For	m 5500-SF	Short Form Annu	•	•	OMB Nos. 1210-011 1210-008				
	ment of the Treasury al Revenue Service	Benefit Plan 20 This form is required to be filed under sections 104 and 4065 of the Employee Retirement 20					2015		
Employee Ber	Department of Labor Employee Benefits Security Administration Revenue Code (the Code).						orm is Open to c Inspection		
Part I		 Complete all entries in dentification Information 		nstructions to the Form 5	500-SF.		-		
	r plan year 2015 or fisc			and ending 1	2/31/2015				
A This retu	urn/report is for:	X a single-employer plan a one-participant plan		er plan (not multiemployer) g employer information in ac		-			
B This retu	rn/report is	the first return/report an amended return/report	☐ the final return/rep ☐ a short plan year re	ort eturn/report (less than 12 m	ionths)				
C Check b	ox if filing under:	☐ Form 5558 ☐ special extension (enter desc	automatic extension	· ·	· _	FVC progra	am		
Part II	Basic Plan Infor	mation —enter all requested in							
1a Name o			Iomaton		(PN)	number ▶	001		
					1c Effect		plan /2008		
Mailing	address (include room,	er, if for a single-employer plan) apt., suite no. and street, or P.			2b Emplo (EIN)	yer Identifi	cation Number 27780		
	NAL SUPPLY, LLC	country, and ZIP or foreign pos	tal code (il foreign, see i	nstructions)	2c Spons		one number 3-7655		
					2d Busine	ess code (s	ee instructions)		
7021 MCELF ARLINGTON,						4889	90		
3a Plan ad	Iministrator's name and	address XSame as Plan Spor	ISOT.		3b Admir	istrator's E	IN		
					3c Admir	iistrator's te	elephone number		
		plan sponsor has changed since per from the last return/report.	the last return/report file	ed for this plan, enter the	4b EIN				
a Sponso					4c PN				
5a Total n	umber of participants a	t the beginning of the plan year.			5a		1		
		t the end of the plan year			5b		1		
		count balances as of the end of		•	5c		1		
		cipants at the beginning of the p			5d(1)		0		
d(2) Tota	I number of active parti	cipants at the end of the plan ye	ear		5d(2)		0		
than 1	00% vested	rminated employment during th			5e		0		
Under penal SB or Scheo	Ities of perjury and othe	incomplete filing of this return or penalties set forth in the instru- l signed by an enrolled actuary, ate	ictions, I declare that I have a second s	ave examined this return/re	port, includin	g, if applica			
SIGN		alid electronic signature.	06/10/2016	TAMMY BERG					
HERE	Signature of plan ad	ministrator	Date	Enter name of individ	lual signing a	s plan adm	inistrator		
SIGN HERE	O'rea a training				Late: 1				
	Signature of employed name (including firm name)	er/plan sponsor me, if applicable) and address (i	Date nclude room or suite nu	Enter name of individ mber)	Preparer's				
For Paperwo	rk Reduction Act Notice	and OMB Control Numbers, see ti	ne instructions for Form 5	500-SF.		1	Form 5500-SF (2015)		

