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

OMB Nos. 1210-0110

2015

This Form is Open to Public Inspection

Par	t l	Annual Report	: Ide	ntification Informatio	n								
For ca	alendar	plan year 2015 or fi	iscal	plan year beginning 02/01	/201	and ending 0°	1/31/2	016					
A Th	is retu	rn/report is for:	X	a single-employer plan a one-participant plan	[[a multiple-employer plan (not multiemployer) list of participating employer information in ac a foreign plan							
B This return/report is the first return/report the final return/report an amended return/report a short plan year return/report (less than 12)							2 months)						
C Ch	C Check box if filing under: Form 5558 automatic extension special extension (enter description)						DFVC program						
Part	t II	Rasic Plan Info	orm:	ation—enter all requested i	_ '	,							
1a N	ame o	f plan		HINGTON CORPORATION 4			1b	Three plan n (PN)	umber	001			
							1c	Effecti	ve date of 02/0	f plan 1/2002			
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)						2b Employer Identification Nu (EIN) 91-1128576			128576				
EIBSOHN & CO.							C Sponsor's telephone number 425-455-1777						
		LEVUE DRIVE, SUIT VA 98005	TE 27	70			2d	Busine	ess code (5312	see instructi	ons)		
3a ₽	lan adı	ministrator's name ar	nd a	ddress 🏻 Same as Plan Spoi	nsor				istrator's I	EIN elephone nu	mber		
				n sponsor has changed since r from the last return/report.	e the	e last return/report filed for this plan, enter the	4b	EIN	91-1	128576			
a s	ponso	r's name LEIBSOHN	AND	COMPANY, A WASHINGTO	NC	CORPORATION	4c	PN	0	01			
5a ⊤	otal nu	umber of participants	s at th	ne beginning of the plan year			5	а			6		
b T	otal nu	umber of participants	s at th	ne end of the plan year			5	b			6		
						e plan year (defined benefit plans do not		c			3		
d(1)) Total	number of active pa	articip	pants at the beginning of the	plan	year		(1)			6		
d(2)) Total	I number of active pa	articip	pants at the end of the plan y	ear.		5d	(2)			6		
1	than 10	00% vested			····	lan year with accrued benefits that were less		e	iehod		0		
						eport will be assessed unless reasonable cau ons, I declare that I have examined this return/re				ahle a Scho	dule		
	•					well as the electronic version of this return/report							

DOILOI, IL IS I	rue, correct, and complete.							
	Filed with authorized/valid electronic signature.	08/22/2016	RONALD					
HERE	Signature of plan administrator	Enter name of individ	ividual signing as plan administrator					
SIGN								
HERE	Signature of employer/plan sponsor	Date	Enter name of individ	dual 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				
			•	·				

