## 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

2015

OMB Nos. 1210-0110

This Form is Open to Public Inspection

| Part I                     | Annual Report                 | : Identification Informatior   | 1                                    |  |  |                                    |
|----------------------------|-------------------------------|--|--------------------------------------|--|--|------------------------------------|
| For calend                 | lar plan year 2015 or fi      | iscal plan year beginning 01/01/   | 2015                                 | and ending 1   | 2/31/2015                                |                                    |
| <b>A</b> This re           | turn/report is for:           | a single-employer plan  a one-participant plan   |                                      | plan (not multiemployer)<br>employer information in ac |  |                                    |
| <b>B</b> This retu         | urn/report is                 | the first return/report an amended return/report   | the final return/repor               | t<br>urn/report (less than 12 m                        | nonths)                                  |                                    |
| C Check                    | box if filing under:          | Form 5558  | automatic extension                  |  | ☐ DFVC                                   | orogram                            |
| D 4 11                     |                               | special extension (enter desc  | · · ·                                |  |  |                                    |
| Part II                    |                               | ormation—enter all requested in  | nformation                           |  | T 41                                     | 1                                  |
| 1a Name<br>GENERAL         | •                             | NC. PROFIT SHARING PLAN  |                                      |  | <b>1b</b> Three-digit plan number (PN) ▶ | er 001                             |
| -                          |                               |  |                                      |  | 1c Effective da                          | te of plan<br>09/28/2006           |
| Mailing                    | g address (include roo        | oyer, if for a single-employer plan)<br>om, apt., suite no. and street, or P.<br>ce, country, and ZIP or foreign pos |                                      | structions)  | (EIN)                                    | lentification Number<br>91-2054601 |
|                            | PUMP MECHANICS IN             |  | iai oodo (ii foroigii, ooo iiik      | on donorio,  | 50                                       | elephone number<br>09-238-3192     |
| 9325 E. LITT<br>COLBERT, V | TLE DEEP CREEK RC<br>WA 99005 |  | LITTLE DEEP CREEK RI<br>RT, WA 99005 | D.   |  | ode (see instructions) 221300      |
| 3a Plan a                  | administrator's name a        | nd address XSame as Plan Spon  | isor.                                |  | <b>3b</b> Administrat                    | or's EIN                           |
|                            |                               |  |                                      |  | 3c Administrat                           | or's telephone number              |
| name                       | e, EIN, and the plan nu       | e plan sponsor has changed since<br>imber from the last return/report.   | the last return/report filed         | for this plan, enter the                               | 4b EIN                                   |                                    |
| <b>a</b> Spons             | sor's name                    |  |                                      |  | 4c PN                                    |                                    |
| <b>5a</b> Total            | number of participants        | s at the beginning of the plan year.   |                                      |  |  | 2                                  |
|                            |                               | s at the end of the plan year  |                                      |  | 5b                                       | 3                                  |
| comp                       | lete this item)               | account balances as of the end of  |                                      |  | 5c                                       | 3                                  |
| <b>d(1)</b> Tot            | al number of active pa        | articipants at the beginning of the p  | lan year                             |  | 5d(1)                                    | 2                                  |
|                            |                               | articipants at the end of the plan ye  |                                      |  | 5d(2)                                    | 3                                  |
| than                       | 100% vested                   | t terminated employment during the   |                                      |  | 5e                                       |                                    |
|                            |                               | or incomplete filing of this retur<br>ther penalties set forth in the instru   |                                      |  |  |                                    |
| SB or Sche                 |                               | and signed by an enrolled actuary,   |                                      |  |  |                                    |
| SIGN                       | Filed with authorized         | I/valid electronic signature.  | 05/25/2016                           | MARK HAUKELI   |  |                                    |
| HERE                       | Signature of plan a           | administrator  | Date                                 | Enter name of individ                                  | lual signing as plar                     | administrator                      |
| SIGN                       |                               |  |                                      |  |  |                                    |
| HERE                       | Signature of emplo            | oyer/plan sponsor<br>name, if applicable) and address (i   | Date                                 |  | lual signing as emp                      | ployer or plan sponsor             |
| 1 Topalei S                | name (moduling milli          | inamo, ii applicabiej and address (i   | Horado Footh Of Suite Hulli          | oo. ,  | i reparer s telepi                       | iono numbor                        |

