## Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation

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## 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

Par	t I Annual Repo	rt Identification Information	1					
For ca	llendar plan year 2015 or	r fiscal plan year beginning 01/01/	20 <u>15</u> and ending 12	2/31/2015				
A This return/report is for:    a single-employer plan   a multiple-employer plan (not multiemployer) (Filers checking this box must attal list of participating employer information in accordance with the form instructions a foreign plan								
B This return/report is ☐ the first return/report ☐ the final return/report ☐ an amended return/report ☐ a short plan year return/report (less than 12 months)								
C Check box if filing under:  Form 5558  automatic extension  DFVC program  special extension (enter description)								
Part	II Basic Plan In	formation—enter all requested in	nformation					
	ame of plan /ENDING 401K PLAN			<b>1b</b> Three plan r (PN)	number	001		
				1c Effect		plan 1/2011		
Plan sponsor's name (employer, if for a single-employer plan)  Mailing address (include room, apt., suite no. and street, or P.O. Box)  City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)				(EIN)	<ul> <li>2b Employer Identification Number (EIN) 91-1260729</li> <li>2c Sponsor's telephone number</li> </ul>			
& P VI	& P VENDING, INC.				360-734-76			
851 SOUND WAY					2d Business code (see instructions)			
ELLIN	GHAM, WA 98226				4542	10		
<b>3a</b> PI	lan administrator's name	and address XSame as Plan Spon	sor.	<b>3b</b> Admir	nistrator's E	EIN		
				3c Admir	nistrator's t	elephone number		
		the plan sponsor has changed since number from the last return/report.	the last return/report filed for this plan, enter the	4b EIN				
a s	ponsor's name			4c PN				
<b>5a</b> ⊤	otal number of participar	nts at the beginning of the plan year.		5a		8		
<b>b</b> T	otal number of participar	nts at the end of the plan year		5b		7		
	C Number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item)			5c		4		
d(1)	Total number of active	participants at the beginning of the p	lan year	5d(1)		6		
d(2)	Total number of active	participants at the end of the plan ye	ear	5d(2)		5		
			e plan year with accrued benefits that were less	5e		0		
			n/report will be assessed unless reasonable car					
SB or		and signed by an enrolled actuary,	actions, I declare that I have examined this return/re as well as the electronic version of this return/repor					

07/28/2016

Date

Date

**RANDY SOFIE** 

Enter name of individual signing as plan administrator

Enter name of individual signing as employer or plan sponsor

Preparer's telephone number

Preparer's name (including firm name, if applicable) and address (include room or suite number )

Filed with authorized/valid electronic signature.

Signature of plan administrator

Signature of employer/plan sponsor

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<ul> <li>Were all of the plan's assets during the plan year invested in eligib</li> <li>Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility</li> <li>If you answered "No" to either line 6a or line 6b, the plan cannot be a second or line 6b.</li> </ul>	an indepenand	dent qualified public a	ccount	ant (IQ	PA)		
<b>C</b> 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	of Ye	ar			(b) End of Year
a Total plan assets	. 7a		101	341			113314
<b>b</b> Total plan liabilities	. 7b		404	0.44	-		440044
C Net plan assets (subtract line 7b from line 7a)	. 7с			341	-		113314
8 Income, Expenses, and Transfers for this Plan Year a Contributions received or receivable from:		(a) Amou	ınt				(b) Total
(1) Employers	. 8a(1)		6	783			
(2) Participants	. 8a(2)		10	731			
(3) Others (including rollovers)	. 8a(3)						
<b>b</b> Other income (loss)	. 8b		-5	541			
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	. 8c						11973
Benefits paid (including direct rollovers and insurance premiums to provide benefits)	. 8d						
e Certain deemed and/or corrective distributions (see instructions)	. 8e						
f Administrative service providers (salaries, fees, commissions)	. 8f						
g Other expenses	. 8g						
h Total expenses (add lines 8d, 8e, 8f, and 8g)	. 8h						0
i Net income (loss) (subtract line 8h from line 8c)	. 8i						11973
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 2G 2J 2K 3D	feature cod	des from the List of Plant	an Cha	racteris	stic Co	des in th	e instructions:
B If the plan provides welfare benefits, enter the applicable welfare f	eature code	es from the List of Pla	n Chara	acterist	ic Coc	les in the	instructions:
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 contributed described in 29 CFR 2510.3-102? (See instructions and DOL's \Program)	/oluntary Fi	duciary Correction	10a		X		
<b>b</b> Were there any nonexempt transactions with any party-in-interest					X		
reported on line 10a.)			10b		^		
C Was the plan covered by a fidelity bond?			10c	X			50000
<b>d</b> 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 som the plan? (See instructions.)	ne or all of t	he benefits under	10e	X			362
f Has the plan failed to provide any benefit when due under the pla			10f		Х		
Did the plan have any participant loans? (If "Yes," enter amount a			10g		Х		
h If this is an individual account plan, was there a blackout period?	(See instru	ctions and 29 CFR			X		
,	2520.101-3.)						
j Did the plan trust incur unrelated business taxable income?			10i				
Part VI Pension Funding Compliance			10j	<u> </u>			
11 Is this a defined benefit plan subject to minimum funding requirem							
11a Enter the unpaid minimum required contribution for all years from						11a	
12 Is this a defined contribution plan subject to the minimum funding							RISA? Yes 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	<b>a</b> If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, and enter the date of the letter ruling granting the waiver								
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 Trust's EIN					
14c	Name	of trustee or custodian		14d	Trustee's	or custodia	an's		
140 Name of trustee of custodian						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)?		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)-	Yes No					
16a	Check	the box to indicate the method used by the plan to satisfy the coverage requirements under secti	on 410(b):	Ratio Average benefit 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	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

