perjury and othe	incomplete filing of this return/u r penalties set forth in the instructi signed by an enrolled actuary, as te.	report will be assessed ons, I declare that I have	I unless reasonable ca	use is estab port, includir	ng, if applica	ble, a Schedule			
	Filed with authorized/va	lid electronic signature.	04/28/2016	JOSEPH WEST						
Signature of plan administrator Date Enter name of individual signing as plan administrator							inistrator			
SIGN HERE	Signature of employe		Date		dividual signing as employer or plan sponsor					
Preparer's n JB WEST	name (including firm nar	ne, if applicable) and address (incl	lude room or suite numb	er)	Preparer's	telephone r 425-424				
15215 NE 1 WOODINVII	60TH ST LLE, WA 98072									
For Paperwo	ork Reduction Act Notice	and OMB Control Numbers, see the i	nstructions for Form 5500)-SF.		F	Form 5500-SF (2015) v. 150123			

The plan and me benefit plan. It is covered under the PBCC insubors? and https://miseauduser.prom/iseauduser.		Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.) 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.)						X Yes X Yes	No No			
7 Plan Assets and Liabilities (a) Beginning of Year (b) End of Year a Total plan assets 7a 0 23115 b Total plan biblities 7b 0 0 c Net plan assets (subtract line 7b from Im 7a) 7c 0 23115 3 Income, Expenses, and Transfers for this Plan Year (a) Amount (b) Total 0 3 Contributions neceword or receivable from: 8a(1) 1 1 10 (c) Participantis 8a(2) 23115 10 10 (c) Total income (ddi lines 8a(1), 8a(2), 8a(3), and 8b) 8c 10 10 10 (c) Total income (ddi lines 8a(1), 8a(2), 8a(3), and 8b) 8c 0 10 23115 (d) Borner (dgiss) 8b 130 10 10 10 (d) Anonum demost and/or corrective distributions (see instructions) 8d 0 0 10 (d) Borner (dgiss) 8d 0 0 0 10 10 (d) Anonum demost and/or corrective distributions (see instructions) 8d 0 0 0 (d) Cornal deemed and/or corrective distributins (see ononmissions), andi 0	С	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)? Yes No Not determined										
a Total plan lassifs To 0 23115 b Total plan labilities To 0 0 c Net plan assets (subtract line To from line To) To 0 0 d Income, Expenses, and Transfers for the Plan Year (a) Amount (b) Total 0 d Controllions method or concived for concive distributions (see instructions). 8d 0 g Onter income (lass) adial 0 23115 d Benefits paid (including relatives for the splicable set instructions). 8d 0 0 e Catal indemed andro concelve distributions (see instructions). 8d 0 0 0 f Administrative service providers (salaties, fees, commissions). 8f 0 0 0 f Administrative service providers (salaties, fees, commissions). 8f 0 0 0 f Administrative service providers (salaties, fees, commissions). 8f 0 0 0 0 <	Pa	rt III Financial Information										
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C Net plan assets (subtract line 7b from line 7a)	а	Total plan assets	7a								15	
B income, Expenses, and Transfers for the Pain Year (a) Amount (b) Total a Contributions received or receivable from: (a) (1) (b) Participants. (b) Total (c) Participants. (b) Others income (loss) (b) Others income (loss) (c) Participants. (c) Partitipants. (c) Participants. (c) Parti	b	Total plan liabilities	7b		0				0			
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h Total expenses (add lines 8d, 8e, 8f, and 8g)	a					0						
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described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)			tions withi	n the time period		163	NU	IVA		Amount		
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c Was the plan covered by a fidelity bond?	b				10h		х					
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2520.101-3.) 10h X 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. 10i j Did the plan trust incur unrelated business taxable income? 10j X 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 (Form D	g	g Did the plan have any participant loans? (If "Yes," enter amount as of year end.)					Х					
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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 (Form	j	j Did the plan trust incur unrelated business taxable income?			10i			Х				
11 Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form	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 (Form										

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 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 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									
If you completed 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									
-		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?			Yes 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 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	e of trust		14b Trust's EIN					
14c Name 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	s 🗌 No			
15b If "Yes," how does the 401(k) plan satisfy the nondiscrimination requirements for employee deferrals and employer matching contributions (as applicable) under sections 401(k)(3) and 401(m)(2)?					esign- ased safe ADP/ACP arbor test ethod				
15c 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))?					es No				
16a Check the box to indicate the method used by the plan to satisfy the coverage requirements under section 410(b):					atio ercentage est	rcentage			
16b Does the plan satisfy the coverage and nondiscrimination tests of sections 410(b) and 401(a)(4) by combining this plan with any other plans under the permissive aggregation rules?				Ye	es	No			
17a Has the plan been timely amended for all required tax law changes?				Ye	es	No	N/A		
	17b Date the last plan amendment/restatement for the required tax law changes was adopted/ Enter the applicable code (See instructions for tax law changes and codes).								
17c If the plan sponsor is an adopter of a pre-approved master and prototype (M&P) or volume submitter plan that is subject to a favorable IRS opinion or advisory letter, enter the date of that favorable letter/ and the letter's serial number									
17d If the plan is an individually-designed plan and received a favorable determination letter from the IRS, enter the date of the plan's last favorable determination letter/									
18	Is the Plan maintained in a U.S. territory (i.e., Puerto Rico (if no election under ERISA section 1022(i)(2) has been made), American Samoa, Guam, the Commonwealth of the Northern Mariana Islands or the U.S. Virgin Islands)?				s 🗌 No				
19 Were in-service distributions made during the plan year?				Ye	es	No			
If "Yes," enter amount									
20	20 Were required minimum distributions made to 5% owners who have attained age 70 ½ (regardless of whether or not retired), as required under section 401(a)(9)?					No	N/A		