| For                         | Form 5500-SF Short Form Annual Return/Report of Small Employee |   |   |   |   | OMB Nos. 1210-0110<br>1210-0089 |                                  |  |  |
|-----------------------------|--|---|---|---|---|---------------------------------|----------------------------------|--|--|
|                             | rtment of the Treasury<br>nal Revenue Service                  | This form is required to be file  | Benefit Pla                                   | -   | etirement                               |                                 | 2015                             |  |  |
| Employee B                  | epartment of Labor<br>enefits Security Administration          | Income Security Act of 1974   |   | 6057(b) and 6058(a) of the                                |   |                                 | orm is Open to<br>c Inspection   |  |  |
|                             | enefit Guaranty Corporation                                    | Complete all entries in a   |   | nstructions to the Form 5                                 | 500-SF.                                 | 1 dbi                           |                                  |  |  |
| For calenda                 | Annual Report IC ar plan year 2015 or fisca                    | lentification Information<br>al plan year beginning 01/01/2   |   | and ending 12   | 2/31/2015                               |                                 | <u> </u>                         |  |  |
| _                           | urn/report is for:   | a single-employer plan  | a multiple-employ                             | er plan (not multiemployer)<br>employer information in ac | (Filers check                           | -                               |                                  |  |  |
| <b>B</b> This retu          | urn/report is  | the first return/report<br>an amended return/report   | the final return/rep                          | ort<br>eturn/report (less than 12 m                       | ionths)                                 |                                 |                                  |  |  |
| C Check I                   | box if filing under:   | Form 5558<br>special extension (enter descr   | automatic extensio                            | n   | 0 []                                    | FVC progra                      | am                               |  |  |
| Part II                     | Basic Plan Inform  | nation—enter all requested int  |   |   |   |                                 |                                  |  |  |
| <b>1a</b> Name<br>GRAVITY Z |  |   |   |   | 1b Three<br>plan r<br>(PN)<br>1c Effect | number                          | 001<br>plan                      |  |  |
|                             |  | r, if for a single-employer plan)<br>apt., suite no. and street, or P.C   | . Box)  |   | 2b Emplo<br>(EIN)                       | oyer Identifi                   | /2014<br>cation Number<br>052656 |  |  |
| City or<br>GRAVITY ZE       |  | country, and ZIP or foreign post  | al code (if foreign, see i                    | nstructions)  | 2c Sponsor's telephone number           |                                 |                                  |  |  |
| 1201 - 1ST A                | VE. S., #319   |   |   |   | 2d Busin                                | ess code (s                     | ee instructions)                 |  |  |
| SEATTLE, W                  |  |   |   |   |   | 5415                            | 19                               |  |  |
| <b>3a</b> Plan a            | dministrator's name and  | address XSame as Plan Spons   | sor.  |   | 3b Admir<br>3c Admir                    |                                 | IN<br>elephone number            |  |  |
|                             |  | lan sponsor has changed since<br>er from the last return/report.  | the last return/report file                   | ed for this plan, enter the                               | 4b EIN                                  |                                 |                                  |  |  |
| a Spons                     |  |   |   |   | 4C PN                                   |                                 | 5                                |  |  |
|                             |  | the beginning of the plan year<br>the end of the plan year  |   |   | 5a<br>5b                                |                                 | 8                                |  |  |
| C Numb                      | er of participants with ac                                     | count balances as of the end of   | the plan year (defined b                      | enefit plans do not                                       | 5c                                      |                                 | 8                                |  |  |
|                             | ,  | pipants at the beginning of the pl  |   |   | 5d(1)                                   |                                 | 5                                |  |  |
| • •                         |  | cipants at the end of the plan yea  | -   |   | 5d(2)                                   |                                 | 4                                |  |  |
| than                        | 100% vested  | rminated employment during the  | •   |   | 5e                                      | Patrad                          | 0                                |  |  |
| Under pena<br>SB or Sche    | alties of perjury and othe                                     | incomplete filing of this return<br>r penalties set forth in the instruct<br>signed by an enrolled actuary, a<br>tte. | ctions, I declare that I have a second second | ave examined this return/re                               | port, includin                          | ig, if applica                  |                                  |  |  |
