Form 5500-SF	Short Form Annual Return/Report of Small Employee OMB Nos.						
Department of the Treasury Internal Revenue Service	This form is required to be filed		4065 of the Employee Re	etirement		2015	
Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Income Security Act of 1974 (ERISA), and sections 60 Revenue Code (the Cod	57(b) and 6058(a) of the I e).	Internal		orm is Open to lic Inspection	
	Complete all entries in a Identification Information	ccordance with the ins	tructions to the Form 55	00-SF.			
For calendar plan year 2015 or fi)15	and ending 12	/31/2015			
A This return/report is for:	X a single-employer plan		plan (not multiemployer) (mployer information in acc		-		
B This return/report is	the first return/report	the final return/report	rn/report (less than 12 mc	onths)			
C Check box if filing under:	Form 5558	automatic extension			DFVC prog	ram	
Part II Basic Plan Info	prmation —enter all requested info						
1a Name of plan KOMPAN, INC. 401(K) PLAN		ninauon	-	(Pl	ee-digit n number N) ▶ ective date o	002 f plan	
2a Plan sponsor's name (emplo	oyer, if for a single-employer plan)				03/0	1/1995 fication Number	
Mailing address (include roo City or town, state or provinc	m, apt., suite no. and street, or P.O. ce, country, and ZIP or foreign posta		tructions)	(Ell	N) 91-0	819688 hone number	
KOMPAN, INC.			-		800-42	26-9788	
930 BROADWAY TACOMA, WA 98402				20 Bus	siness code (3399	see instructions)	
3a Plan administrator's name a	nd address XSame as Plan Sponso	or.		3b Adr	ninistrator's I	EIN	
4 If the name and/or EIN of th	e plan sponsor has changed since th	an last roturn/roport filed	for this plan, onter the	3c Adr		elephone number	
	mber from the last return/report.	le last return/report liled	for this plan, enter the	40 EIN 40 PN			
	at the beginning of the plan year			5a		59	
	at the end of the plan year		F	5b		83	
C Number of participants with	account balances as of the end of the	ne plan year (defined ber	nefit plans do not	5c		42	
d(1) Total number of active pa	rticipants at the beginning of the pla	n year		5d(1)		67	
d(2) Total number of active pa	articipants at the end of the plan year	r		5d(2)		66	
	terminated employment during the			5e		1	
Under penalties of perjury and of	or incomplete filing of this return/ ther penalties set forth in the instruct nd signed by an enrolled actuary, as plate	ions, I declare that I have	e examined this return/rep	ort, inclu	ding, if applic		
SIGN Filed with authorized	/valid electronic signature.	06/29/2016	SOREN ANDERSEN				
HERE Signature of plan a	administrator	Date	Enter name of individu	ial signing	g as plan adr	ninistrator	
SIGN HERE		Dette					
Preparer's name (including firm r	oyer/plan sponsor name, if applicable) and address (inc	Date Clude room or suite numb	Enter name of individuer)		as employe 's telephone		
For Paperwork Reduction Act Noti	ce and OMB Control Numbers, see the	instructions for Form 550)-SF.			Form 5500-SF (2015)	

	Form 5500-SF 2015		Page Z							
6a Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.) X Yes b Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) X Yes under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.) Yes Yes If you answered "No" to either line 6a or line 6b, the plan cannot use Form 5500-SF and must instead use Form 5500. Yes										
C If	the plan is a defined benefit plan, is it covered under the PBGC ir	nsurance p	orogram (see ERISA se	ection 40	021)? .		Yes	No No	ot determined	
Part	III Financial Information									
7 P	lan Assets and Liabilities		(a) Beginning	a of Yea	ar			(b) End of Y	(ear	
a To	otal plan assets	. 7a		1199					1371471	
b T	otal plan liabilities	7b								
	et plan assets (subtract line 7b from line 7a)	7c		1199	065				1371471	
	come, Expenses, and Transfers for this Plan Year	(a) Amou	Int				(b) Tota			
-	ontributions received or receivable from:		(4) /					(2) 100	-	
(1) Employers	8a(1)		28	508	_				
(2	Participants	8a(2)		132	569					
(3	Others (including rollovers)	8a(3)		235	771					
b 0	ther income (loss)	8b		-29	007					
C T	otal income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							367841	
	enefits paid (including direct rollovers and insurance premiums	6		191	484					
	provide benefits) ertain deemed and/or corrective distributions (see instructions)	8d		-	117	_				
		8e			117					
	dministrative service providers (salaries, fees, commissions)	8f		2834						
	ther expenses	8g		2034				195435		
	otal expenses (add lines 8d, 8e, 8f, and 8g)					_				
	et income (loss) (subtract line 8h from line 8c)	8i				_			172406	
-	ransfers to (from) the plan (see instructions)	8j								
Part										
9a II	f the plan provides pension benefits, enter the applicable pension 2E 2F 2G 2J 2K 2T 3D	feature co	odes from the List of Pla	an Chai	acteris	stic Co	odes in t	the instruction	IS:	
B	f the plan provides welfare benefits, enter the applicable welfare f	eature coo	les from the List of Pla	n Chara	cterist	ic Coo	les in th	e instructions	:	
Part V	V Compliance Questions									
10	During the plan year:				Yes	No	N/A	An	nount	
а	Was there a failure to transmit to the plan any participant contribu	itions withi	n the time period							
	described in 29 CFR 2510.3-102? (See instructions and DOL's V			40-		х				
b	Program) Were there any nonexempt transactions with any party-in-interest			10a		~				
	reported on line 10a.)			10b		х				
С	Was the plan covered by a fidelity bond?			10c	Х				100000	
	Did the plan have a loss, whether or not reimbursed by the plan's					Х				
	by fraud or dishonesty?			10d		~				
	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.)				X				3221	
f	Has the plan failed to provide any benefit when due under the pla	ın?		10f		Х				
g	Did the plan have any participant loans? (If "Yes," enter amount a	s of year e	end.)	10g	Х				40680	
	If this is an individual account plan, was there a blackout period? 2520.101-3.)			10h		х				
	If 10h was answered "Yes," check the box if you either provided to exceptions to providing the notice applied under 29 CFR 2520.10	•		10i						

