Form 5500-SF	Short Form Annu	al Return/Repo Benefit Pla	ort of Small Emplo	oyee	OMB Nos. 1210-0110 1210-0089
Department of the Treasury Internal Revenue Service	This form is required to be file		-	etirement	2015
Department of Labor Employee Benefits Security Administrati	Income Security Act of 1974		6057(b) and 6058(a) of the	Internal	This Form is Open to Public Inspection
Pension Benefit Guaranty Corporation	Complete all entries in		nstructions to the Form 55	00-SF.	
Part IAnnual RepoFor calendar plan year 2015 or	r fiscal plan year beginning 07/01/		and ending 04	/30/2016	
A This return/report is for:	X a single-employer plan	a multiple-employ	er plan (not multiemployer) employer information in ac	(Filers checking	
${f B}$ This return/report is	<pre>the first return/report an amended return/report</pre>	$\times$ the final return/rep $\times$ a short plan year r	ort eturn/report (less than 12 mo	onths)	
<b>C</b> Check box if filing under:	☐ Form 5558 ☐ special extension (enter desc	automatic extension	on		C program
Part II Basic Plan Ir	formation—enter all requested ir	,			
<b>1a</b> Name of plan RICHMOND SYSTEMS, INC. 4				1b Three-dig plan num (PN) ▶ 1c Effective	ber 001
				IC Ellective	12/01/1993
Mailing address (include r	ployer, if for a single-employer plan) oom, apt., suite no. and street, or P.( ince, country, and ZIP or foreign pos		nstructions)	2b Employer (EIN)	Identification Number 91-1652324
RICHMOND SYSTEMS, INC.	ince, country, and zir or loreign pos	lai code (il foreign, see	nstructions)		s telephone number 360-956-0384
3365 HOGUM BAY LN. N.E. DLYMPIA, WA 98516				2d Business	code (see instructions) 332900
<b>3a</b> Plan administrator's name	and address XSame as Plan Spon	sor		<b>3b</b> Administra	ator's FIN
					ator's telephone number
4 If the name and/or EIN of	the plan sponsor has changed since	the last return/report file	ed for this plan, enter the	4b EIN	
	number from the last return/report.			<b>4c</b> PN	
	nts at the beginning of the plan year.			5a	6
	nts at the end of the plan year		ł	5b	0
	ith account balances as of the end of			5c	0
<b>d(1)</b> Total number of active	participants at the beginning of the p	lan year		5d(1)	4
e Number of participants th	participants at the end of the plan ye nat terminated employment during the	e plan year with accrued	benefits that were less	5d(2) 5e	0
Caution: A penalty for the la Under penalties of perjury and	te or incomplete filing of this return other penalties set forth in the instru	n/report will be assess ctions, I declare that I h	ed unless reasonable cau ave examined this return/rep	se is establish port, including, if	applicable, a Schedule
SB or Schedule MB completed belief, it is true, correct, and co	d and signed by an enrolled actuary, omplete.	as well as the electronic	version of this return/report	, and to the best	t of my knowledge and
	ed/valid electronic signature.	06/03/2016	GEORGE M. RICHMC	ND	
HERE Signature of pla	n administrator	Date	Enter name of individu	al signing as pla	an administrator
HERE	ployer/plan sponsor	Date	Enter name of individu	ial signing as er	nployer or plan sponsor
	n name, if applicable) and address (i			Preparer's tele	
For Paperwork Reduction Act N	otice and OMB Control Numbers, see th	e instructions for Form 5	500-SF.		Form 5500-SF (2015)

	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	an indepe	ndent qualified public a	ccount	ant (IQ	PA)			X Ye		
	If you answered "No" to either line 6a or line 6b, the plan cannot use Form 5500-SF and must instead use Form 5500.										
