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

Part I	Annual Repor	t Identification Informatior									
For calenda	ar plan year 2015 or t	fiscal plan year beginning 01/01/	2016	and ending 04	1/13/2016						
A This return/report is for: a multiple-employer plan (not multiemployer) (Filers checking this box must attach a list of participating employer information in accordance with the form instructions) a one-participant plan											
B This return/report is the first return/report an amended return/report											
C Check b	pox if filing under:	Form 5558 special extension (enter desc	automatic extension		DFVC program						
Part II	Basic Plan Inf	ormation—enter all requested in	formation								
1a Name SPECK HEA					1b Three-digit plan number (PN) ▶						
					1c Effective da	ate of plan 05/16/2013					
Mailing	address (include ro	oyer, if for a single-employer plan) om, apt., suite no. and street, or P.0 ice, country, and ZIP or foreign pos		ructions)		dentification Number 91-1751498					
SPECK HEA	,	ice, country, and zir or foreign pos	tai code (ii foreign, see inst	ructions)		telephone number 06-432-9436					
05 MADISO SEATTLE, W	N STREET, SUITE 4 /A 98104	400				ode (see instructions) 621111					
3a Plan a	dministrator's name a	and address XSame as Plan Spon	sor.		3b Administrat	or's EIN					
					3c Administrat	or's telephone number					
		ne plan sponsor has changed since umber from the last return/report.	the last return/report filed	or this plan, enter the	4b EIN						
a Sponso	or's name				4c PN						
5a Total r	number of participant	s at the beginning of the plan year.			5a	0					
b Total r	number of participant	s at the end of the plan year			5b	0					
		n account balances as of the end of	' '	'	5c	0					
d(1) Tota	al number of active pa	articipants at the beginning of the p	lan year		5d(1)	0					
d(2) Tota	al number of active p	articipants at the end of the plan ye	ar		5d(2)	0					
		at terminated employment during the	. ,		5e	0					
		or incomplete filing of this retur									
SB or Sche		other penalties set forth in the instru and signed by an enrolled actuary, nplete.									
SIGN		d/valid electronic signature.	08/24/2016	DAN TRIPPS							
HERE		<u>~</u>									

