| For | m 5500-SF | Short Form Annual | | t of Small Empl | oyee | OMB Nos. 1210-0110 1210-0089 | | | |
|--|--|--|--------------------------|---|--------------------------------------|---|----------------------------------|--|--|
| | Department of the Treasury Internal Revenue Service This form is required to be filed under sections 104 and 4065 of the Employee | | | | etirement | 2015 | | | |
| | partment of Labor enefits Security Administration | Income Security Act of 1974 (ERISA), and sections 6057(b) and 6058(a) of th Revenue Code (the Code). | | | | | orm is Open to lic Inspection | | |
| Pension Benefit Guaranty Corporation Complete all entries in accordance with the instructions to the Form | | | | | 500-SF. | Fub | | | |
| For calenda | Annual Report Io ar plan year 2015 or fisc | dentification Information al plan year beginning 10/01/2015 | 5 | and ending 0 | 5/20/2016 | | | | |
| A This return/report is for: | | | | (Filers che | - | | | | |
| B This retu | ırn/report is | the first return/report X the final return/report an amended return/report X a short plan year return/report (less than 12 months) | | | | | | | |
| C Check b | box if filing under: | Form 5558 | automatic extension | | | DFVC prog | FVC program | | |
| Dert II | Decis Dian Infor | special extension (enter description | , | | | | | | |
| Part II 1a Name THE PEASL | of plan | mation—enter all requested inform | | ENT SAVINGS PLAN | (PN | n number | 003 | | |
| | | | | | 1C Effe | ective date o 10/0 | f plan 1/1986 | | |
| Mailing | address (include room, | er, if for a single-employer plan) , apt., suite no. and street, or P.O. Bo country, and ZIP or foreign postal co | | tructione) | 2b Emp (EIN | - | fication Number 186507 | | |
| | RANSFER AND STORA | | ode (il loreign, see ins | | 2c Spo | nsor's telephone number 208-861-1704 | | | |
| P.O. BOX 45 | 064 | | | | 2d Business code (see instructions) | | | | |
| BOISE, ID 83 | | | | | 484120 | | | | |
| 3a Plan administrator's name and address Same as Plan Sponsor. | | | | 3b Administrator's EIN | | | | | |
| | | | | | | | elephone number | | |
| | EIN, and the plan num | blan sponsor has changed since the ber from the last return/report. | last return/report filed | for this plan, enter the | 4b EIN 4c PN | | | | |
| | | t the beginning of the plan year | | | -10 H N | | 26 | | |
| | | t the end of the plan year | | | 5b | | 0 | | |
| | · · | ccount balances as of the end of the | | • | 5c | | 0 | | |
| d(1) Tota | al number of active parti | cipants at the beginning of the plan y | /ear | | 5d(1) | | 21 | | |
| | | cipants at the end of the plan year | | | 5d(2) | | 0 | | |
| | | erminated employment during the pla | | | 5e | | 0 | | |
| Caution: A | penalty for the late or | r incomplete filing of this return/re er penalties set forth in the instruction | port will be assessed | l unless reasonable ca | | | | | |
| SB or Sche | | l signed by an enrolled actuary, as w | | | | | | | |
| SIGN | | alid electronic signature. | 06/30/2016 | EMMET HERNDON | | | | | |
| HERE | Signature of plan ad | ministrator | Date | Enter name of individ | vidual signing as plan administrator | | | | |
| SIGN HERE | | | | | | | | | |
| Signature of employer/plan sponsor Date Enter name of individ Preparer's name (including firm name, if applicable) and address (include room or suite number) Individual content of the second conten | | | | vidual signing as employer or plan sponsor Preparer's telephone number | | | | | |
| | | | | | | | | | |
| For Paperwo | ork Reduction Act Notice | and OMB Control Numbers, see the ins | structions for Form 550 | D-SF. | | | Form 5500-SF (2015) | | |

