## 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

OMB Nos. 1210-0110

2015

This Form is Open to Public Inspection

| Pension  | serient Guaranty Corporation  | Complete all entries in a  | accordance with the instructions to the Form 55  | 500-SF.                       |  | •                |  |  |  |  |
|--|---|--|--|-------------------------------|--|------------------|--|--|--|--|
| Part I   | Annual Report   | Identification Information   |  |                               |  |                  |  |  |  |  |
| For calend   | dar plan year 2015 or fi  | iscal plan year beginning 01/01/2                                  | 015 and ending 12  | 2/31/201                      | 5  |                  |  |  |  |  |
| <b>A</b> 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 special extension (enter descr                           | automatic extension  | DFVC program                  |  |                  |  |  |  |  |
| Part II  | Basic Plan Info   | ormation—enter all requested inf                                   | formation  |                               |  |                  |  |  |  |  |
| 1a Name  | e of plan   | EES 401(K) RETIREMENT SAVING                                       |  | pl<br>(F                      | hree-digit<br>an number<br>PN)                     | 002              |  |  |  |  |
|  |   | IC E   | ffective date of   | r pian<br>1/2001              |  |                  |  |  |  |  |
| Mailir   | sponsor's name (emplo   |  | b Employer Identification Number<br>(EIN) 91-1506430   |                               |  |                  |  |  |  |  |
| City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) CORPORATE TRANSLATION SERVICES, INC. |   |  |  |                               | 2c Sponsor's telephone number 360-693-7100         |                  |  |  |  |  |
| 911 MAIN STREET, SUITE 10<br>/ANCOUVER, WA 98660   |   |  |  |                               | <b>2d</b> Business code (see instructions)  541930 |                  |  |  |  |  |
| 3a Plan  | administrator's name a  | nd address XSame as Plan Spons                                     | or.  | <b>3b</b> Administrator's EIN |  |                  |  |  |  |  |
|  |   |  |  | <b>3c</b> A                   | dministrator's t                                   | elephone number  |  |  |  |  |
| name   | e, EIN, and the plan nu   | e plan sponsor has changed since mber from the last return/report. | the last return/report filed for this plan, enter the  | 4b E                          |  |                  |  |  |  |  |
| _  | sor's name  |  |  | 5a                            |  | 116              |  |  |  |  |
|  | ·   |  |  | 5b                            |  | 103              |  |  |  |  |
| C Num  | <ul> <li>Total number of participants at the end of the plan year</li> <li>Number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item)</li> </ul> |  |  |                               |  | 41               |  |  |  |  |
|  |   |  | an year  | 5d(1)                         | )  | 111              |  |  |  |  |
|  |   |  | ar   | 5d(2                          | -  | 97               |  |  |  |  |
| <b>e</b> Num   | ber of participants that  | terminated employment during the                                   | plan year with accrued benefits that were less   | 5e                            |  | 0                |  |  |  |  |
|  |   |  | n/report will be assessed unless reasonable cau  | use is es                     | tablished.   |                  |  |  |  |  |
| Under per  | nalties of periury and ot   | ther penalties set forth in the instruc                            | tions. I declare that I have examined this return/re   | port, incl                    | uding, if applic                                   | able, a Schedule |  |  |  |  |

SB or Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/report, and to the best of my knowledge and

| Dellel, It is t | rue, correct, and complete.   |            |  |
|-----------------|---|------------|--|
|                 | Filed with authorized/valid electronic signature.   | 05/03/2016 | ROBERTA K. BARGER  |
| HERE            | Signature of plan administrator   | Date       | Enter name of individual signing as plan administrator       |
| SIGN            |   |            |  |
| HERE            |   |            |  |
| HEKE            | Signature of employer/plan sponsor  | Date       | Enter name of individual signing as employer or plan sponsor |
|                 | Signature of employer/plan sponsor name (including firm name, if applicable) and address (include r |            |  |
|                 |   |            |  |
|                 |   |            |  |

