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).

1210-0089

OMB Nos. 1210-0110

2015

This Form is Open to **Public Inspection**

Pension Benefit Guaranty Corporation	▶ Complete all entries in a	accordance with the instructions to the Form 55	500-SF.	
Part I Annual Repor	t Identification Information			
For calendar plan year 2015 or	fiscal plan year beginning 01/01/2	2015 and ending 12	2/31/2015	
A This return/report is for:	a single-employer plana one-participant plan	a multiple-employer plan (not multiemployer) list of participating employer information in act a foreign plan		=
B This return/report is	the first return/report an amended return/report	the final return/report a short plan year return/report (less than 12 m	onths)	
C Check box if filing under:	Form 5558 special extension (enter desci	automatic extension	_ D	FVC program
Part II Basic Plan Inf	ormation—enter all requested in	formation		
1a Name of plan	RKS LLC 401(K) PROFIT SHARING		(PN)	number
Mailing address (include ro	loyer, if for a single-employer plan) om, apt., suite no. and street, or P.C nce, country, and ZIP or foreign post RKS LLC		(EIN) 2c Spons	over Identification Number 32-0261013 sor's telephone number 360-452-6305 ess code (see instructions)
12 W 8TH STREET, SUITE B PORT ANGELES, WA 98362				541519
3a Plan administrator's name a	and address ⊠Same as Plan Spons	sor.		nistrator's EIN nistrator's telephone number
	he plan sponsor has changed since umber from the last return/report.	the last return/report filed for this plan, enter the	4b EIN 4c PN	
5a Total number of participant	ts at the beginning of the plan year		5a	3
			5b	3
C Number of participants with	n account balances as of the end of	the plan year (defined benefit plans do not	5c	1
d(1) Total number of active p	articipants at the beginning of the pl	an year	5d(1)	3
d(2) Total number of active p	earticipants at the end of the plan ve	ar	5d(2)	3
Number of participants that than 100% vested	at terminated employment during the	plan year with accrued benefits that were less	5e	0
Caution: A penalty for the late	or incomplete filing of this return	n/renort will be assessed unless reasonable car	use is establ	lished.

Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including, if applicable, a Schedule SB or Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.

	Filed with authorized/valid electronic signature.				
HERE	Signature of plan administrator	Date	Enter name of individ	ual signing as plan administrator	
SIGN					
HERE	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan s		
Preparer's	name (including firm name, if applicable) and address (include r	room or suite number)		Preparer's telephone 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 a under 29 CFR 2520.104-46? (See instructions on waiver eligibility a f you answered "No" to either line 6a or line 6b, the plan cann	an indepe and condit ot use Fo	ndent qualified public a tions.) orm 5500-SF and mus	ccount	ant (IQ	PA) Form	5500.			X Ye	es No
	f the plan is a defined benefit plan, is it covered under the PBGC in	nsurance p	orogram (see ERISA se	ection 4	021)? .		Yes	No	1	lot dete	ermined
Par			1								
	Plan Assets and Liabilities	_	(a) Beginning					(b) E	nd of	Year	2077
	Fotal plan assets	7a		117	765					119	0377
	Fotal plan liabilities	7b		117	0 765					110	9377
	Net plan assets (subtract line 7b from line 7a)	7c	(a) Amai		703			//-	\ T-4		377
	ncome, Expenses, and Transfers for this Plan Year Contributions received or receivable from:		(a) Amou	ınt				(K) Tot	aı	
	1) Employers	8a(1)			0						
(2) Participants	8a(2)			0						
	3) Others (including rollovers)	8a(3)			0						
	Other income (loss)	8b		1	762						
	Fotal income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c								1	1762
	Benefits paid (including direct rollovers and insurance premiums o provide benefits)	8d			0						
е (Certain deemed and/or corrective distributions (see instructions)	8e			0						
f /	Administrative service providers (salaries, fees, commissions)	8f			0						
g	Other expenses	8g			150						
<u>h</u> -	Fotal expenses (add lines 8d, 8e, 8f, and 8g)	8h									150
<u>i</u> 1	Net income (loss) (subtract line 8h from line 8c)	8i								1	612
j ·	Fransfers to (from) the plan (see instructions)	8j			0						
Part											
9a	If the plan provides pension benefits, enter the applicable pension 2A 2E 2F 2G 2J 2K 2R 3D	feature co	odes from the List of Plant	an Cha	racteris	stic Co	des in t	the ins	truction	ons:	
В	If the plan provides welfare benefits, enter the applicable welfare for	eature cod	des from the List of Pla	n Chara	acterist	ic Cod	les in th	ne instr	uction	ns:	
Part	V Compliance Questions										
10	During the plan year:				Yes	No	N/A		-	Amoun	t
а	Was there a failure to transmit to the plan any participant contribut described in 29 CFR 2510.3-102? (See instructions and DOL's V Program)	oluntary F	Fiduciary Correction	10a		X					
b	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		X					
d	Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?			10d		X					
е	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			10f		X					
g	Did the plan have any participant loans? (If "Yes," enter amount a	s of vear	end.)	10g		Χ					
h	If this is an individual account plan, was there a blackout period? 2520.101-3.)	(See instr	uctions and 29 CFR	10g		X					
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	he require	d notice or one of the	10ii							
j	Did the plan trust incur unrelated business taxable income?			10i 10j							
Part	VI Pension Funding Compliance			,			<u> </u>	1			
11	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)									∏ Ye	es X No
11a	Enter the unpaid minimum required contribution for all years from						11a		1		
12	Is this a defined contribution plan subject to the minimum funding		· · · · · · · · · · · · · · · · · · ·					RISA	·	Ye	s X No