| | 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 | | · · · · | | | | | | |
|------|--|--------------|--------------------------|---------|----------|--------|-----------|-------------------|--|
| | | | | | | | | X Yes No | |
| | f the plan is a defined benefit plan, is it covered under the PBGC in | | | | | | | No Not determined | |
| Par | | | | | | | | | |
| | Plan Assets and Liabilities | | (a) Beginning | of Yea | ar | | | (b) End of Year | |
| | Total plan assets | 7a | () | 1156 | | | | 0 | |
| b | Total plan liabilities | 7b | | | | | | | |
| С | Net plan assets (subtract line 7b from line 7a) | 7c | | 1156 | 300 | | | 0 | |
| 8 | ncome, Expenses, and Transfers for this Plan Year | | (a) Amoι | unt | | | | (b) Total | |
| | Contributions received or receivable from: | a (1) | | 0 | 593 | | | | |
| | (1) Employers | 8a(1) | | - | 378 | | | | |
| | (2) Participants | 8a(2) | | 0 | 570 | _ | | | |
| | (3) Others (including rollovers) | 8a(3) | | 20 | 301 | | | | |
| | Other income (loss) | 8b | | 52 | .501 | _ | | 47070 | |
| | Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) Benefits paid (including direct rollovers and insurance premiums | 8c | | | | _ | | 47272 | |
| | to provide benefits) | 8d | | 1199 | 288 | | | | |
| е | Certain deemed and/or corrective distributions (see instructions) | 8e | | | | | | | |
| f. | Administrative service providers (salaries, fees, commissions) | 8f | | 4 | 284 | | | | |
| g | Other expenses | 8g | | | | | | | |
| h | Total expenses (add lines 8d, 8e, 8f, and 8g) | 8h | | | | | 1203572 | | |
| i | Net income (loss) (subtract line 8h from line 8c) | 8i | | | | | -1156300 | | |
| j | j Transfers to (from) the plan (see instructions) | | | | | | | | |
| Par | t IV Plan Characteristics | | | | | | | | |
| | If the plan provides pension benefits, enter the applicable pension 2E 2F 2G 2J 2K 2T 3D | | | | | | | | |
| В | If the plan provides welfare benefits, enter the applicable welfare for | eature cod | les from the List of Pla | n Chara | acterist | ic Coo | les in th | ne instructions: | |
| Part | V Compliance Questions | | | | | | | | |
| 10 | During the plan year: | | | | Yes | No | N/A | Amount | |
| 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 F | iduciary Correction | 10a | | x | | | |
| b | Were there any nonexempt transactions with any party-in-interest reported on line 10a.) | • | | 10b | | х | | | |
| С | Was the plan covered by a fidelity bond? | | | 10c | Х | | | 500000 | |
| d | Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty? | | | 10d | | Х | | | |
| e | 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.) | ne or all of | the benefits under | 10e | | Х | | | |
| f | Has the plan failed to provide any benefit when due under the pla | n? | | 10f | | х | | | |
| g | Did the plan have any participant loans? (If "Yes," enter amount a | s of year e | 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 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 | | | | _ | - | | • | |

| 11 | Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form 5500) and line 11a below) | Yes X 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 Code or section 302 of ERISA? | Yes X No |