Date

Date

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

Signature of plan administrator

Signature of employer/plan sponsor

SIGN HERE Enter name of individual signing as plan administrator

Enter name of individual signing as employer or plan sponsor

Preparer's telephone number

	Form 5500-SF 2015		Page 2								
b .	Were all of the plan's assets during the plan year invested in eligib Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility If you answered "No" to either line 6a or line 6b, the plan cann	an indeper and condit not use Fo	ndent qualified public a ions.) orm 5500-SF and must	ccount	ant (IQ ad use	PA) Form	5500.			X Yes	
	f the plan is a defined benefit plan, is it covered under the PBGC ir	nsurance p	orogram (see ERISA se	ection 4	021)?		Yes	No	N	ot dete	mined
Par	t III Financial Information		<u> </u>			1					
	Plan Assets and Liabilities		(a) Beginning	of Ye				(b) E	nd of	Year	
	Fotal plan assets	. 7a			0						0
	Fotal plan liabilities	. 7b			0						0
	Net plan assets (subtract line 7b from line 7a)ncome, Expenses, and Transfers for this Plan Year	. 7c	(a) Amou	ınt	0			/ h	o) Tota	al .	0
	Contributions received or receivable from:		(a) Alliot	1111				<u> </u>) 101	aı	
	1) Employers	. 8a(1)									
	2) Participants	. 8a(2)									
	3) Others (including rollovers)	. 8a(3)									
	Other income (loss)	. 8b									
	Fotal income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c									0
	o provide benefits)	. 8d									
_ e (Certain deemed and/or corrective distributions (see instructions)	. 8e									
<u>f</u> ,	Administrative service providers (salaries, fees, commissions)	. 8f									
	Other expenses	. 8g									
	Fotal expenses (add lines 8d, 8e, 8f, and 8g)	1									0
	Net income (loss) (subtract line 8h from line 8c)										0
_	Fransfers to (from) the plan (see instructions)	8j									
Part 9a	t IV Plan Characteristics If the plan provides pension benefits, enter the applicable pension	feature co	odes from the List of Pl	an Cha	ractorio	etic Co	dec in t	the inc	tructio	ne.	
Ja	3D 2E 2F 2G 2J 2K 2T	reature oc	des nom the List of the	ari Oria	iractori	Suc Oc	ucs III	uic iiis	iluctio	110.	
В	If the plan provides welfare benefits, enter the applicable welfare f	eature cod	les from the List of Plan	n Chara	acterist	ic Cod	les in th	ne instr	uction	s:	
Dort	V Compliance Questions										
Part 10	V Compliance Questions During the plan year:				Yes	No	N/A		^	mount	
a	Was there a failure to transmit to the plan any participant contribu	ıtions withi	n the time period		103	140	IVA		<u>A</u>	mount	
	described in 29 CFR 2510.3-102? (See instructions and DOL's V	oluntary F	iduciary Correction			X					
h	Program)			10a		^					
	reported on line 10a.)			10b		X					
С	Was the plan covered by a fidelity bond?			10c		X					
d	Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?			10d		X					
е	Were any fees or commissions paid to any brokers, agents, or oth carrier, insurance service, or other organization that provides som the plan? (See instructions.)	ne or all of	the benefits under	10e		X					
f	Has the plan failed to provide any benefit when due under the pla			10f		Χ					
g	Did the plan have any participant loans? (If "Yes," enter amount a					X					
<u>9</u>	If this is an individual account plan, was there a blackout period?	-		10g		^					
	2520.101-3.)			10h		X					
i	If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10			10i							
j	Did the plan trust incur unrelated business taxable income?			10j							
Part	VI Pension Funding Compliance			-	-			-			
11	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)									Yes	s 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	requireme	ents of section 412 of the	he Cod	e or se	ction 3	302 of E	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.)						
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								
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	Were	all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brou PBGC?	ght under the co	ontrol	×	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) N	lame of plan(s):	13c(2)	EIN(s)		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		Ye		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		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		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	5	No		
19	Were in	n-service distributions made during the plan year?		Ye	s	No		
	If "Yes	," enter amount	·····	19				
20	' I							

Form 5500-SF

Department of the Treasury Internal Revenue Service

Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Department of Labor Employee Benefits Security Administration

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).

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 Repo	<u>rt Identification Information</u>								
For calendar plan year 2015 or	fiscal plan year beginning	01/01/2015	and ending	12/31/20					
A This return/report is for:	X a single-employer plan		lan (not multiemployer) nployer information in ac						
•	a one-participant plan	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	n/report (less than 12 m	nonths)					
C Check box if filing under:	Form 5558	automatic extension		DFVC pro	gram				
	special extension (enter des	cription)							
Part II Basic Plan In	formation—enter all requested i	nformation							
1a Name of plan SPECK HEALTH PS 40				1b Three-digit plan number (PN) ▶	001				
				1c Effective date 05/16/203					
	loyer, if for a single-employer plan)			2b Employer Iden (EIN) 91-17	tification Number				
	nce, country, and ZIP or foreign pos		ructions)	` ` ` ` ` ·					
SPECK HEALTH PS				2c Sponsor's tele 206-432-9					
805 MADISON STREE	r, SUITE 400			2d Business code 621111	e (see instructions)				
SEATTLE	WA 98104 and address XSame as Plan Spoi			3b Administrator's	S EIN				
Ja Flati autilitistrator s flame	and address Asame as Flan Spor	11301.		OD / Administrator	Line				
4 If the name and/or FIN of	the plan sponsor has changed sinc	e the last return/report filed f	or this plan, enter the	4b EIN					
	number from the last return/report.			4c PN					
				 	0				
	its at the beginning of the plan year			FI-					
c Number of participants wi	nts at the end of the plan year th account balances as of the end o	of the plan year (defined ben	efit plans do not	5c	0				
	participants at the beginning of the			F 1/4)	0				
• •	participants at the end of the plan y			- 1/01	0				
e Number of participants th	at terminated employment during th	ne plan year with accrued be	enefits that were less	5e	0				
	e or incomplete filing of this retu			use is established.	0				
Under penalties of perjury and SB or Schedule MB completed	other penalties set forth in the instr and signed by an enrolled actuary	uctions, I declare that I have	examined this return/re	eport, including, if app	licable, a Schedule ny knowledge and				
sign Sign Sign Sign Sign Sign Sign Sign S	unpiete.	7/29/16	DAN TRIPPS						
HERE Signature of plan	n administrator	Date	Enter name of individ	dual signing as plan a	dministrator				
SIGN HERE		D.L.		d l . i i	una ar alan ananas				
	ployer/plan sponsor n name, if applicable) and address	(include room or suite numb		dual signing as emplo Preparer's telephor					
Preparer's flame (including inf	irriame, ii applicable) and address	(molade room of state name	ei ,	r reparer s telephor	ic number				

