## 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

Part I	Annual Report	: Identification Information								
For calend	ar plan year 2015 or fi	iscal plan year beginning 01/01/2	2015	and ending 12	2/31/2015					
A This return/report is for:  a single-employer plan  a multiple-employer plan (not multiemployer) (Filers checking this box must attached by the form instructions)  a multiple-employer plan (not multiemployer) (Filers checking this box must attached by the form instructions)										
		a one-participant plan	a foreign plan	1.7		,				
<b>B</b> This retu	urn/report is									
		an amended return/report	a short plan year retu	rn/report (less than 12 m	onths)					
C Check	box if filing under:	Form 5558	automatic extension		DFVC	program				
		special extension (enter descr								
Part II		ormation—enter all requested in	formation		T					
1a Name	•				<b>1b</b> Three-digit					
AMS RETIR	REMENT PLAN				plan numbe (PN) ▶	001				
					1c Effective da					
		oyer, if for a single-employer plan)	) B)		<b>2b</b> Employer lo	dentification Number				
City or		om, apt., suite no. and street, or P.C ce, country, and ZIP or foreign post		ructions)	(=,	91-1471980 elephone number				
	D MAILING SERVICES	· ·			3	60-332-2500				
880 GRANT					2d Business code (see instructions)					
BLAINE, WA	v 98231					541990				
3a Plan a	dministrator's name a	nd address XSame as Plan Spons	sor.		<b>3b</b> Administrat	or's EIN				
					3c Administrat	or's telephone number				
		e plan sponsor has changed since	the last return/report filed	for this plan, enter the	4b EIN					
	or's name	moor nom the last retain report.			4c PN					
<b>5a</b> Total i	number of participants	s at the beginning of the plan year			5a	13				
		s at the end of the plan year			5b	13				
<b>C</b> Numb	er of participants with	account balances as of the end of	the plan year (defined ben	efit plans do not	5c					
		articipants at the beginning of the pl			5d(1)	12				
		articipants at the end of the plan yea			5d(2)	12				
<b>e</b> Numb	per of participants that	t terminated employment during the	e plan year with accrued be	enefits that were less	5e	0				
		or incomplete filing of this return			ise is establishe	d.				
SB or Sche		ther penalties set forth in the instruction and signed by an enrolled actuary, and lete.								
SIGN		/valid electronic signature.	05/17/2016	DAVID K. FREEMAN						
HERE	Signature of plan a	administrator	Date	Enter name of individ	ual signing as plar	administrator				
SIGN				<u> </u>						
HERE	Signature of emplo	oyer/plan sponsor	dual signing as employer or plan sponsor							
Preparer's	name (including firm r	name, if applicable) and address (ir	nclude room or suite numb	er)	Preparer's teleph	none number				

