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	<u>t Identification Informatior</u>	1						
For calend	ar plan year 2015 or f	iscal plan year beginning 01/01/	2015	and ending 12	2/31/2015				
A This ret	turn/report is for:	X a single-employer plan		plan (not multiemployer) mployer information in ac					
	a one-participant plan a foreign plan								
B This retu	urn/report is	the first return/report	the final return/report						
		an amended return/report	a short plan year retu	ırn/report (less than 12 m	ionths)				
C Check	box if filing under:	Form 5558	automatic extension		DFVC	program			
		special extension (enter desc	<u>' </u>						
Part II		ormation—enter all requested in	formation		T				
1a Name HANFORD	•	CIL 401K PROFIT SHARING PLAN			1b Three-digit plan number				
					(PN) ▶	001			
					1c Effective da	ate of plan 01/01/1998			
Mailing	g address (include roc	oyer, if for a single-employer plan) om, apt., suite no. and street, or P.			2b Employer le (EIN)	dentification Number 20-2912450			
	town, state or province CONCERNS COUNCE	ce, country, and ZIP or foreign pos L	tal code (if foreign, see ins	tructions)	2c Sponsor's	telephone number			
50.47 M/50T	01 5 4 5 14 14 7 5 5 4 14 5 1					ode (see instructions)			
5917 WEST CLEARWATER AVENUE SUITE B					561490				
KENNEWIC	K, WA 99336								
3a Plan a	dministrator's name a	and address XSame as Plan Spon	sor.		3b Administrat	or's EIN			
					3c Administrat	tor's telephone number			
						or o totophiono nambor			
		ne plan sponsor has changed since umber from the last return/report.	the last return/report filed	for this plan, enter the	4b EIN	_			
	or's name				4c PN				
5a Total	number of participants	s at the beginning of the plan year.			5a	2			
b Total	number of participants	s at the end of the plan year			5b	1			
		account balances as of the end of	. , ,	•	5c	1			
d(1) Tot	al number of active pa	articipants at the beginning of the p	lan year		5d(1)	2			
d(2) Tot	al number of active pa	articipants at the end of the plan ye	ar		5d(2)	1			
		t terminated employment during the			5e	0			
		or incomplete filing of this retur			use is establishe	d.			
Under pena	alties of perjury and o	ther penalties set forth in the instru	ctions, I declare that I hav	e examined this return/re	port, including, if a	applicable, a Schedule			
	edule MB completed a true, correct, and com	and signed by an enrolled actuary, aplete.	as well as the electronic ve	ersion of this return/repor	t, and to the best o	of my knowledge and			
SIGN HERE	Filed with authorized	d/valid electronic signature.	05/26/2016	LUCINDA WELCH					
HERE	Signature of plan	administrator	Date	Enter name of individ	lual signing as pla	n administrator			
SIGN									
HERE	Signature of empl		Date			ployer or plan sponsor			
Preparer's	name (including firm	name, if applicable) and address (i	nclude room or suite numb	per)	Preparer's telepl	none number			

