## Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation

SIGN

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**SIGN** 

## 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

OMB Nos. 1210-0110

2015

This Form is Open to Public Inspection

Part I	Annual Report	: Identification Information						
For caler	ndar plan year 2015 or fi	iscal plan year beginning 01/01/2	2015 and ending 12	2/31/2015				
<b>A</b> This	This return/report is for:  a single-employer plan  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							
<b>B</b> This re	eturn/report is	the first return/report an amended return/report	the final return/report a short plan year return/report (less than 12 me	onths)				
C Chec	k box if filing under:	Form 5558	automatic extension	DFVC pr	ogram			
		special extension (enter desci	ription)	_				
Part II	Basic Plan Info	ormation—enter all requested in	formation					
1a Nam	e of plan	S. 401(K) PROFIT SHARING PLAN		<b>1b</b> Three-digit plan number (PN) ▶	001			
				1c Effective date	e of plan 0/01/1981			
Maili	ng address (include roo	oyer, if for a single-employer plan) om, apt., suite no. and street, or P.C			ntification Number I-1154085			
City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) VILLIAM M. BETHEL, D.D.S., P.S.				<b>2c</b> Sponsor's telephone number 425-226-3230				
	174TH, SUITE 201 WA 98055				e (see instructions) 21210			
<b>3a</b> Plan	administrator's name ar	nd address XSame as Plan Spons	sor.	3b Administrator 3c Administrator	's EIN 's telephone number			
		e plan sponsor has changed since imber from the last return/report.	the last return/report filed for this plan, enter the	4b EIN				
<b>a</b> Spoi	nsor's name			4c PN				
<b>5a</b> Tota	al number of participants	at the beginning of the plan year		5a	7			
<b>b</b> Tota	al number of participants	at the end of the plan year		5b	6			
			the plan year (defined benefit plans do not	5c	6			
<b>d(1)</b> ⊤	otal number of active pa	articipants at the beginning of the pl	an year	5d(1)	6			
<b>d(2)</b> ⊤	otal number of active pa	articipants at the end of the plan ye	ar	5d(2)	6			
tha	n 100% vested		plan year with accrued benefits that were less	5e	0			
			n/report will be assessed unless reasonable cau					
SB or Sc	hedule MB completed a	and signed by an enrolled actuary, a	ctions, I declare that I have examined this return/repas well as the electronic version of this return/report					
peliet, it i	s true, correct, and com	piete.						

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

Date

06/23/2016

WILLIAM M. BETHEL

Enter name of individual signing as plan administrator

Filed with authorized/valid electronic signature.