| Form 5500-SF 2015   |   | Page <b>2</b>   |            |          |                        |            |             |             |       |
|---|---|---|------------|----------|------------------------|------------|-------------|-------------|-------|
| <ul> <li>Were all of the plan's assets during the plan year invested in elig</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</li> <li>If you answered "No" to either line 6a or line 6b, the plan car</li> </ul> | of an independ<br>by and condition<br>on on use For | dent qualified public a<br>ons.)<br>m 5500-SF and mus | ccount     | ant (IQ  | PA)<br><br><b>Form</b> | 5500.      |             | X Yes X Yes | No No |
| C If the plan is a defined benefit plan, is it covered under the PBGC   | insurance pr  | ogram (see ERISA se                                   | ection 4   | 021)? .  |                        | Yes        | No          | Not determ  | nined |
| Part III Financial Information  |   |   |            |          |                        |            |             |             |       |
| 7 Plan Assets and Liabilities   |   | (a) Beginning   |            |          |                        |            | (b) End     |             |       |
| a Total plan assets   |   |   | 62         | 262      |                        |            |             | 6970        | 12    |
| <b>b</b> Total plan liabilities   |   |   | 00         | 2000     |                        |            |             | 0070        |       |
| C Net plan assets (subtract line 7b from line 7a)   | 7с  |   |            | 262      |                        |            |             | 6970        | 12    |
| 8 Income, Expenses, and Transfers for this Plan Year a Contributions received or receivable from:   |   | (a) Amou  | unt        |          |                        |            | (b) T       | otal        |       |
| (1) Employers   | 8a(1)   |   | 6          | 610      |                        |            |             |             |       |
| (2) Participants  | 8a(2)   |   |            |          |                        |            |             |             |       |
| (3) Others (including rollovers)  | 8a(3)   |   |            |          |                        |            |             |             |       |
| <b>b</b> Other income (loss)  | 8b  |   |            | 830      |                        |            |             |             |       |
| <b>C</b> Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)   | 8c  |   |            |          |                        |            |             | 744         | 10    |
| Benefits paid (including direct rollovers and insurance premiums to provide benefits)   | 8d  |   |            |          |                        |            |             |             |       |
| Certain deemed and/or corrective distributions (see instructions).  | 1 1   |   |            |          |                        |            |             |             |       |
| f Administrative service providers (salaries, fees, commissions)  |   |   |            |          |                        |            |             |             |       |
| g Other expenses  | 8g  |   |            |          |                        |            |             |             |       |
| h Total expenses (add lines 8d, 8e, 8f, and 8g)   | 8h  |   |            |          |                        |            |             |             |       |
| i Net income (loss) (subtract line 8h from line 8c)   | 8i  |   |            |          |                        |            |             | 744         | 10    |
| j 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  | on feature cod                                      | des from the List of Pla                              | an Cha     | racteris | stic Co                | des in t   | he instruc  | tions:      |       |
| B If the plan provides welfare benefits, enter the applicable welfare   | e feature code                                      | es from the List of Pla                               | n Chara    | acterist | ic Cod                 | les in the | e instructi | ons:        |       |
|   |   |   |            |          |                        |            |             |             |       |
| Part V Compliance Questions   |   |   |            |          |                        |            |             |             |       |
| 10 During the plan year:  |   |   |            | Yes      | No                     | N/A        |             | Amount      |       |
| Was there a failure to transmit to the plan any participant contribution described in 29 CFR 2510.3-102? (See instructions and DOL's Program)   | Voluntary Fi  | duciary Correction                                    | 10a        |          | X                      |            |             |             |       |
| <b>b</b> Were there any nonexempt transactions with any party-in-intere   |   |   |            |          | V                      |            |             |             |       |
| reported on line 10a.)  |   |   | 10b        |          | X                      |            |             |             |       |
| C Was the plan covered by a fidelity bond?  |   |   | 10c        |          | X                      |            |             |             |       |
| d Did the plan have a loss, whether or not reimbursed by the plan by fraud or dishonesty?   |   |   | 10d        |          | X                      |            |             |             |       |
| Were any fees or commissions paid to any brokers, agents, or carrier, insurance service, or other organization that provides so the plan? (See instructions.)   | ome or all of t                                     | he benefits under                                     | 10e        |          | X                      |            |             |             |       |
| f Has the plan failed to provide any benefit when due under the p   |   |   |            |          | Χ                      |            |             |             |       |
| g Did the plan have any participant loans? (If "Yes," enter amount  |   |   | 101        |          | X                      |            |             |             |       |
| h If this is an individual account plan, was there a blackout period  | ? (See instru                                       | ctions and 29 CFR                                     | 10g        |          | X                      |            |             |             |       |
| i If 10h was answered "Yes," check the box if you either provided exceptions to providing the notice applied under 29 CFR 2520.1  | I the required                                      | notice or one of the                                  | 10h<br>10i |          | X                      |            |             |             |       |
| j Did the plan trust incur unrelated business taxable income?   |   |   | 10i<br>10i |          | X                      |            |             |             |       |
| Part VI Pension Funding Compliance  |   |   | IUJ        | <u> </u> | ^                      |            |             |             |       |
| 11 Is this a defined benefit plan subject to minimum funding require 5500) and line 11a below)  |   |   |            |          |                        |            |             | Yes         | ☐ No  |
| 11a Enter the unpaid minimum required contribution for all years from   |   |   |            |          |                        | 11a        |             |             |       |
| 12 Is this a defined contribution plan subject to the minimum fundir  |   |   |            |          |                        |            | RISA?       | 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<br>ng the waiver  |                  | enter the<br>Day | e date of t                           | he letter rul<br>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)           |                                       | 13c(3) 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<br>ha         | esign-<br>ased safe<br>arbor<br>ethod | ADF<br>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<br>ercentage<br>st               |                       | rage<br>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 pland the letter's serial representation of the letter's series of the l |                  | 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              | 3                                     | 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 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.