| SIGN                        | Filed with authorized/va                                       | lid electronic signature.   | 05/17/2016                                    | CARY PRUITT   |   |                                 |                                  |  |  |
| HERE                        | Signature of plan adr  | ninistrator   | Date  | Enter name of individ                                     | lual signing a                          | s plan adm                      | inistrator                       |  |  |
| SIGN<br>HERE                | Signature of employe   | er/plan sponsor   | Date  | Enter name of individ                                     | lual signing a                          | s emplover                      | or plan sponsor                  |  |  |
| Preparer's                  |  | ne, if applicable) and address (ir  |   |   | Preparer's                              |                                 |                                  |  |  |
| For Paperwo                 | ork Reduction Act Notice a                                     | and OMB Control Numbers, see the  | e instructions for Form 5                     | 500-SF.   |   |                                 | Form 5500-SF (2015)              |  |  |

| 6a Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.) |  |              |                           |            |           |         |                    | X Yes                 | No   |  |  |
|--|--|--------------|---------------------------|------------|-----------|---------|--------------------|-----------------------|------|--|--|
| D  | Are you claiming a waiver of the annual examination and report of a<br>under 29 CFR 2520.104-46? (See instructions on waiver eligibility a                         | and condi    | tions.)                   |            |           |         |                    | X Yes                 | No   |  |  |
| c  | If you answered "No" to either line 6a or line 6b, the plan cann<br>If the plan is a defined benefit plan, is it covered under the PBGC in                         |              |                           |            |           |         |                    | No Not determin       | hed  |  |  |
|  | rt III Financial Information   |              |                           |            | 021):     |         | 163                |                       |      |  |  |
| 7  | Plan Assets and Liabilities  |              | (a) Boginning             |            | or        |         |                    | (b) End of Year       |      |  |  |
| <u>′</u>   | Total plan assets  | 7a           | (a) Beginning             |            | ai<br>488 |         |                    | (b) End of Year 52650 |      |  |  |
|  | Total plan liabilities   | 7a<br>7b     |                           |            | 100       |         |                    | 02000                 |      |  |  |
|  | Net plan assets (subtract line 7b from line 7a)  | 7c           |                           | 9488       |           |         |                    |                       |      |  |  |
| 8  | Income, Expenses, and Transfers for this Plan Year   |              | (a) Amou                  | (a) Amount |           |         | 52650<br>(b) Total |                       |      |  |  |
|  | Contributions received or receivable from:   |              |                           |            |           |         |                    |                       |      |  |  |
|  | (1) Employers  | 8a(1)        |                           |            | 0         |         |                    |                       |      |  |  |
|  | (2) Participants   | 8a(2)        |                           | 52         | 735       |         |                    |                       |      |  |  |
|  | (3) Others (including rollovers)   | 8a(3)        |                           |            |           | _       |                    |                       |      |  |  |
| b  | Other income (loss)  | 8b           |                           | -1         | 104       |         |                    |                       |      |  |  |
| -  | Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)   | 8c           |                           |            |           | _       |                    | 51631                 |      |  |  |
| a  | Benefits paid (including direct rollovers and insurance premiums to provide benefits)  | 8d           |                           | 8          | 469       |         |                    |                       |      |  |  |
| е  | Certain deemed and/or corrective distributions (see instructions)  | 8e           |                           |            |           |         |                    |                       |      |  |  |
| f  | Administrative service providers (salaries, fees, commissions)   | 8f           |                           |            |           |         |                    |                       |      |  |  |
| g  | Other expenses   | 8g           |                           |            |           |         |                    |                       |      |  |  |
| h  | Total expenses (add lines 8d, 8e, 8f, and 8g)  | 8h           |                           |            |           | _       |                    | 8469                  |      |  |  |
| <u> </u>   | Net income (loss) (subtract line 8h from line 8c)  | 8i           |                           |            |           |         |                    | 43162                 |      |  |  |