Signature of plan administrator

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<ul> <li>Were all of the plan's assets during the plan year invested in elig</li> <li>Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility out answered "No" to either line 6a or line 6b, the plan can</li> </ul>	of an independ by and condition on on the condition of th	dent qualified public a ons.) m 5500-SF and mus	ccount	ant (IQ	PA)  Form	5500.			Yes No
C If the plan is a defined benefit plan, is it covered under the PBGC	insurance pr	ogram (see ERISA se	ection 4	021)? .		Yes	No	Not d	etermined
Part III   Financial Information									
7 Plan Assets and Liabilities		(a) Beginning					(b) End	l of Yea	
a Total plan assets			744	155	-			1	762553
b Total plan liabilities			744	155				-	1290 761263
Net plan assets (subtract line 7b from line 7a)      Income, Expenses, and Transfers for this Plan Year	7c	(a) Amou		133			/b\	Total	01203
a Contributions received or receivable from:		(a) Amot	ını				(a)	Total	
(1) Employers	8a(1)		8	339					
(2) Participants	8a(2)		25	560					
(3) Others (including rollovers)									
<b>b</b> Other income (loss)			-13	616					
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c								20283
d Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		1	905					
e Certain deemed and/or corrective distributions (see instructions).	8e								
<b>f</b> Administrative service providers (salaries, fees, commissions)	8f		1	270					
g Other expenses	8g								
h Total expenses (add lines 8d, 8e, 8f, and 8g)	8h								3175
i Net income (loss) (subtract line 8h from line 8c)	8i								17108
j Transfers to (from) the plan (see instructions)	···· 8j								
Part IV Plan Characteristics									
9a If the plan provides pension benefits, enter the applicable pension 2A 2E 2F 2G 2J 2R 3D	on feature cod	les from the list of Pi	an Cna	racteris	Stic Co	aes in ti	ne instru	ictions:	
B If the plan provides welfare benefits, enter the applicable welfare	e feature code	s from the List of Pla	n Chara	acterist	ic Coc	les in the	e instruc	tions:	
Part V Compliance Questions									
10 During the plan year:				Yes	No	N/A		Amo	unt
Was there a failure to transmit to the plan any participant contril	butions within	the time period		100		1471		Allio	unt
described in 29 CFR 2510.3-102? (See instructions and DOL's	Voluntary Fig	duciary Correction	100		X				
Program)      Were there any nonexempt transactions with any party-in-interest.			10a						
reported on line 10a.)			10b		X				
C Was the plan covered by a fidelity bond?			10c	X					80000
<b>d</b> Did the plan have a loss, whether or not reimbursed by the plan by fraud or dishonesty?			10d		X				
Were any fees or commissions paid to any brokers, agents, or commissions paid to any brokers.			100						
carrier, insurance service, or other organization that provides so	ome or all of the	ne benefits under							
the plan? (See instructions.)			10e		X				
f Has the plan failed to provide any benefit when due under the p			10f		X				
g Did the plan have any participant loans? (If "Yes," enter amount	•	,	10g	X					5135
h If this is an individual account plan, was there a blackout period 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.			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 require 5500) and line 11a below)								. П	Yes 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 funding						302 of E	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)		<b>13c(3)</b> F	PN(s)	
Part	: VIII	Trust Information						
14a	Name o	f trust		14b 1	Γrust's EIN	١		
14c	Name	of trustee or custodian		14d	Trustee's	or custodia	an's	
	rianio	of tubics of suctorial		14d Trustee's or custodian's 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		lan sponsor is an adopter of a pre-approved master and prototype (M&P) or volume submitter pland the letter yellower. I and the letter's serial references and the letter's serial references and the letter's serial references.		t to a fa	vorable II	RS opinion	or	
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).

▶ Complete all entries in accordance with the instructions to the Form 5500-SF.

OMB Nos. 1210-0110 1210-0089

2015

This Form is Open to **Public Inspection** 

Part I	Annual Report	t Identification Information					
For calend	lar plan year 2015 or f	fiscal plan year beginning	01/01/2015	and ending	12/31/	2015	
<b>A</b> This re	a single-employer plan  This return/report is for:  a multiple-employer plan (not multiemployer) (Filers checking this box must a list of participating employer information in accordance with the form instruction						
A TIME TO	turimeport is for.	a one-participant plan	a foreign plan	mployer information in a	ecordance with the	e form instructions)	
<b>B</b> This ret	urn/report is	the first return/report	the final return/report				
		an amended return/report	a short plan year retu	urn/report (less than 12 m	nonths)		
C Check	box if filing under:	Form 5558 special extension (enter descr	automatic extension		DFVC	program	
Part II	Basic Plan Info	ormation—enter all requested int	' '				
1a Name	of plan	ome an requestor in	omination.		1b Three-digit		
WILLIAM	M M. BETHEL,	D.D.S., P.S. 401(k) P	ROFIT SHARING P	LAN	plan numb		
					1c Effective d 10/01/2		
Mailing	address (include roo	oyer, if for a single-employer plan) om, apt., suite no. and street, or P.O ce, country, and ZIP or foreign posta	). Box)	4 (1)		dentification Number	
WILLIA	AM M. BETHEL,	D.D.S., P.S.	al code (if foreign, see ins	tructions)		telephone number	
10700	S.E. 174TH, S	SUITE 201				ode (see instructions)	
RENTON	I	WA 98055			021210		
3a Plan a	dministrator's name a	nd address XSame as Plan Spons	or,		3b Administrat	tor's EIN	
					3c Administra	tor's telephone number	
					, , , , , , , , , , , , , , , , , , , ,	or o totophone number	
4 if the r	ame and/or EIN of the	e plan sponsor has changed since t	the last return/report filed	for this plan, enter the	4b EIN		
name, a Sponse	EIN, and the plan nur	mber from the last return/report.		, ,	4c PN		
	Sur Selection Control of the Control	at the beginning of the plan year				7	
<b>b</b> Total r	umber of participants	at the end of the plan year				6	
C Number	er of participants with a ete this item)	account balances as of the end of the	he plan year (defined ben	efit plans do not	5c	6	
		rticipants at the beginning of the pla			5d(1)	6	
d(2) Tota	I number of active pa	rticipants at the end of the plan yea	r	***************************************	5d(2)	6	
than 1	00% vested	terminated employment during the			5e	0	
Gaution: A	penalty for the late of	or incomplete filing of this return.	report will be assessed	unless reasonable cau	iso is ostablishor	4	
SD OF SCHE	dule MB completed ar rue, correct, and comp	her penalties set forth in the instruct nd signed by an enrolled actuary, as plete.	tions, I declare that I have well as the electronic ve	examined this return/report	port, including, if a t, and to the best c	pplicable, a Schedule of my knowledge and	
SIGN	Villa K	satte	423/16	WILLIAM M. BE	THEL		
HERE	Signature of plan a	dministrator	Date	Enter name of individu	ual signing as plar	administrator	
SIGN HERE							
	Signature of emplo	yer/plan sponsor ame, if applicable) and address (inc	Date	Enter name of individu			
	anno (moraung mm m	and, ii applicable) and address (inc	adde room or suite number	<sup>31</sup> )	Preparer's teleph	one number	
				l l		TY SEE THE SEE	