С	If the plan is a defined benefit plan, is it covered under the PBGC in	isurance p	orogram (see ERISA se	ection 4	021)?		Yes	No	Not dete	rmined	
Pa	rt III Financial Information										
7	Plan Assets and Liabilities		(a) Beginning	g of Yea	ar			(b) End	of Year		
а	Total plan assets	288	3231								
b	Total plan liabilities	7b									
С	Net plan assets (subtract line 7b from line 7a)	7c		288	3231					0	
8	Income, Expenses, and Transfers for this Plan Year		(a) Amou	unt				(b) T	otal		
а	Contributions received or receivable from: (1) Employers	8a(1)									
	(2) Participants	8a(2)		17	223						
	(3) Others (including rollovers)	8a(3)									
b	Other income (loss)	8b		-6	985						
C	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c				_			10	238	
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		298	8469						
е	Certain deemed and/or corrective distributions (see instructions)	8e									
f	Administrative service providers (salaries, fees, commissions)	8f									
g	Other expenses	8g									
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h				_	298469				
<u> </u>	Net income (loss) (subtract line 8h from line 8c)	8i				-288	231				
	Transfers to (from) the plan (see instructions)	8j									
Pa	t 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	eature coo	des from the List of Pla	n Chara	acterist	tic Cod	les in th	ne instruct	tions:		
Par	t V Compliance Questions										
10	During the plan year:				Yes	No	N/A		Amount		
а	Was there a failure to transmit to the plan any participant contribu described in 29 CFR 2510.3-102? (See instructions and DOL's V Program)	'oluntary F	Fiduciary Correction	10a		×					
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	Х					75000	
d	Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?			10d		x					
e	Were any fees or commissions paid to any brokers, agents, or oth carrier, insurance service, or other organization that provides som the plan? (See instructions.)	ie or all of	the benefits under	10e		Х					
f	Has the plan failed to provide any benefit when due under the plan			10f		X					
g	Did the plan have any participant loans? (If "Yes," enter amount a	s of year e	end.)	10g		х					
h	If this is an individual account plan, was there a blackout period? (2520.101-3.)	•		10h		х					
i	If 10h was answered "Yes," check the box if you either provided th 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										
11											

	5500) and line Tha below)			100		
11a	Enter the unpaid minimum required contribution for all years from Schedule SB (Form 5500) line 40	11a				
12	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section	302 of E	RISA?	Yes	X	No

Form 5500-SF 2015

Page **3 -** 1

-					Т					
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)									
a		waiver of the minimum funding standard for a prior year is being amortized in this plan year, see in: ting the waiver.		enter th Day	e date of	the letter r Year	uling			
lf	you c	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		tract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the ative amount)		12d						
е	Will	the minimum funding amount reported on line 12d be met by the funding deadline?			Yes	No	N/A			
Part	VII	Plan Terminations and Transfers of Assets								
13a	Has	a resolution to terminate the plan been adopted in any plan year?			X Y	es No				
If "Yes," enter the amount of any plan assets that reverted to the employer this year							0			
h		e all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brou		13a			0			
D		e PBGC?				X Yes	No			
С		ring this plan year, any assets or liabilities were transferred from this plan to another plan(s), identi th assets or liabilities were transferred. (See instructions.)	ify the plan(s) to	I						
-	13c(1)	Name of plan(s):	13c(2)	EIN(s)		13c(3)	PN(s)			
