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

OMB Nos. 1210-0110

2015

This Form is Open to Public Inspection

	Part I		t Identification Information								
_	For calendar plan year 2015 or fiscal plan year beginning 01/01/2015 and ending 12/31/2015										
	A This ret	urn/report is for:		a multiple-employer plan (not multiemployer) (Filers checking this box must attach list of participating employer information in accordance with the form instructions)							
	_			a foreign plan							
	B This retu	ırn/report is		ne final return/report short plan year retur	n/report (less than 12 m	months)					
	C Check b	oox if filing under:		DFVC program							
_			special extension (enter description	,							
	Part II		ormation—enter all requested information	tion		1					
	1a Name of the Nam		(K) PROFIT SHARING PLAN			1b Three-digit plan number (PN) ▶					
						1c Effective date of plan 01/01/1996					
	Mailing	address (include ro	loyer, if for a single-employer plan) om, apt., suite no. and street, or P.O. Box nce, country, and ZIP or foreign postal cod		ruotiona)	2b Employer Id (EIN)	dentification Number 91-1894766				
H'		TY GATE INC.	ice, country, and ZIP or foreign postal cod	ie (ii foreign, see instr	ructions)	2c Sponsor's telephone number 800-321-9947					
00	COLUTIU	LOOOTIL CTREET				2d Business code (see instructions)					
	ENT, WA 98	I 228TH STREET 8032				321900					
-	3a Plan administrator's name and address XSame as Plan Sponsor.					3b Administrator's EIN					
			_								
						3c Administrator's telephone number					
_			he plan sponsor has changed since the la umber from the last return/report.	st return/report filed fo	or this plan, enter the	4b EIN					
	a Sponso	•	ambor from the last return report.			4c PN					
	5a Total r	number of participan	ts at the beginning of the plan year			5a	72				
	b Total r	number of participan	ts at the end of the plan year			5b	67				
			h account balances as of the end of the pl		efit plans do not	5c	63				
	d(1) Tota	al number of active p	participants at the beginning of the plan year	ar		5d(1)	54				
	d(2) Tota	al number of active p	participants at the end of the plan year			5d(2)	51				
_	Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested						2				
			e or incomplete filing of this return/reponder penalties set forth in the instructions.								
	SB or Sche		and signed by an enrolled actuary, as wel								
	SIGN	Filed with authorize	d/valid electronic signature.	07/27/2016	BRIAN DENAULT						
	HERE	Signature of plan	administrator	Date	Enter name of individ	ual signing as pla	administrator				
	SIGN										
	HERE						dual signing as employer or plan sponsor				
	Pranarar'e i	nama (includina firm	name if applicable) and address (include	room or cuita numba	ar I	Prenarer's telent	none number				

Form 5500-SF 2015		Page 2						
 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 a lf you answered "No" to either line 6a or line 6b, the plan cannot be a second to the plan cannot be a second t	an independand condition	dent qualified public a	ccount	ant (IQ	PA)			X Yes No
c If the plan is a defined benefit plan, is it covered under the PBGC in	nsurance pr	ogram (see ERISA se	ection 4	021)? .		Yes	No	Not determined
Part III Financial Information								
7 Plan Assets and Liabilities		(a) Beginning	•				(b) End (
a Total plan assets	7a		5294		-			5488935
b Total plan liabilities	7b		5244	172				1122 5487813
Net plan assets (subtract line 7b from line 7a) Income, Expenses, and Transfers for this Plan Year	7c	(a) Amou		113			(b) To	
a Contributions received or receivable from:		(a) Amou	ını				(b) 10	otai
(1) Employers	8a(1)		304	741				
(2) Participants	8a(2)		354	009				
(3) Others (including rollovers)	8a(3)			0				
b Other income (loss)	8b		-9	110	_			0.400.40
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							649640
d Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		387	615				
e Certain deemed and/or corrective distributions (see instructions)	8e			0				
f Administrative service providers (salaries, fees, commissions)	8f		18	385				
g Other expenses	8g			0				
h Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							406000
i Net income (loss) (subtract line 8h from line 8c)	8i							243640
j Transfers to (from) the plan (see instructions)	8j							
Part IV Plan Characteristics								
9a If the plan provides pension benefits, enter the applicable pension 2E 2F 2J 2K 2G 3D 2A 2T	feature cod	des from the List of Pl	an Cha	racteris	stic Co	des in th	ne instruct	ions:
B If the plan provides welfare benefits, enter the applicable welfare for	eature code	es from the List of Pla	n Chara	acterist	ic Coc	les in the	instruction	ons:
Part V Compliance Questions								
10 During the plan year:				Yes	No	N/A		Amount
Was there a failure to transmit to the plan any participant contribu described in 29 CFR 2510.3-102? (See instructions and DOL's V Program)	oluntary Fig	duciary Correction	10a		X			
b Were there any nonexempt transactions with any party-in-interest			4.01		X			
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			
Were any fees or commissions paid to any brokers, agents, or oth carrier, insurance service, or other organization that provides some	ner persons ne or all of ti	by an insurance he benefits under		X				19082
the plan? (See instructions.) f Has the plan failed to provide any benefit when due under the pla			10e	^				19062
			10f	.,	X			
g Did the plan have any participant loans? (If "Yes," enter amount a		·	10g	X				39953
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 the 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				•	-			
11 Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)								Yes No
11a Enter the unpaid minimum required contribution for all years from	Schedule S	SB (Form 5500) line 4	0			11a		
12 Is this a defined contribution plan subject to the minimum funding	requiremen	nts of section 412 of t	he Cod	e or se	ction (302 of El	RISA?	Yes X No