	Form 5500-SF 2015		Page 2					
b /	Were all of the plan's assets during the plan year invested in eligib Are you claiming a waiver of the annual examination and report of a under 29 CFR 2520.104-46? (See instructions on waiver eligibility f you answered "No" to either line 6a or line 6b, the plan cann	an indepe and condi	ndent qualified public ad	ccounta	ant (IQF	PA) 		₽ v. □ v.
C I	f the plan is a defined benefit plan, is it covered under the PBGC ir	nsurance p	rogram (see ERISA se	ction 40	021)? .		Yes	No Not determined
Par	III Financial Information							
7 F	Plan Assets and Liabilities		(a) Beginning	of Yea	ır			(b) End of Year
a	Total plan assets	. 7a			()		
b _	Total plan liabilities	7b						
<u> </u>	Net plan assets (subtract line 7b from line 7a)	7c			(0		0
8 1	ncome, Expenses, and Transfers for this Plan Year		(a) Amou	nt				(b) Total
	Contributions received or receivable from: 1) Employers	8a(1)						
	2) Participants	8a(2)						
-	3) Others (including rollovers)	8a(3)						page states of
	Others (medianing rollovers)	8b			.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	. 8c						0
d	Benefits paid (including direct rollovers and insurance premiums o provide benefits)	. 8d						
е (Certain deemed and/or corrective distributions (see instructions)	. 8e						
f /	Administrative service providers (salaries, fees, commissions)	. 8f						
g	Other expenses	. 8g						
h ·	Total expenses (add lines 8d, 8e, 8f, and 8g)	. 8h						0
i	Net income (loss) (subtract line 8h from line 8c)	. 8i						0
j	Transfers to (from) the plan (see instructions)	- 8j						
Par	t IV Plan Characteristics							
B Part					acterist	ic Cod	les in th	e instructions:
10	During the plan year:				Yes	No	N/A	Amount
а	Was there a failure to transmit to the plan any participant contributes described in 29 CFR 2510.3-102? (See instructions and DOL's \Program)	√oluntary l	Fiduciary Correction	10a		Х		
b	Were there any nonexempt transactions with any party-in-interes					Х		
	reported on line 10a.)			10b				
c	Was the plan covered by a fidelity bond?			10c		Х		
	Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?			10d		Х		
е	Were any fees or commissions paid to any brokers, agents, or otl carrier, insurance service, or other organization that provides son the plan? (See instructions.)	ne or all o	f the benefits under	10e		Х		
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			10g		X		
h		(See instr	uctions and 29 CFR	10g 10h		Х		
ī	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 require	d notice or one of the	10i				
j	Did the plan trust incur unrelated business taxable income?			10i				
Part	VI Pension Funding Compliance			,		L		
11	Is this a defined benefit plan subject to minimum funding requiren 5500) and line 11a below)							
11a	Enter the unpaid minimum required contribution for all years from						11a	
12	Is this a defined contribution plan subject to the minimum funding							RISA? Yes X No

