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

Р	art I Annual Repo	rt Identification Information									
For	calendar plan year 2015 o	fiscal plan year beginning 01/01/20	and ending 12	2/31/2015							
A	X a single-employer plan This return/report is for: 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 foreign plan										
В-	This return/report is	the first return/report an amended return/report	the final return/report a short plan year return/report (less than 12 months)								
	Check box if filing under: Form 5558 automatic extension pspecial extension (enter description)										
		formation—enter all requested info	ormation		1						
	Name of plan AK GROUP RETIREMENT	Γ PLAN		1b Three-digit plan number (PN) ▶	. 001						
				1c Effective dat	e of plan 1/01/2010						
2a	Mailing address (include re	oloyer, if for a single-employer plan) com, apt., suite no. and street, or P.O.			entification Number 7-0114689						
HE.	AK GROUP, LLC	I code (if foreign, see instructions)	2c Sponsor's telephone number 206-290-7392								
4.00	ONE CORR PL CUITE OF	•		2d Business code (see instructions)							
BELL	0 N.E. 33RD PL., SUITE 32 EVUE, WA 98004		541990								
3a	Plan administrator's name	and address XSame as Plan Sponso	or.	3b Administrator's EIN							
		3c Administrator's telephone number									
4		the plan sponsor has changed since the plan sponsor has changed since the last return/report.	ne last return/report filed for this plan, enter the	4b EIN							
а	Sponsor's name			4c PN							
5a	Total number of participar	its at the beginning of the plan year		5a	37						
b	Total number of participar		. 5b 32								
С	Number of participants wi complete this item)	th account balances as of the end of th	ne plan year (defined benefit plans do not	5c							
d(1) Total number of active participants at the beginning of the plan year				5d(1) 26							
d(2) Total number of active participants at the end of the plan year				5d(2) 26							
	than 100% vested			5e	0						
			report will be assessed unless reasonable cau								
			ions, I declare that I have examined this return/reps well as the electronic version of this return/report								

belief, it is true, correct, and complete SIGN Filed with authorized/valid electronic signature. 06/28/2016 **BRETT CLIFTON HERE** Signature of plan administrator Date Enter name of individual signing as plan administrator **SIGN HERE** Date Enter name of individual signing as employer or plan sponsor Signature of employer/plan sponsor Preparer's name (including firm name, if applicable) and address (include room or suite number) Preparer's telephone number

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

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 Were all of the plan's assets during the plan year invested in eliging. 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 can 	f an independ and condition	dent qualified public a	ccount	ant (IQ	PA)			X Yes X Yes	No No
c If the plan is a defined benefit plan, is it covered under the PBGC i	insurance pr	ogram (see ERISA se	ection 4	021)? .		Yes	No	Not determ	nined
Part III Financial Information									
7 Plan Assets and Liabilities		(a) Beginning	of Ye	ar			(b) End		
a Total plan assets	7a		838	094				96618	16
b Total plan liabilities			020	094				96618	0.0
Net plan assets (subtract line 7b from line 7a) Income. Expenses, and Transfers for this Plan Year	7с	(a) A		0094			(b) T		O
8 Income, Expenses, and Transfers for this Plan Year a Contributions received or receivable from:		(a) Amou	ınt				(b) T	otai	
(1) Employers	8a(1)		34	461					
(2) Participants	8a(2)		147	378					
(3) Others (including rollovers)	 			20					
b Other income (loss)			-3	590					
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							17826	i9
d Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		50	177					
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							5017	' 7
i Net income (loss) (subtract line 8h from line 8c)	8i							12809)2
j Transfers to (from) the plan (see instructions)	·· 8j								
Part IV Plan Characteristics									
9a If the plan provides pension benefits, enter the applicable pension 2G 2J 2K 2T 3D	n feature cod	des from the List of Pl	an Cha	racteris	stic Co	des in th	e instruc	tions:	
B If the plan provides welfare benefits, enter the applicable welfare	feature code	es from the List of Pla	n Chara	acterist	ic Coc	les in the	instructi	ons:	
Part V Compliance Questions									
10 During the plan year:				Yes	No	N/A		Amount	
Was there a failure to transmit to the plan any participant contrib described in 29 CFR 2510.3-102? (See instructions and DOL's Program)	Voluntary Fig	duciary Correction	10a		X				
b Were there any nonexempt transactions with any party-in-interes reported on line 10a.)			10b		X				
C Was the plan covered by a fidelity bond?			10c	Х					100000
d Did the plan have a loss, whether or not reimbursed by the plan's			100						100000
by fraud or dishonesty?			10d		X				
Were any fees or commissions paid to any brokers, agents, or of carrier, insurance service, or other organization that provides sof the plan? (See instructions.)	me or all of the	he benefits under	10e		X				
f Has the plan failed to provide any benefit when due under the plan			10f		Χ				
g Did the plan have any participant loans? (If "Yes," enter amount					X				
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 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						<u> </u>			
11 Is this a defined benefit plan subject to minimum funding requirer 5500) and line 11a below)								Yes	☐ 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 EF	RISA?	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	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		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 Trust's EIN				
14c Name of trustee or custodian					14d Trustee's or custodian's			
140 Name of trustee of edistedian					telephone number			
Par	t IX	IRS Compliance Questions						
15a	Is the	plan a 401(k) plan?		Ye	S	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)?					Design- based safe ADP/ACP harbor test method			
15c	5c 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))?				Yes No			
16a	16a Check the box to indicate the method used by the plan to satisfy the coverage requirements under section 410(b):				Ratio Average benefit te			
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	s	No		
17a	Has the	e plan been timely amended for all required tax law changes?		Ye	S	No	N/A	
17b Date the last plan amendment/restatement for the required tax law changes was adopted// Enter the applicable code (See instructions for tax law changes and codes).							tructions	
17c	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 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 Income Security Act of 1974 (ERISA), and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