	Form 5500-SF 2015		Page <b>2</b>								
<b>b</b> /	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 if you answered "No" to either line 6a or line 6b, the plan cann	an indepe and condit	ndent qualified public a	ccount	ant (IQ	PA)				X Ye	
C I	f the plan is a defined benefit plan, is it covered under the PBGC in	nsurance p	orogram (see ERISA se	ection 4	021)?		Yes	No		Not dete	ermined
Part	t III Financial Information										
<b>7</b>	Plan Assets and Liabilities		(a) Beginning	of Ye	ar			(b) E	nd of	f Year	
<u>a</u>	Total plan assets	7a		447	'394					522	2298
	Total plan liabilities	7b				_					
	Net plan assets (subtract line 7b from line 7a)	7c		447	'394	-	522298				2298
	ncome, Expenses, and Transfers for this Plan Year		(a) Amou	ınt				(k	) To	tal	
	Contributions received or receivable from:  1) Employers	8a(1)		16	925						
(	2) Participants	8a(2)		69	880						
(	3) Others (including rollovers)	8a(3)									
<b>b</b> (	Other income (loss)	8b		-11	109						
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c								74	1904
	Benefits paid (including direct rollovers and insurance premiums o provide benefits)	8d									
	Certain deemed and/or corrective distributions (see instructions)	8e									
	Administrative service providers (salaries, fees, commissions)	8f									
g	Other expenses	8g									
h 1	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h									
i	Net income (loss) (subtract line 8h from line 8c)	8i								74	1904
j	Fransfers to (from) the plan (see instructions)	8j									
Part	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 Plant	an Cha	racteri	stic Co	des in t	he ins	ruction	ons:	
В	If the plan provides welfare benefits, enter the applicable welfare f	eature cod	les from the List of Pla	n Char	acterist	ic Coc	les in th	e instr	uctio	ns.	
	in the plant provided world's borroller, or to approache world's	oataro oo	200 Hom the Elector Flat	ii Onait	20101101		.00		3000		
Part	V Compliance Questions										
10	During the plan year:				Yes	No	N/A			Amoun	t
а	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)	oluntary F	Fiduciary Correction	10a		X					
b	Were there any nonexempt transactions with any party-in-interest					· ·					
	reported on line 10a.)			10b		X			—		
с	Was the plan covered by a fidelity bond?			10c	X						50000
d	Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?			10d		X					
е	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.)	ner person ne or all of	s by an insurance the benefits under	10e	X						1148
f	Has the plan failed to provide any benefit when due under the pla			10f		X					1110
						X					
<u>g</u> h	If this is an individual account plan, was there a blackout period?			10g		^					
	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?			10j							
Part	VI Pension Funding Compliance			<u> </u>		-					
11	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)									Ye	es No
11a	Enter the unpaid minimum required contribution for all years from	Schedule	SB (Form 5500) line 4	0			11a				
12	Is this a defined contribution plan subject to the minimum funding	requirem	ents of section 412 of t	he Cod	e or se	ection 3	302 of E	RISA	·	Ye	es 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 Trust's EIN					
14c	Name	of trustee or custodian		<b>14d</b> Trustee's or custodian's					
140 Name of trustee of custodian						telephone number			
Par	t IX	IRS Compliance Questions							
15a	Is the	plan a 401(k) plan?		Ye	S	No			
15b		"how does the 401(k) plan satisfy the nondiscrimination requirements for employee deferrals an ng contributions (as applicable) under sections 401(k)(3) and 401(m)(2)?		Design- based safe ADP/ACP harbor test method					
15c	testing	DP/ACP test is used, did the 401(k) plan perform ADP/ACP testing for the plan year using the "c method" for nonhighly compensated employees (Treas. Reg sections 1.401(k)-2(a)(2)(ii) and 1.4(ii))?	101(m)-	Ye	S	No			
16a	Check	the box to indicate the method used by the plan to satisfy the coverage requirements under secti	on 410(b):	Ratio percentage test Aver			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	17b Date the last plan amendment/restatement for the required tax law changes was adopted//. Enter the applicable code (See instructions for tax law changes and codes).								
17c		lan sponsor is an adopter of a pre-approved master and prototype (M&P) or volume submitter pland the letter yellower. I and the letter's serial references and the letter's serial references and the letter's serial references.		t to a fa	vorable II	RS opinion	or		
17d	If the p	lan is an individually-designed plan and received a favorable determination letter from the IRS, e ination letter/		the plai	n's last fav	vorable			
18		Plan maintained in a U.S. territory (i.e., Puerto Rico (if no election under ERISA section 1022(i)(2, American Samoa, Guam, the Commonwealth of the Northern Mariana Islands or the U.S. Virgin		Yes	;	No			
19	Were in	n-service distributions made during the plan year?		Ye	s	No			
	If "Yes	" enter amount	······	19					
20		equired minimum distributions made to 5% owners who have attained age 70 $\frac{1}{2}$ (regardless of w ), as required under section 401(a)(9)?		Ye	s	No	N/A		

## Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation

Short Form Annual Return/Report of Small Employee Benefit Plan

This form is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA), and 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** 