Form 5500-SF 2015

Page **3 -** 1

| - | | | | | Т | | | |
|---|--|--|--------------------|--|--|----------------------|-----------------------|--|
| | (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.) | | | | | | | |
| a | | waiver of the minimum funding standard for a prior year is being amortized in this plan year, see in: ting the waiver. | | enter th Day | e date of | the letter r Year | uling | |
| lf | you c | completed 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 | | | | |
| С | Enter | the amount contributed by the employer to the plan for this plan year | | 12c | | | | |
| d | | tract 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 | VII | Plan Terminations and Transfers of Assets | | | | | | |
| 13a | Has | a resolution to terminate the plan been adopted in any plan year? | | | X Y | es No | | |
| | | es," enter the amount of any plan assets that reverted to the employer this year | | 13a | | | 0 | |
| h | | e all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brou | | | | | 0 | |
| D | | e PBGC? | | | | X Yes | No | |
| С | | ring this plan year, any assets or liabilities were transferred from this plan to another plan(s), identi th assets or liabilities were transferred. (See instructions.) | ify the plan(s) to | I | | | | |
| - | 13c(1) | Name of plan(s): | 13c(2) | EIN(s) | | 13c(3) | PN(s) | |
| | | | | | | | | |
| Dert | 1/111 | Truck Information | | | | | | |
| Part | | Trust Information | | 116 | T | 15.1 | | |
| 14a | Name | e of trust | | 14b Trust's EIN | | | | |
| 14c | Nam | ne of trustee or custodian | | 14d Trustee's or custodian's telephone number | | | | |
| Par | t IX | IRS Compliance Questions | | 1 | | | | |
| 15a | Is th | e plan a 401(k) plan? | | Y | es | 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 A harbor te method | | PP/ACP st | |
| 15c | testir | ADP/ACP test is used, did the 401(k) plan perform ADP/ACP testing for the plan year using the "cng method" for nonhighly compensated employees (Treas. Reg sections 1.401(k)-2(a)(2)(ii) and 1.42)(ii))? | | Υ | es | No | | |
| 16a | Chec | sk the box to indicate the method used by the plan to satisfy the coverage requirements under sect | ion 410(b): | Цр | Ratio ercentag est | | verage enefit test | |
| 16b | | s the plan satisfy the coverage and nondiscrimination tests of sections 410(b) and 401(a)(4) by con plan with any other plans under the permissive aggregation rules? | 0 | ΓY | es | No | | |
| 17a | 17a Has the plan been timely amended for all required tax law changes? | | | | es | 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). | | | | | | | |
| 17c | | plan sponsor is an adopter of a pre-approved master and prototype (M&P) or volume submitter play sory letter, enter the date of that favorable letter/ and the letter's serial r | | t to a f | avorable | IRS opinio | n or | |
| 17d | | plan is an individually-designed plan and received a favorable determination letter from the IRS, e rmination letter/ | nter the date of | the pla | an's last f | avorable | | |
| 18 | | | | | | No | | |
| 19 | Were | in-service distributions made during the plan year? | | Y | es | No | | |
| | lf "Ye | es," enter amount | | 19 | | | | |
| 20 | 20 Were required minimum distributions made to 5% owners who have attained age 70 ½ (regardless of whether or not retired), as required under section 401(a)(9)? | | | | | No | N/A | |