| j  | Transfers to (from) the plan (see instructions)  | 8j           |                           |            |           |         |                    |                       |      |  |  |
| Pa   | rt IV Plan Characteristics   |              |                           |            |           |         |                    |                       |      |  |  |
| 9a   | If the plan provides pension benefits, enter the applicable pension 2E $2G$ 2J 2K 2T 3D  | feature co   | odes from the List of Pla | an Cha     | racteris  | stic Co | odes in t          | the instructions:     |      |  |  |
| В  | If the plan provides welfare benefits, enter the applicable welfare for  | eature coo   | des from the List of Pla  | n Chara    | acterist  | ic Coo  | les in th          | ne instructions:      |      |  |  |
| Par  | t V Compliance Questions   |              |                           |            |           |         |                    |                       |      |  |  |
| 10   | During the plan year:  |              |                           |            | Yes       | No      | N/A                | Amount                |      |  |  |
|  | Was there a failure to transmit to the plan any participant contribu   | tions with   | in the time period        |            |           |         |                    |                       |      |  |  |
|  | described in 29 CFR 2510.3-102? (See instructions and DOL's V<br>Program)  | -            |                           | 10a        |           | x       |                    |                       |      |  |  |
| b  |  |              |                           |            |           | х       |                    |                       |      |  |  |
|  | reported on line 10a.)   |              |                           | 10b        |           | ^       |                    |                       |      |  |  |
|  |  |              |                           | 10c        |           | Х       |                    |                       |      |  |  |
| d  | Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?  |              |                           | 10d        |           | x       |                    |                       |      |  |  |
| e  | 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 benefits under        | 10e        |           | x       |                    |                       |      |  |  |
| f  | Has the plan failed to provide any benefit when due under the pla  | n?           |                           | 10f        |           | х       |                    |                       |      |  |  |
| g  | Did the plan have any participant loans? (If "Yes," enter amount a   | s of year e  | end.)                     | 10g        | Х         |         |                    |                       | 6500 |  |  |
| h  |  | (See instr   | uctions and 29 CFR        | 10g        |           | х       |                    |                       |      |  |  |
| i  | If 10h was answered "Yes," check the box if you either provided th<br>exceptions to providing the notice applied under 29 CFR 2520.10                              | he require   | d notice or one of the    | 10i        |           |         |                    |                       |      |  |  |
| j  | Did the plan trust incur unrelated business taxable income?  |              |                           | 10j        |           |         |                    |                       |      |  |  |
| Par  | VI Pension Funding Compliance  |              |                           | ,          |           | 1       |                    |                       |      |  |  |
| 11   | Is this a defined benefit plan subject to minimum funding requirem   | ents? (If "  | Yes," see instructions a  | and cor    | nplete    | Scheo   | dule SB            | (Form                 |      |  |  |
|  | 5500) and line 11a below)  | •            |                           |            | •         |         |                    |                       | No   |  |  |

| 11a | Enter the unpaid minimum required contribution for all years from Schedule SB (Form 5500) line 40                     | 11a      |        |
|-----|---|----------|--------|
| 12  | Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section | 302 of E | RISA?. |

Yes X No

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| -  |  |  |                   |                 |  |  |                     |  |  |  |
|--|--|--|-------------------|-----------------|--|--|---------------------|--|--|--|
|  | (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)  |  |                   |                 |  |  |                     |  |  |  |
| a  | a If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, and enter the date of the letter ruling granting the waiver |  |                   |                 |  |  |                     |  |  |  |
| lf   | you c  | ompleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line  | 13.               |                 | <b>.</b>                               |  |                     |  |  |  |
| b  | Enter  | the minimum required contribution for this plan year   |                   | 12b             |  |  |                     |  |  |  |
| -  |  | the amount contributed by the employer to the plan for this plan year  |                   | 12c             |  |  |                     |  |  |  |
| d  |  | ract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the ative amount)   |                   | 12d             |  |  |                     |  |  |  |
