Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation

HERE

SIGN HERE

Short Form Annual Return/Report of Small Employee Benefit Plan

This form is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA), and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

▶ Complete all entries in accordance with the instructions to the Form 5500-SF.

1210-0089

OMB Nos. 1210-0110

2015

This Form is Open to Public Inspection

| Part I | Annual Report | Identification Information | l . | | | | | | |
|------------------------|---|--|--|------------------|---|-----------------------------------|--|--|--|
| For calenda | ar plan year 2015 or fi | scal plan year beginning 01/01/2 | 2015 | and ending 12/ | 31/2015 | | | | |
| A This ret | urn/report is for: | | er) (Filers checking this box must attach a n accordance with the form instructions) | | | | | | |
| B This retu | urn/report is | n/report (less than 12 mo | months) | | | | | | |
| C Check I | oox if filing under: | Form 5558 special extension (enter desci | automatic extension | | ☐ DFVC p | orogram | | | |
| Part II | Basic Plan Info | rmation—enter all requested in | 1 , | | | | | | |
| 1a Name | | | ionnation . | | 1b Three-digit plan number (PN) ▶ 1c Effective da | 001 | | | |
| | | | | | | 01/01/2008 | | | |
| Mailing | address (include roo | yer, if for a single-employer plan) m, apt., suite no. and street, or P.C | | | 2b Employer Id | entification Number 45-0578298 | | | |
| • | City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) NDA L. FOREMAN, PLLC | | | | 2c Sponsor's telephone number 425-377-1100 | | | | |
| 825 - 60TH NOHOMISH | ST. S.E. H, WA 98290 | | | | | ode (see instructions) | | | |
| 3a Plan a | dministrator's name ar | nd address XSame as Plan Spons | sor. | | 3b Administrato | or's EIN | | | |
| | | | | | 3c Administrate | or's telephone number | | | |
| | | e plan sponsor has changed since mber from the last return/report. | the last return/report filed for | | 4b EIN | | | | |
| a Spons | or's name | | | | 4c PN | | | | |
| 5a Total r | number of participants | at the beginning of the plan year | | | 5a | 2 | | | |
| | | at the end of the plan year | | - | 5b | 2 | | | |
| | | account balances as of the end of | | • | 5c | 2 | | | |
| d(1) Tota | al number of active pa | rticipants at the beginning of the pl | an year | | 5d(1) | 2 | | | |
| d(2) Tota | al number of active pa | rticipants at the end of the plan year | ar | | 5d(2) | 2 | | | |
| than | 100% vested | terminated employment during the | | | 5e | 0 | | | |
| | | or incomplete filing of this return | • | | | | | | |
| SB or Sche | | her penalties set forth in the instruend signed by an enrolled actuary, a plete. | | | | | | | |
| SIGN | Filed with authorized | valid electronic signature. | 06/08/2016 | LINDA L. FOREMAN | | | | | |

Date

Date

Preparer's name (including firm name, if applicable) and address (include room or suite number)