OMB Nos. 1210-0110 1210-0089

2015

This Form is Open to Public Inspection

|  | Complete all entries in accordance   | e with the instructions to   | the Form 5500-SF.  | to Public Inspection                       |
|--|--|--|--|--|
|  | ntification Information  |  |  |  |
| For calendar plan year 2015 or fiscal  |  | /2015  | and ending 1:  | 2/31/2015                                  |
| A This return/report is for:   | 🛚 a single-employer plan 📗 a   | multiple-employer plan (not m  | iultiemployer) (Filers che   | cking this box must attach a list          |
|  | 0,   | f participating employer inform  | ation in accordance with   | the form instructions)                     |
|  | a one-participant plan a   | foreign plan   |  |  |
| B This return/report is  | the first return/report the  | ne final return/report   |  |  |
| · ·  | an amended return/report a   | short plan year return/repo  | ort (less than 12 month  | ns)  |
| C Check box if filing under:   | Form 5558 a  | utomatic extension   |  | DFVC program                               |
|  | special extension (enter description   |  |  |  |
| Part II   Basic Plan Informa   | ation - enter all requested informat   | ion  |  |  |
| 1a Name of plan  |  |  | 1b Three-digit   |  |
| GENERAL PUMP MECHA   | NICS INC. PROFIT S   | HARING PLAN  | plan number (F   | <sup>&gt;N)</sup> ▶ 001                    |
|  | And the control of th |  | 1c Effective date  |  |
|  |  | 9  |  | 8/2006                                     |
| 2a Plan sponsor's name (employer,  | if for a single-employer plan)   |  |  | tification Number (EIN)                    |
| Mailing address (include room, a   | ot., suite no, and street, or P.O. Box   | )  |  | 054601                                     |
| City or town, state or province, of GENERAL PUMP MECHA   | ountry, and ZIP or foreign postal coo  | de (if foreign, see instr.)  | 2c Sponsor's tele  |  |
|  | P CREEK ROAD   |  | 509-238-31   |  |
| JOZO E. HITTHE DEE   | r CREEK KOAD   |  |  |  |
| COLBERT  | WA 99005   |  | 22130  | e (see instructions)                       |
|  |  | The second secon |  |  |
| 3a Plan administrator's name and a   | iddress X Same as Plan Sponsor.  |  | 3b Administrator's   | 3 EIN                                      |
|  |  |  | 0-   |  |
|  |  |  | 3c Administrator's   | s telephone number                         |
|  |  |  | 41   |  |
| 4 If the name and/or EIN of the plan   | VC(  |  | 4b EIN   |  |
|  | e plan number from the last return/re  | eport.   |  |  |
| a Sponsor's name   |  |  | 4c PN  |  |
| -  |  |  | _  |  |
| 5a Total number of participants at   |  |  | 5a   | 2  |
| <b>b</b> Total number of participants at   | the end of the plan year   |  | 5b   | 3  |
| C Number of participants with acceptance   | count balances as of the end of the p  | olan year (defined   |  |  |
| benefit plans do not complete t  | /  |  | 5c   | 3  |
|  | icipants at the beginning of the plan  |  | 5d(1)  | 2  |
| d (2) Total number of active part  | icipants at the end of the plan year   |  | 5d(2)  | 3  |
| e Number of participants that ten  | minated employment during the plan   | year with accrued  | v 4  |  |
| benefits that were less than 100   | 0% vested  |  | 5e   |  |
| Caution: A penalty for the late or   | incomplete filing of this return/rep   | ort will be assessed unles   | s reasonable cause   | is established.                            |
| Under penalties of perjury and other Schedule SB or Schedule MB comp my knowledge and belief, it is true, to | penalties set forth in the instructions  | s, I declare that I have exan  | nined this return/repor  | t, including, if applicable, a             |
| my knowledge and belief, it is true,   | correct, and complete.   | ary, ao won ao aro olootrorn   | e version of this retain   | Webort, and to the best of                 |
| SIGN LAND  | 01.16 / -12-1  | . (  |  |  |
| HERE WWW XXIII   | July 5/25/   | MARK HAUKE   | and the same of th |  |
| Signature of plan administ   | rator  | Enter name of indiv  | vidual signing as plan a   | administrator                              |
| 0 1  | 0  |  |  |  |
| HERE Jaula C. Hauk   | eli 5/25/16  | PAULA HAUK   | GUI  |  |
| Signature of employer/plan   | n sponsor Date   | Enter name of indiv  | vidual signing as emplo  | oyer or plan sponsor                       |
| Preparer's name (including firm name   | ne, if applicable) and address (includ   | e room or suite number   | Preparer's tel   | ephone number                              |
|  | Y Y Y  | ,  |  |  |
|  |  |  |  |  |
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| W  |  |  |  |  |
|  |  |  |  |  |

