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	Identification Information	n						
For calend	ar plan year 2015 or fi	scal plan year beginning 01/01	/2016	and ending 03	3/17/2016				
A This as	t	x a single-employer plan		plan (not multiemployer) employer information in ac					
A This re	turn/report is for:	a one-participant plan	a foreign plan	impioyer imormation in ac	cordance with the	ioini instructions)			
B This ret	urn/report is	the first return/report	the final return/report						
		an amended return/report	X a short plan year retu	urn/report (less than 12 m	onths)				
C Check	box if filing under:	Form 5558	automatic extension		DFVC	orogram			
	_	special extension (enter desc	. ,						
Part II	Basic Plan Info	ormation —enter all requested in	nformation		1				
1a Name	•	404/I/) DI ANI			1b Three-digit plan number				
NORTHWE	ST SHOWER DOOR 4	401(K) PLAN			(PN) ▶	001			
					1c Effective da	te of plan 01/01/2013			
		yer, if for a single-employer plan) m, apt., suite no. and street, or P.	O Box)			lentification Number			
City or	r town, state or provinc	e, country, and ZIP or foreign pos		structions)	(=)	36-4566475 elephone number			
NORTHWES	ST SHOWER DOOR, L			06-264-1010					
32223 FIRS	T AVF				2d Business co	ode (see instructions)			
SEATTLE, V						238900			
30 Dlan a		ad address VCarra as Dian Crar			2h Adaminintan				
Ja Plan a	idministrator's name ar	nd address XSame as Plan Spor	ISOF.		3b Administrate	OFS EIIN			
					3c Administrate	or's telephone number			
4 If the	name and/or EIN of the	e plan sponsor has changed since	e the last return/report filed	for this plan, enter the	4b EIN				
name	, EIN, and the plan nur	mber from the last return/report.	·	•					
	sor's name	at the beginning of the plan year			4c PN 5a	5			
_		at the end of the plan year			5b	0			
		account balances as of the end o		i					
					5c	0			
		rticipants at the beginning of the p		İ	5d(1)	5			
		rticipants at the end of the plan ye terminated employment during th			5d(2)	0			
than	100% vested				5e	0			
		or incomplete filing of this retu							
SB or Sche		her penalties set forth in the instrund signed by an enrolled actuary, plete.							
SIGN	Filed with authorized/	authorized/valid electronic signature. 08/18/2016 CAREY GREER		CAREY GREER					
HERE	Signature of plan a	ndministrator	Date	Enter name of individu	ual signing as plan	administrator			
SIGN									
HERE	Signature of emplo		Date		dividual signing as employer or plan sponsor				
Preparer's	name (including firm n	name, if applicable) and address (include room or suite numb	per)	Preparer's teleph	one number			

