For	m 5500-SF	Short Form Annua	•	t of Small Employee	OMB Nos. 1210-0110 1210-0089
	rtment of the Treasury nal Revenue Service	This form is required to be filed	Benefit Plan	4065 of the Employee Retiremen	2015
Employee B	epartment of Labor enefits Security Administration			57(b) and 6058(a) of the Internal	This Form is Open to Public Inspection
Pension Be		Complete all entries in a dentification Information	accordance with the inst	ructions to the Form 5500-SF.	•
	ar plan year 2015 or fisca		015	and ending 12/31/201	5
	F	a single-employer plan		blan (not multiemployer) (Filers c nployer information in accordanc	necking this box must attach a
B This retu	urn/report is	the first return/report an amended return/report	the final return/report	rn/report (less than 12 months)	
C Check	box if filing under:	Form 5558	automatic extension	[DFVC program
Dout II	Decis Dien Inform	special extension (enter descri			
Part II		mation—enter all requested info	ormation	1h T	vroa digit
1a Name THE WOOD	OS COFFEE 401(K) PLA	N		pl	nree-digit an number N) ▶ 001
				1c E	fective date of plan 01/01/2015
Mailing	address (include room,	r, if for a single-employer plan) apt., suite no. and street, or P.O		(E	nployer Identification Number IN) 20-3964159
City or THE WOOD		country, and ZIP or foreign posta	al code (if foreign, see inst	ructions) 2c S	consor's telephone number 360-933-1855
191 18TH ST	REFT			2d B	isiness code (see instructions)
LYNDEN, W					445299
3a Plan a	dministrator's name and	address Same as Plan Spons	or.	3b Ad	Iministrator's EIN
				3C A	Iministrator's telephone number
name	, EIN, and the plan numb	plan sponsor has changed since t per from the last return/report.	the last return/report filed t		
· · · ·	or's name			4c P	
_		t the beginning of the plan year			0
		t the end of the plan year count balances as of the end of t			96
	,	cipants at the beginning of the pla			43
		cipants at the end of the plan yea	-		
e Numb	per of participants that te	rminated employment during the	plan year with accrued be	enefits that were less 5e	0
Caution: A	penalty for the late or	incomplete filing of this return	/report will be assessed	unless reasonable cause is es	
SB or Sche		signed by an enrolled actuary, a		e examined this return/report, inclusion of this return/report, and to	
SIGN	Filed with authorized/va	alid electronic signature.	08/25/2016	WES HERMAN	
HERE	Signature of plan adr		Date	Enter name of individual signi	ng as plan administrator
SIGN					<u> </u>
HERE	Cignoture of omploye		Date	Enter nome of individual signi	
MICHAEL	ADAMS CAPITAL CORPORATION	ne, if applicable) and address (in			ng as employer or plan sponsor er's telephone number 360-734-9900
BELLINGH	AM, WA 98225				
For Donorny	ark Deduction Act Nation	and OMB Control Numbers see the	instructions for Form FEOO	SE	Form 5500-SE (2015)

