## Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation

**HERE** 

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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

2015

OMB Nos. 1210-0110

This Form is Open to Public Inspection

Part	i Annuai Report	identification information									
For ca	endar plan year 2015 or f	iscal plan year beginning 01/01/	2015		and ending 12	2/31/20	15				
<b>A</b> Thi	s return/report is for:	x a single-employer plan			not multiemployer) er information in ac		_				
		a one-participant plan	a foreign plan	,							
<b>B</b> This return/report is ☐ the first return/report ☐ the final return/report											
		an amended return/report	a short plan year r	eturn/rep	ort (less than 12 m	onths)					
<b>C</b> Ch	eck box if filing under:	Form 5558	automatic extension DFVC program								
p-		special extension (enter desc	1 /								
Part	II Basic Plan Info	ormation—enter all requested in	formation								
<b>1a</b> Na	ame of plan						Three-digit				
KINGS	TON/QUILCENE HENER	HARDWARE RETIREMENT PLA	.N				plan number	004			
						1	(PN) <b>&gt;</b>	001			
						1C	Effective date o	f plan 1/2005			
		oyer, if for a single-employer plan)	) Box)			<b>2b</b> Employer Identification Number (EIN) 72-1551310					
Mailing address (include room, apt., suite no. and street, or P.O. Box)  City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)						(EIN) 72-1551310  2c Sponsor's telephone number					
KINGST	ON HENERY HARDWAR	E, INC.				20		85-5900			
						2d	Business code	(see instructions)			
218 SIM PORT T	S WAY OWNSEND, WA 98368						444	130			
							444	130			
<b>3a</b> PI	an administrator's name a	nd address XSame as Plan Spon	sor.			3b /	Administrator's	EIN			
						3c /	Administrator's	telephone number			
		e plan sponsor has changed since	the last return/report file	ed for thi	s plan, enter the	4b	EIN				
	ame, EIN, and the plan nu oonsor's name	mber from the last return/report.				4c	PN				
		s at the beginning of the plan year.				_	1	25			
		s at the end of the plan year					)	21			
<b>C</b> N	umber of participants with	account balances as of the end of	the plan year (defined I	oenefit pl	ans do not	50	;	21			
	• /	articipants at the beginning of the p				5d(	1)	21			
		articipants at the end of the plan ye	•			5d(		18			
e N	lumber of participants that	terminated employment during the	e plan year with accrued	d benefits	s that were less	5e		0			
		or incomplete filing of this retur				use is e	established.				
Under	penalties of perjury and o	ther penalties set forth in the instru and signed by an enrolled actuary,	ctions, I declare that I h	ave exar	nined this return/re	port, in	cluding, if applic				
	it is true, correct, and com					•		<b>J</b>			
SIGN	Filed with authorized	/valid electronic signature.	06/29/2016	TA	RA L. HENERY						