| е  | Will   | the minimum funding amount reported on line 12d be met by the funding deadline?  |                   |                 | Yes                                    | No   | N/A                 |  |  |  |
| Part VII Plan Terminations and Transfers of Assets |  |  |                   |                 |  |  |                     |  |  |  |
| 13a  | Has  | a resolution to terminate the plan been adopted in any plan year?  |                   |                 | Υe                                     | es X No  |                     |  |  |  |
|  |  | es," enter the amount of any plan assets that reverted to the employer this year   |                   | 13a             |  |  |                     |  |  |  |
| h  |  | e all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brou   |                   |                 |  |  |                     |  |  |  |
| D  |  | e PBGC?  |                   |                 |  | Yes 🗙  | No                  |  |  |  |
| С  |  | ring this plan year, any assets or liabilities were transferred from this plan to another plan(s), identi<br>th assets or liabilities were transferred. (See instructions.)                                      | fy the plan(s) to |                 |  |  |                     |  |  |  |
| 1  | 13c(1)   | Name of plan(s):   | 13c(2)            | EIN(s)          |  | 13c(3)   | PN(s)               |  |  |  |
|  |  |  |                   |                 |  |  |                     |  |  |  |
| Part   | VIII   | Trust Information  |                   |                 |  |  |                     |  |  |  |
| 14a  | Name   | of trust   |                   | 14b Trust's EIN |  |  |                     |  |  |  |
|  |  |  |                   |                 |  |  |                     |  |  |  |
| 14c Name of trustee or custodian                   |  |  |                   |                 |  | <b>14d</b> Trustee's or custodian's telephone number |                     |  |  |  |
| Par  | t IX   | IRS Compliance Questions   |                   |                 |  |  |                     |  |  |  |
| 15a  | Is th  | e plan a 401(k) plan?  |                   | Y               | es                                     | No   |                     |  |  |  |
| 15b  |  | es," how does the 401(k) plan satisfy the nondiscrimination requirements for employee deferrals an hing contributions (as applicable) under sections 401(k)(3) and 401(m)(2)?                                    |                   | b<br>h          | esign-<br>ased safe<br>arbor<br>nethod | e ADF<br>test  | P/ACP               |  |  |  |
| 15c  | testir   | ADP/ACP test is used, did the 401(k) plan perform ADP/ACP testing for the plan year using the "c<br>ng method" for nonhighly compensated employees (Treas. Reg sections 1.401(k)-2(a)(2)(ii) and 1.4<br>2)(ii))? |                   | Y               | es                                     | No   |                     |  |  |  |
|  |  | k the box to indicate the method used by the plan to satisfy the coverage requirements under sect  | . ,               | Цр              | atio<br>ercentage<br>est               |  | erage<br>nefit test |  |  |  |
| 16b  |  | the plan satisfy the coverage and nondiscrimination tests of sections 410(b) and 401(a)(4) by con<br>plan with any other plans under the permissive aggregation rules?   | 0                 | Y               | es                                     | No   |                     |  |  |  |
| 17a  | Has  | the plan been timely amended for all required tax law changes?   |                   | Y               | es                                     | No   | N/A                 |  |  |  |
|  | for ta   | the last plan amendment/restatement for the required tax law changes was adopted//////   | •                 |                 |  |  | tructions           |  |  |  |
| 17c  |  | plan sponsor is an adopter of a pre-approved master and prototype (M&P) or volume submitter placer sory letter, enter the date of that favorable letter/ and the letter's serial r                               |                   | t to a f        | avorable                               | IRS opinion  | or                  |  |  |  |
| 17d  |  | plan is an individually-designed plan and received a favorable determination letter from the IRS, e mination letter/   | nter the date of  | the pla         | in's last fa                           | avorable   |                     |  |  |  |
| 18   |  | e Plan maintained in a U.S. territory (i.e., Puerto Rico (if no election under ERISA section 1022(i)(2<br>e), American Samoa, Guam, the Commonwealth of the Northern Mariana Islands or the U.S. Virgir          |                   | Υe              | S                                      | No   |                     |  |  |  |
| 19   | Were   | in-service distributions made during the plan year?  |                   | <b>Y</b>        | es                                     | No   |                     |  |  |  |
|  | lf "Y€   | es," enter amount  |                   | 19              |  |  |                     |  |  |  |
| 20   |  | e required minimum distributions made to 5% owners who have attained age 70 ½ (regardless of wed), as required under section 401(a)(9)?  | Y                 | es              | No                                     | N/A  |                     |  |  |  |

| D                      | orm 5500-SF  | Short Form Annu   | al Return/Repo<br>Benefit Plan   |   | loyee   | OMB Nos. 1210-0110<br>1210-008                     |  |  |
|------------------------|--|---|--|---|---|--|--|--|
| ا<br>ا                 | Department of Labor                                | This form is required to be file  | d under sections 104 an  | d 4065 of the Employee F                              | Retirement                                      | 2015   |  |  |
