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).

2015

OMB Nos. 1210-0110

1210-0089

This Form is Open to Public Inspection

Pension	benefit Guaranty Corporation	Complete all entries in a	accordance with the instru	uctions to the Form 550	00-SF.	•					
Part I	Annual Report	Identification Information									
		scal plan year beginning 01/01/2	015	and ending 12/	31/2015						
	eturn/report is for:	a single-employer plan a one-participant plan	a multiple-employer pl	an (not multiemployer) (liployer information in acc	Filers checking this b						
B This re	B This return/report is										
C Check	box if filing under:	Form 5558 special extension (enter descr	automatic extension aption)		DFVC prog	ram					
Part II	Basic Plan Info	ormation—enter all requested inf	ormation								
1a Nam	e of plan	L.C. 401(K) PROFIT SHARING PL			1b Three-digit plan number (PN) ▶	001					
					1c Effective date of 07/0	f plan 1/2013					
2a 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) EAL CENTRIC SOLUTIONS, LLC					2b Employer Identification Number (EIN) 45-2283379 2c Sponsor's telephone number 509-491-3500						
ENNEWIC	SCHUTES AVE CK, WA 99336	No.			2d Business code (200					
Ja Plan	administrator's name al	nd address XSame as Plan Spons	or.	_	3b Administrator's 1 3c Administrator's 1						
		e plan sponsor has changed since mber from the last return/report.	the last return/report filed fo	or this plan, enter the	4b EIN						
a Spon	sor's name				4c PN						
5a Tota	I number of participants	at the beginning of the plan year			5a	6					
b Tota	I number of participants	at the end of the plan year			5b	7					
		account balances as of the end of			5c	3					
d(1) ⊤o	otal number of active pa	articipants at the beginning of the plant	an year		5d(1)	7					
d(2) ⊤	otal number of active pa	articipants at the end of the plan yea	ar		5d(2)	6					
e Nun	nber of participants that	terminated employment during the	plan year with accrued ber	nefits that were less	5e	1					
Caution:	A penalty for the late	or incomplete filing of this returr	/report will be assessed (unless reasonable caus							
SB or Sch		ther penalties set forth in the instruct nd signed by an enrolled actuary, a plete.									
SIGN	Filed with authorized	/valid electronic signature.	08/08/2016	KHRISTINA L. BEYER							

Date

Date

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

Signature of plan administrator

Signature of employer/plan sponsor

Enter name of individual signing as plan administrator

Enter name of individual signing as employer or plan sponsor

Preparer's telephone number

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 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 lf you answered "No" to either line 6a or line 6b, the plan cannot be a second to the plan cannot be a second	an indepen and condition	dent qualified public a	ccount	ant (IQ	PA)		
C If the plan is a defined benefit plan, is it covered under the PBGC in	surance pr	ogram (see ERISA se	ection 4	021)? .		Yes X	No Not determined
Part III Financial Information	1						
7 Plan Assets and Liabilities		(a) Beginning					(b) End of Year
a Total plan assets	7a		335	958			385777
b Total plan liabilities	7b 7c		335	958			385777
Net plan assets (subtract line 7b from line 7a) Income, Expenses, and Transfers for this Plan Year	70	(a) Amou		,550			(b) Total
a Contributions received or receivable from:		(a) Amot	ant				(b) Total
(1) Employers	8a(1)		8	3264			
(2) Participants	8a(2)		43	3487			
(3) Others (including rollovers)	8a(3)			0			
b Other income (loss)	8b		-1	932			
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						49819
d Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d			0			
e Certain deemed and/or corrective distributions (see instructions)	8e			0			
f Administrative service providers (salaries, fees, commissions)	8f			0			
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						49819
j Transfers to (from) the plan (see instructions)	8j						
Part IV Plan Characteristics							
9a If the plan provides pension benefits, enter the applicable pension 2A 2E 2F 2G 2J 2K 2T 3D	feature cod	des from the List of Plant	an Cha	racteris	stic Co	des in th	ne instructions:
B If the plan provides welfare benefits, enter the applicable welfare fe	eature code	es from the List of Pla	n Chara	acterist	ic Cod	les in the	e 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 contribu described in 29 CFR 2510.3-102? (See instructions and DOL's V Program)	oluntary Fi	duciary Correction	10a		X		
b Were there any nonexempt transactions with any party-in-interest reported on line 10a.)			10b		X		
C Was the plan covered by a fidelity bond?			10c	X			34000
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 som the plan? (See instructions.)	ne or all of t	he benefits under	10e		X		
f Has the plan failed to provide any benefit when due under the plan			10f		Χ		
g Did the plan have any participant loans? (If "Yes," enter amount a					X		
h If this is an individual account plan, was there a blackout period?		,	10g		^		
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)							
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 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 Trust's EIN				
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)?		ba ha	esign- ased safe arbor ethod	ADF test	P/ACP	
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):	Ratio percentage benefit te				
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	