Dert	1/111	Truck Information								
Part		Trust Information		<b>14b</b> Trust's EIN						
14a	Name	e of trust		140	I rust's E	IN				
14c Name of trustee or custodian					<b>14d</b> Trustee's or custodian's telephone number					
Par	t IX	IRS Compliance Questions		1						
15a	Is th	e plan a 401(k) plan?		Y	es	No				
<ul><li>15b 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)?</li></ul>					Design- ased safe arbor nethod	L1	ADP/ACP test			
15c	testir	ADP/ACP test is used, did the 401(k) plan perform ADP/ACP testing for the plan year using the "cng method" for nonhighly compensated employees (Treas. Reg sections 1.401(k)-2(a)(2)(ii) and 1.42)(ii))?		Υ	es	No				
16a	Chec	sk the box to indicate the method used by the plan to satisfy the coverage requirements under sect	ion 410(b):	Цp	Ratio ercentag est		verage enefit test			
16b		s the plan satisfy the coverage and nondiscrimination tests of sections 410(b) and 401(a)(4) by con plan with any other plans under the permissive aggregation rules?	0	ΓY	es	No				
17a	Hast	the plan been timely amended for all required tax law changes?		Y	es	No	N/A			
	for ta	the last plan amendment/restatement for the required tax law changes was adopted////	•				structions			
17c		plan sponsor is an adopter of a pre-approved master and prototype (M&P) or volume submitter play sory letter, enter the date of that favorable letter/ and the letter's serial r		t to a f	avorable	IRS opinio	n or			
17d		plan is an individually-designed plan and received a favorable determination letter from the IRS, e rmination letter/	nter the date of	the pla	an's last f	avorable				
18		e Plan maintained in a U.S. territory (i.e., Puerto Rico (if no election under ERISA section 1022(i)(2 e), American Samoa, Guam, the Commonwealth of the Northern Mariana Islands or the U.S. Virgir		∏ Y€	es	No	No			
19	Were	in-service distributions made during the plan year?		Y	es	No				
	lf "Ye	es," enter amount		19						
20		e required minimum distributions made to 5% owners who have attained age 70 ½ (regardless of wed), as required under section 401(a)(9)?		[] Y	es	No	N/A			

_	orm 5500-SF	Short Form Ann	ual Return/Repor Benefit Plan	t of Small Emplo	oyee		OMB Nos. 1210-011 1210-008
	partment of the Treasury ternal Revenue Service	This form is required to be fil		4065 of the Employee Re	tirement		2015
	Department of Labor Benefits Security Administration	Income Security Act of 197		057(b) and 6058(a) of the I			Form is Open to
Pension	Benefit Guaranty Corporation	Complete all entries in	accordance with the ins	tructions to the Form 55	00-SF	Pul	blic Inspection
Part	Annual Report	Identification Information			00-01.		
		scal plan year beginning 07/01/20		and ending 04/30	)/2016		
<b>A</b> This r	eturn/report is for:	X a single-employer plan		plan (not multiemployer)( mployer information in acc			
			-				
<b>B</b> This re	eturn/report is	the first return/report	the final return/report				
		an amended return/report	X a short plan year retu	im/report (less than 12 mo	ntns)		
C Check	k box if filing under:	Form 5558	automatic extension			DFVC prog	Iram
		special extension (enter desc	cription)				
Part II	Basic Plan Info	rmation-enter all requested ir	nformation				
1a Nami					1b Thre	e-digit	
	ID SYSTEMS, INC. 401	(k) PLAN				number	001
				-	1c Effe	ctive date c	of plan
2a Plan	sponsor's name (emplo	yer, if for a single-employer plan)					fication Number
Mailir	ng address (include rooi	m, apt., suite no. and street, or P.( e, country, and ZIP or foreign pos		tructions)	(EIN	) 91-16523	24
	D SYSTEMS, INC.				2c Spo		hone number 956-0384
					2d Busi	ness code	(see instructions)
65 HOG	UM BAY LN. N.E.				3329	00	
	W/A 09516						
	WA 98516 administrator's name ar	id address XSame as Plan Spon	sor.		<b>3b</b> Adm	inistrator's	EIN
		id address XSame as Plan Spon	SOF.				