Date

Date

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

Signature of plan administrator

Signature of employer/plan sponsor

Enter name of individual signing as plan administrator

Enter name of individual signing as employer or plan sponsor

Preparer's telephone number

Form 5500-SF 2015		Page <b>2</b>						
<ul> <li>Were all of the plan's assets during the plan year invested in eli</li> <li>Are you claiming a waiver of the annual examination and report under 29 CFR 2520.104-46? (See instructions on waiver eligibil If you answered "No" to either line 6a or line 6b, the plan can be a second or line 6b.</li> </ul>	of an independ lity and condition annot use For	dent qualified public a ons.) m 5500-SF and mus	ccount	ant (IQ	PA)  <b>Form</b>	5500.		X Yes No
<b>C</b> If the plan is a defined benefit plan, is it covered under the PBG	C insurance pro	ogram (see ERISA se	ection 4	021)? .		Yes	No	Not determined
Part III Financial Information					_			
7 Plan Assets and Liabilities		(a) Beginning					(b) End c	
a Total plan assets			106	6054				82575
<b>b</b> Total plan liabilities			400	2054				00575
C Net plan assets (subtract line 7b from line 7a)	7c			6054				82575
8 Income, Expenses, and Transfers for this Plan Year  a Contributions received or receivable from:		(a) Amou	ınt				(b) To	otal
(1) Employers	8a(1)		10	0000				
(2) Participants	8a(2)							
(3) Others (including rollovers)	8a(3)							
<b>b</b> Other income (loss)	8b			40				
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)								10040
Benefits paid (including direct rollovers and insurance premiums to provide benefits)			33	8519				
Certain deemed and/or corrective distributions (see instructions)								
f Administrative service providers (salaries, fees, commissions)								
g Other expenses	8g							
h Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							33519
i Net income (loss) (subtract line 8h from line 8c)								-23479
j Transfers to (from) the plan (see instructions)	····· 8j							
Part IV Plan Characteristics  9a If the plan provides pension benefits, enter the applicable pens	ion feature con	les from the List of Pl	an Cha	racteris	stic Co	ides in th	e instruct	ions:
2E 3D	non reature coc	les from the List of Pi	an Cna	racteris	SIIC CC	ues III III	e mstruct	10115.
B If the plan provides welfare benefits, enter the applicable welfar	re feature code	s from the List of Pla	n Chara	acterist	ic Cod	les in the	instruction	ons:
Part V Compliance Questions				I				
10 During the plan year:	ributiono within	the time nevied		Yes	No	N/A		Amount
Was there a failure to transmit to the plan any participant control described in 29 CFR 2510.3-102? (See instructions and DOL Program)	's Voluntary Fig	duciary Correction	10a		X			
<b>b</b> Were there any nonexempt transactions with any party-in-inter			401		·			
reported on line 10a.)			10b		X			
Was the plan covered by a fidelity bond?								50000
<b>d</b> Did the plan have a loss, whether or not reimbursed by the pla by fraud or dishonesty?			10d		X			
Were any fees or commissions paid to any brokers, agents, or carrier, insurance service, or other organization that provides s	other persons	by an insurance ne benefits under			<b>&gt;</b>			
the plan? (See instructions.)			10e		X			
	Has the plan failed to provide any benefit when due under the plan?				Χ			
g Did the plan have any participant loans? (If "Yes," enter amour		,	10g		X			
·	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 provide	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?			10j					
Part VI Pension Funding Compliance			,			<u> </u>		
11 Is this a defined benefit plan subject to minimum funding require 5500) and line 11a below)								Yes X No
11a Enter the unpaid minimum required contribution for all years fro						11a	<u> </u>	
12 Is this a defined contribution plan subject to the minimum fund						302 of EF	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						
		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 of trust 14b Trust's EIN										
14c	Name	of trustee or custodian		14d	14d Trustee's or custodian's					
	rianio	of tubics of suctorial			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)?		ba ha	esign- ased safe arbor ethod	ADF test	P/ACP			
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)-	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).	Enter the ap	plicable	code	(See ins	tructions			
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

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## Short Form Annual Return/Report of Small Employee Benefit Plan