	Parion Guaranty Corporation	Complete all entries in a	ассо <u>rdance with</u> the in	structions to the Form	5500-SF.	Public Inspection				
Part I	Annual Report	Identification Information								
For cale	ndar plan year 2015 or f	scal plan year beginning 01/01/201	5	and ending 1	2/31/2015					
A 71.:-		X a single-employer plan								
A Inis	return/report is for:	a one-participant plan	list of participating employer information in accordance with the form							
B This r	eturn/report is	the first return/report	/report the final return/report							
		an amended return/report	<u> </u>							
C Chec	k box if filing under:									
	g chizon	Form 5558	automatic extension	1	L I	DFVC program				
Part II	Pagia Plan Info	special extension (enter descri			D1					
1a Nam	e of plan	rmation—enter all requested info	rmation							
	IREMENT PLAN				1b Thre	<u> </u>				
					(PN)	number 001				
					<del></del>	tive date of plan				
20 Dies						1/2014				
Za Plan Mailii	sponsors name (emplo) na address (include roor	yer, if for a single-employer plan) n, apt., suite no. and street, or P.O.	Dov)		2b Empl	oyer Identification Number				
City of	or town, state or province	e, country, and ZIP or foreign postal	code (if foreign, see ins	tructions)		91-1471980				
FREEMAN	SECURITY SERVICES ED MAILING SERVICES	INC.		,	2c Spon	sor's telephone number				
A CIOMA	ED MAILING SERVICE	5 (AIVIS)			2d Rusin	(360) 332-2500				
880 GRAN	T AVE.				54199	ess code (see instructions)				
BLAINE, W	/A Q8231									
		d address X Same as Plan Sponso								
	administrator a name an	address Moanie as Plan Sponso	Г.		3b Administrator's EIN					
					3c Administrator's telephone number					
					Tallimetrator o telephone namber					
4 If the	name and/or EIN of the	plan sponsor has changed since the	e last return/report filed	for this plan, enter the	4b EIN					
	sor's name	ber from the last return/report.			4					
5a Total	number of participants a	at the heginning of the plan year			4c PN					
b Total	number of participants a	at the beginning of the plan year			. 5a	13				
C Numb	per of participants with a	it the end of the plan year ccount balances as of the end of the	nlan year (defined han		. 5b	13				
comp	lete this item)		pian year (delined ben	ent plans do not	5c	13				
<b>d(1)</b> Tot	al number of active parti	cipants at the beginning of the plan	year		5d(1)	12				
d(2) Tot	al number of active part	cipants at the end of the plan year			5d(2)	12				
e Numi	ber of participants that te	rminated employment during the ol	an year with account he	nefite that were lose						
ınan	100% vested				5e	0				
TIMOI POIN	ailies of periory and othe	Incomplete filing of this return/re	ne I doctore that I have	avancinad Mile t t-						
	edule MB completed and true, correct, and comple		vell as the electronic ver	sion of this return/repor	t, and to the b	est of my knowledge and				
INGN	C CONTECT, AND COMPR	не.		lv.						
HERE	Signature of plant and		14-27-16	1 /c 45	fun					
	Signature of plan add	ninistrator	Date	Enter name of individ	ual signing as	plan administrator				
HIGN HERE										
	Signature of employe	r/plan sponsor	Date	Enter name of individ	ual signing as	employer or plan sponsor				
· reparer s	name (moldang iim nai	ne, if applicable) and address (inclu	de room or suite numbe	r)	Preparer's te	elephone number				
						j				
or Panerwo	ork Reduction Act Notice									

Form 5500-SF 2015		Page 2							
<ul> <li>Were all of the plan's assets during the plan year invested in eliging</li> <li>Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility of you answered "No" to either line 6a or line 6b, the plan can</li> </ul>	f an independ and condition not use Fort	dent qualified public ns.) n 5500-SF and mu	accou	ntant (i ead us	iQPA) se For	 m 5500			Yes
C If the plan is a defined benefit plan, is it covered under the PBGC i	nsurance pro	gram (see ERISA :	section	4021)	?[	Yes	□No	☐ Not de	etermined
Part III Financial Information									
7 Plan Assets and Liabilities		(a) Beginnlı	ng of Y	ear			(b) En	d of Year	•
a Total plan assets	. 7a		4473	394				522	298
b Total plan liabilities	. 7b								
C Net plan assets (subtract line 7b from line 7a)	. 7c		4473	394				522298	
Income, Expenses, and Transfers for this Plan Year		(a) Amo	unt				(b)	Total	
Contributions received or receivable from:     (1) Employers	8a(1)		169	25					
(2) Participants	8a(2)		690	<del></del>					-
(3) Others (including rollovers)					70				
b Other income (loss)			-111	09	_				
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							749	204
Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	<u> </u>	· ·			A N		140	704
e Certain deemed and/or corrective distributions (see instructions)	8e					E			
f Administrative service providers (salaries, fees, commissions)	8f						ME.		
g Other expenses							<u> </u>		
h Total expenses (add lines 8d, 8e, 8f, and 8g)	8h			= /12	3	_			
Net income (loss) (subtract line 8h from line 8c)	8i							749	04
Transfers to (from) the plan (see instructions)	8j								
Part IV Plan Characteristics									
9a If the plan provides pension benefits, enter the applicable pension 2E 2G 2J 2K 2T 3D  B If the plan provides welfare benefits, enter the applicable welfare for									
The second of the approach we have the	eature codes	from the List of Pla	n Char	acteris	tic Cod	des in th	ne instruc	tions:	
				_			<del>,</del>		
10 Danie plan year.				Yes	No	N/A		Amoun	t
Was there a failure to transmit to the plan any participant contribut described in 29 CFR 2510.3-102? (See instructions and DOL's Vi Program)	oluntary Fidu	ciary Correction	10a		х				
<b>b</b> Were there any nonexempt transactions with any party-in-interest?	(Do not incl	ude transactions			х				
reported on line 10a.)			10b		<u> </u>				-
The state of the s			10c						50000
d Did the plan have a loss, whether or not reimbursed by the plan's f by fraud or dishonesty?	idelity bond,	that was caused	10d		х				
Were any fees or commissions paid to any brokers, agents, or other carrier, insurance service, or other organization that provides some	er persons by	an insurance		х					1148
the plan? (See instructions.)  f Has the plan failed to provide any benefit when due under the plan			10e						
g Did the plan have any participant loans? (If "Yes," enter amount as			10f		Х				
h If this is an individual account plan, was there a blackout period? (5			10g		Х	-			
2520.101-3.)	***************		10h		х				
If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.101-	e required no	tice or one of the	10i						
j Did the plan trust incur unrelated business taxable income?			10i						
art VI Pension Funding Compliance									
11 Is this a defined benefit plan subject to minimum funding requirement 5500) and line 11a below)	<u></u>						Form	☐ Yes	
TTA Enter the unpaid minimum required contribution for all years from S	chedule SB	Form 5500) line 40				11a			<u> </u>
12 Is this a defined contribution plan subject to the minimum funding re	oguiromente.	of position 440 of th	- Cada			00 -45		[] ,	X No