Signature of plan administrator

Signature of employer/plan sponsor

Enter name of individual signing as plan administrator

Enter name of individual signing as employer or plan sponsor

Preparer's telephone number

| Form 5500-SF 2015 | | Page 2 | | | | | | |
|--|-------------------------------|--------------------------------------|----------|----------|---------|------------|-------------|-----------------|
| Were all of the plan's assets during the plan year invested in eligib Are you claiming a waiver of the annual examination and report of a under 29 CFR 2520.104-46? (See instructions on waiver eligibility a lf you answered "No" to either line 6a or line 6b, the plan cannot be a second to the plan cannot be a second | an indepenand and condition | dent qualified public a | ccount | ant (IQ | PA) | | | X Yes N X Yes N |
| c If the plan is a defined benefit plan, is it covered under the PBGC in | surance pr | ogram (see ERISA se | ection 4 | 021)? . | | Yes | No | Not determined |
| Part III Financial Information | 1 | | | | | | | |
| 7 Plan Assets and Liabilities | | (a) Beginning | of Ye | ar | | | (b) End (| of Year |
| a Total plan assets | 7a | | 540 |)631 | | | | 576410 |
| b Total plan liabilities | 7b | | F 4.0 | 0631 | | | | 576410 |
| Net plan assets (subtract line 7b from line 7a) Income. Expenses, and Transfers for this Plan Year | 7c | (a) A | | 1031 | | | (b) T | |
| 8 Income, Expenses, and Transfers for this Plan Year a Contributions received or receivable from: | | (a) Amou | unt | | | | (b) To | otai |
| (1) Employers | 8a(1) | | 39 | 879 | | | | |
| (2) Participants | 8a(2) | | 27 | '100 | | | | |
| (3) Others (including rollovers) | 8a(3) | | | | | | | |
| b Other income (loss) | 8b | | -31 | 200 | | | | |
| C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) | 8c | | | | | | | 35779 |
| d Benefits paid (including direct rollovers and insurance premiums to provide benefits) | 8d | | | | | | | |
| e Certain deemed and/or corrective distributions (see instructions) | 8e | | | | | | | |
| f Administrative service providers (salaries, fees, commissions) | 8f | | | | | | | |
| g Other expenses | 8g | | | | | | | |
| h Total expenses (add lines 8d, 8e, 8f, and 8g) | 8h | | | | | | | |
| i Net income (loss) (subtract line 8h from line 8c) | 8i | | | | | | | 35779 |
| 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 2J 2K 2T 3D | feature cod | des from the List of Pl | an Cha | racteris | stic Co | des in th | ie instruct | ions: |
| B If the plan provides welfare benefits, enter the applicable welfare fe | eature code | es from the List of Pla | n Chara | acterist | ic Cod | les in the | instruction | ons: |
| | | | | | | | | |
| Part V Compliance Questions | | | | I | | I | | |
| 10 During the plan year: | tiono within | the time period | | Yes | No | N/A | | Amount |
| 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 Fi | duciary Correction | 10a | | X | | | |
| b Were there any nonexempt transactions with any party-in-interest | | | 400 | | X | | | |
| reported on line 10a.) | | | 10b | | ^ | | | |
| C Was the plan covered by a fidelity bond? | | | 10c | X | | | | 18000 |
| d Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty? | | | 10d | | X | | | |
| Were any fees or commissions paid to any brokers, agents, or oth carrier, insurance service, or other organization that provides some | ner persons ne or all of t | by an insurance he benefits under | | | X | | | |
| the plan? (See instructions.) | | | 10e | | | | | |
| 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 | • | , | 10g | | X | | | |
| h If this is an individual account plan, was there a blackout period? (2520.101-3.) | • | | 10h | | X | | | |
| i If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10 | | | 10i | | | | | |
| j Did the plan trust incur unrelated business taxable income? | | | 10j | | | | | |
| Part VI Pension Funding Compliance | | | . •, | | | | | |
| 11 Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below) | | | | | | | | Yes N |
| 11a Enter the unpaid minimum required contribution for all years from | | | | | | 11a | ı | |
| 12 Is this a defined contribution plan subject to the minimum funding | | | | | | | RISA? | Yes X N |