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2015

OMB Nos. 1210-0110 1210-0089

This Form is Open to Public Inspection

For calendar plan year 2015 or fiscal plan year beginning 01/01/2015  A This return/report is for:    a single-employer plan   a multiple-employer plan (list of participating employer information in accordance with the form instructions)   a one-participant plan   a foreign plan   a foreign plan     B This return/report is   the first return/report   the final return/report   a short plan year return/report (less than 12 months)   B This return/report is   the first return/report   a short plan year return/report (less than 12 months)   C C Check box if filing under:   Form 5558   a utomatic extension   DFVC program		Benefit Guaranty Corporation	► Complete all entries in a		tructions to the Form 5	500-SF.	,
A This return/report is for:    a single-employer plan   a multiple-employer plan (not multiemployer) (Filers checking this box must attach list of participating employer information in accordance with the form instructions) a foreign plan   a one-participant plan   a on	Part I	Annual Report	Identification Information				
A This return/report is for:  a one-participant plan  a foreign plan  B This return/report is  the first return/report  an amended return/report  and antipal year return/report (less than 12 months)  DFVC program  DFVC program	For calend	dar plan year 2015 or fis					
an amended return/report  a short plan year return/report (less than 12 months)  C Check box if filing under:	A This re	aturn/report is for:		list of participating e			
special extension (enter description)  Part II Basic Plan Information—enter all requested information  1a Name of plan KINGSTON/QUILCENE HENERY HARDWARE RETIREMENT PLAN  1b Three-digit plan number (PN) by p	<b>B</b> This ret	turn/report is	H .	H		onths)	
1a Name of plan  KINGSTON/QUILCENE HENERY HARDWARE RETIREMENT PLAN  2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)  KINGSTON HENERY HARDWARE, INC.  2b Employer Identification Number (EIN) 72-1551310  2c Sponsor's telephone number (360) 385-5900  2d Business code (see instructions 444130  PORT TOWNSEND. WA 98368  3a Plan administrator's name and address Same as Plan Sponsor.  4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN, and the plan number from the last return/report.  a Sponsor's name  4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN, and the plan number from the last return/report.  a Sponsor's name  5a 25  b Total number of participants at the beginning of the plan year.  5b 21  C Number of participants at the end of the plan year.  5c 21  d(1) Total number of active participants at the beginning of the plan year.  5d(1) 21  6d(2) 18	C Check	box if filing under:	H			DF	VC program
1a Name of plan  KINGSTON/QUILCENE HENERY HARDWARE RETIREMENT PLAN  2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)  KINGSTON HENERY HARDWARE, INC.  2b Employer Identification Number (EIN) 72-1551310  2c Sponsor's telephone number (360) 385-5900  2d Business code (see instructions 444130  4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN, and the plan number from the last return/report.  a Sponsor's name  4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN, and the plan number from the last return/report.  a Sponsor's name  5a 25  b Total number of participants at the beginning of the plan year.  5b 21  C Number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item)  5c 21  d(1) Total number of active participants at the beginning of the plan year.  5d(1) 21  6d(2) 18	Part II	Basic Plan Info	<u> </u>				
2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)  XINGSTON HENERY HARDWARE, INC.  218 SIMS WAY  PORT TOWNSEND. WA 98368  3a Plan administrator's name and address X Same as Plan Sponsor.  4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN, and the plan number from the last return/report.  a Sponsor's name  4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN, and the plan number from the last return/report.  a Sponsor's name  5a Total number of participants at the beginning of the plan year.  C Number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item)  5c 21  d(1) Total number of active participants at the beginning of the plan year.  5d(1) 21  5d(2) 18	1a Name	of plan				plan nu (PN)	umber 001
Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) KINGSTON HENERY HARDWARE, INC.  2c Sponsor's telephone number (360) 385-5900  2d Business code (see instructions 444130  PORT TOWNSEND. WA 98368  3a Plan administrator's name and address Same as Plan Sponsor.  3b Administrator's EIN  3c Administrator's telephone number name, EIN, and the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN, and the plan number from the last return/report.  a Sponsor's name  4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN, and the plan number from the last return/report.  a Sponsor's name  5a 25  b Total number of participants at the beginning of the plan year							
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218 SIMS WAY  PORT TOWNSEND. WA 98368  3a Plan administrator's name and address Same as Plan Sponsor.  3b Administrator's EIN  3c Administrator's telephone number and address return/report filed for this plan, enter the name, EIN, and the plan number from the last return/report.  a Sponsor's name  4c PN  5a Total number of participants at the beginning of the plan year.  5b 21  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 end of the plan year.  5d(1) 21  5d(2) 18	KINGSTON	HENERY HARDWARE	i, INC.			_	(360) 385-5900
PORT TOWNSEND. WA 98368  3a Plan administrator's name and address Same as Plan Sponsor.  4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN, and the plan number from the last return/report.  a Sponsor's name  5a Total number of participants at the beginning of the plan year.  b Total number of participants at the end of the plan year.  5b 21  C Number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item).  5c 21  d(1) Total number of active participants at the end of the plan year.  6 Number of participants that terminated employment during the plan year.  6 Number of participants that terminated employment during the plan year.  6 Number of participants that terminated employment during the plan year with account becomes that were less.	218 SIMS W	VAY					
A lif the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN, and the plan number from the last return/report.  a Sponsor's name  4c PN  5a Total number of participants at the beginning of the plan year							
4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN, and the plan number from the last return/report.  a Sponsor's name  4c PN  5a Total number of participants at the beginning of the plan year			d address KSame as Plan Sponso	or		3h Adminis	etrator's FIN
Total number of participants at the beginning of the plan year	name,	, EIN, and the plan numi	plan sponsor has changed since the	ne last return/report filed 1	for this plan, enter the		
b Total number of participants at the end of the plan year				<del></del>			
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  6 Number of participants that terminated employment during the plan year with account benefit that were less.							25
complete this item)						5b	21
d(1) Total number of active participants at the beginning of the plan year	C Number	er of participants with ac ete this item)	ecount balances as of the end of the	e plan year (defined bene	efit plans do not	5c	21
A Number of participants that terminated employment during the plan year with account hereafter that were loss	d(1) Tota	al number of active parti	icipants at the beginning of the plan	n year			21
Number of participants that terminated employment during the plan year with account benefits that were less.						5d(2)	18
than 100% vested	than 1	100% vested				5e	
Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.	Caution: A	penalty for the late or	r incomplete filing of this return/r	report will be assessed	unless reasonable caus	se is establis	hed.
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.	SB or Schee	edule MB completed and	d signed by an enrolled actuary, as	ons, I declare that I have well as the electronic ver	examined this return/report, rsion of this return/report,	ort, including, and to the be	if applicable, a Schedule st of my knowledge and
SIGN × Mara X degran 16 1016 × Tara L Henery		1 1000 - 11 11		1 12-10-16	XITAVA L. Hene	izid	
HERE Signature of plan administrator Date Enter name of individual signing as plan administrator	HERE				1		olan administrator
SIGN Enter the state of the sta	SIGN				Little Hallie of Hierona	ar organicy are p	Mail Ballillist Ltor
HFRE		Signature of employs	or/nlan enongor	Date	Enter name of individua	ni signing as a	lavor or plan enoneor
Signature of employer/plan sponsor  Preparer's name (including firm name, if applicable) and address (include room or suite number )  Preparer's name (including firm name, if applicable) and address (include room or suite number )  Preparer's telephone number	Preparer's n				Effet flame of moreous		