Form 5500-SF 2015		Page 2								
 Were all of the plan's assets during the plan year invested in eligib Are you claiming a waiver of the annual examination and report of 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 ot use For	dent qualified public a ons.) m 5500-SF and mus	ccount	ant (IQ	PA) Form	5500.		×	Yes	No No
C If the plan is a defined benefit plan, is it covered under the PBGC in	nsurance pr	ogram (see ERISA se	ection 4	021)? .		Yes	No	Not d	etermine	d
Part III Financial Information	1				-					
7 Plan Assets and Liabilities		(a) Beginning					(b) End	d of Yea		
a Total plan assets	7a		33	3558					0	
b Total plan liabilities	7b		0.0						•	
C Net plan assets (subtract line 7b from line 7a)	7c			3558	-				0	
8 Income, Expenses, and Transfers for this Plan Year a Contributions received or receivable from:		(a) Amou	unt				(b)	Total		
(1) Employers	8a(1)									
(2) Participants	8a(2)			400						
(3) Others (including rollovers)	8a(3)									
b Other income (loss)	8b		-1	944						
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c								-1544	
Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		31	834						
e Certain deemed and/or corrective distributions (see instructions)	8e									
f Administrative service providers (salaries, fees, commissions)	8f			180						
g Other expenses	8g									
h Total expenses (add lines 8d, 8e, 8f, and 8g)	8h								32014	
i Net income (loss) (subtract line 8h from line 8c)	8i								-33558	
j Transfers to (from) the plan (see instructions)	8j									
Part IV Plan Characteristics										
9a If the plan provides pension benefits, enter the applicable pension	feature cod	des from the List of Pla	an Cha	racteris	stic Co	des in t	the instru	uctions:		
B If the plan provides welfare benefits, enter the applicable welfare for	oaturo code	os from the List of Pla	n Char	octorict	ic Coc	loc in th	o inetru	etione:		
in the plant provides wellare benefits, effect the applicable wellare in	eature coue	es nom the List of Fia	ii Cilai	acterist	ic Coc	162 111 111	ie ilistiut	Juoris.		
Part V Compliance Questions										
10 During the plan year:				Yes	No	N/A		Amo	unt	
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					V					
reported on line 10a.)			10b		X					
C Was the plan covered by a fidelity bond?			10c		Х					
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 pla					Χ					
g Did the plan have any participant loans? (If "Yes," enter amount a			101		X					
h If this is an individual account plan, was there a blackout period?	(See instru	ctions and 29 CFR	10g		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	he required	notice or one of the	10h 10i							
j Did the plan trust incur unrelated business taxable income?										
Part VI Pension Funding Compliance			10j				<u> </u>			
11 Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)									Yes \square	No
11a Enter the unpaid minimum required contribution for all years from						11a		·· <u> </u>		. 10
12 Is this a defined contribution plan subject to the minimum funding							RISA?.		Yes X	No

	F	orm 5500-SF 2015 Page 3 - 1						
	(If "Ye	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 in: ng the waiver		enter the Day	e date of	the letter ru Year	ling	
If		mpleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line		Day_		Τσαι		
b	Enter ti	he 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				
	Subtra	act the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the	left of a	12d				
		ve amount)			Yes	No	N/A	
Part		e minimum funding amount reported on line 12d be met by the funding deadline? Plan Terminations and Transfers of Assets			163	NO	IN/A	
		resolution to terminate the plan been adopted in any plan year?			X Ye	sПNo		
		s," enter the amount of any plan assets that reverted to the employer this year		13a		<u> </u>	(
b	•					Yes	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) Name of plan(s): 13c(2)					13c(3) F	PN(s)	
Part		Trust Information						
14a	Name o	f trust		14b 1	rust's Ell	N		
14c	Name	of trustee or custodian		14d Trustee's or custodian's				
				telephone number				
Par	t IX	IRS Compliance Questions						
15a	Is the	plan a 401(k) plan?		☐ Ye	s	No		
	10 110			_ D	esign-			
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)?		based safe ADP/ACP harbor test method				
15c		DP/ACP test is used, did the 401(k) plan perform ADP/ACP testing for the plan year using the "c		Yes No				
		method" for nonhighly compensated employees (Treas. Reg sections 1.401(k)-2(a)(2)(ii) and 1.4(ii))?				ш		
16a		the box to indicate the method used by the plan to satisfy the coverage requirements under section			atio ercentage		erage efit test	
16b Does the plan satisfy the coverage and nondiscrimination tests of sections 410(b) and 401(a)(4) by combining this plan with any other plans under the permissive aggregation rules?					S	No		
17a		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	If the p	lan sponsor is an adopter of a pre-approved master and prototype (M&P) or volume submitter play letter, enter the date of that favorable letter/ and the letter's serial r		t to a fa	vorable I	RS opinion	or	
17d	If the p	lan is an individually-designed plan and received a favorable determination letter from the IRS, entire termination letter from the IRS, entire termination letter from the IRS, entire termination letter from the IRS, entire from the IRS, en		the plai	 n's last fa	vorable		
18	Is the I	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	S	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.SE