1210-0089

OMB Nos. 1210-0110

2015

This Form is Open to **Public Inspection**

Pension Benefit Guaranty Corporation	► Complete all entries In	accordance with t	he instructions to the Form	6600-SF.	Public Inspection				
Ranta Annual Report	: Identification Information	n			·				
For calendar plan year 2015 or 18	scal plan year beginning 01/01/20		and ending 12						
A This return/report is for:	X a single-employer plan	a multiple-emp	oloyer plan (not multiemployer	r) (Filers cher	cking this box must attach a				
A The fourth open a for.	a one-participant plan	list of participa a foreign plan	ating employer information in a	accordance w	ith the form instructions)				
B This return/report is	the first return/report	the final return/i	•						
Oh oh have the same and an	an amended return/report	a short plan yea	ar return/report (less than 12 r	months)					
C Check box if filing under:	Form 5558	automatic exter	Asion	[] [DFVC program				
	special extension (enter description)								
Part II Basic Plan Info	rmation—enter all requested in	formation							
1a Name of plan THE AK GROUP RETIREMENT PI	LAN				number 001				
					tive date of plan				
2a Plan sponsor's name (employ	er, if for a single-employer plan)			-	oyer Identification Number				
City or town, state or province	n, apt., suite no. and street, or P.O e, country, and ZIP or foreign posts). Box)	ac instructions)		27-0114689				
THE AK GROUP, LLC	, gamma), m.m.m	Il code (il torolgi., 22	3 Itisu ucuona)		sor's telephone number (206) 290-7392				
11000 N.E. 33RD PL., SUITE 320				2d Busine 541990	ess code (see instructions) 30				
BELLEVUE, WA 98004									
3a Plan administrator's name and	address X Same as Plan Spons	÷or.		3h Admir	3b Administrator's EIN				
				L	nistrator's telephone number				
name, EIN, and the plan numi	plan sponsor has changed since the form the last return/report.	he last return/report	filed for this plan, enter the	4b EIN					
a Sponsor's name		·····		4c PN	<u></u>				
5a Total number of participants a					37				
b Total number of participants at	t the end of the plan year		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	5b	32				
 C Number of participants with ac 	count balances as of the end of the	he plan vear (defined	d benefit plans do not	5c	13				
	cipants at the beginning of the plan			5d(1)	26				
	cipants at the end of the plan year			5d(1)					
e Number of participants that te	erminated employment during the p	plan year with accrue	ed benefits that were less						
than 100% vested				5e	0				
Ouger benefites of beilfith sug office	er denames set tom in the instructi	ions. I declare that I i	have examined this return/ren	nort including	if applicable a Cabadala				
SB or Schedule MB completed and belief, it is true, correct, and comple	signed by an enforced actuary, as	well as the electroni	c version of this return/report	, and to the b	est of my knowledge and				
5		1 177/7	016 Brett Clifton		······································				
Signature of plan adm									
Signature of heart series	IIRISTRATOF	Date	Enter name of individu	ıal signing as	plan administrator				
HERE Signature of employe									
Preparer's name (including firm name	ne if applicable) and address (inc.	Date Date number of suite numb	Enter name of individu	ral signing as	employer or plan sponsor				
	er in approximation and coe from	ade room or suite m	moer y	Preparer s tel	elephone number				

