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).

OMB Nos. 1210-0110 1210-0089

2015

This Form is Open to Public Inspection

Pension	senent 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	2015 and ending 12	2/31/20)15				
A This re	eturn/report is for:	a multiple-employer plan (not multiemployer) list of participating employer information in ac a foreign plan	· · ·						
B This return/report is									
C Check	box if filing under:	Form 5558	automatic extension	DFVC program					
Dort II	Pagia Blan Infe	<u> </u>	· ,						
Part II 1a Name BELLEGRE	e of plan	ormation—enter all requested inf			Three-digit plan number (PN) •	002 f plan			
		oyer, if for a single-employer plan) om, apt., suite no. and street, or P.O), Box)	2b	10/0 Employer Identi	1/1980			
City c	or town, state or province over OB/GYN, INC. P.S	_	Sponsor's telep	onsor's telephone number 425-455-0244					
	H AVE NE SUITE C115 , WA 98004-3745	2d Business code (see instructions) 621111							
3a Plan administrator's name and address Same as Plan Sponsor.					3b Administrator's EIN3c Administrator's telephone number				
		ne plan sponsor has changed since sumber from the last return/report.	the last return/report filed for this plan, enter the	4b	EIN 91-1	004602			
a Spon	sor's name BELLEGRO	OVE OB-GYN, INC. P.S.		4c	PN 0	02			
5a Total	number of participants	s at the beginning of the plan year		58	a	49			
b Total	number of participants	s at the end of the plan year		5k	o	51			
			the plan year (defined benefit plans do not	50		51			
d(1) Total number of active participants at the beginning of the plan year						33			
d(2) To	otal number of active pa	5d(5d(2)						
Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested						0			
			n/report will be assessed unless reasonable cau						
Under per	naities of perjury and of	ther penalties set forth in the instruc	ctions, I declare that I have examined this return/re	port, in	icluding, if applic	able, a Schedule			

belief, it is true, correct, and complete Filed with authorized/valid electronic signature 05/12/2016 SUZIE PARKER-DIXON **SIGN HERE** Signature of plan administrator Date Enter name of individual signing as plan administrator **SIGN HERE** Signature of employer/plan sponsor Date Enter name of individual signing as employer or plan sponsor Preparer's name (including firm name, if applicable) and address (include room or suite number) Preparer's telephone number

Form 5500-SF 2015		Page 2							
 Were all of the plan's assets during the plan year invested in eligib Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility 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 t	an independand condition	dent qualified public a	ccount	ant (IQ	PA)				Yes No
C If the plan is a defined benefit plan, is it covered under the PBGC in	nsurance pr	ogram (see ERISA se	ection 4	021)? .		Yes	No	Not de	etermined
Part III Financial Information									
7 Plan Assets and Liabilities		(a) Beginning					(b) Enc	of Year	
a Total plan assets	7a		10796		-			100	58862
b Total plan liabilities	7b		10796	58				100	3110 55752
Net plan assets (subtract line 7b from line 7a) Income, Expenses, and Transfers for this Plan Year	7c	(a) Amou		1332			(b)	Total	33732
a Contributions received or receivable from:		(a) Amot	ını				(a)	Iotai	
(1) Employers	8a(1)		267	328					
(2) Participants	8a(2)		82	405					
(3) Others (including rollovers)	8a(3)			0					
b Other income (loss)	8b		48	471	_				00004
Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) Benefits paid (including direct rollovers and insurance premiums	8c							3	98204
d Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		1134	185					
e Certain deemed and/or corrective distributions (see instructions)	8e			0					
f Administrative service providers (salaries, fees, commissions)	8f		4	799					
g Other expenses	8g			0					
h Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							11	38984
i Net income (loss) (subtract line 8h from line 8c)	8i							-7	40780
j Transfers to (from) the plan (see instructions)	8j								
Part IV Plan Characteristics									
9a If the plan provides pension benefits, enter the applicable pension 3D 2E 2G 2J 2R 2A 2F 2T 2K	feature cod	es from the List of Plant	an Cha	racteris	stic Co	des in th	ne instru	ctions:	
B If the plan provides welfare benefits, enter the applicable welfare for	eature code	s from the List of Pla	n Chara	acterist	ic Coc	les in the	e instruc	tions:	
Part V Compliance Questions									
10 During the plan year:				Yes	No	N/A		Amou	ınt
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 Fig	duciary Correction	10a		X				
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					500000
d 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 carrier, insurance service, or other organization that provides som the plan? (See instructions.)	ne or all of the	ne benefits under	10e		X				
f Has the plan failed to provide any benefit when due under the pla					Х				
			10f		^				
g Did the plan have any participant loans? (If "Yes," enter amount a		,	10g	Х					0
h If this is an individual account plan, was there a blackout period? 2520.101-3.)	•		10h		X				
i If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10			10i						
j Did the plan trust incur unrelated business taxable income?			10i						
Part VI Pension Funding Compliance			,		<u> </u>	<u> </u>			
11 Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)									Yes No
11a Enter the unpaid minimum required contribution for all years from						11a		<u>. —</u>	<u> </u>
12 Is this a defined contribution plan subject to the minimum funding							RISA?	. 🛮 🗎	Yes X No