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 Were all of the plan's assets during the plan year invested in eligit 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 be a second or line 6b. 	an indepen	dent qualified public a	ccount	ant (IQ	PA)			X Yes	<u> </u>
c If the plan is a defined benefit plan, is it covered under the PBGC i	nsurance pr	ogram (see ERISA se	ection 4	021)? .		Yes	No	Not deterr	nined
Part III Financial Information	, ,								
7 Plan Assets and Liabilities		(a) Beginning	of Ye	ar			(b) End	of Year	
a Total plan assets	7a		219	984				2311	
b Total plan liabilities	7b			0					0
C Net plan assets (subtract line 7b from line 7a)	7с			984				2311	95
8 Income, Expenses, and Transfers for this Plan Year a Contributions received or receivable from:		(a) Amou	unt				(b) T	otal	
(1) Employers	8a(1)			0					
(2) Participants	8a(2)		17	'220					
(3) Others (including rollovers)	8a(3)			0					
b Other income (loss)	8b		-3	3550					
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							136	70
Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d			0					
Certain deemed and/or corrective distributions (see instructions)	+ +			0					
f Administrative service providers (salaries, fees, commissions)				0					
g Other expenses			2	2459					
h Total expenses (add lines 8d, 8e, 8f, and 8g)								24	59
i Net income (loss) (subtract line 8h from line 8c)	8i							112	11
j Transfers to (from) the plan (see instructions)	·· 8j			0					
Part IV Plan Characteristics					•				
9a If the plan provides pension benefits, enter the applicable pension	n feature cod	des from the List of PI	an Cha	racteris	stic Co	des in t	he instruc	tions:	
B If the plan provides welfare benefits, enter the applicable welfare	facture and	as from the List of Dis	n Char	- at a ri at	io Coo	laa ia th	- in atmost		
B If the plan provides welfare benefits, enter the applicable welfare	reature code	es nom the List of Pla	II Cliai	acterist	.10 000	162 111 1116	e msuucu	UIIS.	
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 contribution described in 29 CFR 2510.3-102? (See instructions and DOL's Program)	Voluntary Fi	duciary Correction	10a		X				
b Were there any nonexempt transactions with any party-in-interes reported on line 10a.)			10b		Χ				
C Was the plan covered by a fidelity bond?			10c	Х					200000
d Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?			10d		X				200000
Were any fees or commissions paid to any brokers, agents, or ot carrier, insurance service, or other organization that provides sor the plan? (See instructions.)	ther persons	by an insurance he benefits under	10e	X					848
f Has the plan failed to provide any benefit when due under the pla			10f		Х				
g Did the plan have any participant loans? (If "Yes," enter amount a	as of vear e	nd.)	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 10h		X				
i If 10h was answered "Yes," check the box if you either provided to exceptions to providing the notice applied under 29 CFR 2520.10	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 requirer 5500) and line 11a below)								Yes	X No
11a Enter the unpaid minimum required contribution for all years from						11a			
12 Is this a defined contribution plan subject to the minimum funding						302 of E	RISA?	Yes	X No

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	_ `	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 1	Γrust's EIN	١			
14c	Name	of trustee or custodian		14d	Trustee's	or custodia	an's		
140 Name of trustee of custodian					telephone number				
Par	t IX	IRS Compliance Questions							
15a	Is the	plan a 401(k) plan?		Ye	S	No			
15b	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)-	Ye	S	No			
16a	6a Check the box to indicate the method used by the plan to satisfy the coverage requirements under section 410(b):						rage efit test		
16b		he plan satisfy the coverage and nondiscrimination tests of sections 410(b) and 401(a)(4) by come with any other plans under the permissive aggregation rules?		Ye	s	No			
17a	Has the	e plan been timely amended for all required tax law changes?		Ye	S	No	N/A		
17b		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 section 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

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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

