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

A This return/report is for: a single-employer plan lar multiple-employer plan lar dearding 122/12015	Part I	Annual Report	: Identification Informatio	n						
A This return/report is for: a one-participant plan a foreign plan a foreign plan a foreign plan a short plan year return/report as an amended return/report as short plan year return/report as short plan year return/report september per short plan number (PN) per short plan number (PN) per short plan number per sh	For calenda	ar plan year 2015 or fi	scal plan year beginning 01/01	/2015	and ending 12	2/31/2015				
B This return/report is			lan (not multiemployer)	(Filers checking this box must attach a						
B This return/report is	A This retu	urn/report is for:								
C Check box if filing under:			a one-participant plan							
C Check box if filing under:	_		П. е							
C Check box if filing under:	B This retu	rn/report is	H '	H						
Part II Basic Plan Information—enter all requested information			an amended return/report	ort						
Part II Basic Plan Information—enter all requested information 1a Name of plan CARPENTER, MCGUIRE & DEWULF, P.S. 2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., solte no, and street, or P.O. Box) CARPENTER, MCGUIRE & DEWULF P.S. 2b Employer Identification Number (EIN) 91-1691742 2c Sponsor's telephone number (S09-725-3101) 2d Business code (see instructions) AARPENTER, MCGUIRE & DEWULF P.S. P.O. BOX 249 DAVENPORT, WA 99122 3a Plan administrator's name and address Same as Plan Sponsor. CARPENTER, MCGUIRE & DEWULF P.S. P.O. BOX 249 DAVENPORT, WA 99122 3b Administrator's EIN 91-1691742 3c Administrator's telephone number 509-725-3101 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. 4 Sponsor's name 4 EIN 5a Total number of participants at the beginning of the plan year 5b 15 C Number of participants at the end of the plan year 5c 144 (4(1) Total number of active participants at the beginning of the plan year 5d(1) 15 d(2) Total number of active participants at the beginning of the plan year 5d(1) 15 d(2) Total number of active participants at the beginning of the plan year 5d(2) 14 e Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested 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 incomplete filing of this return/report will be assessed unless reasonable cause is established. 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 incomplete filing of this return/report will be assessed unless reasonable cause is established. Caution: A penalty for the late or incomplete filing	C Check b	oox if filing under:	Form 5558	automatic extension		DFV	C program			
Part II Basic Plan Information—enter all requested information 1a Name of plan CARPENTER, MCGUIRE & DEWULF, P.S. 2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., solte no, and street, or P.O. Box) CARPENTER, MCGUIRE & DEWULF P.S. 2b Employer Identification Number (EIN) 91-1691742 2c Sponsor's telephone number (S09-725-3101) 2d Business code (see instructions) AARPENTER, MCGUIRE & DEWULF P.S. P.O. BOX 249 DAVENPORT, WA 99122 3a Plan administrator's name and address Same as Plan Sponsor. CARPENTER, MCGUIRE & DEWULF P.S. P.O. BOX 249 DAVENPORT, WA 99122 3b Administrator's EIN 91-1691742 3c Administrator's telephone number 509-725-3101 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. 4 Sponsor's name 4 EIN 5a Total number of participants at the beginning of the plan year 5b 15 C Number of participants at the end of the plan year 5c 144 (4(1) Total number of active participants at the beginning of the plan year 5d(1) 15 d(2) Total number of active participants at the beginning of the plan year 5d(1) 15 d(2) Total number of active participants at the beginning of the plan year 5d(2) 14 e Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested 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 incomplete filing of this return/report will be assessed unless reasonable cause is established. 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 incomplete filing of this return/report will be assessed unless reasonable cause is established. Caution: A penalty for the late or incomplete filing			special extension (enter des	cription)						
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b Total number of participants at the end of the plan year						ļ	16			
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d(1) Total number of active participants at the beginning of the plan year			' '			30	15			
d(1) Total number of active participants at the beginning of the plan year				. , ,	•	5c	14			
d(2) Total number of active participants at the end of the plan year						5d(1)	15			
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SIGN HERE Filed with authorized/valid electronic signature. 06/30/2016 KENNETH D. CARPENTER	SB or Sche	dule MB completed a	and signed by an enrolled actuary,							
Signature of plan administrator SIGN HERE Signature of employer/plan sponsor Date Enter name of individual signing as plan administrator Enter name of individual signing as employer or plan sponsor				06/30/2016	KENNETH D. CARPE	CARPENTER				
SIGN HERE Signature of employer/plan sponsor Date Enter name of individual signing as employer or plan sponsor	HERE	Signature of plan a	administrator	Date	Enter name of individ	dual signing as plan administrator				
HERE Signature of employer/plan sponsor Date Enter name of individual signing as employer or plan sponsor	SIGN	•								
		Signature of emplo	over/nlan snonsor	Date	Enter name of individ	ual signing as er	nnlover or plan sponsor			
	Preparer's r									

