## Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation Short Form Annual Return/Report of Small Employee Benefit Plan

This form is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA), and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

▶ Complete all entries in accordance with the instructions to the Form 5500-SF.

1210-0089

2015

OMB Nos. 1210-0110

This Form is Open to Public Inspection

Part I Annual Report	<b>Identification Information</b>								
For calendar plan year 2015 or fi	scal plan year beginning 01/01/2	2015 and ending 12	2/31/2015						
A This return/report is for:	a single-employer plan a one-participant plan	a multiple-employer plan (not multiemployer) list of participating employer information in ac a foreign plan							
<b>B</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 months)							
C Check box if filing under:	Form 5558 special extension (enter descr	automatic extension	DFVC p	program					
Part II Basic Plan Info	prmation—enter all requested inf								
1a Name of plan	INC. 401(K) PROFIT SHARING PL		1b Three-digit plan numbe (PN) ▶	001					
			1c Effective da	te of plan 10/01/1996					
	m, apt., suite no. and street, or P.O	Box) al code (if foreign, see instructions)		entification Number 91-1083087					
EDIFICE CONSTRUCTION CO., IN	al code (ii loreigh, see instructions)	<b>2c</b> Sponsor's telephone number 425-286-1350							
6120 WOODINVILLE REDMOND SUITE #3 VOODINVILLE, WA 98072-9090	RD NE			de (see instructions)					
3a Plan administrator's name ar	nd address XSame as Plan Spons	sor.	<b>3b</b> Administrate	or's EIN					
			3c Administrato	or's telephone number					
name, EIN, and the plan nui	e plan sponsor has changed since mber from the last return/report.	the last return/report filed for this plan, enter the	4b EIN						
<b>a</b> Sponsor's name			4c PN	40					
_			5a	46					
· ·		the other way (defined by a fit of the other of	5b	45					
	account balances as of the end of the	the plan year (defined benefit plans do not	5c	30					
d(1) Total number of active pa	rticipants at the beginning of the pla	an year	5d(1)	36					
* *		ar	5d(2)	34					
than 100% vested		plan year with accrued benefits that were less	5e	0					
		n/report will be assessed unless reasonable cauctions, I declare that I have examined this return/re							
chast portained of porjuly and of	portantos sociorar in trio motrac	success, according that there examined the fetallifle	,,o.aag, a	-p5abio, a 50110aa10					

Such a street 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.

SIGN HERE	Filed with authorized/valid electronic signature.	07/22/2016	JON MCCORMICK				
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator				
SIGN							
HERE	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan spor	nsor			
Preparer's	name (including firm name, if applicable) and address (include r	er ) Preparer's telephone number					

