Form 5500-SF	Short Form Annua	al Return/Repor Benefit Plan	t of Small Employe	Employee OMB Nos. 1210 1210					
Department of the Treasury Internal Revenue Service	This form is required to be filed		4065 of the Employee Retire	ment	2015				
Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Income Security Act of 1974 (	ERISA), and sections 60 Revenue Code (the Cod	57(b) and 6058(a) of the Inter le).	This Form is Open to Public Inspection					
	<ul> <li>Complete all entries in a dentification Information</li> </ul>	ccordance with the ins	tructions to the Form 5500-5	SF.	-				
For calendar plan year 2015 or fisca		)16	and ending 06/10/	2016					
A This return/report is for:	X a single-employer plan		plan (not multiemployer) (File mployer information in accord		•				
<b>B</b> This return/report is	the first return/report an amended return/report	$\times$ the final return/report $\times$ a short plan year retu	rn/report (less than 12 month	s)					
<b>C</b> Check box if filing under:	Form 5558	automatic extension		DFV	/C program				
	special extension (enter descri								
	mation—enter all requested info	ormation							
<b>1a</b> Name of plan TOM MATSON DODGE, INC. 401(K	() PROFIT SHARING PLAN		15	Three-di plan nun (PN) ▶	-				
			10	Effective	e date of plan 08/01/1978				
	apt., suite no. and street, or P.O.			Employe (EIN)	er Identification Number 91-0656984				
TOM MATSON DODGE, INC.	country, and ZIP or foreign posta	r code (il foreign, see ins	2c	2c Sponsor's telephone number 253-833-2485					
PO BOX 1228			20	Business	s code (see instructions)				
EUNUMCLAW, WA 98022					441110				
3a Plan administrator's name and	address Same as Plan Sponso	or.	3b	Administ	trator's EIN				
4 If the name and/or EIN of the p	plan sponsor has changed since ti	ne last return/report filed		D EIN	trator's telephone number				
name, EIN, and the plan numb a Sponsor's name				PN					
5a Total number of participants at	t the beginning of the plan year			5a	32				
<b>b</b> Total number of participants at	t the end of the plan year			5b	0				
	count balances as of the end of th			5c	0				
d(1) Total number of active partic	cipants at the beginning of the pla	n year		d(1)	0				
d(2) Total number of active partie				d(2)	0				
	rminated employment during the			5e	0				
Caution: A penalty for the late or									
Under penalties of perjury and othe SB or Schedule MB completed and belief, it is true, correct, and completed	signed by an enrolled actuary, as								
	alid electronic signature.	06/24/2016	TOM L. MATSON						
Signature of plan adr	ministrator	Date	Enter name of individual s	igning as p	olan administrator				
SIGN HERE Signature of employe	r/nlan anangar	Date	Enter name of individual s	ianina oo a					
Preparer's name (including firm nar					ephone number				
For Doppmork Deduction Act Martin	and OMB Control Numbers, see the	instructions for Form FFS	D.SE		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 a							X Yes No		
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility a	and condit	ions.)		·····	·····		X Yes No		
•	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	isurance p	orogram (see ERISA se	ection 4	021)?		res	No Not determined		
Ра	rt III Financial Information					-				
	Plan Assets and Liabilities		(a) Beginning			_		(b) End of Year		
<u>a</u>	Total plan assets	7a 7b		1249	122			0		
<u>b</u>	Total plan liabilities	7b 7e		1249	722	_		0		
<u> </u>	Net plan assets (subtract line 7b from line 7a) Income, Expenses, and Transfers for this Plan Year	7c	(a) Amai		122	+				
<u> </u>	Contributions received or receivable from:		(a) Amoເ	unt				(b) Total		
	(1) Employers	8a(1)								
	(2) Participants	8a(2)								
	(3) Others (including rollovers)	8a(3)								
b	Other income (loss)	8b		-31	065					
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						-31065		
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		1214	757					
е	Certain deemed and/or corrective distributions (see instructions)	8e								
f	Administrative service providers (salaries, fees, commissions)	8f		3	8900	_				
g	Other expenses	8g								
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h				_		1218657		
_ <u>i</u>	Net income (loss) (subtract line 8h from line 8c)	8i				_		-1249722		
j	Transfers to (from) the plan (see instructions)	8j								
	t IV Plan Characteristics									
9a	If the plan provides pension benefits, enter the applicable pension 2E $$ 2F $$ 2G $$ 2J $$ 2K $$ 3D	feature co	odes from the List of Pla	an Cha	racteris	stic Co	odes in t	the instructions:		
B	If the plan provides welfare benefits, enter the applicable welfare for	eature coo	les from the List of Pla	n Chara	acterist	ic Coo	les in th	ne instructions:		
Par	t 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 contribu described in 29 CFR 2510.3-102? (See instructions and DOL's V Program)	oluntary F	iduciary Correction	10a		×				
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		x				