	Form 5500-SF 2015		Page 2							
<b>6a</b> b	Were all of the plan's assets during the plan year invested in eligible 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 cannot be a second to the plan's assets during the plan year invested in eligible and the plan's assets during the plan year invested in eligible are year.	accour	ntant (I	QPA)			K K	Yes No		
C	If the plan is a defined benefit plan, is it covered under the PBGC in								Not	determined
Pe	rt III Financial Information									
7	Plan Assets and Liabilities		(a) Beginnin	ig of Y	ear			(b) E	nd of Yea	ar
<u>a</u>	Total plan assets	. 7a		1060	)54					2575
b	Total plan liabilities	. 7b								
C	Net plan assets (subtract line 7b from line 7a)	7c		1060	54				8	2575
8	Income, Expenses, and Transfers for this Plan Year		(a) Amo	unt				(Ł	) Total	
а	Contributions received or receivable from: (1) Employers	8a(1)		100	nn	21				
	(2) Participants	8a(2)								
	(3) Others (including rollovers)									
b	Other income (loss)				40		o more		a Shir	
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)								10	0040
	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		335	19		S I			
е	Certain deemed and/or corrective distributions (see instructions)	8e						T WIL		
f	Administrative service providers (salaries, fees, commissions)	8f								
g	Other expenses	8g								
<u>h</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							33	3519
<u>i</u>	Net income (loss) (subtract line 8h from line 8c)								-23	3479
j zamlada	Transfers to (from) the plan (see instructions)  t IV Plan Characteristics	8j	-							
B Pari	2E 3D  If the plan provides welfare benefits, enter the applicable welfare fe	eature code	es from the List of Pla	n Char	acteris	tic Cod	des in th	ne instru	ictions:	
10	During the plan year:		<del></del>		Yes	No	N/A	T	Amai	.m.t
	Was there a failure to transmit to the plan any participant contribut described in 29 CFR 2510.3-102? (See instructions and DOL's Vo Program)	oluntary Fi	duciary Correction	10a	100	х			Amou	int
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		1. 11			50000
d	Did the plan have a loss, whether or not reimbursed by the plan's f by fraud or dishonesty?	fidelity bon	d, that was caused	10d		х				
е	Were any fees or commissions paid to any brokers, agents, or other carrier, insurance service, or other organization that provides some the plan? (See instructions.)	er persons	by an insurance	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 vear er	ıd.)	10g		x				
h		See instruc	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-	e required	notice or one of the	10i						
j	Did the plan trust incur unrelated business taxable income?			10j						
art	VI Pension Funding Compliance		<u></u> <u></u>			1				
	Is this a defined benefit plan subject to minimum funding requirements 5500) and line 11a below)	nts? (If "Yo	es," see instructions a	ind con	plete 5	Sched	ule SB	(Form	. П ү	es 🕅 No
11a	Enter the unpaid minimum required contribution for all years from S						11a		<del></del>	
12	Is this a defined contribution plan subject to the minimum funding re							RISA2	ТПγ	es X No