	Form 5500-SF 2015 Page 3 -					
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)					
а	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructio granting the waiver	ns, and e	nter the Day_		e letter ruli ⁄ear	ng
lf y	ou 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			
	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		🖂	
е	Will the minimum funding amount reported on line 12d be met by the funding deadline?		Ш	Yes	No	N/A
Part \	/II 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 und of the PBGC?				Yes X 1	No
С	If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the pwhich assets or liabilities were transferred. (See instructions.)	olan(s) to				25 700 - 1 10
1	3c(1) Name of plan(s):	13c(2)	EIN(s)		13c(3) P	N(s)
Part	VIII Trust Information					
	Viii Trust mormation		14h 1	rust's EIN		
	Name of trustee or custodian		141	Trustee's	or custodis	nn's
140	Name of trustee of custodian			telephone		
Part	IX IRS Compliance Questions					
15a	Is the plan a 401(k) plan?		∐ Ye	S	No	
15b	If "Yes," how does the 401(k) plan satisfy the nondiscrimination requirements for employee deferrals and emp matching contributions (as applicable) under sections 401(k)(3) and 401(m)(2)?		ba ha	esign- ased safe arbor ethod	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 testing method" for nonhighly compensated employees (Treas. Reg sections 1.401(k)-2(a)(2)(ii) and 1.401(m) 2(a)(2)(ii))?		Ye		No	
16a	Check the box to indicate the method used by the plan to satisfy the coverage requirements under section 410)(b):	1 1 1	atio ercentage st		rage 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?		Ye	:S	No	
17a	Has the plan been timely amended for all required tax law changes?	,,,,,,,,,,,	Ye	·S	No	N/A
17b	Date the last plan amendment/restatement for the required tax law changes was adopted	nter the	applical	ble code _	(See ir	nstruction
	If the plan sponsor is an adopter of a pre-approved master and prototype (M&P) or volume submitter plan that advisory letter, enter the date of that favorable letter and the letter's serial number	r				or
	If the plan is an individually-designed plan and received a favorable determination letter from the IRS, enter the determination letter.		the pla	n's last fav	orable	4.0-200-1-0-0-0-0-0-0-0-0-0-0-0-0-0-0-0-0-
18	Is the Plan maintained in a U.S. territory (i.e., Puerto Rico (if no election under ERISA section 1022(i)(2) has be made), American Samoa, Guam, the Commonwealth of the Northern Mariana Islands or the U.S. Virgin Island		Ye		No	
19	Were in-service distributions made during the plan year?		Ye	es	No	
	If "Yes," enter amount		19	-	(
20	Were required minimum distributions made to 5% owners who have attained age 70 ½ (regardless of whether retired), as required under section 401(a)(9)?	or not	Ye	es	No	□ N/A

Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor 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.