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.

2015

OMB Nos. 1210-0110 1210-0089

This Form is Open to Public Inspection

Part I		t Identification information	accordance with the in	structions to the Form	5500-SF.				
		fiscal plan year beginning	01/01/2015	and ending	12/21/	/2015			
		X a single-employer plan			rer) (Filers checking this box must attach a				
A This	return/report is for:		list of participating	employer information in	n accordance with the form instructions)				
		a one-participant plan	a foreign plan						
B This r	eturn/report is	The first return framed	Пак						
P 11112 10	etumneport is	the first return/report	the final return/repor						
		an amended return/report	a short plan year ret	urn/report (less than 12	months)				
C Chec	k box if filing under:	Form 5558	automatic extension	1	∏ DEVC	program			
		special extension (enter descri	<b>-</b>	•	Предс	program			
Part II	Basic Plan Infe	ormation—enter all requested info							
1a Nam	e of plan		377700017		1b Three-digit				
B & P	VENDING 401K	PLAN			plan numb				
					(PN) •				
					1c Effective date of plan				
2a Plan	sponsor's name (emplo	oyer, if for a single-employer plan)			09/01/2				
iviaiiii	ig address (include roo	m, apt., suite no, and street or P O	Box)		2b Employer Identification Number				
Dity o	or town, state or province.  VENDING, INC	ce, country, and ZIP or foreign postal	code (if foreign, see ins	structions)		1260729			
2 4 2	VENDING, INC	•			360-734	telephone number			
3851	SOUND WAY					ode (see instructions)			
					454210	240 (000 mondonons)			
BELLI	NGHAM	WA 98226							
3a Plan	administrator's name ar	nd address XSame as Plan Sponso	r		20				
		Даста со глан оронов	1.		3b Administrate	or's EIN			
					3c Administrat	or's telephone number			
						and the property of			
A 1645-									
4 If the name	name and/or EIN of the . EIN, and the nian nur	plan sponsor has changed since the plan sponsor has changed since the plant return/report.	e last return/report filed	for this plan, enter the	4b EIN				
	or's name	mor from the last returnineport.			40 50				
5a Total	number of participants	at the beginning of the plan year			4c PN				
<b>b</b> Total	number of participants	at the end of the plan year	***************************************		. 5a	8			
C Numb	er of participants with a	at the end of the plan year account balances as of the end of the	nian year (defined han	aft where the set	. 5b	7			
comp	lete this item)		pian year (denned ben	ent plans do not	5c	A			
<b>d(1)</b> Tot	al number of active par	ticipants at the beginning of the plan	year		5d(1)	4			
d(2) Tot	al number of active par	ticipants at the end of the plan year.		*******************************	5d(2)	6			
G NORTH	rei oi participants that t	erminated emplovment during the st	an year with accrued he	matica that to		5			
litan	100 /0 AGSIG(1************************************				5e	0			
Under pena	alties of periury and oth	er nenalties set forth in the instruction	eport will be assessed	uniess reasonable car	use is established				
	dule MB completed an rue, correct, and comp		well as the electronic ve	rsion of this return/repor	t, and to the best of	iplicable, a Schedule I my knowledge and			
SIGN	ide, correct, and comp	ele.				,			
HERE		And the state of t	1.28.2016	Randy Sofie					
	Signature of plan ac	ministrator	Date	Enter name of individ	ual signing as plan	administrator			
SIGN HERE					,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
	Signature of employ	er/plan sponsor	Date	Enter name of individ	ual signing as empl	Over or plan enonear			
Preparer's	name (including firm na	me, if applicable) and address (inclu	de room or suite numbe	er)	Preparer's telepho	one number			
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				}					
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For Bananua									