3a Plan :	administrator's name ar				3c Adm		
3a Plan a	administrator's name ar name and/or EIN of the	ad address X Same as Plan Spon					
3a Plan a	administrator's name ar name and/or EIN of the	plan sponsor has changed since		for this plan, enter the	3c Adm		
3a Plan a I If the name a Spons	administrator's name ar name and/or EIN of the e, EIN, and the plan nur sor's name	plan sponsor has changed since	the last return/report filed t	for this plan, enter the	<b>3c</b> Adm <b>4b</b> EIN		
3a Plan a I If the name a Spons 5a Total	administrator's name ar name and/or EIN of the e, EIN, and the plan nur sor's name number of participants	plan sponsor has changed since nber from the last return/report.	the last return/report filed t	for this plan, enter the	<b>3c</b> Adm <b>4b</b> EIN <b>4c</b> PN		telephone number
<ul> <li>Ja Plan a</li> <li>If the name</li> <li>a Spons</li> <li>ja Total</li> <li>b Total</li> <li>c Numb</li> </ul>	administrator's name ar name and/or EIN of the e, EIN, and the plan nur sor's name number of participants number of participants ber of participants with a	plan sponsor has changed since nber from the last return/report. at the beginning of the plan year	the last return/report filed t	for this plan, enter the	3c Adm 4b EIN 4c PN 5a		telephone number
<ul> <li>Ja Plan a</li> <li>If the name</li> <li>a Spons</li> <li>a Total</li> <li>b Total</li> <li>C Numb comp</li> </ul>	administrator's name ar name and/or EIN of the a, EIN, and the plan nur sor's name number of participants number of participants ber of participants with a olete this item)	e plan sponsor has changed since nber from the last return/report. at the beginning of the plan year at the end of the plan year account balances as of the end of	the last return/report filed t the plan year (defined ben	for this plan, enter the	3c Adm 4b EIN 4c PN 5a 5b		telephone number 6 0
<ul> <li>Ja Plan a</li> <li>If the name</li> <li>a Spons</li> <li>5a Total</li> <li>b Total</li> <li>c Numb</li> <li>c Numb</li> <li>d(1) Total</li> </ul>	administrator's name ar name and/or EIN of the e, EIN, and the plan nur sor's name number of participants number of participants with a plete this item)	a plan sponsor has changed since nber from the last return/report. at the beginning of the plan year at the end of the plan year account balances as of the end of	the last return/report filed t the plan year (defined ben an year	for this plan, enter the	3c Adm 4b EIN 4c PN 5a 5b 5c		telephone number 6 0
<ul> <li>Ja Plan a</li> <li>Ji If the name</li> <li>a Spons</li> <li>5a Total</li> <li>b Total</li> <li>c Numt comp</li> <li>d(1) Total</li> <li>d(2) Total</li> <li>e Num</li> </ul>	administrator's name ar name and/or EIN of the e, EIN, and the plan nur sor's name number of participants number of participants ber of participants with a plete this item)	plan sponsor has changed since nber from the last return/report. at the beginning of the plan year at the end of the plan year account balances as of the end of ticipants at the beginning of the plan ticipants at the end of the plan year terminated employment during the	the last return/report filed t the plan year (defined ben an year plan year with accrued be	for this plan, enter the	3c Adm 4b EIN 4c PN 5a 5b 5c 5d(1)		telephone number 6 0 0 4
<ul> <li>Ja Plan a</li> <li>Ja Plan a</li> <li>If the name</li> <li>a Spons</li> <li>5a Total</li> <li>b Total</li> <li>c Numt</li> <li>c Numt</li> <li>d(1) Total</li> <li>d(2) Total</li> <li>d(2) Total</li> <li>d(2) Total</li> </ul>	administrator's name ar name and/or EIN of the e, EIN, and the plan nur sor's name number of participants number of participants with a plete this item)	plan sponsor has changed since nber from the last return/report. at the beginning of the plan year at the end of the plan year account balances as of the end of ticipants at the beginning of the pl ticipants at the end of the plan yea	the last return/report filed t the plan year (defined ben an year ar plan year with accrued be	for this plan, enter the efit plans do not	3c Adm 4b EIN 4c PN 5a 5b 5c 5d(1) 5d(2) 5e		telephone number
