## 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.

OMB Nos. 1210-0110 1210-0089

2015

This Form is Open to Public Inspection

| Part I                    |                        | t Identification Information   |   |                                  |                                     |                                   |  |  |  |  |  |
|---------------------------|------------------------|--|---|----------------------------------|-------------------------------------|-----------------------------------|--|--|--|--|--|
| For calend                | lar plan year 2015 or  | fiscal plan year beginning 01/01/20  |   | <u> </u>                         | 2/31/2015                           |                                   |  |  |  |  |  |
| A This re                 | turn/report is for:    |  | a multiple-employer plan (not multiemployer) (Filers checking this box must attach a list of participating employer information in accordance with the form instructions) |                                  |                                     |                                   |  |  |  |  |  |
|                           |                        | a one-participant plan   | a foreign plan  |                                  |                                     |                                   |  |  |  |  |  |
| <b>B</b> This ret         | urn/report is          | the first return/report  | the final return/repor  |                                  | ontho)                              |                                   |  |  |  |  |  |
| _                         |                        | an amended return/report   |   | urn/report (less than 12 months) |                                     |                                   |  |  |  |  |  |
| C Check                   | box if filing under:   | Form 5558 special extension (enter descri  | automatic extension   | n                                | DFVC p                              | rogram                            |  |  |  |  |  |
| Part II                   | Rasic Plan Inf         | ormation—enter all requested info  | •   |                                  |                                     |                                   |  |  |  |  |  |
| 1a Name                   |                        | Citter an requested line   | mation  |                                  | <b>1b</b> Three-digit               |                                   |  |  |  |  |  |
|                           | •                      | T SHARING & 401(K) PLAN  |   |                                  | plan numbe                          | 001                               |  |  |  |  |  |
|                           |                        |  |   |                                  | 1c Effective da                     | te of plan<br>07/01/1984          |  |  |  |  |  |
| Mailin                    | g address (include ro  | oyer, if for a single-employer plan)<br>om, apt., suite no. and street, or P.O.                  |   |                                  |                                     | entification Number<br>91-1231539 |  |  |  |  |  |
| City or PEIZER & Z        | · ·                    | ice, country, and ZIP or foreign posta   | I code (if foreign, see in:   | structions)                      | 2c Sponsor's telephone number       |                                   |  |  |  |  |  |
|                           |                        |  |   |                                  | 2d Business code (see instructions) |                                   |  |  |  |  |  |
| 720 THIRD A<br>SUITE 1600 |                        |  |   |                                  |                                     | 541110                            |  |  |  |  |  |
| SEATTLE, V                | VA 98104               |  |   |                                  |                                     |                                   |  |  |  |  |  |
| 3a Plan a                 | administrator's name a | and address XSame as Plan Sponso   | or.   |                                  | <b>3b</b> Administrato              | r's EIN                           |  |  |  |  |  |
|                           |                        |  |   |                                  | <b>3c</b> Administrato              | r's telephone number              |  |  |  |  |  |
|                           |                        | ne plan sponsor has changed since the the plan sponsor has changed since the last return/report. | he last return/report filed   | for this plan, enter the         | 4b EIN                              |                                   |  |  |  |  |  |
| <b>a</b> Spons            | sor's name             |  |   |                                  | 4c PN                               |                                   |  |  |  |  |  |
| <b>5a</b> Total           | number of participant  | s at the beginning of the plan year  |   |                                  | 5a                                  | 4                                 |  |  |  |  |  |
|                           |                        | s at the end of the plan year  |   |                                  | 5b                                  | 4                                 |  |  |  |  |  |
|                           |                        | n account balances as of the end of th   |   | enefit plans do not              | 5c                                  | 3                                 |  |  |  |  |  |
| <b>d(1)</b> Tot           | tal number of active p | articipants at the beginning of the pla  | n year  |                                  | 5d(1)                               | 4                                 |  |  |  |  |  |
| ` '                       | ·                      | articipants at the end of the plan year  |   |                                  | 5d(2)                               | 4                                 |  |  |  |  |  |
| than                      | 100% vested            | at terminated employment during the  |   |                                  | 5e                                  | 0                                 |  |  |  |  |  |
|                           |                        | or incomplete filing of this return, other penalties set forth in the instruct                   |   |                                  |                                     |                                   |  |  |  |  |  |
| SB or Sche                |                        | and signed by an enrolled actuary, as  |   |                                  |                                     |                                   |  |  |  |  |  |
| SIGN                      | Filed with authorized  | d/valid electronic signature.  | 07/25/2016  | MARTIN ZIONTZ                    | MARTIN ZIONTZ                       |                                   |  |  |  |  |  |
| HERE                      | Signature of plan      | administrator  | Date  | Enter name of individ            | ual signing as plan                 | administrator                     |  |  |  |  |  |
| SIGN                      |                        |  |   |                                  |                                     |                                   |  |  |  |  |  |
| HERE                      |                        | loyer/plan sponsor   | Date  | Enter name of individ            |                                     |                                   |  |  |  |  |  |
| Preparer's                | name (including firm   | name, if applicable) and address (inc  | clude room or suite num   | ber)                             | Preparer's teleph                   | one number                        |  |  |  |  |  |