6a w	ere all of the plan's assets during the plan year invested in eligib	le assets?	(See instructions.)					X Yes No
	e you claiming a waiver of the annual examination and report of der 29 CFR 2520.104-46? (See instructions on waiver eligibility							X Yes 🗌 No
	you answered "No" to either line 6a or line 6b, the plan cann							
	he plan is a defined benefit plan, is it covered under the PBGC ir							No Not determined
Part	III Financial Information							
7 Pla	an Assets and Liabilities		(a) Beginning	j of Yea	ar			(b) End of Year
a To	tal plan assets	. 7a		223	750			221601
b To	tal plan liabilities	. 7b						
C Ne	et plan assets (subtract line 7b from line 7a)	7c		223	750			221601
8 Ind	come, Expenses, and Transfers for this Plan Year		(a) Amou	Int				(b) Total
	ontributions received or receivable from:							
	Employers	8a(1)						
	Participants	8a(2)						
	Others (including rollovers)	8a(3)			300			
	her income (loss)	8b		-1	144	_		
	tal income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c				_		156
	enefits paid (including direct rollovers and insurance premiums provide benefits)	8d						
e Ce	ertain deemed and/or corrective distributions (see instructions)	8e						
f Ac	Iministrative service providers (salaries, fees, commissions)	8f						
g Ot	her expenses	. 8g		2	305			
h To	tal expenses (add lines 8d, 8e, 8f, and 8g)	8h						2305
i Ne	et income (loss) (subtract line 8h from line 8c)	8i						-2149
j Tra	ansfers to (from) the plan (see instructions)	8j						
Part I	V Plan Characteristics							
9a If	the plan provides pension benefits, enter the applicable pension 2E $2G$ 2J 2K 2T 3B 3D	feature co	des from the List of Pla	an Chai	racteris	stic Co	odes in	the instructions:
B If	the plan provides welfare benefits, enter the applicable welfare f	eature cod	les from the List of Plar	n Chara	acterist	ic Coc	les in th	ne instructions:
Part V	Compliance Questions							
10	During the plan year:				Yes	No	N/A	Amount
	Vas there a failure to transmit to the plan any participant contribu described in 29 CFR 2510.3-102? (See instructions and DOL's \ Program)	/oluntary F	iduciary Correction	10a		X		
	Vere there any nonexempt transactions with any party-in-interest eported on line 10a.)			10b		X		
C	Was the plan covered by a fidelity bond?			10c		Х		
	Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?			10d		Х		
e V	Vere any fees or commissions paid to any brokers, agents, or oth arrier, insurance service, or other organization that provides som he plan? (See instructions.)	her person he or all of	s by an insurance the benefits under	10e		x		
f⊦	las the plan failed to provide any benefit when due under the pla	ın?		10f		Х		
g 🛛	Did the plan have any participant loans? (If "Yes," enter amount a	s of year e	end.)	10g		Х		
	f this is an individual account plan, was there a blackout period? 2520.101-3.)			10h		х		
i II	f 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10	he required	d notice or one of the	10i				
	Did the plan trust incur unrelated business taxable income?			10j				
Part V	I Pension Funding Compliance			-,	1			1

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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)	Yes No
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

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 (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 in granting the waiver. 		enter the Day	e date of th	he letter ru Year	ling
If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line		Day_			
b Enter the minimum required contribution for this plan year		12b			
		12c			
 C Enter the amount contributed by the employer to the plan for this plan year d Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the 					
negative amount)		12d			1
e 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 Yes	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 brou of the PBGC?		ontrol		Yes 🗙	No
C If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), ident which 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 of trust		14b ⊺	rust's EIN	l	
14c Name of trustee or custodian			Trustee's telephone	or custodi number	an's
Part IX IRS Compliance Questions		I			
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 ar matching contributions (as applicable) under sections 401(k)(3) and 401(m)(2)?		ba ha	esign- ised safe irbor ethod	ADI tes	
15c If the ADP/ACP test is used, did the 401(k) plan perform ADP/ACP testing for the plan year using the "or testing method" for nonhighly compensated employees (Treas. Reg sections 1.401(k)-2(a)(2)(ii) and 1.2(a)(2)(ii))?		Ye	S	No	
16a Check the box to indicate the method used by the plan to satisfy the coverage requirements under sect	ion 410(b):		atio rcentage st		erage nefit test
16b Does the plan satisfy the coverage and nondiscrimination tests of sections 410(b) and 401(a)(4) by con this plan with any other plans under the permissive aggregation rules?	0	Ye:	S	No	
17a Has the plan been timely amended for all required tax law changes?		Ye	s	No	N/A
17b Date the last plan amendment/restatement for the required tax law changes was adopted//for tax law changes and codes).	Enter the ap	plicable	code	(See ins	structions
17c If the plan sponsor is an adopter of a pre-approved master and prototype (M&P) or volume submitter pl advisory letter, enter the date of that favorable letter/ and the letter's serial protocols and the letter's series and protocols		ct to a fa	vorable IF	RS opinion	or
17d If the plan is an individually-designed plan and received a favorable determination letter from the IRS, e determination letter/	nter the date of	the plar	n's last fav	vorable	
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?		Ye	s	No	
If "Yes," enter amount		19			
20 Were required minimum distributions made to 5% owners who have attained age 70 ½ (regardless of w retired), as required under section 401(a)(9)?		Ye	S	No	N/A