|                        | e Benefits Security Administration                 | —   | Income Security Act of 1974 (ERISA), and sections 6057(b) and 6058(a) of th Revenue Code (the Code). |   |   |  |  |  |
| Part                   | Annual Danast                                      | Complete all entries in a   | accordance with the ins  | structions to the Form 5                              | 5500-SF.  | Public Inspection                                  |  |  |
|                        |  | Identification Information<br>scal plan year beginning 01/01/201  |  |   |   |  |  |  |
|                        | ndar plan year 2015 01 is                          | _   |  | and ending 12/  |   |  |  |  |
| A This                 | return/report is for:                              | X a single-employer plan  | a multiple-employer<br>list of participating of<br>a foreign plan                                    | plan (not multiemployer)<br>employer information in a | (Filers check<br>ccordance wit                  | king this box must attach a the form instructions) |  |  |
| <b>B</b> This r        | eturn/report is                                    | the first return/report   | the final return/repor   |   |   |  |  |  |
|                        |  | an amended return/report  | a short plan year ret  | um/report (less than 12 m                             | nonths)   |  |  |  |
| C Chec                 | k box if filing under:                             | Form 5558   | automatic extension  |   | ם 📋   | FVC program  |  |  |
|                        |  | special extension (enter descri   | • •  |   |   |  |  |  |
| Part II                | Basic Plan Info                                    | rmation—enter all requested inf   | ormation   |   |   |  |  |  |
|                        | ie of plan<br>ZERO RETIREMENT Pl                   | LAN   |  |   | 1b Three-<br>plan n<br>(PN)<br>1c Effection     | umber  |  |  |
|                        |  |   |  |   | 03/01/  |  |  |  |
| Maili                  | ng address (include room                           | ver, if for a single-employer plan)<br>n, apt., suite no. and street, or P.O.<br>e, country, and ZIP or foreign posta | Box)   |   |   | ver Identification Number<br>6-5052656             |  |  |
| GRAVITY                | ZERO, LLC  | , country, and zir or loreign posta   | ii code (ii toreign, see ins   | tructions)  | 2c Sponsor's telephone number<br>(206) 260-2085 |  |  |  |
| 1201 - 1ST             | TAVE. S., #319                                     |   |  |   | 2d Busine<br>541519                             | ss code (see instructions)                         |  |  |
|                        |  |   |  |   | 0,10,0  |  |  |  |
|                        | WA 98134   | address X Same as Plan Sponso   |  |   |   |  |  |  |
|                        |  |   |  |   | 3c Adminis                                      | strator's telephone number                         |  |  |
| 4 If the name          | name and/or EIN of the<br>e, EIN, and the plan num | plan sponsor has changed since the ber from the last return/report.   | e last return/report filed   | or this plan, enter the                               | 4b EIN  |  |  |  |
| a Spons                | sor's name   |   |  |   | 4c PN   |  |  |  |
| 5a Total               | number of participants a                           | t the beginning of the plan year  |  |   | 5a  | 5  |  |  |
|                        |  | t the end of the plan year  |  |   | 5b  |  |  |  |
| C Numb                 | per of participants with ac                        | count balances as of the end of the   | e plan year (defined ben   | efit plans do not                                     | 50<br>5c  |  |  |  |
|                        |  | cipants at the beginning of the plar  |  |   | 5d(1)   | 5  |  |  |
| d(2) To:               | tal number of active parti                         | cipants at the end of the plan year.  |  |   | 5d(2)   | 4  |  |  |
| e Num<br>than          | ber of participants that te<br>100% vested         | rminated employment during the p  | lan year with accrued be   | nefits that were less                                 | 5e  | 0  |  |  |
| saution: /             | A penalty for the late or                          | incomplete filing of this return/r  | eport will be assessed   | unless reasonable caus                                | se is establis                                  | hed.   |  |  |
| Under pen<br>SB or Sch | alties of perjury and othe                         | r penalties set forth in the instruction<br>signed by an enrolled actuary, as   | ons. I declare that I have   | examined this return/repu                             | off including                                   | if applicable a Sebedule                           |  |  |
| SIGN                   | X S  |   | 15/10/11   | × Cary P  | nitt  |  |  |  |
| HERE                   | Signature of plan adm                              |   |  |   |   |  |  |  |
| IGN                    |  |   | Date   | Enter name of individua                               | al signing as p                                 | plan administrator                                 |  |  |
| IERE                   | Signature of employe                               | pr/plan sponsor   | Date   | Enter name of individue                               | al signing as a                                 | mployer or plan sponsor                            |  |  |
| <sup>D</sup> reparer's |  | ne, if applicable) and address (inclu   | ude room or suite numbe  |   |   | ephone number                                      |  |  |