OMB Nos. 1210-0110 1210-0089

2015

This Form is Open to **Public Inspection**

Port Annual Dan		accordance with the hist	ructions to the Form 5	500-SF.	
For calendar plan year 2015 of	ort Identification Information				
roi caleridar piari year 2015 (01/01/2015	and ending	12/31/20	
A This return/report is for:	X a single-employer plan	a multiple-employer plist of participating en	olan (not multiemployer) mployer information in a	(Filers checking this coordance with the fo	box must attach a
	a one-participant plan	a foreign plan			mistractions)
B This return/report is	the first return/report	the final return/report			
	an amended return/report	a short plan year retu	rn/report (less than 12 m	nonths)	
C Check box if filing under:	Form 5558	automatic extension		DFVC pro	gram
	special extension (enter desc				
Part II Basic Plan II	nformation—enter all requested in	nformation			
1a Name of plan NORTHWEST SHOWER D				1b Three-digit plan number (PN) ▶	001
				1c Effective date 01/01/203	
Mailing address (include i	ployer, if for a single-employer plan) room, apt., suite no. and street, or P./ rince, country, and ZIP or foreign pos	D. Box)		2b Employer Iden (EIN) 36-45	
NORTHWEST SHOWER		tal code (il foreign, see inst	ructions)	2c Sponsor's tele 206-264-1	
32223 FIRST AVE.				2d Business code 238900	(see instructions)
SEATTLE	WA 98134				
3a Plan administrator's name	e and address XSame as Plan Spon	sor.		3b Administrator's	EIN
				3c Administrator's	s telephone number
	the plan sponsor has changed since number from the last return/report.	the last return/report filed f	or this plan, enter the	4b EIN	
-	nts at the beginning of the plan year.			4c PN	1.0
	nts at the end of the plan year			5b	17
C Number of participants w	ith account balances as of the end of	the plan year (defined ben	efit plans do not	5c	20
	participants at the beginning of the p			5d(1)	5
	participants at the end of the plan ye			5d(2)	17 20
e Number of participants the	nat terminated employment during the	plan year with accrued be	nefits that were less	5e	
Caution: A penalty for the la	te or incomplete filing of this retur	n/report will be assessed	unless reasonable car	ISE is established	0
Under penalties of perjury and	other penalties set forth in the instruid and signed by an enrolled actuary, a	ctions. I declare that I have	examined this return/rea	port including if appl	icable, a Schedule ly knowledge and
SIGN // 9	4	6-28-16	CAREY GREER		
HERE Signature of pla	n administrator	Date	Enter name of individ	ual signing as plan ac	Iministrator
SIGN					
HERE Signature of em	ployer/plan sponsor	Date	Enter name of individ	ual signing as employ	er or plan sponsor
Preparer's name (including firr	n name, if applicable) and address (in	nclude room or suite numbe	er)	Preparer's telephone	e number