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		x				
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.)	•		10g		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	ne require	d notice or one of the	10i						
j	Did the plan trust incur unrelated business taxable income?			10j						
Par				.0]		1	1	1		

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)					
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 E	RISA?	Yes	< No	

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-					Т		
		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		140	Trust's E	IN	
14c	Nam	ne of trustee or custodian		14d		's or custoo ne number	lian's
Par	t IX	IRS Compliance Questions		1			
15a	Is th	e plan a 401(k) plan?		Y	es	No	
15b		es," how does the 401(k) plan satisfy the nondiscrimination requirements for employee deferrals an hing contributions (as applicable) under sections 401(k)(3) and 401(m)(2)?			Design- ased safe arbor nethod	e AD	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):	Цp	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	Hast	the plan been timely amended for all required tax law changes?		Y	es	No	N/A
	for ta	the last plan amendment/restatement for the required tax law changes was adopted////	•				structions
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		e Plan maintained in a U.S. territory (i.e., Puerto Rico (if no election under ERISA section 1022(i)(2 e), American Samoa, Guam, the Commonwealth of the Northern Mariana Islands or the U.S. Virgir		∏ Y€	es	No	
19	Were	in-service distributions made during the plan year?		Y	es	No	
	lf "Ye	es," enter amount		19			
20		e required minimum distributions made to 5% owners who have attained age 70 ½ (regardless of wed), as required under section 401(a)(9)?		[] Y	es	No	N/A

Department of the Treasury Internal Revenue Service       Benefit Plan         Department of Labor mployee Benefits Security Administration       This form is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6057(b) and 6058(a the Internal Revenue Code (the Code).         Pension Benefit Guaranty Corporation       Complete all entries in accordance with the instructions to the Form 5500-         Part I       Annual Report Identification Information or calendar plan year 2015 or fiscal plan year beginning       01/01/2016 and ending         This return/report is for:       a single-employer plan       a multiple-employer plan (not multiemployer) (Fi a list of participating employer information in according a foreign plan	SF. 06/10/2016	s box must attach			
mployee Benefits Security Administration       the Internal Revenue Code (the Code).         Pension Benefit Guaranty Corporation       Complete all entries in accordance with the instructions to the Form 5500-         Part I       Annual Report Identification Information         or calendar plan year 2015 or fiscal plan year beginning       01/01/2016         This return/report is for:       a single-employer plan         a one-participant plan       a foreign plan	SF. 06/10/2016	Inspection 6 s box must attach			
Part I       Annual Report Identification Information         or calendar plan year 2015 or fiscal plan year beginning       01/01/2016       and ending         This return/report is for:       x a single-employer plan       a multiple-employer plan (not multiemployer) (Fi a list of participating employer information in accordance with the instructions to the Form 5500-	06/10/2016 lers checking this	6 s box must attach			
or calendar plan year 2015 or fiscal plan year beginning       01/01/2016       and ending         This return/report is for:       Image: a single-employer plan is the participant plan is the participation of the participant plan is the plan is	lers checking this	s box must attach			
This return/report is for:       Image: a single-employer plan       Image: a multiple-employer plan       I	lers checking this	s box must attach			
This return/report is for:					
This return/report is:       I the first return/report       I the final return/report         I an amended return/report       I a short plan year return/report (less than 12 more	nths)				
Check box if filing under: Form 5558 automatic extension	DFVC pro	ogram			
special extension (enter description)					
Part II Basic Plan Information enter all requested information					
A Name of plan Tom Matson Dodge, Inc. 401(K) Profit Sharing Plan	1b Three-digit plan number (PN) ►	r 001			
	1c Effective dat 08/01/19				
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)	2b Employer Id (EIN) 91-	entification Number 0656984			
Tom Matson Dodge, Inc.	2c Sponsor's telephone number (253) 833-2485				
PO Box 1228	2d Business co 441110	de (see instructions)			
US Eunumclaw WA 98022 Plan administrator's name and address X Same as Plan Sponsor Name	3b Administrato				
If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the	3c Administrato 4b EIN	or's telephone number			
name, EIN, and the plan number from the last return/report.					