	Form 5500-SF 2015		Page <b>2</b>								
b	Were all of the plan's assets during the plan year invested in eligib Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility If you answered "No" to either line 6a or line 6b, the plan cann	an indepe and condi	ndent qualified public a	ccount	ant (IQ	(PA)				X Ye	
C I	f the plan is a defined benefit plan, is it covered under the PBGC ir	nsurance p	program (see ERISA se	ection 4	021)?		Yes	No	N	Not dete	ermined
Par	t III Financial Information		1								
7	Plan Assets and Liabilities		(a) Beginning	•				(b) E	nd of	Year	
	Total plan assets	. 7a		2755	917	-				2248	3505
	Total plan liabilities	. 7b		2755	:017					2246	3505
	Net plan assets (subtract line 7b from line 7a)ncome, Expenses, and Transfers for this Plan Year	. 7c	(a) Ama-		917	+		/1-	\ T-4		300
	Contributions received or receivable from:		(a) Amou	ınt				<u> (k</u>	) Tot	aı	
	1) Employers	. 8a(1)									
	2) Participants	. 8a(2)		156	8839						
	(3) Others (including rollovers)	. 8a(3)									
	Other income (loss)	. 8b			899						
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	. 8c								15	7738
	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	. 8d		649	9426						
е (	Certain deemed and/or corrective distributions (see instructions)	. 8e									
<u>f</u> ,	Administrative service providers (salaries, fees, commissions)	. 8f		15	724						
g	Other expenses	. 8g									
<u>h</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)	. 8h									5150
	Net income (loss) (subtract line 8h from line 8c)	. 8i								-507	7412
	Transfers to (from) the plan (see instructions)	8j									
Par											
9a	If the plan provides pension benefits, enter the applicable pension 2E 2F 2G 2J 2K 2T 3D	teature co	odes from the List of Pl	an Cha	racteri	stic Co	odes in 1	the ins	ruction	ons:	
В	If the plan provides welfare benefits, enter the applicable welfare f	eature cod	des from the List of Pla	n Char	acterist	tic Coc	des in th	ne instr	uction	ns:	
Part					T.,		l				
10	During the plan year:  Was there a failure to transmit to the plan any participant contribu	itions with	n the time period		Yes	No	N/A			Amoun	<u>t</u>
а	described in 29 CFR 2510.3-102? (See instructions and DOL's \ Program)	oluntary F	Fiduciary Correction	10a		X					
b	Were there any nonexempt transactions with any party-in-interest					Х					
	reported on line 10a.)			10b		^					
c	Was the plan covered by a fidelity bond?			10c	X						500000
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 some	her persor ne or all of	s by an insurance the benefits under	40-		X					
f	the plan? (See instructions.)  Has the plan failed to provide any benefit when due under the pla			10e							
				10f		X					
<u>g</u>	Did the plan have any participant loans? (If "Yes," enter amount a			10g	X						12244
h	If this is an individual account plan, was there a blackout period? 2520.101-3.)			10h		X					
i	If 10h was answered "Yes," check the box if you either provided to exceptions to providing the notice applied under 29 CFR 2520.10			10i							
j	Did the plan trust incur unrelated business taxable income?			10j							
Part	VI Pension Funding Compliance					1	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				
12	Is this a defined contribution plan subject to the minimum funding	requirem	ents of section 412 of t	he Cod	e or se	ection :	302 of E	RISA	,	Ye	es X No

	F	orm 5500-SF 2015 Page <b>3</b> - 1					
	_ `	s," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)					
а		aiver of the minimum funding standard for a prior year is being amortized in this plan year, see inc ng the waiver		enter the Day	e date of t	he letter rul Year	ing
lf		mpleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line		Duy_		1 oui	
b	Enter t	ne minimum required contribution for this plan year		12b			
С	Enter th	ne amount contributed by the employer to the plan for this plan year		12c			
d		ct the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the		12d			
		ve amount)e minimum funding amount reported on line 12d be met by the funding deadline?		П	Yes	No 🗌	N/A
Part		Plan Terminations and Transfers of Assets			100	110	1471
		resolution to terminate the plan been adopted in any plan year?			Yes	s X No	
		s," enter the amount of any plan assets that reverted to the employer this year		13a			
b	Were	all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brough	ght under the co	ontrol		Yes X	No
С	If duri	ng this plan year, any assets or liabilities were transferred from this plan to another plan(s), identiassets or liabilities were transferred. (See instructions.)					
•	13c(1) N	lame of plan(s):	13c(2)	EIN(s)		<b>13c(3)</b> F	PN(s)
Part	: VIII	Trust Information					
14a	Name o	f trust		14b 1	Γrust's EIN	١	
14c	Name	of trustee or custodian		14d	Trustee's or custodian's		
	rianio	of tubics of suctorial		telephone number			
Par	t IX	IRS Compliance Questions					
15a	Is the	plan a 401(k) plan?		Ye	S	No	
15b		"how does the 401(k) plan satisfy the nondiscrimination requirements for employee deferrals an ng contributions (as applicable) under sections 401(k)(3) and 401(m)(2)?		ba ha	Design- based safe ADP/ACP harbor test method		
15c	testing	DP/ACP test is used, did the 401(k) plan perform ADP/ACP testing for the plan year using the "c method" for nonhighly compensated employees (Treas. Reg sections 1.401(k)-2(a)(2)(ii) and 1.4(ii))?	101(m)-	Ye	S	No	
16a	Check	the box to indicate the method used by the plan to satisfy the coverage requirements under secti	on 410(b):		atio ercentage st		rage efit test
16b		he plan satisfy the coverage and nondiscrimination tests of sections 410(b) and 401(a)(4) by come with any other plans under the permissive aggregation rules?		Ye	s	No	
17a	Has the	e plan been timely amended for all required tax law changes?		Ye	S	No	N/A
17b		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		lan sponsor is an adopter of a pre-approved master and prototype (M&P) or volume submitter pland the letter pland the letter's serial representation of the letter's series of the l		t to a fa	vorable II	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 fav	vorable	
18		Plan maintained in a U.S. territory (i.e., Puerto Rico (if no election under ERISA section 1022(i)(2, American Samoa, Guam, the Commonwealth of the Northern Mariana Islands or the U.S. Virgin		Yes	3	No	
19	Were in	n-service distributions made during the plan year?		Ye	s	No	
	If "Yes	" enter amount		19			
20		equired minimum distributions made to 5% owners who have attained age 70 $\frac{1}{2}$ (regardless of w ), as required under section 401(a)(9)?		Ye	s	No	N/A

