Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation

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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										
For calenda	ar plan year 2015 or fis	scal plan year beginning 01/01/2	2015	and ending 12/31/	2015							
A This ret	urn/report is for:	a single-employer plan a multiple-employer plan (not multiemployer) (Filers checking this box list of participating employer information in accordance with the form in										
		a one-participant plan	a foreign plan									
B This retu	ırn/report is	the first return/report	the final return/report									
an amended return/report a short plan year return/report (less than 12 months)												
C Check b	oox if filing under:	Form 5558	automatic extension	extension DFVC program								
Part II Basic Plan Information—enter all requested information												
_	I.	illation—enter all requested in	rormation	46	The second state							
1a Name	of plan NGAARD, N.D., P.S.	404 (K) DLAN		10	Three-digit plan number							
KUDEKI JA	MNGAARD, N.D., P.S.	401(K) PLAN			(PN) • 00							
				10	Effective date o	f plan 1/2011						
2a Plan sr	oonsor's name (emplo	over, if for a single-employer plan)		2h								
Mailing	address (include roor	m, apt., suite no. and street, or P.C e, country, and ZIP or foreign post		uctions)	2b Employer Identification Nur (EIN) 91-1940628							
	NGAARD, P.S.	o, country, and	a. oodo (e. e.g, eeee	20	2c Sponsor's telephone number 360-331-6470							
				20	2d Business code (see instructions)							
657 EAST L REELAND,	AYTON ROAD				621399							
REEL/HD,	W/ 1002-40				021.	599						
3a Plan ad	dministrator's name ar	nd address XSame as Plan Spons	sor.	3b	Administrator's	EIN						
				30	Administrator's	telephone number						
4 If the r	name and/or EIN of the	e plan sponsor has changed since	the last return/report filed fo	or this plan, enter the 4b) EIN							
	•	mber from the last return/report.		4-	4							
a Sponso					4c PN 5a							
_		at the beginning of the plan year				6						
		at the end of the plan year			5b	6						
C Number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item)												
d(1) Total number of active participants at the beginning of the plan year												
d(2) Total number of active participants at the end of the plan year					5d(2)							
Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested					. 5e 0							
		or incomplete filing of this return										
SB or Sche		ther penalties set forth in the instruction and signed by an enrolled actuary, a plete.										
SIGN Filed with authorized/valid electronic signature. 06/16/2016 ROBERT JANGAARD					ARD							
HERE	Signature of plan a	ndministrator	Date	Enter name of individual s	Enter name of individual signing as plan administrator							