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6a b	Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.) Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.) If you answered "No" to either line 6a or line 6b, the plan cannot use Form 5500-SF and must instead use Form 550						•••••				
C	If the plan is a defined benefit plan, is it covered under the PBGC in							∏No ☐	Not dete	ermined	
Pa	rt III Financial Information										
7	Plan Assets and Liabilities		(a) Beginnin	g of Ye	ar			(b) End	of Year		
	Total plan assets	. 7a		8380	94	\perp	-		96618	86	
	Total plan liabilities	. 7b									
	Net plan assets (subtract line 7b from line 7a)	. 7c		8380	94	+	966186				
8	Income, Expenses, and Transfers for this Plan Year	 	(a) Amo	unt		_		(b) 7	Total		
a	Contributions received or receivable from: (1) Employers	. 8a(1)		344	61						
	(2) Participants			1473	78	1		***********	***************************************		
	(3) Others (including rollovers)				20		nistratifations			·····	
b	Other income (loss)	. 8b		-35	90	\top			***************************************	*****************	
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c			٠.				17826	9	
-	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		501	77			***************************************		· for the same operations	
	Certain deemed and/or corrective distributions (see instructions)	8e				_					
	Administrative service providers (salaries, fees, commissions)	8f							·		
	Other expenses		ļ			+					
	Total expenses (add lines 8d, 8e, 8f, and 8g) Net income (loss) (subtract line 8h from line 8c)	1				+			5017 12809		
÷	Transfers to (from) the plan (see instructions)					+		·	12008		
Par	t IV Plan Characteristics	<u>8j</u>	L		~						
	9a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:										
В	2G 2J 2K 2T 3D If the plan provides welfare benefits, enter the applicable welfare for	eature cod	les from the List of Pla	n Char	acterist	tic Cod	les in th	ne instruct	ions:		
Pari	Compliance Questions		***************************************								
10	During the plan year:				Yes	No	N/A	1	Amount	:	
а	Was there a failure to transmit to the plan any participant contribu described in 29 CFR 2510.3-102? (See instructions and DOL's V Program)	oluntary F	iduciary Correction	10a		х					
b	Were there any nonexempt transactions with any party-in-interest	? (Do not	include transactions			х					
	reported on line 10a.)			10b		_				100000	
d	Did the plan have a loss, whether or not reimbursed by the plan's	fidelity box	nd, that was caused	10c	X	х				100000	
	by fraud or dishonesty?		The same of the sa	10d	\vdash						
	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	the benefits under	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 as of year end.) 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 the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3								***************************************		
j	Did the plan trust incur unrelated business taxable income?			10i					tina antikihan isaa antik		
Part	VI Pension Funding Compliance									***************************************	
11	Is this a defined benefit plan subject to minimum funding requireme 5500) and line 11a below)	ents? (If "\	es," see instructions a	and con	nplete S	Sched	ule SB	(Form	Yes	∏ No	
11a	Enter the unpaid minimum required contribution for all years from S						11a				
12	Is this a defined contribution plan subject to the minimum funding	requireme	nts of section 412 of th	ne Code	or sec	ction 3	02 of E	RISA?	Yes	X No	

	Form 5500-SF 2015 Page 3 - 1								
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)								
ā	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								
Charles Company	D Enter the minimum required contribution for this plan year		12b		7.1				
			12c						
	Enter the amount contributed by the employer to the plan for this plan year		120						
	negative amount)		12d	<u> </u>					
THE RESIDENCE	Will the minimum funding amount reported on line 12d be met by the funding deadline?			Yes	No	N/A			
Pari									
138	Has a resolution to terminate the plan been adopted in any plan year?			Ye	s X No				
	If "Yes," enter the amount of any plan assets that reverted to the employer this year								
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought the PBGC?				Yes X	No			
	If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identi which 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)			
				1					
72,560		L							
the State of Lat.	Trust Information								
14a	Name of trust		14b T	rust's Ell	N .				
14c Name of trustee or custodian					4d Trustee's or custodian's telephone number				
		teleprione number							
Pai	IRS Compliance Questions								
15a	I is the plan a 401(k) plan?		Yes	 3	No				
				sign-					
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)?				based safe ADP/					
150	If the ADP/ACP test is used, did the 401(k) plan perform ADP/ACP testing for the plan year using the "cu	urrent year	Yes		No				
	testing method" for nonhighly compensated employees (Treas. Reg sections 1.401(k)-2(a)(2)(ii) and 1.42(a)(2)(ii))?	01(m)-] .			1			
16a	Check the box to indicate the method used by the plan to satisfy the coverage requirements under section		Ra per tes	rcentage	ge Average benefit test				
16b	Does the plan satisfy the coverage and nondiscrimination tests of sections 410(b) and 401(a)(4) by com this plan with any other plans under the permissive aggregation rules?	bining	Yes		No				
17a	Has the plan been timely amended for all required tax law changes?		Yes		∏No	□ N/A			
17b	Date the last plan amendment/restatement for the required tax law changes was adopted for tax law changes and codes).	Enter the ap	pplicable	e code	(See in	structions			
17c	If the plan sponsor is an adopter of a pre-approved master and prototype (M&P) or volume submitter pla advisory letter, enter the date of that favorable letter and the letter's serial relationships.		t to a fav	orable in	S opinion	or			
17d	If the plan is an individually-designed plan and received a favorable determination letter from the IRS, endetermination letter		the plan	's last fav	orable				
18	Is the Plan maintained in a U.S. territory (i.e., Puerto Rico (if no election under ERISA section 1022(i)(2) made), American Samoa, Guam, the Commonwealth of the Northern Mariana Islands or the U.S. Virgin		Yes		No				
19	Were in-service distributions made during the plan year?		Yes		ΠNo				
	If "Yes," enter amount					***************************************			
20	Were required minimum distributions made to 5% owners who have attained age 70 ½ (regardless of who	ether or not	19		П	П			
	retired), as required under section 401(a)(9)?		∐ Yes		No	N/A			