Form 5500-SF	Short Form Anni	ual Return/Repo Benefit Plar	rt of Small Employee	OMB Nos. 1210-011 1210-008
Department of the Treasury Internal Revenue Service	This form is required to be file	ed under sections 104 ar	d 4065 of the Employee Retirement	2015
Department of Labor Employee Benefits Security Administration	Income Security Act of 1974	4 (ERISA), and sections (Revenue Code (the Co	6057(b) and 6058(a) of the Internal	This Form is Open to
Pension Benefit Guaranty Corporation	 Complete all entries in 	•	structions to the Form 5500-SF.	Public Inspection
	Identification Information	n		
	scal plan year beginning 01/01/20		and ending 12/31/2015	<u> </u>
A This return/report is for:	X a single-employer plan		r plan (not multiemployer) (Filers chec employer information in accordance wi	
3 This return/report is	the first return/report	the final return/repo		
	an amended return/report	a short plan year re	turn/report (less than 12 months)	
Check box if filing under:	Form 5558	automatic extension	a [] r	FVC program
	special extension (enter desc	cription)		
Part II Basic Plan Info	rmation-enter all requested in	formation	······	
a Name of plan SS RETIREMENT PLAN			· · ·	umber 001
				ive date of plan
a Plan sponsor's name (employ Mailing address (include room	/er, if for a single-employer plan) n, apt., suite no. and street, or P.C			yer Identification Number
City or town, state or province	e, country, and ZIP or foreign post	al code (if foreign, see in	structions)	54-2127780 sor's telephone number
			24 2	(360) 403-7655
021 MCELROY RD.			20 Busine 48899	ess code (see instructions)
DET MOLEINOT IND.			10000	
LINGTON, WA 98223	···			·
	d address XSame as Plan Spons	sor.	3b Admin	istrator's EIN
	d address XSame as Plan Spons	sor.		
	d address XSame as Plan Spons	SOF.		istrator's EIN istrator's telephone number
	d address XSame as Plan Spons	sor.		
a Plan administrator's name and		* 	3c Admin	
a Plan administrator's name and If the name and/or EIN of the	plan sponsor has changed since	* 	3c Admin	
a Plan administrator's name and If the name and/or EIN of the name, EIN, and the plan num		* 	3c Admin for this plan, enter the 4b	
 Plan administrator's name and If the name and/or EIN of the name, EIN, and the plan num Sponsor's name 	plan sponsor has changed since the from the last return/report.	the last return/report filed	for this plan, enter the 4b EIN 4c PN	istrator's telephone number
 a Plan administrator's name and If the name and/or EIN of the name, EIN, and the plan num a Sponsor's name a Total number of participants a 	plan sponsor has changed since the ber from the last return/report.	the last return/report filed	for this plan, enter the 4b EIN 4c PN 5a	
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8. 8

Page	2

6a	Were all of the plan's assets during the plan year invested in eligi	ble assets?	(See instructions.)		xountant (IQPA) X Yes No ion 4021)? Yes No Not determined 23750 221601 100 23750 221601 100 1300 (b) Total 156 1300 1300 156 2305 2305 2305 2305 2305 2305 Characteristic Codes in the instructions: 156 haracteristic Codes in the instructions: 100 X X 100 X X 100					
D	Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility	f an indepen	dent qualified public	accour	ntant (l	QPA)				Mo
	If you answered "No" to either line 6a or line 6b, the plan can	not use For	m 5500-SF and mu	ist inste	ad us	e Fon	n 5500.			NO
C	If the plan is a defined benefit plan, is it covered under the PBGC i								Not determine	d
	rt III Financial Information									
7	Plan Assets and Liabilities		(a) Beginni	ng of Y		Т		(b) End (
а	Total plan assets	. 7a	(u/ boginni							
b		. 7b								
C	Net plan assets (subtract line 7b from line 7a)	. 7c	· · · · · · · · · · · · · · · · · · ·	2237	'50				221601	
8	Income, Expenses, and Transfers for this Plan Year		(a) Amo	ount				(b) T(
a	Contributions received or receivable from: (1) Employers	. 8a(1)			_		а ц	<u>(e)</u> (t		
	(2) Participants	. 8a(2)								18
	(3) Others (including rollovers)	. 8a(3)	_	13	00					
_b	Other income (loss)			-11	44					
C	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							156	auth o
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				2				
g	Other expenses	8g		23	05					
<u>h</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h		- 12 - 12	182				2305	
<u>i</u>	Net income (loss) (subtract line 8h from line 8c)	81		a sector	S. 4.4	:			-2149	
j	Transfers to (from) the plan (see instructions)	8j					想し、			
Pai	t IV Plan Characteristics				_	-				
9a	If the plan provides pension benefits, enter the applicable pension 2E 2G 2J 2K 2T 3B 3D	feature code	es from the List of P	lan Cha	racteri	stic Co	odes in t	the instructi	ons:	
В	If the plan provides welfare benefits, enter the applicable welfare fe	eature codes	s from the List of Pla	n Char	actoriet		loe in th			
									15.	
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 contribut described in 29 CFR 2510.3-102? (See instructions and DOL's Vo Program)	oluntary Fid	uciary Correction	10a		x				
b	Were there any nonexempt transactions with any party-in-interest? reported on line 10a.)	? (Do not inc	dude transactions	10b		х				_
С	Was the plan covered by a fidelity bond?			10c		х				_
d	Did the plan have a loss, whether or not reimbursed by the plan's t	idelity bond	, that was caused			x				
	by fraud or dishonesty? Were any fees or commissions paid to any brokers, agents, or othe			10d			-	_	·	
C	carrier, insurance service, or other organization that provides some the plan? (See instructions.)	e or all of the	e benefits under	10e		х				
f	Has the plan failed to provide any benefit when due under the plan			10f		x	1.20			—
g	Did the plan have any participant loans? (If "Yes," enter amount as	of year end	.)	10g		x				—
h	If this is an individual account plan, was there a blackout period? (S	See instructi	ons and 29 CFR			x		经收益		
i	2520.101-3.) If 10h was answered "Yes," check the box if you either provided the	e required n	otice or one of the	10h	\neg					
J	exceptions to providing the notice applied under 29 CFR 2520.101- Did the plan trust incur unrelated business taxable income?			10i 10j		-				-
Part	VI Pension Funding Compliance									—
	Is this a defined benefit plan subject to minimum funding requireme 5500) and line 11a below)	nts? (If "Yes	s," see instructions a	ind com	plete S	Schedu	ule SB (Form	 ∏ Yes ∏ N	_
11a	Enter the unpaid minimum required contribution for all years from S						11a			í.
12	Is this a defined contribution plan subject to the minimum funding re								Yes X N	
		- qui on lonte			0.900	auri 3				J