## Form 5500-SF

Department of the Treasury Internal Revenue Service

Employee Benefits Security Administration Pension Benefit Guaranty Corporation

Department of Labor

## Short Form Annual Return/Report of Small Employee **Benefit Plan**

This form is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA), and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

2015

OMB Nos. 1210-0110 1210-0089

This Form is Open to

Public Inspection

•	Com	plete	all	entries in	accordance	with	the	instructions	to the	Form	5500-SF	
												_

Part I		Identification Information					
For calend	dar plan year 2015 or fi	_	1/01/2015	and ending		12/31/201	
A This re	turn/report is for:	X a single-employer plan		olan (not multiemployer) nployer information in a			
		a one-participant plan	a foreign plan				,
<b>B</b> This ret	curn/report is		the final return/report				
		an amended return/report	a short plan year retur	n/report (less than 12 m	nonths	)	
C Check	box if filing under:		automatic extension			DFVC prog	ram
D 4 II	D   D   C	special extension (enter description					
Part II		rmation—enter all requested information	ation	5090	41.		r
	(5)	CO., INC. 401(K)			10	Three-digit plan number (PN)	001
11(0111					1c	Effective date of 10/01/1996	f plan
Mailin	g address (include roor	yer, if for a single-employer plan) m, apt., suite no. and street, or P.O. Bo	<b>(</b> )		2b	Employer Identif	fication Number
		e, country, and ZIP or foreign postal co	de (if foreign, see inst	ructions)	2c	Sponsor's telep	
EDIFICE	E CONSTRUCTION	CO., INC				(425) 286-	
					2d	Business code (	see instructions)
SUITE 1				00050		236200	
3a Plan a		nd address XSame as Plan Sponsor.	WA	98052	3h	Administrator's E	=INI
- Tidir G	arminotrator o marrio ar	Apartic as Francisco.			0.0	Administrators	_114
					30	Administrator's t	elephone number
					00	Administrator 5 t	cicphone number
						Administrator 5 t	cicphone number
						Administrators	orepriorie number
4 If the i	name and/or EIN of the	plan sponsor has changed since the la	ist return/report filed fo	or this plan, enter the	4b		erepriorie number
name		p plan sponsor has changed since the lands and the lands are the lands a	ist return/report filed f	or this plan, enter the	4b	EIN	cooprione number
name <b>a</b> Spons	, EIN, and the plan nur or's name	nber from the last return/report.	*		4b 4c	EIN	
a Spons 5a Total	, EIN, and the plan nur or's name number of participants	at the beginning of the plan year			4b 4c 5a	EIN PN a	46
name a Spons 5a Total of the Control of the Number of the	, EIN, and the plan nur or's name number of participants number of participants per of participants with a	at the beginning of the plan year	lan year (defined bene	efit plans do not	4b 4c	EIN PN a	46
name a Spons 5a Total of the to	, EIN, and the plan nur or's name number of participants number of participants er of participants with a lete this item)	at the beginning of the plan yearat the end of the plan yearatcount balances as of the end of the p	lan year (defined bene	efit plans do not	4b 4c 5a 5i	EIN PN a b c	46 45 30
name a Spons 5a Total of b Total of c Numb comple d(1) Total	EIN, and the plan nur or's name number of participants number of participants are of participants with a lete this item)	at the beginning of the plan year	lan year (defined bene ear	efit plans do not	4b 4c 5a 5l 5d	EIN PN a b c (1)	46 45 30 36
name a Spons 5a Total of b Total of c Numb compl d(1) Total d(2) Total e Numb	EIN, and the plan nur or's name number of participants number of participants er of participants with a lete this item)	at the beginning of the plan year	lan year (defined bene aryear with accrued be	efit plans do not	4b 4c 5a 5i	PN a b c (1)	46 45 30 36 34
name a Spons 5a Total of b Total of c Numb compl d(1) Total d(2) Total e Numb than Caution: A	EIN, and the plan nur or's name number of participants number of participants are of participants with a lete this item)	at the beginning of the plan year	lan year (defined bene ear	efit plans do not nefits that were less unless reasonable ca	4b 4c 5i 5i 5d 5dd 5duse is	EIN PN a b c (1) (2) e established.	46 45 30 36 34
name a Spons 5a Total of b Total of c Numb compl d(1) Total d(2) Total e Numb than Caution: A Under pena	p. EIN, and the plan nur or's name number of participants number of participants are of participants with a lete this item)	at the beginning of the plan year	year with accrued be ort will be assessed	efit plans do not  nefits that were less  unless reasonable car examined this return/re	4b 4c 56 50 5d( 5d( 5d(  5e) 5e) 5e)	EIN PN a b c (1) (2) e established. icluding, if applica	30 36 34 0
name a Spons 5a Total of b Total of c Numb compi d(1) Total d(2) Total e Numb than Caution: A Under pena SB or Sche belief, it is to	EIN, and the plan nur or's name number of participants number of participants are of participants with a lete this item)	at the beginning of the plan year	year with accrued be ort will be assessed	efit plans do not  nefits that were less  unless reasonable car examined this return/re	4b 4c 56 50 5d( 5d( 5d(  5e) 5e) 5e)	EIN PN a b c (1) (2) e established. icluding, if applica	30 36 34 0