Date

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

Signature of employer/plan sponsor

Enter name of individual signing as employer or plan sponsor

Preparer's telephone number

	Form 5500-SF 2015		Page 2								
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	ndent qualified public a	ccount	ant (IQ	PA)				X Yes	
C	f the plan is a defined benefit plan, is it covered under the PBGC in	nsurance p	orogram (see ERISA se	ection 4	021)?		Yes	No	1	Not dete	mined
Par	t III Financial Information	1									
7	Plan Assets and Liabilities		(a) Beginning	of Ye	ar		(b) End of Yea			f Year	
	Total plan assets	. 7a		2035	010					22536	361
	Fotal plan liabilities	. 7b									
	Net plan assets (subtract line 7b from line 7a)	. 7с		2035	010		2253661				361
	ncome, Expenses, and Transfers for this Plan Year Contributions received or receivable from:		(a) Amou	unt				(k) To	tal	
	1) Employers	8a(1)			8860						
	2) Participants	. 8a(2)		27	'310						
(3) Others (including rollovers)	. 8a(3)									
b (Other income (loss)	. 8b		182	2481						
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	. 8c								2186	351
	Benefits paid (including direct rollovers and insurance premiums o provide benefits)	. 8d									
	Certain deemed and/or corrective distributions (see instructions)	. 8e									
	Administrative service providers (salaries, fees, commissions)	. 8f									
g	Other expenses	. 8g									
h ·	Total expenses (add lines 8d, 8e, 8f, and 8g)	. 8h									
<u>i</u> :	Net income (loss) (subtract line 8h from line 8c)									2186	351
j	Transfers to (from) the plan (see instructions)	· 8j									
Par	IV Plan Characteristics										
9a	If the plan provides pension benefits, enter the applicable pension 2E 2F 2G 2J 2K 2R 3D	feature co	odes from the List of PI	an Cha	racteri	stic Co	des in t	the ins	tructi	ons:	
В	If the plan provides welfare benefits, enter the applicable welfare f	eature cod	les from the List of Pla	n Chara	acterist	ic Cod	les in th	ne instr	uctio	ns:	
Part	V Compliance Questions										
10	During the plan year:			1	Yes	No	N/A		-	Amount	
а	Was there a failure to transmit to the plan any participant contributed 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										
	reported on line 10a.)			10b		X					
c	Was the plan covered by a fidelity bond?			10c	X						150000
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 some	her person ne or all of	s by an insurance the benefits under			X					
f	the plan? (See instructions.) Has the plan failed to provide any benefit when due under the pla			10e							
-				10f		X					
g	Did the plan have any participant loans? (If "Yes," enter amount as of year end.)			10g		X					
n	h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)					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	he require	d notice or one of the	10i							
j	Did the plan trust incur unrelated business taxable income?			10i							
Part	VI Pension Funding Compliance			,							
11	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)									Yes	s X No
11a	Enter the unpaid minimum required contribution for all years from						11a				
12	Is this a defined contribution plan subject to the minimum funding		· · · · · · · · · · · · · · · · · · ·				302 of E	ERISA	?	Yes	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 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 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 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	testing	DP/ACP test is used, did the 401(k) plan perform ADP/ACP testing for the plan year using the "c method" for nonhighly compensated employees (Treas. Reg sections 1.401(k)-2(a)(2)(ii) and 1.4(ii))?	Ye	S	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).	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		19						
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 Treesury

Short Form Annual Return/Report of Small Employee Benefit Plan

OMB Not. 1210-0110 1210-0089

2045

ALEM PAPER DESTRUCT		be filed under sections 104 s			2010			
Department of Labor Employee Benefits Security Administration	on the	ection 6057(b) and 6058(a) of Code).	1	is Open to Public				
Pension Benefit Gueranty Corporation	COMPINE AR MANAGE	accordance with the instruc	ctions to the Form 5500-8F.					
	rt Identification informatio	on and the same	1	- /24 /201E				
calendar plan year 2015 or f		01/01/2015	······	2/31/2015				
This return/report is for: This return/report is:	x a single-employer plan a one-participant plan the first return/report an amendad return/report	ilan (not multiomployer) (Filers o Imployer information in accords Im/report (less than 12 months)	ance with the for					
Check box if filing under:	Form 5558	automatic extansion	1	DFVC progra	ım			
· · ·	special extension (enter de		<u> </u>					
	formation — enter all request	ad information	T 4h	There diets	Τ			
Name of plan ROBERT JANGAARD, 1	N.D., P.B. 401(K) PLAN	I		Three-digit plan number (PN) ▶	002			
			16	Effective data of 01/01/2011				
Plan sponsor's name (amp Mailing Address (include ro City or town, state or providence)		2b Employer Identification Number (EIN) 91-1940628						
Robert Janquard, 1		And an	2c	2C Sponsor's telephone number (360) 331-6470				
1657 EAST LAYTON I	ROAD		2d	Business code 621399	(see instructions)			
US PREKLARD NA 18249		- 11 -	2h	* -211111	Piki			
i Pien administratore name	and address X Same as Plan	Sponsor Name	ם פי	Administrators	EIN			
			30	Administrators	telephone number			
name, EIN, and the plan n	the plan sponsor has changed sin number from the last return/report.	ice the last return/report filed f		EIN				
8 Sponsor's name	nts at the beginning of the plan yea				6			
	nts at the degraining of the pion year nts at the end of the pion year				- 6			
Number of participants wit	ith account beinness as of the end	d of the plan year (defined bene	efft plans do not 50		6			
• •	participants at the beginning of the		5d	(1)	6			
	participants at the end of the plant at terminated employment during t		nefits that were	(2)	6			
	at the second contract of the second contract		5	ie	0			
Saution: A penalty for the tr	ate or incomplete filing of this re	eturn/report will be assesser	d unless ressonable cause is	established.				
Inder panalties of periury and	d other penalties set forth in the in od and signed by an enrolled actus	estructions, I declare that I have	e examined this return/report, in	ncluding, if applic	cable, a Schedule y knowledge and			
Roll ?	Ima enel	6-16-16						
Bigneture of place	dministrator	Date	Entire of the last sign	tha es wer say	inistrator:			
(Columb	7	6-16-16						
Signature of emplo	wad nine when	Date	Enterne of Herville	alle de aniel de la	or clein sconsor			
Della Constitution	repairie, if applicable) and address		Der Prep	parers t eleph ons	e number			
			#####################################					

