Form S	5500-SF	Short Form Annua	al Return/Repor Benefit Plan	t of Small Emplo	oyee		OMB Nos. 1210-0110 1210-0089		
	of the Treasury renue Service	This form is required to be filed	4065 of the Employee Re	tirement	2015				
Employee Benefits S	Department of Labor Income Security Act of 1974 (ERISA), and sections 6057(b) and 6058(a) of Employee Benefits Security Administration Revenue Code (the Code). Pension Benefit Guaranty Corporation Revenue Code (the Code).						orm is Open to lic Inspection		
		Complete all entries in a lentification Information	ccordance with the ins	tructions to the Form 55	00-SF.		-		
		al plan year beginning 01/01/20	015	and ending 12	/31/2015				
A This return/re	eport is for:	a single-employer plan a one-participant plan		plan (not multiemployer) mployer information in acc		-			
B This return/re	port is	the first return/report an amended return/report	the final return/report	urn/report (less than 12 mc	onths)				
C Check box if	Check box if filing under:						ram		
		special extension (enter descri							
1a Name of pla		nation—enter all requested info	ormation		1b Thi pla	ee-digit n number			
					,	I) 🕨	001		
					1c Effe	ective date of 01/0	f plan 1/2015		
Mailing addr	ess (include room,	r, if for a single-employer plan) apt., suite no. and street, or P.O. country, and ZIP or foreign posta		structions)	(Ell	N) 91-1	fication Number 735266		
	RD OF MOUNT VE				2c Sp	ponsor's telephone number 360-202-0369			
121 B FREEWAY	DP				2d Business code (see instructions)				
MOUNT VERNON						4452	291		
3a Plan administrator's name and address Same as Plan Sponsor.					3b Administrator's EIN				
					3C Adr	ninistrator's f	elephone number		
	and the plan numb	lan sponsor has changed since the sponsor has return/report.	he last return/report filed	for this plan, enter the	4b EIN 4c PN				
		the beginning of the plan year			<u></u> 5a		48		
		the end of the plan year		1	5b		50		
C Number of p	participants with ac	count balances as of the end of th	ne plan year (defined be	nefit plans do not	5c		23		
d(1) Total nun	nber of active partic	pipants at the beginning of the pla	n year	[5d(1)		48		
d(2) Total nur	nber of active partic	cipants at the end of the plan yea	r		5d(2)		50		
than 100%	vested	rminated employment during the			5e		0		
Under penalties SB or Schedule	of perjury and othe MB completed and	incomplete filing of this return, r penalties set forth in the instruct signed by an enrolled actuary, as	tions, I declare that I hav	e examined this return/rep	ort, inclu	ding, if applic			
	correct, and comple	te. lid electronic signature.	07/08/2016	RODNEY FREED					
HERE	nature of plan adr		Date	Enter name of individu	al signing) as plan adr	ninistrator		
SIGN HERE Sig	naturo of omploye	r/nlon ononcor	Dete	Entor nome of individu					
	nature of employe	ne, if applicable) and address (ind	Date clude room or suite numb	Enter name of individu		i as employe 's telephone			
For Personnell D	duction Act Notice	and OMP Control Numbers and it	instructions for Free FFS	0.55			Form 5500-SF (2015)		
	SUDUIDI ACLINOTICE &	and OMB Control Numbers, see the	manuchons for Form 500	v-ur.			1 UIII JJUU-3F (2013)		

-	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							
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility a If you answered "No" to either line 6a or line 6b, the plan cann		,					X Yes No
С	If the plan is a defined benefit plan, is it covered under the PBGC in						-	No Not determined
	rt III Financial Information							
7	Plan Assets and Liabilities		(a) Beginning	of Yea	ar			(b) End of Year
<u>.</u>	Total plan assets	7a	(u) Deginning		0			69525
	Total plan liabilities	7b						
С	Net plan assets (subtract line 7b from line 7a)	7c			0			69525
8	Income, Expenses, and Transfers for this Plan Year		(a) Amou	Int				(b) Total
а	Contributions received or receivable from: (1) Employers	8a(1)		9	882			
	(2) Participants	8a(2)		40	351			
	(3) Others (including rollovers)	8a(3)		21	335			
b	Other income (loss)	8b		-2	043	_		
-	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c				_		69525
	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d						
e	Certain deemed and/or corrective distributions (see instructions)	8e						
f	Administrative service providers (salaries, fees, commissions)	8f						
<u> </u>	Other expenses	8g						
<u>h</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h						00505
<u>+</u>	Net income (loss) (subtract line 8h from line 8c)	8i				_		69525
	Transfers to (from) the plan (see instructions)	8j						
	rt IV Plan Characteristics			~				
9a	If the plan provides pension benefits, enter the applicable pension 2E $2G$ 2J 2K 2T 3D							
В	If the plan provides welfare benefits, enter the applicable welfare fe	eature cod	les from the List of Plar	n Chara	cterist	ic Coc	les in th	e 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)	-		10a		х		
b	Were there any nonexempt transactions with any party-in-interest reported on line 10a.)	? (Do not	include transactions	10a		х		
c				10c		Х		
d		fidelity bo	nd, that was caused	100		X		
e	Were any fees or commissions paid to any brokers, agents, or oth carrier, insurance service, or other organization that provides som	ner person ne or all of	s by an insurance the benefits under			х		
f	the plan? (See instructions.) Has the plan failed to provide any benefit when due under the plan			10e 10f		X		
g	Did the plan have any participant loans? (If "Yes," enter amount a	s of year e	end.)	10g		Х		
h		(See instru	uctions and 29 CFR	10g		X		
i	If 10h was answered "Yes," check the box if you either provided th exceptions to providing the notice applied under 29 CFR 2520.10"	he required	d notice or one of the	10i				
j	Did the plan trust incur unrelated business taxable income?			10j				
Par	VI Pension Funding Compliance			-				
11	Is this a defined benefit plan subject to minimum funding requirem							
	5500) and line 11a below)							Yes No