-	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 a	an indepei and condit	ndent qualified public a ions.)	ccounta	ant (IQ	PA)			×	Yes Yes	No No
	If you answered "No" to either line 6a or line 6b, the plan cann										
	If the plan is a defined benefit plan, is it covered under the PBGC in	nsurance p	orogram (see ERISA se	ection 40	021)? .		Yes	No	Not	determ	nined
	rt III Financial Information		1								
7	Plan Assets and Liabilities		(a) Beginning	of Yea		_		(b) End	of Ye		
	Total plan assets	7a			0	_				15021	10
	Total plan liabilities	7b			0	_				15021	10
8	Net plan assets (subtract line 7b from line 7a) Income, Expenses, and Transfers for this Plan Year	7c	(a) Amou	unt	0			(b) T	otal	15021	10
	Contributions received or receivable from:			1110				(0) 1	otai		
	(1) Employers	8a(1)		57	135						
	(2) Participants	8a(2)		98	945						
	(3) Others (including rollovers)	8a(3)									
b	Other income (loss)	8b		-2	962						
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c				_				15311	8
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		2	728						
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								290	8(
i	Net income (loss) (subtract line 8h from line 8c)	8i				_				15021	0
j	Transfers to (from) the plan (see instructions)	8j									
Pa	t IV Plan Characteristics										
9a	If the plan provides pension benefits, enter the applicable pension 2E 2F 2G 2J 2K 2R 2T 3D	feature co	odes from the List of Pla	an Chai	racteris	stic Co	odes in	the instruc	tions		
В	If the plan provides welfare benefits, enter the applicable welfare for	eature coc	les from the List of Pla	n Chara	acterist	ic Coo	des in th	ne instructi	ions:		
Par	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 contribu					-			7		
	described in 29 CFR 2510.3-102? (See instructions and DOL's V Program)	•		10a		х					
b	Were there any nonexempt transactions with any party-in-interest			IVa							
	reported on line 10a.)			10b		Х					
C	Was the plan covered by a fidelity bond?			10c	Х						20000
d	Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?			10d		x					
e	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 benefits under	10e		×					
f	Has the plan failed to provide any benefit when due under the pla	n?		10f		Х					
g	Did the plan have any participant loans? (If "Yes," enter amount a	is of year e	end.)	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 provided the exceptions to providing the notice applied under 29 CFR 2520.10	he require	d notice or one of the	10i							
j	Did the plan trust incur unrelated business taxable income?			10j		Х					
Part	VI Pension Funding Compliance						•				
11	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)									Yes	X No

12	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA?.
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11a Enter the unpaid minimum required contribution for all years from Schedule SB (Form 5500) line 40.....

Yes X No

11a

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					1		
	(lf "`	es," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)					
a		waiver of the minimum funding standard for a prior year is being amortized in this plan year, see in: ting the waiver.		enter th Day	e date of	the letter ru Year	ling
lf	you c	ompleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line	13.		.		
b	Enter	the minimum required contribution for this plan year		12b			
-		the amount contributed by the employer to the plan for this plan year		12c			
d		ract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the ative amount)		12d			
е	Will	the minimum funding amount reported on line 12d be met by the funding deadline?			Yes	No	N/A
Part	VII	Plan Terminations and Transfers of Assets					
13a	Has	a resolution to terminate the plan been adopted in any plan year?			Ye	es X No	
		es," enter the amount of any plan assets that reverted to the employer this year		13a			
h		e all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brou					
	of th	e PBGC?	-			Yes X	No
С		ring this plan year, any assets or liabilities were transferred from this plan to another plan(s), identi h assets or liabilities were transferred. (See instructions.)	fy the plan(s) to				
1	13c(1)	Name of plan(s):	13c(2)	EIN(s)		13c(3)	PN(s)
Part	VIII	Trust Information	-				
14a	Name	of trust		14b	Trusťs E	IN	
14c	Nam	e of trustee or custodian		14d		's or custodi ne number	an's
Par	t IX	IRS Compliance Questions					
15a	Is th	e plan a 401(k) plan?		Ye	es	No	
15b		es," how does the 401(k) plan satisfy the nondiscrimination requirements for employee deferrals an hing contributions (as applicable) under sections 401(k)(3) and 401(m)(2)?		b h	esign- ased safe arbor nethod	e ADF test	P/ACP
15c	testir	ADP/ACP test is used, did the 401(k) plan perform ADP/ACP testing for the plan year using the "c ng method" for nonhighly compensated employees (Treas. Reg sections 1.401(k)-2(a)(2)(ii) and 1.4 2)(ii))?		Y	es	No	
16a	Chec	k the box to indicate the method used by the plan to satisfy the coverage requirements under sect	ion 410(b):	Цр	atio ercentag est		erage nefit test
16b		the plan satisfy the coverage and nondiscrimination tests of sections 410(b) and 401(a)(4) by con lan with any other plans under the permissive aggregation rules?	0	Ye	es	No	
17a	Has	he plan been timely amended for all required tax law changes?		Ye	es	No	N/A
	for ta	the last plan amendment/restatement for the required tax law changes was adopted///x law changes and codes).	•				tructions
17c		plan sponsor is an adopter of a pre-approved master and prototype (M&P) or volume submitter placer letter, enter the date of that favorable letter/ and the letter's serial r		t to a f	avorable 	IRS opinion	or
17d		plan is an individually-designed plan and received a favorable determination letter from the IRS, e mination letter/	nter the date of	the pla	in's last fa	avorable	
18		e Plan maintained in a U.S. territory (i.e., Puerto Rico (if no election under ERISA section 1022(i)(2 e), American Samoa, Guam, the Commonwealth of the Northern Mariana Islands or the U.S. Virgir		Ye	S	No	
19	Were	in-service distributions made during the plan year?		Ye	es	No	
	lf "Y€	es," enter amount		19			
20	Were	required minimum distributions made to 5% owners who have attained age 70 ½ (regardless of w d), as required under section 401(a)(9)?		Y	es	No	N/A

