## 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

Parti		identification information										
For calenda	ar plan year 2015 or fis	scal plan year beginning 01/01/2	015	and ending 12	2/31/2015							
Δ This rot	turn/report is for:	a single-employer plan			yer) (Filers checking this box must attach a in accordance with the form instructions)							
A mister	um/report is for.	a one-participant plan	a foreign plan	pioyer information in ac-	cordance	with the form	i instructions)					
<b>B</b> This retu	urn/report is	X the first return/report	the final return/report									
		an amended return/report	a short plan year return	n/report (less than 12 mo	2 months)							
C Check	box if filing under:	Form 5558	automatic extension			DFVC prog	ram					
F		special extension (enter descr	iption)									
Part II	Basic Plan Info	rmation—enter all requested inf	ormation									
1a Name					<b>1b</b> Thr							
CLARK CUS	STOM REMODELING	, INC. 401(K) PSP				n number	004					
				}		<u>√</u>	001					
					1C Effe	ective date o 01/0	f plan 1/2015					
		yer, if for a single-employer plan) m, apt., suite no. and street, or P.O	, Roy)				fication Number					
		e, country, and ZIP or foreign posta		uctions)	(EII	-/	877505					
	TOM REMODELING,		, -	,	2C Spo		hone number 28-1266					
EE10 ENOLE	EWOOD HILL DRIVE				2d Bus	siness code (	see instructions)					
YAKIMA, WA						236	110					
3a Plan a	dministrator's name ar	nd address XSame as Plan Spons	sor.		<b>3b</b> Adr	ministrator's	EIN					
				}	3c Adr	ministrator's	telephone number					
					OO /tai	minotrator 5	iciopriorio ridiribei					
4												
		e plan sponsor has changed since to mber from the last return/report.	the last return/report filed fo	or this plan, enter the	4b EIN	1						
	or's name				4c PN							
<b>5a</b> Total r	number of participants	at the beginning of the plan year			5a		3					
<b>b</b> Total r	number of participants	at the end of the plan year			5b		3					
		account balances as of the end of t		'	5c		3					
<b>d(1)</b> Tota	al number of active par	rticipants at the beginning of the pla	an year		5d(1)		3					
		rticipants at the end of the plan year			5d(2)		3					
than	100% vested	terminated employment during the			5e		0					
		or incomplete filing of this return										
SB or Sche		her penalties set forth in the instruc nd signed by an enrolled actuary, a plete.										
SIGN		valid electronic signature.	05/11/2016	ERIC CLARK								
HERE	Signature of plan a	dministrator	Date	Enter name of individu	ual signing	g as plan adr	ninistrator					
SIGN												
HERE	Signature of emplo	yer/plan sponsor	Date	Enter name of individu	ual signing	g as employe	er or plan sponsor					
Preparer's	name (including firm n	ame, if applicable) and address (in	clude room or suite numbe	er)	Preparer	's telephone	number					

	Form 5500-SF 2015		Page <b>2</b>								
<b>b</b> Are	ere all of the plan's assets during the plan year invested in eligible you claiming a waiver of the annual examination and report of der 29 CFR 2520.104-46? (See instructions on waiver eligibility you answered "No" to either line 6a or line 6b, the plan cann	an indepei and condit	ndent qualified public a	ccount	ant (IQ	PA)			[	Yes Yes	No No
C If the	ne plan is a defined benefit plan, is it covered under the PBGC ir	nsurance p	rogram (see ERISA se	ection 4	021)? .		Yes	No	☐ No	t determ	ined
Part I	II Financial Information	1	<b>r</b>			1					
<b>7</b> Pla	an Assets and Liabilities		(a) Beginning	of Yea	ar			(b) Er	nd of \		
	tal plan assets	7a								963	6
	tal plan liabilities	7b								000	
	t plan assets (subtract line 7b from line 7a)	7c								963	6
	come, Expenses, and Transfers for this Plan Year ntributions received or receivable from:		(a) Amou	ınt				(b	) Tota	l	
	Employers	8a(1)		4	468						
(2)	Participants	8a(2)		5	250						
(3)	Others (including rollovers)	8a(3)									
	ner income (loss)	8b			-82						
	tal income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c								963	6
	nefits paid (including direct rollovers and insurance premiums provide benefits)	8d									
<b>e</b> Ce	rtain deemed and/or corrective distributions (see instructions)	8e									
<b>f</b> Ad	ministrative service providers (salaries, fees, commissions)	8f									
<b>g</b> Otl	ner expenses	8g									
h To	tal expenses (add lines 8d, 8e, 8f, and 8g)	8h									
i Ne	t income (loss) (subtract line 8h from line 8c)	8i								963	6
j Tra	ansfers to (from) the plan (see instructions)	8j									
Part I											
	the plan provides pension benefits, enter the applicable pension 2E 2F 2G 2J 2K 3D	feature co	odes from the List of Pl	an Cha	racteris	stic Co	odes in	the inst	ruction	ns:	
B If	the plan provides welfare benefits, enter the applicable welfare for	eature cod	les from the List of Pla	n Chara	acterist	ic Coc	les in th	ne instru	ıctions	S:	