Sponsor's name      Total number of participants at the basisning of the plan user	4c PN	32			
Total number of participants at the beginning of the plan year     Total number of participants at the end of the plan year	5a 5b	0			
Number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item)	5c	0			
I(1) Total number of active participants at the beginning of the plan year	5d(1)	0			
(2) Total number of active participants at the end of the plan year	5d(2)	0			
Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	5e	0			
aution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable caus	e is established.				
Inder penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, is B or Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/report, is elief, it is true, correct, and complete.	rt, including, if ap	plicable, a Schedule			
SIGN WHEN OG/24/2016 TOM L.	MATSO	N			
HERE Signature of plan administrator Date Enter name of individual	signing as plan a	dministrator			
SIGN What 06/24/2016 TOM L.	MATSO	N			
HERE Signature of employer/plan sponsor Date Enter name of individual	signing as employ	yer or plan sponsor			
	Preparer's telepho	the second s			

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a Were all of the plan's assets during the plan year invested in eligib	le assets? (Se	e instructions.)						X Ye	s 🗍 No
b Are you claiming a waiver of the annual examination and report of	50 B	62 D. 2. 2.							. <u> </u>
under 29 CFR 2520.104-46? (See instructions on waiver eligibility								XYe	s 🗌 No
If you answered "No" to either line 6a or line 6b, the plan cann	not use Form !	5500-SF and must inst							
If the plan is a defined benefit plan, is it covered under the PBGC i	insurance prog	ram (see ERISA section	n 402	1)?	[	Yes	No	No	t determi
Part III Financial Information									
Plan Assets and Liabilities		(a) Beginning of	Yea	r	1		(b) End	of Year	
Total plan assets	7a	1,24					.,		0
Total plan liabilities									0
Net plan assets (subtract line 7b from line 7a)		1,24	9.7	22	-				0
Income, Expenses, and Transfers for this Plan Year	1. C. 1. C. 1.	(a) Amount					(b)	Total	
Contributions received or receivable from:						- Office			
(1) Employers	8a(1)					-			
(2) Participants						and the same	and the second second		
(3) Others (including rollovers)									
		(31	.,06	5)					
Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) Benefits paid (including direct rollovers and insurance premiums	8c		1721	-	-			(31	,065)
to provide benefits)	8d	1,21	4,7	57					
Certain deemed and/or corrective distributions (see instructions)	8e								-
Administrative service providers (salaries, fees, commissions)	8f		3,9	00		11111			a in the
Other expenses	8g								19120
Total expenses (add lines 8d, 8e, 8f, and 8g)	8h	The second s	14.6.5	3 200				1,21	8,657
Total experioes (add mice od, oc, or, and og)	8i	Rent Charles						(1,249	,722)
Net income (loss) (subtract line 8h from line 8c)					200		1000	States .	