name a Spons 5a Total of b Total of c Numb compl d(1) Total d(2) Total e Numb than Caution: A Under pena SB or Sche belief, it is to	p. EIN, and the plan nur or's name number of participants number of participants are of participants with a lete this item)	at the beginning of the plan year	year with accrued be ort will be assessed, I declare that I have as the electronic ver	nefit plans do not nefits that were less unless reasonable can examined this return/repor	4b 4c 56 50 5d( 5d( 5e) use is port, int, and	EIN  PN  a  b  c  (1)  (2)  e  established.  icluding, if applicate to the best of my	46 45 30 36 34 0 able, a Schedule knowledge and
name a Spons 5a Total of b Total of c Numb compi d(1) Total d(2) Total e Numb than Caution: A Under pena SB or Sche belief, it is to SIGN HERE	REIN, and the plan nur or's name number of participants number of participants are of participants with a lete this item)	at the beginning of the plan year	year with accrued be ort will be assessed, I declare that I have as the electronic ver	efit plans do not  nefits that were less  unless reasonable car examined this return/re sion of this return/repor	4b 4c 56 50 5d( 5d( 5e) use is port, int, and	EIN  PN  a  b  c  (1)  (2)  e  established.  icluding, if applicate to the best of my	46 45 30 36 34 0 able, a Schedule knowledge and
name a Spons 5a Total of b Total of c Numb complete d(1) Total e Numb than Caution: A Under pena SB or Sche belief, it is to SIGN HERE	p. EIN, and the plan nur or's name number of participants number of participants are of participants with a lete this item) al number of active par al number of active par or of participants that 100% vested A penalty for the late of active of perjury and other dedule MB completed are true, correct, and comp	at the beginning of the plan year	year (defined beneat	efit plans do not  mefits that were less  unless reasonable car examined this return/re sion of this return/repor  DONNA GOLDEN  Enter name of individ	4b 4c 5i 5d 5d( 5d( 5d(  5d(  se is port, irt, and	EIN  PN  a b c (1) (2) e established. cluding, if applicate to the best of my  ning as plan adm	46 45 30 36 34 0 able, a Schedule knowledge and
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name a Spons 5a Total of b Total of c Numb complete d(1) Total e Numb than Caution: A Under pena SB or Sche belief, it is to SIGN HERE	p. EIN, and the plan nur or's name number of participants number of participants are of participants with a lete this item) al number of active par al number of active par or of participants that 100% vested A penalty for the late of active of perjury and other dedule MB completed are true, correct, and comp	at the beginning of the plan year	year (defined beneat	efit plans do not  mefits that were less  unless reasonable car examined this return/re sion of this return/repor  DONNA GOLDEN  Enter name of individ	4b 4c 5i 5d 5d( 5d( 5d(  5d(	EIN  PN  a b c (1) (2) e established. including, if applicate to the best of my  ning as plan adm	46 45 30 36 34 0 able, a Schedule knowledge and
name a Spons 5a Total of b Total of c Numb complete d(1) Total e Numb than Caution: A Under pena SB or Sche belief, it is to SIGN HERE	p. EIN, and the plan nur or's name number of participants number of participants are of participants with a lete this item) al number of active par al number of active par or of participants that 100% vested A penalty for the late of active of perjury and other dedule MB completed are true, correct, and comp	at the beginning of the plan year	year (defined beneat	efit plans do not  mefits that were less  unless reasonable car examined this return/re sion of this return/repor  DONNA GOLDEN  Enter name of individ	4b 4c 5i 5d 5d( 5d( 5d(  5d(	EIN  PN  a b c (1) (2) e established. including, if applicate to the best of my  ning as plan adm	46 45 30 36 34 0 able, a Schedule knowledge and
name a Spons 5a Total of b Total of c Numb complete d(1) Total e Numb than Caution: A Under pena SB or Sche belief, it is to SIGN HERE	p. EIN, and the plan nur or's name number of participants number of participants are of participants with a lete this item) al number of active par al number of active par or of participants that 100% vested A penalty for the late of active of perjury and other dedule MB completed are true, correct, and comp	at the beginning of the plan year	year (defined beneat	efit plans do not  mefits that were less  unless reasonable car examined this return/re sion of this return/repor  DONNA GOLDEN  Enter name of individ	4b 4c 5i 5d 5d( 5d( 5d(  5d(	EIN  PN  a b c (1) (2) e established. including, if applicate to the best of my  ning as plan adm	46 45 30 36 34 0 able, a Schedule knowledge and