Form 5500-SF 2015		Page 2						
 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 or line 6b. 	an independent	dent qualified public a	ccount	ant (IQ	PA)			X Yes No
c If the plan is a defined benefit plan, is it covered under the PBGC in	nsurance pr	ogram (see ERISA se	ection 4	021)? .		Yes	No	Not determined
Part III Financial Information	1							
7 Plan Assets and Liabilities		(a) Beginning	of Ye	ar			(b) End c	
a Total plan assets	. 7a		2317	'518				2239492
b Total plan liabilities	. 7b		2247	7540				2220402
Net plan assets (subtract line 7b from line 7a) Income. Expenses, and Transfers for this Plan Year	. 7с	(a) A	2317	310			(b) Ta	2239492
8 Income, Expenses, and Transfers for this Plan Year a Contributions received or receivable from:		(a) Amou	unt				(b) To	otai
(1) Employers	. 8a(1)		29	315				
(2) Participants	. 8a(2)		60	724				
(3) Others (including rollovers)	 							
b Other income (loss)				-803				
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	. 8c							89236
Benefits paid (including direct rollovers and insurance premiums to provide benefits)	. 8d		167	077				
e Certain deemed and/or corrective distributions (see instructions)	. 8e							
f Administrative service providers (salaries, fees, commissions)	. 8f			185				
g Other expenses	. 8g							
h Total expenses (add lines 8d, 8e, 8f, and 8g)	. 8h							167262
Net income (loss) (subtract line 8h from line 8c)	. 8i							-78026
j Transfers to (from) the plan (see instructions)	· 8j							
Part IV Plan Characteristics								
9a If the plan provides pension benefits, enter the applicable pension 2E 2F 2G 2J 2K 2T 3D	feature cod	des from the List of Pl	an Cha	racteris	stic Co	des in th	e instruct	ions:
B If the plan provides welfare benefits, enter the applicable welfare f	feature code	es from the List of Pla	n Chara	acterist	ic Coc	les in the	instruction	ons:
Part V Compliance Questions								
10 During the plan year:				Yes	No	N/A		Amount
Was there a failure to transmit to the plan any participant contributes described in 29 CFR 2510.3-102? (See instructions and DOL's Norgram)	/oluntary Fi	duciary Correction	10a		X			
b Were there any nonexempt transactions with any party-in-interes reported on line 10a.)			10b		X			
C Was the plan covered by a fidelity bond?			10c	Х				231752
d Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?			10d		X			201702
Were any fees or commissions paid to any brokers, agents, or other carrier, insurance service, or other organization that provides son the plan? (See instructions.)	her persons ne or all of t	by an insurance he benefits under	10e		X			
f Has the plan failed to provide any benefit when due under the pla			10f		Χ			
g Did the plan have any participant loans? (If "Yes," enter amount a				X				42075
h If this is an individual account plan, was there a blackout period?	(See instruc	ctions and 29 CFR	10g	^	X			43875
i If 10h was answered "Yes," check the box if you either provided to	he required	notice or one of the	10h					
exceptions to providing the notice applied under 29 CFR 2520.10j Did the plan trust incur unrelated business taxable income?			10i 10i					
Part VI Pension Funding Compliance			10)	<u> </u>	<u> </u>			
11 Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)								☐ Yes ☐ No
11a Enter the unpaid minimum required contribution for all years from						11a		103 140
12 Is this a defined contribution plan subject to the minimum funding							RISA?	Yes X No