Form 5500-SF 2015 Page 3 -					
(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)					
If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, and e granting the waiver. Month	nter the		ie 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 left of a negative amount)	12d		***************************************		
e Will the minimum funding amount reported on line 12d be met by the funding deadline?	П	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?		X Yes	П No		
16 43/- 27 - 16 - 16 - 16 - 16 - 16 - 16 - 16 - 1	13a			0	
b Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the coof the PBGC?			Yes X		
C 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):	EIN(s)		13c(3)	PN(s)	
Part VIII Trust Information					
14a Name of trust	14b ⊤	rust's EIN			
14c Name of trustee or custodian	14d Trustee's or custodian's telephone number				
Part IX IRS Compliance Questions					
15a Is the plan a 401(k) plan?	Yes	5	No		
15b If "Yes," how does the 401(k) plan satisfy the nondiscrimination requirements for employee deferrals and employer matching contributions (as applicable) under sections 401(k)(3) and 401(m)(2)?	Design- based safe harbor method			ADP/ACP test	
15c If the ADP/ACP test is used, did the 401(k) plan perform ADP/ACP testing for the plan year using the "current year testing method" for nonhighly compensated employees (Treas. Reg sections 1.401(k)-2(a)(2)(ii) and 1.401(m)-2(a)(2)(ii))?	Yes		No		
16a Check the box to indicate the method used by the plan to satisfy the coverage requirements under section 410(b):	Ra per tes	rcentage		erage nefit test	
16b Does the plan satisfy the coverage and nondiscrimination tests of sections 410(b) and 401(a)(4) by combining this plan with any other plans under the permissive aggregation rules?	Yes	5	No		
17a Has the plan been timely amended for all required tax law changes?	Yes		No	N/A	
17b Date the last plan amendment/restatement for the required tax law changes was adopted Enter the a for tax 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 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 determination letter 				or	
18 Is the Plan maintained in a U.S. territory (i.e., Puerto Rico (if no election under ERISA section 1022(i)(2) has been made), American Samoa, Guam, the Commonwealth of the Northern Mariana Islands or the U.S. Virgin Islands)?	Yes		No		
19 Were in-service distributions made during the plan year?	Yes	5	No		
If "Yes," enter amount	19				
20 Were required minimum distributions made to 5% owners who have attained age 70 ½ (regardless of whether or not				П	
retired), as required under section 401(a)(9)?	Yes		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).

This Form is Open to

Public Inspection

1210-0089

OMB Nos. 1210-0110

2015

▶ Complete all entries in accordance with the instructions to the Form 5500-SF.

Part I	Annual Report	Identification Information				
	lar plan year 2015 or f	iscal plan year beginning	01/01/2016	and ending	03/	17/2016
A This re	turn/report is for:	X a single-employer plan	a multiple-employer p	olan (not multiemployer) nployer information in ac	(Filers check	king this box must attach a
71 1	turisroport to tor.	a one-participant plan	a foreign plan	ipioyer information in ac	COTUATICE WI	in the form instructions)
B This ret	urn/report is	the first return/report	X the final return/report			
		an amended return/report	X a short plan year return	n/report (less than 12 m	onths)	
C Check	box if filing under:	Form 5558	automatic extension		_ D	DFVC program
Part II	Rasic Plan Info	special extension (enter description)—enter all requested inf				
1a Name		IIIIatiOII—enter all requested in	ormation		1b Three	alialit .
NORTHWI	EST SHOWER DOO	OR 401(K) PLAN				number 001
2- 5					01/0	tive date of plan 01/2013
Mailing	g address (include roo	oyer, if for a single-employer plan) om, apt., suite no. and street, or P.O ce, country, and ZIP or foreign posta). Box)	OX		oyer Identification Number 36-4566475
NORTH	WEST SHOWER DO	OOR, LLC	al code (II loreign, see ilisti	ructions)		sor's telephone number
32223 FIRST AVE						ess code (see instructions)
SEATTI		WA 98134				
3a Plan a	dministrator's name ar	nd address XSame as Plan Spons	or.		3b Admin	nistrator's EIN
					3c Admin	nistrator's telephone number
					JU Aurini	listrator s teleprione number
4 If the name	name and/or EIN of the , EIN, and the plan nu	e plan sponsor has changed since t mber from the last return/report.	the last return/report filed fo	or this plan, enter the	4b EIN	
	or's name			er syeer	4c PN	
5a Total	number of participants	at the beginning of the plan year			5a	5
b Total i	number of participants	at the end of the plan year			5b	0
C Numb compl	er of participants with ete this item)	account balances as of the end of t	he plan year (defined bene	fit plans do not	5c	0
d(1) Tota	al number of active pa	rticipants at the beginning of the pla	an year		5d(1)	5
		rticipants at the end of the plan yea		F	5d(2)	0
than	100% vested	terminated employment during the			5e	0
Caution: A	penalty for the late	or incomplete filing of this return her penalties set forth in the instruc	report will be assessed	unless reasonable cau	se is establ	ished.
SB or Sche	dule MB completed ar rue, correct, and comp	nd signed by/an enrolled actuary, as	s well as the electronic ver	examined this return/report,	ort, including , and to the b	g, if applicable, a Schedule best of my knowledge and
SIGN	May	M	8-18-16	CAREY GREER		
HERE	Signature of plan a	dministrator	Date	Enter name of individu	ıal signing as	s plan administrator
SIGN	/				Marie	
HERE	Signature of emplo	yer/plan sponsor	Date	Enter name of individu	ıal signing as	s employer or plan sponsor
Preparer's	name (including firm n	ame, if applicable) and address (inc		r)		elephone number