|                      | Form 5500-SF 2015  |  | Page <b>2</b>  |           |          |          |           |         |        |          |        |
|----------------------|--|--|--|-----------|----------|----------|-----------|---------|--------|----------|--------|
| <b>b</b> Are younder | re all of the plan's assets during the plan year invested in eligib<br>you claiming a waiver of the annual examination and report of<br>er 29 CFR 2520.104-46? (See instructions on waiver eligibility<br>ou answered "No" to either line 6a or line 6b, the plan cann | an indeper<br>and condit<br>not use Fo | ndent qualified public a<br>ions.)rm 5500-SF and mus | ccount    | ant (IQ  | PA) Form | 5500.     |         |        | X Ye     |        |
| C If the             | plan is a defined benefit plan, is it covered under the PBGC in  | nsurance p                             | rogram (see ERISA se                                 | ction 4   | 021)?    |          | Yes       | No      | N      | lot dete | rmined |
| Part III             | Financial Information  | 1                                      |  |           |          | _        |           |         |        |          |        |
| <b>7</b> Plan        | Assets and Liabilities   |  | (a) Beginning  |           |          |          |           | (b) Eı  | nd of  |          |        |
|                      | l plan assets  | 7a                                     |  | 1926      | 8838     | -        |           |         |        | 893      | 520    |
|                      | l plan liabilities   | 7b                                     |  | 1926      | 2020     | -        |           |         |        | 002      | 520    |
|                      | olan assets (subtract line 7b from line 7a)<br>me, Expenses, and Transfers for this Plan Year  | 7c                                     | (a) Ama-   |           | 0000     | +        |           | / -     | \ T-4  |          | 5520   |
|                      | ributions received or receivable from:   |  | (a) Amou   | 1111      |          |          |           | (L)     | ) Tot  | aı       |        |
|                      | Employers  | 8a(1)                                  |  | 15        | 481      |          |           |         |        |          |        |
| (2)                  | Participants   | 8a(2)                                  |  | 27        | 7853     |          |           |         |        |          |        |
|                      | Others (including rollovers)   | 8a(3)                                  |  |           |          |          |           |         |        |          |        |
|                      | er income (loss)   | 8b                                     |  | 22        | 2184     |          |           |         |        |          |        |
|                      | l income (add lines 8a(1), 8a(2), 8a(3), and 8b)   | 8c                                     |  |           |          |          |           |         |        | 65       | 518    |
|                      | efits paid (including direct rollovers and insurance premiums ovide benefits)  | 8d                                     |  | 1086      | 5723     |          |           |         |        |          |        |
| <b>e</b> Certa       | ain deemed and/or corrective distributions (see instructions)  | 8e                                     |  |           |          |          |           |         |        |          |        |
| <b>f</b> Adm         | inistrative service providers (salaries, fees, commissions)  | . 8f                                   |  | 12        | 2113     |          |           |         |        |          |        |
| <b>g</b> Othe        | er expenses  | . 8g                                   |  |           |          |          |           |         |        |          |        |
| <b>h</b> Tota        | expenses (add lines 8d, 8e, 8f, and 8g)  | 8h                                     |  |           |          |          |           |         |        | 1098     |        |
|                      | ncome (loss) (subtract line 8h from line 8c)   | 8i                                     |  |           |          |          |           |         |        | -1033    | 318    |
| _                    | sfers to (from) the plan (see instructions)  | 8j                                     |  |           |          |          |           |         |        |          |        |
| Part IV              |  |  |  |           |          |          |           |         |        |          |        |
|                      | e plan provides pension benefits, enter the applicable pension  E 2F 2G 2J 2K 2T 3D  | feature co                             | ides from the List of Pi                             | an Cha    | racteri  | stic Co  | ides in t | ne inst | ructio | ons:     |        |
| <b>B</b> If th       | e plan provides welfare benefits, enter the applicable welfare f   | eature cod                             | les from the List of Pla                             | n Chara   | acterist | ic Coc   | les in th | e instr | uctior | ns:      |        |