For Paperwork Reduction Act Notice and OMB Control Numbers, see the Instructions for Form 5500-SF.

Form 5500-9F (2015) v.150123

Form	5500-SF 2015		Pege 2				_		
6a Were all o	I the plan's assets during the plan year invested in eligible	assets? (S	lee instructions.)			••••	····	X Yes	□No
b Are you ch	alming a waiver of the annual exemination and report of er	independ	ent qualified public accoun	tant (i	QPA)	l		- ⊡ \v	Chia
under 29 (CFR 2520,104-467 (See instructions on weiver eligibility at	edition be	ns.)					[X] Yes	∏No
If your and	wered "No" to either line 6a or line 6b, the plan cannor is a defined benefit plan, is it covered under the PBGC ins	t nee tow	מאבנוו אבניות נותוב דם-עטפב ה	4021)	9 F01	m 22	NU. Tyes [No □Note	determined
		iuranos pro	SALESTI (\$500 CLUCK) SACORE	-02.17	-				
in in the f	Inancial Information	n Salaksan di is		Y			/h\ C	nd of Year	
							(0) E	2,253	667
	239013	7a	2,03	5, UI	<u> </u>			2,233	, 401
	liabilities	7b 7c	2,03	5 01	^	_		2,253	.661
	esets (subtract line 7b from line 7e)		(a) Amount	J, U.				b) Total	,,,,,,
	ons received or receivable from:	1 (4) 2			_	W.			
(1) Empk	yers	8m(1)		8,86					
(2) Pertic	pants	80(2)_	2	7,31	0		່	ir " se si Liggini s	
(3) Other	s (including rollovers)	Ba(3)	10	2 40	*				i line Timori Line III
	eme (loss)	8b		2,48				211	,651
C Total Inco	me (add lines 8s(1), 8s(2), 8s(3), and 8b) ald (including direct rollovers and insurance premiums	Bc .		1.38			711011		
to provide	benefits)	. 8d	_						
	emed and/or corrective distributions (see instructions)	. 8a							
f Administr	ative service providers (salaries, fees, commissions)	, af				1.35	i 113		
G Other exp	0.000	. 8g	A STATE OF THE STA		WI 8-6		in' in the	at Mr. ma	(Kanabatan)
	enses (add lines 6d, 8e, 8f, and 8g)	. Bh	gentilepi geten ge					210	0.651
i Net Incor	ne (loss) (subtract line 6h from line 8c)	, <u>B</u>		an H					
Transfers	to (from) the plan (see instructions)	. 8	1			A. A. C. T.			
	Plan Characteristics								
1	provides pension benefits, enter the applicable pension t	eature cod	les from the List of Plan Ch	MTRICK	HISTOC	Code	and thi fues from	и ископа.	
-	2F 2G 2J 2K 2R 3D				1-01-4		1 45 - 1-4		
b If the play	n provides welfare benefits, enter the applicable welfare fe	atura code	e from the List of Plan Cha	recter	180C (.:00e:	BIN THE PRES	UCUONS:	
10 Fig. 17 E	O Allera	 							
***	Compliance Questions			$\neg \tau$	Yes	No		Amoun	t .
10 During	the plan year; here a fallure to trensmit to the plan any participant contribu	rtions with	n the time period		,				
a Wasth descrii	ped in 29 CFR 2510.3-1027 (See instructions and DOL's V	okuntary F	Iduciary Correction						
Proore	m)			10a		x			
b Were t	here any nonexempt transactions with any party-in-interes	t? (Do not	Include transactions	186		1		'	
	ed on line 10a.)			100	<u> </u>	-			150,000
C Was t	ne plan covered by a fidelity bond?	- friellie be	and that was coursed	100		├			
d Didth	s plan have a loss, whether or not reimbursed by the plant of or dishonesty?		MIT' BISK ALER PERSON	104		х		1	
■ Wern	any face or commissions paid to any brokers, agents, or o	ther persor	ns by an insurance						
cernier	, insurance service, or other organization that provides so	me or all of	the benefits under	10s		ж			
	un? (See Instructions.)			101		 			·-
	e plan falled to provide any benefit when due under the pl				_	X			·
	e plan have any participant loans? (If "Yes," enter amount			10g		×			a record
2520.	ls an individual account plan, was there a blackout period			10h		x			
I If 10h	was enswered "Yes," check the box if you either provided flons to providing the notice applied under 29 CFR 2520.1	the require	ad notice or one of the	101				. : [學][立7] [[2] [-] [4]	
	e plan trust incur unrelated business taxable income?			10					
	Pension Funding Compliance							<u> </u>	
11 is this	a defined benefit plan subject to minimum funding require and line 11a below)	ments? (If	"Yes," see Instructions and	com	plete	Scha	dule SB (Fo		Yes 🛣 No
	the unpaid minimum required contribution for current year						118	 	
118 Enter	the impaid minimum required commousen for current year	n manufras	sents of section 412 of the	Code	or so	ction		A7 🔲	Yes X No