| Page | 2 |
|------|---|
|------|---|

|   | Were all of the plan's assets during the plan year invested in eligible assets?  | See inst   | ייוני   | tions \                                     |       |                                       |               |            | X Ye                                    |                           | No           |
|---|--|--|---------|---|-------|---------------------------------------|---------------|------------|---|---------------------------|--------------|
| ຍ                                       | Are you claiming a waiver of the annual examination and report of an indepen   |  |         |   |       |                                       |               |            | E-3 , C                                 |                           |              |
|   | (IQPA) under 29 CFR 2520.104-46? (See instructions on waiver eligibility and   |  |         | •   |       |                                       |               |            | X Ye                                    | s                         | No           |
|   | If you answered "No" to either line 6a or line 6b, the plan cannot use Forr  |  |         |   |       |                                       |               |            | ==                                      |                           |              |
| C                                       | If the plan is a defined benefit plan, is it covered under the PBGC insurance program (se  |  |         |   |       | []                                    | Yes           | No         | No                                      | t dete                    | rmined       |
| Pa                                      | rt III Financial Information   |  |         |   |       |                                       |               |            | , |                           |              |
| 7                                       | Plan Assets and Liabilities  | 15474  |         | (a) Begi                                    | nning | of Ye                                 | ear           | (1         | b) End                                  | of Yea                    | ır           |
| а                                       | Total plan assets  | 7a   |         |   | 6     | 2,2                                   | 62            | ·          |   |                           | ,702         |
| b                                       | Total plan liabilities   | 7b   |         |   |       |                                       |               |            |   |                           |              |
| С                                       | Net plan assets (subtract line 7b from line 7a)  | 7c   |         |   | 6     | 2,2                                   | 62            |            |   | 69                        | ,702         |
| 8                                       | Income, Expenses, and Transfers for this Plan Year   |  |         | (a)   | Amou  | unt                                   |               |            | (b) To                                  | otal                      |              |
| а                                       | Contributions received or receivable from:   |  |         |   |       |                                       | -             | i West     |   | gail C                    |              |
|   | (1) Employers  | 8a(1)  |         |   |       | 6,6                                   | 10            |            |   |                           |              |
|   | (2) Participants   | 8a(2)  |         |   |       |                                       |               |            | ati V                                   |                           | irant.       |
|   | (3) Others (including rollovers)   | 8a(3)  |         |   |       |                                       |               |            |   |                           | i gali kal   |
| b                                       | Other income (loss)  | 8b   |         |   |       |                                       | 30            | STA        | TEME                                    | NT                        | 1            |
| _c                                      | Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)   | 8c   | 36      |   |       | 17 de 1                               |               |            |   | 7                         | ,440         |
| d                                       | Benefits paid (including direct rollovers and insurance premiums to provide  |  |         |   |       |                                       |               | s 14 4     | Hirt                                    | - i                       |              |
|   | benefits)  | 8d   |         |   |       |                                       |               |            |   |                           |              |
| _e                                      | Certain deemed and/or corrective distributions (see instructions)  | 8e   |         |   |       |                                       |               | HAT HAT    | 5 - 1947.<br>1                          |                           |              |
| f                                       | Administrative service providers (salaries, fees, commissions)   | 8f   |         |   |       |                                       |               |            | 47 A A ag                               |                           |              |
| g                                       | Other expenses   | 8g   |         |   |       |                                       |               |            | gregoria in                             | diki                      | with William |
| <u>h</u>                                | Total expenses (add lines 8d, 8e, 8f, and 8g)  | 8h   |         |   |       |                                       |               |            |   |                           |              |
| <u>i</u>                                | Net income (loss) (subtract line 8h from line 8c)  | 8i   |         |   | ijes, |                                       |               |            |   |                           | ,440         |
| i                                       | Transfers to (from) the plan (see instructions)  | 8j   |         |   |       |                                       |               | Aragili d. |   |                           |              |
| Ра                                      | rt IV Plan Characteristics   |  |         |   |       |                                       |               |            |   |                           |              |
| Pa                                      |  |  |         |   |       |                                       | YEI IZ LI     | c Codes    |   | ion do                    | ions:        |
| 10                                      | rt V Compliance Questions  |  |         |   |       |                                       | YELISTI       | Codes      |   |                           | ions:        |
|   | rt V Compliance Questions  During the plan year:   |  |         |   | Yes   | No                                    | N/A           | Codes      | Amo                                     |                           | ions:        |
|   |  | n the tim  |         |   |       |                                       | T             | Codes      |   |                           | ions:        |
|   | During the plan year:  |  |         |   |       |                                       | T             | Codes      |   |                           | ions:        |
|   | During the plan year: Was there a failure to transmit to the plan any participant contributions withi  |  |         | 10a   |       |                                       | T             | Codes      |   |                           | ions;        |
| a                                       | During the plan year:  Was there a failure to transmit to the plan any participant contributions within period described in 29 CFR 2510.3-102? (See instructions and DOL's Volunt  | ary  |         |   |       | No,                                   | T             | Codes      |   |                           | ions;        |
| a                                       | During the plan year: Was there a failure to transmit to the plan any participant contributions within period described in 29 CFR 2510.3-102? (See instructions and DOL's Volunt Fiduciary Correction Program.)  | ary<br>clude   |         |   |       | No<br>X                               | T             | Codes      |   |                           | ions;        |
|   | During the plan year:  Was there a failure to transmit to the plan any participant contributions within period described in 29 CFR 2510.3-102? (See instructions and DOL's Volunt Fiduciary Correction Program.)  Were there any nonexempt transactions with any party-in-interest? (Do not in transactions reported on line 10a.)  Was the plan covered by a fidelity bond?   | ary<br>clude   |         | 10a   |       | No.                                   | T             | Codes      |   |                           | ions:        |