	Form 5500-SF 2015		Page <b>2</b>								
b	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 under 29 CFR 2520.104-46? (See instructions on waiver eligibility If you answered "No" to either line 6a or line 6b, the plan cann If the plan is a defined benefit plan, is it covered under the PBGC in	an indeper and condit ot use Fo	ndent qualified public tions.) orm 5500-SF and mu	accoun	tant (IC	QPA) • Forn	n 5500.	mmarc		Yes [	_
	rt III   Financial Information		(000 = 1,00,7,0		1021).		] 100 []	].40	1101 00	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	nicu
7	Plan Assets and Liabilities		(a) Banimin	6 1/		$\overline{}$					
	Total plan assets	7-	(a) Beginnir		74415			(b) End	of Year		2553
	Total plan liabilities	7a 7b			/ 111.			_			
	Net plan assets (subtract line 7b from line 7a)	7c		-	74415	_					1290
8	Income, Expenses, and Transfers for this Plan Year	RANGE OF	(=\ A		74413	, 5		1,00		76	1263
	Contributions received or receivable from:	, II SIN	(a) Amo	unt			Se De V	(b) T	otal	Trans	
	(1) Employers	8a(1)			833	9					
	(2) Participants	8a(2)			2556	0	SAT I I	mg E	7	di v	
	(3) Others (including rollovers)	8a(3)				K*11	11 EW (40 I			1	the same
<u>b</u>	Other income (loss)	8b		-	1361	.6			11.0	V 1	
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c		Hamilton						2	0283
	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d			190	5					
	Certain deemed and/or corrective distributions (see instructions)	8e					- 0.6	1416		CHR	
_f	Administrative service providers (salaries, fees, commissions)	8f			127	0	311 -111	U N. 10)	1,80	ST N	100
g	Other expenses	8g						STRUM.	157.41	Web.	Airdi
<u>h</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h		FWE							3175
<u>   i                                 </u>	Net income (loss) (subtract line 8h from line 8c)	8i		1000	F 57						7108
	Transfers to (from) the plan (see instructions)					The second	1 12	O Part		311	
	, , , , , , , , , , , , , , , , , , , ,	8j				100					
	If the plan provides pension benefits, enter the applicable pension 2A 2E 2F 2G 2J 2R 3D	feature co									
Par 9a	If the plan Characteristics  If the plan provides pension benefits, enter the applicable pension 2A 2E 2F 2G 2J 2R 3D  If the plan provides welfare benefits, enter the applicable welfare fe	feature co									
Par 9a B	If the plan provides pension benefits, enter the applicable pension 2A 2E 2F 2G 2J 2R 3D  If the plan provides welfare benefits, enter the applicable welfare fellows  V Compliance Questions  During the plan year:	feature co	es from the List of Pla					instructio	ons:	nt	
Par 9a B	If the plan provides pension benefits, enter the applicable pension 2A 2E 2F 2G 2J 2R 3D  If the plan provides welfare benefits, enter the applicable welfare fellows  V Compliance Questions  During the plan year:  Was there a failure to transmit to the plan any participant contribut described in 29 CFR 2510.3-102? (See instructions and DOL's Videous Participant Contributions and DOL's Videous Participant Contributions and DOL's Videous Participant Contributions Participant Contribu	feature codeature code	es from the List of Pla	n Char	acterist	ic Cod	les in the	instructio		nt	
Part 9a B Part 10	If the plan provides pension benefits, enter the applicable pension 2A 2E 2F 2G 2J 2R 3D  If the plan provides welfare benefits, enter the applicable welfare feel by Compliance Questions  During the plan year:  Was there a failure to transmit to the plan any participant contribut described in 29 CFR 2510.3-102? (See instructions and DOL's Verogram)	feature cod	es from the List of Pla	n Char	acterist	ic Cod	les in the	instructio	ons:	nt	
Part 10 a b	If the plan provides pension benefits, enter the applicable pension 2A 2E 2F 2G 2J 2R 3D  If the plan provides welfare benefits, enter the applicable welfare fell the plan provides welfare benefits, enter the applicable welfare fell to the plan provides welfare benefits, enter the applicable welfare fell to the plan provides welfare fell to the plan and participant contributed benefits and participant contributed b	feature code eature code ions within oluntary Fi	es from the List of Plant in the time period duciary Correction include transactions	10a	Yes	No X	les in the	instructio	ons:		
Part 9a B Part 10	If the plan provides pension benefits, enter the applicable pension 2A 2E 2F 2G 2J 2R 3D  If the plan provides welfare benefits, enter the applicable welfare fellows  V Compliance Questions  During the plan year:  Was there a failure to transmit to the plan any participant contribut described in 29 CFR 2510.3-102? (See instructions and DOL's Verogram)  Were there any nonexempt transactions with any party-in-interest? The plan covered by a fidelity bond?  Was the plan covered by a fidelity bond?	feature code ature code ions within pluntary Fi	es from the List of Plant the time period iduciary Correction include transactions and that was caused	10a 10b	acterist	No X	les in the	instructio	ons:		30000
