Form 5500

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6047(e), 6057(b), and 6058(a) of the Internal Revenue Code (the Code).

► Complete all entries in accordance with the instructions to the Form 5500.

OMB Nos. 1210-0110 1210-0089

2015

This Form is Open to Public Inspection

					inspection				
Part I		entification Information							
For caler	ndar plan year 2015 or fisc	cal plan year beginning 01/01/2015		and ending 12/31/2015	5				
A This r	eturn/report is for:	a multiemployer plan;	a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions); or						
		x a single-employer plan;	a DFE (specif	y)					
This return/report is.		the first return/report;	the final return	n/report;					
		an amended return/report; a short plan year return/report (less than 12 months).							
C If the	plan is a collectively-barga	ained plan, check here			▶ 🗌				
D Check box if filing under:		Form 5558;	8; automatic extension;						
		special extension (enter description)						
Part I	I Basic Plan Info	ormation—enter all requested informa	ation						
1a Nam	•) WELFARE BENEFIT PLAN			1b Three-digit plan number (PN) ▶ 501				
					1c Effective date of plan 01/01/2007				
		er, if for a single-employer plan) , apt., suite no. and street, or P.O. Box)			2b Employer Identification Number (EIN)				
City	or town, state or province,	country, and ZIP or foreign postal code	e (if foreign, see inst	ructions)	20-5129505				
AMBITIONS, INC.					2c Plan Sponsor's telephone number 509-321-0414				
3019 DUE	PORTAIL ST., #202	21651 F. (COUNTRY VISTA D	0.1 5					
	ID, WA 99352		LAKE, WA 99019	NATION VIOLATED					
Caution:	A penalty for the late or	r incomplete filing of this return/repor	rt will be assessed	unless reasonable cause is e	established.				
		er penalties set forth in the instructions,							
statemen	its and attachments, as we	ell as the electronic version of this return	n/report, and to the b	pest of my knowledge and belie	f, it is true, correct, and complete.				
SIGN HERE	Filed with authorized/valid	l electronic signature.	06/22/2016	JIM WALSH					
	Signature of plan admir	nistrator	Date	Enter name of individual sign	ning as plan administrator				
SIGN									
HERE	Signature of employer/	nlan sponsor	Date	Enter name of individual sign	ning as employer or plan sponsor				
	oignature of employers	pian openiosi	Dute	Emor hame or marriadar orgi	mig de empleyer er plan epender				
SIGN									
HERE	Signature of DFE		Date	Enter name of individual sign	ning as DFE				
Preparer	•	me, if applicable) and address (include			parer's telephone number				

Form 5500 (2015) Page **2**

3a	Plan administrator's name and address Same as Plan Sponsor			3b Administra	ator's EIN
				3c Administra number	ator's telephone
4	If the name and/or EIN of the plan sponsor has changed since the last return EIN and the plan number from the last return/report:	/report filed fo	or this plan, enter the name,	4b EIN	
а	Sponsor's name			4c PN	
5	Total number of participants at the beginning of the plan year			5	337
6	Number of participants as of the end of the plan year unless otherwise stated 6a(2), 6b, 6c, and 6d) .	d (welfare plan	ns complete only lines 6a(1),		
a(1) Total number of active participants at the beginning of the plan year			6a(1)	337
a(2	2) Total number of active participants at the end of the plan year			6a(2)	257
b	Retired or separated participants receiving benefits			6b	
С	Other retired or separated participants entitled to future benefits			6с	
d	Subtotal. Add lines 6a(2), 6b, and 6c.			6d	257
е	Deceased participants whose beneficiaries are receiving or are entitled to rec	ceive benefits.		6e	
f	Total. Add lines 6d and 6e			6f	
g	Number of participants with account balances as of the end of the plan year complete this item)			6g	
h	Number of participants that terminated employment during the plan year with less than 100% vested			6h	
7	Enter the total number of employers obligated to contribute to the plan (only	' '	1 ,		
	If the plan provides pension benefits, enter the applicable pension feature could be plan provides welfare benefits, enter the applicable welfare feature cod 4A 4D 4E	es from the Li	st of Plan Characteristics Code	es in the instructi	
9a	Plan funding arrangement (check all that apply) (1) Insurance	9b Plan be (1)	enefit arrangement (check all the Insurance	nat apply)	
	(2) Code section 412(e)(3) insurance contracts	(2)	Code section 412(e)(3)) insurance contr	acts
	(3) Trust (4) X General assets of the sponsor	(3)	Trust		
10	(4) Seneral assets of the sponsor Check all applicable boxes in 10a and 10b to indicate which schedules are a	(4)	General assets of the s where indicated, enter the num		See instructions)
9	Pension Schedules		al Schedules	`	,
u	(1) R (Retirement Plan Information)	(1)	H (Financial Infor	rmation)	
	(2) MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary	(2) (3) (4)	I (Financial Infor A (Insurance Info C (Service Provid	ormation)	Plan)
	(3) SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary	(5) (6)	D (DFE/Participa G (Financial Tran	_	

Form 550	500 (2015) Page 3	
Part III	Form M-1 Compliance Information (to be completed by welfare benefit plans)	
2520.101-2	provides welfare benefits, was the plan subject to the Form M-1 filing requirements during the plan year? (See instructions and 29 CF -2.)	·R
11b Is the plan	n currently in compliance with the Form M-1 filing requirements? (See instructions and 29 CFR 2520.101-2.)	
enter the R	Receipt Confirmation Code for the 2015 Form M-1 annual report. If the plan was not required to file the 2015 Form M-1 annual report Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)	

Receipt Confirmation Code__

Form 5500

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6047(e), 6057(b), and 6058(a) of the Internal Revenue Code (the Code).