	8j				- Martin				
Net income (loss) (subtract line 8h from line 8c)         Transfers to (from) the plan (see instructions)         Part IV       Plan Characteristics         a       If the plan provides pension benefits, enter the applicable pension         2E       2F       2G       2J       2K       3D	feature codes								
Net income (loss) (subtract line 8h from line 8c)         Transfers to (from) the plan (see instructions)         Part IV       Plan Characteristics         If the plan provides pension benefits, enter the applicable pension         2E       2F       2G       2J       2K       3D         b       If the plan provides welfare benefits, enter the applicable welfare feature	feature codes								
Net income (loss) (subtract line 8h from line 8c)         Transfers to (from) the plan (see instructions)         Part IV       Plan Characteristics         a       If the plan provides pension benefits, enter the applicable pension         2E       2F       2G       2J       2K       3D         b       If the plan provides welfare benefits, enter the applicable welfare fe         Part V       Compliance Questions	feature codes			ristic (	Codes	in the i		ons:	
Net income (loss) (subtract line 8h from line 8c)         Transfers to (from) the plan (see instructions)         Part IV       Plan Characteristics         a       If the plan provides pension benefits, enter the applicable pension         2E       2F       2G       2J       2K       3D         b       If the plan provides welfare benefits, enter the applicable welfare fe         Part V       Compliance Questions         D       During the plan year:	feature codes	om the List of Plan Cha							t
Net income (loss) (subtract line 8h from line 8c)         Transfers to (from) the plan (see instructions)         Part IV       Plan Characteristics         a       If the plan provides pension benefits, enter the applicable pension         2E       2F       2G       2J       2K       3D         b       If the plan provides welfare benefits, enter the applicable welfare fe         Part V       Compliance Questions         0       During the plan year:         a       Was there a failure to transmit to the plan any participant contrib	feature codes feature codes fr	om the List of Plan Cha		ristic (	Codes	in the i		ons:	
Net income (loss) (subtract line 8h from line 8c)         Transfers to (from) the plan (see instructions)         Part IV       Plan Characteristics         a       If the plan provides pension benefits, enter the applicable pension         2E       2F       2G       2J       2K       3D         b       If the plan provides welfare benefits, enter the applicable welfare fe         Part V       Compliance Questions         D       During the plan year:         a       Was there a failure to transmit to the plan any participant contrib described in 29 CFR 2510.3-102? (See instructions and DOL's V	feature codes eature codes fr putions within th voluntary Fiduc	om the List of Plan Cha ne time period ciary Correction	racte	ristic (	Codes	in the i		ons:	t
Net income (loss) (subtract line 8h from line 8c)         Transfers to (from) the plan (see instructions)         Part IV       Plan Characteristics         a       If the plan provides pension benefits, enter the applicable pension 2E 2F 2G 2J 2K 3D         b       If the plan provides welfare benefits, enter the applicable welfare feet         Part V       Compliance Questions         D       During the plan year:         a       Was there a failure to transmit to the plan any participant contrib	feature codes eature codes fr putions within th voluntary Fiduc	om the List of Plan Cha ne time period ciary Correction		ristic (	Codes No	in the i		ons:	t
Net income (loss) (subtract line 8h from line 8c)         Transfers to (from) the plan (see instructions)         Part IV       Plan Characteristics         a       If the plan provides pension benefits, enter the applicable pension 2E 2F 2G 2J 2K 3D         b       If the plan provides welfare benefits, enter the applicable welfare feet         c       Part V         Compliance Questions         D       During the plan year:         a       Was there a failure to transmit to the plan any participant contrib described in 29 CFR 2510.3-102? (See instructions and DOL's V Program)	feature codes eature codes fr putions within th /oluntary Fiduc	om the List of Plan Cha ne time period ciary Correction ude transactions	racte	ristic (	Codes No	in the i		ons:	t