	F	orm 5500-SF 2015 Page 3 - 1							
	_ `	s," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)							
а		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), identi assets or liabilities were transferred. (See instructions.)							
•	13c(1) N	lame of plan(s):	13c(2)	EIN(s)		13c(3) F	PN(s)		
Part	: VIII	Trust Information							
14a	Name o	f trust		14b Trust's EIN					
14c	Name	of trustee or custodian		14d Trustee's or custodian's					
140 Name of trustee of custodian						telephone number			
Par	t IX	IRS Compliance Questions							
15a	Is the	plan a 401(k) plan?		Yes 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)?		Design- based safe ADP/ACP harbor test method					
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	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	17c If the plan sponsor is an adopter of a pre-approved master and prototype (M&P) or volume submitter plan that is subject to a favorable IRS opinion or advisory letter, enter the date of that favorable letter / / and the letter's serial number								
17d	If the p	lan is an individually-designed plan and received a favorable determination letter from the IRS, e ination letter/		the plai	n's last fav	vorable			
18		Plan maintained in a U.S. territory (i.e., Puerto Rico (if no election under ERISA section 1022(i)(2, American Samoa, Guam, the Commonwealth of the Northern Mariana Islands or the U.S. Virgin		Yes	;	No			
19	Were in	n-service distributions made during the plan year?		Ye	s	No			
	If "Yes	" enter amount		19					
20		equired minimum distributions made to 5% owners who have attained age 70 $\frac{1}{2}$ (regardless of w), as required under section 401(a)(9)?		Ye	s	No	N/A		

Form 5500-SF

Department of the Treasury Internal Revenue Service

Employee Benefits Security Administration Pension Benefit Guaranty Corporation

Department of Labor

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	Identification Information	and a second sec	dollors to the Form of	500-01.					
		scal plan year beginning	01/01/2015	and anding	12/	/21 /2015				
T OF GOTOTIC	al plan year 2010 or in			and ending		/31/2015				
A This ref	turn/report is for:	X a single-employer plan	a multiple-employer plan (not multiemployer) (Filers checking this box multiple-employer)							
		a one-participant plan	a foreign plan							
B This retu	urn/report is	the first return/report	the final return/report							
an amended return/report a short plan year return/report (less than 12										
C Check	box if filing under:	Form 5558	automatic extension			OFVC program				
		special extension (enter descr	<u> </u>							
Part II		rmation—enter all requested inf	formation							
1a Name	·				1b Three					
Carpent	er, McGuire &	DeWulf, P.S.				number 001				
					(PN)					
						ffective date of plan 9/01/1995				
		yer, if for a single-employer plan)			2b Emplo	oyer Identification Number				
Mailing	address (include roor	m, apt., suite no. and street, or P.O	Box)		(EIN) 91-1691742					
		e, country, and ZIP or foreign posta & DEWULF P.S.	ai code (ii foreign, see instr	uctions)	2c Sponsor's telephone number					
D 0 F	30X 249			1	509-725-3101 2d Business code (see instructions)					
P.O. E	50X 249				5411	110				
DAVENE		WA 99122								
		nd address Same as Plan Spons	or,		3b Administrator's EIN					
CARPEN'	TER, MCGUIRE	& DEWULF P.S.		-	91-1691742					
P.O. BOX 249					nistrator's telephone number 725-3101					
	~									
DAVENPO		WA 99122								
		e plan sponsor has changed since to mber from the last return/report.	the last return/report filed for	or this plan, enter the	4b EIN					
a Spons		niber from the fast return/report.			4c PN					
5a Total r	number of participants	at the beginning of the plan year			5a	16				
b Total r	number of participants	at the end of the plan year			5b	15				
		account balances as of the end of t			5c	14				
-		rticipants at the beginning of the pla			5d(1)	15				
d(2) Tota	al number of active par	rticipants at the end of the plan yea	ır		5d(2)	14				
		terminated employment during the			5e	0				
Caution: A	penalty for the late of	or incomplete filing of this return	report will be assessed	uniess reasonable caus	se is establ	lished,				
Under pena SB or Sche	alties of perjury and othe dule MB completed ar	ner penalties set forth in the instructed signed by an enrolled actuary, as	tions, I declare that I have	examined this return/rep	ort. including	g. if applicable, a Schedule				
	rue, correct, and comp	nete.	1/20/1/2	KENNETH D. CAR	ספאייינים					
SIGN HERE	Signature of plan a	dminintuntar	130/10							
CION	Signature of plan a	ummistrator	/Date /	Enter name of individu	ial signing as	s plan administrator				
SIGN HERE	0:			sus 4						
Preparer's	Signature of employ	yer/plan sponsor ame, if applicable) and address (inc	Date			s employer or plan sponsor telephone number				
r reparer e r	directioning in in	and, it applicable) and address (int	sidde foom of saite numbe	100	riepaiers	elephone number				
				-						