Form 5500-SF	Short Form Annu	al Poturn/Popor	t of Small Empl	01/00		OMB Nos. 1210-0110
Department of the Treasury	Short Form Annu	Benefit Plan	t of Small Empl	Oyee		1210-0089
Internal Revenue Service Department of Labor	This form is required to be file Income Security Act of 1974					2015
Employee Benefits Socurity Administrati Pension Benefit Guaranty Corporatio	on	Revenue Code (the Cod				form is Open to lic Inspection
	Complete all entries in a control of the control	A second s	ructions to the Form 5	500-SF.		•
For calendar plan year 2015 o		01/01/2015	and ending	12/	31/201	5
	a single-employer plan	a multiple-employer	olan (not multiemployer)			
A This return/report is for:	a one-participant plan	list of participating er	nployer information in a	ccordance wi	th the form	instructions)
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	ionths)		
C Check box if filing under:	S Form 5558	automatic extension	<u>.</u>		FVC progr	am
Deat II Deate Dian In	special extension (enter descr					
Part II Basic Plan In 1a Name of plan	formation—enter all requested inf	ormation		1b Three	diate	
The Woods Coffee 4	01(k) Plan			1 1 1 1 1 1 1 2 1 1 1 2 1 1 1 2 1 1 2 1 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2	number	
				(PN)		001
fr an an				1c Effect	ive date of 01/2015	
	ployer, if for a single-employer plan)			2b Emplo	yer Identif	ication Number
City or town, state or provi	oom, apt., suite no. and street, or P.O ince, country, and ZIP or foreign posta	al code (if foreign, see inst	ructions)		20-396	
The Woods Coffee					sors telepi)) 933–1	hone number 1855
				and the second se	Call of the second second	see instructions)
191 18th Street				4452	299	
Lynden		WA	98264			
Ja Plan auministrators name	and address Same as Plan Spons	or.		3b Admin	listrator's E	IN
				3c Admin	istrator's to	elephone number
4 If the name and/or EIN of	the plan sponsor has changed since t	he last return/report filed f	or this plan, enter the	4b EIN		
name, EIN, and the plan r a Sponsor's name	number from the last return/report.			4c PN		
	ts at the beginning of the plan year			5a		0
	its at the end of the plan year			5b		96
C Number of participants with the second	h account balances as of the end of th	he plan year (defined bene	efit plans do not	5c		
	participants at the beginning of the pla			5d(1)		43
	participants at the end of the plan yea			5d(1)		91
 Number of participants th 	at terminated employment during the	plan year with accrued be	nefits that were less	5e		
than 100% vested Caution: A penalty for the lat	e or incomplete filing of this return	/report will be assessed	unloss reasonable cau	0750 F.C.	ishod	0
Under penalties of perjury and	other penalties set forth in the instruct and signed by an enrolled actuary as	tions. I declare that I have	examined this return/ren	ort including	if applica	ible, a Schedule knowledge and
SIGN Mark	17-		Wes Herman	yadu talah series yang series		
HERE Signature of plan	administrator	Date	Enter name of individu	al signing as	plan adm	inistrator
SIGN CULT			Wes Herman			
HERE Signature of emp	loyer/plan sponsor	Date	Enter name of individu			
Michael Adams	name, if applicable) and address (inc	clude room or suite numbe	r)	Preparer's to		
Saturna Capital Cor	poration			(360) 7	34-9900	J
1300 N State St			ŀ			and the second second
Bellingham		WA	98225-			
For Paperwork Reduction Act Not	tice and OMB Control Numbers, see the	instructions for Form 5500-	SF.		F	orm 5500-SF (2015) v. 150123
8 F						V. 150125
:76						

