## **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.

1210-0089

2015

OMB Nos. 1210-0110

This Form is Open to **Public Inspection** 

**Annual Report Identification Information** For calendar plan year 2015 or fiscal plan year beginning and ending x 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 form instructions) **A** This return/report is for: a one-participant plan a foreign plan the final return/report B This return/report is the first return/report an amended return/report a short plan year return/report (less than 12 months) **C** Check box if filing under: DFVC program Form 5558 automatic extension special extension (enter description) Part II Basic Plan Information—enter all requested information 1b Three-digit 1a Name of plan plan number ISO-QUIP CORP 401(K) PROFIT SHARING PLAN & TRUST 001 (PN) • 1c Effective date of plan 01/01/1999 2a Plan sponsor's name (employer, if for a single-employer plan) 2b Employer Identification Number Mailing address (include room, apt., suite no. and street, or P.O. Box) (EIN) 91-1521643 City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) 2c Sponsor's telephone number ISO-QUIP CORP. 360-695-4243 2d Business code (see instructions) 418 NE REPASS RD., STE B-1 VANCOUVER, WA 98665 236200 **3a** Plan administrator's name and address XSame as Plan Sponsor. 3b Administrator's EIN **3c** Administrator's telephone number If the name and/or EIN of the plan sponsor 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 a Sponsor's name 5a 32 5a Total number of participants at the beginning of the plan year..... 5b 33 **b** Total number of participants at the end of the plan year ...... Number of participants with account balances as of the end of the plan year (defined benefit plans do not 5c 30 complete this item) 5d(1) 28 d(1) Total number of active participants at the beginning of the plan year ..... 5d(2) 33 d(2) Total number of active participants at the end of the plan year..... Number of participants that terminated employment during the plan year with accrued benefits that were less 0 5e than 100% vested.....

Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.

Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including, if applicable, a Schedule SB or Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/report, and to the best of my knowledge and

belief, it is true, correct, and complete.

	Filed with authorized/valid electronic signature.	06/24/2016	DAN ODOHERTY				
HERE	Signature of plan administrator	Date	Enter name of individual signing as plan administrator				
SIGN							
HERE	Signature of employer/plan sponsor	Enter name of individual signing as employer or plan sponsor					
Preparer's name (including firm name, if applicable) and address (include room or suite number)				Preparer's telephone number			

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<ul> <li>Were all of the plan's assets during the plan year invested in eligib</li> <li>Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility</li> <li>If you answered "No" to either line 6a or line 6b, the plan cannot be a second or line 6b.</li> </ul>	an independent and condition to use For	dent qualified public a ons.) m 5500-SF and mus	ccount	ant (IQ	PA)  Form	5500.		X	Yes Yes	No No
<b>c</b> If the plan is a defined benefit plan, is it covered under the PBGC in	nsurance pr	ogram (see ERISA se	ection 4	021)? .		Yes	No	Not	determ	ined
Part III Financial Information	1				-					
7 Plan Assets and Liabilities		(a) Beginning					(b) En	d of Ye		
a Total plan assets	. 7a		750	)550					90266	6
<b>b</b> Total plan liabilities	. 7b		750						00000	
C Net plan assets (subtract line 7b from line 7a)	. 7с			)550	-				90266	6
8 Income, Expenses, and Transfers for this Plan Year a Contributions received or receivable from:		(a) Amou	unt				(b)	Total		
(1) Employers	. 8a(1)		63	8453						
(2) Participants	. 8a(2)		110	0085						
(3) Others (including rollovers)	. 8a(3)		-16	010						
<b>b</b> Other income (loss)	. 8b									
<b>C</b> Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	. 8c								15752	:8
Benefits paid (including direct rollovers and insurance premiums to provide benefits)	. 8d									
Certain deemed and/or corrective distributions (see instructions)	. 8e									
f Administrative service providers (salaries, fees, commissions)	. 8f		5	5412						
g Other expenses	. 8g									
h Total expenses (add lines 8d, 8e, 8f, and 8g)	. 8h								541	2
i Net income (loss) (subtract line 8h from line 8c)	. 8i								15211	6
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 Plant	an Cha	racteris	stic Co	des in t	he instr	uctions	S:	
B If the plan provides welfare benefits, enter the applicable welfare f	feature code	as from the List of Pla	n Char	actorist	ic Coc	les in th	a instru	ctions:		-
If the plan provides welfare benefits, effect the applicable welfare t	icatare coat	23 HOM the List of Flat	ii Onait	actorist	.10 000	103 111 111	C IIISti di	otionis.		
Part V Compliance Questions										
10 During the plan year:				Yes	No	N/A		Am	ount	
Was there a failure to transmit to the plan any participant contributes described in 29 CFR 2510.3-102? (See instructions and DOL's \Program)	√oluntary Fi	duciary Correction	10a		X					
<b>b</b> Were there any nonexempt transactions with any party-in-interest			401		X					
reported on line 10a.)			10b							
C 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					
Were any fees or commissions paid to any brokers, agents, or oth carrier, insurance service, or other organization that provides son the plan? (See instructions.)	her persons ne or all of t	by an insurance he benefits under	10e		X					
f Has the plan failed to provide any benefit when due under the pla					X					
			10f		^					
g Did the plan have any participant loans? (If "Yes," enter amount a	•	,	10g	X						11648
h If this is an individual account plan, was there a blackout period? 2520.101-3.)	•		10h		Χ					
i If 10h was answered "Yes," check the box if you either provided t 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			<b>.</b>							
11 Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)								<u></u> [	Yes	No
11a Enter the unpaid minimum required contribution for all years from	Schedule S	SB (Form 5500) line 4	0			11a				
12 Is this a defined contribution plan subject to the minimum funding	g requireme	nts of section 412 of t	he Cod	e or se	ction :	302 of E	RISA?.		Yes	X No