|   | During the plan year:  Was there a failure to transmit to the plan any participant contributions within period described in 29 CFR 2510.3-102? (See instructions and DOL's Volunt Fiduciary Correction Program.)  Were there any nonexempt transactions with any party-in-interest? (Do not in transactions reported on line 10a.)  Was the plan covered by a fidelity bond?  Did the plan have a loss, whether or not reimbursed by the plan's fidelity bor   | ary<br>clude<br>id, that   |         | 10a   |       | No<br>X<br>X                          | T             | Codes      |   |                           | cions:       |
| E                                       | During the plan year:  Was there a failure to transmit to the plan any participant contributions within period described in 29 CFR 2510.3-102? (See instructions and DOL's Volunt Fiduciary Correction Program.)  Were there any nonexempt transactions with any party-in-interest? (Do not in transactions reported on line 10a.)  Was the plan covered by a fidelity bond?  Did the plan have a loss, whether or not reimbursed by the plan's fidelity bord was caused by fraud or dishonesty?   | ary<br>clude<br>d, that  |         | 10a   |       | No<br>X                               | T             | Codes      |   |                           | ions:        |
| E                                       | During the plan year:  Was there a failure to transmit to the plan any participant contributions within period described in 29 CFR 2510.3-102? (See instructions and DOL's Volunt Fiduciary Correction Program.)  Were there any nonexempt transactions with any party-in-interest? (Do not in transactions reported on line 10a.)  Was the plan covered by a fidelity bond?  Did the plan have a loss, whether or not reimbursed by the plan's fidelity bord was caused by fraud or dishonesty?  Were any fees or commissions paid to any brokers, agents, or other persons   | ary<br>iclude<br>id, that<br>by an   | ie      | 10a<br>10b                                  |       | No<br>X<br>X                          | 1             | Codes      |   |                           | cions:       |
| E                                       | During the plan year:  Was there a failure to transmit to the plan any participant contributions within period described in 29 CFR 2510.3-102? (See instructions and DOL's Volunt Fiduciary Correction Program.)  Were there any nonexempt transactions with any party-in-interest? (Do not in transactions reported on line 10a.)  Was the plan covered by a fidelity bond?  Did the plan have a loss, whether or not reimbursed by the plan's fidelity bor was caused by fraud or dishonesty?  Were any fees or commissions paid to any brokers, agents, or other persons insurance carrier, insurance service, or other organization that provides some   | ary<br>iclude<br>id, that<br>by an   | ie      | 10a<br>10b                                  |       | X<br>X<br>X                           | 1             | Codes      |   |                           | ions:        |
|   | During the plan year:  Was there a failure to transmit to the plan any participant contributions within period described in 29 CFR 2510.3-102? (See instructions and DOL's Volunt Fiduciary Correction Program.)  Were there any nonexempt transactions with any party-in-interest? (Do not in transactions reported on line 10a.)  Was the plan covered by a fidelity bond?  Did the plan have a loss, whether or not reimbursed by the plan's fidelity borwas caused by fraud or dishonesty?  Were any fees or commissions paid to any brokers, agents, or other persons insurance carrier, insurance service, or other organization that provides som the benefits under the plan? (See instructions.)  | ary<br>od, that<br>by an<br>e or all o   | ne<br>f | 10a<br>10b<br>10c<br>10d                    |       | X<br>X<br>X                           | 1             | Codes      |   |                           | ions:        |
|   | During the plan year:  Was there a failure to transmit to the plan any participant contributions within period described in 29 CFR 2510.3-102? (See instructions and DOL's Volunt Fiduciary Correction Program.)  Were there any nonexempt transactions with any party-in-interest? (Do not in transactions reported on line 10a.)  Was the plan covered by a fidelity bond?  Did the plan have a loss, whether or not reimbursed by the plan's fidelity borwas caused by fraud or dishonesty?  Were any fees or commissions paid to any brokers, agents, or other persons insurance carrier, insurance service, or other organization that provides som the benefits under the plan? (See instructions.)  Has the plan failed to provide any benefit when due under the plan?   | ary<br>Iclude<br>Id, that<br>Iby an<br>Ie or all o   | ne<br>f | 10a<br>10b<br>10c<br>10d                    |       | X<br>X<br>X                           | 1             | Codes      |   |                           | ions:        |
| 6 f                                     | During the plan year:  Was there a failure to transmit to the plan any participant contributions within period described in 29 CFR 2510.3-102? (See instructions and DOL's Volunt Fiduciary Correction Program.)  Were there any nonexempt transactions with any party-in-interest? (Do not in transactions reported on line 10a.)  Was the plan covered by a fidelity bond?  Did the plan have a loss, whether or not reimbursed by the plan's fidelity bord was caused by fraud or dishonesty?  Were any fees or commissions paid to any brokers, agents, or other persons insurance carrier, insurance service, or other organization that provides some the benefits under the plan? (See instructions.)  Has the plan failed to provide any benefit when due under the plan?  Did the plan have any participant loans? (If "Yes," enter amount as of year enter and the plan is a failed to provide any benefit when due under the plan?  | ary clude  id, that by an e or all o   | ne<br>f | 10a<br>10b<br>10c<br>10d                    |       | X<br>X<br>X                           | 1             | Codes      |   |                           | ions:        |
| 6 f                                     | During the plan year:  Was there a failure to transmit to the plan any participant contributions within period described in 29 CFR 2510.3-102? (See instructions and DOL's Volunt Fiduciary Correction Program.)  Were there any nonexempt transactions with any party-in-interest? (Do not in transactions reported on line 10a.)  Was the plan covered by a fidelity bond?  Did the plan have a loss, whether or not reimbursed by the plan's fidelity bor was caused by fraud or dishonesty?  Were any fees or commissions paid to any brokers, agents, or other persons insurance carrier, insurance service, or other organization that provides som the benefits under the plan? (See instructions.)  Has the plan failed to provide any benefit when due under the plan?  Did the plan have any participant loans? (If "Yes," enter amount as of year entry in the plan have any participant loans? (If "Yes," enter amount as of year entry in the plan have any participant loans? (If "Yes," enter amount as of year enter the plan have any participant loans? (If "Yes," enter amount as of year enter the plan have any participant loans? (If "Yes," enter amount as of year enter amoun | ary  clude  id, that  by an e or all o   | ne<br>f | 10a<br>10c<br>10d<br>10d                    |       | X<br>X<br>X<br>X                      | 1             | Codes      |   |                           | ions:        |
|   | During the plan year:  Was there a failure to transmit to the plan any participant contributions within period described in 29 CFR 2510.3-102? (See instructions and DOL's Volunt Fiduciary Correction Program.)  Were there any nonexempt transactions with any party-in-interest? (Do not in transactions reported on line 10a.)  Was the plan covered by a fidelity bond?  Did the plan have a loss, whether or not reimbursed by the plan's fidelity bor was caused by fraud or dishonesty?  Were any fees or commissions paid to any brokers, agents, or other persons insurance carrier, insurance service, or other organization that provides som the benefits under the plan? (See instructions.)  Has the plan failed to provide any benefit when due under the plan?  Did the plan have any participant loans? (If "Yes," enter amount as of year entity is an individual account plan, was there a blackout period? (See instructions 20 CFR 2520.101-3.)  | ary  action  actions  actions  | f       | 10a<br>10b<br>10c<br>10d                    |       | X<br>X<br>X                           | 1             | Codes      |   |                           | ions:        |
|   | During the plan year:  Was there a failure to transmit to the plan any participant contributions within period described in 29 CFR 2510.3-102? (See instructions and DOL's Volunt Fiduciary Correction Program.)  Were there any nonexempt transactions with any party-in-interest? (Do not in transactions reported on line 10a.)  Was the plan covered by a fidelity bond?  Did the plan have a loss, whether or not reimbursed by the plan's fidelity bor was caused by fraud or dishonesty?  Were any fees or commissions paid to any brokers, agents, or other persons insurance carrier, insurance service, or other organization that provides som the benefits under the plan? (See instructions.)  Has the plan failed to provide any benefit when due under the plan?  Did the plan have any participant loans? (If "Yes," enter amount as of year enter the plan have any participant loans? (If "Yes," enter amount as of year enter and 29 CFR 2520.101-3.)  If 10h was answered "Yes," check the box if you either provided the required   | ary  ad, that  by an e or all o  | f       | 10a 10b 10c 10c 10d 10e 10f 10g             |       | X<br>X<br>X<br>X                      | 1             | Codes      |   |                           | ions:        |