| Form 5500-SF 2015  |   | Page <b>2</b>                 |          |           |                        |          |        |        |            |          |
|--|---|-------------------------------|----------|-----------|------------------------|----------|--------|--------|------------|----------|
| <ul> <li>Were all of the plan's assets during the plan year invested in eligib</li> <li>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 lf you answered "No" to either line 6a or line 6b, the plan cannot be a second to the plan cannot be a second</li></ul> | an indepen<br>and condition<br>ot use For   | dent qualified public a ons.) | ccount   | ant (IQ   | PA)<br><br><b>Form</b> | 5500.    |        | X      | Yes<br>Yes | No No    |
| C If the plan is a defined benefit plan, is it covered under the PBGC in   | surance pr  | ogram (see ERISA se           | ection 4 | 021)? .   |                        | Yes      | No     | Not    | determ     | ined     |
| Part III   Financial Information   |   |                               |          |           |                        |          |        |        |            |          |
| 7 Plan Assets and Liabilities  |   | (a) Beginning                 |          |           |                        |          | (b) En | d of Y |            |          |
| a Total plan assets  | 7a<br>  |                               | 757      | 7546      |                        |          |        |        | 78043      |          |
| b Total plan liabilities   | 7b  |                               | 757      | 0<br>'546 |                        |          |        |        | 78043      | 0        |
| Net plan assets (subtract line 7b from line 7a)      Income, Expenses, and Transfers for this Plan Year  | 7c  | (a) Amou                      |          | 340       |                        |          | (b)    | Total  | 70043      | <u> </u> |
| a Contributions received or receivable from:   |   | (a) Amot                      | ını      |           |                        |          | (a)    | Total  |            |          |
| (1) Employers  | 8a(1)   |                               |          | 0         |                        |          |        |        |            |          |
| (2) Participants   | 8a(2)   |                               | 98       | 8047      |                        |          |        |        |            |          |
| (3) Others (including rollovers)   | 8a(3)   |                               |          | 0         |                        |          |        |        |            |          |
| <b>b</b> Other income (loss)   | 8b  |                               | -9       | 134       |                        |          |        |        |            |          |
| C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)   | 8c  |                               |          |           |                        |          |        |        | 8891       | 3        |
| Benefits paid (including direct rollovers and insurance premiums to provide benefits)  | 8d  |                               | 63       | 016       |                        |          |        |        |            |          |
| e Certain deemed and/or corrective distributions (see instructions)  | 8e  |                               |          | 0         |                        |          |        |        |            |          |
| f Administrative service providers (salaries, fees, commissions)   | 8f  |                               | 3        | 8012      |                        |          |        |        |            |          |
| g Other expenses   | 8g  |                               |          | 0         |                        |          |        |        |            |          |
| h Total expenses (add lines 8d, 8e, 8f, and 8g)  | 8h  |                               |          |           |                        |          |        |        | 6602       | 8        |
| i Net income (loss) (subtract line 8h from line 8c)  | 8i  |                               |          |           |                        |          |        |        | 2288       | 5        |
| j Transfers to (from) the plan (see instructions)  | 8j  |                               |          | 0         |                        |          |        |        |            |          |
| Part IV Plan Characteristics   |   |                               |          |           |                        |          |        |        |            |          |
| 9a If the plan provides pension benefits, enter the applicable pension  2E 2F 2G 2J 2K 2T 3D  B If the plan provides welfare benefits, enter the applicable welfare for  |   |                               |          |           |                        |          |        |        |            |          |
| Part V Compliance Questions  |   |                               |          |           |                        |          |        |        |            |          |
| <b>10</b> During the plan year:  |   |                               |          | Yes       | No                     | N/A      |        | Am     | ount       |          |
| Was there a failure to transmit to the plan any participant contribu described in 29 CFR 2510.3-102? (See instructions and DOL's V Program)  | oluntary Fi   | duciary Correction            | 10a      |           | X                      |          |        |        |            |          |
| <b>b</b> Were there any nonexempt transactions with any party-in-interest reported on line 10a.)   |   |                               | 10b      |           | X                      |          |        |        |            |          |
| C Was the plan covered by a fidelity bond?   |   |                               | 10c      | X         |                        |          |        |        |            | 75000    |
| <b>d</b> Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?   |   |                               | 10d      |           | X                      |          |        |        |            |          |
| Were any fees or commissions paid to any brokers, agents, or oth<br>carrier, insurance service, or other organization that provides som<br>the plan? (See instructions.)   | ne or all of t  | he benefits under             | 10e      |           | X                      |          |        |        |            |          |
| f Has the plan failed to provide any benefit when due under the plan   |   |                               | 10f      |           | Χ                      |          |        |        |            |          |
|  |   |                               |          |           | X                      |          |        |        |            |          |
|  | Did the plan have any participant loans? (If "Yes," enter amount as of year end.) |                               |          |           | Α                      |          |        |        |            |          |
| 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  | ne required   | notice or one of the          | 10i      | Х         |                        |          |        |        |            |          |
| 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)  |   |                               |          |           |                        |          |        |        | Yes        | X 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  |   |                               |          |           |                        | 302 of E | RISA?  |        | Yes        | 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<br>ng the waiver   |                  | enter the<br>Day                              | date of t               | he letter rul<br>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              |
|      | rianio   | of tubics of suctorial  |                  | 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/ACP 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<br>ercentage<br>st |                       | rage<br>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 section 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.