|                        |  |   |  |   |   |  |  |  |
| or Paperwe             | ork Reduction Act Notice a                         | nd OMB Control Numbers, see the in  | etructione for Form FEOD   | 25  |   |  |  |  |

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| <b>ש א</b> | Were all of the plan's assets during the plan year invested in eligit<br>Are you claiming a waiver of the annual examination and report of<br>under 29 CFR 2520.104-46? (See instructions on waiver eligibility  | an indeper         | ndent qualified public<br>ions.) | accou           | ntant (I   | QPA)   |                 |           | <u> </u> | Yes 🗌 No      |  |
|------------|--|--------------------|----------------------------------|-----------------|------------|--------|-----------------|-----------|----------|---------------|--|
|            | f you answered "No" to either line 6a or line 6b, the plan can<br>the plan is a defined benefit plan, is it covered under the PBGC in  |                    |                                  |                 |            |        |                 |           | <b>—</b> |               |  |
| Parl       |  |                    |                                  | section         | 4021)      |        | res             |           | Not      | determined    |  |
| _          | Plan Assets and Liabilities  | leosters?          |                                  |                 |            | Т      | -               | (1) =     |          |               |  |
|            | otal plan assets   | . 7a               | (a) Beginni                      |                 | ear<br>488 | -      | (b) End of Year |           |          |               |  |
|            | otal plan liabilities  | . 7a<br>. 7b       |                                  |                 | 100        |        |                 |           |          | 52650         |  |
|            | let plan assets (subtract line 7b from line 7a)  |                    |                                  | 94              | 488        | -+-    |                 |           |          | 2650          |  |
| _          | ncome, Expenses, and Transfers for this Plan Year  |                    | (a) Am                           | (a) Amount      |            |        | _               |           |          |               |  |
| ac         | Contributions received or receivable from:   |                    |                                  |                 |            |        | (b) Total       |           |          |               |  |
|            | 1) Employers   | 8a(1)              |                                  | _               | 0          |        |                 |           |          |               |  |
|            | 2) Participants  | 8a(2)              |                                  | 527             | 735        | 1      |                 |           |          |               |  |
|            | <ol> <li>Others (including rollovers)</li> </ol>   | 8a(3)              | · ·                              |                 |            |        |                 |           |          | n - Tuli 1998 |  |
|            | ther income (loss)   |                    |                                  | -11             | 04         |        |                 |           |          |               |  |
|            | otal income (add lines 8a(1), 8a(2), 8a(3), and 8b)  | 8c                 |                                  |                 |            |        |                 |           | 5        | 1631          |  |
| d B        | enefits paid (including direct rollovers and insurance premiums  |                    |                                  | 84              | 69         |        |                 |           |          |               |  |
|            | ertain deemed and/or corrective distributions (see instructions)   | 8d<br>8e           |                                  |                 |            | -      |                 |           |          |               |  |
|            | dministrative service providers (salaries, fees, commissions)  | oe<br>8f           |                                  |                 |            | -      |                 |           |          |               |  |
|            | ther expenses  |                    |                                  |                 |            |        |                 |           |          |               |  |
|            | otal expenses (add lines 8d, 8e, 8f, and 8g)   | 8g                 | Saturday No. 1985                |                 | Sector 10  |        | 199             |           |          | 0.400         |  |
|            | et income (loss) (subtract line 8h from line 8c)   | <u>8h</u><br>8i    |                                  |                 |            |        |                 |           |          | 8469          |  |
|            | ansfers to (from) the plan (see instructions)  |                    |                                  |                 |            | -      | 43162           |           |          | 3162          |  |
| Part       |  | <u>8j</u>          | <u> </u>                         |                 |            | E I B  |                 | 1.050     |          |               |  |
|            | 2E 2G 2J 2K 2T 3D<br>the plan provides welfare benefits, enter the applicable welfare fe   | ature code         | s from the List of Pla           | n Char          | acterist   | tic Co | des in ti       | ne instru | ctions:  |               |  |