	F	orm 5500-SF 2015 Page <b>3</b> - 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					
negative amount)   • Will the minimum funding amount reported on line 12d be met by the funding deadline?						No 🗆	N/A		
Part		Plan Terminations and Transfers of Assets			Yes	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)		<b>13c(3)</b> 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 custodian'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	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))?	101(m)-	Yes n					
16a	Check	the box to indicate the method used by the plan to satisfy the coverage requirements under secti	on 410(b):	Ratio percentage test			Average benefit 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		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 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

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.

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2015

OMB Nos. 1210-0110

1210-0089

This Form is Open to Public Inspection

Part I   Annual Repor	rt Identification Information	1								
For calendar plan year 2015 or	fiscal plan year beginning	01/01/2015	and ending	12/3	1/2015					
	X a single-employer plan				ng this box must attach a					
A This return/report is for:			the form instructions)							
	a one-participant plan	a foreign plan								
D	the first return/report	the final return/report								
B This return/report is	느 .	(1 )								
	an amended return/report	nonths)								
C Check box if filing under:	Form 5558	automatic extension		DFVC program						
	special extension (enter desc			_						
Part II Basic Plan Int	formation—enter all requested in									
1a Name of plan	office all requested in	normation		1b Three-	digit					
	() PROFIT SHARING PLAN	1 & TRUST		plan nu	5.05					
				(PN)						
					e date of plan					
<u></u>	And the state of t				1/1999					
2a Plan sponsor's name (emp	loyer, if for a single-employer plan) om, apt., suite no. and street, or P.0	) Roy)			er Identification Number					
City or town, state or provin	nce, country, and ZIP or foreign pos	tal code (if foreign, see inst	ructions)		91-1521643					
Iso-Quip Corp.		,	•	The man of the contract of the	or's telephone number 595-4243					
					ss code (see instructions)					
418 NE Repass Rd.,	Ste B-1			23620	,					
Vancouver	WA 98665									
3a Plan administrator's name	and address XSame as Plan Spon	sor.		3b Adminis	strator's EIN					
	<u> </u>	3		0						
				3C Adminis	strator's telephone number					
	he plan sponsor has changed since umber from the last return/report.	the last return/report filed	for this plan, enter the	4b EIN	_					
a Sponsor's name	umber from the last return/report.			4c PN						
	ts at the beginning of the plan year.	302		5a	32					
				FI.						
	ts at the end of the plan year n account balances as of the end of				33					
				5c	30					
	articipants at the beginning of the p			5d(1)	28					
	participants at the end of the plan ye			5d(2)	33					
	at terminated employment during the									
than 100% vested				5e	0					
Caution: A penalty for the late	or incomplete filing of this retur	n/report will be assessed	unless reasonable cau	use is establis	shed.					
Under penalties of perjury and o	other penalties set forth in the instru and signed by an enrolled actuary,	ctions, i declare that i nave	examined this return/report	port, including, t. and to the be	est of my knowledge and					
belief, it is true, correct, and cor										
SIGN TOWARD	Dill	60/2/16	David Reinhar	dt						
HERE Signature of plan	administrator	Date	Enter name of individ	ual signing as	plan administrator					
	administrator	Julio								
SIGN HERE		Date								
Signature of emp	name, if applicable) and address (ii		employer or plan sponsor lephone number							
Freparer's name (including lift)	mame, ii applicable) and address (ii	iolade room of suite numb	S1 )	, reparer s te	repriorie 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 If the plan is a defined benefit plan, is it covered under the PBGC in	an independ and condition ot use Form	dent qualified public a ons.) m 5500-SF and mus	t inste	ant (IC	PA)	1 5500.			es [	No No ed
_	rt III   Financial Information						J L				
7	Plan Assets and Liabilities		(a) Beginning	of Ye	ar			(b) End	of Year		
a	Total plan assets	7a	(-,5		5055	0				902	666
b	Total plan liabilities	7b								47	
С	Net plan assets (subtract line 7b from line 7a)	7c		7	5055	0				902	666
8	Income, Expenses, and Transfers for this Plan Year		(a) Amou	unt				(b) T	otal		
а	Contributions received or receivable from:	9o(4)			6345	3					
-	(1) Employers	8a(1) 8a(2)		1	1008	-					
	(3) Others (including rollovers)	8a(3)	100 700		1601						
b	Other income (loss)	8b									
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c								157	528
d	Benefits paid (including direct rollovers and insurance premiums										
	to provide benefits)	8d									
	Certain deemed and/or corrective distributions (see instructions)  Administrative service providers (salaries, fees, commissions)	8e 8f			541	2					
g	Other expenses	8g			311	100					8.18
	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h								5	412
-	Net income (loss) (subtract line 8h from line 8c)	8i								152	
	Transfers to (from) the plan (see instructions)	8j									
Par	t IV Plan Characteristics										
B		eature codes	s from the List of Plan	n Chara				e instruction			
10	During the plan year:				Yes	No	N/A		Amour	t	
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 V Program)	oluntary Fid	uciary Correction	10a		Х					
b	Were there any nonexempt transactions with any party-in-interest reported on line 10a.)		and the second of the second o	10b		Х					
С	Was the plan covered by a fidelity bond?			10c		Х	200				
d	Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?			10d		х					
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.)	e or all of th	e benefits under	10e	х						
f	Has the plan failed to provide any benefit when due under the plan	n?		10f		Х					
g	Did the plan have any participant loans? (If "Yes," enter amount as	s of year end	d.)	10g	х					1	 1648
h	If this is an individual account plan, was there a blackout period? ( 2520.101-3.)	See instruct	tions and 29 CFR	10h		Х					
i	If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.101			10i							
j	Did the plan trust incur unrelated business taxable income?			10j				- 11			
Part	VI Pension Funding Compliance		-								
11	Is this a defined benefit plan subject to minimum funding requirements 5500) and line 11a below)								Ye	es 🗌	No
11a	Enter the unpaid minimum required contribution for all years from	Schedule SI	3 (Form 5500) line 40	)			11a				
12	Is this a defined contribution plan subject to the minimum funding	requirement	ts of section 412 of th	ne Code	e or se	ction 3	302 of EF	RISA?	Ye	s X	No

