Form 5500-SF	Short Form Annu	•	ort of Small Emplo	oyee	OME	3 Nos. 1210-0110 1210-0089		
Department of the Treasury Internal Revenue Service					2015			
Department of Labor Income Security Act of 1974 (ERISA), and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).					This Form is Open to Public Inspection			
Pension Benefit Guaranty Corporation			nstructions to the Form 55	00-SF.				
Part IAnnual ReportFor calendar plan year 2015 or fis	dentification Information		and ending 12	2/31/2015				
A This return/report is for:	a single-employer plan	a multiple-employ	er plan (not multiemployer) employer information in ac	(Filers check	-			
B This return/report is	the first return/report	the final return/rep	ort eturn/report (less than 12 me	onths)				
C Check box if filing under:	Form 5558	automatic extension	on	[] D	FVC program			
Part II Basic Plan Info	mation—enter all requested ir							
1a Name of plan EMBERS LTD. 401(K) PLAN				(PN)	umber	001		
					01/01/20			
	rer, if for a single-employer plan) n, apt., suite no. and street, or P.0 a, country, and ZIP or foreign pos		nstructions)	(EIN)	oyer Identificati 99-02834	400		
EMBERS LTD.	, country, and zin or foroign poo			2c Sponsor's telephone number 425-210-8577				
19109 36TH AVE WEST #100 _YNWOOD, WA 98036				2d Busine	ess code (see 531390	instructions)		
3a Plan administrator's name an	d address XSame as Plan Spon	sor		3h Admin	istrator's EIN			
				3c Admin	istrator's telep	hone number		
4 If the name and/or EIN of the	plan sponsor has changed since	the last return/report file	ed for this plan, enter the	4b EIN				
	ber from the last return/report.	·		4c PN				
5a Total number of participants	at the beginning of the plan year.			5a		2		
	at the end of the plan year			5b		2		
· ·	ccount balances as of the end of		•	5c		2		
d(1) Total number of active par	ticipants at the beginning of the p	lan year		5d(1)		2		
d(2) Total number of active par				5d(2)		2		
than 100% vested	erminated employment during the			5e		0		
Caution: A penalty for the late of Under penalties of perjury and oth SB or Schedule MB completed an belief, it is true, correct, and comp	er penalties set forth in the instru d signed by an enrolled actuary,	ctions, I declare that I have a second	ave examined this return/rep	oort, includin	g, if applicable			
	valid electronic signature.	08/06/2016	LILA VASCONCELLO	S				
HERE Signature of plan ad	dministrator	Date	Enter name of individu	ual signing a	s plan adminis	trator		
SIGN HERE Signature of amplex	vor/plan anonaar	Data	Entor nome of individ		a amployar ar			
Preparer's name (including firm na		Date nclude room or suite nu	Enter name of individu		s employer or telephone num			
For Denominal Deduction Act Natio	e and OMB Control Numbers, see th	on instructions for Form 5	500.SE		For	n 5500-SF (2015)		

	fit plan, is it covered under the PBGC i	nsurance prog	ram (see ERISA section 4021)?	Yes No Not determined
Part III Financial Infor 7 Plan Assets and Liabilities	mation		(a) Beginning of Year	(b) End of Year
		. 7a	355171	872833
			0	0
C Net plan assets (subtract lir	ne 7b from line 7a)	. 7c	355171	872833
Income, Expenses, and Tra	ansfers for this Plan Year		(a) Amount	(b) Total
a Contributions received or re (1) Employers	eceivable from:	. 8a(1)	35600	
(2) Participants		. 8a(2)	42000	
(3) Others (including rollov	ers)	. 8a(3)	581343	
b Other income (loss)		. 8b	-116294	
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	. 8c		542649
	ect rollovers and insurance premiums	. 8d	24987	
e Certain deemed and/or cor	rective distributions (see instructions)	. 8e	0	
f Administrative service prov	iders (salaries, fees, commissions)	. 8f	0	
g Other expenses		. 8g	0	
h Total expenses (add lines 8	3d, 8e, 8f, and 8g)	. 8h		24987
i Net income (loss) (subtract	line 8h from line 8c)	. 8i		517662
j Transfers to (from) the plan	(see instructions)	8j	0	
Part IV Plan Characte	eristics			
a If the plan provides pensio	n benefits, enter the applicable pensior	n feature code:	s from the List of Plan Characteristic C	odes in the instructions:

10	During the plan year:				N/A		Amount	t	
а	Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)	10a		x					
b	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	10b		X					
С	Was the plan covered by a fidelity bond?	10c		X					
d	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	10d		x					
е	Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service, or other organization that provides some or all of the benefits under the plan? (See instructions.).	10e		x					
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 of year end.)	10g		Х					
h	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	10h		х					
i	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	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 requirements? (If "Yes," see instructions and complete Schedule SB (Form 5500) and line 11a below)						No		
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 requirements of section 412 of t	he Code	e or se	ction 3	302 of E	RISA?	Ye	s X	No

Form 5500-SF 2015

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	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)								
a	a 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	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						
-		the amount contributed by the employer to the plan for this plan year		12c					
d		ract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the ative amount)		12d					
е	Will	the minimum funding amount reported on line 12d be met by the funding deadline?			Yes	No	N/A		
Part	Part VII Plan Terminations and Transfers of Assets								
13a	Has	a resolution to terminate the plan been adopted in any plan year?		Yes 🛛 No					
		es," enter the amount of any plan assets that reverted to the employer this year		13a					
h		e all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brou			<u> </u>				
	of th	e PBGC?	-			Yes X	No		
С		ring this plan year, any assets or liabilities were transferred from this plan to another plan(s), identi th assets or liabilities were transferred. (See instructions.)	fy the plan(s) to						
1	13c(1)	Name of plan(s):	13c(2)	EIN(s)		13c(3)	PN(s)		
Part	VIII	Trust Information	-						
14a	Name	e of trust		14b Trust's EIN					
14c Name of trustee or custodian						14d Trustee's or custodian's telephone number			
Par	t IX	IRS Compliance Questions							
15a	Is th	e plan a 401(k) plan?		Ye	es				
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 ADF harbor test method			
15c	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))?					es 🗌 No			
16a	16a Check the box to indicate the method used by the plan to satisfy the coverage requirements under section 410(b):					Ratio percentage Avera benefi			
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?						No			
17a	Hast	the plan been timely amended for all required tax law changes?	Ye	es	No	N/A			
	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	17c If the plan sponsor is an adopter of a pre-approved master and prototype (M&P) or volume submitter plan that is subject to a favorable IRS opinion or advisory letter, enter the date of that favorable letter/ and the letter's serial number								
17d	17d If the plan is an individually-designed plan and received a favorable determination letter from the IRS, enter the date of the plan's last favorable determination letter/								
18		e Plan maintained in a U.S. territory (i.e., Puerto Rico (if no election under ERISA section 1022(i)(2 e), American Samoa, Guam, the Commonwealth of the Northern Mariana Islands or the U.S. Virgir		Ye	S	No			
19	Were	in-service distributions made during the plan year?		Ye	es	No			
	lf "Y€	es," enter amount		19					
20						No	N/A		

