## 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

2015

OMB Nos. 1210-0110

This Form is Open to Public Inspection

| Part I Annual Repor   | t Identification Information  | n   |   |  |  |  |  |  |
|---|---|---|---|--|--|--|--|--|
| For calendar plan year 2015 or  | fiscal plan year beginning 01/01  | /2015 and ending 1.   | 2/31/2015   |  |  |  |  |  |
| A This return/report is for:  a single-employer plan  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>B</b> This return/report is  | the first return/report an amended return/report                              | the final return/report a short plan year return/report (less than 12 months) |   |  |  |  |  |  |
| <b>C</b> Check box if filing under:   | X Form 5558  special extension (enter description)                            | automatic extension cription)   | DFVC  | orogram  |  |  |  |  |
| Part II Basic Plan Inf  | ormation—enter all requested i  | nformation  |   |  |  |  |  |  |
| 1a Name of plan MCCONNELL CHIROPRACTIC  | ·   |   | 1b Three-digit plan number (PN) ▶ 1c Effective da | 001  |  |  |  |  |
| Mailing address (include ro   | oyer, if for a single-employer plan)<br>om, apt., suite no. and street, or P. |   | <b>2b</b> Employer Id                             | 01/01/2007<br>lentification Number<br>20-5844210 |  |  |  |  |
| City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)  MCCONNELL CHIROPRACTIC   |   |   |   | 2c Sponsor's telephone number 360-923-5555       |  |  |  |  |
| 1324 MARTIN WAY E STE A<br>DLYMPIA, WA 98516  |   |   |   | ode (see instructions)                           |  |  |  |  |
| <b>3a</b> Plan administrator's name a   | and address XSame as Plan Spor  | nsor.   | 3b Administrate 3c Administrate                   | or's EIN<br>or's telephone number                |  |  |  |  |
|   | ne plan sponsor has changed since umber from the last return/report.          | e the last return/report filed for this plan, enter the                       | 4b EIN<br>4c PN                                   |  |  |  |  |  |
| 5a Total number of participant  | s at the beginning of the plan year   |   | 5a  | 3  |  |  |  |  |
| <ul><li>5a Total number of participants at the beginning of the plan year</li><li>b Total number of participants at the end of the plan year</li></ul>  |   |   |   | 3  |  |  |  |  |
| C Number of participants with   | account balances as of the end o  | f the plan year (defined benefit plans do not                                 | 5c  | 3  |  |  |  |  |
| d(1) Total number of active p   | articipants at the beginning of the p   | olan year   | 5d(1)   | 3  |  |  |  |  |
| d(2) Total number of active p   | articipants at the end of the plan ye   | ear   | 5d(2)   | 3  |  |  |  |  |
| than 100% vested  | . , ,   |   | 5e  | 0  |  |  |  |  |
|   |   | rn/report will be assessed unless reasonable ca                               |   |  |  |  |  |  |

Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including, if applicable, a Schedule 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 in true, correct, and complete

| belief, it is t | rue, correct, and complete.                                      |  |  |  |  |  |
|-----------------|--|--|--|--|--|--|
| SIGN<br>HERE    | Filed with authorized/valid electronic signature.                | TIMOTHY MCCONNELL  |  |  |  |  |
|                 | Signature of plan administrator                                  | Enter name of individual signing as plan administrator       |  |  |  |  |
| SIGN<br>HERE    |  |  |  |  |  |  |
|                 | Signature of employer/plan sponsor                               | Enter name of individual signing as employer or plan sponsor |  |  |  |  |
| Preparer's      | name (including firm name, if applicable) and address (include r | Preparer's telephone number                                  |  |  |  |  |
|                 |  |  |  |  |  |  |
|                 |  |  |  |  |  |  |
|                 |  |  |  |  |  |  |

