Department Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation 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). 2015 Part I Annual Report Identification Information - Complete all entries in accordance with the instructions to the Form 5500-SF. This Form is Open to Public Inspection For calendar plan year 2015 or fiscal plan year beginning 01/01/2015 and ending 12/31/2015 A This return/report is for: a single-employer plan a wiltiple-employer plan (not multiemployer) (Filers checking this box must attach a list of participating employer information in accordance with the form instructions) B This return/report is the first return/report a short plan verify a short plan a short plan year return/report (less than 12 months) C Check box if filing under: Form 5558 automatic extension DFVC program gecial extension (enter description) DFVC program 01/01/2013 2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) 2b Employer Identification Number (EIN) 001 2a Plan sponsor's name (employer, if for a single-employer plan) Mailing addre	Form 5500-SF	Short Form Annua	Short Form Annual Return/Report of Small Emp				OMB Nos. 1210-0110 1210-0089		
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Preparer's name (including firm name, if applicable) and address (include room or suite number) Preparer's telephone number	HERE	nployer/plan sponsor	Date	Enter name of individual s	signing a	as employe	r or plan sponsor		
	Preparer's name (including fi	rm name, if applicable) and address (inc	clude room or suite num	per)	eparer's	telephone	number		
For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500-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 and conditions.)							Yes No		
	f the plan is a defined benefit plan, is it covered under the PBGC in							No Not determined		
Par					021):		103			
_	Plan Assets and Liabilities			f V	(oor (b) End of Voor					
	Total plan assets	7a	(a) Beginning	152291			(b) End of Year 249526			
<u> </u>	Total plan liabilities	7a 7b		102	201	_		240020		
	Net plan assets (subtract line 7b from line 7a)	7c		152	291			249526		
	ncome, Expenses, and Transfers for this Plan Year		(a) Amou	(a) Amount			(b) Total			
	Contributions received or receivable from:		(, /					(1) ! •••		
(1) Employers	8a(1)			758	_				
(2) Participants	8a(2)		60	578	_				
	3) Others (including rollovers)	8a(3)								
b (Other income (loss)	8b		-3	101					
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c				_		97235		
t	Benefits paid (including direct rollovers and insurance premiums o provide benefits)	8d								
<u>e</u> (Certain deemed and/or corrective distributions (see instructions)	8e								
f /	Administrative service providers (salaries, fees, commissions)	8f								
	Other expenses	8g				_				
<u>h</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h				_		0		
	Net income (loss) (subtract line 8h from line 8c)	8i				_		97235		
<u> </u>	Transfers to (from) the plan (see instructions)	8j								
Par	IV Plan Characteristics									
	If the plan provides pension benefits, enter the applicable pension 2E 2F 2G 2J 2K 2T 3D	feature co	odes from the List of Pla	an Cha	racteri	stic Co	odes in	the instructions:		
В	If the plan provides welfare benefits, enter the applicable welfare for	eature coo	les from the List of Pla	n Chara	acterist	ic Coo	les in th	ne instructions:		
Part	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	iduciary Correction	10a		X				
b	b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)			10b		X				
С	C Was the plan covered by a fidelity bond?			10c	x			16000		
d	d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?			10d		X				
e	e Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service, or other organization that provides some or all of the benefits under the plan? (See instructions.)					Х				
f	f Has the plan failed to provide any benefit when due under the plan?					х				
g	g Did the plan have any participant loans? (If "Yes," enter amount as of year end.)			10f 10q		Х				
h	h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)			10g		Х				
i				10i						
j	Did the plan trust incur unrelated business taxable income?			10j						
Part				10]	I	1	1			
1 art										

11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form 5500) and line 11a below)				
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 ERISA?	Yes X No			

	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ER
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SA?... 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		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 ru Year	ling	
lf	you c	ompleted 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				
-		the amount contributed by the employer to the plan for this plan year		12c				
d		ract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the ative amount)		12d				
е	Will	the minimum funding amount reported on line 12d be met by the funding deadline?			Yes	No	N/A	
Part	VII	Plan Terminations and Transfers of Assets						
13a	Has	a resolution to terminate the plan been adopted in any plan year?			Yes X No			
		es," enter the amount of any plan assets that reverted to the employer this year		13a				
h		e all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brou						
	of th	e PBGC?	-			Yes X	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.)	fy the plan(s) to					
1	13c(1)	Name of plan(s):	13c(2)	EIN(s)		13c(3)	PN(s)	
Part	VIII	Trust Information	-					
14a	Name	e of trust		14b	Trusťs E	IN		
14c Name of trustee or custodian			14d Trustee's or custodian's telephone number					
Par	t IX	IRS Compliance Questions						
15a	Is th	e plan a 401(k) plan?		Ye	es			
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)?				b h	Design- lased safe ADP/ACP larbor test nethod			
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))?				Y	Yes No			
16a Check the box to indicate the method used by the plan to satisfy the coverage requirements under section 410(b):				Цр			erage nefit test	
16b Does the plan satisfy the coverage and nondiscrimination tests of sections 410(b) and 401(a)(4) by combining this plan with any other plans under the permissive aggregation rules?			0	Ye	es	No		
17a Has the plan been timely amended for all required tax law changes?			Ye	es	No	N/A		
	17b Date the last plan amendment/restatement for the required tax law changes was adopted/ Enter the applicable code (See instructions for tax law changes and codes).							
17c If the plan sponsor is an adopter of a pre-approved master and prototype (M&P) or volume submitter plan that is subject to a favorable IRS opinion or advisory letter, enter the date of that favorable letter/ and the letter's serial number								
17d If the plan is an individually-designed plan and received a favorable determination letter from the IRS, enter the date of the plan's last favorable determination letter/								
18	B 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)?			Ye	Yes No			
19 Were in-service distributions made during the plan year?				Ye	es	No		
If "Yes," enter amount				19				
20	Were required minimum distributions made to 5% owners who have attained age 70 ½ (regardless of whether or not retired), as required under section 401(a)(9)?				es	No	N/A	