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 Annual	Report Ide	ntification Information	1									
For calendar plan year		plan year beginning 01/01/20	115		and ending 12/3	31/201	5					
	×	a single-employer plan			an (not multiemployer)							
A This return/report is	s for:	50705 - 31.005	list of pa	articipating em	ployer information in ac	in accordance with the form instructions)						
		a one-participant plan	a foreign	n plan								
B This return/report is		the first return/report	the final r	return/report								
		an amended return/report	a short pl	lan year returr	n/report (less than 12 m	onths)						
C Check box if filing u	ındar: 🗔	4 5267		2								
Check box it filling t	inder.	Form 5558	automati	ic extension			DFVC prog	ram				
		special extension (enter descri	ription)									
Part II Basic F	Plan Inform	ation—enter all requested in	nformation									
1a Name of plan						1b	Three-digit					
REAL CENTRIC SOLU	TIONS, L.L.C.	401(K) PROFIT SHARING PL	AN				plan number	001				
							(PN) ▶	001				
						1c	Effective date o	f plan				
							07/01/2013					
		if for a single-employer plan)				2b	Employer Identi	fication Number				
		pt., suite no. and street, or P.C puntry, and ZIP or foreign post		aian saa instri	uctions)		(EIN) 45-22833	79				
REAL CENTRIC SOLU		ountry, and Zir or foreign post	tai code (ii iore	eigii, see iiisiii	uctions)	2c	Sponsor's telep	hone number				
	,						(509)	491-3500				
						2d	Business code ((see instructions)				
530 W. DESCHUTES A	VE						236200					
KENNEWAROK 1444 0000												
KENNEWICK, WA 9933												
3a Plan administrator	's name and ac	ddress X Same as Plan Spons	sor.			3b	Administrator's	EIN				
						20	A 1					
						30	Administrator's	telephone number				
								(3)				
		n sponsor has changed since	the last return	n/report filed fo	or this plan, enter the	4b	EIN					
	ne pian number	from the last return/report.				4 -	BVI					
a Sponsor's name		- William Control of the Control of			W-	4c						
5a Total number of p	articipants at th	ne beginning of the plan year				5	3	6				
b Total number of p	articipants at th	ne end of the plan year	*******************			5k)	7				
c Number of particip	ants with acco	unt balances as of the end of	the plan year	(defined bene	fit plans do not	50		3				
complete this item	1)							ى 				
d(1) Total number o	f active particip	ants at the beginning of the pl	lan year			5d(1)	7				
d(2) Total number o	f active particip	ants at the end of the plan yea	ar			5d(2)	6				
		inated employment during the										
than 100% veste	d					56		1				
Caution: A penalty fo	r the late or in	complete filing of this return	n/report will b	oe assessed i	unless reasonable cau	ıse is	established.					
		penalties set forth in the instruction gned by an enrolled actuary, a										
belief, it is true, correct	and complete		as well as the t	ciccionic vers	sion of this return report	i, and i	o the best of my	Knowledge and				
SIGN	160.1		8 M	162016	Khristina L. Beyer							
HERE 1	W We		1989 18									
Signature	of plan admi	nistrator	Date		Enter name of individ	ual sig	ning as plan adr	ninistrator				
SIGN												
	of employer/		Date		Enter name of individ	ual sig	ning as employe	er or plan sponsor				
Preparer's name (inclu	ding firm name	, if applicable) and address (ir	nclude room or	r suite numbe	()		arer's telephone					
1					1							