	F	orm 5500-SF 2015 Page 3 - 1					
	(If "Ye	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 in: ng the waiver		enter the Day	e date of	the letter ru Year	ling
If		mpleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line		Day_		Τσαι	
b	Enter ti	he 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			
	Subtra	act the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the	left of a	12d			
		ve amount)			Yes	No	N/A
Part		e minimum funding amount reported on line 12d be met by the funding deadline? Plan Terminations and Transfers of Assets		<u> </u>	163	NO	IN/A
		resolution to terminate the plan been adopted in any plan year?			X Ye	sПNo	
104		s," enter the amount of any plan assets that reverted to the employer this year		13a		<u>- П</u>	(
b	Were	all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brou	ght under the co			Yes X	No
С	If duri	PBGC?ng this plan year, any assets or liabilities were transferred from this plan to another plan(s), identifying the plan (s) and the plan (s) and the plan (s) are transferred from this plan to another plan (s).		······································	_		
		assets or liabilities were transferred. (See instructions.) lame of plan(s):	13c(2)	FIN(s)		13c(3) F	PN(e)
	. 50(1)	tuno oi piuntoj.	130(2)	LII4(3)		100(0) 1	· v (3)
Dani	\/III	Turnet liefe une etico					
Part	Name c	Trust Information		14h 1	Frust's Ell	NI	
ı T a	Name C	n trust		145	iiusts Eli		
14c	Name	of trustee or custodian				s or custodia e number	an's
					telepriori	c number	
Par	t IX	IRS Compliance Questions		I			
15a	Is the	plan a 401(k) plan?		Ye	s	No	
					esign-		
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)?			ased safe arbor	∐ ADF test	P/ACP
450					ethod		
150		.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		∐ Ye	S	No	
	2(a)(2)	(ii))?		□ Rá	atio		
16a	Check	the box to indicate the method used by the plan to satisfy the coverage requirements under section	ion 410(b):	1 1 1	ercentage		erage 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		e plan been timely amended for all required tax law changes?		Ye	s	No	N/A
17b		ne last plan amendment/restatement for the required tax law changes was adopted//law changes and codes).	Enter the ap	plicable	code	(See ins	tructions
17c	If the p	lan sponsor is an adopter of a pre-approved master and prototype (M&P) or volume submitter play letter, enter the date of that favorable letter/ and the letter's serial r		ct to a fa	vorable I	RS opinion	or
17d	If the p	lan is an individually-designed plan and received a favorable determination letter from the IRS, e ination letter//		the plai	n's last fa	vorable	
18	Is the I	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	5	No	
19	Were i	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

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) of the Internal Revenue Code (the Code).

