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 Report	Identification Information	า			
For calend	ar plan year 2015 or fis	scal plan year beginning 01/01	/2015	and ending 12	2/31/2015	
A This re	turn/report is for:	a single-employer plan		plan (not multiemployer) mployer information in ac	-	
71 1111010		a one-participant plan	a foreign plan			,
B This ret	urn/report is	the first return/report	the final return/report			
		an amended return/report	a short plan year retu	rn/report (less than 12 mo	onths)	
C Check	box if filing under:	X Form 5558	automatic extension		DFVC	orogram
		special extension (enter des	' '			
Part II		rmation—enter all requested i	nformation		T 44	1
1a Name	•	NC. 401(K) PROFIT SHARING P	_AN		1b Three-digit plan number	
					(PN) • 1c Effective da	001
						01/01/2013
		yer, if for a single-employer plan) m, apt., suite no. and street, or P.	O. Box)			dentification Number 42-1569699
	r town, state or provinc USTOM BUILDING, IN	e, country, and ZIP or foreign pos	stal code (if foreign, see ins	tructions)	2c Sponsor's t	elephone number
						ode (see instructions)
7069 NORTI KENMORE,	HEAST 161ST STREE WA 98028	T				236110
3a Plan a	idministrator's name ar	nd address XSame as Plan Spor	nsor.		3b Administrat	or's EIN
					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.		rer une pran, enter une		
	sor's name				4c PN	2
_	·	at the beginning of the plan year		i	5a	3
		at the end of the plan year		i	5b	3
		account balances as of the end o	. , ,	•	5c	3
d(1) Tot	al number of active pa	rticipants at the beginning of the p	olan year		5d(1)	3
		rticipants at the end of the plan ye			5d(2)	3
		terminated employment during th			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/	valid electronic signature.	08/20/2016	MARK HUBER		
HERE	Signature of plan a	dministrator	Date	Enter name of individu	ual signing as plar	administrator
SIGN						
HERE	Signature of emplo		Date	Enter name of individu		
Preparer's	name (including firm n	name, if applicable) and address (include room or suite numb	per)	Preparer's teleph	none number

	Form 5500-SF 2015		Page 2								
b Are you under If you	all of the plan's assets during the plan year invested in eligibou claiming a waiver of the annual examination and report of 29 CFR 2520.104-46? (See instructions on waiver eligibility answered "No" to either line 6a or line 6b, the plan cannot be a second to the plan cannot be	an indeper and condit not use Fo	ndent qualified public a ions.)rm 5500-SF and mus	ccount	ant (IQ	PA) Form	5500.			X Ye	
-	plan is a defined benefit plan, is it covered under the PBGC in	nsurance p	rogram (see ERISA se	ection 4	021)?		Yes	No	_ N	lot dete	rmined
Part III	Financial Information		Г								
7 Plan A	ssets and Liabilities		(a) Beginning					(b) E	nd of	Year	
	olan assets	. 7a		67	242					125	968
	olan liabilities	. 7b		67	0					105	0
	an assets (subtract line 7b from line 7a)	. 7c	(2) A		7242				\ T - 1		5968
	e, Expenses, and Transfers for this Plan Year butions received or receivable from:		(a) Amou	ınt				(E) Tot	aı	
	mployers	. 8a(1)		29	810						
(2) Pa	articipants	. 8a(2)		32	2120						
(3) Of	hers (including rollovers)	. 8a(3)			0						
b Other	income (loss)	. 8b		-2	2646						
	ncome (add lines 8a(1), 8a(2), 8a(3), and 8b)	. 8c								59)284
	ts paid (including direct rollovers and insurance premiums /ide benefits)	. 8d			0						
	n deemed and/or corrective distributions (see instructions)	. 8e			0						
f Admin	istrative service providers (salaries, fees, commissions)	. 8f			558						
g Other	expenses	. 8g			0						
h Total e	expenses (add lines 8d, 8e, 8f, and 8g)	. 8h									558
i Net in	Net income (loss) (subtract line 8h from line 8c)									58	3726
j Transf	ers to (from) the plan (see instructions)	8j			0						
Part IV	Plan Characteristics										
	plan provides pension benefits, enter the applicable pension 2F 2G 2J 3D	feature co	odes from the List of Plant	an Cha	racteri	stic Co	des in t	the ins	tructio	ns:	
-	plan provides welfare benefits, enter the applicable welfare f	eature cod	les from the List of Pla	n Chara	acterist	ic Cod	les in th	ne instr	uction	ns:	
	plan promato nomalo sonomo, omo apprisazio nomalo .										
Part V	Compliance Questions										
	ng the plan year:				Yes	No	N/A		A	moun	1
des	there a failure to transmit to the plan any participant contribuctibed in 29 CFR 2510.3-102? (See instructions and DOL's Voram)	oluntary F	iduciary Correction	10a		X					
	e there any nonexempt transactions with any party-in-interest										
	rted on line 10a.)			10b		X					
C Was	s the plan covered by a fidelity bond?			10c		X					
	he plan have a loss, whether or not reimbursed by the plan's aud or dishonesty?			10d		X					
carri	e any fees or commissions paid to any brokers, agents, or other, insurance service, or other organization that provides som lan? (See instructions.)	ne or all of	the benefits under	10e	X						997
	the plan failed to provide any benefit when due under the pla			10f		X					
g Did t	he plan have any participant loans? (If "Yes," enter amount a	as of vear	end.)	10g		X					
h If this	s is an individual account plan, was there a blackout period?	(See instru	uctions and 29 CFR	10g		X					
i If 10	h was answered "Yes," check the box if you either provided the ptions to providing the notice applied under 29 CFR 2520.10	he require	d notice or one of the	10ii							
	he plan trust incur unrelated business taxable income?			10j							
Part VI	Pension Funding Compliance						<u> </u>				
11 Is thi	s a defined benefit plan subject to minimum funding requirem) and line 11a below)									☐ Ye	s X No
	r the unpaid minimum required contribution for all years from						11a			<u></u>	<u> </u>
	is a defined contribution plan subject to the minimum funding		· · · · · · · · · · · · · · · · · · ·					RISA	·	Ye	s X No