6a b	Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)  Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.)							X Yes		
	If you answered "No" to either line 6a or line 6b, the plan cannot use Form 5500-SF and must instead use Form 5500.							,   140		
С	If the plan is a defined benefit plan, is it covered under the PBGC i	nsurance	orogram (see ERISA :	section	4021)?	[	Yes	Пио Пи	lot deter	mined
	rt III Financial Information					L		П.,, П.	or deter	mineu
7	Plan Assets and Liabilities		/a) Boginni	24 A6 V		T	·	,, <u>, , , , , , , , , , , , , , , , , ,</u>		
а	Total plan assets	. 7a	(a) Beginnii	(a) Beginning of Year 101,341				(b) End of		13 254
b	Total plan liabilities	7b			01,5	-		· · · · · · · · · · · · · · · · · · ·	L_	L3,314
	Net plan assets (subtract line 7b from line 7a)	1		1 (	01,3	4 1			1 -	3,314
8	Income, Expenses, and Transfers for this Plan Year		(a) Amo		0,0			· · · · · · · · · · · · · · · · · · ·		
a	Contributions received or receivable from: (1) Employers	8a(1)	(a) Allic	ZUIIL	6,78	33	(b) Total			
	(2) Participants	8a(2)		]	10,73	31				
	(3) Others (including rollovers)	8a(3)						,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		***************************************
b	Other income (loss)			-	-5,54	11				
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c			•				1	1,973
d 	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d								1,313
<u>e</u>	Certain deemed and/or corrective distributions (see instructions)	8e								
f	Administrative service providers (salaries, fees, commissions)	8f								
<u>g</u>	Other expenses	8g					***************************************			
<u>h</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h								0
	Net income (loss) (subtract line 8h from line 8c)	8i							1	1,973
j	Transfers to (from) the plan (see instructions)	81			·····					
Pai	t IV Plan Characteristics			***************************************				· · · · · · · · · · · · · · · · · · ·		
9a	If the plan provides pension benefits, enter the applicable pension	feature co	des from the List of P	lan Cha	racteri	stic Co	des in t	he instruction	 1s:	
В	ZE ZF ZG ZU ZK 3D									
	If the plan provides welfare benefits, enter the applicable welfare for	eature cod	es from the List of Pla	n Char	acteris	tic Cod	ies in the	e instructions	ï	
Pari										
10	During the plan year:	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			Yes	No	N/A	A۱	nount	
a	described in 29 CFR 2510.3-102? (See instructions and DOL's Vi Program)	oluntary F	duciary Correction	10a		х			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,,,,,,
b 	Were there any nonexempt transactions with any party-in-interest? reported on line 10a.)	? (Do not i	nclude transactions	10b		Х		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
С	Was the plan covered by a fidelity bond?			10c	х					50,000
d	Did the plan have a loss, whether or not reimbursed by the plan's to by fraud or dishonesty?	idelity bor	d that was caused	10d		Х	:			50,000
е	Were any fees or commissions paid to any brokers, agents, or othe carrier, insurance service, or other organization that provides some the plan? (See instructions.)	er persons	by an insurance	10e	х					362
f	Has the plan failed to provide any benefit when due under the plan	?	***************************************			Х				
g	Did the plan have any participant loans? (If "Yes," enter amount as			10f						
h	If this is an individual account plan, was there a blackout period? (\$	See instru	tions and 29 CFR	10g 10h		X		1.22		
Ĭ	If 10h was answered "Yes," check the box if you either provided the	2520.101-3.)  If 10h was answered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3								
j	Did the plan trust incur unrelated business tayable incomo?								/	
Part				10j					.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	7
11	Is this a defined benefit plan subject to minimum funding requireme 5500) and line 11a below)	nts? (If "Y	es," see instructions a	and con	plete (	Sched	ule SB (I	Form	Yes	
<u>11a</u>	Enter the unpaid minimum required contribution for all years from S	chedule S	B (Form 5500) line 40	0			11a	***************************************	1	
12	Is this a defined contribution plan subject to the minimum funding r	eguiremen	its of section 412 of the	ap Code	00000	tion ?		NSA2 I F	Yes	X No
	- Control of the cont	- 4+1101	0. 00000011412 0] (	oude	. UI SE	MUH Q	UZ UI EF	NOA7]	168	NO NO