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For calard plan year 2015 or fixed plan year beginning 0.1/01/2/2015 and ending 12/2/21/22/15 A This return/report is for a one-participant plan a number of multiple-emptyper plan (numbersympt) (Files checking this box must attach a list of participanting emptyper information in accordance with the form instructions) B This return/report is a one-participant plan a hording plan B This return/report is a number of each plan the final return/report a short plan year return/report (sets than 12 months) C Check box if filing under: B form 5568 automatic extension DPVC program Part II Basic Plan Informationmore at requested information 10 Three-digit with the form instructions) Part II Basic Plan Informationmore at requested information 10 Three-digit with more or plan informationmore at requested information Part II Basic Plan Informationmore at requested information 10 Three-digit with more or plan informationmore at requested information Part III Basic Plan Informationmore at requested information 10 Three-digit with more or plan information Part III Basic Plan Informationmore at requested information 10 For three digit with more or plan information Part III Basic Plan Informationmore at requested information 10 For three digit with more or plan information	Pension Benefit Guaranty Corporation	Complete all entries in a	ccordance with the instru	ctions to the Form 55	00-SF.	Fub	ne mapection		
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A This return/report is 0: a one-participant plan is of participating employer information in accordance with the form instructions) B This return/report is in a mended return/report is bort plan year return/report (less than 12 months) C Check box if filing under: in a mended return/report is bort plan year return/report (less than 12 months) C Check box if filing under: in a mended return/report is bort plan year return/report (less than 12 months) C Check box if filing under: in plan mumber in the four return/report is bort plan year return/report (less than 12 months) C Check box if filing under: in plan mumber in the four return/report in the four return/report (less than 12 months) Part II Basic Plan Information - more all requested information in the four return/report (less than 12 months) C Check box if filing under: in the single-employer plan) in the four single-employer plan) Maling address (neture from a, and street, or P.O. Box) 2b Employer demployer number 2b Employer demployer information C Administrator's name and address (PSInme as Plan Sponsor. 3b Administrator's telephone number 1910 9 36TH AVE WEST 8100 INA 98036 3b Administrator's telephone number LYWWOOD INA 98036 3b Administrator's telephone number		fiscal plan year beginning	01/01/2015	and ending	1	12/31/201	.5		
B This resum/report is	A This return/report is for:		list of participating emp		•	• • • • • • • • • • • • • • • • • • • •			
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C Check box if filing under: <pre></pre>	${f B}$ This return/report is	the first return/report							
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EMBERS LTD. 22 Sponsors telephone number (425) 210-8577 19109 36TH AVE WEST #100 WA 98036 LYNWOOD WA 98036 3a Plan administrator's name and address Same as Plan Sponsor. 3b Administrator's EIN 3c Administrator's name and address so the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN, and the plan number from the last return/report. 4b EIN 4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the asponsor's telephone number 4c PN 5a Total number of participants at the beginning of the plan year. 5a b Total number of participants at the beginning of the plan year. 5b c Number of participants at the beginning of the plan year. 5d d(1) Total number of active participants at the beginning of the plan year. 5d g Number of participants at the beginning of the plan year. 5d d(2) Total number of active participants at the beginning of the plan year. 5d g Number of participants that terminated employment during the plan year. 5d g Number of participants that terminated employment during the plan year. 5d d(2) Total number of active participants at the beginning of the plan year. 5d g Number of participants that terminated employment during the plan year.	Mailing address (include roo	om, apt., suite no. and street, or P.O.							
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19109 36TH AVE WEST #100 WA 98036 2YNWOOD WA 98036 3a Plan administrator's name and address Same as Plan Sponsor. 3b Administrator's EIN 3c Administrator's name and address Same as Plan Sponsor. 3c Administrator's telephone number 4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN, and the plan number from the last return/report. 4b EIN 3 Sponsor's name 5a Total number of participants at the beginning of the plan year. 5a 5a Total number of participants at the end of the plan year. 5b c Number of participants at the end of the plan year. 5d(1) d(1) Total number of active participants at the beginning of the plan year. 5d(2) e Number of participants at the end of the plan year. 5d(2) funder panalizional terminated employment during the plan year with accrued benefits that were less than 100% vested. 5e Caution: A panality for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established. 5e Under panalities of participants during the plan year well as the electronic version of this return/report, and to the best of my knowledge and blefiling. 5e Gaution: A panality for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established. 5e									
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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 914116 JOE VIERRA HERE 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 sponsor Preparer's name (including firm name, if applicable) and address (include room or suite number) Preparer's telephone number	Caution: A penalty for the late	e or incomplete filing of this return	/report will be assessed	unless reasonable ca	use is e	stablished.			
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HERE Signature of employer/plan sponsor Date Enter name of individual signing as employer or plan sponsor Preparer's name (including firm name, if applicable) and address (include room or suite number) Preparer's telephone number	HERE Signature of plan	administrator	Date	Enter name of individ	dividual signing as plan administrator				
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	For Dependently Deduction Activity	tion and OMP Control Numbers of	instructions for From FFGG	ee.			Form 5500-SE (2015)		