Form 5500-SF 2015

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-		0
Jac	e	2

b	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	an indeper	dent qualified public	accour	tant (I	QPA)			Yes	
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility								X Yes	No No
	If you answered "No" to either line 6a or line 6b, the plan can If the plan is a defined benefit plan, is it covered under the PBGC is								Not determ	
-		insurance p	logiani (see ERISA :	section	4021)?	L	Tes	No L		ineu
	rt III Financial Information	- San Landston								
	Plan Assets and Liabilities		(a) Beginnir	ng of Ye	ear			(b) End	of Year	0.010
-	Total plan assets	7a				0			150	0,210
111 - 201	Total plan liabilities	7b				_				
<u> </u>	Net plan assets (subtract line 7b from line 7a)	. 7c		-		0			150	0,210
8	Income, Expenses, and Transfers for this Plan Year		(a) Amo	ount				(b) T	otal	
a 	Contributions received or receivable from: (1) Employers	. 8a(1)			7,13	_				
	(2) Participants	8a(2)		9	8,94	15				
	(3) Others (including rollovers)	8a(3)					C. King	1.25		e nor
b	Other income (loss)	8b		-	2,96	52				
C	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c	the states	P.S.S.		20			153	3,118
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d			2,72	8				
e	Certain deemed and/or corrective distributions (see instructions)	8e						- 11 M		
f	Administrative service providers (salaries, fees, commissions)	8f			18	0		and the second		
g	Other expenses	8g				199	100		and the second second	
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h		1.44	1.33	12			2	,908
i	Net income (loss) (subtract line 8h from line 8c)	8i		191	200					,210
j	Transfers to (from) the plan (see instructions)	8i				144	141-141	No.	Service of the servic	WORKS .
Par	t V Compliance Questions									
10					Vor	No	N/A			
10 a	During the plan year: 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	oluntary Fig	duciary Correction		Yes	No	N/A		Amount	
а	During the plan year: 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 Fie	duciary Correction	10a	Yes	x	N/A		Amount	
b	During the plan year: 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) Were there any nonexempt transactions with any party-in-interest reported on line 10a.).	oluntary Fio	duciary Correction	. 10b			N/A			
b	During the plan year: 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) Were there any nonexempt transactions with any party-in-interest reported on line 10a.) Was the plan covered by a fidelity bond?	Oluntary Fic? (Do not in	duciary Correction	. 10b	Yes	x	N/A			,000
b c d	During the plan year: 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) Were there any nonexempt transactions with any party-in-interest reported on line 10a.) Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?	oluntary Fio ? (Do not in fidelity bond	duciary Correction clude transactions d, that was caused	. 10b		x	N/A			,000
b c d	During the plan year: 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 Fic ? (Do not in fidelity bond er persons e or all of th	duciary Correction clude transactions d, that was caused by an insurance benefits under	10b 10c 10d		x x x	N/A			,000
a b c d e	During the plan year: 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) Were there any nonexempt transactions with any party-in-interest reported on line 10a.) Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty? 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.)	Oluntary Fic (Do not in fidelity bond er persons e or all of th	duciary Correction clude transactions d, that was caused by an insurance he benefits under	10b 10c 10d 10e		x x x x	N/A			,000
a b c d e	During the plan year: 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) Were there any nonexempt transactions with any party-in-interest reported on line 10a.) Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty? 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.) Has the plan failed to provide any benefit when due under the plan	Oluntary Fic (Do not in fidelity bond er persons e or all of th	duciary Correction clude transactions d, that was caused by an insurance he benefits under	10b 10c 10d 10e 10f		x x x x x x	N/A			,000
