Form 5500-SF	Short Form Annu		ort of Small Emplo	oyee	OM	B Nos. 1210-0110 1210-0089	
Department of the Treasury Internal Revenue Service	This form is required to be file	Benefit Pla		tirement	2	015	
Department of Labor Employee Benefits Security Administrat	Income Security Act of 1974		6057(b) and 6058(a) of the I		This Form is Open t Public Inspection		
Pension Benefit Guaranty Corporati	Complete all entries in		nstructions to the Form 55	00-SF.			
Part IAnnual ReportFor calendar plan year 2015 c	ort Identification Information		and ending 12	/31/2015			
A This return/report is for:	X a single-employer plan a one-participant plan		er plan (not multiemployer) ( g employer information in acc		-		
<b>B</b> This return/report is	the first return/report	the final return/rep	ort eturn/report (less than 12 mc	onths)			
<b>C</b> Check box if filing under:	Form 5558	automatic extensi	on		FVC program		
Part II Basic Plan II	special extension (enter deson formation—enter all requested in						
1a Name of plan	01(K) PROFIT SHARING PLAN		-	(PN)	umber	001 In	
	nployer, if for a single-employer plan) room, apt., suite no. and street, or P.	D. Box)		2b Emplo (EIN)	01/01/20 over Identifica 98-0160	ion Number	
	vince, country, and ZIP or foreign pos		instructions)	( )	sor's telephon 206-763-0	e number	
1465 SLATER ROAD FERNDALE, WA 98248				2d Busine	ess code (see	instructions)	
ERNDALE, WA 90240					238900		
<b>3a</b> Plan administrator's name	e and address 🛛 Same as Plan Spor	sor.	-		istrator's EIN istrator's tele	ohone number	
	f the plan sponsor has changed since number from the last return/report.	the last return/report fil	ed for this plan, enter the	<b>4b</b> EIN <b>4c</b> PN			
_	ints at the beginning of the plan year.			5a		3	
	ints at the end of the plan year		ř	5b		3	
C Number of participants w	vith account balances as of the end of	the plan year (defined	penefit plans do not	5c		3	
<b>d(1)</b> Total number of active	participants at the beginning of the p	lan year		5d(1)		3	
e Number of participants t	e participants at the end of the plan ye hat terminated employment during th	e plan year with accrued	benefits that were less	5d(2) 5e		<u> </u>	
Caution: A penalty for the la Under penalties of perjury and	ate or incomplete filing of this return d other penalties set forth in the instru- d and signed by an enrolled actuary,	n/report will be assession of the second sec	ed unless reasonable cau ave examined this return/rep	ort, including	g, if applicabl		
	zed/valid electronic signature.	07/08/2016	RON MARTINI				
	n administrator	Date	Enter name of individu	al signing as	s plan admini	strator	
SIGN HERE Signature of om	aplever/plan spanser	Data	Entor nome of individu		omployer -	plan changer	
	<b>ployer/plan sponsor</b> m name, if applicable) and address (i	Date nclude room or suite nu	Enter name of individu		s employer of telephone nur		
For Paperwork Reduction Act N	lotice and OMB Control Numbers, see ti	ne instructions for Form 5			For	m 5500-SF (2015)	