Part 10 a b c d	If the plan provides pension benefits, enter the applicable pension 2A 2E 2F 2G 2J 2R 3D  If the plan provides welfare benefits, enter the applicable welfare feel by Compliance Questions  During the plan year:  Was there a failure to transmit to the plan any participant contribut described in 29 CFR 2510.3-102? (See instructions and DOL's Verogram)  Were there any nonexempt transactions with any party-in-interest reported on line 10a.)  Was the plan covered by a fidelity bond?  Did the plan have a loss, whether or not reimbursed by the plan's for the plan or dishonesty?  Were any fees or commissions paid to any brokers, agents, or other	feature code ature code ions within bluntary Figure 1 (Do not in fidelity bores	es from the List of Plant the time period iduciary Correction include transactions and, that was caused	10a	Yes	No X	les in the	instructio	ons:		30000
Parr 9a  B Parr 10 a b c d	If the plan provides pension benefits, enter the applicable pension 2A 2E 2F 2G 2J 2R 3D  If the plan provides welfare benefits, enter the applicable welfare fell the plan provides welfare benefits, enter the applicable welfare fell to the plan provides welfare benefits, enter the applicable welfare fell to the plan provides welfare benefits, enter the applicable welfare fell to the plan provides welfare fell to the plan any participant contributed described in 29 CFR 2510.3-102? (See instructions and DOL's Verogram)  Were there any nonexempt transactions with any party-in-interest reported on line 10a.)  Was the plan covered by a fidelity bond?  Did the plan have a loss, whether or not reimbursed by the plan's fell the plan have a loss, whether or not reimbursed by the plan's fell the plan have a loss, whether or not reimbursed by the plan's fell the plan have a loss, or other organization that provides some the plan? (See instructions.)	feature code ions withing oluntary Figure 12 (Do not in fidelity borner persons er persons er or all of t	es from the List of Plant the time period iduciary Correction include transactions include tr	10a 10b	Yes	No X	les in the	instructio	ons:		30000
Part 10 a b c d	If the plan provides pension benefits, enter the applicable pension 2A 2E 2F 2G 2J 2R 3D  If the plan provides welfare benefits, enter the applicable welfare fell the plan provides welfare benefits, enter the applicable welfare fell to the plan provides welfare benefits, enter the applicable welfare fell to the plan provides welfare fell to the plan any participant contributed described in 29 CFR 2510.3-102? (See instructions and DOL's Verogram)  Were there any nonexempt transactions with any party-in-interest reported on line 10a.)  Was the plan covered by a fidelity bond?  Did the plan have a loss, whether or not reimbursed by the plan's form the plan have a loss, whether or not reimbursed by the plan's form the plan fell to provide any benefit when due under the plan that the plan failed to provide any benefit when due under the plan that the plan failed to provide any benefit when due under the plan that the plan failed to provide any benefit when due under the plan that the plan failed to provide any benefit when due under the plan that the plan failed to provide any benefit when due under the plan that the plan failed to provide any benefit when due under the plan that the plan failed to provide any benefit when due under the plan that the plan failed to provide any benefit when due under the plan that the plan failed to provide any benefit when due under the plan that the plan failed to provide any benefit when due under the plan that the plan failed to provide any benefit when due under the plan that the plan failed to provide any benefit when due under the plan that the plan that the plan failed to provide any benefit when due under the plan that the plan tha	feature code ions withir coluntary Fi  (Do not in fidelity bor er persons e or all of t	es from the List of Plant in the time period duciary Correction include transactions ind, that was caused in by an insurance the benefits under	10a 10b 10c	Yes	No X X	les in the	instructio	ons:		30000