12	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA?.
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11a Enter the unpaid minimum required contribution for all years from Schedule SB (Form 5500) line 40...

Yes X No

11a

Form 5500-SF 2015

Page **3 -** 1

-									
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)								
a	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 c	ompleted 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					
-		the amount contributed by the employer to the plan for this plan year		12c					
d		ract 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?			Υe	es X No			
		es," enter the amount of any plan assets that reverted to the employer this year		13a					
h		e all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brou							
D		e PBGC?				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.)	fy the plan(s) to						
1	13c(1)	Name of plan(s):	13c(2)	EIN(s)		13c(3)	PN(s)		
Part	VIII	Trust Information							
14a	Name	of trust		14b Trust's EIN					
14c Name of trustee or custodian					14d Trustee's or custodian's telephone number				
Par	t IX	IRS Compliance Questions							
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- based safe harbor method			ADP/ACP test		
15c	testir	ADP/ACP test is used, did the 401(k) plan perform ADP/ACP testing for the plan year using the "c ng method" for nonhighly compensated employees (Treas. Reg sections 1.401(k)-2(a)(2)(ii) and 1.4 2)(ii))?		Y	Yes No				
		k the box to indicate the method used by the plan to satisfy the coverage requirements under sect	.,	Цр	atio ercentage est		erage nefit test		
16b		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	Y	es	No			
17a	Has	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//////	•				tructions		
17c		plan sponsor is an adopter of a pre-approved master and prototype (M&P) or volume submitter placer sory letter, enter the date of that favorable letter/ and the letter's serial r		t to a f	avorable	IRS opinion	or		
17d		plan is an individually-designed plan and received a favorable determination letter from the IRS, e mination letter/	nter the date of	the pla	in's last fa	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		Υe	S	No			
19	Were	in-service distributions made during the plan year?		Y	es	No			
	lf "Y€	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			