|                      | 1  |  |  |           |          |          |           |         |        |          |        |
| Part V               | Compliance Questions   |  |  |           | T.,      | Ι        |           |         |        |          |        |
|                      | ring the plan year:<br>is there a failure to transmit to the plan any participant contribu   | itiono withi                           | n the time period                                    |           | Yes      | No       | N/A       |         |        | Amount   |        |
| de                   | escribed in 29 CFR 2510.3-102? (See instructions and DOL's \ ogram)  | oluntary F                             | iduciary Correction                                  | 10a       |          | X        |           |         |        |          |        |
|                      | ere there any nonexempt transactions with any party-in-interest  |  |  |           |          | Х        |           |         |        |          |        |
|                      | orted on line 10a.)  |  |  | 10b       |          | ^        |           |         |        |          |        |
|                      | as the plan covered by a fidelity bond?  |  |  | 10c       | X        |          |           |         |        |          | 250000 |
|                      | I the plan have a loss, whether or not reimbursed by the plan's fraud or dishonesty?   |  |  | 10d       |          | X        |           |         |        |          |        |
| <b>e</b> We          | ere any fees or commissions paid to any brokers, agents, or other organization that provides some  | ner person<br>ne or all of             | s by an insurance<br>the benefits under              | 100       |          | X        |           |         |        |          |        |
|                      | plan? (See instructions.)s the plan failed to provide any benefit when due under the pla   |  |  | 10e       |          | X        |           |         |        |          |        |
|                      | <u> </u>   |  |  | 10f       |          |          |           |         |        |          |        |
|                      | I the plan have any participant loans? (If "Yes," enter amount a   | -                                      |  | 10g       |          | X        |           |         |        |          |        |
|                      | nis is an individual account plan, was there a blackout period?  |  |  | 10h       |          | X        |           |         |        |          |        |
|                      | Oh was answered "Yes," check the box if you either provided the ceptions to providing the notice applied under 29 CFR 2520.10  |  |  | 10i       |          |          |           |         |        |          |        |
| <b>j</b> Dic         | the plan trust incur unrelated business taxable income?  |  |  | 10j       |          |          |           |         |        |          |        |
| Part VI              | Pension Funding Compliance   |  |  | •         | -        |          |           |         |        |          |        |
| 11 Is th             | his a defined benefit plan subject to minimum funding requirem   |  |  |           |          |          |           |         |        | Ye       | s X No |
| <b>11a</b> Ent       | er the unpaid minimum required contribution for all years from   | Schedule                               | SB (Form 5500) line 4                                | 0 <i></i> | <u></u>  | <u></u>  | 11a       |         |        |          |        |
| <b>12</b> Is t       | this a defined contribution plan subject to the minimum funding  | requireme                              | ents of section 412 of t                             | he Cod    | e or se  | ection ( | 302 of E  | RISA?   | ,      | Ye       | s 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<br>ng the waiver   |                  | enter the<br>Day                              | date of t               | he letter rul<br>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 custodia           | an's              |
|      | rianio   | of tubics of suctorial  |                  |   | telephone               |                       | o                 |
|      |          |   |                  |   |                         |                       |                   |
| 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)?   |                  | 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<br>ercentage<br>st |                       | rage<br>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 yellower. I and the letter's serial references and the letter's serial references and the letter's serial references. |                  | 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   | ;                       | 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               |