<ul> <li>Ja Plan a</li> <li>Ja Plan a</li> <li>Ja Plan a</li> <li>Ja Plan a</li> <li>Ja Total</li> <li>Ja Total</li> <li>Ja Total</li> <li>Ja Total</li> <li>C Number d(1) Total</li> <li>C Number d(2) Total</li> <li>C Nu</li></ul>	administrator's name ar name and/or EIN of the e, EIN, and the plan nur sor's name number of participants number of participants with a plete this item)	plan sponsor has changed since nber from the last return/report. at the beginning of the plan year at the end of the plan year account balances as of the end of ticipants at the beginning of the plan year terminated employment during the princomplete filing of this return ter penalties set forth in the instruct d signed by an enrolled actuary, a	the last return/report filed t the plan year (defined ben an year plan year with accrued be n/report will be assessed ctions, I declare that I have	for this plan, enter the efit plans do not enefits that were less unless reasonable caus examined this return/repo	3c Adm 4b EIN 4c PN 5a 5b 5c 5d(1) 5d(2) 5e e is estat rt, includi	inistrator's blished.	telephone number
A Plan a I f the name a Spons a Total b Total c Numt comp d(1) Total c Numt d(2) Total d(2) Total d(2) Total d(2) Total c Numt than aution: A inder pen B or Sche elief, it is	administrator's name ar name and/or EIN of the e, EIN, and the plan nur sor's name number of participants number of participants with a plete this item)	plan sponsor has changed since nber from the last return/report. at the beginning of the plan year at the end of the plan year account balances as of the end of ticipants at the beginning of the plan year terminated employment during the princomplete filing of this return ter penalties set forth in the instruct d signed by an enrolled actuary, a	the last return/report filed t the plan year (defined ben an year plan year with accrued be <b>n/report will be assessed</b> ctions, I declare that I have as well as the electronic ver	for this plan, enter the efit plans do not enefits that were less unless reasonable caus examined this return/repo	3c Adm 4b EIN 4c PN 5a 5b 5c 5d(1) 5d(2) 5e e is estat rt, includia and to the	inistrator's blished. ng, if applic best of my	telephone number 6 0 0 4 0 0 0 able, a Schedule knowledge and
Ja Plan a lifthe name a Spons a Total b Total c Numt comp d(1) Total c Numt d(2) Total d(2) Total d(2) Total d(2) Total d(2) Total d(1) Total c Numt aution: A b Total c Numt comp d(1) Total c Numt comp d(1) Total c Numt comp d(1) Total c Numt comp d(1) Total c Numt comp d(1) Total c Numt comp d(1) Total c Numt c Nu	administrator's name ar name and/or EIN of the e, EIN, and the plan nur sor's name number of participants number of participants ber of participants with a plete this item)	e plan sponsor has changed since nber from the last return/report. at the beginning of the plan year at the end of the plan year account balances as of the end of ticipants at the beginning of the plan year ticipants at the end of the plan year terminated employment during the per incomplete filing of this return the penalties set forth in the instruc- d signed by an enrolled actuary, a lete.	the last return/report filed t the plan year (defined ben an year plan year with accrued be n/report will be assessed ctions, I declare that I have	for this plan, enter the efit plans do not enefits that were less unless reasonable cause examined this return/report, a	3c Adm 4b EIN 4c PN 5a 5b 5c 5d(1) 5d(2) 5e e is estation and to the M, K, I	Dished. Dig, if applic best of my	telephone number 6 0 4 0 0 able, a Schedule knowledge and
3a Plan a I If the name a Spons 5a Total b Total c Numt comp d(1) Total c Numt d(2) Total d(2) Total d(2) Total d(2) Total d(2) Total c Numt aution: A Inder pen B or Sche elief, it is IGN	administrator's name ar name and/or EIN of the e, EIN, and the plan nur sor's name number of participants number of participants ber of participants with a blete this item)	e plan sponsor has changed since nber from the last return/report. at the beginning of the plan year at the end of the plan year account balances as of the end of ticipants at the beginning of the plan year ticipants at the end of the plan year terminated employment during the per incomplete filing of this return the penalties set forth in the instruc- d signed by an enrolled actuary, a lete.	the last return/report filed t the plan year (defined ben an year e plan year with accrued be n/report will be assessed ctions, I declare that I have as well as the electronic ver	for this plan, enter the efit plans do not enefits that were less unless reasonable cause examined this return/report, a	3c Adm 4b EIN 4c PN 5a 5b 5c 5d(1) 5d(2) 5e e is estation and to the M, K, I	Dished. Dig, if applic best of my	telephone number 6 0 4 0 0 able, a Schedule knowledge and