Parr 9a B Parr 10 a b c c d e f g	If the plan provides pension benefits, enter the applicable pension 2A 2E 2F 2G 2J 2R 3D  If the plan provides welfare benefits, enter the applicable welfare fell the plan provides welfare benefits, enter the applicable welfare fell the plan provides welfare benefits, enter the applicable welfare fell to the plan provides welfare benefits, enter the applicable welfare fell to the plan provides welfare fell to the plan any participant contributed described in 29 CFR 2510.3-102? (See instructions and DOL's Verogram)  Were there any nonexempt transactions with any party-in-interest reported on line 10a.)  Was the plan covered by a fidelity bond?  Did the plan have a loss, whether or not reimbursed by the plan's fell the plan have a loss, whether or order in the plan's fell the plan have a commissions paid to any brokers, agents, or other carrier, insurance service, or other organization that provides some the plan? (See instructions.)  Has the plan failed to provide any benefit when due under the plan Did the plan have any participant loans? (If "Yes," enter amount as	feature code ions withing the column and the column	es from the List of Plant in the time period iduciary Correction include transactions ind, that was caused in by an insurance he benefits under ind.)	10a 10b 10c 10d	Yes	No X X X	les in the	instructio	ons:		5135
Parr 9a  B Parr 10 a b c d e	If the plan provides pension benefits, enter the applicable pension 2A 2E 2F 2G 2J 2R 3D  If the plan provides welfare benefits, enter the applicable welfare feel to plan provides welfare benefits, enter the applicable welfare feel to plan provides welfare benefits, enter the applicable welfare feel to plan provides welfare benefits, enter the applicable welfare feel to plan provides welfare benefits, enter the applicable welfare feel to plan provides welfare benefits, enter the applicable welfare feel to plan plan pensions.  During the plan pensions  Was there a failure to transmit to the plan any participant contributed described in 29 CFR 2510.3-102? (See instructions and DOL's Voltage Program).  Were there any nonexempt transactions with any party-in-interest proported on line 10a.)  Was the plan covered by a fidelity bond?  Did the plan have a loss, whether or not reimbursed by the plan's feel by fraud or dishonesty?  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.)  Has the plan failed to provide any benefit when due under the plan Did the plan have any participant loans? (If "Yes," enter amount as If this is an individual account plan, was there a blackout period? (\$2520.101-3.)	feature code ions withir coluntary Fi r (Do not in fidelity bor er persons e or all of t	es from the List of Plant in the time period iduciary Correction include transactions ind, that was caused in by an insurance he benefits under ind.)	10a 10b 10c 10d	Yes	No X X X	les in the	instructio	ons:		=
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Parr 9a  B Parr 10 a b c d e f g h i j Part 11	If the plan provides pension benefits, enter the applicable pension 2A 2E 2F 2G 2J 2R 3D  If the plan provides welfare benefits, enter the applicable welfare fell the plan provides welfare benefits, enter the applicable welfare fell the plan provides welfare benefits, enter the applicable welfare fell the plan provides welfare benefits, enter the applicable welfare fell to provide welfare fell to provide welfare benefits, enter the applicable welfare fell to provide any participant contributed described in 29 CFR 2510.3-102? (See instructions and DOL's Vel Program)  Were there any nonexempt transactions with any party-in-interest reported on line 10a.)  Was the plan covered by a fidelity bond?  Was the plan have a loss, whether or not reimbursed by the plan's fell the plan have a loss, whether or not reimbursed by the plan's fell the plan have a loss, whether or not reimbursed by the plan's fell the plan have a loss, whether or not reimbursed by the plan's fell the plan have a loss, whether or not reimbursed by the plan's fell the plan? (See instructions.)  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.)  Has the plan failed to provide any benefit when due under the plan Did the plan have any participant loans? (If "Yes," enter amount as If this is an individual account plan, was there a blackout period? (\$2520.101-3.)  If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.101.  Did the plan trust incur unrelated business taxable income?	feature code ature code ions within coluntary Findelity borner personse or all of the control of year endired and the year end y	es from the List of Plant in the time period duciary Correction include transactions and, that was caused by an insurance he benefits under include and 29 CFR include or one of the include or one of the include inc	10a 10b 10c 10d 10e 10f 10g 10h 10i 10j	Yes X	No X X X X X S S S S S S S S S S S S S S	N/A N/A	instruction	Amour		5135