Short Form Annual Return/Report of Small Employee

Benefit Plan

1210-0089

OMB Nos. 1210-0110

2015

This Form is Open to Public Inspection

ŀ	Pension Benefit Guaranty Corporation	Complete all entries in a	accordance with the instructions to the Form 55	00-SF.	
Р	art I Annual Report	Identification Information	n		
For	calendar plan year 2015 or fis	scal plan year beginning	01/01/2015 and ending	12/3	1/2015
	This return/report is for: This return/report is:	a single-employer plan a one-participant plan the first return/report an amended return/report	a multiple-employer plan (not multiemployer a list of participating employer information in a foreign plan the final return/report a short plan year return/report (less than 12)	accordance	•
С	Check box if filing under:	Form 5558 special extension (enter desc	1 /		DFVC program
		ormation enter all requested	d information		
1a	Name of plan ALBRIGHT MANAGED N	ETWORKS LLC 401(k) PRO	FIT SHARING PLAN	(PN	n number N) ▶ 001
					ective date of plan /01/2008
2a	Mailing Address (include roo	oyer, if for a single-employer plan) om, apt., suite no. and street or P. ce. country. and ZIP or foreign pos		l l	ployer Identification Number N) 32-0261013
	ALBRIGHT MANAGED N	2c Sponsor's telephone number (360) 452-6305			
112 W 8TH STREET, SUITE B US PORT ANGELES WA 98362 2d Business code (see instruction 541519					
3a		nd address X Same as Plan S	ponsor Name	3b Adr	ministrator's EIN
				3c Adr	ministrator's telephone number
4		e plan sponsor has changed since	e the last return/report filed for this plan, enter the	4b EIN	ı
а	Sponsor's name	·		4c PN	
5a	Total number of participants	at the beginning of the plan year	***************************************		3
b					3
С	• •		f the plan year (defined benefit plans do not	. 5c	1
d(1) Total number of active par	rticipants at the beginning of the p	lan year	. 5d(1)	3
d(•	rticipants at the end of the plan ye		. 5d(2)	3
е			e plan year with accrued benefits that were	. 5e	0

Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.

Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including, if applicable, a Schedule SB or Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/report, and to the best of my knowledge and

beller, it is true, correct, and complete.			
SIGN		BRIAN ALBRIGHT	
HERE Signature of plan administrator	Date 7/11/16	Enter name of individua	al signing as plan administrator
SIGN		BRIAN ALBRIGHT	
HERE Signature of employer/plan sponsor	_{Date} 7/11/16	Enter name of individua	al signing as employer or plan sponsor
Prepared and address; include	room or suite numb	er	Preparer's telephone number