Form 5500-SF 2015		Page 2							
 Were all of the plan's assets during the plan year invested in eligib Are you claiming a waiver of the annual examination and report of a under 29 CFR 2520.104-46? (See instructions on waiver eligibility a lf you answered "No" to either line 6a or line 6b, the plan cannot be a second to the plan cannot be a second	an indepenand and condition	dent qualified public a	ccount	ant (IQ	PA)			X Yes	No No
c If the plan is a defined benefit plan, is it covered under the PBGC in	surance pr	ogram (see ERISA se	ection 4	021)? .		Yes	No	Not determ	ined
Part III Financial Information									
7 Plan Assets and Liabilities		(a) Beginning	of Ye	ar			(b) End	of Year	
a Total plan assets	7a		247	999				2261	
b Total plan liabilities	7b			0					0
C Net plan assets (subtract line 7b from line 7a)	7c			999				2261	4
8 Income, Expenses, and Transfers for this Plan Year a Contributions received or receivable from:		(a) Amou	ınt				(b) T	otal	
(1) Employers	8a(1)		15	165					
(2) Participants	8a(2)		10	150					
(3) Others (including rollovers)	8a(3)								
b Other income (loss)	8b		3	206					
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							2852	1
Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		253	906					
e 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							25390	6
i Net income (loss) (subtract line 8h from line 8c)	8i							-22538	5
j Transfers to (from) the plan (see instructions)	8j								
Part IV Plan Characteristics									
B If the plan provides welfare benefits, enter the applicable welfare for Part V Compliance Questions	eature code	es from the List of Pla	n Chara	acterist	ic Cod	les in the	e instructi	ons:	
10 During the plan year:				Yes	No	N/A		Amount	
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 Fi	duciary Correction	10a		X				
b Were there any nonexempt transactions with any party-in-interest reported on line 10a.)			10b		X				
C Was the plan covered by a fidelity bond?			10c	X					50000
d Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?			10d		X				
• Were any fees or commissions paid to any brokers, agents, or oth carrier, insurance service, or other organization that provides som the plan? (See instructions.)	ne or all of t	he benefits under	10e		X				
f Has the plan failed to provide any benefit when due under the plan			10f		Χ				
g Did the plan have any participant loans? (If "Yes," enter amount a					X				
h If this is an individual account plan, was there a blackout period? (2520.101-3.)	(See instru	ctions and 29 CFR	10g 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	ne required	notice or one of the	10ii						
j Did the plan trust incur unrelated business taxable income?			10j						
Part VI Pension Funding Compliance			10)	<u> </u>					
11 Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)								Yes	X No
11a Enter the unpaid minimum required contribution for all years from						11a			
12 Is this a defined contribution plan subject to the minimum funding							RISA?	Yes	X No

	F	orm 5500-SF 2015 Page 3 - 1						
	(If "Ye	s," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)						
а		aiver of the minimum funding standard for a prior year is being amortized in this plan year, see in ng the waiver		enter the Day	e date of	the letter ru Year	ling	
If		mpleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line		Day_		Toal		
b	Enter th	ne minimum required contribution for this plan year		12b				
С	Enter th	ne amount contributed by the employer to the plan for this plan year		12c				
	Subtra	act the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the	left of a	12d				
		ve amount)			Yes	No	N/A	
Part		e minimum funding amount reported on line 12d be met by the funding deadline? Plan Terminations and Transfers of Assets			163	NO	IN/A	
		resolution to terminate the plan been adopted in any plan year?			X Ye	s \square No		
		," enter the amount of any plan assets that reverted to the employer this year		13a		<u> П</u>	(
b	Were	all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brou	ght under the co			Yes X	No	
С	If durin	PBGC? ng this plan year, any assets or liabilities were transferred from this plan to another plan(s), identi				<u> </u>		
		assets or liabilities were transferred. (See instructions.) lame of plan(s):	13c(2)	FIN(e)		13c(3) F	PN(e)	
	100(1)	uno oi piuntoj.	130(2)	L114(3)		130(3)	· v (3)	
Dant		Turnet hafe amount on						
Part	Name o	Trust Information		14h 1	Γrust's Ell	N		
ı T a	Name 0	ii iiust		140	TUSES EII	14		
14c Name of trustee or custodian					14d Trustee's or custodian's telephone number			
			tolophone number					
Par	t IX	IRS Compliance Questions						
15a	Is the	plan a 401(k) plan?		Ye	s	No		
					esign-			
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)?			ased safe arbor	☐ ADF	P/ACP	
450					ethod			
150		DP/ACP test is used, did the 401(k) plan perform ADP/ACP testing for the plan year using the "c method" for nonhighly compensated employees (Treas. Reg sections 1.401(k)-2(a)(2)(ii) and 1.401(k)-2(a)(2)(ii) and 1.401(k)-2(a)(b) and 1.401(k)		Ye	S	No		
	2(a)(2)	(ii))?		□ Ra	atio			
16a	Check	the box to indicate the method used by the plan to satisfy the coverage requirements under section	on 410(b):		ercentage		erage efit test	
16b		he plan satisfy the coverage and nondiscrimination tests of sections 410(b) and 401(a)(4) by comin with any other plans under the permissive aggregation rules?		Ye	s	No		
17a		e plan been timely amended for all required tax law changes?		Ye	s	No	N/A	
17b		ne last plan amendment/restatement for the required tax law changes was adopted//law changes and codes).	Enter the ap	plicable	code	(See ins	tructions	
17c	If the p	lan sponsor is an adopter of a pre-approved master and prototype (M&P) or volume submitter play letter, enter the date of that favorable letter/ and the letter's serial r		t to a fa	vorable I	RS opinion	or	
17d	If the p	lan is an individually-designed plan and received a favorable determination letter from the IRS, e ination letter/		the plai	n's last fa	vorable		
18	Is the I	Plan maintained in a U.S. territory (i.e., Puerto Rico (if no election under ERISA section 1022(i)(2, American Samoa, Guam, the Commonwealth of the Northern Mariana Islands or the U.S. Virgin		Yes	\$	No		
19	Were in	n-service distributions made during the plan year?		Ye	s	No		
	If "Yes	" enter amount		19				
20		equired minimum distributions made to 5% owners who have attained age 70 $\frac{1}{2}$ (regardless of w), as required under section 401(a)(9)?		Ye	S	No	N/A	

Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

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 the Internal Revenue Code (the Code).

2015

OMB Nos. 1210-0110

1210-0089

This Form is Open to Public Inspection

Retirement Income Security Act of 1974 (ERISA), and section 6057(b) and 6058(a) of

► Complete all entries in accordance with the instructions to the Form 5500-SF. Pension Benefit Guaranty Corporation **Annual Report Identification Information** 12/31/2015 01/01/2015 and ending For calendar plan year 2015 or fiscal plan year beginning a multiple-employer plan (not multiemployer) (Filers checking this box must attach x a single-employer plan a list of participating employer information in accordance with the form instructions) A This return/report is for: a foreign plan a one-participant plan the first return/report the final return/report B This return/report is: a short plan year return/report (less than 12 months) an amended return/report DFVC program automatic extension Form 5558 C Check box if filing under: special extension (enter description) Basic Plan Information --- enter all requested information 1b Three-digit 1a Name of plan plan number HANFORD CONCERNS COUNCIL 401K PROFIT SHARING PLAN 001 (PN) ▶ 1c Effective date of plan 01/01/1998 2b Employer Identification Number Plan sponsor's name (employer, if for a single-employer plan) Mailing Address (include room, apt., suite no. and street or P.O. Box) (EIN) 20-2912450 City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) 2c Sponsor's telephone number HANFORD CONCERNS COUNCIL (509) 460-9661 2d Business code (see instructions) 561490 5917 WEST CLEARWATER AVENUE SUITE B US KENNEWICK WA 99336 3b Administrator's EIN Plan administrator's name and address X Same as Plan Sponsor Name 3c Administrator's telephone number If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the 4b EIN name, EIN, and the plan number from the last return/report. 4c PN Sponsor's name 2 5a Total number of participants at the beginning of the plan year 5b 1 Total number of participants at the end of the plan year Number of participants with account balances as of the end of the plan year (defined benefit plans do not 5c 1 complete this item) 2 5d(1) d(1) Total number of active participants at the beginning of the plan year 1 5d(2) d(2) Total number of active participants at the end of the plan year Number of participants that terminated employment during the plan year with accrued benefits that were 0 less than 100% vested Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established. Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including, if applicable, a Schedule SB or Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/report, and to the best of my knowledge and correct, and complete belief, it is true, ucinda Welch SIGN Enter name of individual signing as plan administrator Date HERE SIGN Enter name of individual signing as employer or plan sponsor Signature of employer/plan sponsor Date HERE Preparer's telephone number Preparer's name (including firm name, if applicable) and address; include room or suite number