| | F | orm 5500-SF 2015 Page 3 - 1 | | | | | | | |
|--|---|---|------------------|--|---|-----------------------|-------------------|--|--|
| | _ ` | s," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.) | | | | | | | |
| а | | aiver of the minimum funding standard for a prior year is being amortized in this plan year, see inc ng the waiver | | enter the Day | date of t | he letter rul Year | ing | | |
| lf | | mpleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line | | Duy_ | | 1 oui | | | |
| b | Enter t | ne minimum required contribution for this plan year | | 12b | | | | | |
| С | Enter th | ne amount contributed by the employer to the plan for this plan year | | 12c | | | | | |
| d | | ct the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the | | 12d | | | | | |
| | | ve amount)e minimum funding amount reported on line 12d be met by the funding deadline? | | П | Yes | No 🗆 | N/A | | |
| Part | | Plan Terminations and Transfers of Assets | | | 100 | 110 | 1471 | | |
| | | resolution to terminate the plan been adopted in any plan year? | | | Yes | s X No | | | |
| | | s," enter the amount of any plan assets that reverted to the employer this year | | | | | | | |
| 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 Trust's EIN | | | | | |
| | | | | | | | | | |
| 14c | Name | of trustee or custodian | | 14d | Trustee's | or custodia | an's | | |
| 140 Name of trustee of custodian | | | | | telephone number | | | | |
| | | | | | | | | | |
| Par | t IX | IRS Compliance Questions | | | | | | | |
| 15a | Is the | plan a 401(k) plan? | | Ye | S | No | | | |
| 15b 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)? | | | | | Design- based safe ADP/ACP harbor test method | | | | |
| 15c | 5c 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))? | | | | | No | | | |
| 16a | Check | the box to indicate the method used by the plan to satisfy the coverage requirements under secti | on 410(b): | Ratio Avera percentage test Avera | | | rage efit test | | |
| 16b | | he plan satisfy the coverage and nondiscrimination tests of sections 410(b) and 401(a)(4) by come with any other plans under the permissive aggregation rules? | | Ye | s | No | | | |
| 17a | Has the | e plan been timely amended for all required tax law changes? | | Ye | S | No | N/A | | |
| 17b | 17b Date the last plan amendment/restatement for the required tax law changes was adopted// Enter the applicable code (See instructions for tax law changes and codes). | | | | | | | | |
| 17c | | lan sponsor is an adopter of a pre-approved master and prototype (M&P) or volume submitter pland the letter yellower. I and the letter's serial references and the letter's serial references and the letter's serial references. | | t to a fa | vorable II | RS opinion | or | | |
| 17d | If the p | lan is an individually-designed plan and received a favorable determination letter from the IRS, e ination letter/ | | the plai | n's last fav | vorable | | | |
| 18 | | Plan maintained in a U.S. territory (i.e., Puerto Rico (if no election under ERISA section 1022(i)(2, American Samoa, Guam, the Commonwealth of the Northern Mariana Islands or the U.S. Virgin | | Yes | ; | No | | | |
| 19 | Were in | n-service distributions made during the plan year? | | Ye | s | No | | | |
| | If "Yes," enter amount | | | | | | | | |
| 20 | | equired minimum distributions made to 5% owners who have attained age 70 $\frac{1}{2}$ (regardless of w), as required under section 401(a)(9)? | | Ye | s | No | N/A | | |

Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Short Form Annual Return/Report of Small Employee **Benefit Plan**

This form is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA), and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