	Form 5500-SF 2015		Page 2							
D	Were all of the plan's assets during the plan year invested in eligible. Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility If you answered "No" to either line 6a or line 6b, the plan cannot the plan is a defined benefit plan, is it covered under the PBGC in	an independ and condition not use For	dent qualified public ons.) m 5500-SF and mu	accour	ntant (I	QPA) e Forr	n 5500.		X Yes] N
	rt III Financial Information	Todianico pro	ogram (see LINISA's		4021):		Yes	No L	Not determin	ed
7	Plan Assets and Liabilities		(a) Basinaia	5 3/						
а	Total plan assets	7a	(a) Beginnir		33,5	58		(b) End	of Year	
b	Total plan liabilities	7b	***************************************		33,3.	-				
С	Net plan assets (subtract line 7b from line 7a)	7c			33,5	58				
8	Income, Expenses, and Transfers for this Plan Year		(a) Amo	A111				(b) -	Γotal	- 10000
а	Contributions received or receivable from:		(-)-					(6)	Iolai	
	(1) Employers	8a(1)								
	(2) Participants	8a(2)			4 (00				
b	(3) Others (including rollovers)	8a(3)								
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8b		-	-1,94	14				
	Benefits paid (including direct rollovers and insurance premiums	8c							-1,	54
	to provide benefits)	8d		3	31,83	34				
	Certain deemed and/or corrective distributions (see instructions)	8e								
f	Administrative service providers (salaries, fees, commissions)	8f			18	30				
	Other expenses	8g								
	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							32,	01
<u> </u>	Net income (loss) (subtract line 8h from line 8c)	8i							-33,	55
	Transfers to (from) the plan (see instructions)	8j	A A A A A A A A A A A A A A A A A A A							
Par 9a	t IV Plan Characteristics									
Ja	If the plan provides pension benefits, enter the applicable pension 2E 2F 2G 2J 2K 3D 2T	feature code	es from the List of Pl	an Cha	racteri	stic Co	odes in t	he instruc	ctions:	
В	If the plan provides welfare benefits, enter the applicable welfare fe	eature codes	from the List of Pla	n Char	acteris	tic Cod	les in th	e instructi	ions:	
Pari	V Compliance Questions				**					
10	During the plan year:				Yes	No	N/A		A 4	
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 Vongram)	oluntary Fide	Iciary Correction	10a		Х			Amount	
b	Were there any nonexempt transactions with any party-in-interest? reported on line 10a.)	(Do not inc	lude transactions	10b		Х				
С	Was the plan covered by a fidelity bond?			10c		Х		****	"	
d	Did the plan have a loss, whether or not reimbursed by the plan's f by fraud or dishonesty?			10d		Х				
е	Were any fees or commissions paid to any brokers, agents, or other carrier, insurance service, or other organization that provides somethe plan? (See instructions.)	or all of the	henefits under	10e		Х				
f	Has the plan failed to provide any benefit when due under the plan	?		10f		Х				
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? (\$2520.101-3.)	See instructi	ons and 29 CFR	10g 10h		Х				
i	If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.101	e required no	otice or one of the	10i						
j	Did the plan trust incur unrelated business taxable income?			10j						
Part	VI Pension Funding Compliance		1							
11	Is this a defined benefit plan subject to minimum funding requireme 5500) and line 11a below)	nts? (If "Yes	s," see instructions a	nd com	nplete S	Sched	ule SB (Form	☐ Yes ☐	No
									1 1 1	

11a Enter the unpaid minimum required contribution for all years from Schedule SB (Form 5500) line 40.....

Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA?...

Yes X No

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	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applica	the state of the s			Ι		
	a If a waiver of the minimum funding standard for a prior year is being amortize granting the waiver.	dia or	s, and e		e date of		ruling
	If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form	n 5500), and skip to line 13		_ Day _		Year_	
	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 sient to the Lot of		12d			
	e Will the minimum funding amount reported on line 12d be met by the funding	deadline?		П	Yes	No	□ N/A
Pa	rt VII Plan Terminations and Transfers of Assets				163	NO	N/A
13	Has a resolution to terminate the plan been adopted in any plan year?		T		X Ye	о П Ма	
	if "Yes," enter the amount of any plan assets that reverted to the employer this	s vear		13a	A re	s No	
	 Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the PBGC? 					Yes	No
	If during this plan year, any assets or liabilities were transferred from this plan which assets or liabilities were transferred. (See instructions.)	to another plan(s), identify the pla	n(s) to				
	13c(1) Name of plan(s):		13c(2) E	IN(s)		13c/3	PN(s)
			(-)	(0)		100(3	PN(s)
Aug 1815							
	rt VIII Trust Information						
148	Name of trust		7.	14b Tr	ust's EIN	i	
14	C Name of trustee or custodian						
	Name of dastee of custodiali			14d T	rustee's elephone	or custod	lian's
Pa	rt IX IRS Compliance Questions			***			
15	a Is the plan a 401(k) plan?			7			
			l	Yes		No	
	of if "Yes," how does the 401(k) plan satisfy the nondiscrimination requirements for matching contributions (as applicable) under sections 401(k)(3) and 401(m)(2)?			200		AD tes	P/ACP t
150	If the ADP/ACP test is used, did the 401(k) plan perform ADP/ACP testing for the testing method" for nonhighly compensated employees (Treas. Reg sections 1.42(a)(2)(ii))?	101/14 2/2/20/20 14 4044	r [Yes	nou	No	W.
	Check the box to indicate the method used by the plan to satisfy the coverage re	equirements under section 410(b):	[Ration	o entage		erage nefit test
	Does the plan satisfy the coverage and nondiscrimination tests of sections 410(this plan with any other plans under the permissive aggregation rules?			Yes		No	
17a	Has the plan been timely amended for all required tax law changes?			Yes		No	∏ N/A
	Date the last plan amendment/restatement for the required tax law changes was for tax law changes and codes).		the app				nstructions
170	If the plan sponsor is an adopter of a pre-approved master and prototype (M&P) advisory letter, enter the date of that favorable letter	or volume submitter plan that is s and the letter's serial number	ubject to	a favo	rable IRS	S opinion	or
	trie plan is an individually-designed plan and received a favorable determination determination letter	n letter from the IRS, enter the da	te of the	plan's	last favo	rable	
	Is the Plan maintained in a U.S. territory (i.e., Puerto Rico (if no election under E made), American Samoa, Guam, the Commonwealth of the Northern Mariana Isl	ands or the U.S. Virgin Islands)?.		Yes		No	
19	Were in-service distributions made during the plan year?		[Yes		No	
00	If "Yes," enter amount			19			
20	Were required minimum distributions made to 5% owners who have attained age retired), as required under section 401(a)(9)?	70 ½ (regardless of whether or no	ot	Yes		No	□ N/A