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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.

OMB Nos. 1210-0110 1210-0089

2015

This Form is Open to Public Inspection

| Part I Annual R   | eport Identification Information   |  |  |                    |  |  |  |  |  |
|---|--|--|--|--------------------|--|--|--|--|--|
| For calendar plan year 20   | 115 or fiscal plan year beginning  | 01/01/2015 and ending  | 12/31/20   | 15                 |  |  |  |  |  |
| A This return/report is fo  | a single-employer plan   | a multiple-employer plan (not multiemployer) list of participating employer information in a                       |  |                    |  |  |  |  |  |
| A This letain/report is it  | a one-participant plan   | a foreign plan   |  | ,                  |  |  |  |  |  |
| <b>B</b> This return/report is  | the first return/report  | the final return/report  |  |                    |  |  |  |  |  |
|   | an amended return/report   | a short plan year retum/report (less than 12 m   | nonths)  |                    |  |  |  |  |  |
| C Check box if filing und   | der: Form 5558   | automatic extension  | DFVC pro   | gram               |  |  |  |  |  |
|   | special extension (enter desc  | cription)  |  |                    |  |  |  |  |  |
| Part II Basic Pla   | n Information—enter all requested in   | nformation   |  |                    |  |  |  |  |  |
| 1a Name of plan   |  |  | 1b Three-digit                                   |                    |  |  |  |  |  |
| Peizer & Ziontz   |  |  | plan number<br>(PN) ▶                            | 001                |  |  |  |  |  |
| Profit Sharing  | & 401(k) Plan  |  | 1c Effective date                                |                    |  |  |  |  |  |
|   |  |  | 07/01/19   | 84                 |  |  |  |  |  |
| Mailing address (incl   | e (employer, if for a single-employer plan)<br>ude room, apt., suite no. and street, or P.0<br>province, country, and ZIP or foreign pos |  | 2b Employer Ider<br>(EIN) 91-1                   |                    |  |  |  |  |  |
| Peizer & Ziontz   | , ,,   | tal code (il foreign, see instructions)  | 2c Sponsor's tele<br>(206) 68                    |                    |  |  |  |  |  |
|   |  |  | 2d Business code                                 |                    |  |  |  |  |  |
| 720 Third Ave.  |  |  | 541110   |                    |  |  |  |  |  |
| Suite 1600<br>Seattle   |  | WA 98104   |  |                    |  |  |  |  |  |
|   | name and address Same as Plan Spon   |  | 3b Administrator                                 | s EIN              |  |  |  |  |  |
|   |  |  | 20 Administrator                                 | - 4-1              |  |  |  |  |  |
|   |  |  | 3C Administrator                                 | s telephone number |  |  |  |  |  |
|   |  |  |  |                    |  |  |  |  |  |
|   |  |  |  |                    |  |  |  |  |  |
| 4 If the name and/or E  | IN of the plan enonsor has changed since   | e the last return/report filed for this plan, enter the  | 4b EIN   |                    |  |  |  |  |  |
|   | plan number from the last return/report.   | s the last return report filed for this plant, critici the   |  |                    |  |  |  |  |  |
| a Sponsor's name  |  |  | 4c PN  | 4                  |  |  |  |  |  |
| <b>5a</b> Total number of par   | ticipants at the beginning of the plan year  |  |  | 4                  |  |  |  |  |  |
| •   |  | fither along the second beneath along the gat  | 5b   | 4                  |  |  |  |  |  |
|   |  | f the plan year (defined benefit plans do not  | 5c   | 3                  |  |  |  |  |  |
| d(1) Total number of a  | active participants at the beginning of the p  | olan year  |  | 4                  |  |  |  |  |  |
|   |  | ear  | . 5d(2)  | 4                  |  |  |  |  |  |
|   |  | e plan year with accrued benefits that were less   | 5e   | 0                  |  |  |  |  |  |
| Caution: A penalty for  | the late or incomplete filing of this retu   | rn/report will be assessed unless reasonable ca  |  |                    |  |  |  |  |  |
| Under penalties of perjui<br>SB or Schedule MB com<br>belief, it is true_eorrect. | pleted and signed by an enrolled actuary,  | uctions, I declare that I have examined this return/reports well as the electronic version of this return/reports. | report, including, if apport, and to the best of | my knowledge and   |  |  |  |  |  |
| SIGN  | ala  | 7/22/16 Martin Ziont   | Z  |                    |  |  |  |  |  |
| HERE Signature  | of plan administrator  | Date Enter name of indivi  | dual signing as plan a                           |                    |  |  |  |  |  |
| SIGN  | July BOX   | 7/22/16 /Vlartin   | L. Tu  | ontZ               |  |  |  |  |  |
| HERE O:   |  |  |  |                    |  |  |  |  |  |
| Signature   | employer/plan sponsor  |  | dual signing as emplo                            |                    |  |  |  |  |  |
| Signature   | ng firm name, if applicable) and address (   |  | Preparer's telepho                               |                    |  |  |  |  |  |
| Signature   |  |  |  |                    |  |  |  |  |  |
| Signature   |  |  |  |                    |  |  |  |  |  |