	<b>b</b> Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA)								X Yes No X Yes No
	If the plan is a defined benefit plan, is it covered under the PBGC in	isurance p	orogram (see ERISA se	ection 4	021)? .		Yes	No N	ot determined
Ра	rt III Financial Information					-			
7	Plan Assets and Liabilities		(a) Beginning	of Yea	ar	_		(b) End of	
<u>a</u>	Total plan assets	7a		21	701	_			20861
b	Total plan liabilities	7b				_			
С	Net plan assets (subtract line 7b from line 7a)	7c		21	701	_	20861		
8	Income, Expenses, and Transfers for this Plan Year		(a) Amou	Int		_		(b) Tota	al
a	Contributions received or receivable from: (1) Employers	8a(1)							
	(2) Participants	8a(2)							
	(3) Others (including rollovers)	8a(3)							
b	Other income (loss)	8b		-	465				
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							-465
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d							
е	Certain deemed and/or corrective distributions (see instructions)	8e							
f	Administrative service providers (salaries, fees, commissions)	8f			375				
g	Other expenses	8g							
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							375
i	Net income (loss) (subtract line 8h from line 8c)	8i							-840
j	Transfers to (from) the plan (see instructions)	8j							
Pa	t IV Plan Characteristics		•						
9a	If the plan provides pension benefits, enter the applicable pension $2E$ $2F$ $2J$ $2K$ $2T$ $3D$	feature co	odes from the List of Pla	an Cha	racteris	stic Co	odes in t	the instructio	ns:
В	If the plan provides welfare benefits, enter the applicable welfare fe	eature coo	des from the List of Plar	n Chara	acterist	ic Coc	les in th	e instruction	s:
Par	t V Compliance Questions								
10	During the plan year:				Yes	No	N/A	<u>م</u>	mount
a		tions withi	n the time period					^	mount
-	described in 29 CFR 2510.3-102? (See instructions and DOL's V Program)	oluntary F	iduciary Correction	10a		х			
b	······································					~			
	reported on line 10a.)			10b		Х			
C	1 , ,			10c		Х			
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 plan	n?		10f		х			
g	g Did the plan have any participant loans? (If "Yes," enter amount as of year end.)					Х			
h	<ul> <li>b If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)</li> </ul>			10g 10h		Х			
i	If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10	ne require	d notice or one of the	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 requirem 5500) and line 11a below)								Yes X No

	5500) and line 1 ta below)			103	^	NU
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	Х	No

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 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		Day _		Year					
<b>b</b> Enter the minimum required contribution for this plan year		12b							
		12c							
<ul> <li>C Enter the amount contributed by the employer to the plan for this plan year</li> <li>d Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the</li> </ul>									
negative amount)		12d			1				
e Will the minimum funding amount reported on line 12d be met by the funding deadline?			Yes	No	N/A				
Part VII Plan Terminations and Transfers of Assets		-							
13a Has a resolution to terminate the plan been adopted in any plan year?			X Yes	No					
If "Yes," enter the amount of any plan assets that reverted to the employer this year		13a			(				
<b>b</b> Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brou of the PBGC?		ontrol		Yes 🗙	No				
C If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), ident which 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		<b>14b</b> ⊺	rust's EIN	l					
14c Name of trustee or custodian	<b>14d</b> Trustee's or custodian's telephone number								
Part IX IRS Compliance Questions		I							
<b>15a</b> Is the plan a 401(k) plan?		Ye:	S	No					
<b>15b</b> 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)?		ba ba	esign- ised safe irbor ethod	e ADP/ACP test					
<b>15c</b> If the ADP/ACP test is used, did the 401(k) plan perform ADP/ACP testing for the plan year using the "or testing method" for nonhighly compensated employees (Treas. Reg sections 1.401(k)-2(a)(2)(ii) and 1.2(a)(2)(ii))?		Ye	S	No					
<b>16a</b> Check the box to indicate the method used by the plan to satisfy the coverage requirements under sect	ion 410(b):		atio rcentage st	e Average benefit test					
<b>16b</b> Does the plan satisfy the coverage and nondiscrimination tests of sections 410(b) and 401(a)(4) by con this plan with any other plans under the permissive aggregation rules?	0	Ye:	S	No					
17a Has the plan been timely amended for all required tax law changes?		Ye	s	No	N/A				
<b>17b</b> Date the last plan amendment/restatement for the required tax law changes was adopted//for tax law changes and codes).	Enter the ap	plicable	code	(See ins	structions				
17c If the plan sponsor is an adopter of a pre-approved master and prototype (M&P) or volume submitter pl advisory letter, enter the date of that favorable letter/ and the letter's serial protocols and the letter's series and protocols		ct to a fa	vorable IF	RS opinion	or				
17d If the plan is an individually-designed plan and received a favorable determination letter from the IRS, e determination letter/	nter the date of	the plar	n's last fav	vorable					
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		Yes	;	No					
19 Were in-service distributions made during the plan year?		Ye	s	No					
If "Yes," enter amount		19							
20 Were required minimum distributions made to 5% owners who have attained age 70 ½ (regardless of w retired), as required under section 401(a)(9)?		Ye	S	No	N/A				