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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 ins granting the waiver		enter the Day_	e date of t	he letter n Year_	uling	
If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 1	13.					
<b>b</b> Enter the minimum required contribution for this plan year	<u></u>	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 (enter a minus sign to the length		12d				
Will the minimum funding amount reported on line 12d be met by the funding deadline?	•••••		Yes	No	N/A	
Part VII Plan Terminations and Transfers of Assets	<del></del>		_			
13a Has a resolution to terminate the plan been adopted in any plan year?			Yes	No No		
If "Yes," enter the amount of any plan assets that reverted to the employer this year		13a				
<b>b</b> Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or broug of the PBGC?				Yes X	No	
C If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify which assets or liabilities were transferred. (See instructions.)	y the plan(s) to					
13c(1) Name of plan(s):	13c(2)	EIN(s)		13c(3)	13c(3) PN(s)	
*						
Part VIII Trust Information						
14a Name of trust		<b>14b</b> ⊤	rust's EIN	١		
14c Name of trustee or custodian			Trustee's telephone	or custodi number	an's	
Part IX IRS Compliance Questions						
15a is the plan a 401(k) plan?		Yes	8	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 safe ADP/AC harbor test method					
15c If the ADP/ACP test is used, did the 401(k) plan perform ADP/ACP testing for the plan year using the "cu testing method" for nonhighly compensated employees (Treas. Reg sections 1.401(k)-2(a)(2)(ii) and 1.40 2(a)(2)(ii))?	Yes	\$	No			
16a Check the box to indicate the method used by the plan to satisfy the coverage requirements under section				Average benefit test		
16b Does the plan satisfy the coverage and nondiscrimination tests of sections 410(b) and 401(a)(4) by comb this plan with any other plans under the permissive aggregation rules?		Yes	S	No		
17a Has the plan been timely amended for all required tax law changes?		Yes	5	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 a	pplicable	e code	(See in	struction	
17c If the plan sponsor is an adopter of a pre-approved master and prototype (M&P) or volume submitter plan advisory letter, enter the date of that favorable letter and the letter's serial n	umber				or	
17d If the plan is an individually-designed plan and received a favorable determination letter from the IRS, endetermination letter	ter the date of	the plan	's last fav	orable	8	
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, Guarn, the Commonwealth of the Northern Mariana Islands or the U.S. Virgin I		Yes		No		
19 Were in-service distributions made during the plan year?		Yes	· ·	No		
If "Yes," enter amount		19				
Were required minimum distributions made to 5% owners who have attained age 70 ½ (regardless of who retired), as required under section 401(a)(9)?		Yes	<b>.</b>	No	N/A	
		_				