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62	Were all of the plan's assets during the plan year invested in eligible	assets? (S	See instructions.)					. [X Yes N	No
	Are you claiming a waiver of the annual examination and report of ar			ntant (IQPA)				
	and an open area 404 463 (See instructions on waiver eligibility at	nd conditio	ns)	*******	*******	••••••		. [X Yes 1	No
	If you answered "No" to either line 6a or line 6b, the plan cannot the plan is a defined benefit plan, is it covered under the PBGC ins	t use Forn	n 5500-5r and must inste	ad u 4021	se Fo)? .	rm 5!	500. □Yes □]No [Not determ	nined
		surarioc pro	ogram (doe zi wer de dien							
Pa	rt III Financial Information		(a) Beginning of	Voar			(b) !	End of `	/ear	
<u>7</u>	Plan Assets and Liabilities						(10)		22,614	
<u>a</u>	Total plan assets	7a	24	7,99	0	╁			22,014	
<u>b</u>	Total plan liabilities	7b	24	7,99		<u> </u>			22,614	
<u>c</u>	Net plan assets (subtract line 7b from line 7a)	7c	(a) Amount	1,93	, ,			(b) Tota		
8 a	Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from:		(u) Amount					()		
u	(1) Employers	8a(1)		5,16						
	(2) Participants	8a(2)	1	0,15	0					
	(3) Others (including rollovers)	8a(3)								
b	Other income (loss)	8b		3,20)6					
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							28,521	L
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	. 8d	25	3,90)6					
_	Certain deemed and/or corrective distributions (see instructions)	. 8e								
e f	Administrative service providers (salaries, fees, commissions)	. 8f								
1	Other expenses	. 8g								
_ <u>9</u> _	Total expenses (add lines 8d, 8e, 8f, and 8g)	. 8h							253,906	6
	Net income (loss) (subtract line 8h from line 8c)	. 8i							(225,385))
÷	Transfers to (from) the plan (see instructions)	. 8j								
P.	art IV Plan Characteristics									
b	2E 2G 2J 3D If the plan provides welfare benefits, enter the applicable welfare fea	ature code	s from the List of Plan Cha	racte	ristic (Code	s in the inst	ructions	•	
P	art V Compliance Questions									
10	During the plan year:			r	Yes	No	N/A	A	mount	
6	Was there a failure to transmit to the plan any participant contribu	tions withi	n the time period							
	described in 29 CFR 2510.3-102? (See instructions and DOL's Vo			10a		x				
	Program) Were there any nonexempt transactions with any party-in-interest	? (Do not	include transactions							
	reported on line 10a.)			10b		х				
	Was the plan covered by a fidelity bond?			10c	Х				50,	,000
	Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?	fidelity bo	nd, that was caused	10d		х				
	Were any fees or commissions paid to any brokers, agents, or other	ner person	s by an insurance							
	carrier, insurance service, or other organization that provides son the plan? (See instructions.)	ne or all of	the benefits under	10e		x				
	Has the plan failed to provide any benefit when due under the plan			10f		х				
				10g		x	 	,		-
	g Did the plan have any participant loans? (If "Yes," enter amount a			ivg		 ^				
	h If this is an individual account plan, was there a blackout period? 2520.101-3.)			10h		x				
	If 10h was answered "Yes," check the box if you either provided to exceptions to providing the notice applied under 29 CFR 2520.10	the require	d notice or one of the	10i						
-	Did the plan trust incur unrelated business taxable income?			10j						
P	art VI Pension Funding Compliance									
1		nents? (If	"Yes," see instructions and	com	olete	Sched	dule SB (Fo	rm	☐ Yes 2	K No
1	1a Enter the unpaid minimum required contribution for current year	from Sche	dule SB (Form 5500) line 4	0 .			11a			
1		requirem	ents of section 412 of the C	Code	or sec	tion 3	302 of ERIS	A?	Yes 2	<u>X</u> No