3a Plan a 3a Plan a 1 If the name a Spons 5a Total b Total c Numt comp d(1) Total c Numt comp d(2) Total d(2) Total d(2) Total c Numt comp d(1) Total c Numt comp d(1) Total c Numt comp d(1) Total c Numt comp d(1) Total c Numt comp d(1) Total c Numt comp d(1) Total c Numt than c Scho c High the c Scho c Hight the c Scho c Scho c Hight the c Scho c Scho c Hight the c Scho c Sch	administrator's name ar name and/or EIN of the e, EIN, and the plan nur sor's name number of participants number of participants with a blete this item)	e plan sponsor has changed since nber from the last return/report. at the beginning of the plan year at the end of the plan year account balances as of the end of ticipants at the beginning of the pl ticipants at the end of the plan year terminated employment during the princomplete filing of this return the penalties set forth in the instruct d signed by an enrolled actuary, a lete.	the last return/report filed to the plan year (defined ben an year	for this plan, enter the efit plans do not enefits that were less unless reasonable caus examined this return/report, a Enter name of individua Enter name of individua	3c Adm 4b EIN 4c PN 5a 5b 5c 5d(1) 5d(2) 5e e is estat rt, includia and to the M(1) I signing a	Dished. ng, if applic best of my <u>CHMA</u> as plan adn as employe	telephone number 6 0 0 4 0 0 able, a Schedule knowledge and 0 0 0 able, a Schedule knowledge and 0 0 0
3a Plan a 3a Plan a 1 If the name a Spons 5a Total b Total c Numt comp d(1) Total c Numt comp d(2) Total d(2) Total d(2) Total c Numt comp d(1) Total c Numt comp d(1) Total c Numt comp d(1) Total c Numt comp d(1) Total c Numt comp d(1) Total c Numt comp d(1) Total c Numt than c Scho c High the c Scho c Hight the c Scho c Scho c Hight the c Scho c Scho c Hight the c Scho c Sch	administrator's name ar name and/or EIN of the e, EIN, and the plan nur sor's name number of participants number of participants with a blete this item)	e plan sponsor has changed since nber from the last return/report. at the beginning of the plan year at the end of the plan year account balances as of the end of ticipants at the beginning of the pl ticipants at the end of the plan year terminated employment during the princomplete filing of this return the penalties set forth in the instruct d signed by an enrolled actuary, a lete.	the last return/report filed to the plan year (defined ben an year	for this plan, enter the efit plans do not enefits that were less unless reasonable caus examined this return/report, a Enter name of individua Enter name of individua	3c Adm 4b EIN 4c PN 5a 5b 5c 5d(1) 5d(2) 5e e is estat rt, includia and to the M(1) I signing a	Dished. Dished. Dig, if applic best of my CHAMA as plan adn	telephone number 6 0 0 4 0 0 able, a Schedule knowledge and 0 0 0 able, a Schedule knowledge and 0 0 0
3a Plan a 3a Plan a 1 If the name a Spons 5a Total b Total c Numt comp d(1) Total c Numt comp d(2) Total d(2) Total d(2) Total c Numt comp d(1) Total c Numt comp d(1) Total c Numt comp d(1) Total c Numt comp d(1) Total c Numt comp d(1) Total c Numt comp d(1) Total c Numt than c Scho c High the c Scho c Hight the c Scho c Scho c Hight the c Scho c Scho c Hight the c Scho c Sch	administrator's name ar name and/or EIN of the e, EIN, and the plan nur sor's name number of participants number of participants ber of participants with a olete this item)	e plan sponsor has changed since nber from the last return/report. at the beginning of the plan year at the end of the plan year account balances as of the end of ticipants at the beginning of the pl ticipants