| P.O. Box 45964 2d Business code (see instructions) 484120 | For | m 5500-SF | Short Form Annu | al Return/Report | of Small Empl | oyee | 0 | MB Nos. 1210-0110 1210-0089 | | |
|--|-----------------------------|--|--------------------------------------|--|--|--------------------------------------|--|--------------------------------|--|--|
| Tradepoint include Condy Assumed To Part II The Perm is Open to Part II Annual Report Identification Information Description Information Description Information Part II Annual Report Identification Information a unique employer plan (a unique part beginning) 10/01/2015 and unique 05/20/2016 A This infumity equation is for the first information information a unique employer plan (a unique part beginning) a unique employer plan (a unique part beginning) 05/20/2016 A This infumity equation is for the first information information a unique employer plan (a unique part beginning) 05/20/2016 B This infumity equation is for the first information a unique employer plan (a unique part beginning) 05/20/2016 C Check box if filing under: prom 5558 gate and starting and encode the first information Information (and description) Part III Basic Plan Information – unitrial requested information Information (and description) Information (and description) Part III Basic Plan Information – unitrial requested information Information (and description) Information (and description) 20 Basic Plan Information – unitrial requested information Information (and description) Information (and description) 20 Description and descript | | Internal Revenue Service This form is required to be filed under sections 104 and 4065 of the Employee I | | | | | 2015 | | | |
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| For calending plan, year 2015 or facet plan year tegning 10/01/2015 and ending 05/22/2016 A This return/topot is for a one-participant plan a Indiple-engicyer plan (Internation in accordance with the form instructions) B This return/topot is for a one-participant plan a foreign plan a foreign plan B This return/topot is for a one-participant plan a foreign plan D FVC program B This return/topot is a mannedod return/topot a short plan year return/topot (less than 12 months) C Check box if filing under: Form 5558 B This return/topot is a mannedod return/topot a short plan year return/topot (less than 12 months) C PVC program Part III Basic Plan Information—enter all requested information The Pecal by Transfer and Storage Company Profit The Pecal by Transfer and Storage Company Profit Sharing and Retifement Savings Plan If e Effective table of plan (Information) Effective table of plan (Information) Top 24 Sp64 If e a single-employer plan (Information) Effective table of plan (Information) So a 45964 If e a name and address [Same as Plan Sponsor. 3b Administrator's telephone number (Information's tell) 3a Plan administrator's name and address [Same as Plan Sponsor. 5a Congram (Information's tell) 3a Top I | Pension Be | | | | ictions to the Form 5 | 500-SF. | Fublic | inspection | | |
| A This return/cport is for: | | | | the second s | | | 10010010 | | | |
| A This return/report is for is to for explaining employer information in accordance with the form instructions) B This neturn/report is is one-participant plan is for equipating employer information in accordance with the form instructions) C Check tox if filing under: is one-participant plan is for etrus/report A This neturn/report is is best plan reported to the file trus/report is best plan trus/report A Name of plan is best plan informationentror all requested information ib Three digit plan number The Peacing and Retiferement Savings Plan ib Three digit plan number 0.03 Ca Pan sponsor's name (employer, fif or a single-employer plan) ib Staring and Retiferement Savings postal code (if foreign, see instructions) Pacial by Transfer and Storage Ib Basines code (is emaintaine) ib Basines code (is emaintaine) P. O. Box 45964 Ib Basines code (is emaintaine) ib Basines code (is emaintaine) B Administrator's name and address [Same as Plan Sponsor. ib C IN ib C IN 3a Plan administrator's name and address [Same as Plan Sponsor. ib C IN ib C IN 3a Plan administrator's name and address [Same as Plan Sponsor. ib C IN ib C IN 3a Cadministrator's telephone number ib Intern/report. ib C IN ib C IN | For calenda | | | | | | | | | |
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| □ an amended returv/report □ a short plan year roturv/report (less than 12 months) □ C Check box if filing under: □ gapcala outsnake (order outsnake) □ DFVC program ■ appeard outsnake □ automatic extension □ DFVC program ■ appeard ■ appeard The Peasley Transfer and Storage Company Profit The Peasley Transfer and Storage Company Profit 003 The Peasley Transfer and Storage Company Profit DFVC program 003 1c Effective date of plan 10/01/1986 24 Plan sponsor's name (omplover, if for a single-omplover plan) Maling address (include room, apt. suite on own counce unity, and 2P or forsign postal code (if foreign, see instructions) 2c Sponsor's telephone number Company Plan sponsor 3b Administrator's name and storage 2d Business code (see instructions) 4 If the name and/or EN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, and the plan number from the last return/report. 3c Administrator's telephone number 5a Total number of participants at the beginning of the plan year. 5b 0 5a Total number of participants at the ond of the plan year. 5b 0 5a Total number of participants at the ond of the plan year. | | | a one-participant plan | | | | | lot dottonoy | | |
| C Check box if fling under: ☐ pom 558 ☐ automatic axtension ☐ DFVC program Part II Basic Plan Information—entral requested information 1b Three-digit plan number (plant bio-method program) The Peasley Transfer and Storage Company Profit 1b Three-digit plan number (plant bio-method program) Maing address (include room, acl, suite on and steet, or P.O. Box) 2b Encycle data of plan. Check box if fling under since (under since and steet, or P.O. Box) 2b Encycle data of plan. Maing address (include room, acl, suite on and steet, or P.O. Box) 2c Sprame's tablephane number (2081861-1704) Company Point Steet or proince, outhy, and 2P or foreign postal code (if foreign, see instructions) 2c Sprame's tablephane number (2081861-1704) Point address Same as Plan Sponsor. 3b Administrator's telephone number (2081861-1704) 2d Business code (see instructions) 4d 2b ElN an andministrator's name and address Same as Plan Sponsor. 3c Administrator's telephone number (2081861-1704) 2d Distal number of participants at the boginning of the plan year. 5a 26 0 3c Administrator's name Administrator's telephone number (2081861-1704) 2d <td>B This retu</td> <td>ırn/report is</td> <td>the first return/report</td> <td>x the final return/report</td> <td></td> <td></td> <td></td> <td></td> | B This retu | ırn/report is | the first return/report | x the final return/report | | | | | | |