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	(If "Yes," cor	nplete 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									
lf	If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.									
b	Enter the min		12b							
		unt contributed by the employer to the plan for this plan year		12c						
d	d Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a negative amount)									
е	Will the minir	num 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 resoluti	on to terminate the plan been adopted in any plan year?			Yes	X No				
	If "Yes," ente	r the amount of any plan assets that reverted to the employer this year		13a						
b		plan assets distributed to participants or beneficiaries, transferred to another plan, or brought		control Yes X No						
С		plan year, any assets or liabilities were transferred from this plan to another plan(s), identi or liabilities were transferred. (See instructions.)	fy the plan(s) to	(						
1	1 <b>3c(1)</b> Name o	f plan(s):	13c(2)	EIN(s)		13c(3) F	PN(s)			
Part	VIII Trus	t Information								
14a	Name of trust			14b Trust's EIN						
14c	Name of trus	ee or custodian		14d Trustee's or custodian's telephone number						
Part	IX IRS	Compliance Questions								
15a	Is the plan a	101(k) plan?		Yes	3	No				
	If "Yes," how	does the 401(k) plan satisfy the nondiscrimination requirements for employee deferrals and ributions (as applicable) under sections 401(k)(3) and 401(m)(2)?					PIACP			
	testing metho	P test is used, did the 401(k) plan perform ADP/ACP testing for the plan year using the "cid" for nonhighly compensated employees (Treas. Reg sections 1.401(k)-2(a)(2)(ii) and 1.4		Yes						
16a	Check the box	to indicate the method used by the plan to satisfy the coverage requirements under section	on 410(b):				rage efit test			
		satisfy the coverage and nondiscrimination tests of sections 410(b) and 401(a)(4) by com any other plans under the permissive aggregation rules?		Yes		No				
17a	Has the plan b	een timely amended for all required tax law changes?		Yes		No	N/A			
	for tax law cha	olan amendment/restatement for the required tax law changes was adopted anges and codes).	Enter the a				structions			
	advisory letter	nsor is an adopter of a pre-approved master and prototype (M&P) or volume submitter pla , enter the date of that favorable letter and the letter's serial n	umber			-	or			
	determination			the plan	's last favor	able				
		nintained in a U.S. territory (i.e., Puerto Rico (if no election under ERISA section 1022(i)(2) can Samoa, Guam, the Commonwealth of the Northern Mariana Islands or the U.S. Virgin		Yes		No				
19	Were in-service	e distributions made during the plan year?		Yes		No				
		amount		19						
		minimum distributions made to 5% owners who have attained age 70 ½ (regardless of who luired under section 401(a)(9)?		Yes		No	□ N/A			



Benefits for your Life and Business

## Authorization to Electronically Sign and File 5500

I hereby authorize any employees of Compensation Systems Northwest, Inc. to electronically sign and file 5500 forms on my behalf.

I further understand the following:

- I must sign a paper copy of the completed 5500 form
- An image of my signature will be included with the rest of the return/report posted by the Department of Labor on the internet for public disclosure
- I may revoke or change this authorization at any time by written notification to Compensation Systems Northwest, Inc.

David Reinhardt, Trustee ISO Quip Corp