$\perp$											
Part V					ı		ī				
	During the plan year:				Yes	No	N/A		Ar	nount	
(	Vas there a failure to transmit to the plan any participant contribudescribed in 29 CFR 2510.3-102? (See instructions and DOL's V Program)	oluntary F	iduciary Correction	10a		X					
	Vere there any nonexempt transactions with any party-in-interest	•				\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \					
	eported on line 10a.)			10b		X					
	Nas the plan covered by a fidelity bond?			10c	Х					5	500000
b	oid the plan have a loss, whether or not reimbursed by the plan's y fraud or dishonesty?			10d		X					
С	Vere any fees or commissions paid to any brokers, agents, or oth arrier, insurance service, or other organization that provides som ne plan? (See instructions.)	ne or all of	the benefits under	10e		X					
	las the plan failed to provide any benefit when due under the pla			10f		Χ					
<b>g</b> D	oid the plan have any participant loans? (If "Yes," enter amount a	s of year e	end.)	10g		Χ					
	this is an individual account plan, was there a blackout period? 520.101-3.)			10h		X					
<b>i</b> If	10h was answered "Yes," check the box if you either provided the xceptions to providing the notice applied under 29 CFR 2520.10	ne require	d notice or one of the	10i							
j	oid the plan trust incur unrelated business taxable income?			10j							
Part V	Pension Funding Compliance										
	this a defined benefit plan subject to minimum funding requirem 500) and line 11a below)									Yes	× No
11a E	nter the unpaid minimum required contribution for all years from	Schedule	SB (Form 5500) line 4	0			11a				
<b>12</b> I	s this a defined contribution plan subject to the minimum funding	requireme	ents of section 412 of t	he Cod	e or se	ction (	302 of E	ERISA?		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 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)		<b>13c(3)</b> 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		a 11 0
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)?		ba ha	esign- ased safe arbor ethod	ADF test	P/ACP
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

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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**

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▶ 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** 

		Identification Information								
For calendar	plan year 2015 or fi	scal plan year beginning 01/01/20		and ending 12/3						
NATE AND SE SE		X a single-employer plan		an (not multiemployer)						
A This return	n/report is for:			ployer information in ac	ccordance with the f	orm instructions)				
		a one-participant plan	a foreign plan							
D	F	V 45 - 5 - 4 4 4	Пи. б							
B This return	/report is	the first return/report	the final return/report							
		an amended return/report	a short plan year return	n/report (less than 12 m	ionths)					
C Check box	x if filing under:	Form 5558	automatic extension		☐ DFVC pi	rogram				
	•	special extension (enter desc				ogram				
Dowt II	Dania Dian Info		· · · · · · · · · · · · · · · · · · ·							
		rmation—enter all requested in	nformation		Attack now					
1a Name of		144 \ BOD			1b Three-digit plan number					
Clark Custom	Remodeling, Inc. 40	01(K) PSP			(PN)	001				
					1c Effective date	e of plan				
					01/01/2015	o or plan				
2a Plan spoi	nsor's name (emplo	yer, if for a single-employer plan)			2b Employer Ide	entification Number				
		m, apt., suite no. and street, or P.		w v	(EIN) 91-187					
City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)  Clark Custom Remodeling, Inc.					2c Sponsor's te	lephone number				
Clark Custom i	Remodeling, Inc.			9) 728-1266						
					2d Business coo	le (see instructions)				
5510 Englewoo	od Hill Drive				236110					
17 12 11/4 62										
Yakima, WA 98	5-25(28-251)				01-					
3a Plan adm	iinistrator's name ar	nd address X Same as Plan Spon	isor.		3b Administrator	's EIN				
					3c Administrator	's telephone number				
					JC Administrator	s telephone number				
		e plan sponsor has changed since mber from the last return/report.	the last return/report filed to	r this plan, enter the	4b EIN					
a Sponsor's		mber nom the last retainineport.			4c PN					
Harris Control of the	ONLY PROCESSION OF THE PROPERTY OF THE PROPERT	at the beginning of the plan year.			5a	3				
18					5b					
		at the end of the plan year			30	3				
		account balances as of the end of			5c	3				
11000000 Marketin					5d(1)	3				
		rticipants at the beginning of the p	(a) (1991) (1991) (1994) (1994) (1995							
UNC 355	and the second of the second o	rticipants at the end of the plan ye			5d(2)	3				
		terminated employment during the			5e	0				
Caution: A p	enalty for the late	or incomplete filing of this retur	n/report will be assessed	unless reasonable cau	use is established.					