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 i granting the waiver.	. Month	enter th Day	e date of t	he letter n Year	uling
If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to lin		1.			
b Enter the minimum required contribution for this plan year		12b	ļ		
c Enter the amount contributed by the employer to the plan for this plan year		12c			
d Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the negative amount)	e left of a	12d			
e 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?			Ves 🛛	i 🗌 No	
If "Yes," enter the amount of any plan assets that reverted to the employer this year					0
b Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brow of the PBGC?	<u></u>			Yes 🛛	No
C If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), iden which assets or liabilities were transferred. (See instructions.)	tify the plan(s) to				
13c(1) Name of plan(s):	13c(2)	EIN(s)		13c(3)	PN(s)
Part VIII Trust Information	,			·····	
4a Name of trust		14b T	rust's EIN		
14c Name of trustee or custodian			Trustee's telephone	or custodi number	an's
Part IX IRS Compliance Questions					
15a is the plan a 401(k) plan?		Ye	5	[] No	
15b If "Yes," how does the 401(k) plan satisfy the nondiscrimination requirements for employee deferrals ar matching contributions (as applicable) under sections 401(k)(3) and 401(m)(2)?	nd employer	ba ba	sign- sed safe rbor sthod	ADF test	
15C If the ADP/ACP test is used, did the 401(k) plan perform ADP/ACP testing for the plan year using the "c testing method" for nonhighly compensated employees (Treas. Reg sections 1.401(k)-2(a)(2)(ii) and 1.2(a)(2)(ii))?	current year 401(m)-	Yes	5	No	
16a Check the box to indicate the method used by the plan to satisfy the coverage requirements under sect		Ra per tes	rcentage		erage efit test
6b Does the plan satisfy the coverage and nondiscrimination tests of sections 410(b) and 401(a)(4) by con this plan with any other plans under the permissive aggregation rules?	nbining	Yes		□ No	
17a Has the plan been timely amended for all required tax law changes?		Yes	;	No	□ N/A
17b Date the last plan amendment/restatement for the required tax law changes was adopted for tax law changes and codes).	Enter the ap	plicable	code	(See in:	structions
7C 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		to a fav	orable IR	S opinion	or
7d If the plan is an individually-designed plan and received a favorable determination letter from the IRS, e determination letter		he plan	s last favo	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) has been Islands)?	Yes		No	
9 Were in-service distributions made during the plan year?		Yes		No	
If "Yes," enter amount		19		<u></u>	
0 Were required minimum distributions made to 5% owners who have attained age 70 ½ (regardless of w	hether or not				
retired), as required under section 401(a)(9)?		Yes		No	N/A