	F	orm 5500-SF 2015 Page 3 - 1							
	(If "Ye	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 in ng the waiver		enter the Day	e date of	the letter ru Year	ling		
If		mpleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line		Day_		Toal			
b	Enter th	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 Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a								
		ve amount)		Yes	No	N/A			
Part		e minimum funding amount reported on line 12d be met by the funding deadline? Plan Terminations and Transfers of Assets			163	NO	IN/A		
		resolution to terminate the plan been adopted in any plan year?			X Ye	s \square No			
		," 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 brou	ght under the co			Yes X	No		
С	If durin	PBGC? ng this plan year, any assets or liabilities were transferred from this plan to another plan(s), identi				<u> </u>			
		assets or liabilities were transferred. (See instructions.) lame of plan(s):	13c(2)	FIN(e)		13c(3) F	PN(e)		
	100(1)	uno oi piuntoj.	130(2)	L114(3)		130(3)	· V (3)		
Dant		Turnet hafe amount on							
Part	Name o	Trust Information		14h 1	14b Trust's EIN				
ı T a	Name 0	ii iiust		140	TUSES EII	14			
14c Name of trustee or custodian					14d Trustee's or custodian's telephone number				
				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)?		based safe ADP/ACP harbor test					
450				method					
150		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 1.401(k)-2(a)(2)(ii) and 1.401(k)-2(a)(b) and 1.401(k)		☐ Yes ☐ No					
	2(a)(2)	(ii))?		□ Ra	atio				
16a	Check	the box to indicate the method used by the plan to satisfy the coverage requirements under section	on 410(b):		ercentage		erage efit test		
16b		he plan satisfy the coverage and nondiscrimination tests of sections 410(b) and 401(a)(4) by comun with any other plans under the permissive aggregation rules?		Ye	s	No			
17a		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	If the p	lan sponsor is an adopter of a pre-approved master and prototype (M&P) or volume submitter play letter, enter the date of that favorable letter/ and the letter's serial r		t to a fa	vorable I	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 fa	vorable			
18	Is the I	Plan maintained in a U.S. territory (i.e., Puerto Rico (if no election under ERISA section 1022(i)(2, American Samoa, Guam, the Commonwealth of the Northern Mariana Islands or the U.S. Virgin		Yes	\$	No			
19	Were in	n-service distributions made during the plan year?		Ye	s	No			
	If "Yes	" enter amount		19					
20		equired minimum distributions made to 5% owners who have attained age 70 $\frac{1}{2}$ (regardless of w), as required under section 401(a)(9)?		Ye	S	No	N/A		

