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).

OMB Nos. 1210-0110 1210-0089

2015

This Form is Open to Public Inspection

Pen	sion Benefit Guaranty Corporation	<u> </u>	accordance with the instructions to the Form 55	500-SF	₹.	•			
Par	t I Annual Report	Identification Information	1						
For ca	alendar plan year 2015 or fi	scal plan year beginning 01/01/2	2015 and ending 12	2/31/20	015				
A Th	nis return/report is for:	a single-employer plan a one-participant plan	a multiple-employer plan (not multiemployer) list of participating employer information in ac a foreign plan		_				
B Th	is return/report is	the first return/reportan amended return/report	the final return/report a short plan year return/report (less than 12 m	onths)					
C CI	neck box if filing under:	Form 5558	automatic extension		DFVC progr	ram			
		special extension (enter desc	' '						
Par	t II Basic Plan Info	rmation —enter all requested in	formation						
	lame of plan JIST PARTNERS 401(K) PI	_AN		1b	Three-digit plan number (PN) ▶	001			
				1c	Effective date of 01/0	plan 1/2015			
N	lailing address (include roo	yer, if for a single-employer plan) m, apt., suite no. and street, or P.C		2b	Employer Identif (EIN) 47-2	ication Number 809835			
City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) LTRUIST PARTNERS LLC					2c Sponsor's telephone number 206-512-1458				
				2d	Business code (see instructions)			
	NIVERSITY WAY STE 300I LE, WA 98105	3			5416	600			
3a ₽	'lan administrator's name ar	nd address XSame as Plan Spon	sor.	3b	Administrator's I	EIN			
				3с	Administrator's t	elephone number			
		e plan sponsor has changed since mber from the last return/report.	the last return/report filed for this plan, enter the	4b	EIN				
a S	ponsor's name			4c	PN				
5a ⊺	Total number of participants	at the beginning of the plan year		5	а	0			
b 1	Total number of participants	at the end of the plan year		51	b	5			
C N	Number of participants with	account balances as of the end of	the plan year (defined benefit plans do not	5	С	5			
d(1) Total number of active pa	rticipants at the beginning of the p	lan year	5d((1)	0			
-	•		ar	5d((2)	5			
e	Number of participants that	terminated employment during the	e plan year with accrued benefits that were less	50		0			
Cauti	on: A penalty for the late	or incomplete filing of this retur	n/report will be assessed unless reasonable cau						
			ctions, I declare that I have examined this return/re as well as the electronic version of this return/repor						

belief, it is true, correct, and complete

SIGN	Filed with authorized/valid electronic signature.	04/25/2016	STEVE HAVAS					
HERE	Signature of plan administrator	Date	Enter name of individual signing as plan administrator					
SIGN								
HERE	Signature of employer/plan sponsor	Date	Enter name of individ	dual signing as employer or plan sponsor				
Preparer's name (including firm name, if applicable) and address (include room or suite nu			r)	Preparer's telephone number				