| C Check box if filing under: prod storshon (enter description) Part II Easic Plan Information-enter al requested information Ta Name of plan 1b Three degit The Peasley Transfer and Storage Company Profit 1b Three degit 003 Sharing and Retirement Savings Plan 1c Effective date of plan 10/01/1996 2a Plan sponsof's time (employer, if for a single-and poyer plan) 10/01/1996 2b Employer Identification Number (Eth) 82-0185607 Company Processing (employer, if for a single-and poyer plan) 10/01/1996 2b Employer Identification Number (Eth) 82-0185607 Peasley Transfer and Storage 2c Sponsor's telephone number (200) 8561-1704 2d Business code (see instructions) P.O. Box 45964 Boise 1D 83711 3b Administrator's telephone number (200) 8561-1704 Start number of participants at the beginning of the plan sponsor. 3b Administrator's telephone number (200) 861-1704 Start number of participants at the beginning of the plan year 5b 0 0 Start number of participants at the beginning of the plan year 5b 0 0 Start number of participants at the bend of the plan year 5b | | | an amended return/report | | /report (less than 12 m | nonths) | | | | |
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| Part II Basic Plan Information —enter all requested information 1a Name ot plan Ib Three-digit plan number Sharing and Retirement Savings Plan 0.03 2a Plan sponsor's name (employer, if for a single-amployer plan) 0.03 Mailing address (include room, apt, suite no. and street, or P.O. Box) 0.03 City or town, state or province, country, and 21P or foreign postal code (if foreign, see instructions) 2a Sponsor's telephone number Peasley Transfer and Storage ID 83711 3b Administrator's name and address (Same as Plan Sponsor. 3a Plan administrator's name and address (Same as Plan Sponsor. 3b Administrator's telephone number 4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the asponsor name. 5a 26 5a Total number of participants at the edginning of the plan year. 5a 26 5b 0 0(1) Total number of participants at the edginning of the plan year. 5d(1) 21 21 22 26 26 26 26 26 26 26 26 27 26 26 26 26 26 26 26 26 26 26 26 26 26 26 26 26 | C Check L | box ir ning under. | | | | | DFVC progra | m | | |
| 1a Name of plan The Peasley Transfer and Storage Company Profit 1b If The Product Stars (Product Stars) 2a Plan sponsor's name (employer, if for a single-employer plan) 0.03 Mailing address (include room, apt. sule no. and street, or P.O. Box) 0.03 2b propose the stars of province, county, and 2P or foreign postal code (if foreign, see instructions) 2c Sponsor's telephone number 2 Pass of the stars of a number of province, county, and 2P or foreign postal code (if foreign, see instructions) 2c Sponsor's telephone number 2 P.O. Box 45964 56 2d Business code (see instructions) 2 P.O. Box 45964 3c Administrator's name and address (Same as Plan Sponsor. 3b Administrator's telephone number 3 P.O. Box 45964 3c Administrator's telephone number 2 P.O. Box 45964 3c Administrator's telephone number 3 Pan administrator's name and address (Same as Plan Sponsor. 3b Administrator's telephone number 4 If the name and/or EN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN, and the plan number form the last return/report. 3c Administrator's telephone number 4 If the name and/or EN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN, and the plan number of participants at the edd of the plan year. 5b 00 4 C PN 5a 1cal number of participants at the | | | | | | | | | | |
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Form 5500-SF 2015 Page 2 X Yes 6a Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)..... No Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) h X Yes No 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 5500. C If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)? Yes No Not determined Part III Financial Information 7 Plan Assets and Liabilities (a) Beginning of Year (b) End of Year 1,156,300 0 a Total plan assets..... 7a b Total plan liabilities..... 7b 1,156,300 C Net plan assets (subtract line 7b from line 7a)..... 0 7c 8 Income, Expenses, and Transfers for this Plan Year (a) Amount (b) Total Contributions received or receivable from: а 8,593 (1) Employers 8a(1) 6,378 (2) Participants 8a(2) (3) Others (including rollovers) 8a(3) 32,301 b Other income (loss)..... 8b 47,272 C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)..... 8c d Benefits paid (including direct rollovers and insurance premiums 1,199,288 to provide benefits) 8d e Certain deemed and/or corrective distributions (see instructions). 8e 4,284 f Administrative service providers (salaries, fees, commissions)..... 8f q Other expenses..... 8g 1,203,572 h Total expenses (add lines 8d, 8e, 8f, and 8g)..... 8h i Net income (loss) (subtract line 8h from line 8c)..... 8i -1,156,300 Transfers to (from) the plan (see instructions) i 8i Part IV **Plan Characteristics** If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 9a 2E 2F 2G 2J 2K 2T 3D в If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions; Part V **Compliance Questions** 10 Yes No N/A During the plan year: Amount Was there a failure to transmit to the plan any participant contributions within the time period а described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction 10a Х Program)..... b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions Х 10b reported on line 10a.)..... С Was the plan covered by a fidelity bond?..... 10c Х 500,000 d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused 10d Х by fraud or dishonesty?..... Were any fees or commissions paid to any brokers, agents, or other persons by an insurance e carrier, insurance service, or other organization that provides some or all of the benefits under the plan? (See instructions.) 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.)..... Х 10g h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 10h Х 2520 101-3.) 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..... 10i i Did the plan trust incur unrelated business taxable income? 10i Part VI Pension Funding Compliance Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form 11 Yes X No 5500) and line 11a below).....