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2015

OMB Nos. 1210-0110 1210-0089

This Form is Open to Public Inspection

Pension Benefit Guaranty Corporat	Complete all entries in	accordance with the instr	uctions to the Form	5500-SF.	Public Inspection
Part I Annual Rep	ort Identification Informatio				
For calendar plan year 2015	Page 1	01/01/2015	and ending	12/3	1/2015
A This return/report is for:	a single-employer plan a one-participant plan	list of participating en a foreign plan	lan (not multiemployer) aployer information in a) (Fliers checkir	ng this box must attach a the form instructions)
B This return/report is	the first return/report an amended return/report	the final return/report a short plan year return	n/report (less than 12 r	months)	
C Check box If filing under:	Form 5558 special extension (enter des			DF	VC program
Part II Basic Plan II	nformation—enter all requested i	nformation			
	INC. P.S. 401(K) PRO	FIT SHARING PLAN		1b Three-d plan nu (PN)	mber 002
2					e date of plan ./1980
Mailing address (include i	ployer, if for a single-employer plan) room, apt., suite no. and street, or P. rince, country, and ZIP or foreign poo N, INC. P.S.	O. Box)	uctions)	(EIN) 9 2c Sponso	or Ideniification Number 1-1004602 r's telephone number 55-0244
1200 112TH AVE NE	SUITE C115			The state of the s	s code (see instructions)
BELLEVUE	WA 98004-3	745			
4 If the name and/or EIN of name. EIN. and the plan	the plan sponsor has changed since number from the last return/report.	the last return/report filed fo	or this plan, enter the		trator's telephone number
a Sponsor's name	BELLEGROVE O	B-GYN, INC. P.S.		4c PN 00	2
32 Total number of participal	nts at the beginning of the plan year	en a communitation de la c	341	5a	49
b Total number of participar	nte at the end of the plan year,			5b	51
 Number of participants will complete this item) 	th account balances as of the end o	f the plan year (defined bene	fit plans do not	5c	P.4
d(1) Total number of active	participants at the beginning of the p	lan vear	en nampanatan Enmaña an an lance de ferent	5d(1)	51
	participants at the end of the plan ye				33
e Number of participants th	al terminated employment during the	e nien veer with account her	effer that were lose		0
	te or incomplete filing of this rotul other penalties set forth in the instru- l and signed by an enrolled actuary, projets				
SIGN X WWW	me suraci la	6/12/16	SUZIE PARKER-	DIXON	
HERE Signature of plan	n administrator	Date	Enter name of individ	lual signing as p	lan administrator
HERE Clanature of any	The same of the sa		Legacy of the last section of		
Preparer's name (Including firm	ployer/plan sponsor n name, if applicable) and address (i	Date number	Enter name of Individ	lual signing as e Preparer's tell	employer or plan sponsor Sphone number
				1000000	