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b	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 under 29 CFR 2520.104-46? (See instructions on waiver eligibility If you answered "No" to either line 6a or line 6b, the plan cann	an indeper and condit not use Fo	ndent qualified public a ions.) orm 5500-SF and must	ccount	ant (IQ ad use	PA) Form	5500.			X Yes	
	f the plan is a defined benefit plan, is it covered under the PBGC ir	nsurance p	orogram (see ERISA se	ction 4	021)? .		Yes	No	N	lot dete	rmined
Par	t III Financial Information		<u> </u>			1					
	Plan Assets and Liabilities		(a) Beginning	of Ye				(b) E	nd of	Year	
	Fotal plan assets	. 7a			0					26	459
	Fotal plan liabilities	. 7b			0					26	459
	Net plan assets (subtract line 7b from line 7a)ncome, Expenses, and Transfers for this Plan Year	. 7c	(a) Ama-	·m4	U	-		/1			409
	Contributions received or receivable from:		(a) Amou	ınt				<u>(r</u>) Tot	aı	
	1) Employers	. 8a(1)		4	1079						
	2) Participants	. 8a(2)		22	2394						
	3) Others (including rollovers)	. 8a(3)									
	Other income (loss)	. 8b			-14						
	Fotal income (add lines 8a(1), 8a(2), 8a(3), and 8b)	. 8c								26	459
	Benefits paid (including direct rollovers and insurance premiums o provide benefits)	. 8d									
е	Certain deemed and/or corrective distributions (see instructions)	. 8e									
<u>f</u>	Administrative service providers (salaries, fees, commissions)	. 8f									
g	Other expenses	. 8g									
<u>h</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)	. 8h									
	Net income (loss) (subtract line 8h from line 8c)	. 8i								26	459
	Fransfers to (from) the plan (see instructions)	8j									
Par		(also for a third of Di	Ol			dee See	d			
9a	If the plan provides pension benefits, enter the applicable pension 2E 2F 2G 2J 2K 2R 3D	reature co	odes from the List of Pi	an Cha	racteris	Stic Cc	aes in 1	tne ins	ructio	ons:	
В	If the plan provides welfare benefits, enter the applicable welfare f	eature cod	les from the List of Plan	n Chara	acterist	ic Cod	les in th	ne instr	uctior	ns:	
Part	•				l v		NI/A	ı			
10	During the plan year: Was there a failure to transmit to the plan any participant contribu	ıtione withi	n the time period		Yes	No	N/A			Amount	
	described in 29 CFR 2510.3-102? (See instructions and DOL's V Program)	oluntary F	iduciary Correction	10a		X					
b	Were there any nonexempt transactions with any party-in-interest			400		X					
	reported on line 10a.)			10b							
	Was the plan covered by a fidelity bond?			10c		X					
d	Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?			10d		X					
е	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.)	ne or all of	the benefits under	10e		X					
f	Has the plan failed to provide any benefit when due under the pla			10t		X					
-	Did the plan have any participant loans? (If "Yes," enter amount a					X					
<u>g</u> h	If this is an individual account plan, was there a blackout period?	-		10g		^					
•••	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)									Ye	s X No
11a	Enter the unpaid minimum required contribution for all years from	Schedule	SB (Form 5500) line 4	0			11a			•	
12	Is this a defined contribution plan subject to the minimum funding	requireme	ents of section 412 of the	he Cod	e or se	ction 3	302 of E	RISA	·	Ye	s X No

	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		13a					
b	Were	all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brough	ght under the co	ontrol		Yes X	No		
С	If duri	ng this plan year, any assets or liabilities were transferred from this plan to another plan(s), identiassets or liabilities were transferred. (See instructions.)							
•	13c(1) N	lame of plan(s):	13c(2)	EIN(s)		13c(3) F	PN(s)		
Part	: VIII	Trust Information							
14a	Name o	f trust		14b 1	Γrust's EIN	١			
14c	Name	of trustee or custodian		14d	Trustee's	or custodia	an's		
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		"how does the 401(k) plan satisfy the nondiscrimination requirements for employee deferrals an ng contributions (as applicable) under sections 401(k)(3) and 401(m)(2)?		Design- based safe ADP/ACP harbor test method					
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))?						No			
16a	Check	the box to indicate the method used by the plan to satisfy the coverage requirements under secti	on 410(b):		atio ercentage st		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		ne last plan amendment/restatement for the required tax law changes was adopted//law changes and codes).	Enter the ap	plicable	code	(See ins	tructions		
17c		lan sponsor is an adopter of a pre-approved master and prototype (M&P) or volume submitter pland the letter 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 Persons Service

Department of Later Employee Sensitie Sensity Administration Penalos Sensiti Gueranty 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 section 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 1210-0069