a b c d e	During the plan year: 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) Were there any nonexempt transactions with any party-in-interest reported on line 10a.) Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty? 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.) Has the plan failed to provide any benefit when due under the plan Did the plan have any participant loans? (If "Yes," enter amount as If this is an individual account plan, was there a blackout period? (If	'oluntary Fig ? (Do not in fidelity bond fidelity bond er persons e or all of th n? s of year en See instruc	duciary Correction clude transactions d, that was caused by an insurance he benefits under d.)	10b 10c 10d 10e 10f 10g		x x x x x x x	N/A			,000
a b c d e f	During the plan year: 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) Were there any nonexempt transactions with any party-in-interest reported on line 10a.) Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty? 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.) Has the plan failed to provide any benefit when due under the plan Did the plan have any participant loans? (If "Yes," enter amount as If this is an individual account plan, was there a blackout period? (2520.101-3.) If 10h was answered "Yes," check the box if you either provided th	(Do not in fidelity bond er persons e or all of th n? See instruction s of year en See instruc-	duciary Correction clude transactions d, that was caused by an insurance he benefits under d.) tions and 29 CFR	10b 10c 10d 10e 10f		x x x x x x	N/A			,000
a b c d e e	During the plan year: 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) Were there any nonexempt transactions with any party-in-interest reported on line 10a.) Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty? 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.) Has the plan failed to provide any benefit when due under the plan Did the plan have any participant loans? (If "Yes," enter amount as If this is an individual account plan, was there a blackout period? (2520.101-3.)	(Do not in fidelity bond er persons e or all of th n? See instruct e required I-3.	duciary Correction clude transactions d, that was caused by an insurance be benefits under d.) tions and 29 CFR notice or one of the	. 10b 10c 10d 10e 10f 10g 10h 10l		x x x x x x x x x	N/A			,000
a b c d e f f h i j	During the plan year: 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)	(Do not in fidelity bond er persons e or all of th n? See instruct e required I-3.	duciary Correction clude transactions d, that was caused by an insurance be benefits under d.) tions and 29 CFR notice or one of the	. 10b 10c 10d 10e 10f 10g 10h		x x x x x x x	N/A			,000
a b c d e f f h i j	During the plan year: 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) Were there any nonexempt transactions with any party-in-interest reported on line 10a.) Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty? 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.) Has the plan failed to provide any benefit when due under the plan Did the plan have any participant loans? (If "Yes," enter amount as the plan individual account plan, was there a blackout period? (2520.101-3.) If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.101 Did the plan trust incur unrelated business taxable income? VI Pension Funding Compliance Is this a defined benefit plan subject to minimum funding requirement	(Do not in fidelity bond er persons e or all of th n? See instruc- ne required 1-3	duciary Correction clude transactions d, that was caused by an insurance he benefits under d.) tions and 29 CFR notice or one of the	10b 10c 10d 10e 10f 10g 10h 10i 10j	X	X X X X X X X X X		(Form	20	
a b c d e f g h i j Part 11	During the plan year: 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) Were there any nonexempt transactions with any party-in-interest reported on line 10a.) Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty? 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.) Has the plan failed to provide any benefit when due under the plan Did the plan have any participant loans? (If "Yes," enter amount as the plan have any participant loans? (If "Yes," enter amount as fit his is an individual account plan, was there a blackout period? (2520.101-3.) If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.101 Did the plan trust incur unrelated business taxable income? VI Pension Funding Compliance	'oluntary Fid ? (Do not in fidelity bond er persons e or all of th n? s of year en See instruc e required I-3	duciary Correction clude transactions d, that was caused by an insurance he benefits under d.) tions and 29 CFR notice or one of the	. 10b 10c 10d 10e 10f 10g 10h 10i 10j and con	x	X X X X X X X X X Sched	ule SB ((Form		