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

12

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

Yes X No

| | Form 5500-SF 2015 Page 3 - | | | | | | |
|------|---|--|------------------------------|--------------------|---------------------|--|--|
| | (If "Yes," 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 | you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip t | NAME AND ADDRESS OF TAXABLE PARTY OF TAXABLE PARTY OF TAXABLE PARTY. | Day | Year | | | |
| b | Enter the minimum required contribution for this plan year | | 12b | | | | |
| | Enter the amount contributed by the employer to the plan for this plan year | | 12c | | | | |
| | Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign negative amount) | to the left of a | 12d | | | | |
| e | 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 | | | | | | |
| 13a | Has a resolution to terminate the plan been adopted in any plan year? | | | X Yes No | | | |
| | If "Yes," enter the amount of any plan assets that reverted to the employer this year | | | | 0 | | |
| b | of the PBGC? | - | | X Yes | No | | |
| С | which assets or liabilities were transferred. (See instructions.) | identify the plan(s) to |) | | | | |
| | 13c(1) Name of plan(s): | 13c(2) | EIN(s) | 13c(3) | PN(s) | | |
| | | | | | | | |
| Dar | t VIII Trust Information | | | | | | |
| | Name of trust | | 14b Tru | int's EIN | | | |
| 114 | | | 140 110 | ISUS EIN | | | |
| 14c | Name of trustee or custodian | | 14d Trustee's or custodian's | | | | |
| | | | | telephone number | | | |
| Par | t IX IBS Compliance Questions | | | | | | |
| | | | | | | | |
| 15a | I is the plan a 401(k) plan? | | Yes | No | | | |
| 15b | If "Yes," how does the 401(k) plan satisfy the nondiscrimination requirements for employee deferment matching contributions (as applicable) under sections 401(k)(3) and 401(m)(2)? | als and employer | Desi base harb meth | ed safe AD | P/ACP st | | |
| 15c | If the ADP/ACP test is used, did the 401(k) plan perform ADP/ACP testing for the plan year using | the "current year | Yes | No | | | |
| | testing method" for nonhighly compensated employees (Treas. Reg sections 1.401(k)-2(a)(2)(ii) a 2(a)(2)(ii))? | nd 1.401(m)- | | | | | |
| 16a | Check the box to indicate the method used by the plan to satisfy the coverage requirements unde | r section 410(b): | Ratio perc test | entage AV | erage nefit test | | |
| 16b | Does the plan satisfy the coverage and nondiscrimination tests of sections 410(b) and 401(a)(4) b this plan with any other plans under the permissive aggregation rules? | y combining | Yes | No | | | |
| 17a | a Has the plan been timely amended for all required tax law changes? | | Yes | No | ∏ N/A | | |
| 17 | b Date the last plan amendment/restatement for the required tax law changes was adopted for tax law changes and codes). | . Enter the ap | plicable co | ode (See ins | structions | | |
| 17c | If the plan sponsor is an adopter of a pre-approved master and prototype (M&P) or volume submit advisory letter, enter the date of that favorable letter and the letter's se | | et to a favo | orable IRS opinior | n or | | |
| 17d | If the plan is an individually-designed plan and received a favorable determination letter from the I determination letter | | the plan's | last favorable | | | |
| 18 | Is the Plan maintained in a U.S. territory (i.e., Puerto Rico (if no election under ERISA section 102 made), American Samoa, Guam, the Commonwealth of the Northern Mariana Islands or the U.S. | | Yes | No | | | |
| 19 | Were in-service distributions made during the plan year? | | Yes | No | | | |
| | If "Yes," enter amount | | 19 | | | | |
| 20 | Were required minimum distributions made to 5% owners who have attained age 70 ½ (regardless retired), as required under section 401(a)(9)? | | Yes | No | N/A | | |