| 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  If you answered "No" to either line 6a or line 6b, the plan cann  | an independ<br>and condition<br>ot use Fon | dent qualified public a<br>ons.)<br>m 5500-SF and must | ccount          | ant (IQ    | PA)<br>Form | 5500.      | ∑ Yes ☐ No                            |  |  |
|------|--|--|--|-----------------|------------|-------------|------------|---------------------------------------|--|--|
|      | f the plan is a defined benefit plan, is it covered under the PBGC in  | isurance pro                               | ogram (see ERISA se                                    | Ction 4         | JZ I) ? .  |             | res 📋      | No Not determined                     |  |  |
| Par  |  | T  |  |                 |            | 1           |            |                                       |  |  |
|      | Plan Assets and Liabilities  | l  | (a) Beginning  | of Yea<br>1,926 | ar<br>5 83 | 8           | (i         | b) End of Year<br>893,52              |  |  |
|      | Total plan assets  | 7a   |  | 1, 72           | , 05       | _           |            | 0,75,52                               |  |  |
|      | Total plan liabilities   | 7b   |  | 1 00            |            | _           |            | 893,52                                |  |  |
|      | Net plan assets (subtract line 7b from line 7a)  | 7c   |  |                 | ,83        | 838 893     |            |                                       |  |  |
| -    | Income, Expenses, and Transfers for this Plan Year   |  | (a) Amou   | ınt             |            | _           |            | (b) Total                             |  |  |
|      | Contributions received or receivable from: (1) Employers   | 8a(1)                                      |  | 15              | 5,48       | 1           |            |                                       |  |  |
|      | (2) Participants   | 8a(2)                                      |  |                 | 7,85       |             |            |                                       |  |  |
|      | (3) Others (including rollovers)   | 8a(3)                                      |  |                 |            | _           |            |                                       |  |  |
|      | Other income (loss)  | 8b   |  | 22              | 2,18       | 4           | -          |                                       |  |  |
|      | Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)   | 8c   |  |                 | 7 10       |             |            | 65,51                                 |  |  |
|      | Benefits paid (including direct rollovers and insurance premiums   | 00   |  |                 |            | +           |            |                                       |  |  |
|      | to provide benefits)   | 8d   |  | 1,086           | 5,72       | 3           |            |                                       |  |  |
| е    | Certain deemed and/or corrective distributions (see instructions)  | 8e   |  |                 |            |             |            |                                       |  |  |
| f    | Administrative service providers (salaries, fees, commissions)   | 8f   |  | 12              | 2,11       | 3           |            |                                       |  |  |
| g    | Other expenses   | 8g   |  |                 |            |             |            |                                       |  |  |
|      | Total expenses (add lines 8d, 8e, 8f, and 8g)  | 8h   |  |                 |            |             |            | 1,098,83                              |  |  |
|      | Net income (loss) (subtract line 8h from line 8c)  | 8i   |  |                 |            |             | -1,033,318 |                                       |  |  |
|      | Transfers to (from) the plan (see instructions)  | 8j   |  |                 |            |             |            |                                       |  |  |
| Par  |  | [ o] [                                     |  |                 |            |             |            |                                       |  |  |
| B    | If the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare for the plan provides welfare benefits, enter the applicable welfare for the plan provides wel | eature code                                | es from the List of Pla                                | n Chara         | acteris    | tic Cod     | des in the | instructions:                         |  |  |
| 10   | HA THE   |  |  |                 | Yes        | No          | N/A        | Amount                                |  |  |
| a    | During the plan year:  Was there a failure to transmit to the plan any participant contribu  | itione within                              | the time period  |                 | 163        | NO          | IVA        | Amount                                |  |  |
| a    | described in 29 CFR 2510.3-102? (See instructions and DOL's N  | /oluntary Fi                               | duciary Correction                                     | 10a             |            | Х           |            |                                       |  |  |
| b    | Were there any nonexempt transactions with any party-in-interest reported on line 10a.)  |  |  | 10b             |            | Х           |            |                                       |  |  |
| С    | Was the plan covered by a fidelity bond?   |  |  | 10c             | Х          |             |            | 250,00                                |  |  |
| d    | Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?  | fidelity bor                               | d, that was caused                                     | 10d             |            | Х           |            |                                       |  |  |
| е    | Were any fees or commissions paid to any brokers, agents, or ott carrier, insurance service, or other organization that provides son the plan? (See instructions.)   | ne or all of t                             | he benefits under                                      | 10e             |            | Х           |            |                                       |  |  |
| f    | Has the plan failed to provide any benefit when due under the pla  | an?  |  | 10f             |            | Х           |            |                                       |  |  |
|      | Did the plan have any participant loans? (If "Yes," enter amount a   | as of vear e                               | nd.)   | 10g             |            | Х           |            |                                       |  |  |
|      | If this is an individual account plan, was there a blackout period? 2520.101-3.)   | (See instru                                | ctions and 29 CFR                                      | 10h             |            | 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 required                                | 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)   |  |  |                 |            |             |            | 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 |  |  |
| 11a  | Enter the unpaid minimum required contribution for all years from  | Schedule                                   | SB (Form 5500) line 4                                  | 0               |            |             | 11a        |                                       |  |  |
| 12   | Is this a defined contribution plan subject to the minimum funding   |  |  |                 |            |             |            | RISA? Yes X No                        |  |  |