Part	VI Pension Funding Compliance							
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions ar 5500) and line 11a below)		plete	Sched	ule SB	(Form	Yes	No
11a	Enter the unpaid minimum required contribution for all years from Schedule SB (Form 5500) line 40.				11a			
12	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the	e Code	e or se	ction 3	802 of E	RISA?	Yes	× No

10j

j Did the plan trust incur unrelated business taxable income?

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Page **3 -** 1

					1					
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)									
a	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	you c	ompleted 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		12b						
-		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	Part VII Plan Terminations and Transfers of Assets									
13a	Has	a resolution to terminate the plan been adopted in any plan year?			Ye	es X No				
If "Yes," enter the amount of any plan assets that reverted to the employer this year										
h		e all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brou		13a						
	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 h 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	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?		Ye	es	No				
15b		es," how does the 401(k) plan satisfy the nondiscrimination requirements for employee deferrals an hing contributions (as applicable) under sections 401(k)(3) and 401(m)(2)?		b h	esign- ased safe arbor nethod	e ADF test	P/ACP			
15c	testir	ADP/ACP test is used, did the 401(k) plan perform ADP/ACP testing for the plan year using the "c ng method" for nonhighly compensated employees (Treas. Reg sections 1.401(k)-2(a)(2)(ii) and 1.4 2)(ii))?		Y	es	No				
16a	Chec	k the box to indicate the method used by the plan to satisfy the coverage requirements under sect	ion 410(b):	Цр	atio ercentag est		erage nefit test			
16b		the plan satisfy the coverage and nondiscrimination tests of sections 410(b) and 401(a)(4) by con lan with any other plans under the permissive aggregation rules?	0	Ye	es	No				
17a	Has	he plan been timely amended for all required tax law changes?		Ye	es	No	N/A			
	for ta	the last plan amendment/restatement for the required tax law changes was adopted///x law changes and codes).	•				tructions			
17c		plan sponsor is an adopter of a pre-approved master and prototype (M&P) or volume submitter placer letter, enter the date of that favorable letter/ and the letter's serial r		t to a f	avorable 	IRS opinion	or			
17d		plan is an individually-designed plan and received a favorable determination letter from the IRS, e mination letter/	nter the date of	the pla	in's last fa	avorable				
18		e Plan maintained in a U.S. territory (i.e., Puerto Rico (if no election under ERISA section 1022(i)(2 e), American Samoa, Guam, the Commonwealth of the Northern Mariana Islands or the U.S. Virgir		Ye	S	No				
19	Were	in-service distributions made during the plan year?		Ye	es	No				
	lf "Y€	es," enter amount		19						
20	Were	required minimum distributions made to 5% owners who have attained age 70 ½ (regardless of w d), as required under section 401(a)(9)?		Y	es	No	N/A			