Form	5500-SF	2015

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Р	ac	le	1

					711							
	Were all of the plan's assets during the plan year invested in eligib								X	Yes		No
b	Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility								X	Yes	П	No
	If you answered "No" to either line 6a or line 6b, the plan cann											
С	If the plan is a defined benefit plan, is it covered under the PBGC in	nsurance pro	gram (see ERISA se	ection 4	1021)?	[	Yes	No 🗍	Not	deterr	nine	d
Pa	rt III Financial Information											
7	Plan Assets and Liabilities		(a) Beginnin	a of Ye	ar	$\top$	-	b) End	of Ye	ar		
a	Total plan assets	7a	(4) = 0	2,75	5,91	7		b) Liid (		2,24	8,	505
b	Total plan liabilities	7b				$\top$						
С	Net plan assets (subtract line 7b from line 7a)	7c		2,75	5,91	7				2,24	8,	505
8	Income, Expenses, and Transfers for this Plan Year		(a) Amor			$\top$		(b) To		,		
a	Contributions received or receivable from:		(=/ / =			2.03		(10) 10	- tui			
	(1) Employers	8a(1)	5000						1500	1996		
	(2) Participants	8a(2)		15	6,83	9						
-	(3) Others (including rollovers)	8a(3)				72						
b	Other income (loss)	8b			89	9						
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c								15	7,	738
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		61	9,42	6						
	Certain deemed and/or corrective distributions (see instructions)	8e	11 13032	04	7,42	0						
f	Administrative service providers (salaries, fees, commissions)	8f		1	5,72	4						
_ <u>'</u> _g	A CONTRACTOR OF THE CONTRACTOR				5,12	389						ALC: N
	Other expenses (add lines 2d, 2e, 2f, and 2e)	8g				33				6.6	E -	I E C
<u></u>	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h									5,3	
÷	Net income (loss) (subtract line 8h from line 8c)	8i				9 E				-50	1,2	112
,	t IV Plan Characteristics	8j				15.0						24
В	2E 2F 2G 2J 2K 2T 3D  If the plan provides welfare benefits, enter the applicable welfare for	eature codes	from the List of Pla	n Char	acteris	ic Cod	des in the	instructio	ons:			
Par	t V   Compliance Questions											
10	During the plan year:				Yes	No	N/A		Amo	unt		
а	Was there a failure to transmit to the plan any participant contributes described in 29 CFR 2510.3-102? (See instructions and DOL's Verogram)	oluntary Fidu	iciary Correction	10a		X						
b		? (Do not incl	lude transactions	10b		Х						
С	Was the plan covered by a fidelity bond?			10c	Х					50	0,0	) () ()
d	Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?	fidelity bond,	that was caused	10d		Х				- 50	0,0	-00
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.)	e or all of the	benefits under	10e		Х						
f	Has the plan failed to provide any benefit when due under the plan			10f		X						
g	Did the plan have any participant loans? (If "Yes," enter amount as	s of year end	.)	10g	Х		70.21			1	2,2	44
h	If this is an individual account plan, was there a blackout period? (2520.101-3.)	See instruction	ons and 29 CFR	10h		X					2,2	11
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	e required no	otice or one of the	10i								
j	Did the plan trust incur unrelated business taxable income?			10j							Seeril	
Part	VI Pension Funding Compliance									I TO SERVICE STATE OF THE SERV		
11	Is this a defined benefit plan subject to minimum funding requirements 5500) and line 11a below)									Yes	x 1	<b>Vo</b>
_11a	Enter the unpaid minimum required contribution for all years from											
12	Is this a defined contribution plan subject to the minimum funding	requirements	of section 412 of the	ne Code	e or se	ction 3	302 of ERI	SA?		Yes	1 X	10