at the end of the plan year terminated employment during the princomplete filing of this return the penalties set forth in the instruct d signed by an enrolled actuary, a lete.	the last return/report filed to the plan year (defined ben an year	for this plan, enter the efit plans do not enefits that were less unless reasonable caus examined this return/report, a Enter name of individua Enter name of individua	3c Adm 4b EIN 4c PN 5a 5b 5c 5d(1) 5d(2) 5e e is estat rt, includia and to the M(1) I signing a	Dished. ng, if applic best of my <u>CHMA</u> as plan adn as employe	telephone number 6 0 0 4 0 0 able, a Schedule knowledge and 0 0 0 r or plan sponsor
A Plan a If the name a Spons a Total b Total c Numt comp d(1) Total c Numt comp d(2) Total d(2) Total d(2) Total c Numt than aution: J inder pen B or Schue elief, it is IGN ERE	administrator's name ar name and/or EIN of the e, EIN, and the plan nur sor's name number of participants number of participants ber of participants with a olete this item)	e plan sponsor has changed since nber from the last return/report. at the beginning of the plan year at the end of the plan year account balances as of the end of ticipants at the beginning of the pl ticipants at the end of the plan year terminated employment during the princomplete filing of this return the penalties set forth in the instruct d signed by an enrolled actuary, a lete.	the last return/report filed to the plan year (defined ben an year	for this plan, enter the efit plans do not enefits that were less unless reasonable caus examined this return/report, a Enter name of individua Enter name of individua	3c Adm 4b EIN 4c PN 5a 5b 5c 5d(1) 5d(2) 5e e is estat rt, includia and to the M(1) I signing a	Dished. ng, if applic best of my <u>CHMA</u> as plan adn as employe	telephone number 6 0 0 4 0 0 able, a Schedule knowledge and 0 0 0 r or plan sponsor

For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500-S 2016-04-29T10.28.48.391-05:00 Form 5500-SF 2015

a 8.

Page **2** 

6a b	Were all of the plan's assets during the plan year invested in eligil 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 cam	f an indepen and conditi	dent qualified public ons.)	accour	ntant (IO	QPA)	•••••••••	
с	If the plan is a defined benefit plan, is it covered under the PBGC in							
	art III Financial Information	· · · · ·						
7	Plan Assets and Liabilities	24.00	(a) Beginnir	na of Ye	ear			(b) End of Year
a	Total plan assets	. 7a	(4) _ 3	2882				0
	Total plan liabilities					+		
	Net plan assets (subtract line 7b from line 7a)			2882	231			0
8	Income, Expenses, and Transfers for this Plan Year	1.00	(a) Amo	unt				(b) Total
a	Contributions received or receivable from:							
	(1) Employers	. 8a(1)						
	(2) Participants			172	23	_		
	(3) Others (including rollovers)							
<u>b</u>	Other income (loss)			-69	85			
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	80		in a start	*	-		10238
u	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		2984	69			
е	Certain deemed and/or corrective distributions (see instructions)	80		_			N 1	
f	Administrative service providers (salaries, fees, commissions)	8f	·				3.15	
g	Other expenses	8g						
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h	S PERSONAL SPACE	en van s				298469
i	Net income (loss) (subtract line 8h from line 8c)	8i	Struggler of the Second					-288231
J	Transfers to (from) the plan (see instructions)	8i						
Pa	rt IV Plan Characteristics		·					
B	If the plan provides welfare benefits, enter the applicable welfare fe							
10	During the plan year:			······	Yes	No	N/A	<b>A</b>
a		oluntary Fid	uciary Correction	40-	100	x		Amount
b	Were there any nonexempt transactions with any party-in-interest reported on line 10a.)	? (Do not inc	dude transactions	10a 10b		х		
c	Was the plan covered by a fidelity bond?			10c	x			75000
d	Did the plan have a loss, whether or not reimbursed by the plan's to by fraud or dishonesty?	fidelity bond	, that was caused	100		x		
e	Were any fees or commissions paid to any brokers, agents, or othe carrier, insurance service, or other organization that provides some the plan? (See instructions.)	er persons b e or all of the	by an insurance e benefits under	10e		x		