▶ 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**

| Part | | Identification Information | | | | | | | | | |
|-------------------|--------------------------|---|---|--|-------------------------------------|---------------------------------------|--|--|--|--|--|
| For calend | iar plan year 2015 or t | iscal plan year beginning 01/01/201 | | and ending 12/ | | | | | | | |
| A | Landran and Con- | X a single-employer plan | | plan (not multiemployer) mployer information in a | | | | | | | |
| A This return | turn/report is for: | a one-participant plan | a foreign plan | iccordance with th | e form instructions) | | | | | | |
| | | | □ a rever® · · breve | | | | | | | | |
| B This ret | urn/report is | the first return/report | the final return/report | | | | | | | | |
| | | an amended return/report | nonths) | | | | | | | | |
| C Check | box if filing under: | Form 5558 | m 5558 automatic extension DFVC program | | | | | | | | |
| | | special extension (enter descr | iption) | | | | | | | | |
| Part II | Basic Plan Info | ormation—enter all requested inf | ormation | | | | | | | | |
| 1a Name | of plan | | | | 1b Three-digi | t | | | | | |
| | OREMAN, PLLC RET | REMENT PLAN | | | plan numb (PN) ▶ | oo1 | | | | | |
| | | | | | 1c Effective d 01/01/200 | | | | | | |
| | | oyer, if for a single-employer plan) m, apt., suite no. and street, or P.O | Box) | | 2b Employer I (EIN) 45-0 | dentification Number | | | | | |
| City of | r town, state or provinc | e, country, and ZIP or foreign posta | | tructions) | | telephone number | | | | | |
| LINDA L. FO | OREMAN, PLLC | | | | | 425) 377-1100 | | | | | |
| | | | | | | ode (see instructions) | | | | | |
| 5825 - 60TH | I ST. S.E. | | | | 541110 | | | | | | |
| SNOHOMIS | H. WA 98290 | | | | | | | | | | |
| 3a Plan a | dministrator's name a | nd address X Same as Plan Spons | or. | | 3b Administrator's EIN | | | | | | |
| | | | | | 3c Administra | tor's telephone number | | | | | |
| | | | | | 3c Administrator's telephone number | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| 4 If the r | name and/or EIN of the | e plan sponsor has changed since t | he last return/report filed | for this plan, enter the | 4b EIN | | | | | | |
| | • | mber from the last return/report. | | | 4c PN | | | | | | |
| | or's name | | | | | | | | | | |
| _ | • • | at the beginning of the plan year | | | 5b | 2 | | | | | |
| | • • | at the end of the plan yearaccount balances as of the end of the | | | | | | | | | |
| | | | | | 5c | 2 | | | | | |
| d(1) Tota | al number of active pa | rticipants at the beginning of the pla | n year | | 5d(1) | 2 | | | | | |
| | | rticipants at the end of the plan yea | | | 5d(2) | 2 | | | | | |
| than | 100% vested | terminated employment during the | | | 5e | 0 | | | | | |
| Caution: A | penalty for the late | or incomplete filing of this return, her penalties set forth in the instruct | report will be assessed | unless reasonable car | use is establishe | d. | | | | | |
| SB or Sche | edule MB completed a | nd signed by an enrolled actuary, as | well as the electronic ve | rsion of this return/repor | t, and to the best | of my knowledge and | | | | | |
| | rue, correct, and com | olete. | 6/3/16 | XILINDA | L. FORE | m 11) | | | | | |
| SIGN HERE | X - 12-10 | desinistants a | | | • | | | | | | |
| | Signature of plan a | aministrator | Date | Enter name of individ | iuai signing as piai | 1 administrator | | | | | |
| SIGN MERE | Circums of annual | | Data | Enter name of individ | lual cigning as em | nlover or plan enoneor | | | | | |
| Preparer's | Signature of emplo | yer/pian sponsor arne, if applicable) and address (inc | Date Date number | | Preparer's telepl | pioyer or plan sponsor none number | | | | | |
| . iopaioi s | name (menading mit) II | and, it approaches and addices (inc | | , | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |

| b Are you claiming a waver of the amuse carmination and epond or on independent qualified public accountant (IOPA) was reversed "No" to either line & or Line & b, the plan cannot use Form 5900-5F and must instead use Form 5900. If you answered "No" to either line & or Line & b, the plan cannot use Form 5900-5F and must instead use Form 5900. If you answered "No" to either line & or Line & b, the plan cannot use Form 5900-5F and must instead use Form 5900. If you answered "No" to either line & or Line & b, the plan cannot use Form 5900-5F and must instead use Form 5900. If you answered "No" to either line & or Line & b, the plan cannot use Form 5900-5F and must instead use Form 5900. If you answered "No" to either line & or Line & b, the plan cannot use Form 5900-5F and must instead use Form 5900-5F and must line and the plan form 5704-10 and the plan form 5704-10 and 5704-10 a | Form 5500-SF 2015 | | Page 2 | | | | | | | | |
|--|--|---|----------------------|----------|---------|--------|-------------|----------|-------|----------------|---------|
| Part III Financial Information (a) Beginning of Year (b) End of Year (c) End of Year (b) End of Year (c) End of Year (e) E | b Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility | of an independ ly and condition | ent qualified public | accoun | tant (i | QPA) | ····· | | | - | |
| 7 Plan Assets and Liabilities 7a 540831 579410 5704 | C If the plan is a defined benefit plan, is it covered under the PBGC | insurance pro | gram (see ERISA s | ection 4 | 4021)? | [| Yes | No [| No | t dete | rmined |
| a Total pien sesets | Part III Financial Information | | | | | | | | | | |
| D Total plan liabilities | 7 Plan Assets and Liabilities | | (a) Beginnin | g of Ye | ar | | | (b) End | of Y | 'ear | |
| C Not plan assels (subtract line 7b from line 7a) 7c | | | | 5406 | 31 | \bot | | | | 5 764 1 | 0 |
| 8 Income, Expenses, and Transfers for this Plan Year a Contributions received or receivable from: (1) Employers | | | | | | + | | | | | |
| a Contributions received or receivable from: (1) Employers (2) Participants (3) Offices (including rollovers) (3) Offices (including rollovers) (3) Offices (including rollovers) (4) Experiment (including rollovers) (5) Offices (including rollovers) (6) Offices (including rollovers) (7) Offices (including rollovers) (8) Experiment (including rollovers) (8) Experiment (including rollovers) (8) Offices (including direct rollovers and insurance permitume (8) Offices (including direct rollovers and significance (including direct rollovers) (8) Offices (including direct rollovers) (9) Offices (including direct rollovers) (10) Offices (including dir | | 7c | | 5406 | 31 | - | | | | 57641 | 0 |
| (1) Employers | | 36 4 4 4 4 | (a) Amo | unt | | | | (b) | Tota | | |
| (2) Participants | | 8a(1) | | 398 | 79 | 17. | | | | | |
| (3) Others (including rollovers) | | | | 271 | 00 | 1 | | | | | |
| C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) | (3) Others (including rollovers) | | | | | 1 | | | | =X 1 (i | SILES I |
| d Benefits paid (including direct rollovers and insurance premiums to provide benefits) e Cartain deemed and/or corrective distributions (see instructions) | | | | -312 | 00 | 1 | | | W.F | | |
| to provide benefits) | C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) | 8c | | | | 7 | | | | 35779 |) |
| e Certain deemed and/or corrective distributions (see instructions) | | | | | | 37. | | | 30 | | |
| f Administrative service providers (salaries, fees, commissions) | | | | | | -6 | | | | | |
| g Other expenses | | | | | | # P) | | | | | |
| h Total expenses (add lines 8d, 8e, 8f, and 8g) | | | | | | | | | 32 | | H.U. |
| Net income (toss) (subtract line 8h from line 8c) | | 130 | | | W.S. | | | | | | |
| Part IV Plan Characteristics Plan Characteristics Plan Characteristics Plan Characteristics Plan Depart Plan Characteristics Plan Depart | <u> </u> | | | | | | | | - | 35779 | 9 |
| Part IV Plan Characteristics Part IV Plan Characteristics Part IV Plan Characteristic Part IV Plan Characteristic Part IV Plan Characteristic Part IV Plan Characteristic Pl | | | | | | gi. | | 16, E.N | y B | | 4 301 |
| If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 2E 2G 2J 2K 2T 3D | | 1 9 1 | | | | 2.1 | | | | | 201011 |
| During the plan year: Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program) Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.) Did the plan nave a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? 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.) Has the plan have any participant loans? (If "Yes," enter amount as of year end.) If 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 notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3. The plan Funding Compliance Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form S500) and line 11a below). 10a | | | TION the List of Fla | | | | 162 111 111 | e mstruc | uons. | | |
| Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program) | | | | | Yes | No | N/A | | Am | ount | |
| b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.) | described in 29 CFR 2510.3-102? (See instructions and DOL's | Voluntary Fidu | ciary Correction | 10a | | х | | | | | |
| d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? 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). f Has the plan failed to provide any benefit when due under the plan? g Did the plan have any participant loans? (If "Yes," enter amount as of year end.) | b Were there any nonexempt transactions with any party-in-interes | st? (Do not incl | ude transactions | 10b | | х | | | | | |
| by fraud or dishonesty? | C Was the plan covered by a fidelity bond? | | | 10c | Х | ; | | | | | 180000 |
| carrier, insurance service, or other organization that provides some or all of the benefits under the plan? (See instructions.) | d Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty? | s fidelity bond, | that was caused | 10d | | х | | | _ | | |
| f Has the plan failed to provide any benefit when due under the plan? | carrier, insurance service, or other organization that provides sor | me or all of the | benefits under | 10e | | x | | | | | |
| g Did the plan have any participant loans? (If "Yes," enter amount as of year end.) | | | | | | х | | | | | |
| h If 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 notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3 | | | | | | × | | | | | |
| 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 | h If this is an individual account plan, was there a blackout period? | If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR | | | | | | | | 21-21 | 18°'8 |
| j Did the plan trust incur unrelated business taxable income? Part VI Pension Funding Compliance 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 | i If 10h was answered "Yes," check the box if you either provided | If 10h was answered "Yes," check the box if you either provided the required notice or one of the | | | | | | | | | |
| Part VI Pension Funding Compliance 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) | · · · · · · · · · · · · · · · · · · · | | | | | | | A | | | |
| 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) | NEW JEGINS | | | ruj | LI | | I | | | | |
| 5500) and line 11a below) | | nents? (If "Vee | " see instructions : | and con | nnlete | Sched | ule SB | (Form | | | |
| | 5500) and line 11a below) | | · | | | ······ | 7 | | | Yes | No |
| | | - | | | | | | RISA2 | П | Yes | X No |