-5000000		Form 5500-SF 2015	Page 3 -							
	(If "Y	es," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicabl		9				····		
	a Ifav	vaiver of the minimum funding standard for a prior year is being amortized ing the waiver.	in this plan year soo in	structions, and		date of		ruling		
	lf you c	ompleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form	5500), and skip to line	13.	_ Day_		Year_			
	<b>b</b> Enter	the minimum required contribution for this plan year	1		12b			······································		
					12c					
C Enter the amount contributed by the employer to the plan for this plan year								······································		
	e Will t	ne minimum funding amount reported on line 12d be met by the funding de	******************************	+	Yes	No	N/A			
Par	t VII	Plan Terminations and Transfers of Assets	dolato: manana	******************	1 1	103	140	J IV/A		
13:		resolution to terminate the plan been adopted in any plan year?		······································	1	Пус	. [v] N.			
	lf "Ye	s," enter the amount of any plan assets that reverted to the employer this	/ear	******************	. 13a	Yes X No				
b	Were	all the plan assets distributed to participants or beneficiaries, transferred t	a another plan as beau	- 1- 1		Yes X No				
С	- II auri	ng this plan year, any assets or liabilities were transferred from this plan to assets or liabilities were transferred. (See instructions.)	another plan(s), identi	fy the plan(s) to	)					
		Name of plan(s):		13c(2)	EIN(s)		13c(3)	PN(e)		
			i							
	t VIII	Trust Information						·		
14a 	Name c	f trust			14b T	ust's EIN	ľ			
14c Name of trustee or custodian						14d Trustee's or custodian's telephone number				
Par	t IX	IRS Compliance Questions								
15a	Is the p	olan a 401(k) plan?			Yes		∏No	<u> </u>		
	If "Yes,	how does the 401(k) plan satisfy the nondiscrimination requirements for no contributions (as applicable) under sections 401(k)(3) and 401(m)(2)?	employee deferrals and	Lomployor		oor	ADI			
15c	resung	DP/ACP test is used, did the 401(k) plan perform ADP/ACP testing for the method" for nonhighly compensated employees (Treas. Reg sections 1.40 ii))?	11/k)-2/a)/2\/ii\ and 1 /i	01/m)	Yes	1104	No			
	Check t	he box to indicate the method used by the plan to satisfy the coverage rec	uirements under sectio	n 410(b):	Rat perd	o centage		erage nefit test		
	titis piai	e plan satisfy the coverage and nondiscrimination tests of sections 410(b)  n with any other plans under the permissive aggregation rules?			Yes		□No			
		plan been timely amended for all required tax law changes? e last plan amendment/restatement for the required tax law changes was a			Yes		No	□ N/A		
	TOT TAX IS	aw changes and codes).		. Enter the a			<del>_</del> '	nstructions		
		an sponsor is an adopter of a pre-approved master and prototype (M&P) of letter, enter the date of that favorable letter	ing the letter's serial nu	ımhar				or		
		an is an individually-designed plan and received a favorable determination nation letter			he plan's	last favo	rable			
18	made),	an maintained in a U.S. territory (i.e., Puerto Rico (if no election under ER American Samoa, Guam, the Commonwealth of the Northern Mariana Isla	ISA section 1022(i)(2) nds or the U.S. Virgin I	has been slands)?	Yes		No			
19	Were in-	service distributions made during the plan year?			Yes		No			
		enter amount			19					
20 \	Were red retired),	quired minimum distributions made to 5% owners who have attained age 7 as required under section 401(a)(9)?	70 ½ (regardless of who	ether or not	Yes		No	□ N/A		