| Part V     |  |                    |                                  |                 | r          |        |                 |           |          |               |  |
|            | During the plan year:  |                    |                                  |                 | Yes        | No     | N/A             |           | Amou     | Int           |  |
|            | Vas there a failure to transmit to the plan any participant contributi<br>described in 29 CFR 2510.3-102? (See instructions and DOL's Vo<br>Program)   | oluntary Fic       | luciary Correction               | 10a             |            | x      |                 |           |          |               |  |
| bν         | Vere there any nonexempt transactions with any party-in-interest?<br>eported on line 10a.)   | P (Do not in       | clude transactions               | 10b             |            | x      |                 | -         |          |               |  |
| C          | Was the plan covered by a fidelity bond?   |                    |                                  | 10c             |            | х      | 1.11            |           |          |               |  |
| d D        | id the plan have a loss, whether or not reimbursed by the plan's find the plan is a set of the pl | idelity bond       | i, that was caused               | 10d             |            | х      |                 |           |          |               |  |
| C          | Vere any fees or commissions paid to any brokers, agents, or othe<br>arrier, insurance service, or other organization that provides some<br>ne plan? (See instructions.)   | e or all of th     | e benefits under                 | 10 <del>9</del> |            | х      |                 |           | <u></u>  |               |  |
|            | as the plan failed to provide any benefit when due under the plan  |                    |                                  | 10f             |            | x      |                 |           |          |               |  |
| g D        | id the plan have any participant loans? (If "Yes," enter amount as   | of year en         | d.)                              | 10g             | x          |        | -               |           |          | 6500          |  |
|            | this is an individual account plan, was there a blackout period? (S  |                    |                                  | 109             |            |        |                 | 5.5       |          | 0000          |  |
| 2          | 520.101-3.)  |                    | ·····                            | 10h             |            | Х      |                 |           |          |               |  |
| i If       | 10h was answered "Yes," check the box if you either provided the<br>coeptions to providing the notice applied under 29 CFR 2520.101-   | e required r<br>-3 | notice or one of the             | 10i             |            |        |                 |           |          |               |  |
|            | id the plan trust incur unrelated business taxable income?   |                    |                                  | 10j             |            |        |                 |           |          |               |  |
| Part VI    | Pension Funding Compliance   |                    |                                  |                 |            |        |                 |           |          |               |  |
| 55         | this a defined benefit plan subject to minimum funding requirement<br>i00) and line 11a below)   | <u> </u>           |                                  | <u></u>         |            |        | ule SB (        | Form      | Πr       | es 🚺 No       |  |
|            | nter the unpaid minimum required contribution for all years from S   |                    |                                  |                 |            |        | 11a             |           |          |               |  |
| 12 is      | this a defined contribution plan subject to the minimum funding re   | equirement         | s of section 412 of th           | e Code          | e or sec   | tion 3 | 02 of E         | RISA?     | ΠY       | es 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 ins granting the waiver.   | lonth              | enter t<br>Day                                |            | of the letter<br>Year | ruling              |  |  |
|   | If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 1   |                    |   |            |                       |                     |  |  |
|   | b Enter the minimum required contribution for this plan year  |                    | 12b   |            |                       |                     |  |  |
|   | C 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 le negative amount)  | eft of a           | 12d   |            |                       |                     |  |  |
| 10072000                                | e Will the minimum funding amount reported on line 12d be met by the funding deadline?  |                    |   | Yes        | No                    | N/A                 |  |  |
| 10 - 10 - 10 - 10 - 10 - 10 - 10 - 10 - | t VII Plan Terminations and Transfers of Assets   |                    |   |            |                       |                     |  |  |
| 13                                      | a Has a resolution to terminate the plan been adopted in any plan year?   |                    |   | Ωv         | es 🛛 No               |                     |  |  |
| <u> </u>                                | If "Yes," enter the amount of any plan assets that reverted to the employer this year   |                    |   |            |                       |                     |  |  |