| Form 5500-SF 2015  |                                   | Page <b>2</b>           |            |          |          |              |           |              |          |       |
|--|-----------------------------------|-------------------------|------------|----------|----------|--------------|-----------|--------------|----------|-------|
| <ul> <li>Were all of the plan's assets during the plan year invested in eligible.</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 of your answered "No" to either line 6a or line 6b, the plan can</li> </ul> | of an indepen<br>by and condition | dent qualified public a | ccount     | ant (IQ  | PA)      |              |           | X            | Yes Yes  | No No |
| <b>c</b> If the plan is a defined benefit plan, is it covered under the PBGC   | insurance pr                      | ogram (see ERISA se     | ection 4   | 021)?    |          | Yes          | No        | Not          | determir | ned   |
| Part III Financial Information   |                                   |                         |            |          |          |              |           |              |          |       |
| 7 Plan Assets and Liabilities  |                                   | (a) Beginning           | of Ye      | ar       |          |              | (b) End   | d of Ye      | ar       |       |
| a Total plan assets  | 7a                                |                         | 66         | 6472     |          |              |           |              | 64803    | }     |
| <b>b</b> Total plan liabilities  |                                   |                         |            |          |          |              |           |              |          |       |
| C Net plan assets (subtract line 7b from line 7a)  | 7с                                |                         | 66         | 6472     |          |              |           |              | 64803    | \$    |
| 8 Income, Expenses, and Transfers for this Plan Year   |                                   | (a) Amou                | unt        |          |          |              | (b)       | Total        |          |       |
| Contributions received or receivable from:     (1) Employers   | 8a(1)                             |                         |            |          |          |              |           |              |          |       |
| (2) Participants   |                                   |                         |            |          |          |              |           |              |          |       |
| (3) Others (including rollovers)   | 8a(3)                             |                         |            |          |          |              |           |              |          |       |
| <b>b</b> Other income (loss)   | 8b                                |                         | -1         | 669      |          |              |           |              |          |       |
| <b>C</b> Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)  | 8c                                |                         |            |          |          |              |           |              | -1669    | )     |
| d Benefits paid (including direct rollovers and insurance premiums to provide benefits)  | 8d                                |                         |            |          |          |              |           |              |          |       |
| Certain deemed and/or corrective distributions (see instructions).   | -1                                |                         |            |          |          |              |           |              |          |       |
| f Administrative service providers (salaries, fees, commissions)   |                                   |                         |            |          |          |              |           |              |          |       |
| g Other expenses   |                                   |                         |            |          |          |              |           |              |          |       |
| h Total expenses (add lines 8d, 8e, 8f, and 8g)  |                                   |                         |            |          |          |              |           |              | 0        | )     |
| i Net income (loss) (subtract line 8h from line 8c)  |                                   |                         |            |          |          |              |           |              | -1669    | )     |
| j Transfers to (from) the plan (see instructions)  | ···· 8i                           |                         |            |          |          |              |           |              |          |       |
| Part IV Plan Characteristics   |                                   |                         |            |          | •        |              |           |              |          |       |
| 9a If the plan provides pension benefits, enter the applicable pension   | on feature cod                    | des from the List of Pl | an Cha     | racteris | stic Co  | des in tl    | he instru | uctions:     |          |       |
| B If the plan provides welfare benefits, enter the applicable welfare  | . ( (                             | (o the Liet - ( Die     | . 01       |          |          | la a Carolla |           |              |          |       |
| B If the plan provides welfare benefits, enter the applicable welfare  | e reature code                    | es from the list of Pia | n Chara    | acterist | ic Coc   | ies in the   | e instrud | tions:       |          |       |