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	(If "Ye	es," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)					
a	a Ifaw	aiver of the minimum funding standard for a prior year is being amortized in this plan year, see in	structions, and		e date of		uling
		ng the waiver		Day		Year	
100		he minimum required contribution for this plan year		12b			
				12c	15		
		ne amount contributed by the employer to the plan for this plan yearact the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the					
		ve amount)		12d			
е	Will th	e 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	a Has a	resolution to terminate the plan been adopted in any plan year?			Yes	No 🛛 No	1382 8
	If "Ye	s," enter the amount of any plan assets that reverted to the employer this year		13a			
b	of the	all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brou PBGC?	·····			Yes 🛚	No
С	If duri which	ng this plan year, any assets or liabilities were transferred from this plan to another plan(s), ident assets or liabilities were transferred. (See instructions.)	fy the plan(s) to	)			
	13c(1) î	lame of plan(s):	13c(2)	EIN(s)		13c(3) F	PN(s)
Par	t VIII	Trust Information					
14a	Name o	of trust		14b T	rust's EIN	ı	
140	Name	of trustee or custodian				or custodia	an's
					telephone	number	
Par	t IX	IRS Compliance Questions					
15a	I Is the	plan a 401(k) plan?		Ye		No	
15b		" how does the 401(k) plan satisfy the nondiscrimination requirements for employee deferrals an ng contributions (as applicable) under sections 401(k)(3) and 401(m)(2)?		ba ha	sign- sed safe rbor ethod	ed safe ADP/ACP bor test	
15c	testing	DP/ACP test is used, did the 401(k) plan perform ADP/ACP testing for the plan year using the "c method" for nonhighly compensated employees (Treas. Reg sections 1.401(k)-2(a)(2)(ii) and 1.4(ii))?	urrent year 01(m)-	Ye	3	No	
16a	Check	the box to indicate the method used by the plan to satisfy the coverage requirements under secti	on 410(b):		tio rcentage st		rage efit test
16b		ne plan satisfy the coverage and nondiscrimination tests of sections 410(b) and 401(a)(4) by come number plans under the permissive aggregation rules?		Yes	3	No	
17a	Has th	e plan been timely amended for all required tax law changes?		Ye	5	No	N/A
	for tax	he last plan amendment/restatement for the required tax law changes was adoptedlaw changes and codes).	Enter the ap			_ (See inst	
17c		an sponsor is an adopter of a pre-approved master and prototype (M&P) or volume submitter play y letter, enter the date of that favorable letter		t to a fa	vorable IR	S opinion	or
17d	If the p	and the letter's serial rid  and the letter's		the plan	's last fav	orable	
18	Is the F	Plan maintained in a U.S. territory (i.e., Puerto Rico (if no election under ERISA section 1022(i)(2). American Samoa, Guam, the Commonwealth of the Northern Mariana Islands or the U.S. Virgin		Yes		No	1,
19	Were in	n-service distributions made during the plan year?		Yes	3	No	
	If "Yes,	" enter amount		19			
20	Were retired)	equired minimum distributions made to 5% owners who have attained age 70 ½ (regardless of wl, as required under section 401(a)(9)?	nether or not	Yes	i	No	N/A