|   | During the plan year:  Was there a failure to transmit to the plan any participant contributions within period described in 29 CFR 2510.3-102? (See instructions and DOL's Volunt Fiduciary Correction Program.)  Were there any nonexempt transactions with any party-in-interest? (Do not in transactions reported on line 10a.)  Was the plan covered by a fidelity bond?  Did the plan have a loss, whether or not reimbursed by the plan's fidelity borwas caused by fraud or dishonesty?  Were any fees or commissions paid to any brokers, agents, or other persons insurance carrier, insurance service, or other organization that provides some the benefits under the plan? (See instructions.)  Has the plan failed to provide any benefit when due under the plan?  Did the plan have any participant loans? (If "Yes," enter amount as of year entered the plan have any participant loans? (If "Yes," enter amount as of year entered and 29 CFR 2520.101-3.)  If 10h was answered "Yes," check the box if you either provided the required one of the exceptions to providing the notice applied under 29 CFR 2520.10  | ary  ad, that  by an e or all o  | f       | 10a 10b 10c 10c 10d 10e 10f 10g 10h         |       | X<br>X<br>X<br>X<br>X                 | 1             | Codes      |   |                           | ions:        |
| E C C C C C C C C C C C C C C C C C C C | During the plan year:  Was there a failure to transmit to the plan any participant contributions within period described in 29 CFR 2510.3-102? (See instructions and DOL's Volunt Fiduciary Correction Program.)  Were there any nonexempt transactions with any party-in-interest? (Do not in transactions reported on line 10a.)  Was the plan covered by a fidelity bond?  Did the plan have a loss, whether or not reimbursed by the plan's fidelity borwas caused by fraud or dishonesty?  Were any fees or commissions paid to any brokers, agents, or other persons insurance carrier, insurance service, or other organization that provides some the benefits under the plan? (See instructions.)  Has the plan failed to provide any benefit when due under the plan?  Did the plan have any participant loans? (If "Yes," enter amount as of year entered the plan individual account plan, was there a blackout period? (See instructions on the exceptions to providing the notice applied under 29 CFR 2520.10.10.10.)  Did the plan trust incur unrelated business taxable income?  | ary  ad, that  by an e or all o  | f       | 10a 10b 10c 10c 10d 10e 10f 10g             |       | X<br>X<br>X<br>X                      | 1             | Codes      |   |                           | ions:        |
| e f f i i Pa                            | During the plan year:  Was there a failure to transmit to the plan any participant contributions within period described in 29 CFR 2510.3-102? (See instructions and DOL's Volunt Fiduciary Correction Program.)  Were there any nonexempt transactions with any party-in-interest? (Do not in transactions reported on line 10a.)  Was the plan covered by a fidelity bond?  Did the plan have a loss, whether or not reimbursed by the plan's fidelity bor was caused by fraud or dishonesty?  Were any fees or commissions paid to any brokers, agents, or other persons insurance carrier, insurance service, or other organization that provides som the benefits under the plan? (See instructions.)  Has the plan failed to provide any benefit when due under the plan?  Did the plan have any participant loans? (If "Yes," enter amount as of year entered the plan have any participant loans? (If "Yes," enter amount as of year entered the plan have any participant loans? (If "Yes," enter amount as of year entered and 29 CFR 2520.101.3.)  If 10h was answered "Yes," check the box if you either provided the required one of the exceptions to providing the notice applied under 29 CFR 2520.10 Did the plan trust incur unrelated business taxable incorne?   | ary clude  d, that by an e or all o  ctions I notice   | f       | 10a 10b 10c 10d 10e 10f 10g 10h 10i         | Yes   | X<br>X<br>X<br>X<br>X                 | N/A           | Codes      |   |                           | ions:        |
| E C C C C C C C C C C C C C C C C C C C | During the plan year:  Was there a failure to transmit to the plan any participant contributions within period described in 29 CFR 2510.3-102? (See instructions and DOL's Volunt Fiduciary Correction Program.)  Were there any nonexempt transactions with any party-in-interest? (Do not in transactions reported on line 10a.)  Was the plan covered by a fidelity bond?  Did the plan have a loss, whether or not reimbursed by the plan's fidelity bor was caused by fraud or dishonesty?  Were any fees or commissions paid to any brokers, agents, or other persons insurance carrier, insurance service, or other organization that provides som the benefits under the plan? (See instructions.)  Has the plan failed to provide any benefit when due under the plan?  Did the plan have any participant loans? (If "Yes," enter amount as of year enter the plan have any participant loans? (If "Yes," enter amount as of year enter and 29 CFR 2520.101-3.)  If 10h was answered "Yes," check the box if you either provided the required one of the exceptions to providing the notice applied under 29 CFR 2520.10 Did the plan trust incur unrelated business taxable income?  To VI Pension Funding Compliance  Is this a defined benefit plan subject to minimum funding requirements? (If "   | ary  add, that  by an e or all o  ctions  I notice of the services of the serv | f or    | 10a 10c 10d 10d 10f 10h 10i 10i             | Yes   | X<br>X<br>X<br>X<br>X                 | N/A           | Codes      | Amo                                     | unt<br>Line of the second |              |
| f f g h                                 | During the plan year:  Was there a failure to transmit to the plan any participant contributions within period described in 29 CFR 2510.3-102? (See instructions and DOL's Volunt Fiduciary Correction Program.)  Were there any nonexempt transactions with any party-in-interest? (Do not in transactions reported on line 10a.)  Was the plan covered by a fidelity bond?  Did the plan have a loss, whether or not reimbursed by the plan's fidelity bor was caused by fraud or dishonesty?  Were any fees or commissions paid to any brokers, agents, or other persons insurance carrier, insurance service, or other organization that provides som the benefits under the plan? (See instructions.)  Has the plan failed to provide any benefit when due under the plan?  Did the plan have any participant loans? (If "Yes," enter amount as of year entered this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)  If 10h was answered "Yes," check the box if you either provided the required one of the exceptions to providing the notice applied under 29 CFR 2520.10 Did the plan trust incur unrelated business taxable income?  It M. Pension Funding Compliance  Is this a defined benefit plan subject to minimum funding requirements? (If "Schedule SB (Form 5500) and line 11a below)   | ary  actions  d, that  by an e or all o  ctions  I notice 1-3  | f or    | 10a 10b 10c 10d 10e 10f 10i 10i             | Yes   | X<br>X<br>X<br>X<br>X                 | N/A           | Codes      |   | unt<br>Line of the second | No No        |
| f c c c h                               | During the plan year:  Was there a failure to transmit to the plan any participant contributions within period described in 29 CFR 2510.3-102? (See instructions and DOL's Volunt Fiduciary Correction Program.)  Were there any nonexempt transactions with any party-in-interest? (Do not in transactions reported on line 10a.)  Was the plan covered by a fidelity bond?  Did the plan have a loss, whether or not reimbursed by the plan's fidelity bor was caused by fraud or dishonesty?  Were any fees or commissions paid to any brokers, agents, or other persons insurance carrier, insurance service, or other organization that provides som the benefits under the plan? (See instructions.)  Has the plan failed to provide any benefit when due under the plan?  Did the plan have any participant loans? (If "Yes," enter amount as of year enter the plan have any participant loans? (If "Yes," enter amount as of year enter and 29 CFR 2520.101-3.)  If 10h was answered "Yes," check the box if you either provided the required one of the exceptions to providing the notice applied under 29 CFR 2520.10 Did the plan trust incur unrelated business taxable income?  To VI Pension Funding Compliance  Is this a defined benefit plan subject to minimum funding requirements? (If "   | ary  actions  I notice of the services of the  | f or    | 10a 10b 10c 10c 10d 10e 10f 10g 10h 10i 10i | Yes   | X X X X X X X X X X X X X X X X X X X | N/A N/A Diete | Codes      | Amo                                     | unt<br>Line of the second |              |