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|        | Form 5500-SF 2015 Page <b>3</b> -   |                |                                  |                         |                        |                   |
|--------|---|----------------|----------------------------------|-------------------------|------------------------|-------------------|
|        | (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)   |                |                                  |                         |                        |                   |
| а      | If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instrugranting the waiver.   |                | nter the<br>Dav                  |                         | ne letter ruli<br>Year | ing               |
| Ifo    | you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.  |                | Day                              |                         | roai                   | -                 |
|        | Enter the minimum required contribution for this plan year  |                | 12b                              |                         |                        |                   |
|        | 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 left negative amount)  | ofa            | 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?   |                |                                  | Yes                     | No No                  |                   |
|        | If "Yes," 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 brought of the PBGC?   |                |                                  |                         | Yes 🛚 I                | No                |
| С      | If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify t which assets or liabilities were transferred. (See instructions.)  | the plan(s) to |                                  |                         |                        |                   |
| 1      | 3c(1) Name of plan(s):  | 13c(2) E       | EIN(s)                           |                         | 13c(3) P               | N(s)              |
|        |   |                |                                  |                         |                        |                   |
| Part   | VIII Trust Information  |                |                                  |                         |                        |                   |
| 14a :  | Name of trust   |                | 14b T                            | rust's EIN              | l                      |                   |
|        |   |                |                                  |                         |                        |                   |
| 14c    | Name of trustee or custodian  |                |                                  | Trustee's<br>telephone  | or custodia<br>number  | an's              |
| Part   | IX IRS Compliance Questions   |                |                                  |                         |                        |                   |
| 15a    | Is the plan a 401(k) plan?  |                | Ye                               | s                       | No                     |                   |
| 15b    | If "Yes," how does the 401(k) plan satisfy the nondiscrimination requirements for employee deferrals and e matching contributions (as applicable) under sections 401(k)(3) and 401(m)(2)?   |                | Design- based safe harbor method |                         | ADP<br>test            | P/ACP             |
| 15c    | If the ADP/ACP test is used, did the 401(k) plan perform ADP/ACP testing for the plan year using the "curretesting method" for nonhighly compensated employees (Treas. Reg sections 1.401(k)-2(a)(2)(ii) and 1.401(a)(2)(ii))?  | I(m)-          | Ye                               | s                       | No                     |                   |
| 16a    | Check the box to indicate the method used by the plan to satisfy the coverage requirements under section  | 410(b):        |                                  | atio<br>ercentage<br>st |                        | rage<br>efit test |
| 16b    | Does the plan satisfy the coverage and nondiscrimination tests of sections 410(b) and 401(a)(4) by combir this plan with any other plans under the permissive aggregation rules?  |                | Ye                               | s                       | No                     |                   |
| 17a    | Has the plan been timely amended for all required tax law changes?  |                | Ye                               | s                       | No                     | □ N/A             |
| 17     | 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 inst            | ructions          |
| 17c    | If the plan sponsor is an adopter of a pre-approved master and prototype (M&P) or volume submitter plan advisory letter, enter the date of that favorable letter and the letter's serial number and the letter's and the letter's and and |                | t to a fa                        | vorable II              | RS opinion             | or                |
| 17d    | If the plan is an individually-designed plan and received a favorable determination letter from the IRS, enter determination letter   | er the date of | the plai                         | 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) hamade), American Samoa, Guam, the Commonwealth of the Northern Mariana Islands or the U.S. Virgin Is  |                | Yes                              | 3                       | 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 where tired), as required under section 401(a)(9)?  |                | Ye                               | es                      | No                     | □ N/A             |