| Part V Compliance Questions  |                                   |                         |            |          |          |              |           |              |          |       |
| 10 During the plan year:   |                                   |                         |            | Yes      | No       | N/A          |           | Amo          | ount     |       |
| Was there a failure to transmit to the plan any participant contril described in 29 CFR 2510.3-102? (See instructions and DOL's Program)   | Voluntary Fi                      | duciary Correction      | 10a        |          | X        |              |           |              |          |       |
| <b>b</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        | Х        |          |              |           |              | 1        | 10000 |
| d Did the plan have a loss, whether or not reimbursed by the plan by fraud or dishonesty?  |                                   |                         | 10d        |          | X        |              |           |              |          | 10000 |
| Were any fees or commissions paid to any brokers, agents, or carrier, insurance service, or other organization that provides so  |                                   |                         |            |          |          |              |           |              |          | 202   |
| f Has the plan failed to provide any benefit when due under the p  |                                   |                         | 10f        |          | X        |              |           |              |          |       |
| g Did the plan have any participant loans? (If "Yes," enter amount   |                                   |                         | 10g        |          | Χ        |              |           |              |          |       |
| h If this is an individual account plan, was there a blackout period 2520.101-3.)  | ? (See instru                     | ctions and 29 CFR       | 10g<br>10h |          | X        |              |           |              |          |       |
| i If 10h was answered "Yes," check the box if you either provided exceptions to providing the notice applied under 29 CFR 2520.  | the required                      | notice or one of the    | 10ii       |          |          |              |           |              |          |       |
| j Did the plan trust incur unrelated business taxable income?  |                                   |                         | 10i        |          |          |              |           |              |          |       |
| Part VI Pension Funding Compliance   |                                   |                         | 10)        | <u> </u> | <u> </u> |              |           |              |          |       |
| 11 Is this a defined benefit plan subject to minimum funding require 5500) and line 11a below)   |                                   |                         |            |          |          |              |           |              | Yes      | No    |
| 11a Enter the unpaid minimum required contribution for all years fro   |                                   |                         |            |          |          | 11a          |           | <u>, L-1</u> | <u> </u> |       |
| 12 Is this a defined contribution plan subject to the minimum funding  |                                   |                         |            |          |          | 302 of E     | 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  |   | 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 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              | <b>14d</b> Trustee's or custodian's |                       |   |  |  |  |
| The Training of Gastesian  |   |   |                             |                  | telephone number                    |                       |   |  |  |  |
|  |   |   |                             |                  |                                     |                       |   |  |  |  |
| Par  | t IX  | IRS Compliance Questions  |                             |                  |                                     |                       |   |  |  |  |
| 15a  | Is the  | plan a 401(k) plan?   |                             | Ye               | S                                   | No                    |   |  |  |  |
| 15b  | 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)-                     | Yes No           |                                     |                       |   |  |  |  |
| 16a  | Check   | the box to indicate the method used by the plan to satisfy the coverage requirements under secti  | Ratio percentage Denefit to |                  |                                     |                       |   |  |  |  |
| 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 plan been timely amended for all required tax law changes?   |   |   |                             |                  |                                     | No                    | N/A   |  |  |  |
| 17b Date the last plan amendment/restatement for the required tax law changes was adopted/ Enter the approximate tax law changes and codes). |   |   |                             |                  |                                     | (See ins              | tructions                                     |  |  |  |
| 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  | 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                   |   |  |  |  |