	F	orm 5500-SF 2015 Page 3 - 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	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)		13c(3) 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	
Name of trustee of edistodian					telephone number			
Par	t 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 employer matching 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 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	17b Date the last plan amendment/restatement for the required tax law changes was adopted/ Enter the applicable code (See instructions for tax law changes and codes).							
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	19 Were in-service distributions made during the plan year?					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

Department of Labor Employee Benefils 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

		entification information								
For calendar plan y		l plan year beginning	01/01/2015	and ending	12/31/20					
A This return/repo	rt is for:	a single-employer plan			(Filers checking this box must attach a ccordance with the form instructions)					
·		a one-participant plan	a foreign plan		meaconome,					
B This return/repor	t is	the first return/report	the final return/report							
		an amended return/report	n/report (less than 12 m	months)						
C Check box if filling	ng under:	DFVC program								
D	DI 16	special extension (enter descri								
	c Plan Inform	nation—enter all requested in	formation							
1a Name of plan HY-SECURITY	GATE, INC.		1b Three-digit plan number (PN) ▶	001						
						Effective date of plan 01/01/1996				
Mailing address	s (include room, a	, if for a single-employer plan) apl., suite no. and street, or P.C). Box)		2b Employer Iden (EIN) 91-18					
Hy-Security		country, and ZIP or foreign post •	al code (if foreign, see instri	uctions)	2c Sponsor's telephone number 800-321-9947					
6623 South	228th Stre	eet			2d Business code (see instructions) 321900					
Kent		WA 98032								
3a Plan administra	tor's name and a	nddress XSame as Plan Spons	sor		3b Administrator's	EIN				
4 If the name and	l/or EIN of the pla	an sponsor has changed since	the last return/report filed fo	or this plan, enter the	3c Administrator's 4b EIN	s telephone number				
a Sponsor's nam		er from the last return/report.			4c PN					
5a Total number of	f participants at t	he beginning of the plan year			5a	72				
		he end of the plan year			5b	67				
		ount balances as of the end of			5c	63				
d(1) Total numbe	r of active partici	pants at the beginning of the plants	an year	*******************************	5d(1)	54				
d(2) Total numbe	r of active partici	pants at the end of the plan yea	ar		5d(2)	51				
than 100% ve	sted	minated employment during the			5e	2				
Under penalties of p	for the late or le erjury and other completed and s	ncomplete filing of this return penalties set forth in the instruc signed by an enrolled actuary, a	n/report will be assessed until be assessed unti	unless reasonable cau examined this return/re	port, including, if appli	icable, a Schedule				
SIGN X 13	min P.	·Nault	7/27/2016	Brian DeNault	lt					
Signat	ure of plan adm	inistrator	Date	Enter name of individ	ndividual signing as plan administrator					
SIGN HERE										
Signat	ure of employer cluding firm nam	/plan sponsor e, if applicable) and address (in	Date clude room or suite number	Enter name of individ	ual signing as employ Preparer's telephone					
						Marketon Medical Company				
						COURSE TO SENSE OF THE PARTY OF				