Totional Nervoirs Service? 2015 Dependence of Labor This form is required to be filed undar sociations 605/(b) and 6056(a) of the Impalyte Retirement Revenue Code (the Code). 2015 Part II Annual Report Identification Information - Complete all entries in accordance with the Instructions to the Farm 6500-5F. This roturn is Open Part II Annual Report Identification Information - Complete all entries in accordance with the Instructions to the Farm 6500-5F. This roturn is Open A This return/report is a single-employer plan a multiple-employer plan (million) - Complete sile of participating employer information in accordance with the form instructions) B This return/report is a annual return/report a short participating employer information in accordance with the form instructions) C Check box if filing under: Form 6566 automatic extension DFVC program B ascial extension (enter description) DFVC program - Complete all enterum/report - Complete all enterum/report 1A Name of plan Employer, if for a single-employer plan 1b Three-digit plan number - Conteck box if filing under: - Complete all enterum/report 24 Plan sponsor's name (employer, if for a single-employer plan) Ib C Effective date of plan - Complete single plan CALCO CUPBOARD OF MOUNT VERNON, INC.	Form 5500-SF	Short Form Annu	ual Return/Rep Benefit Pla		loyee	OME	3 Nos. 1210-0 1210-00		
Description Description <thdescription< th=""> <thdescription< th=""></thdescription<></thdescription<>	Department of the Treasury Internal Revenue Service	This form is required to be file		Retirement	2015				
Public Imspection Imspectio		Income Security Act of 1974							
Part I Annual Report Identification Information For calendar plany are 2016 of fiscal bin year begining 0100/2015 and ending 12/01/2015 For calendar plany are 2016 of fiscal bin year begining 0100/2015 an ending 12/01/2015 A This return/report is for: a single-employer plan a matiple-employer information in accordance with the form instructions) B This return/report is for: a one-participant plan a forsign plan b for first return/report B This return/report is for: g and media feutry/report a short plan year return/report b b for first feutry/report C Check box if filing under: Form 5556 g automatic extension DFVC program B This return/report is for: form 6556 g automatic extension DFVC program Part II Basic Plan Information-enter al requested information 1b Three-digit plan number 001 Ta Name of plan ALCO CUPBOARD CAFE & BAKERY 401(Q PLAN 1b Three-digit plan number 001 Za Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt, suite no, and steet, or P.O. Box) C Sponsors to the elempton number City of two, and a doress QSame as Plan Sponsor. 3b Administrator's telephone number 24 If FREEWAY DR. Ga Tata number of participants a		—		,-					
For calendar plan year 2015 or fiscal plan year beginning 010012015 an an ending 1201015 A This return/report is for: a single-employer plan a multiple-employer plan indimultiple molecy (Files checking his boor must attach is to farsificipating employer information in accordance with the form instructions) B This return/report is in a one-participant plan is to farsificipating employer information in accordance with the form instructions) a energed extension is a cordination in accordance with the form instructions) C Check box if filing under: Form 5556 automatic extension is a pacelal extension (enter description) DFVC program Part II. Basic Plan Information—enter all requested information 1b Three-digin plan 1b Three-digin plan 1a Name of plan 1b Three-digin plan 1b Three-digin plan 2a Plan sponsor's name (employer; if for a single-employer riden) 1b Three-digin (entri description) ALLCO CUPBOARD OF MOUNT VERNON, INC. 2b Employer Identification Number (eithy 0 + 17.32656) 2d Business code (see Instructions) 3c Administrator's telephone number (see NM + 17.32656) 2d Business made 3c Administrator's telephone number (see NM + 17.32656) 2d I Susmes as Plan sponsor has changed since the last return/report filed for this plan, enter the dast participants at the beginning of the plan year. 5a dd(1) 3c Administrator's telephone number (seth) for egina year with accrued benefit plans	Part I Annual Repor			Instructions to the Form a	5500-SF.	·····			
A This return/report is for:		fiscal plan year beginning 01/01/20	15	and ending 12/	31/2015				
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C Check box if filing under: Form 6568 Jautomatic extension Fert II Basic Plan Information—enter all requested information ALCO CUPBOARD CAFE & BAKERY 401(k) PLAN Form 5568 ALCO CUPBOARD CAFE & BAKERY 401(k) PLAN To Effective date of plan ALCO CUPBOARD CAFE & BAKERY 401(k) PLAN To Effective date of plan City of twon, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) ALCO CUPBOARD OF MOUNT VERNON, INC. City or twon, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) ALCO CUPBOARD OF MOUNT VERNON, INC. City or twon, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) ALCO CUPBOARD OF MOUNT VERNON, INC. City or twon, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) ALCO CUPBOARD OF MOUNT VERNON, INC. City or twon, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) ALCO CUPBOARD OF MOUNT VERNON, INC. City or twon, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) ALCO CUPBOARD OF MOUNT VERNON, INC. City or twon, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) ALCO CUPBOARD OF MOUNT VERNON, INC. City or twon, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) ALCO CUPBOARD OF MOUNT VERNON, INC. City or two state or province, country, and ZIP or foreign postal code (if foreign, see instructions) ALCO CUPBOARD OF MOUNT VERNON, WA 98273 Ba Plan administrator's name and address (Same as Plan Sponsor. Ba Plan administrator's telephone number for faitipants at the beginning of the plan year for the last return/report filed for this plan, enter the astrongenetic foreign see instruction for the last return/report filed for this plan, enter the fore foreign see instruction of the plan year for the instruction at the end of the plan year for the participants at the edginning of the plan year foreign postal code (A This return/report is for:	a one-participant plan		g employer information in a	iccordance wi	ith the form inst	ructions)		
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Image: Second	•	KERY 401(k) PLAN	8			number			
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Preparer's telephone number	3 or Schedule MB completed ar lief, it is true, correct/and comp GN X Signature of plan a GN	dministrator	√ 7/1/16 Date	Enter name of individu	ual signing as		ledge and ator		
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Form 5500-SF 2015