Under penalti	es of perjuny and ot	her pénalties set forth in the instru	ictions, I declare that I have	examined this return/re	port, including, if ap					
	ile MB completed a e, correct, and com	nd signed by an enrolled actuary,	as well as the electronic vers	sion of this return/repor	t, and to the best of	my knowledge and				
	e, correct, and com			Eric Clark						
SIGN HERE		200	- 1.0	LIC GIAIK						
I III S	Signature of plan a	dministrator	Date 5/11/16	Enter name of individ	ual signing as plan	administrator				
SIGN										
HERE	Signature of emplo	over/plan sponsor	Date	Enter name of individ	ual signing as empl	over or plan sponsor				
		name, if applicable) and address (i	THE PARTY OF THE P		Preparer's telepho					
					The transfer of the second of the second second					

	Form 5500-SF 2015									
b Are un If y	/ere all of the plan's assets during the plan year invested in eligible you claiming a waiver of the annual examination and report of ader 29 CFR 2520.104-46? (See instructions on waiver eligibility ayou answered "No" to either line 6a or line 6b, the plan cann the plan is a defined benefit plan, is it covered under the PBGC in	an independe and condition ot use Form	ent qualified public ans.) 15500-SF and mus	account t instea	ant (IQ	PA) Form	5500.	\$1000000 2	X Yes  X Yes  Not determine	No No
		isurance proj	gram (see LINOA se		021):		169	ио П	vot determine	
Part I	s OV IP - series as a series as well as a series as a	G-LIE-LV	8820 2 2	400				AVE 127 B 3	199	
	an Assets and Liabilities		(a) Beginning	g of Ye	ar	+		(b) End of	0.000	
	otal plan assets	7a				+			9636	
	tal plan liabilities	7b				+			9636	
-	et plan assets (subtract line 7b from line 7a)	7c	2.1	95,5045		+-			STORE I	
	come, Expenses, and Transfers for this Plan Year ontributions received or receivable from:		(a) Amou	unt				(b) To	al	210.5
	Employers	8a(1)		446	8					
(2)	Participants	8a(2)		525	50				A. A A	
(3)	Others (including rollovers)	8a(3)								
<b>b</b> Ott	her income (loss)	8b		-8	32					
C To	tal income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							9636	
	enefits paid (including direct rollovers and insurance premiums provide benefits)	8d								
<b>e</b> Ce	ertain deemed and/or corrective distributions (see instructions)	8e				1				
<b>f</b> Ad	Iministrative service providers (salaries, fees, commissions)	8f					The second	F (BIV)		
g Oth	her expenses	8g								alk.
h To	ital expenses (add lines 8d, 8e, 8f, and 8g)	8h								
j 81	et income (loss) (subtract line 8h from line 8c)	8i							9636	
ı Ne							A PROPERTY.			