OMB Nos. 1210-0110 1210-0089

2015

This Form is Open to Public Inspection

| P   | art I Annual Report Identif  | ication Information                          |                   |   | F  | 12/31/2                       | 015                      |                                  |  |  |  |  |
|-----|--|--|-------------------|---|--|-------------------------------|--------------------------|----------------------------------|--|--|--|--|
| For | calendar plan year 2015 or fiscal plan   | year beginning                               |                   | 01/01/2015  | and ending   |                               |                          | w must attach                    |  |  |  |  |
| Α   | This return/report is for:   | ngle-employer plan<br>ne-participant plan    | a lis             | nultiple-employer plar<br>st of participating em<br>preign plan | n (not multiemployer) (F<br>ployer information in ac | lers checking<br>cordance wit | g this boo<br>h the forr | x must attach<br>m instructions) |  |  |  |  |
| В   |  | first return/report<br>amended return/report |                   | final return/report<br>hort plan year return                    | report (less than 12 mc                              | ? months)                     |                          |                                  |  |  |  |  |
| С   | Check box it tilling under.  | m 5558<br>cial extension (enter descrip      |                   | tomatic extension   |  | ∐ DFV                         | C progra                 | m<br>                            |  |  |  |  |
| E   | art II Basic Plan Information  | n enter all requested in                     | nformat           | tion  |  | 0.5                           |                          |                                  |  |  |  |  |
|     | Name of plan  CTS LanguageLink Employe   |  |                   |   |  | 1b Three-oplan nu<br>(PN) ►   | ımber                    | 002                              |  |  |  |  |
|     |  |  | 04/01             | L/2001  |  |                               |                          |                                  |  |  |  |  |
| 28  | Plan sponsor's name (employer, if for<br>Mailing Address (include room, apt.,<br>City or town, state or province, coun       | cuite no and street or P ()                  | . Box)<br>al code | e (if foreign, see instru                                       | uctions)   | (EIN)                         | 91-15                    |                                  |  |  |  |  |
|     | Corporate Translation Se   |  |                   | , , ,   |  |                               | or's telep               | hone number<br>7100              |  |  |  |  |
|     | 911 Main Street, Suite 1   |  |                   |   |  | ,                             | ss code                  | (see instructions)               |  |  |  |  |
|     | US Vancouver WA 98660  |  |                   |   |  | 2h Admin                      | ietrator'e               | FIN                              |  |  |  |  |
| 3   | Plan administrator's name and addr   | ess X Same as Plan Spo                       | onsor N           | lame  |  | 3b Administrator's EIN        |                          |                                  |  |  |  |  |
|     |  |  |                   |   |  | 3c Admin                      | istrator's               | telephone number                 |  |  |  |  |
| 4   | If the name and/or EIN of the plan s   | ponsor has changed since                     | the las           | t return/report filed fo  | or this plan, enter the                              | 4b EIN                        |                          |                                  |  |  |  |  |
|     | name, EIN, and the plan number fro   | om the last return/report.                   |                   |   |  | 4c PN                         |                          |                                  |  |  |  |  |
|     | <ul><li>a Sponsor's name</li><li>a Total number of participants at the l</li></ul>   | beginning of the plan year                   |                   |   |  | 5a                            |                          | 116                              |  |  |  |  |
|     | Total number of participants at the  | end of the plan year                         |                   |   |  | 5b                            |                          | 103                              |  |  |  |  |
| (   | Number of participants with account complete this item)  | t balances as of the end of                  | the pla           | an year (defined bene   | efit plans do not                                    | 5c                            |                          | 41                               |  |  |  |  |
|     | d(1) Total number of active participant  |  |                   |   |  | 5d(1)                         |                          | 111                              |  |  |  |  |
|     | d(2) Total number of active participant  | ts at the end of the plan yea                | ar                |   | - Charles and a                                      | 5d(2)                         |                          | 97                               |  |  |  |  |
|     | Number of participants that terminal less than 100% vested   | •••••  | •••••             | •••••   | ***************************************              | 5e                            |                          | 0                                |  |  |  |  |
|     | Caution: A penalty for the late or inc   | omplete filing of this retur                 | rn/repo           | ort will be assessed  | l unless reasonable ca                               | ause is estab                 | lished.                  |                                  |  |  |  |  |
|     | Under penalties of perjury and other pe<br>SB or Schedule MB completed and sig<br>belief, it is true, correct, and complete. | Ities set forth in the instru                | etione            | I declare that I have   | e examined this return/repo                          | eport, includir               | ng, if app<br>best of r  | Try Knowledge and                |  |  |  |  |
|     | SIGN HERE Signature of plan administra   | taigh  |                   | 5/3/16<br>Date  | Koberta  Entername of individu                       | ual signing as                | plan ad                  | 1                                |  |  |  |  |
|     | SIGN JOBERTA X   | Barger                                       |                   | 5/3/16  | Koberta<br>Enter name of individu                    | K.B                           | arriove                  | X                                |  |  |  |  |
|     | HERE Signature of employer/plan Preparer's name (including firm name,  |  | include           | Date room or suite numb   |  | Preparer's                    |                          |                                  |  |  |  |  |
|     | Tropald o hamo (moleculg minutes)  | ,  |                   |   |  |                               |                          |                                  |  |  |  |  |
|     |  |  |                   |   |  |                               |                          |                                  |  |  |  |  |