	Form 5500-SF 2015 Page <b>3 - 1</b>					
	(if "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)					
	a If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, an granting the waiver	d enter th	e date of	the letter i	uling	
	If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.	Day	<del></del>	i cai		
	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			-		
	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)				<del></del>	
The same of	Will the minimum funding amount reported on line 12d be met by the funding deadline?		Yes	No	N/A	
Par	Plan Terminations and Transfers of Assets					
13	Has a resolution to terminate the plan been adopted in any plan year?		Yes	No No		
	If "Yes," enter the amount of any plan assets that reverted to the employer this year	13a				
	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 the plan(s) which assets or liabilities were transferred. (See instructions.)	to				
	13c(1) Name of plan(s): 13c(2	) EIN(s)		13c(3)	PN(s)	
Par	Trust Information				-	
14a	Name of trust	14b Trust's EIN				
enzagez	Name of trustee or custodian	14d Trustee's or custodian's telephone number				
	IRS Compliance Questions					
15a	Is the plan a 401(k) plan?	Yes		No		
	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)?	bas	sign- sed safe bor thod	ADP/ACP test		
15c	If the ADP/ACP test is used, did the 401(k) plan perform ADP/ACP testing for the plan year using the "current year testing method" for nonhighly compensated employees (Treas. Reg sections 1.401(k)-2(a)(2)(ii) and 1.401(m)-2(a)(2)(ii))?	Yes		No		
	Check the box to indicate the method used by the plan to satisfy the coverage requirements under section 410(b):	Rat per test	centage		rage efit test	
16b 	Does the plan satisfy the coverage and nondiscrimination tests of sections 410(b) and 401(a)(4) by combining this plan with any other plans under the permissive aggregation rules?	Yes		∏ No		
17a	Has the plan been timely amended for all required tax law changes?	Yes		∏No	□ N/A	
	Date the last plan amendment/restatement for the required tax law changes was adopted Enter the after tax law changes and codes).				structions	
	If the plan sponsor is an adopter of a pre-approved master and prototype (M&P) or volume submitter plan that is subject advisory letter, enter the date of that favorable letter and the letter's serial number				or	
	If the plan is an individually-designed plan and received a favorable determination letter from the IRS, enter the date of determination letter	the plan's	last favo	rable		
18	Is the Plan maintained in a U.S. territory (i.e., Puerto Rico (if no election under ERISA section 1022(i)(2) has been made), American Samoa, Guam, the Commonwealth of the Northern Mariana Islands or the U.S. Virgin Islands)?	Yes		No		
19	Were in-service distributions made during the plan year?	Yes		No		
	If "Yes," enter amount	19		<u> </u>		
20	Were required minimum distributions made to 5% owners who have attained age 70 ½ (regardless of whether or not retired), as required under section 401(a)(9)?	Yes		No	∏N/A	
		<u> </u>				