601-510-3510

## Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor

## 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

OMB Nos. 1210-0110 1210-0089 2015

This Form is Open to

|   | enofit Guaranty Corporation                        |   | Public Inspection                         |  |                            |  |  |  |  |  |
|---|--|---|---|--|----------------------------|--|--|--|--|--|
| renakai be  | , ,  | ► Complete all entries in acc   | ordance with the instri                   | uctions to the Form 550                                  | 0-SF.                      |  |  |  |  |  |
| Part I  |  | dentification information   |   | 111  |                            |  |  |  |  |  |
| For calenda   | ar plan year 2015 or fisc                          | al plan year beginning  | 01/01/2015                                | and ending   | 12,                        | /31/2015                                     |  |  |  |  |
| A This return/report is for:  a multiple-employer plan (not multiemployer) is of participating employer information in a a foreign plan |  |   |   |  |                            | cking this box must attach a                 |  |  |  |  |
| <b>B</b> This retu  | um/report is [                                     | the first return/report   |   |  |                            |  |  |  |  |  |
| C Check t   | oox if filing under:                               | Form 5558 [] special extension (enter descripti   | automatic extension (ion)                 | DFVC program   |                            |  |  |  |  |  |
| Part II   | Basic Plan Infor                                   | mation—enter all requested inform   | nation                                    |  |                            |  |  |  |  |  |
| 1a Name<br>MCCONNE  |  |   | ) + 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 |  | (PN)                       | number 001                                   |  |  |  |  |
|   |  |   |   |  |                            | ctive date of plan<br>/01/2007               |  |  |  |  |
| Meiling   | address (include room,                             | er, if for a single-employer plan)<br>, apt., sulte no. and street, or P.O. B<br>, country, and ZIP or foreign postal c | iox)<br>code (if foreign, see instru      | actions)   | (EIN)                      | ployer Identification Number<br>N 20-5844210 |  |  |  |  |
|   | VELL CHIROPRACT                                    |   | .,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,   |  |                            | nsor's telephone number<br>) = 923 = 5555    |  |  |  |  |
| 4324 M  | MARTIN WAY E ST                                    | e A   |   |  |                            | Iness code (see instructions)<br>1.31.0      |  |  |  |  |
| OLYMPI  | :A   | WA 98516  |   | }  |                            |  |  |  |  |  |
| 3a Plan a   | dministrator's name and                            | address XSame as Plan Sponsor.  |   | - www.   | 3h Admi                    | ninistrator's EIN                            |  |  |  |  |
| 4 If the r  | name and/or EIN of the p<br>EIN, and the plan numb | plan sponsor has changed since the<br>ber from the last return/report.  | last return/report filed fo               |  | <b>4b</b> €iN              | ninistrator's telephone number               |  |  |  |  |
| a Sponse  |  |   |   |  | 4c PN                      |  |  |  |  |  |
|   |  | t the beginning of the plan year  |   | ·····  | 5a                         | 3  |  |  |  |  |
|   |  | t the end of the plan year  |   |  | 5b                         | 3  |  |  |  |  |
| C Numb<br>compl   | er of participants with ac<br>ete this item)       | count balances as of the end of the   | plan year (defined bene                   | fit plans do not   | 5c                         | <u>3</u>                                     |  |  |  |  |
|   |  | cipants at the beginning of the plan  |   |  | 5d(1)                      | 3  |  |  |  |  |
|   |  | icipants at the end of the plan year  |   | _  | 5d(2)                      | 3  |  |  |  |  |
| <ul><li>Numb</li></ul>  | er of participants that te                         | erminated employment during the pla   | an year with accrued ben                  | efits that were less                                     | 5e                         | 0  |  |  |  |  |
| Caution: A  | penalty for the late or                            | ' incomplete filing of this return/re   | port will be assessed u                   | ınless rezsonable caus                                   | e is estal                 | blished.                                     |  |  |  |  |
| Under pena<br>SB or Sche  | alties of perjury and othe                         | er penalties set forth in the instruction<br>I signed by an enrolled actuary, as w                                      | ns, i declare that I have e               | examined this return/repo<br>sion of this return/report, | ort, includi<br>and to the | ing, if applicable, a Schedule               |  |  |  |  |
| SIGN  | -tiles   | ) a = -   | 8/1/19                                    | TIMOTHY MCCONN   | ELL_                       |  |  |  |  |  |
| HERE  | Signature of plan adı                              | ministrator   | Date                                      | Enter name of individue                                  | al signing :               | as plan administrator                        |  |  |  |  |
| SIGN<br>HERE  | Signature of employe                               | er/plan aponsor   | Date                                      | Enter name of individua                                  | i sianina                  | as employer or plan sponsor                  |  |  |  |  |
| Preparer's  |  | me, if applicable) and address (inclu   |   |  |                            | s telephone number                           |  |  |  |  |
| ,,,,,,,   | , , , , , , , , , , , , , , , , , , ,              | ,   |   |  |                            |  |  |  |  |  |
|   |  |   |   |  |                            |  |  |  |  |  |