|                | Form 5500-SF 2015  |              | Page 2   |        |          |                       |              |                 |               |  |  |
|----------------|--|--------------|--|--------|----------|-----------------------|--------------|-----------------|---------------|--|--|
| 62             | Were all of the plan's assets during the plan year invested in eligible  | assets? (S   | See instructions.)   |        |          |                       |              | Х Ү             | es No         |  |  |
|                | Are you claiming a waiver of the annual examination and report of ar   |              |  | ntant  | (IQP/    | 4)                    |              |                 |               |  |  |
|                | under 29 CFR 2520.104-46? (See instructions on waiver eligibility ar   |              |  |        |          |                       |              | Y               | es No         |  |  |
|                | If you answered "No" to either line 6a or line 6b, the plan canno  | t use Forr   | n 5500-SF and must inst  | ead ı  | use F    | orm 5                 | 500.         |                 |               |  |  |
| C              | If the plan is a defined benefit plan, is it covered under the PBGC ins  | surance pr   | ogram (see ERISA section   | n 402  | 1)? .    |                       | Yes          | ☐ No ☐ N        | ot determined |  |  |
| Pa             | rt III Financial Information   |              |  |        |          |                       |              |                 |               |  |  |
| 7              | Plan Assets and Liabilities  |              | (a) Beginning of   | Year   |          |                       |              | (b) End of Yea  | r             |  |  |
| а              | Total plan assets  | 7a           | 75   | 7,54   | 16       |                       |              | . 7             | 80,431        |  |  |
| b              | Total plan liabilities   | 7b           |  |        | 0        |                       |              |                 | 0             |  |  |
| С              | Net plan assets (subtract line 7b from line 7a)  | 7c           | 75   | 16     | _        |                       |              | 80,431          |               |  |  |
| 8              | Income, Expenses, and Transfers for this Plan Year   |              | (a) Amount   |        |          | erisperation is       | (b) Total    |                 |               |  |  |
| a              | Contributions received or receivable from: (1) Employers   | 8a(1)        |  |        | 0        |                       |              |                 |               |  |  |
|                | (2) Participants   | 8a(2)        | 9  | 8,04   | 17       | 4,011                 |              |                 |               |  |  |
|                | (3) Others (including rollovers)   | 8a(3)        |  |        | 0        |                       |              |                 |               |  |  |
| b              | Other income (loss)  | 8b           | (9   | , 134  | 1)       |                       |              |                 |               |  |  |
| С              | Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)   | 8c           | Personal State of the  |        |          |                       |              |                 | 88,913        |  |  |
| d              | Benefits paid (including direct rollovers and insurance premiums   |              | 6  | 3,0:   | 16       | 11                    |              |                 | FORTON STATE  |  |  |
|                | to provide benefits)   | 8d           | 0  | 3,0.   | 0        |                       |              |                 |               |  |  |
| e              | Certain deemed and/or corrective distributions (see instructions)  | 8e           |  | 3,0    |          |                       |              |                 |               |  |  |
| <u>f</u>       | Administrative service providers (salaries, fees, commissions)   | 8f           |  | 5,0.   | 0        | 2 3 1 1 0             |              |                 |               |  |  |
| g              | Other expenses (add lines 2d, 2g, 2f, and 2g)  | 8g<br>8h     | Control of the Contro |        |          |                       |              |                 | 66,028        |  |  |
| h              | Total expenses (add lines 8d, 8e, 8f, and 8g)  Net income (loss) (subtract line 8h from line 8c)                                 | 8i           |  |        | e a date |                       |              |                 | 22,885        |  |  |
| ÷              | Transfers to (from) the plan (see instructions)  | 8j           |  |        | 0        |                       |              |                 |               |  |  |
| D              | art IV Plan Characteristics  | -,           |  |        |          | and the second second |              |                 |               |  |  |