2015

OMB Nos. 1210-0110 1210-0089

This Form is Open to **Public Inspection**

Part I Annual Rep	ort Identification Information	n			
For calendar plan year 2015	or fiscal plan year beginning	01/01/2016	and ending	04/13/201	6
	X a single-employer plan	a multiple-employe	er plan (not multiemployer)	(Filers checking this b	ox must attach a
A This return/report is for:	a one-participant plan	The state of the s	employer information in a	ccordance with the form	n instructions)
	o one participant plan	a foreign plan			
B This return/report is	the first return/report	X the final return/repo	ort		
2	an amended return/report	X a short plan year re	eturn/report (less than 12 n	nonths)	
C Check box if filing under:	☐ Form 5550			_	
- Shook box it ming driddir.	Form 5558	automatic extensio	on	DFVC prog	ram
Part II Basic Plan	special extension (enter des				
1a Name of plan	enter all requested in	ntormation		1b Three-digit	I
SPECK HEALTH PS 4	01(K) PLAN			plan number	001
				(PN) ▶	
				1c Effective date o 05/16/201	
	nployer, if for a single-employer plan)			2b Employer Identi	fication Number
	room, apt., suite no. and street, or P. vince, country, and ZIP or foreign pos		nstructions)	(EIN) 91-175	
SPECK HEALTH PS	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	(,	2c Sponsor's telep	
				206-432-94 2d Business code (
805 MADISON STRE	ET, SUITE 400			621111	(see mstructions)
SEATTLE					
	WA 98104 ne and address XSame as Plan Spor			31	- 1
74 Trail administrator 5 man	le and address Asame as Plan Spor	1501.		3b Administrator's	EIN
				3c Administrator's	telephone number
	of the plan sponsor has changed since	the last return/report file	ed for this plan, enter the	4b EIN	
a Sponsor's name	•			4c PN	
5a Total number of particip	ants at the beginning of the plan year			. 5a	0
b Total number of particip	ants at the end of the plan year			. 5b	0
	vith account balances as of the end o			5c	_
	e participants at the beginning of the p				0
	e participants at the end of the plan ye				0
e Number of participants	that terminated employment during th	e plan year with accrued	benefits that were less		0
than 100% vested	***************************************			5e	0
Jnder penalties of perjury an	ate or incomplete filing of this return defends a set of the set of the instruction of th	rn/report will be assess	ed unless reasonable ca	use is established.	ahla a Schadula
SB or Schedule MB complete	ed and signed by an enrolled actuary,	as well as the electronic	version of this return/repo	rt, and to the best of my	knowledge and
sign Delief, it is true, correct, and o	7	8/24/20	// DAN TRIPPS		
JEDE T	Lipp				
	an administrator	Date	Enter name of individ	lual signing as plan adr	ministrator
IGN '					
Signature of er	nployer/plan sponsor	Date	Enter name of individ	lual signing as employe	
reparer a manne (including il	rm name, if applicable) and address (include room or suite nun	nber)	Preparer's telephone	number

	Form 5500-SF 2015		Page 2							
b	Were all of the plan's assets during the plan year invested in eligib Are you claiming a waiver of the annual examination and report of a under 29 CFR 2520.104-46? (See instructions on waiver eligibility a If you answered "No" to either line 6a or line 6b, the plan cann	an indeper and condit	ndent qualified public a	ccount	ant (IQ	PA)			X Y	′es
С	f the plan is a defined benefit plan, is it covered under the PBGC in	nsurance p	orogram (see ERISA se	ection 4	021)?		Yes	No	Not de	termined
Par	t III Financial Information	1								
7	Plan Assets and Liabilities		(a) Beginning	g of Ye		-		(b) End	d of Year	
	Total plan assets	7a				0				С
	Total plan liabilities	7b				0				C
	Net plan assets (subtract line 7b from line 7a)	7c	(a) Amou	ınt				(b)	Total	
	Contributions received or receivable from:		(a) Alliot	uiit				(10)	Total	
	(1) Employers	8a(1)								
	(2) Participants	8a(2)								
	(3) Others (including rollovers)	8a(3)								
	Other income (loss) Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8b 8c								C
	Benefits paid (including direct rollovers and insurance premiums	00								
	to provide benefits)	8d								
	Certain deemed and/or corrective distributions (see instructions)	8e								
	Administrative service providers (salaries, fees, commissions)	8f								
	Other expenses	8g								
	Total expenses (add lines 8d, 8e, 8f, and 8g) Net income (loss) (subtract line 8h from line 8c)	8h 8i								C
	Transfers to (from) the plan (see instructions)	8i								
Par	t IV Plan Characteristics	<u> </u>								
9a	If the plan provides pension benefits, enter the applicable pension	feature co	odes from the List of Pl	an Cha	racteris	stic Co	des in t	he instru	uctions:	
	3D 2E 2F 2G 2J 2K 2T			01						
В	If the plan provides welfare benefits, enter the applicable welfare for	eature cod	ies from the list of Pia	n Chara	acterist	ic Coc	ies in th	e instrud	xions:	
Part	V Compliance Questions									
10	During the plan year:				Yes	No	N/A		Amou	nt
а	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 F	iduciary Correction	10a		Х				
b	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				
d	Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?			10d		Х				
е	Were any fees or commissions paid to any brokers, agents, or oth carrier, insurance service, or other organization that provides som the plan? (See instructions.)	ne or all of	the benefits under	10e		Х				
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	s of vear e	end.)	10g		Х				
<u>~</u>	If this is an individual account plan, was there a blackout period? 2520.101-3.)	(See instru	uctions and 29 CFR	10g		Х				
i	If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10	he required	d notice or one of the	10i						
j	Did the plan trust incur unrelated business taxable income?			10i						
Part				. •,		<u> </u>	ı			
11	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)								. П ү	∕es No
11a	Enter the unpaid minimum required contribution for all years from						11a		<u>. – – – </u>	
12	Is this a defined contribution plan subject to the minimum funding						302 of E	RISA?.	. Y	′es X No

