Department of taxot/ Information 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 a single-employer plan a multiple-employer plan (not multiemployer) (Filers checking this box must attach a list of participating employer information in accordance with the final return/report a none-participant plan a foreign plan B This return/report is the first return/report the first return/report a short plan year return/report DFVC program B This return/report is the first return/report a short plan year return/report DFVC program Part II Basic Plan Information—enter all requested information DFVC program 0101 1a Inter-digit plan number (PN) 001 1c Effective date of plan 03/01/2007 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 21P or foreign postal code (if foreign, see instructions) 2b Employer Identification Number (EIN) 47-2378197	Form 5500-SF		Short Form Annual Return/Report of Small Empl Benefit Plan				OMB Nos. 1210- 1210-			
Energy ended Boardy Journal of Specific Spe	Department of the Treasury Internal Revenue Service						2015			
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Part VI

11

	Form 5500-SF 2015		Page 2								
b א נ	 6a Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.) b Are you claiming a waiver of the annual examination and report of an independent qualified public a under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.) 				accountant (IQPA)						
	If you answered "No" to either line 6a or line 6b, the plan cann f the plan is a defined benefit plan, is it covered under the PBGC ir						_	Νο	Not dete	ermined	
Part			-3 (- /						
	Plan Assets and Liabilities		(a) Beginning	n of Ve	ar			(b) End	l of Year		
	Fotal plan assets	7a	(a) Deginning	<u>174</u>			129950				
· · ·	Fotal plan liabilities	70 7b			234		220				
	Net plan assets (subtract line 7b from line 7a)	7c	173837				129730				
-	ncome, Expenses, and Transfers for this Plan Year		(a) Amou	int				(b)	Total		
a (Contributions received or receivable from: 1) Employers	8a(1)	(4) /		716			(-)			
	2) Participants	8a(2)		27	996						
	3) Others (including rollovers)	8a(3)			0						
· ·	Dther income (loss)	8b		-2324							
с т	Fotal income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							34	388	
d E	Benefits paid (including direct rollovers and insurance premiums o provide benefits)	8d		78175							
e (Certain deemed and/or corrective distributions (see instructions) 8e			0							
f A	Administrative service providers (salaries, fees, commissions)	8f		320							
g (Other expenses	8g		0							
h T	Fotal expenses (add lines 8d, 8e, 8f, and 8g)	8h							78	8495	
<u>i</u> N	Net income (loss) (subtract line 8h from line 8c)	8i						-44107			
j T	Fransfers to (from) the plan (see instructions)	8j			0						
Part	IV Plan Characteristics										
9a	If the plan provides pension benefits, enter the applicable pension 2E $$ 2F $$ 2G $$ 2J $$ 2T $$ 3B $$ 3D	feature co	odes from the List of Pla	an Cha	racteris	stic Co	odes in t	the instru	ictions:		
В	If the plan provides welfare benefits, enter the applicable welfare for	eature cod	les from the List of Plar	n Chara	acterist	ic Coc	les in th	ie instruc	tions:		
Part	V Compliance Questions										
10	During the plan year:				Yes	No	N/A		Amoun	t	
а	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)			10a		X					
b				10b		X					
С	C Was the plan covered by a fidelity bond?			10c	х					30000	
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		х					
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.).			10e		х					
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 a	s of year e	end.)	10q		Х					
h	If this is an individual account plan, was there a blackout period? 2520 101-3.)	(See instru	uctions and 29 CFR	10g		Х					

12 Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA?.

Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form

10i

10j

11a

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.....

Did the plan trust incur unrelated business taxable income?

5500) and line 11a below)..... 11a Enter the unpaid minimum required contribution for all years from Schedule SB (Form 5500) line 40...

Pension Funding Compliance

Yes No

No

Yes 🗙

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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 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 13.								
b Enter the minimum required contribution for this plan year								
-		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?			Υe	es 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 Trust's EIN				
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?		Yes		No	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)?					esign- ased safe arbor nethod	P/ACP		
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))?					es 🗌 No			
16a Check the box to indicate the method used by the plan to satisfy the coverage requirements under section 410(b):							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?				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 instruction 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	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)?				Yes			
19 Were in-service distributions made during the plan year?					es	No		
If "Yes," enter amount								
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	