Page 2

6a b	Were all of the plan's assets during the plan year invested in eligi 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 can	f an indep / and cond	endent qualified public litions.)	accour	ntant (I	QPA)			K Yes K Yes	No
с	If the plan is a defined benefit plan, is it covered under the PBGC i	insurance	program (see ERISA	section	4021)?	·[Yes		Not determ	nined
P	art III Financial Information									
7	Plan Assets and Liabilities	79366	(a) Beginniı	ng of Y	ear			(b) End	of Year	
<u>a</u>	Total plan assets	_			0				69525	
b										
	Net plan assets (subtract line 7b from line 7a)	7c			0	_			69525	
8	Income, Expenses, and Transfers for this Plan Year		(a) Amo	ount				(b) T	otal	
a 	Contributions received or receivable from: (1) Employers			98	82					
	(2) Participants			403	51			212		
	(3) Others (including rollovers)			213	35				100 Est	
b				-20	43					
C	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	. 8c		Site .			֥		69525	
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	. 8d						bi		
e	Certain deemed and/or corrective distributions (see instructions)	. 8e		_						
<u>_f</u>	Administrative service providers (salaries, fees, commissions)	. 8f								50
<u> </u>	Other expenses							6 B B 1	Th.	
<u>h</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)									
	Net income (loss) (subtract line 8h from line 8c)	. 8i							69525	
J	Transfers to (from) the plan (see instructions)	8 j								
B Par	If the plan provides welfare benefits, enter the applicable welfare for	eature coo	les from the List of Pla	n Char	acterist	tic Coo	des in th	ne instructio	ins:	
10					-		<u>. </u>	·	······	
a	During the plan year: Was there a failure to transmit to the plan any participant contribut	tione withi	the time period		Yes	No	N/A		Amount	
	described in 29 CFR 2510.3-102? (See instructions and DOL's V Program)	oluntary F	iduciary Correction	10a		x				
a	Were there any nonexempt transactions with any party-in-interest reported on line 10a.)			10b		x				
C	Was the plan covered by a fidelity bond?			10c		х				
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		·		
e	Were any fees or commissions paid to any brokers, agents, or othe carrier, insurance service, or other organization that provides some the plan? (See instructions.)	e or all of t	the benefits under	10e		x				
f	Has the plan failed to provide any benefit when due under the plan	1?		10f		х				
g				10g		х			_	
h	If this is an individual account plan, was there a blackout period? (\$ 2520.101-3.)	See instru	ctions and 29 CFR	10h		х				
i	If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.101	e required	notice or one of the	10i						
j	Did the plan trust incur unrelated business taxable income?			10j						
Part	VI Pension Funding Compliance		I.	1						
11	Is this a defined benefit plan subject to minimum funding requireme 5500) and line 11a below)	ents? (If "Y	es," see instructions a	nd com	plete S	Schedu	ule SB (Form	Yes []	No

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

11a

_	Form 5500-SF 2015 Page 3 - 1					
	(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 granting the waiver.	. Month	enter the Day	e date of t	he letter i Year	uling
	If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to lin	e 13.				
	b Enter the minimum required contribution for this plan year		12b			
	c Enter the amount contributed by the employer to the plan for this plan year		12c			
	d Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the negative amount)	e left of a	12d			
and the	e Will the minimum funding amount reported on line 12d be met by the funding deadline?			Yes] No [N/A
Land States	WIL Plan Terminations and Transfers of Assets					
13	a 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		. 13a			
t	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or bro of the PBGC?				Yes X	No
	If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), iden which assets or liabilities were transferred. (See instructions.)	tify the plan(s) to)			
	13c(1) Name of plan(s):	13c(2)	EIN(s)		13c(3)	PN(s)
100000						
Re	Trust Information					
14a	Name of trust		14b т	rust's EIN		
14	C Name of trustee or custodian			Trustee's (elephone		an's
Pa	t IX IRS Compliance Questions					
15a	a is the plan a 401(k) plan?		Yes		No	
	If "Yes," how does the 401(k) plan satisfy the nondiscrimination requirements for employee deferrals ar matching contributions (as applicable) under sections 401(k)(3) and 401(m)(2)?		bas bar	sign- ed safe bor thod	ADI test	
150	If the ADP/ACP test is used, did the 401(k) plan perform ADP/ACP testing for the plan year using the "c testing method" for nonhighly compensated employees (Treas. Reg sections 1.401(k)-2(a)(2)(ii) and 1.4 2(a)(2)(ii))?	urrent year 101(m)-	Yes		No	
	Check the box to indicate the method used by the plan to satisfy the coverage requirements under sect		Rat per test	centage		erage lefit test
166	Does the plan satisfy the coverage and nondiscrimination tests of sections 410(b) and 401(a)(4) by com this plan with any other plans under the permissive aggregation rules?	nbining	Yes		No No	
17a	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).	Enter the ap	-		- • •	structions
	If the plan sponsor is an adopter of a pre-approved master and prototype (M&P) or volume submitter pla 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, endetermination letter		he plan's	i 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) made), American Samoa, Guam, the Commonwealth of the Northern Mariana Islands or the U.S. Virgin	has been 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 wr retired), as required under section 401(a)(9)?	ether or not	Yes	 	No	[] N/A