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|------|---|-------------------|---|-------------|----------------------|--------------------|--|--|
| | (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.) | | | | | | | |
| | If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instanting the waiver. | | enter the Day_ | e date of t | he letter ru Year | uling | | |
| | you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line | 13. | | | | | | |
| | Enter the minimum required contribution for this plan year | | 12b | | | | | |
| | 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) | | 12d | d | | | | |
| | 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 | | | | | |
| | 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 brougof the PBGC? | | | | Yes X | No | | |
| С | If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identifulation assets or liabilities were transferred. (See instructions.) | fy the plan(s) to | | · | | | | |
| | 13c(1) Name of plan(s): | 13c(2) | EIN(s) | | 13c(3) | PN(s) | | |
| | × | | | | | | | |
| Par | VIII Trust Information | | | | | | | |
| 14a | 14a Name of trust 14b Trust's EIN | | | | | | | |
| 140 | Name of trustee or custodian | | 14d Trustee's or custodian's telephone number | | | | | |
| Par | IRS Compliance Questions | | | | | | | |
| 15a | Is the plan a 401(k) plan? | | Yes | 3 | 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)? | i employer | | | | PIACP | | |
| 15c | If the ADP/ACP test is used, did the 401(k) plan perform ADP/ACP testing for the plan year using the "cutesting method" for nonhighly compensated employees (Treas. Reg sections 1.401(k)-2(a)(2)(ii) and 1.412(a)(2)(ii))? | 01(m)- | Yes | 3 | No | | | |
| 16a | Check the box to indicate the method used by the plan to satisfy the coverage requirements under section | on 410(b): | Ra per tes | rcentage | | erage efit test | | |
| 16b | Does the plan satisfy the coverage and nondiscrimination tests of sections 410(b) and 401(a)(4) by combining plan with any other plans under the permissive aggregation rules? | | Yes | . | No | | | |
| 17a | Has the plan been timely amended for all required tax law changes? | | Yes | | No | □ N/A | | |
| 17b | 17b Date the last plan amendment/restatement for the required tax law changes was adopted Enter the applicable code (See instructions for tax law changes and codes). | | | | | | | |
| 17c | 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 r | | to a fav | orable IR | S opinion | or | | |
| 17d | If the plan is an individually-designed plan and received a favorable determination letter from the IRS, endetermination letter | | 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 | | 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 wh retired), as required under section 401(a)(9)? | | Yes | | No | □ N/A | | |
| | | | | | | | | |