Form 5500-SF 2015 Page 3 -						
(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.			r the date	of the let Year		ling
If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line	ə 13.					
b Enter the minimum required contribution for this plan year		12	b			
c Enter the amount contributed by the employer to the plan for this plan year		12	c			
d Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the		12	d			
negative amount)						
e Will the minimum funding amount reported on line 12d be met by the funding deadline?			Yes	No		N/A
art VII Plan Terminations and Transfers of Assets		r	<u> </u>			
13a Has a resolution to terminate the plan been adopted in any plan year?		-		Yes 🕅 N	10	
If "Yes," enter the amount of any plan assets that reverted to the employer this year		13				
b Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the of the PBGC?				Yes	X	No
C If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), iden which assets or liabilities were transferred. (See instructions.)	tify the plan(s) to)				
- 13c(1) Name of plan(s):	13c(2)	EIN	(\$)	130	:(3) I	PN(s)
Part VIII Trust Information	1			I		
4a Name of trust		14	b Trust's	EIN		
14c Name of trustee or custodian		14	d Truste teleph	e's or cu one numb		an's
Part IX IRS Compliance Questions						
15a is the plan a 401(k) plan?			Yes		No	
15b If "Yes," how does the 401(k) plan satisfy the nondiscrimination requirements for employee deferrals ar matching contributions (as applicable) under sections 401(k)(3) and 401(m)(2)?	nd employer		Design- based sa harbor	afe	ADF test	PIACP
15c If the ADP/ACP test is used, did the 401(k) plan perform ADP/ACP testing for the plan year using the "o testing method" for nonhighly compensated employees (Treas. Reg sections 1.401(k)-2(a)(2)(ii) and 1. 2(a)(2)(ii))?	401(m)-	Method			No	
16a Check the box to indicate the method used by the plan to satisfy the coverage requirements under sect		Ratio		ge 🗌	Average benefit te	
16b Does the plan satisfy the coverage and nondiscrimination tests of sections 410(b) and 401(a)(4) by con this plan with any other plans under the permissive aggregation rules?	nbining		Yes		No	
17a Has the plan been timely amended for all required tax law changes?	and a second		Yes		No	□ N/
17b Date the last plan amendment/restatement for the required tax law changes was adopted for tax law changes and codes).	Enter the ap					ructions
TC If the plan sponsor is an adopter of a pre-approved master and prototype (M&P) or volume submitter plan advisory latter, enter the data of that favorable latter.		t to a	a favorable	e IRS opi	nion	or
advisory letter, enter the date of that favorable letter and the letter's serial number of the plan is an individually-designed plan and received a favorable determination letter from the IRS, etc. and the letter's serial number of the plan is an individually-designed plan and received a favorable determination letter from the IRS, etc. and the letter's serial number of the plan is an individually-designed plan and received a favorable determination letter from the IRS, etc. and the letter's serial number of the plan is an individually-designed plan and received a favorable determination letter from the IRS, etc. and the letter's serial number of the plan is an individually-designed plan and received a favorable determination letter from the IRS, etc. and the letter's serial number of the plan is an individually-designed plan and received a favorable determination letter from the IRS, etc. and the letter's serial number of the plan is an individually-designed plan and received a favorable determination letter from the IRS, etc. and the letter's serial number of the plan and the letter's serial number of the plan is an individually-designed plan and received a favorable determination letter from the IRS, etc. and the letter's serial number of the plan and the plan a		the p	lan's last	favorable	•	
determination letter 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		/es	<u>л</u> П		
made), American Samoa, Guam, the Commonwealth of the Northern Mariana Islands or the U.S. Virgir 9 Were in-service distributions made during the plan year?			Yes			
If "Yes," enter amount		19		N	0	
20 Were required minimum distributions made to 5% owners who have attained age 70 ½ (regardless of w	Contraction and the state of the more state					
retired), as required under section 401(a)(9)?			Yes	<u>N</u>	0	



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Authorization to Electronically Sign and File 5500

I hereby authorize Saturna Capital Corporation ("Service Provider") to electronically sign and file 5500 forms on my behalf for the following filing year(s): 01/01/15 - 12/31/15.

I further understand the following:

- I must sign a paper copy of the completed 5500 form.
- An image of my signature will be included with the rest of the return/report posted by the Department of Labor on the internet for public disclosure.
- I may revoke or change this authorization at any time by written notification to Service Provider.

Dated: 8/23/16 By: Culub