	ansfers to (from) the plan (see instructions)	8i								
j Tra Part I' 9a If t	V Plan Characteristics the plan provides pension benefits, enter the applicable pension 2E 2F 2G 2J 2K 3D			10-1-11						
j Tra Part I' 9a lift	V Plan Characteristics the plan provides pension benefits, enter the applicable pension 2E 2F 2G 2J 2K 3D the plan provides welfare benefits, enter the applicable welfare fe	feature code		10-1-11						
j Tra Part I' 9a Iff B Iff	V Plan Characteristics the plan provides pension benefits, enter the applicable pension 2E 2F 2G 2J 2K 3D the plan provides welfare benefits, enter the applicable welfare fe	feature code		10-1-11				instruction		
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Part V  Part V  10 D  a W  b W  re	the plan provides pension benefits, enter the applicable pension 2E 2F 2G 2J 2K 3D the plan provides welfare benefits, enter the applicable welfare few compliance Questions  Compliance Questions  During the plan year:  Was there a failure to transmit to the plan any participant contributed described in 29 CFR 2510.3-102? (See instructions and DOL's V Program)  Were there any nonexempt transactions with any party-in-interest eported on line 10a.)	feature codes eature codes tions within t	he time period uciary Correction	n Chara	acterist	ic Cod	es in the	instruction	ns:	
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J Tra Part I' 9a Iff B Iff Part V 10 D a W c C V d D b c e W	the plan provides pension benefits, enter the applicable pension 2E 2F 2G 2J 2K 3D  the plan provides welfare benefits, enter the applicable welfare fellower the plan provides welfare benefits, enter the applicable welfare fellower the plan provides welfare benefits, enter the applicable welfare fellower the plan provides welfare benefits, enter the applicable welfare fellower the plan provides welfare benefits, enter the applicable welfare fellower the plan year:  Vasthere a failure to transmit to the plan any participant contributed described in 29 CFR 2510.3-102? (See instructions and DOL's V Program)  Vere there any nonexempt transactions with any party-in-interest eported on line 10a.)  Was the plan covered by a fidelity bond?	feature codes eature codes tions within t foluntary Fidu (Control of the control	he time period uciary Correction	10a 10b	Yes	No X	es in the	instruction	Amount	000
J Tra Part I' 9a Iff B Iff Part V 10 D a W c c V d D b c c tr	the plan provides pension benefits, enter the applicable pension 2E 2F 2G 2J 2K 3D  the plan provides welfare benefits, enter the applicable welfare fellower the plan provides welfare benefits, enter the applicable welfare fellower the plan provides welfare benefits, enter the applicable welfare fellower the plan provides welfare benefits, enter the applicable welfare fellower the plan provides welfare to transmit to the plan any participant contributed described in 29 CFR 2510.3-102? (See instructions and DOL's Verogram)  Were there any nonexempt transactions with any party-in-interest eported on line 10a.)  Was the plan covered by a fidelity bond?  Were any fees or commissions paid to any brokers, agents, or other carrier, insurance service, or other organization that provides some	feature codes eature codes tions within toluntary Fidu ? (Do not incomplete persons to the correct of the corre	he time period uciary Correction	10a 10b 10c	Yes	No X X	es in the	instruction	Amount	000
j Tra Part I' 9a Iff B Iff  B Iff  Part V 10 D a W c c V d D b e W cc t f H	the plan provides pension benefits, enter the applicable pension 2E 2F 2G 2J 2K 3D  the plan provides welfare benefits, enter the applicable welfare fellowed by the plan provides welfare benefits, enter the applicable welfare fellowed by the plan provides welfare benefits, enter the applicable welfare fellowed by the plan provides welfare benefits, enter the applicable welfare fellowed by the plan provides welfare fellowed by the plan provides and policing the plan year:  Was there a failure to transmit to the plan any participant contributed by the plan 29 CFR 2510.3-102? (See instructions and DOL's Verogram)  Were there any nonexempt transactions with any party-in-interest eleptred on line 10a.)  Was the plan covered by a fidelity bond?  Was the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?  Were any fees or commissions paid to any brokers, agents, or other arrier, insurance service, or other organization that provides some helpan? (See instructions.)	feature codes eature codes tions within t foluntary Fidu (Do not inc	he time period uciary Correction	10a 10b 10c 10d	Yes	No X X X	es in the	instruction	Amount	000