Net income (loss) (subtract line 8h from line 8c)         Transfers to (from) the plan (see instructions)         Part IV       Plan Characteristics         If the plan provides pension benefits, enter the applicable pension         2E       2F       2G       2J       2K       3D         If the plan provides welfare benefits, enter the applicable welfare fe         Part V       Compliance Questions         During the plan year:       a         Was there a failure to transmit to the plan any participant contrib described in 29 CFR 2510.3-102? (See instructions and DOL's V Program)         b       Were there any nonexempt transactions with any party-in-interes reported on line 10a.)         c       Was the plan covered by a fidelity bond?	feature codes eature codes fr outions within th voluntary Fiduc	om the List of Plan Cha te time period diary Correction ude transactions	10a	Yes	No x	in the i		ons:	t 500,00
Net income (loss) (subtract line 8h from line 8c)         Transfers to (from) the plan (see instructions)         Part IV       Plan Characteristics         a       If the plan provides pension benefits, enter the applicable pension 2E 2F 2G 2J 2K 3D         b       If the plan provides welfare benefits, enter the applicable welfare fe         Part V       Compliance Questions         D       During the plan year:         a       Was there a failure to transmit to the plan any participant contrib described in 29 CFR 2510.3-102? (See instructions and DOL's V Program)         b       Were there any nonexempt transactions with any party-in-interes reported on line 10a.)         c       Was the plan covered by a fidelity bond?         d       Did the plan have a loss, whether or not reimbursed by the plan's	feature codes eature codes fr outions within th Voluntary Fiduc st? (Do not incl	om the List of Plan Cha ne time period diary Correction ude transactions that was caused	10a 10b 10c	Yes	No x x	in the i		ons:	
Net income (loss) (subtract line 8h from line 8c)         Transfers to (from) the plan (see instructions)         Part IV       Plan Characteristics         a       If the plan provides pension benefits, enter the applicable pension 2E 2F 2G 2J 2K 3D         b       If the plan provides welfare benefits, enter the applicable welfare fe         Part V       Compliance Questions         D       During the plan year:         a       Was there a failure to transmit to the plan any participant contrib described in 29 CFR 2510.3-102? (See instructions and DOL's V Program)         b       Were there any nonexempt transactions with any party-in-interes reported on line 10a.)         c       Was the plan covered by a fidelity bond?         d       Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?	feature codes eature codes fr outions within th /oluntary Fiduc st? (Do not incl s fidelity bond,	om the List of Plan Cha ne time period ciary Correction ude transactions that was caused	10a	Yes	No x	in the i		ons:	
Net income (loss) (subtract line 8h from line 8c)         Transfers to (from) the plan (see instructions)         Part IV       Plan Characteristics         a       If the plan provides pension benefits, enter the applicable pension 2E 2F 2G 2J 2K 3D         b       If the plan provides welfare benefits, enter the applicable welfare feed         Part V       Compliance Questions         D       Use there a failure to transmit to the plan any participant contributes described in 29 CFR 2510.3-102? (See instructions and DOL's V Program)         b       Were there any nonexempt transactions with any party-in-interest reported on line 10a.)         c       Was the plan covered by a fidelity bond?         d       Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?         e       Were any fees or commissions paid to any brokers, agents, or of the second secon	feature codes eature codes fr outions within th Voluntary Fiduc st? (Do not incl s fidelity bond, ther persons by	om the List of Plan Cha ne time period diary Correction ude transactions that was caused y an insurance	10a 10b 10c	Yes	No x x	in the i		ons:	
Net income (loss) (subtract line 8h from line 8c)         Transfers to (from) the plan (see instructions)         Part IV       Plan Characteristics         a       If the plan provides pension benefits, enter the applicable pension 2E 2F 2G 2J 2K 3D         b       If the plan provides welfare benefits, enter the applicable welfare fe         Part V       Compliance Questions         D       During the plan year:         a       Was there a failure to transmit to the plan any participant contrib described in 29 CFR 2510.3-102? (See instructions and DOL's V Program)         b       Were there any nonexempt transactions with any party-in-interes reported on line 10a.)         c       Was the plan covered by a fidelity bond?         d       Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?	feature codes eature codes fr outions within th /oluntary Fiduc st? (Do not incl s fidelity bond, ther persons by me or all of the	om the List of Plan Cha ne time period diary Correction ude transactions that was caused y an insurance benefits under	10a 10b 10c	Yes	No x x	in the i		ons:	