	n 5500-SF	Short Form Anni	ual Return/Re Benefit P	port of Small Empl	oyee		OMB Nos. 1210-011 1210-008		
	ant of the Treasury Revenue Service		ed under sections 10	4 and 4065 of the Employee R	the Internal This Form is Open t				
	tment of Labor fits Security Administration		4 (ERISA), and section Revenue Code (the	ns 6057(b) and 6058(a) of the					
	it Guaranty Corporation	—	•	,			lic Inspection		
				e instructions to the Form 5	<u>500-SF.</u>				
		t Identification Information		and ending 12/3	21/2015				
	lan your zoro or n	X a single-employer plan	-	oyer plan (not multiemployer)		ring this h	ox must attach a		
A This return	/report is for:	a one-participant plan	list of participation of a foreign plan	ting employer information in ac	ccordance wit	the form	n instructions)		
		the first return/report	the final return/r						
B This return/	report is	an amended return/report	H	r return/report (less than 12 m	onthe)				
-									
C Check box	if filing under:	Form 5558	automatic exter	nsion	D	FVC prog	ram		
		special extension (enter desc	ription)						
Part II E	Basic Plan Info	ormation—enter all requested in	formation						
a Name of p	lan	• • • • • • • • • • • • • • • • •			1b Three	-digit			
OMPAN, INC.	401(k) PLAN					umber	002		
					(PN)				
					1c Effecti 03/01/		f plan		
Mailing ad	dress (include roor	yer, if for a single-employer plan) m, apt., suite no. and street, or P.C				yer Identii 91-081968	fication Number		
City or tow DMPAN, INC.	n, state or provinc	e, country, and ZIP or foreign post	ial code (if foreign, se	e instructions)	2c Spons		hone number 426-9788		
					2d Busine		see instructions)		
0 BROADWA	Y				339900	•	· · · · · · · · · · · · · · · · · · ·		
ACOMA, WA 9	8402								
3a Plan admir	nistrator's name an	nd address XSame as Plan Spons	sor.		3b Admini	strator's E	EIN		
3a Plan admin	nistrator's name an	nd address XSame as Plan Spons	80 <i>г.</i>						
3a Plan admin	nistrator's name an	nd address X Same as Plan Spons	80r.				EIN elephone number		
3a Plan admir	nistrator's name an	nd address XSame as Plan Spons	Sor.						
3a Plan admir	nistrator's name an	nd address XSame as Plan Spons	sor.						
				filed for this plan enter the	3c Admini				
If the name	e and/or EIN of the	nd address Same as Plan Spons		filed for this plan, enter the					
If the name	e and/or EIN of the N, and the plan nun	plan sponsor has changed since		filed for this plan, enter the	3c Admini				
If the name name, EIN a Sponsor's	e and/or EIN of the N, and the plan nun name	plan sponsor has changed since nber from the last return/report.	the last return/report		3c Admini 4b EIN				
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If the name, EIN a Sponsor's a Total numi b Total numi c Number of complete f d(1) Total nu d(2) Total nu d(3) Tot	e and/or EIN of the and the plan nun name ber of participants is ber of participants is f participants with a this item)	a plan sponsor has changed since nber from the last return/report. at the beginning of the plan year at the end of the plan year account balances as of the end of the ticipants at the beginning of the plan ticipants at the end of the plan year terminated employment during the pr incomplete filing of this return her penalties set forth in the instruct d signed by an enrolled actuary, a lete.	the last return/report the plan year (defined an year plan year with accrue vreport will be asse tions, I declare that I is well as the electron J b//lb - 2 Date Date	d benefit plans do not ed benefits that were less ssed unless reasonable caus have examined this return/rep ic version of this return/report, ?c/l X SUREN Enter name of individu	3c Admini 4b EIN 4c PN 5a 5b 5c 5d(1) 5d(2) 5e se is establise ort, including and to the best of the	strator's t shed. , if applica est of my \mathcal{FNSE} plan adm employer lephone r	elephone number 59 83 42 67 66 1 able, a Schedule knowledge and <i>M</i> inistrator		