J Tra Part I' 9a Iff B Iff B Iff C V 10 D a W c F b W re C V d D b c th f H g D h Iff	the plan provides pension benefits, enter the applicable pension 2E 2F 2G 2J 2K 3D  the plan provides welfare benefits, enter the applicable welfare fellowed by the plan provides welfare benefits, enter the applicable welfare fellowed by the plan provides welfare benefits, enter the applicable welfare fellowed by the plan provides welfare benefits, enter the applicable welfare fellowed by the plan provides welfare fellowed by the plan provides and policy welfare a failure to transmit to the plan any participant contributed by the plan 29 CFR 2510.3-102? (See instructions and DOL's Verogram)  Were there any nonexempt transactions with any party-in-interest eported on line 10a.)  Was the plan covered by a fidelity bond?  Were any fees or commissions paid to any brokers, agents, or other arrier, insurance service, or other organization that provides some plan? (See instructions.)  Has the plan failed to provide any benefit when due under the plan bid the plan have any participant loans? (If "Yes," enter amount a fithis is an individual account plan, was there a blackout period?	feature codes eature codes tions within toluntary Fidure (Do not incomplete persons to the or all of the construct) sof year encourse for the construct (See instruct)	he time period uciary Correction clude transactions that was caused by an insurance benefits under	10a 10b 10c 10d 10e 10f 10g	Yes	No X X X X X	es in the	instruction	Amount	000
J Tra Part I' 9a Iff B Iff B Iff  Part V 10 D a W C C V d D b C C t f f H g D h Iff 2 i Iff	the plan provides pension benefits, enter the applicable pension 2E 2F 2G 2J 2K 3D  the plan provides welfare benefits, enter the applicable welfare fellowed by the plan provides welfare benefits, enter the applicable welfare fellowed by the plan provides welfare benefits, enter the applicable welfare fellowed by the plan provides welfare benefits, enter the applicable welfare fellowed by the plan provides welfare fellowed by the plan provides welfare fellowed by the plan any participant contributed by the plan provides and DoL's Verogram)  Were there any nonexempt transactions with any party-in-interest eleported on line 10a.)  Was the plan covered by a fidelity bond?  Was the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?  Were any fees or commissions paid to any brokers, agents, or other carrier, insurance service, or other organization that provides some plan? (See instructions.)  Has the plan failed to provide any benefit when due under the plan bid the plan have any participant loans? (If "Yes," enter amount a provide any participant loans?	feature codes eature codes tions within toluntary Fidure (Do not incomplete persons to the or all of the construct one required in the require	he time period uciary Correction	10a 10b 10c 10d	Yes	No X X X X X X	es in the	instruction	Amount	000
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J Tra Part I' 9a If f  B If f  B If f  C V  d D  b V  ca th  f H  g D  h If f  e v  part VI  Part VI	the plan provides pension benefits, enter the applicable pension 2E 2F 2G 2J 2K 3D  the plan provides welfare benefits, enter the applicable welfare fellows between the plan provides welfare benefits, enter the applicable welfare fellows between the plan provides welfare benefits, enter the applicable welfare fellows between the plan provides welfare benefits, enter the applicable welfare fellows between the plan provides welfare benefits, enter the applicable welfare fellows between the plan plan pears.  Was there a failure to transmit to the plan any participant contributed described in 29 CFR 2510.3-102? (See instructions and DOL's VProgram)  Were there any nonexempt transactions with any party-in-interest eported on line 10a.)  Was the plan covered by a fidelity bond?  Were any fees or commissions paid to any brokers, agents, or oth carrier, insurance service, or other organization that provides some helpan? (See instructions.)  Has the plan failed to provide any benefit when due under the plan benefit when failed to provide any benefit when due under the plan benefit is an individual account plan, was there a blackout period? (\$250.101-3.)  If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10 (bid the plan trust incur unrelated business taxable income?	feature codes eature codes tions within t foluntary Fidu. ? (Do not inc. fidelity bond her persons k ie or all of the s of year end (See instruct	he time period uciary Correction  Slude transactions  , that was caused  by an insurance be benefits under  ions and 29 CFR	10a 10b 10c 10d 10e 10f 10g 10h 10i	Yes	No X X X X X X	es in the	instruction	Amount	000
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j Tra  Part I'  9a If f  B If f  B If f  Part V  10 D  a W  c W  d D  b  e W  cut  f H  g D  h If e  j D  Part VI  11 Is  55	the plan provides pension benefits, enter the applicable pension 2E 2F 2G 2J 2K 3D  the plan provides welfare benefits, enter the applicable welfare fellowed by the plan provides welfare benefits, enter the applicable welfare fellowed by the plan provides welfare benefits, enter the applicable welfare fellowed by the plan provides welfare benefits, enter the applicable welfare fellowed by the plan provides welfare benefits, enter the applicable welfare fellowed by the plan plan pension by the plan any participant contributed by the plan program.  Was there a failure to transmit to the plan any participant contributed by the plan program.  Were there any nonexempt transactions with any party-in-interest eported on line 10a.)  Was the plan covered by a fidelity bond?  Were any fees or commissions paid to any brokers, agents, or other arrier, insurance service, or other organization that provides some plan? (See instructions.)  