Form 5500-SF	Short Form Annual F	Return/Rep Benefit Pla		of Small Emplo	yee	<u></u>	OMB Nos. 1210-0110 1210-0089		
Internal Revenue Service	This form is required to be file	ed under section	is 104	and 4065 of the Employ	ee	2015			
Department of Labor Employee Benefits Security Administration	Retirement Income Security Act the Intern	of 1974 (ERISA nal Revenue Co	), and : de (the	section 6057(b) and 605 e Code).	8(a) of	is Open to Public			
Pension Benefit Guaranty Corporation	Complete all entries in according	rdance with the	instru	ctions to the Form 55	00-SF.	lr	spection		
	lentification Information	01/01/0							
For calendar plan year 2015 or fiscal plan year beginning       01/01/2015       and ending       12/31/2015         Image: Imag									
A This return/report is for:	a single-employer plan a one-participant plan the first return/report an amended return/report	a list of partici ] a foreign plan ] the final return	n/report						
			arrett	ırn/report (less than 12 r					
C Check box if filing under:	] Form 5558	automatic exte	nsion			DFVC progra	m		
	special extension (enter description	,							
Part II         Basic Plan Inform           1a         Name of plan	mation enter all requested info	ormation					······		
		<b>7</b> DT 3 M				nree-digit an number			
STARDING WINDOWS, IN	C. 401(K) PROFIT SHARING	5 PLAN			(P	'N) ►	001		
						fective date o 1/01/2001	f plan		
2a Plan sponsor's name (employe Mailing Address (include room, City or town, state as provinged	apt., suite no. and street or P.O. Bo	ox)			2b Er		fication Number		
STARLINE WINDOWS, IN	country, and ZIP or foreign postal c	ode (if foreign, s	ee inst	ructions)		onsor's telepl			
······································					(206) 763-0385				
1465 SLATER ROAD						2d Business code (see instructions) 238900			
US FERNDALE WA 98248		······································							
3a Plan administrator's name and	address X Same as Plan Sponso	or Name			3b Ad	Iministrator's I	EIN		
4 If the name and/or EIN of the p	lan sponsor has changed since the l	last return/report	filed f	or this plan, onter the	<b>3c</b> Ad <b>4b</b> Ell		elephone number		
name, EIN, and the plan number	er from the last return/report.	last returninepon	. meu n	or this plan, enter the					
a Sponsor's name		······································			4c PN	1			
<b>5a</b> Total number of participants at					<u>5a</u>		3		
	the end of the plan year				5b		3		
					5c		3		
d(1) Total number of active partici	pants at the beginning of the plan ye	ear	•••••		5d(1)		3		
d(2) Total number of active partici	pants at the end of the plan year				5d(2)		3		
G	ninated employment during the plan	•			5e				
	• • • • • • • • • • • • • • • • • • • •				1		0		
Under penalties of perjury and othe	incomplete filing of this return/re r penalties set forth in the instructior signed by an enrolled actuary, as w te.	ns, I declare that	l have	examined this return/re	port. inclu	ding, if apolica	able, a Schedule knowledge and		
SIGN TZAL	14	July 81	16	RON MARTINI					
HERE Signature of plan admini	strator	Date ,		Enter name of individua	al signing a	as plan admin	istrator		
SIGN TOC	<u>\</u> 2	Jul 8/	16	RON MARTINI					
HERE Signature of employer/pl		Date		Enter name of individua					
Preparer's name (including firm nam	ne, if applicable) and address; incluc	de room or suite	numbe	۲.	Preparer	's telephone r	number		
For Paparwork Poduction Act No.									

Form	5500-SF	2015
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Page 2

X Yes No

**6a** Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)

**b** Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA)

under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.)

Part III **Financial Information** (a) Beginning of Year 7 Plan Assets and Liabilities (b) End of Year Total plan assets ..... 7a 21,701 а 20,861 Total plan liabilities ..... 7b Net plan assets (subtract line 7b from line 7a) ..... 7c 21,701 20,861 Income, Expenses, and Transfers for this Plan Year (a) Amount (b) Total Contributions received or receivable from: 8a(1) (1) Employers ..... (2) Participants ..... 8a(2) (3) Others (including rollovers) 8a(3) Other income (loss) (465)8b Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) ..... 8c (465)Benefits paid (including direct rollovers and insurance premiums to provide benefits) ..... 8d е Certain deemed and/or corrective distributions (see instructions) 8e 375 Administrative service providers (salaries, fees, commissions) 8f Other expenses ..... 8g 375 h Total expenses (add lines 8d, 8e, 8f, and 8g) ..... 8h i. 8i (840) Net income (loss) (subtract line 8h from line 8c) Transfers to (from) the plan (see instructions) 8j Part IV Plan Characteristics 9a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 2E 2 🖬 2J 2к 2т 3D h If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions: Part V **Compliance Questions** 10 During the plan year: No N/A Yes Amount а Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction х Program) 10a b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.) ..... 10b х х С Was the plan covered by a fidelity bond? 10c **d** Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused х by fraud or dishonesty? 10d е Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service, or other organization that provides some or all of the benefits under х the plan? (See instructions.) 10e f Has the plan failed to provide any benefit when due under the plan? ..... 10f x Did the plan have any participant loans? (If "Yes," enter amount as of year end.) 10g х g h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) ..... 10h х i If 10h was answered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3 10i i Did the plan trust incur unrelated business taxable income? 10j Part VI Pension Funding Compliance