f	Has the plan failed to provide any benefit when due under the plan			10f		х		
g	Did the plan have any participant loans? (If "Yes," enter amount as			10g		х		
h	If this is an individual account plan, was there a blackout period? (\$2520.101-3.)	See instructi	ons and 29 CFR	10g 10h		x		
i	If 10h was answered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3							
J	Did the plan trust incur unrelated business taxable income?			10j				
Part	VI Pension Funding Compliance		4					
11	Is this a defined benefit plan subject to minimum funding requireme 5500) and line 11a below)	ents? (If "Ye:	s," see instructions a	ind com	nplete S	Sched	ule SB (	Form
11a	Enter the unpaid minimum required contribution for all years from S						11a	
12	Is this a defined contribution plan subject to the minimum funding r	equirements	s of section 412 of th	e Code	e or sec	tion 3	02 of EF	RISA? Yes X No

Form 5500-SF 2015

-

Page 3 - 1

	(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, and enter the date of the letter ruling granting the waiver									
	If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line									
	<b>b</b> Enter the minimum required contribution for this plan year		12b							
	C Enter the amount contributed by the employer to the plan for this plan year		12c							
(	Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the negative amount)	left of a	12d							
	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									
13	a Has a resolution to terminate the plan been adopted in any plan year?			X Ye	s 🗍 No					
	If "Yes," enter the amount of any plan assets that reverted to the employer this year		13a			0				
k		abt under the co	ntroi	Į.	Yes	No				
с 		fy the plan(s) to	)							
	13c(1) Name of plan(s):	13c(2)	EIN(s)		13c(3)	PN(s)				
Par	t VIII Trust Information									
14a	14a Name of trust									
140	Name of trustee or custodian		14d Trustee's or custodian's							
			telephone number							
12-0-27										
Par	t IX IRS Compliance Questions									
15a	is the plan a 401(k) plan?		Yes	5	No					
15b	If "Yes," how does the 401(k) plan satisfy the nondiscrimination requirements for employee deferrals and matching contributions (as applicable) under sections 401(k)(3) and 401(m)(2)?	l employer	Design- based safe harbor method		ADI test					
15c	If the ADP/ACP test is used, did the 401(k) plan perform ADP/ACP testing for the plan year using the "cu- testing method" for nonhighly compensated employees (Treas. Reg sections 1.401(k)-2(a)(2)(ii) and 1.40 2(a)(2)(ii))?	01(m)-	Yes		No					
16a	Check the box to indicate the method used by the plan to satisfy the coverage requirements under section		Ratio percentag		Average benefit test					
16b	Does the plan satisfy the coverage and nondiscrimination tests of sections 410(b) and 401(a)(4) by comt this plan with any other plans under the permissive aggregation rules?	pining	Yes		No					
17a	Has the plan been timely amended for all required tax law changes?		Yes		No	<b>∏</b> N/A				
17b	Date the last plan amendment/restatement for the required tax law changes was adoptedfor tax law changes and codes).	Enter the ap	plicable	code	(See in	structions				
17c	If the plan sponsor is an adopter of a pre-approved master and prototype (M&P) or volume submitter plan advisory letter, enter the date of that favorable letter and the letter's serial n	that is subject	to a fav	orable IF	RS opinion	or				
	If the plan is an individually-designed plan and received a favorable determination letter from the IRS, en determination letter	ter the date of the	he plan'	s last fav	orable					
18	Is the Plan maintained in a U.S. territory (i.e., Puerto Rico (if no election under ERISA section 1022(i)(2) made), American Samoa, Guam, the Commonwealth of the Northern Mariana Islands or the U.S. Virgin I	has been slands)?	Yes		No					
19	Were in-service distributions made during the plan year?		Yes		No					
	If "Yes," enter amount		19							
20	Were required minimum distributions made to 5% owners who have attained age 70 ½ (regardless of who retired), as required under section 401(a)(9)?	ether or not	Yes		No	<b>N/A</b>				