| DOMESTIC STATE | If the plan provides pension benefits, enter the applicable pension for  | eature cod   | es from the List of Plan C   | harac  | teristi  | c Cod                 | es in th     | e instructions: |               |  |  |
| ou             | 2E 2F 2G 2J 2K 2T 3D   |              |  |        |          |                       |              |                 |               |  |  |
| b              | If the plan provides welfare benefits, enter the applicable welfare fea  | ature code   | s from the List of Plan Ch   | aracte | eristic  | Code                  | s in the     | instructions:   |               |  |  |
| D              | The plan provides werrare benefits, effect the applicable world of   | ataro oodo   | o nom the block of than one  |        |          |                       |              |                 |               |  |  |
| P              | art V Compliance Questions   |              |  |        |          |                       |              |                 |               |  |  |
| 10             | During the plan year:  |              |  |        | Yes      | No                    | N/A          | Amou            | unt           |  |  |
|                |  | itions withi | n the time period  |        |          |                       |              |                 |               |  |  |
|                | described in 29 CFR 2510.3-102? (See instructions and DOL's Vo   |              |  |        |          |                       |              |                 |               |  |  |
|                | Program)   |              |  | 10a    |          | Х                     | man se       |                 |               |  |  |
| 1              | Were there any nonexempt transactions with any party-in-interest reported on line 10a.)  |              |  | 10b    |          | х                     | 1,409 (Card) |                 |               |  |  |
| (              | Was the plan covered by a fidelity bond?   |              |  | 10c    | X        |                       | ericano II   |                 | 75,000        |  |  |
| -              | Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?  |              |  | 10d    |          | x                     |              |                 |               |  |  |
|                | Were any fees or commissions paid to any brokers, agents, or ot  | her person   | s by an insurance  |        |          |                       |              |                 |               |  |  |
|                | carrier, insurance service, or other organization that provides some   | ne or all of | the benefits under   | 40-    |          | x                     |              |                 |               |  |  |
| _              | the plan? (See instructions.)  |              |  | 10e    |          | -                     |              |                 |               |  |  |
| -              | Has the plan failed to provide any benefit when due under the pla  | ın?          |  | 10f    |          | Х                     |              |                 |               |  |  |
|                | Did the plan have any participant loans? (If "Yes," enter amount a   | as of year o | end.)  | 10g    |          | х                     |              |                 |               |  |  |
|                | If this is an individual account plan, was there a blackout period? 2520.101-3.)   |              |  | 10h    | х        |                       |              |                 |               |  |  |
|                | If 10h was answered "Yes," check the box if you either provided texceptions to providing the notice applied under 29 CFR 2520.10 |              |  | 10i    | х        |                       |              |                 |               |  |  |
|                | Did the plan trust incur unrelated business taxable income?  |              |  | 10j    |          |                       |              |                 |               |  |  |
| P              | art VI Pension Funding Compliance  |              |  |        | _        |                       |              |                 |               |  |  |
| 1              | Is this a defined benefit plan subject to minimum funding requirer 5500) and line 11a below)                                     |              |  |        |          |                       |              |                 | Yes X No      |  |  |
| 1              | a Enter the unpaid minimum required contribution for current year f  | from Sched   | dule SB (Form 5500) line   | 40     |          |                       | 11a          |                 |               |  |  |
| 1:             | 2 Is this a defined contribution plan subject to the minimum funding   | g requirem   | ents of section 412 of the   | Code   | or se    | ction                 | 302 of I     | ERISA?          | Yes X No      |  |  |
|                |  |              |  |        |          |                       |              |                 |               |  |  |