11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form 5500) and line 11a below)					
11a	a Enter the unpaid minimum required contribution for current year 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 3	02 of ERISA?	Yes X No			

	Form 5500-SF 2015	Page <b>3-</b>								
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)									
	I If a waiver of the minimum funding standard for a prior year is being amortized in th ranting the waiver.			enter th av	he date of th Yea		uling			
	ou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500)			uy <u> </u>	100					
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	-		12d						
e	negative amount) Will the minimum funding amount reported on line 12d be met by the funding deadlir			Г	Yes [	Νο	N/A			
	Part VII Plan Terminations and Transfers of Assets									
13a	Has a resolution to terminate the plan been adopted in any plan year?		*****	ΧŊ	res 🗌 No	0				
	If "Yes," enter the amount of any plan assets that reverted to the employer this year	••••••		13a			0			
b	Were all the plan assets distributed to participants or beneficiaries, transferred to an of the PBGC?				[	Yes [	X No			
C	If during this plan year, any assets or liabilities were transferred from this plan to and which assets or liabilities were transferred. (See instructions.)				-					
1	3c(1) Name of plan(s):		13c	(2) EIN	l(s)	13c(3)	PN(s)			
Part	VIII Trust Information									
14a N	Name of trust			14b <sup>-</sup>	Trust's EIN					
14c	Name of trustee or custodian			<b>14d</b> Trustee or custodian's telephone number						
Part	IX IRS Compliance Questions									
15a	Is the plan a 401(k) plan:		••••••		es	🗌 No				
	If "Yes," how does the 401(k) plan satisfy the nondiscrimination requirements for emmatching contributions (as applicable) under sections 401(k)(3) and 401(m)(2)?	•		ba ha	esign- ased safe arbor ethod	ADP// test	ACP			
1	If ADP/ACP test, did the 401(k) plan perform ADP/ACP testing for the plan year using testing method" for nonhighly compensated employees (Treas. Reg. section 1.401(k) 2(a)(2)(ii))?	-2(a)(2)(ii) and 1.4	01(m)-	□ Ye	es	🗌 No				
	Check the box to indicate the method used by the plan to satisfy the coverage requir		. ,		atio ercentage est	Avera	age fit Test			
	Does the plan satisfy the coverage and nondiscrimination tests of sections 410(b) and this plan with any other plans under the permissive aggregation rules?	d 401(a)(4) by con	•	□ Ye	es	🗌 No				
17a	Has the Plan been timely amended for all required law changes?		••••••	□ Ye	es	🗌 No	N/A			
	Date of the last plan amendment/restatement for the required tax law changes was a instructions for tax law changes and codes).	dopted//	.Enter the	e applio	cable code	(Se	е			
17c	If the plan sponsor is an adopter of a pre-approved master, prototype (M&P), or volu	ne submitter plan	that is subject to	a favo	rable IRS o	pinion or				
17d	advisory letter, enter the date of that favorable letter / / and the second	<u>ne letter's serial nu</u> ter from IRS, pleas		of pla	n's last favo	orable				
<b>18</b>	s the Plan maintained in a U.S. territory (i.e., Puerto Rico (if no election under ERISA made), American Samoa, Guam, the Commonwealth of the Northern Mariana Islands			<u> </u>	es	🗌 No				
19	Were in-service distributions made during the plan year?		•••••	Ye	es	🗌 No				
	If Yes, enter amount		••••••	19						
	Were minimum required distributions made to 5% owners who have attained age 70 not retired) as required under section 401(a)(9)?				es	🗌 No	N/A			