	F	orm 5500-SF 2015 Page 3 -					
	(If "Ye	s," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)					
		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
		mpleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line		Day		rcar	
b E	Enter tl	he minimum required contribution for this plan year		12b			
C E	nter th	ne amount contributed by the employer to the plan for this plan year		12c			
d	Subtra	act the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the ve amount)	e left of a	12d			
		e minimum funding amount reported on line 12d be met by the funding deadline?		П	Yes	No	N/A
Part V	/II I	Plan Terminations and Transfers of Assets					
13a	Has a	resolution to terminate the plan been adopted in any plan year?			X Ye	es No	
	If "Yes	s," enter the amount of any plan assets that reverted to the employer this year		13a			0
		all the plan assets distributed to participants or beneficiaries, transferred to another plan, or bro PBGC?			Σ	Yes	No
		ng this plan year, any assets or liabilities were transferred from this plan to another plan(s), iden assets or liabilities were transferred. (See instructions.)	tify the plan(s) to)			
13	3c(1) N	lame of plan(s):	13c(2)	EIN(s)		13c(3) F	PN(s)
Part \	VIII	Trust Information					
14a N	lame o	of trust		14b Trust'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?		Ye	S	No	
		"," how does the 401(k) plan satisfy the nondiscrimination requirements for employee deferrals a ng contributions (as applicable) under sections 401(k)(3) and 401(m)(2)?		ba ha	esign- ased safe arbor ethod	e ADF	
te	testing	DP/ACP test is used, did the 401(k) plan perform ADP/ACP testing for the plan year using the 'method" for nonhighly compensated employees (Treas. Reg sections 1.401(k)-2(a)(2)(ii) and 1 (ii))?	.401(m)-	Ye		No	
16a C	Check	the box to indicate the method used by the plan to satisfy the coverage requirements under sec	tion 410(b):		atio ercentage st	2 11	erage nefit test
		he plan satisfy the coverage and nondiscrimination tests of sections 410(b) and 401(a)(4) by co an with any other plans under the permissive aggregation rules?		Ye	s	No	
17a ⊦	las the	e plan been timely amended for all required tax law changes?		Ye	s	No	N/A
		ne last plan amendment/restatement for the required tax law changes was adopted law changes and codes).	Enter the	applicat	ole code	(See i	nstructions
a	adviso	lan sponsor is an adopter of a pre-approved master and prototype (M&P) or volume submitter parallel letter, enter the date of that favorable letter and the letter's serial	number				or
	determ	lan is an individually-designed plan and received a favorable determination letter from the IRS, ination letter		the plan	n's last fa	avorable	
		Plan maintained in a U.S. territory (i.e., Puerto Rico (if no election under ERISA section 1022(i)(, American Samoa, Guam, the Commonwealth of the Northern Mariana Islands or the U.S. Virg		Yes	3	No	
19 v	Nere ii	n-service distributions made during the plan year?		Ye	s	No	
	f "Yes	," enter amount		19			
		equired minimum distributions made to 5% owners who have attained age 70 ½ (regardless of v), as required under section 401(a)(9)?		Ye	s	No	N/A