-	Form 5500-SF 2015		Page 2							
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 indepe and condi i ot use Fo	ndent qualified public a tions.) orm 5500-SF and mus	accoun	tant (IC	QPA) • Forn	 1 5500.		X Ye X Ye	s No
Par		- Isulance p	orogram (see LINIOA si	ection 2	+021):		res	□ IND □		erminea
		T				_				
	Plan Assets and Liabilities	-	(a) Beginnin					(b) End	of Year	22 125
	Total plan liabilities	7a		2,31	.7,51	1.8			2,2	39,492
	Total plan liabilities	7b		2 21	7 51					20 400
	Net plan assets (subtract line 7b from line 7a)	7c		2,31	. / , 3.	1.8	2,239,492			
а	Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from: (1) Employers	8a(1)	(a) Amo		9,31	1.5	(b) Total			
	(2) Participants	8a(2)			0,72					
	(3) Others (including rollovers)	8a(3)			,0,72	+				
	Other income (loss)	8b			-80) 3				
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c				75	89,236			
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		16	7,07	77	05/250			
е_	Certain deemed and/or corrective distributions (see instructions)	8e								
f_	Administrative service providers (salaries, fees, commissions)	8f			18	35				
g	Other expenses	8g								
_ <u>h</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							1	67,262
<u>_i_</u>	Net income (loss) (subtract line 8h from line 8c)	8i								78,026
j	Transfers to (from) the plan (see instructions)	8j								
Par	t IV Plan Characteristics		•							
9a 	If the plan provides pension benefits, enter the applicable pension 2E 2F 2G 2J 2K 2T 3D If the plan provides welfare benefits, enter the applicable welfare fe									
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 contributed described in 29 CFR 2510.3-102? (See instructions and DOL's V Program)	oluntary F	iduciary Correction	10a		X				
b		? (Do not	include transactions	Iva		-				
	reported on line 10a.)			10b		Х				
C	Was the plan covered by a fidelity bond?			10c	Х					231,75
d	Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?	fidelity bo	nd, that was caused	10d		х				·
е	Were any fees or commissions paid to any brokers, agents, or oth	ere any fees or commissions paid to any brokers, agents, or other persons by an insurance rrier, insurance service, or other organization that provides some or all of the benefits under				х				
f	Has the plan failed to provide any benefit when due under the plan			10e 10f		Х				
g		id the plan have any participant loans? (If "Yes," enter amount as of year end.)				-A	-			42.07
h	If this is an individual account plan, was there a blackout period? (this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 20.101-3.)			Х	Х		w.		43,87
T	10h was answered "Yes," check the box if you either provided the required notice or one of the ceptions to providing the notice applied under 29 CFR 2520.101-3			10h 10i						
j	Did the plan trust incur unrelated business taxable income?			10i						
Part			A THE SEC. OF	10]						
11	Is this a defined benefit plan subject to minimum funding requirements 500) and line 11a below)	ents? (If "	Yes," see instructions a	and con	nplete	Sched	ule SB	(Form	∏ Yes	. П No
11a	Enter the unpaid minimum required contribution for all years from								100	
12	Is this a defined contribution plan subject to the minimum funding							RISA?	Yes	X No
	-								A1)	