| Form 5500-SF 2015   |   | Page <b>2</b>  |                 |                    |         |           |               |             |        |         |  |  |
|---|---|--|-----------------|--------------------|---------|-----------|---------------|-------------|--------|---------|--|--|
| <ul> <li>Were all of the plan's assets during the plan year invested in eli</li> <li>Are you claiming a waiver of the annual examination and report under 29 CFR 2520.104-487 (See Instructions on waiver eligibil If you answered "No" to either line 6a or line 6b, the plan ca</li> <li>If the plan is a defined benefit plan, is it covered under the PBGG</li> </ul> | of an independ<br>ity and condition<br>innot use Form | lent qualified public a<br>ns.)<br>n 5500-SF and mus | t Instea        | ant (IC)<br>Id use | FA)     | 5500.     | <u>.</u>      | <b>⊠</b> Y  | limit) | 10      |  |  |
| Part III Financial Information  |   |  |                 |                    |         |           |               | <u> </u>    |        |         |  |  |
| 7 Plan Assets and Liabilities   |   | (ā) Beginning  | g of Yes        | ar                 |         |           | (b) End       | of Year     |        | _       |  |  |
| a Total plan assets   | 7a  |  |                 | 6,47               | 2       |           |               |             | 64,80  | 3       |  |  |
| b Total plan liabilities  | 7b  |  |                 |                    |         |           |               |             |        | _       |  |  |
| C Net plan assets (subtract line 7b from line 7a)   | 7c  |  | 6               | 6,47               | 2]      |           |               |             | 64,80  | ) 3     |  |  |
| 8 Income, Expenses, and Transfers for this Plan Yeer a Contributions received or receivable from: (1) Employers   | 8a(1)   | (a) Amou   |                 |                    |         | (b) -     | <u> Total</u> |             |        |         |  |  |
| (2) Participants  |   |  |                 |                    |         |           |               | 17.19.      |        | _       |  |  |
| (3) Others (including rollovers)  |   |  |                 |                    |         |           |               |             |        |         |  |  |
| b Other income (loss)   | 8b  |  | -               | 1,66               | 9       |           | /             |             |        | ·       |  |  |
| C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)  |   |  |                 |                    |         | ,         |               |             | -1,66  | ;9      |  |  |
| d Benefits paid (including direct rollovers and insurance premiums to provide benefits)   |   |  |                 |                    |         |           |               |             |        |         |  |  |
| e Certain deemed and/or corrective distributions (see instructions)   |   |  |                 |                    |         |           |               |             |        | ······· |  |  |
| f Administrative service providers (salaries, fees, commissions)  | 8f  |  |                 |                    |         |           |               | <del></del> |        | _       |  |  |
| g Other expenses  | 8g  |  |                 | ········           | 1       |           |               |             |        |         |  |  |
| h Total expenses (add lines 8d, 8e, 8f, and 8g)   | 8h  |  |                 |                    |         |           |               |             |        | O       |  |  |
| i Net income (loss) (subtract line 8h from line 8c)   |   |  |                 |                    |         |           |               |             | -1,66  | ;9      |  |  |
| j Transfers to (from) the plan (see instructions)   | 81  |  |                 |                    |         |           |               |             | 1      |         |  |  |
| B If the plan provides welfare benefits, enter the applicable welfar  Part V Compliance Questions   | e teature code  | s nom the List of Pla                                | n Char          | cterist            | iic Cot | les in th | e instruc     | ions:       |        |         |  |  |
| 10 During the plan year:  |   |  |                 | Yes                | No      | N/A       |               | Amour       | t      |         |  |  |
| Was there a failure to transmit to the plan any participant control described in 29 CFR 2510.3-102? (See instructions and DOL' Program)      Were there any nonexempt transactions with any party-in-inter  | s Voluntary Fidest? (Do not in                        | luciary Correction                                   | 10a             |                    | X       |           |               |             |        |         |  |  |
| reported on line 10a.)  |   |  | 10b             |                    |         |           | ļ             |             |        |         |  |  |
| C Was the plan covered by a fidelity bond?  |   |  | 10c             | X                  |         |           |               |             | 10,0   | 000     |  |  |
| d Did the plan have a loss, whether or not reimbursed by the pla by fraud or dishonesty?  |   |  | 10d             |                    | х       |           |               |             |        |         |  |  |
| Were any fees or commissions paid to any brokers, agents, or<br>carrier, insurance service, or other organization that provides s<br>the plan? (See instructions.)  | ome or all of th                                      | re benefits under                                    | 10 <del>.</del> | х                  |         |           |               |             | 2      | 202     |  |  |
| f Has the plan failed to provide any benefit when due under the   | plan?   | *************  | 10f             |                    | х       | 1         |               |             |        |         |  |  |
| g Did the plan have any participant loans? (If "Yes," enter emour   | nt as of year en                                      | d.)  | 10g             |                    | Х       |           |               |             |        |         |  |  |
| 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 provide<br>exceptions to providing the notice applied under 29 CFR 2520.   | 101-3   |  | 10ì             |                    |         |           |               | W 2 1       |        | _       |  |  |
| 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 regular 5500) and line 11a below).   |   |  |                 |                    |         |           | (Form         |             | es N   | ю       |  |  |
| 11a Enter the unpaid minimum required contribution for all years from   |   |  |                 |                    |         |           | 1             |             |        | _       |  |  |
| 12 Is this a defined contribution plan subject to the minimum fund  | ing requiremen  | ts of section 412 of t                               | he Cod          | е от ве            | ction   | 302 of 8  | RISA?         | Y           | es X N | ю       |  |  |