2015

This Form is Open to Public Inspection

calendar plan year 2015 or facal plan year beginning 01/01/2015 and ending x a single-employer plan		2015
😝 📆 📆 📆 📆 📆 🔭 🔭 🔭 🔭 🔭 🔭 🔭 🔭 🔭 🔭 🔭 🔭 🔭) (Filens checkir	ng this box must ettach
THE PROPERTY OF THE PROPERTY O	accordance wi	th the form instructions)
a one-participant plan		
This return/report is: In the first return/report the final return/report		
an amended return/report a short plan year return/report (less than 12	months)	
Check box if filling under: Form 5558 automatic extension	☐ DF	VC program
special extension (enter description)		
HIS Basic Plan Information — enter all requested information	1 40	
Name of plan	1b Three	-digit rumber
Altruist Partners 401(k) Plan	(PN)	
	01/0	ive date of plan 1/2015
Plan sponsor's name (employer, if for a single-employer plan) Mailing Address (include room, apt., suits no. and street or P.O. Box)		oyer Identification Number 47-2809935
City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)		sor's telephone number
Altruist Partners LLC		5) 512-1458
	2d Busic	iess code (see instructions)
5611 University Way Ste 300B	5416	500
US Seattle NA 98105 Plan administrator's name and address X Same as Plan Sponsor Name	3b Admi	nistrator's EIN
1. Little with the wife of the state of the		
	3c Admi	nistrator's telephone number
	45 500	
If the name and/or EIN of the plan eponsor has changed since the last return/report filed for this plan, enter the	4b EIN	
name, EIN, and the plan number from the last return/report.	4c PN	
Biponeor's name	_ 5a	0
Total number of participants at the beginning of the plan year	_ 5b	5
Total number of participants at the end of the plan year. Number of participants with account belances as of the end of the plan year (defined benefit plans do not	5c	
: Number of participants with account paramose as of the date of the participants.		5
i(1) Total number of active perticipants at the beginning of the plan year	5d(1)	0
d(2) Total number of active participants at the end of the plan year	5d(2)	5
Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	50	0
Caution: A penalty for the late or incomplete filling of this return/report will be exceed unless reasonable	course to notal	Hehet
Caution: A paramy for the lace of incomplete and go in the instructions, I declare that I have examined this return SB or Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/re- belief, it is true, correct, and complete.	NY MODEL DICIOLE	
1/25/16		
	idual signing ar	s plan administrator
HERE Signature of plan administrator Date Enter name or many		
11/1/10 4/2011	drival simple a	e employer or plan sconsor
SIGN 4/25/10 5-10-000 of linds	MANUAL PROPERTY OF	
SIGN HERE Signature of employer/plan sponsor Date Enter name of indiv	Drammer	a taleohona number
SIGN 4/25/10 5-10-000 of linds	Preparer	a telephone number
SIGN HERE Signature of employer/plan sponsor Date Enter name of indiv	Prepared	a telephone number
SIGN HERE Signature of employer/plan sponsor Date Enter name of indiv	Prepared	a telephone number
SIGN HERE Signature of employer/plan sponsor Date Enter name of indiv	Prepared	a telephone number