| Form                | 5500-SF 2015 Page  | 3-        | -       |                       |          |           |          |
|---------------------|--|-----------|---------|-----------------------|----------|-----------|----------|
|                     | (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)                                    |           |         |                       |          |           |          |
| а                   | If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see in:             | structi   | ons, a  | nd enter              | the da   | ite of th | e letter |
|                     | ruling granting the waiver. Month  | Da        | У       |                       | Yea      |           |          |
| <u>lf</u>           | you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line                       | 13.       |         |                       |          |           |          |
| b                   | Enter the minimum required contribution for this plan year   |           | 12b     |                       |          |           |          |
| С                   | Enter the amount contributed by the employer to the plan for this plan year  |           | 12c     |                       |          |           |          |
| d                   | Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to                   |           |         |                       |          |           |          |
|                     | the left of a negative amount)   |           | 12d     |                       |          |           |          |
| Virginia Village II | Will the minimum funding amount reported on line 12d be met by the funding deadline?                                   | ****      |         | Yes                   | No       |           | N/A      |
| Par                 | t VII Plan Terminations and Transfers of Assets  |           |         |                       |          |           |          |
| <u>13a</u>          | Has a resolution to terminate the plan been adopted in any plan year?  |           |         | Yes                   | X No     |           |          |
|                     | If "Yes," 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 broad           | ught      |         |                       |          |           | -        |
|                     | under the control of the PBGC?   |           |         |                       | Y        | es        | X No     |
| C                   | If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identification | fy the    | plan(s  | s) to whic            | h asse   | ets or    |          |
|                     | liabilities were transferred. (See instructions.)  |           |         |                       |          |           |          |
| 1                   | 3c(1) Name of plan(s):   | 13c(2)    | EIN(s   | s)                    | 1        | 3c(3) P   | V(s)     |
|                     |  |           |         |                       |          |           |          |
|                     |  |           |         |                       |          |           |          |
|                     | t VIII Trust Information   |           |         |                       |          |           |          |
| 14a                 | Name of trust  | 14b       | rust's  | EIN                   |          |           |          |
|                     |  |           |         |                       |          |           |          |
|                     |  |           |         |                       |          |           |          |
|                     |  |           |         |                       |          |           |          |
| 14c                 | Name of trustee or custodian   | 14d       | ruste   | e's or cu             | stodia   | n's       |          |
|                     |  | t         | eleph   | one num               | ber      |           |          |
|                     |  |           |         |                       |          |           |          |
|                     | L DV   100 0   | -078-247- |         |                       |          |           |          |
|                     | t IX IRS Compliance Questions  |           |         |                       |          |           |          |
|                     | Is the plan a 401(k) plan?   |           |         | es                    |          | No        |          |
| 75b                 | If "Yes," how does the 401(k) plan satisfy the nondiscrimination requirements for employee deferrals a                 | nd        |         | esign-ba<br>afe harbo |          | ADP/      | ACP      |
|                     | employer matching contributions (as applicable) under sections 401(k)(3) and 401(m)(2)?                                |           |         | nethod                |          | 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))?  | 22.2      |         | es                    |          | No        |          |
| 16a                 | Check the box to indicate the method used by the plan to satisfy the coverage requirements under                       |           | - 00    | atio<br>ercentac      | ie —     | Avera     | ae       |
|                     | section 410(b):  |           |         | est                   |          | benef     |          |
| 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?                                       |           | Y       | es                    |          | No        |          |
|                     | Has the plan been timely amended for all required tax law changes?   |           | Y       | es                    |          | No        | N/A      |
| 17b                 | Date the last plan amendment/restatement for the required tax law changes was adopted                                  |           | Enter : | the appli             | cable o  | code _    |          |
| evendos r           | (See instructions for tax law changes and codes).  |           |         |                       |          |           |          |
| 17c                 | If the plan sponsor is an adopter of a pre-approved master and prototype (M&P) or volume submitter p                   | lan th    | at is s | ubject to             | a favo   | rable IF  | RS       |
|                     | opinion or advisory letter, enter the date of that favorable letter and the letter's                                   |           |         |                       |          |           | -        |
| 17d                 | If the plan is an individually-designed plan and received a favorable determination letter from the IRS,               | enter t   | ne dat  | e of the              | plan's   | last      |          |
|                     | favorable determination letter .   |           |         |                       |          |           |          |
| 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)?  |           | Y       | es                    |          | No        |          |
| 19                  | Were in-service distributions made during the plan year?   |           | Y       | es                    |          | No        |          |
|                     | If "Yes," enter amount   |           | 19      |                       |          |           |          |
| 20                  | Were required minimum distributions made to 5% owners who have attained age 70 $\frac{1}{2}$ (regardless of            |           | _       |                       | <i>y</i> | X         | _        |
|                     | whether or not retired), as required under section 401(a)(9)?  |           | Y       | es                    |          | No        | N/A      |