Net income (loss) (subtract line 8h from line 8c)         Transfers to (from) the plan (see instructions)         Part IV       Plan Characteristics         If the plan provides pension benefits, enter the applicable pension         2E       2F       2G       2J       2K       3D         If the plan provides welfare benefits, enter the applicable welfare fe         Part V       Compliance Questions         During the plan year:       a         Was there a failure to transmit to the plan any participant contrib described in 29 CFR 2510.3-102? (See instructions and DOL's V Program)         b       Were there any nonexempt transactions with any party-in-interes reported on line 10a.)         c       Was the plan covered by a fidelity bond?         d       Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?         e       Were any fees or commissions paid to any brokers, agents, or of carrier, insurance service, or other organization that provides son	feature codes eature codes fr outions within th /oluntary Fiduc st? (Do not incl s fidelity bond, ther persons by me or all of the	om the List of Plan Cha ne time period iary Correction ude transactions that was caused y an insurance benefits under	10a 10b 10c 10d	Yes	No x x x	in the i		ons:	
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	Form 5500-SF 2015	Page 3-					
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)						
i	a If a waiver of the minimum funding standard for a prior year is being amortized in this granting the waiver.	plan year, see instr Mont					uling
	/ou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), a			ay	Yea	ar	
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	Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a n	ninus sign to the left	ofa	12d			
	negative amount)				<u>.</u> Г	<u>а.                                    </u>	7
e Part	Will the minimum funding amount reported on line 12d be met by the funding deadline           VII         Plan Terminations and Transfers of Assets	?			Yes	No	_ N/A
				X Ye			
154	Has a resolution to terminate the plan been adopted in any plan year? If "Yes," enter the amount of any plan assets that reverted to the employer this year				es 🗌 No	0	
h			1000,002220,0020727,000,0023	13a			0
	Were all the plan assets distributed to participants or beneficiaries, transferred to anoth of the PBGC?	her plan, or brought	under the co	ntrol	[	X Yes	No
c	If during this plan year, any assets or liabilities were transferred from this plan to anoth which assets or liabilities were transferred. (See instructions.)	er plan(s), identify t	he plan(s) to				
	3c(1) Name of plan(s):		130	(2) EIN(	s)	13c(3)	PN(s)
Dent							
Part							
14a	Name of trust			14b Tr	rust's EIN		
14c	Name of trustee or custodian			14d T	rustee or c	ustodian'	s
				telep	phone num	nber	
Par	t IX IRS Compliance Questions						
15a	Is the plan a 401(k) plan:			☐ Yes	3	No	
				Des	sign-		
15b	If "Yes," how does the 401(k) plan satisfy the nondiscrimination requirements for emplo			bas bar	sed safe	ADP/	ACP
_	matching contributions (as applicable) under sections 401(k)(3) and 401(m)(2)?				thod	test	
15c	If ADP/ACP test, did the 401(k) plan perform ADP/ACP testing for the plan year using t			☐ Yes	3	No	
	testing method" for nonhighly compensated employees (Treas. Reg. section 1.401(k)-2		1270.6.	_			
	2(a)(2)(ii))?			Rat	tio		
16a	Check the box to indicate the method used by the plan to satisfy the coverage requirem	nents under section	410(b):		centage	Avera	ige fit Test
16b	Does the plan satisfy the coverage and nondiscrimination tests of sections 410(b) and	401(a)(4) by combin	aing	Tes			
	this plan with any other plans under the permissive aggregation rules?			∐ Yes	;   	No	
	Has the Plan been timely amended for all required law changes?			Yes	ا د	No	□ N/A
17b	Date of the last plan amendment/restatement for the required tax law changes was add	opted/_/_	Enter the	e applica	ble code	(Se	е
17c	instructions for tax law changes and codes). If the plan sponsor is an adopter of a pre-approved master, prototype (M&P), or volume	submitter plan that	t is subject to	a favora	ble IRS o	pinion or	
		letter's serial numb	er.				
and the state	determination letter / /			or plan	s last lavo	able	
18	Is the Plan maintained in a U.S. territory (i.e., Puerto Rico (if no election under ERISA se made), American Samoa, Guam, the Commonwealth of the Northern Mariana Islands o	ection 1022(i)(2) has r the U.S. Virgin Isl	s been ands)?	Yes	;	No	
19	Were in-service distributions made during the plan year?			Yes	;	No No	
	If Yes, enter amount	•••••••••••••••••••••••••••••••		19			
20	Were minimum required distributions made to 5% owners who have attained age 70 $\frac{1}{2}$ not retired) as required under section 401(a)(9)?			Yes	; [	No	□ N/A