8=	Form 5500-SF 2015		Page 2							
b	Were all of the plan's assets during the plan year invested in eligib Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility of the plan cannual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility of the plan answered "No" to either line 6a or line 6b, the plan cannual fithe plan is a defined benefit plan, is it covered under the PBGC in	an independ and condition ot use For	dent qualified public a ons.) m 5500-SF and mus	ccount	tant (IC	PA) Form	5500.		X Yes X Yes	
	t III Financial Information	isurance pr	Ugrain (See LINISA Se	CHOIT 4	1021)!	L	l tes E	7 140	Not determ	ineu
	Plan Assets and Liabilities		(a) Posinning	of Vo	~*	$\overline{}$		(h) End	of Voca	
-	Total plan assets	7a	(a) Beginning	3359	2500	+		(b) End	385777	ĝ
	Total plan liabilities	7b				+				
	Net plan assets (subtract line 7b from line 7a)	7c		3359	58	\top			385777	
8	Income, Expenses, and Transfers for this Plan Year		(a) Amou	ınt				(b) T	otal	
	Contributions received or receivable from:			826	24	1.5				
-	(1) Employers	8a(1)		434						
	(2) Participants	8a(2) 8a(3)		10 1	0					
	Other income (loss)	8b		-19:	1250V					
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							49819	
	Benefits paid (including direct rollovers and insurance premiums				2				4511.5	
	to provide benefits)	8d			0	_				
	Certain deemed and/or corrective distributions (see instructions)	8e			0					
ANGEST 5	Administrative service providers (salaries, fees, commissions)	8f			-					
	Other expenses	8g		956	71.7.5	1			0	
	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h 8i		-		+			49819	
	Transfers to (from) the plan (see instructions)	8i				100			10010	
Par	10.0 No. 10.	0)								
B Part	2A 2E 2F 2G 2J 2K 2T 3D 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 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 benefits, enter the applicable welfare for the plan provides welfare benefits.	eature code	s from the List of Pla	n Char	acterist	tic Cod	des in th	e instructi	ons:	
10	During the plan year:				Yes	No	N/A		Amount	
а	Was there a failure to transmit to the plan any participant contribut described in 29 CFR 2510.3-102? (See instructions and DOL's V Program)	oluntary Fig	duciary Correction	10a		Х				
b	Were there any nonexempt transactions with any party-in-interest			401		Х				
	reported on line 10a.)			10b	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \					0.4000
	Was the plan covered by a fidelity bond?			10c	X	_				34000
d	Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?			10d		X				
е	Were any fees or commissions paid to any brokers, agents, or oth carrier, insurance service, or other organization that provides som the plan? (See instructions.)	ne or all of the	ne benefits under	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 a			10g		Х				
h		(See instruc	tions and 29 CFR	10g		Х				
i	If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10	Contraction of the contraction of	Charlespecies powerties - see-oversame permanent	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)			,,,,,,,,,,				(Form	Yes	X No
	Enter the unpaid minimum required contribution for all years from									
12	Is this a defined contribution plan subject to the minimum funding	requiremen	its of section 412 of the	ne Cod	e or se	ection :	302 of F	RISA?	Yes	X No

Form 5500-SF 2015 Page 3 - 1						
(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 in granting the waiver.		enter the Day	date of t	he letter ru Year	ıling	
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 negative amount)		12d				
e 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	X 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 the PBGC?	ght under the co	ontrol		Yes X	No	
C If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), ident which assets or liabilities were transferred. (See instructions.)	ify the plan(s) to					
13c(1) Name of plan(s):	13c(2)	EIN(s)		13c(3)	PN(s)	
Part VIII Trust Information		4.41				
14a Name of trust		140	rust's EIN	l.		
14c Name of trustee or custodian			Trustee's telephone	or custodi number	an's	
Part IX IRS Compliance Questions				- W		
15a Is the plan a 401(k) plan?		Yes	3	No		
15b If "Yes," how does the 401(k) plan satisfy the nondiscrimination requirements for employee deferrals an matching contributions (as applicable) under sections 401(k)(3) and 401(m)(2)?	ba ha	esign- sed safe ADP/ACP rbor test ethod				
15c If the ADP/ACP test is used, did the 401(k) plan perform ADP/ACP testing for the plan year using the "c testing method" for nonhighly compensated employees (Treas. Reg sections 1.401(k)-2(a)(2)(ii) and 1.2(a)(2)(ii))?	Yes	3	No			
16a Check the box to indicate the method used by the plan to satisfy the coverage requirements under sect	ion 410(b):	Ra pe	rcentage	Average benefit test		
16b Does the plan satisfy the coverage and nondiscrimination tests of sections 410(b) and 401(a)(4) by conthis plan with any other plans under the permissive aggregation rules?		Yes	3	No		
17a Has the plan been timely amended for all required tax law changes?		Yes	3	No	N/A	
for tax law changes and codes).	Enter the a				struction	
17c If the plan sponsor is an adopter of a pre-approved master and prototype (M&P) or volume submitter plants advisory letter, enter the date of that favorable letter and the letter's serial	number				or	
17d If the plan is an individually-designed plan and received a favorable determination letter from the IRS, e determination letter	THEORIES AND OR	the plan	's last fav	orable		
18 Is the Plan maintained in a U.S. territory (i.e., Puerto Rico (if no election under ERISA section 1022(i)(2 made), American Samoa, Guam, the Commonwealth of the Northern Mariana Islands or the U.S. Virgin		Yes	4411	No		
19 Were in-service distributions made during the plan year?		Yes	3	No		
If "Yes," enter amount		19				
Were required minimum distributions made to 5% owners who have attained age 70 ½ (regardless of w retired), as required under section 401(a)(9)?		Yes	3	No	□ N/A	