Form 5500-SF 2015 Page 3 -(If "Yes," complete line 12a or ilnes 12b, 12c, 12d, and 12a 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 enter the date of the letter ruling granting the waiver. .... ...... Month Day 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 126 negative amount) ..... e Will the minimum funding amount reported on line 12d be met by the funding deadline?..... N/A Rart 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 Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control Yes X No of the PBGC?..... If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.) 13c(1) Name of plan(s): 13c(2) EIN(s) 13c(3) PN(s) Part VIII Trust Information 14a Name of trust 14b Trust's EIN 14c Name of trustee or custodian 14d Trustee's or custodlan's telephone number Part IX **IRS Compliance Questions** 15a Is the plan a 401(k) plan?..... Yes ∏No Design-15b if "Yes." how does the 401(k) plan satisfy the nondiscrimination requirements for employee deferrals and employer ADP/ACP based safe matching contributions (as applicable) under sections 401(k)(3) and 401(m)(2)?..... harbor test method 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 Yes Νø testing method" for nonhighly compensated employees (Treas. Reg sections 1.401(k)-2(a)(2)(ii) and 1.401(m)-2(a)(2)(ii))?..... Ratio Average 16a Check the box to indicate the method used by the plan to satisfy the coverage requirements under section 410(b): ..... percentage benefit test test 16b Does the plan satisfy the coverage and nondiscrimination tests of sections 410(b) and 401(a)(4) by combining Yes No this plan with any other plans under the permissive aggregation rules? 17a Has the plan been timely amended for all required tax law changes?..... Yes ∏ N/A No 17b Date the last plan amendment/restatement for the required tax taw changes was adopted .. . Enter the applicable code (See instructions for tex law changes and codes). 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 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 is the Plan maintained in a U.S. territory (i.e., Puerto Rico (if no election under ERISA section 1022(I)(2) has been Yes No made), American Samoa, Guain, the Commonwealth of the Northern Mariana Islands or the U.S. Virgin Islands)?..... 19 Were in-service distributions made during the plan year?..... Yes ∏No If "Yes," enter amount ..... 19 Were required minimum distributions made to 5% owners who have attained age 70 % (regardless of whether or not Yes ∏No □ N/A retired), as required under section 401(a)(9)?.....

Aug. 12.2016 06.33 AM McConell Chiloplac