	rt Identification Information			07 /07 /007	_				
For calendar plan year 2015 or		02/01/2015	and ending	01/31/2016					
A This return/report is for:	a single-employer plan		lan (not multiemployer) employer information in						
B This return/report is:	the first return/report	the final return/report							
Processing	an amended return/report	= -	rn/report (less than 12	months)					
C Check box if filing under:	Form 5558 special extension (enter desc	automatic extension		DFVC pro	ogram				
Dest II Desta Discolar									
Part II Basic Plan In	formation enter all requested	information		1b Three-digit					
TOTAL AND ADDRESS AND MANAGEMENT AND ADDRESS AND ADDRE	any, a Washington Corpo	ration 401(k) Plan		plan number (PN) ▶	001				
V				1c Effective dat 02/01/20	A .				
Mailing Address (include re	oloyer, if for a single-employer plan) oom, apt., suite no. and street or P.0 nce, country, and ZIP or foreign pos	O. Box)	ructions)	2b Employer Identification Number (EIN) 91-1128576					
LEIBSOHN & CO.	,	(2c Sponsor's te (425) 45	elephone number 5-1777				
40 Lake Bellevue	Orive, Suite 270			2d Business co 531210	de (see instructions)				
US Bellevue WA 98005									
3a Plan administrator's name	and address X Same as Plan Sp	oonsor Name	2	3b Administrato	r's EIN				
				3c Administrato	r's telephone number				
name, EIN, and the plan n	he plan sponsor has changed since umber from the last return/report.	COMBRESSE CONTRACTOR OF CONTRACTOR OF CONTRACTOR AND CONTRACTOR A	or this plan, enter the	4b EIN 91-13	128576				
a Sponsor's name LEIBS	OHN AND COMPANY, A WASH	INGTON CORPORATION		4c PN 001					
5a Total number of participant	ts at the beginning of the plan year		***************************************		6				
TOTAL TOTAL AND	ts at the end of the plan year			. 5b	6				
	h account balances as of the end of			5c	3				
d(1) Total number of active pa	articipants at the beginning of the pl	an year	***************************************	. 5d(1)	6				
	articipants at the end of the plan yea			. 5d(2)	6				
e Number of participants that less than 100% vested	t terminated employment during the	plan year with accrued ben	efits that were	5e	0				
Caution: A penalty for the lat	e or incomplete filing of this retu	rn/report will be assessed	unless reasonable ca	ause is established.					
	other penalties set forth in the instru and signed by an enrolled actuary, mplete.	(1887년) 1880년 전환 1일, 1587년 - 경우 (1892) 전투 (1884년) 1882년 1일 (1884년 1일 (1884년) 1882년 1882년 1882년 1882년 1882년 1							
SIGN	Sel	8/22/16	Ronald Leibsoh	n					
HERE Signature of plan ad	ministrator	Date	Enter name of individu	ual signing as plan ac	Iministrator				
SIGN TO	The state of the s	8/22/16	Ronald Leibsoh	n					
HERE Signature of employ	er/plan sponsor	Date	Enter name of individu	ual signing as employ	er or plan sponsor				
	n name, if applicable) and address; i			Preparer's telepho					

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6a	Were all of the plan's assets during the plan year invested in eligible	assets? (Se	ee instructions.)		*******			X Ye	s No
b	Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA)								
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility a	nd condition	s.)	•••••	•••••			X Yes	s No
	f you answered "No" to either line 6a or line 6b, the plan canno	t use Form	5500-SF and must ins						
С	If the plan is a defined benefit plan, is it covered under the PBGC ins	surance prog	gram (see ERISA section	n 402	21)?	••••••	Yes	∐ No ∐ Not	determine
Pa	rt III Financial Information								
7	Plan Assets and Liabilities		(a) Beginning o	f Yea	r		(b) End of Year	
а	Total plan assets	7a	2	19,9	84		Parish III	231	1,195
b	Total plan liabilities	7b			0			***************************************	0
С	Net plan assets (subtract line 7b from line 7a)	7c	2	19,9	84			233	L,195
	ncome, Expenses, and Transfers for this Plan Year		(a) Amount	t		\perp		(b) Total	
	Contributions received or receivable from: (1) Employers	8a(1)			0				
	2) Participants	8a(2)		17,2	20			Store Williams	
	3) Others (including rollovers)	8a(3)	<u> </u>		0				
-	Other income (loss)	8b	(3,55	0)				Service of the servic
	Fotal income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c			933			13	3,670
	Benefits paid (including direct rollovers and insurance premiums								
	o provide benefits)	8d			0				
	Certain deemed and/or corrective distributions (see instructions)	8e			0				
f .	Administrative service providers (salaries, fees, commissions)	8f			0				
g	Other expenses	8g		2,4	59				
h ·	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							2,459
<u>i</u> !	Net income (loss) (subtract line 8h from line 8c)	8i						13	1,211
نــــــــــــــــــــــــــــــــــــــ	Transfers to (from) the plan (see instructions)	8j			0				
b	f the plan provides welfare benefits, enter the applicable welfare fea	ture codes i		aracic	11300				
Pai	t V Compliance Questions		May 18						
10	During the plan year:				Yes	No	N/A	Amount	
а	Was there a failure to transmit to the plan any participant contributi								
	described in 29 CFR 2510.3-102? (See instructions and DOL's Vol			40-		x			
h	Program)			10a				* 0.0	
D	Were there any nonexempt transactions with any party-in-interest? reported on line 10a.)			10b		х			
С	Was the plan covered by a fidelity bond?			10c	х				200,000
d	Did the plan have a loss, whether or not reimbursed by the plan's f			agent of		20			
	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 some								
	the plan? (See instructions.)			10e	x				848
f	Has the plan failed to provide any benefit when due under the plan	?		10f		х			200.01
g	Did the plan have any participant loans? (If "Yes," enter amount as	of vear end	.)	10g		х			
h	If this is an individual account plan, was there a blackout period? (\$			5					
	2520.101-3.)			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	1.00		10i					
j	Did the plan trust incur unrelated business taxable income?		***************************************	10i					
Par	VI Pension Funding Compliance								
11	Is this a defined benefit plan subject to minimum funding requirements 5500) and line 11a below)							form Y	es 🕱 No
11a	Enter the unpaid minimum required contribution for current year fro						11a		
12	Is this a defined contribution plan subject to the minimum funding re				r sect	ion 30	2 of ERI	SA? \ \ \ \	es X No