| نا<br>                                  | Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brougl<br>of the PBGC?   |                    |   |            | Yes X                 | No                  |  |  |
|   | If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify<br>which assets or liabilities were transferred. (See instructions.)                               | the plan(s) to     |   |            |                       |                     |  |  |
|   | 13c(1) Name of plan(s):   | 13c(2)             | EIN(s)  |            | 13c(3)                | PN(s)               |  |  |
|   |   |                    |   |            |                       |                     |  |  |
| Pa                                      | Trust Information   |                    |   |            |                       |                     |  |  |
| 14a                                     | I Name of trust   |                    | 14b Trust's EIN                               |            |                       |                     |  |  |
|   |   |                    |   |            |                       |                     |  |  |
| 14                                      | C Name of trustee or custodian  |                    |   |            |                       |                     |  |  |
|   |   |                    | 14d Trustee's or custodian's telephone number |            |                       |                     |  |  |
| Pa                                      | rt IX IRS Compliance Questions  |                    |   |            |                       |                     |  |  |
| 15a                                     | a is the plan a 401(k) plan?  |                    | Ye  | s          | No                    |                     |  |  |
|   |   |                    | D   | esign-     |                       |                     |  |  |
| 151                                     | If "Yes," how does the 401(k) plan satisfy the nondiscrimination requirements for employee deferrals and<br>matching contributions (as applicable) under sections 401(k)(3) and 401(m)(2)?                          | employer           | ba<br>ha                                      | ased safe  | ADP/ACP<br>test       |                     |  |  |
| 150                                     | : If the ADP/ACP test is used, did the 401(k) plan perform ADP/ACP testing for the plan year using the "curr  | rent vear          | <br>∏ Ye                                      | ethod      |                       |                     |  |  |
|   | testing method" for nonhighly compensated employees (Treas. Reg sections 1.401(k)-2(a)(2)(ii) and 1.40 <sup>-2</sup> (a)(2)(ii))?   | 1(m)-              | ∐те   | 5          | ∐ No                  |                     |  |  |
|   | Check the box to indicate the method used by the plan to satisfy the coverage requirements under section  | 410(b):            | Ra<br>pe                                      | rcentage   | Ave<br>ber            | erage<br>nefit test |  |  |
| 16b                                     | Does the plan satisfy the coverage and nondiscrimination tests of sections 410(b) and 401(a)(4) by combine this plan with any other plans under the permissive aggregation rules?                                   | ning               | Ye  | 5          | No                    |                     |  |  |
| 17a                                     | Has the plan been timely amended for all required tax law changes?  |                    | Ye  | 5          | No                    | N/A                 |  |  |
| 17b                                     | Date the last plan amendment/restatement for the required tax law changes was adopted<br>for tax law changes and codes).  | . Enter the ap     | plicabl                                       | e code _   | (See in               | structions          |  |  |
|   | If the plan sponsor is an adopter of a pre-approved master and prototype (M&P) or volume submitter plan advisory letter, enter the date of that favorable letter and the letter's serial nu                         | mber               |   |            |                       | or                  |  |  |
| 17d                                     | If the plan is an individually-designed plan and received a favorable determination letter from the IRS, enter determination letter   | r the date of th   | ne plan                                       | 's last fa | vorable               |                     |  |  |
| 18                                      | Is the Plan maintained in a U.S. territory (i.e., Puerto Rico (if no election under ERISA section 1022(i)(2) hamade), American Samoa, Guam, the Commonwealth of the Northern Mariana Islands or the U.S. Virgin Isl | as been<br>lands)? | Yes   | ·          | No                    |                     |  |  |
| 19                                      | Were in-service distributions made during the plan year?  |                    | Yes   | 3          | No                    |                     |  |  |
| <u></u>                                 | If "Yes," enter amount  |                    | 19  |            |                       |                     |  |  |
| 20                                      | Were required minimum distributions made to 5% owners who have attained age 70 $\frac{1}{2}$ (regardless of whet retired), as required under section 401(a)(9)?   | her or not         | <br>Yes                                       | ;          | No                    | <b>N/A</b>          |  |  |
|   |   |                    |   |            |                       |                     |  |  |