|      | Form 5500-SF 2015  |                 |   |                        |                 |
|------|--|-----------------|---|------------------------|-----------------|
|      | (If "Yes " complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)  |                 |   |                        |                 |
| Q    | a If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, and granting the waiver.  Month D   | d ente<br>Day _ | r the date o                              | of the letter r<br>ear | uling<br>       |
| If y | 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   | 12k             | )   |                        |                 |
| С    | Enter the amount contributed by the employer to the plan for this plan year  | 120             | ;   |                        |                 |
| d    | Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a negative amount)  | 120             | 1   |                        |                 |
| е    | Will the minimum funding amount reported on line 12d be met by the funding deadline?   |                 | Yes                                       | ☐ No ☐                 | N/A             |
| Part |  |                 |   |                        |                 |
| 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  | 138             | 1   |                        |                 |
| b    | of the PBGC?   | •••••           | l<br>                                     | Yes [                  | X No            |
| С    | If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) twhich assets or liabilities were transferred. (See instructions.)  | 0               |   |                        |                 |
|      | 13c(1) Name of plan(s): 13   | c(2) E          | IN(s)                                     | 13c(3)                 | PN(s)           |
|      |  |                 |   |                        |                 |
| Part | t VIII Trust Information   |                 |   |                        |                 |
| 14a  | Name of trust  | 14k             | Trust's El                                | N                      |                 |
| 140  | Name of trustee or custodian   | 100             | d Trustee o                               | or custodian'<br>umber | s               |
| Par  | t IX IRS Compliance Questions  |                 |   |                        | æ               |
| 15a  | I is the plan a 401(k) plan:   |                 | Yes                                       | ☐ 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)?   |                 | Design-<br>based safe<br>harbor<br>method | ADP/<br>test           | ACP             |
| 150  | If ADP/ACP test, 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. section 1.401(k)-2(a)(2)(ii) and 1.401(m)-2(a)(2)(ii))?  |                 | Yes                                       | ☐ No                   |                 |
|      | Check the box to indicate the method used by the plan to satisfy the coverage requirements under section 410(b):   |                 | Ratio<br>Percentag<br>Test                | e Avera<br>Bene        | age<br>fit Test |
| 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?  |                 | Yes                                       | ☐ No                   |                 |
|      | Has the Plan been timely amended for all required law changes?   |                 | Yes                                       | ☐ No                   | □ N/A           |
| 17k  | Date of the last plan amendment/restatement for the required tax law changes was adopted// Enter t instructions for tax law changes and codes).  | he ap           | plicable co                               | de (Se                 | ee              |
|      | If the plan sponsor is an adopter of a pre-approved master, prototype (M&P), or volume submitter plan that is subject advisory letter, enter the date of that favorable letter / / and the letter's serial number.  If the plan is an individually-designed plan and recieved a favorable determination letter from IRS, please enter the determination letter / / |                 |   |                        | r               |
| 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)?   |                 | Yes                                       | ☐ No                   |                 |
| 19   | Were in-service distributions made during the plan year?   |                 | Yes                                       | ☐ No                   |                 |
|      | If Yes, enter amount   | 19              |   |                        |                 |
| 20   | Were minimum required distributions made to 5% owners who have attained age 70 ½ (regardless of whether or not retired) as required under section 401(a)(9)?   |                 | Yes                                       | ☐ No                   | □ N/A           |