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(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 the granting the waiver.	is plan year, see instructions, a Month	nd enter the Day	e date of the letter ruling Year
If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500)			
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 negative amount)	. 12d		
e Will the minimum funding amount reported on line 12d be met by the funding deadling			Yes No N/A
Part VII Plan Terminations and Transfers of Assets			ш
13a Has a resolution to terminate the plan been adopted in any plan year?	•••••	\ \ Ye	es 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 an of the PBGC?			Yes X No
c If during this plan year, any assets or liabilities were transferred from this plan to and which assets or liabilities were transferred. (See instructions.)			
13c(1) Name of plan(s):		3c(2) EIN(s) 13c(3) PN(s)
Part VIII Trust Information			
14a Name of trust		14b ⊤r	rust's EIN
14c Name of trustee or custodian			rustee or custodian's phone number
Part IX IRS Compliance Questions			
15a Is the plan a 401(k) plan:	***************************************	. Yes	No No
15b If "Yes," how does the 401(k) plan satisfy the nondiscrimination requirements for empending contributions (as applicable) under sections 401(k)(3) and 401(m)(2)?		☐ bas	sign- ed safe ADP/ACP bor test thod
15c If ADP/ACP test, did the 401(k) plan perform ADP/ACP testing for the plan year using testing method" for nonhighly compensated employees (Treas. Reg. section 1.401(k) 2(a)(2)(ii))?	-2(a)(2)(ii) and 1.401(m)-	Yes	S No
16a Check the box to indicate the method used by the plan to satisfy the coverage require		Rat Per Tes	centage Average
16b Does the plan satisfy the coverage and nondiscrimination tests of sections 410(b) an this plan with any other plans under the permissive aggregation rules?	d 401(a)(4) by combining	. Yes	No No
17a Has the Plan been timely amended for all required law changes?	-	No N/A	
17b Date of the last plan amendment/restatement for the required tax law changes was a instructions for tax law changes and codes).	dopted//Enter	the applica	ble code (See
17c If the plan sponsor is an adopter of a pre-approved master, prototype (M&P), or volur		to a favora	ble IRS opinion or
17d If the plan is an individually-designed plan and recieved a favorable determination let determination letter / /	e letter's serial number. ter from IRS, please enter the d	ate of plan's	s last favorable
18 Is the Plan maintained in a U.S. territory (i.e., Puerto Rico (if no election under ERISA made), American Samoa, Guam, the Commonwealth of the Northern Mariana Islands		☐ Yes	□ No
19 Were in-service distributions made during the plan year?	••••••••••••••••••••••••	Yes	□ No
If Yes, enter amount	••••••••••••••••••••••••••••••	19	
Were minimum required distributions made to 5% owners who have attained age 70 3 not retired) as required under section 401(a)(9)?	, 0	Yes	□ No □ N/A