	Form 5500-SF 2015 Page <b>3</b> -								
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)								
	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								
	If you 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							
	Enter the amount contributed by the employer to the plan for this plan year								
	Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a negative amount)	40.1							
	Will the minimum funding amount reported on line 12d be met by the funding deadline?	П	Yes	No	N/A				
Par									
13	Has a resolution to terminate the plan been adopted in any plan year?		Yes X No						
	If "Yes," enter the amount of any plan assets that reverted to the employer this year		- Lund	المتما					
b		control		Yes X	No				
	If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) which assets or liabilities were transferred. (See instructions.)	0			-				
	d2a/d3 Nome of all artists	) EIN(s)		13c(3)	PN(s)				
Par	t VIII Trust Information								
14a	Name of trust	14h 1	rust's EIN						
	v v		Tuot o Eliv						
140	Name of trustee or custodian	14d Trustee's or custodian's telephone number							
Par	t IX IRS Compliance Questions								
15a	Is the plan a 401(k) plan?	Yes	3	No					
	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)?	ba ha	sign- sed safe rbor ethod		P/ACP t				
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 testing method" for nonhighly compensated employees (Treas. Reg sections 1.401(k)-2(a)(2)(ii) and 1.401(m)-2(a)(2)(iii))?		Yes No						
	Check the box to indicate the method used by the plan to satisfy the coverage requirements under section 410(b):	☐ per	Ratio percentage test		Average benefit test				
	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?	Yes	Yes [						
	Has the plan been timely amended for all required tax law changes?	Yes		No	N/A				
	Date the last plan amendment/restatement for the required tax law changes was adopted for tax law changes and codes).		_		nstructions				
	If the plan sponsor is an adopter of a pre-approved master and prototype (M&P) or volume submitter plan that is subject advisory letter, enter the date of that favorable letter and the letter's serial number				or				
	If the plan is an individually-designed plan and received a favorable determination letter from the IRS, enter the date of determination letter	the plan	s last favo	rable					
18	Is the Plan maintained in a U.S. territory (i.e., Puerto Rico (if no election under ERISA section 1022(i)(2) has been made), American Samoa, Guam, the Commonwealth of the Northern Mariana Islands or the U.S. Virgin Islands)?	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 of whether or not retired), as required under section 401(a)(9)?	☐ Yes		∏No	□ N/A				