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_	Were all of the plan's assets during the plan year invested in eligible Are you claiming a waiver of the annual examination and report of ar	n independ	dent qualified public accou	intant	(IQPA	A)	••••••		XYes N	
С	under 29 CFR 2520.104-46? (See instructions on waiver eligibility ar If you answered "No" to either line 6a or line 6b, the plan cannot If the plan is a defined benefit plan, is it covered under the PBGC ins	t use Forr	n 5500-SF and must inst	ead ı	use Fo	orm 5	500.			
Pa	rt III Financial Information		_							
7	Plan Assets and Liabilities		(a) Beginning of	Yea	r			(b) End o	f Year	
<u>a</u>	Total plan assets	7a			0	1			26,459	
b	Total plan liabilities	7b								
<u>C</u>	Net plan assets (subtract line 7b from line 7a)	7c	() 4		0	-			26,459	
8 a	Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from:		(a) Amount					(b) To	tal	
<u> </u>	(1) Employers	8a(1)		4,0	79					
	(2) Participants	8a(2)	2	22,3	94					
	(3) Others (including rollovers)	8a(3)								
b	Other income (loss)	8b		(1	4)					
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c				_			26,459	
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								
ī	Net income (loss) (subtract line 8h from line 8c)	8i							26,459	
j	Transfers to (from) the plan (see instructions)	8j								
Pa	rt IV Plan Characteristics									
9a	If the plan provides pension benefits, enter the applicable pension fe 2E 2F 2G 2J 2K 2R 3D	ature code	es from the List of Plan Ch	aract	eristic	Code	s in the	e instruction	ns:	
b	If the plan provides welfare benefits, enter the applicable welfare fea	ture codes	s from the List of Plan Cha	racte	ristic (Codes	in the	instruction	S:	
Pa	rt V Compliance Questions									
10	During the plan year:				Yes	No	N/A	ı	Amount	
а	, ,, ,		·							
	described in 29 CFR 2510.3-102? (See instructions and DOL's Vol	luntary Fic	luciary Correction	4.0		v				
b	Program) Were there any nonexempt transactions with any party-in-interest?			10a		Х				
N	reported on line 10a.)			10b		x				
	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 f by fraud or dishonesty?	•	· ·	10d		х				
е	carrier, insurance service, or other organization that provides some	e or all of t	he benefits under	40-		x				
	the plan? (See instructions.)			10e						
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	of year e	nd.)	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 2520.101			10i						
j	Did the plan trust incur unrelated business taxable income?	••••••	•••••••••••••••••••••••••••••••••••••••	10j						
Pa	rt VI Pension Funding Compliance								Γ	
11	Is this a defined benefit plan subject to minimum funding requirements 5500) and line 11a below)	•						•	Yes X	No
11	Enter the unpaid minimum required contribution for current year from the contribution for current year from the contribution for current year.	om Schedi	ule SB (Form 5500) line 40) 			11a		•	
12							2 of El	RISA?	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 instrugranting the waiver. Month	ctions, and e		of the letter ruling Year
If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.		~,	
b Enter the minimum required contribution for this plan year	•••••	12b	
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 left		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	•••••••••	163	INO IN/A
13a Has a resolution to terminate the plan been adopted in any plan year?		Yes X	7 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 brought of the PBGC?			Yes X No
C If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the which assets or liabilities were transferred. (See instructions.)		<u> </u>	
13c(1) Name of plan(s):	13c	(2) EIN(s)	13c(3) PN(s)
Part VIII Trust Information			
14a Name of trust		14b Trust's	EIN
14c Name of trustee or custodian		14d Trustee telephone	or custodian's number
Part IX IRS Compliance Questions			
15a Is the plan a 401(k) plan:	•••••	Yes	☐ No
15b If "Yes," how does the 401(k) plan satisfy the nondiscrimination requirements for employee deferrals and er matching contributions (as applicable) under sections 401(k)(3) and 401(m)(2)?	. ,	Design- based sa harbor method	fe ADP/ACP test
15c If ADP/ACP test, 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. section 1.401(k)-2(a)(2)(ii) and 1.401(n 2(a)(2)(ii))?		Yes	□ No
16a Check the box to indicate the method used by the plan to satisfy the coverage requirements under section 4	110(b):	Ratio Percenta Test	ge Average Benefit Test
16b Does the plan satisfy the coverage and nondiscrimination tests of sections 410(b) and 401(a)(4) by combini this plan with any other plans under the permissive aggregation rules?		Yes	☐ No
17a Has the Plan been timely amended for all required law changes?		Yes	□ No □ N/A
17b Date of the last plan amendment/restatement for the required tax law changes was adopted//i instructions for tax law changes and codes).	Enter the	applicable co	ode (See
17c If the plan sponsor is an adopter of a pre-approved master, prototype (M&P), or volume submitter plan that		a favorable IF	RS 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 recieved a favorable determination letter from IRS, please endetermination letter / / .		of plan's last	favorable
18 Is the Plan maintained in a U.S. territory (i.e., Puerto Rico (if no election under ERISA section 1022(i)(2) has made), American Samoa, Guam, the Commonwealth of the Northern Mariana Islands or the U.S. Virgin Isla		Yes	☐ No
19 Were in-service distributions made during the plan year?	••••••	Yes	☐ No
If Yes, enter amount	••••••	19	
Were minimum required distributions made to 5% owners who have attained age 70 ½ (regardless of wheth not retired) as required under section 401(a)(9)?		Yes	□ No □ N/A