Has the plan failed to provide any benefit when due under the plan boid the plan have any participant loans? (If "Yes," enter amount a fithis is an individual account plan, was there a blackout period? (\$250.101-3.)  If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10 (bid the plan trust incur unrelated business taxable income?  In Pension Funding Compliance is this a defined benefit plan subject to minimum funding requirem in the plan trust incur unrelated business taxable income?	feature codes eature codes tions within t foluntary Fidu ? (Do not inc fidelity bond her persons t e or all of the n? See instruct he required n 1-3	he time period uciary Correction  dude transactions  that was caused  oy an insurance e benefits under  ions and 29 CFR  notice or one of the	10a 10b 10c 10d 10e 10f 10g 10h 10i 10j and cor	Yes	No X X X X X X Sched	es in the	instruction	Amount 500	

	F	orm 5500-SF 2015 Page <b>3 -</b> 1					
	(If "Ye	es," 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		e letter rul Year	ing
lf	you co	mpleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line	13.		Y		
b	Enter t	he minimum required contribution for this plan year		12b			
С	Enter ti	ne amount contributed by the employer to the plan for this plan year		12c			
d		act the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the ve amount)		12d			
е	Will th	e 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	
	If "Yes	s," enter the amount of any plan assets that reverted to the employer this year		13a			
b		all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brou PBGC?				Yes X	No
С		ng this plan year, any assets or liabilities were transferred from this plan to another plan(s), identi- assets or liabilities were transferred. (See instructions.)	fy the plan(s) to	(			
	13c(1) N	Name of plan(s):	13c(2)	EIN(s)		13c(3) F	N(s)
Part	t VIII	Trust Information					
Jan Jestinia	Name o			14b 7	rust's EIN	i	
	1101110				1000 0 2.111		
14c	Name	of trustee or custodian			Trustee's telephone		ın's
Par	t IX	IRS Compliance Questions		A			
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)?		∐ ba	esign- ised safe irbor ethod	ADP test	/ACP
15c	testing	NDP/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))?	401(m)-	Ye	s	No	
16a	<b>C</b> heck	the box to indicate the method used by the plan to satisfy the coverage requirements under section	ion 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 com an with any other plans under the permissive aggregation rules?		Ye	s	No	
17a							
	Has th	e plan been timely amended for all required tax law changes?		Ye	s	No	∐ N/A
17b	Date th	e plan been timely amended for all required tax law changes?  ne last plan amendment/restatement for the required tax law changes was adopted law changes and codes).	Enter the a				N/A structions
	Date the for tax	ne last plan amendment/restatement for the required tax law changes was adopted	Enter the a	pplicab	e code	(See in:	structions
17c	Date the for tax  If the padviso  If the padviso  determ	he last plan amendment/restatement for the required tax law changes was adopted law changes and codes).  Ian 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 plan is an individually-designed plan and received a favorable determination letter from the IRS, entination letter	Enter the a an that is subjec number nter the date of	pplicab t to a fa	e code vorable IR	(See in:	structions
17c	Date the for tax  If the padviso  If the padviso  determine the street of the street o	law changes and codes).  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 plan is an individually-designed plan and received a favorable determination letter from the IRS, enter the date of that serial plan is an individually-designed plan and received a favorable determination letter from the IRS, enter the date of that favorable determination letter from the IRS, enter the date of the date	Enter the a an that is subject number nter the date of ) has been	pplicab t to a fa	vorable IR	(See in:	structions
17d	Date the for tax  If the padviso  If the padviso  determ Is the made)	law changes and codes).  Ian 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 plan is an individually-designed plan and received a favorable determination letter from the IRS, enter the date of that favorable plan and received a favorable determination letter from the IRS, enter the letter  Plan maintained in a U.S. territory (i.e., Puerto Rico (if no election under ERISA section 1022(i)(2)	Enter the a an that is subject number nter the date of ) has been n Islands)?	pplicab t to a fa the plar	vorable IR	(See in:	structions
17d	Date the for tax: If the padviso If the padeerm Is the made) Were i	ne last plan amendment/restatement for the required tax law changes was adopted law changes and codes).  Ian sponsor is an adopter of a pre-approved master and prototype (M&P) or volume submitter plants and the letter's serial land is an individually-designed plan and received a favorable determination letter from the IRS, entire time 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	Enter the a an that is subject number nter the date of ) has been n Islands)?	pplicable t to a fa	vorable IR	(See in:	structions