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(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable	2.)					
a If a waiver of the minimum funding standard for a prior year is being amortized granting the waiver.	Mo	ntnDa	enter the	e date of the	ne letter ru ır	ling
If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5						
b Enter the minimum required contribution for this plan year		I	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 (en negative amount)			12d			
e Will the minimum funding amount reported on line 12d be met by the funding de	adline?		<u></u>]	Yes L	No L	J N/A
Part VII Plan Terminations and Transfers of Assets						
13a Has a resolution to terminate the plan been adopted in any plan year?			X Y	es No	0	
If "Yes," enter the amount of any plan assets that reverted to the employer this	year		13a			0
b Were all the plan assets distributed to participants or beneficiaries, transferred to the PBGC?			ntrol		Yes 2	K No
C If during this plan year, any assets or liabilities were transferred from this plan to	o another plan(s), identif	y the plan(s) to				
which assets or liabilities were transferred. (See instructions.) 13c(1) Name of plan(s):		130	(2) EIN(s)	13c(3) F	PN(s)
13C(1) Name of plants).			(-,	/		
Part VIII Trust Information						
14a Name of trust			14b ⊺	rust's EIN		
14c Name of trustee or custodian			14d T	rustee or o	custodian's	· · · · · · · · · · · · · · · · · · ·
146 Name of trustee of custodian				phone nun		
B. 4 IV LIDS Compliance Overtions						
Part IX IRS Compliance Questions						
15a is the plan a 401(k) plan:		***************************************	∐ Ye		∐ No	
15b If "Yes," how does the 401(k) plan satisfy the nondiscrimination requirements fo	r emplovee deferrals an	d employer		sign- sed safe	ADP//	ACP
matching contributions (as applicable) under sections 401(k)(3) and 401(m)(2)?				rbor ethod	test	
15c if ADP/ACP test, did the 401(k) plan perform ADP/ACP testing for the plan year testing method" for nonhighly compensated employees (Treas. Reg. section 1.4)	using the "current year 01(k)-2(a)(2)(ii) and 1.40)1(m)-	∐ Ye	S	∐ No	
2(a)(2)(ii))?						
16a Check the box to indicate the method used by the plan to satisfy the coverage re			L∟ Pe	tio rcentage	Avera	ge fit Test
16b Does the plan satisfy the coverage and nondiscrimination tests of sections 410(b) and 401(a)(4) by com	nbining	Te		□ No	
this plan with any other plans under the permissive aggregation rules?	*******************************					
17a Has the Plan been timely amended for all required law changes?			U Ye	·s	∐ No	∐ N/A
17b Date of the last plan amendment/restatement for the required tax law changes v	was adopted//	Enter th	e applic	able code	(Se	е
instructions for tax law changes and codes). 17c If the plan sponsor is an adopter of a pre-approved master, prototype (M&P), or	volume submitter plan t	that is subject to	a favor	able IRS o	pinion or	
advisory letter, enter the date of that favorable letter / / a 17d If the plan is an individually-designed plan and recieved a favorable determinati	and the letter's serial nui	mber.				
18 Is the Plan maintained in a U.S. territory (i.e., Puerto Rico (if no election under E made), American Samoa, Guam, the Commonwealth of the Northern Mariana Is	RISA section 1022(i)(2)	has been Islands)?	☐ Ye	:s	☐ No	
			Ye	s	☐ No	
To Trois in control distributions in accounting the press years			19			
	e 70 1/2 (renardless of wi	hether or		<u> </u>	□ Na	N/A
Were minimum required distributions made to 5% owners who have attained ag not retired) as required under section 401(a)(9)?			L Y€		∐ No	N/A