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6a Were all of the plan's assets during the plan year invested in eligit	le assets? (Se	ee instructions.)						
b Are you claiming a waiver of the annual examination and report of	Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQI 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 cann							X Yes 1	
c If the plan is a defined benefit plan, is it covered under the PBGC ir							No Not determined	
Part III Financial Information						.4 L_	J LJ	
7 Plan Assets and Liabilities		(a) Beginnin	g of Ye	ar	T		(b) End of Year	
a Total plan assets	7a	<u>_</u>	11990				1371471	
b Total plan liabilities	7b							
C Net plan assets (subtract line 7b from line 7a)	7c		11990	65			1371471	
8 Income, Expenses, and Transfers for this Plan Year		(a) Amo	unt			(b) Total		
a Contributions received or receivable from:								
(1) Employers	8a(1)		285	_				
(2) Participants	8a(2)		1325					
(3) Others (including rollovers)	8a(3)		2357	_				
b Other income (loss)	8b		-290		_	1996		
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c	국내는 전 모델.	Y ALE LEY		1.		367841	
d Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		19148	34				
e Certain deemed and/or corrective distributions (see instructions)	80		11	17				
f Administrative service providers (salaries, fees, commissions)	8f							
g Other expenses	8g		283	34	93			
h Total expenses (add lines 8d, 8e, 8f, and 8g)	8h			245		195435		
i Net income (loss) (subtract line 8h from line 8c)	8i					172406		
Transfers to (from) the plan (see instructions)	8j					-		
Part IV Plan Characteristics	<u> </u>							
B If the plan provides welfare benefits, enter the applicable welfare fe	eature codes f	rom the List of Pla	n Chara	acterist	ic Cod	les in the	instructions:	
0 During the plan year:				Yes	No	N/A	A	
a Was there a failure to transmit to the plan any participant contribut	ione within the	time period		165	NU	IVA	Amount	
described in 29 CFR 2510.3-102? (See instructions and DOL's V Program)	oluntary Fiduo	iary Correction	10a		x			
b Were there any nonexempt transactions with any party-in-interest? reported on line 10a.)	`		10b		х			
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 by fraud or dishonesty?			10d		x			
e Were any fees or commissions paid to any brokers, agents, or othe carrier, insurance service, or other organization that provides some the plane (See instructions).	e or all of the l	benefits under	10e	х			3221	
the plan? (See instructions.)					х			
the plan? (See instructions.) f Has the plan failed to provide any benefit when due under the plan			10f			4		
f Has the plan failed to provide any benefit when due under the plan			10f	х			40680	
	of year end.) See instruction	ns and 29 CFR	10f 10g 10h	x	x		40680	
 f Has the plan failed to provide any benefit when due under the plan g Did the plan have any participant loans? (If "Yes," enter amount as h If this is an individual account plan, was there a blackout period? (State 1) 	s of year end.) See instruction e required not	ns and 29 CFR ice or one of the	10g	x	x		40680	
 f Has the plan failed to provide any benefit when due under the plan g Did the plan have any participant loans? (If "Yes," enter amount as h If this is an individual account plan, was there a blackout period? (2520.101-3.) i If 10h was answered "Yes," check the box if you either provided the 	of year end.) See instruction e required not -3	ns and 29 CFR ice or one of the	10g 10h	x	x		40680	
 f Has the plan failed to provide any benefit when due under the plan g Did the plan have any participant loans? (If "Yes," enter amount as h If this is an individual account plan, was there a blackout period? (2520.101-3.) 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 	s of year end.) See instruction e required not -3	ns and 29 CFR ice or one of the	10g 10h 10i	x	x		4068(

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

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

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_	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)						
	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see in granting the waiver.	Month	enter Da		of the letter r Year	uling	
<u> </u>	f you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line	13.					
	D Enter the minimum required contribution for this plan year		12	b			
	Enter the amount contributed by the employer to the plan for this plan year		12	c			
	Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the negative amount)		12	1			
e	Will the minimum funding amount reported on line 12d be met by the funding deadline?			Yes	No	N/A	
Par	VII Plan Terminations and Transfers of Assets			-			
13a	a Has a resolution to terminate the plan been adopted in any plan year?			·	Yes 🛛 No		
	If "Yes," 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 brou of the PBGC?		ontrol		🗌 Yes 🕅	No	
c	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)				
	13c(1) Name of plan(s):	13c(2)	EIN(s	5)	13c(3)	PN(s)	
Par	Trust Information						
	Name of trust		14t	Trust's	EIN		
140	Name of trustee or custodian		140		e's or custod one number	ian's	
Par	t IX IRS Compliance Questions						
15a	Is the plan a 401(k) plan?		٦	/es	No		
15b	If "Yes," how does the 401(k) plan satisfy the nondiscrimination requirements for employee deferrals and matching contributions (as applicable) under sections 401(k)(3) and 401(m)(2)?			Design- based sa harbor method	fe ADI tes		
15c	If the ADP/ACP test is used, did the 401(k) plan perform ADP/ACP testing for the plan year using the "cr testing method" for nonhighly compensated employees (Treas. Reg sections 1.401(k)-2(a)(2)(ii) and 1.4 2(a)(2)(ii))?		י []	/es	[] No	Νο	
16a	Check the box to indicate the method used by the plan to satisfy the coverage requirements under section	on 410(b):	Ц	Ratio percenta test		erage nefit 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?		ים	′es	No		
17a	Has the plan been timely amended for all required tax law changes?		י []	'es	□ No	🗌 N/A	
17b	Date the last plan amendment/restatement for the required tax law changes was adopted	Enter the a	pplica	ble code	(See in	structions	
	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	number		<u> </u>		or	
	If the plan is an individually-designed plan and received a favorable determination letter from the IRS, endetermination letter	nter the date of	the pl	an's last	favorable		
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		[]Y	es	No		
19	Were in-service distributions made during the plan year?		۲ 🗌	′es	□ No		
	If "Yes," enter amount		19				
20	Were required minimum distributions made to 5% owners who have attained age 70 ½ (regardless of wr retired), as required under section 401(a)(9)?	nether or not	۲ <u> </u>	′es	No	N/A	

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