	Form 5500-SF 2015		Page 2			•				
6a	Were all of the plan's assets during the plan year invested in eligible	assets? (See instructions)				•••••		X Yes	□No
	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.)									□No
If you answered "No" to either line 6a or line 6b, the plan cannot use Form 5500-SF and must instead use Form 5500.										
С	If the plan is a defined benefit plan, is it covered under the PBGC ins	urance pr	ogram (see ERISA section	n 402	1)? .		Yes	☐ No	☐ Not de	etermined
Pa	rt III Financial Information									
7	Plan Assets and Liabilities		(a) Beginning of	f Yea	r			(b) End o	f Year	
а	Total plan assets	7a	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	L7,7					119,	377
b	Total plan liabilities	7b			0					0
C	Net plan assets (subtract line 7b from line 7a)	7c	11	L7,7					119,	377
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount					(b) To		
а	Contributions received or receivable from:	2 (1)								
	(1) Employers	8a(1)			0					
	(2) Participants	8a(2)			0					
b	(3) Others (including rollovers)	8a(3) 8b		1,7						
C	Other income (loss)	8c		Ι,,	02	_			1	760
d	Benefits paid (including direct rollovers and insurance premiums	00				-			Ι,	762
_	to provide benefits)	8d			0					
е	Certain deemed and/or corrective distributions (see instructions)	8e			0					
f	Administrative service providers (salaries, fees, commissions)	8f			0					
g	Other expenses	8g		1	50					
<u>h</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h				-				150
÷	Net income (loss) (subtract line 8h from line 8c)	8i							1,	612
]_	Transfers to (from) the plan (see instructions)	8j			0					
$\overline{}$	rt IV Plan Characteristics									
9а	If the plan provides pension benefits, enter the applicable pension fe	ature code	es from the List of Plan Ch	naract	eristic	Code	s in the	instruction	ns:	
-	2A 2E 2F 2G 2J 2K 2R 3D									
b	If the plan provides welfare benefits, enter the applicable welfare fea	ture codes	s from the List of Plan Cha	aracte	ristic (Codes	in the i	instruction	S:	
	art V Compliance Questions					l				
<u>10</u>	During the plan year:	iono within	the time period		Yes	No	N/A		Amount	
-	Was there a failure to transmit to the plan any participant contributi described in 29 CFR 2510.3-102? (See instructions and DOL's Vol									
	Program)	•	•	10a		x				
b										
	reported on line 10a.)			10b		Х				
	, , , , , , , , , , , , , , , , , , , ,			10c		Х				
C	Did the plan have a loss, whether or not reimbursed by the plan's f by fraud or dishonesty?	-		10d		x				
—е				100						
	carrier, insurance service, or other organization that provides some	e or all of t	he benefits under			l				
_	the plan? (See instructions.)			10e		Х				
f	Has the plan failed to provide any benefit when due under the plan	ı? 	•••••••	10f		х				
g	Did the plan have any participant loans? (If "Yes," enter amount as	of year e	nd.)	10g		х				
h	· · · · · · · · · · · · · · · · · · ·									
	2520.101-3.)			10h		Х				
Í	If 10h was answered "Yes," check the box if you either provided th exceptions to providing the notice applied under 29 CFR 2520.101			10i						
	Did the plan trust incur unrelated business taxable income?	•••••	•••••••••••	10j						
Pa	rt VI Pension Funding Compliance									
11	Is this a defined benefit plan subject to minimum funding requirements 5500) and line 11a below)								Yes	x No
11	a Enter the unpaid minimum required contribution for current year from	m Sched	ule SB (Form 5500) line 4	0			11a			
12	Is this a defined contribution plan subject to the minimum funding r	equireme	nts of section 412 of the C	ode c	or sect	ion 30	2 of EF	RISA?	Yes	x No

Form 5500-SF 2015	Page 3-	
(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 the granting the waiver.	nis plan year, see instructions, and enter the date of the letter r Month Day Year	uling
If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500),		
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 negative amount)	~ 124	
e Will the minimum funding amount reported on line 12d be met by the funding deadlin	ne? 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	0
b Were all the plan assets distributed to participants or beneficiaries, transferred to and of the PBGC?		X No
c If during this plan year, any assets or liabilities were transferred from this plan to ano which assets or liabilities were transferred. (See instructions.)	other plan(s), identify the plan(s) to	
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 or custodian telephone number	's
Part IX IRS Compliance Questions		
15a Is the plan a 401(k) plan:	Yes No	_
15b If "Yes," how does the 401(k) plan satisfy the nondiscrimination requirements for emp matching contributions (as applicable) under sections 401(k)(3) and 401(m)(2)?	ployee deferrals and employer Design-based safe ADP. harbor method test	/ACP
15c 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 1.401(m)-	
16a Check the box to indicate the method used by the plan to satisfy the coverage require	rements under section 410(b): Ratio Percentage Test Aver Bene	age efit Test
16b 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?	nd 401(a)(4) by combining Yes No	
17a Has the Plan been timely amended for all required law changes?		□ N/A
17b Date of the last plan amendment/restatement for the required tax law changes was a instructions for tax law changes and codes).	adopted//Enter the applicable code (Se	ee
17c If the plan sponsor is an adopter of a pre-approved master, prototype (M&P), or volun	me submitter plan that is subject to a favorable IRS opinion or he letter's serial number.	
17d If the plan is an individually-designed plan and recieved a favorable determination letter / /		
18 Is 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		
19 Were in-service distributions made during the plan year?		
If Yes, enter amount		
Were minimum required distributions made to 5% owners who have attained age 70 % not retired) as required under section 401(a)(9)?	11 1 100	□ N/A