➤ Complete all entries in accordance with the instructions to the Form 5500.

OMB Nos. 1210 - 0110 1210 - 0089

2015

This Form is Open to Public Inspection

Part I	Annual Repo	ort Identification Inf	ormation		
For	calendar plan year 2015	or fiscal plan year begin	ning $01/01/$	2015 and endin	g 12/31/2015
A This	return/report is for:	a multiemployer pl	an;ar	multiple-employer plan (Fi	ilers checking this box must attach a list of
			_ pa	rticipating employer infor	rmation in accordance with the forms instr.); or
_		a single-employer p	olan; 📙 a 🏻	OFE (specify)	_
B This	retum/report is:	the first return/repo	ort; in the	e final return/report;	
_		an amended return		short plan year return/rep	ort (less than 12 months).
_		argained plan, check here	,	••••••	▶∐
D Che	ck box if filing under:	Form 5558;	-	tomatic extension;	the DFVC program;
Part I	Basic Plan Ir	special extension (nformation - enter all re	enter description)		· · · · · · · · · · · · · · · · · · ·
	ne of plan	- enter all the	equested information		1b Three-digit
	•	SELF-FUNDED 1	FFTT DIAN	plan number (PN) 501	
11101	riond, inc.		WELL ARE DER	GLII LIWM	1c Effective date of plan
					01/01/2007
2a Plar	sponsor's name (employ	er, if for a single-employer pl	an)		2b Employer Identification Number (EIN)
		n, apt., suite no. and street, or			20-5129505
		, country, and ZIP or foreign	·	ee instructions)	2c Plan Sponsor's telephone number
AMBI'	TIONS, INC.			,	509-321-0414
					2d Business code (see instructions)
					624310
3019	DUPORTAIL S	ST., #202			
RICH	LAND	WA S	99352		
Caution	A penalty for the late	or incomplete filing of t	his return/report will	he assessed unless rea	sonable cause is established.
	***				panying schedules, statements and attachments, as well
as the elect	ronic version of this return/repo	ort, and to the best of my knowledge	ge and belief, it is true, correct	t, and complete.	parying contrasted, statements and attachments, as well
2121		40	1 22 1		
SIGN HERE			6-11-6	JIM WALSH	
	Signature of plan admi	nistrator	Date	Enter name of individua	l signing as plan administrator
SIGN		1,900	6-22-6		
HERE -	~ <u>~</u> ~	War -	6 62 4	JIM WALSH	
-	Signature of employer	plan sponsor	Date	Enter name of individua	ll signing as employer or plan sponsor
SIGN					
HERE	Signature of DFE	,	Date	Enter name of individua	l cigning on DEE
		name if applicable) and	<u> </u>		
Гісраїс	i s name (including limi	name, if applicable) and	address (include room	or suite number)	Preparer's telephone number
					<u> </u>
					,
For Dane	rwork Paduction Act	Notice and OMP Contra	I Niumbara aga tha ir	setructions for Form 550	00 Earm 5500 (2015)

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08250512 759203 132851

v. 150123

	1 5500 (2015)			Pa	ge 2			
3a	Plan administrator's name and address X Same as Plan Sponsor 3b Administra					rator's	ator's EIN	
					3c Administ	rator's	telephone number	
4	If the name and/or EIN of the plan sponsor has changed since the last EIN and the plan number from the last return/report:	return/report	t file	d for this plar	n, enter the nar	me,	4b EIN	
а	Sponsor's name						4c PN	
5	Total number of participants at the beginning of the plan year					5	337	
6	Number of participants as of the end of the plan year unless otherwise	stated (welfa	are i	olans comple	te only lines		, ,	
	6a(1), 6a(2), 6b, 6c, and 6d).				,	,		
a	(1) Total number of active participants at the beginning of the plan yea	r				6a(1)	337	
	(2) Total number of active participants at the end of the plan year					6a(2)	257	
b	Retired or separated participants receiving benefits					6b		
	Other retired or separated participants entitled to future benefits					6c		
d	Subtotal. Add lines 6a(2), 6b, and 6c	•••••				6d	257	
	Deceased participants whose beneficiaries are receiving or are entitled			***********		6e		
T ~	Total. Add lines 6d and 6e					6f		
y	Number of participants with account balances as of the end of the pla				•			
_	complete this item)					6g	·	
h			Jea :	oeneiiis inat	were iess tnan			
h	4000/4					i	1	
	100% vested			<u></u>		6h		
h 7	100% vested Enter the total number of employers obligated to contribute to the plar	(only multier	mpk	yer plans		i		
7	100% vested	(only multier	mpk	oyer plans		6h 7	les in the instructions:	
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7 8a b 4A	100% vested Enter the total number of employers obligated to contribute to the plar complete this item) If the plan provides pension benefits, enter the applicable pension feature of the plan provides welfare benefits, enter the applicable welfare feature.	ure codes from	mplo om t	he List of Pla	n Characteristi	7 cs Codes	s in the instructions:	
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