Ware all of the plan classes during the plan year invested in eligible assets? (See instructions.) Yes No Not Average of the plan year invested and elegated of an independent qualified public accounts (IQPA) Yes No Not	-	Form 5500-SF 2015		Page 2							
Part III Financial Information (a) Beginning of Year (b) End of Year (a) Total plan liabilities 72 20796590 10050862 3.100 5.000	D	Are you caiming 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 cannot be a second to the contract of the contr	an independ and condition not use For	dent qualified public ans.)	account	lant (IC	PA)	5500.		X Y	es 🗌 No
7 Plan Assets and Liabilities			-					100			iginingo
a Total plan assets. 7a 10795590 10056862 b Total plan labilities 7b from line 7a) 7c 10796590 10056862 b Total plan labilities 7b from line 7a) 7c 10796532 10055752 8 income, Expenses, and Transfers for this Plan Year (a) Amount (b) Total 10796532 10055752 8 income, Expenses, and Transfers for this Plan Year (a) Amount (b) Total 10796532 10055752 9 Partition in received or receivable from: 9 Employers. 30 Offers (moduling reliably) 8 88(1) 267328 8 8			EDIT HEAT					**********			-
D Total plan liabilities Total plan lia	-		BARRIO SIL	(a) Beginnin	-				(b) En	-	
C Not plan sesset (subtract into 7b from line 7b)	- b	Total plan liabilities			107	-	-			1	
8 income, Espansas, and Transfers for this Plan Year a Contributions received or receivable from: (8) Employers (2) Participants. (3) Christ finducting rottovers) (3) Christ finducting rottovers) (4) Employers (5) Participants. (6) Contributions (add lines \$8(1), \$8(2), \$8(3), and \$8) (6) Contributions (add lines \$8(1), \$8(2), \$8(3), and \$8) (7) Contributions (add lines \$8(1), \$8(2), \$8(3), and \$8) (8) Contributions (add lines \$8(1), \$8(2), \$8(3), and \$8) (8) Contributions (add lines \$8(1), \$8(2), \$8(3), and \$8) (9) Contributions (add lines \$8(1), \$8(2), \$8(3), and \$8) (9) Contributions (add lines \$8(1), \$8(2), \$8(3), and \$8) (9) Contributions (add lines \$8(1), \$8(2), \$8(3), and \$8) (9) Contributions (add lines \$8(1), \$8(2), \$8(3), and \$8) (9) Contributions (add lines \$8(1), \$8(2), \$8(3), and	C	Net plan assets (authors) line 7h from line 7st	70		107		_			-	-
a Contributions received or receivable from: (1) Employers (2) Participants (3) Ones (including relicipants (4) Ones (including relicipants (4) Ones (including relicipants (5) Ones (including relicipants (6) Ones (includin			1,0			9653	4	-		1	0055752
(1) Employers	-		-	(a) Amo	unt	ATTE CO	200		(b)	Total	
(2) Participants. (3) Others (nobular proteore) (5) Other Income (seal) (6) Other Income (seal) (6) Other Income (seal) (6) Other Income (seal) (6) Other Income (seal) (7) Other Income (seal) (8) Other Income (seal) (9) Other Income (sea	-		8a(1)		2	6732	8				
General (including relievers) Set Se						8240	5			19174	(L.)
b Other Income (fissa)							0	SEE SE			GPP By
d Benefits paid (including direct rollowers and insurance premiums to provide biperfiely). 8	b	Other Income (loss)	8b			1847	1	West of	All the F	15-15-20/0	
d Benefits paid (including direct rollowers and insurance premiums to provide biperfiely). 8	C	Total income (add lines 8s(1), 8s(2), 8s(3), and 8b)			St. Act	1 20	3				398204
Administrative service providers (salaries, fees, commissions)	d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		11	3418	S				
General Companies Seg			80				0			A NOTE	Partie of
h Total expenses (add lines 8d, 8e, 8f, and 8g)			8f			479	9				
Net income (tess) (authtract line 8h from line 8c)	a	Other expenses	8g				0				
Not income (less) (aubtract line 8h from line 8g)	h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h				3	1138984			
Part IV Plan Characteristics 3a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 3b 2b 2d 2d 2h 2h 2h 2f 2f 2k If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions: B if the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions: Part V Compliance Questions Compliance Questions During the plan year: a Was there a fallure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Flduciary Correction Program). During the plan year: a Was there any nonexempt transactions with any party-in-interest? (Do not include transactions teporated on line 10a.). During the plan party and party-in-interest? (Do not include transactions to the plan have a loss, whether or not reinbursed by the plan's ideality bond, that was caused by fraud or dishpensety? 4 Woro any fees or commissions poid to any brokers, agents, or other persons by an insurance carrier, insurance earlier, insurance earlier, insurance earlier, or other organization that provides some or all of the benefits under the plan's (See instructions). 4 Has the plan falled to provide any benefit when due under the plan? 5 Did the plan have any participant loans? (If "Yes," enter amount as of year end.). 10	-	Net income (loss) (subtract line 8h from line 8c)	81								
15 15 15 15 15 15 15 15	1	Transfers to (from) the plan (see Instructions)	8]								
During the plan year: Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510,3-102? (See Instructions and DOL's Voluntary Fiduciary Correction Program). Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.) Did the plan covered by a fidelity bond?			eature code:	s from the List of Pla	n Char	acterist	le Cod	les in th	ne instruc	tions:	
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program). b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.) c Was the plan covered by a fidelity bond?		In the second court and a					-				
Were there any nonexempt transactions with any party-in-Interest? (Do not include transactions reported on line 10a.) C Was the plan covered by a fidelity bond?		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 Fid	uciary Correction	10a	Yes		N/A		Amour	t
d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonasty? e Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service, or other organization that provides some or all of the benefits under the plan? (See instructions.) f Has the plan failed to provide any benefit when due under the plan? g Did the plan have any participant loans? (If "Yes," enter amount as of year end.) h If this is an individual account plan, was there a blackout period? (See Instructions and 29 CFR 2620,101-3.) i If 10h was answered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520,101-3	b	Were there any nonexempt transactions with any party-in-interest	? (Do not in	clude transactions	10b	TALES	Х				
Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service, or other organization that provides some or all of the benefits under the plan? (See instructions.) 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 of year end.) If this is an individual account plan, was there a blackout period? (See Instructions and 29 CFR 2620.101-3.) 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	С	Was the plan covered by a fidelity bond?	*********		10c	Х		1000			50000
Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service, or other organization that provides some or all of the benefits under the plan? (See instructions.). 100 X Has the plan failed to provide any benefit when due under the plan? 101 X Did the plan have any participant loans? (If "Yes," enter amount as of year end.)	d	Old the plan have a loss, whether or not reimbursed by the plan's by fraud or dishenesty?	fidelity bond	I, that was caused	SIII		x				33000
## 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 of year end.) ## If this is an individual account plan, was there a blackout period? (See Instructions and 29 CFR 2520.101-3.) ## 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	0	Were any fees or commissions paid to any brokers, agents, or oth carrier, insurance service, or other organization that provides some	er persons l	by an Insurance	10o		Х	La Ma La Pal			
g Did the plan have any participant loans? (If "Yes," enter amount as of year end.) h If this is an individual account plan, was there a blackout period? (See Instructions and 29 CFR 2520.101-3.) l 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	f	Has the plan failed to provide any benefit when due under the plan	n?		101		х	1 11		-	-
If this is an individual account plan, was there a blackout period? (See Instructions and 29 CFR 2520.101-3.) 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	g			THE RESERVE OF THE PARTY OF THE		х	-	2			
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	h	If this is an individual account plan, was there a blackout period? (See Instruct	lons and 29 CFR			х				The late
Did the plan trust incur unrelated business taxable income?	1	If 10h was answered "Yes," check the box if you either provided the	ne required r	notice or one of the							
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 5500) and line 11a below)	}	Did the plan trust incur unrelated business taxable income?		. 4-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1	101				-		
11 Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form 5500) and line 11a below).	Part				101	-					
11a Enter the unpaid minimum required contribution for all years from Schedule SB (Form 5500) line 40	_	Is this a defined benefit plan subject to minimum funding requirem	ents? (If "Ye	s," see Instructions a	and con	nplete	Sched	ule SB	(Form	TIVE	s П Ne
	11a	Enter the unpaid minimum required contribution for all years from	Schedule SI	3 (Form 5500) line 4)	1941 (147)	Trans.	2.55			140

Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA?...

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 instruction granting the waiver	ns, and e	nter the		e letter rul Year	ling	
If	you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.				33.11		
b	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					
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)	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?	***********		X Yes	No		
	If "Yes," enter the amount of any plan assets that reverted to the employer this year		13a			0	
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought und of the PBGC?	er the co	introl	Yes X No			
С	If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the p which assets or liabilities were transferred. (See instructions.)	lan(s) to					
1	3q(1) Name of plan(s):	13c(2)	EIN(s)		13c(3) F	N(s)	
Part	VIII Trust Information						
-	Vame of trust	-	14b Trust's EIN				
			140 (1021 2 EIIA			
14c	Name of trustee or custodian	-1131193		Trustee's o		an's	
Part	IX IRS Compliance Questions				M.		
15a	is the plan a 401(k) plan?		Yes		No		
15b	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)?					P/ACP	
	If the ADP/ACP test is used, did the 401(k) plan perform ADP/ACP testing for the plan year using the "current testing method" for nonhighly compensated employees (Treas. Reg sections 1.401(k)-2(a)(2)(ii) and 1.401(m)-2(a)(2)(ii))?		☐ Yes	ithod	No		
	Check the box to indicate the method used by the plan to satisfy the coverage requirements under section 410	(b):	Ra pe	rcentage	Ave ben	rage efit test	
	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		
17a	Has the plan been timely amended for all required tax law changes?,	***********	Yes	1	No	□ N/A	
	for tax law changes and codes).	nter the a				nstructions	
	If the plan sponsor is an adopter of a pre-approved master and prototype (M&P) or volume submitter plan that advisory letter, enter the date of that favorable letter and the letter's serial number					or	
	If the plan is an individually-designed plan and received a favorable determination letter from the IRS, enter the determination letter from the IRS, enter the		the plan	's last favo	rable		
	is the Plan maintained in a U.S. territory (i.e., Puerto Rico (if no election under ERISA section 1022(i)(2) has b made), American Samoa, Guam, the Commonwealth of the Northern Mariana Islands or the U.S. Virgin Island	s)?	Yes		No		
	Were in-service distributions made during the plan year?		Yes		No		
	If "Yes," enter amount		19				
20	Were required minimum distributions made to 5% owners who have attained age 70 ½ (regardless of whether retired), as required under section 401(a)(9)?	or not	Yes		No	□ N/A	