| FORM 5500-SF OTHER INCOME (LOSS)                           | STATEMENT |     |  |  |  |  |
|--|-----------|-----|--|--|--|--|
| DESCRIPTION  | AMOUNT    |     |  |  |  |  |
| NET INVESTMENT GAIN (LOSS) FROM COMMON / COLLECTIVE TRUSTS | 8.        | 30. |  |  |  |  |
| TOTAL TO FORM 5500-SF, LINE 8B                             | 8:        | 30. |  |  |  |  |

## Service Provider Affidavit

I certify that I have been specifically authorized in writing by the plan administrator/employer, as applicable, to enter my EFAST2 PIN on this return/report in order to electronically submit this return/report. I further certify that: (1) I will retain a copy of the administrator's/employer's specific written authorization in my records; (2) I have attached to this electronic filing, in addition to any other required schedules or attachments, a true and correct PDF copy of the first two pages of the completed Form 5500 or Form 5500 SF return/report bearing the manual signature of the plan administrator/employer under penalty of perjury; (3) I advised the plan administrator/employer that by selecting this electronic signature option the PDF image of that manual signature will be included with the rest of the return/report posted by the Department of Labor (DOL) on the Internet for public disclosure; and (4) | will communicate to the plan administrator/employer any inquiries and information that I receive from EFAST2, DOL, IRS or PBGC regaliding this annual return/report.

05/19/2016 JAMES HARLESS

Signature of service provider (optional)

Enter name of individual signing as service provider