Pege 2

Form 5500-SF 2015	Page 3-					
(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicab	le.)					
a. If a waiver of the minimum funding standard for a prior year is being amortize granting the waiver.	N.	ioninUe	inter the	e date of t	he letter rul er	ing
If you completed line 12s, complete lines 3, 9, and 10 of Schedule MB (Form				·		
b Enter the minimum required contribution for this plan year		1	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 (s			12d	<u> </u>		
e Will the minimum funding amount reported on line 12d be met by the funding of	ieadline?		🖵	Yes	No L	N/A
Plan Terminations and Transfers of Assets						
3a 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			138			
b Were all the plan assets distributed to participants or beneficiaries, transferred of the PBGC?					Yes 2	☑ No
C If during this plan year, any assets or liabilities were transferred from this plan which assets or liabilities were transferred. (See instructions.)						
13c(1) Name of plan(s):		13c	(2) EIN	(s)	13c(3) F	N(5)
Trust Information						
4a Name of trust			14b 1	Trust's EIN	l	
14¢ Name of trustee or custodian		4d Trustee or custodian's telephone number				
IRS Compliance Questions						
15a is the plan a 401(k) plan:	94 2 5 5 6 4 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	*************	☐ Y ₁	35	☐ 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)?					ADP//	ACP
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(m)-2(a)(2)(ii))?					□ No	
16a Check the box to indicate the method used by the plan to satisfy the coverage			L	atio ercentage est	Avera Bene	ge fit Test
16b Does the plan satisfy the coverage and nondiscrimination tests of sections 41 this plan with any other plans under the permissive aggregation rules?	0(b) and 401(a)(4) by c	ombining	□ Y	69	☐ No	
17a Has the Plan been timely amended for all required law changes?			<u> </u>		☐ No	∏ N/
17b Date of the last plan amendment/restatement for the required tax law change instructions for tax law changes and codes).				cable code		6
17c If the plan sponsor is an adopter of a pre-approved master, prototype (M&P), advisory letter, enter the date of that favorable letter / / 17d If the plan is an individually-designed plan and recieved a favorable determination letter / /	. and the letter's serial	number				
18 Is the Plan maintained in a U.S. territory (i.e., Puerto Rico (if no election under made), American Samoa, Guarn, the Commonwealth of the Northern Mariana	ERISA section 1022(i) Islands or the U.S. Vin	(2) has been gin Islands)?		'es	No	
				95	∏ No	
If Yes, enter amount	- poe r o acestrato e e e toto e e e e e e e e e		19			
20 Were minimum required distributions made to 5% owners who have attained not retired) as required under section 401(a)(9)?	age 70 ½ (regardless o	f whether or	☐ Y	'es	☐ No	□ N