										_
	Form 5500-SF 2015		Page 2							
	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	an indeper	ndent qualified public a	account	ant (IQ	PA)			X Yes No	
С	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 if the plan is a defined benefit plan, is it covered under the PBGC in	ot use Fo	rm 5500-SF and mus	t instea	ad use	Form	5500.		X Yes No	
-	rt III Financial Information									-
	Plan Assets and Liabilities		(a) Beginnin	a of Ye	ar			(b) End of	Vear	-
a	Total plan assets	7a	(4) = 59,	5,29		9		(b) Little Oi	5,488,935	5
	Total plan liabilities	7b			0,50	_			1,122	-
	Net plan assets (subtract line 7b from line 7a)	7c		5,24	_	_			5,487,813	-
	Income, Expenses, and Transfers for this Plan Year	BW VALU	(a) Amo					(b) Tot		-
a	Contributions received or receivable from:		(4),,,,,,			945		(6) 10		ğ
	(1) Employers	8a(1)			4,74	0.000		65 1 21		
	(2) Participants	8a(2)		35	4,00	9	400			
_	(3) Others (including rollovers)	8a(3)				0	told the		1000	
b	Other income (loss)	8b		~	9,11	0	STATE BOOK	The Sold		
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c		You	72	8			649,640)
d —	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		38	7,61	5		we again		
е	Certain deemed and/or corrective distributions (see instructions)	8e				0				
f	Administrative service providers (salaries, fees, commissions)	8f		1	8,38	5				Ē
g	Other expenses	8g				0				
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							406,000)
i	Net income (loss) (subtract line 8h from line 8c)	8i		0.51012					243,640)
j	Transfers to (from) the plan (see instructions)	8]				C				
aı	rt IV Plan Characteristics									
а	If the plan provides pension benefits, enter the applicable pension 2E 2F 2J 2K 2G 3D 2A 2T	feature co	des from the List of Pl	an Cha	racteris	stic Co	des in th	ne instructio	ons:	
В	If the plan provides welfare benefits, enter the applicable welfare fe	eature cod	es from the List of Pla	n Chara	acterist	ic Cod	les in the	instruction	is;	
ar	t V Compliance Questions									
0	During the plan year:				Yes	No	N/A	Α	lmount	-
а	described in 29 CFR 2510.3-102? (See instructions and DOL's V	oluntary F	iduciary Correction			×				
b	Program)	? (Do not i	nclude transactions	10a 10b		Х				-
С					Х		V Asia		500,00	_
d				10c		_	fig (300,00	_
_	by fraud or dishonesty?			10d		X				_
e	Were any fees or commissions paid to any brokers, agents, or oth carrier, insurance service, or other organization that provides som the plan? (See instructions.)	e or all of	the benefits under	10e	Х				19,08	3.
f	Has the plan failed to provide any benefit when due under the plan	1?	***************************************	10f		Х				
g	Did the plan have any participant loans? (If "Yes," enter amount as	s of year e	nd.)	10g	Х		Na.		39,95) .
h	If this is an individual account plan, was there a blackout period? (2520.101-3.)			10h		Х				
i	If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.101			10i					A Company	100

Has the plan failed to provide any benefit when due under the plan? g Did the plan have any participant loans? (If "Yes," enter amount as of year end.) ... If this is an individual account plan, was there a blackout period? (See instructions If 10h was answered "Yes," check the box if you either provided the required notic exceptions to providing the notice applied under 29 CFR 2520.101-3.... j Did the plan trust incur unrelated business taxable income? Part VI **Pension Funding Compliance** Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form 5500) and line 11a below)..... Yes No 11a Enter the unpaid minimum required contribution for all years from Schedule SB (Form 5500) line 40..... Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA?. Yes

Part IV

Part V

10

9a

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	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)					
a	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, and granting the waiver	enter the Day		e letter ru Year	ling	
If	you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.					
b	Enter the minimum required contribution for this plan year	. 12b				
C	Enter the amount contributed by the employer to the plan for this plan year	12c				
d	Subtract the amount In line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a negative amount)	12d				
HOUSE STREET	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?					
	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 under the of the PBGC?					
С	If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) twhich assets or liabilities were transferred. (See instructions.)	0				
1	3c(1) Name of plan(s): 13c(2	EIN(s)		13c(3) F	PN(s)	
Part	VIII Trust Information					
14a (Name of trust	14b T	14b Trust's EIN			
14c	Name of trustee or custodian	14d Trustee's or custodian's telephone number				
Part	IX IRS Compliance Questions					
15a	is the plan a 401(k) plan?	Ye:	3	No		
15b	If "Yes," how does the 401(k) plan satisfy the nondiscrimination requirements for employee deferrals and employer matching contributions (as applicable) under sections 401(k)(3) and 401(m)(2)?	ba ha	sign- sed safe rbor ethod	e ADP/ACP test		
15c	If the ADP/ACP test is used, did the 401(k) plan perform ADP/ACP testing for the plan year using the "current year testing method" for nonhighly compensated employees (Treas. Reg sections 1.401(k)-2(a)(2)(ii) and 1.401(m)-2(a)(2)(ii))?			No		
	Check the box to indicate the method used by the plan to satisfy the coverage requirements under section 410(b):	Pe tes	itio rcentage st		rage efit test	
16b	Does the plan satisfy the coverage and nondiscrimination tests of sections 410(b) and 401(a)(4) by combining this plan with any other plans under the permissive aggregation rules?	Yes	3	No		
	Has the plan been timely amended for all required tax law changes?	Yes No			□ N/A	
	Date the last plan amendment/restatement for the required tax law changes was adopted Enter the for tax law changes and codes).				nstructions	
	f the plan sponsor is an adopter of a pre-approved master and prototype (M&P) or volume submitter plan that is subje advisory letter, enter the date of that favorable letter and the letter's serial number				or	
-	If the plan is an individually-designed plan and received a favorable determination letter from the IRS, enter the date of determination letter	the plan	's last favo	rable		
18	ls the Plan maintained in a U.S. territory (i.e., Puerto Rico (if no election under ERISA section 1022(i)(2) has been made), American Samoa, Guam, the Commonwealth of the Northern Mariana Islands or the U.S. Virgin Islands)?	Yes		No		
	Nere in-service distributions made during the plan year?	Yes No				
	f "Yes," enter amount	19				
20	Nere required minimum distributions made to 5% owners who have attained age 70 ½ (regardless of whether or not retired), as required under section 401(a)(9)?	Yes	i	No	N/A	