	F	orm 5500-SF 2015 Page 3 - 1					
	_ `	s," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)					
а		aiver of the minimum funding standard for a prior year is being amortized in this plan year, see inc ng the waiver		enter the Day	e 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
	rianio	of tubics of suctorial		telephone number			
Par	t IX	IRS Compliance Questions					
15a	Is the	plan a 401(k) plan?		Ye	S	No	
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)?		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	Check	the box to indicate the method used by the plan to satisfy the coverage requirements under secti	on 410(b):		atio ercentage st		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 yellowers, enter the date of that favorable letter/ and the letter's serial r		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	3	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).

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

		t Identification Information	······································	1 "	10/01/001	
FOF	calendar plan year 2015 or		01/01/2015	and ending	12/31/201	
Α .	This return/report is for:	x a single-employer plan	a list of participating e	lan (not multiemployer) employer information in a		
В-	This return/report is:	a one-participant plan the first return/report	a foreign plan the final return/report			
_	riio retarrireport io.	an amended return/report	H .	um/vanaut/lasa than 40 m		
		an amended return/report	a snort plan year retu	rn/report (less than 12 m	nontns)	,
C	Check box if filing under:	Form 5558 special extension (enter desc	automatic extension		DFVC pr	ogram
-		<u> </u>	<u> </u>		<u> </u>	
	art II Basic Plan Int Name of plan	ormation enter all requested	information		1 4 h Thurs 12 12	
ıu	•	1744 T 401 (I-) P	ath at and a ma		1b Three-digit plan number	
	nuber's Custom Bu	ilding, Inc. 401(k) Prof	it Sharing Plan		(PN) ►	001
					1c Effective da	
2a	Plan enoneor's name (emn	loyer, if for a single-employer plan)			01/01/2	
u	Mailing Address (include ro	oom, apt., suite no. and street or P.C nce, country, and ZIP or foreign pos	D. Box) tal code (if foreign, see inst	ructions)		dentification Number -1569699
	Huber's Custom Bu	ilding, Inc.				telephone number
					(206) 9	
	7069 Northeast 163	lst Street			20 Business c 236110	ode (see instructions)
3a	US Kenmore WA 98028	and address X Same as Plan Sp	oncor Namo		3b Administrat	toda FINI
ou	i lati aditilitiistratoi s name	and address (Est Same as Flan Sp	orisor name		30 Administrat	Ors EIN
					3C Administrat	tor's telephone number
4	If the name and/or EIN of t	he plan sponsor has changed since	the last return/report filed f	or this plan, enter the	4b EIN	
		umber from the last return/report.	,			
а	Sponsor's name				4c PN	
		s at the beginning of the plan year			5a	3
b		s at the end of the plan year			5b	3
С		n account balances as of the end of			5c	3
d(1) Total number of active pa	articipants at the beginning of the pla	an year		5d(1)	3
dť	2) Total number of active na	articipants at the end of the plan yea	ar		5d(2)	3
٠,٠		t terminated employment during the			34(2)	·
е					5e	0
Ca	ution: A penalty for the lat	e or incomplete filing of this retu	rn/report will be assessed	unless reasonable ca	use is established	d.
		other penalties set forth in the instru				
SB	or Schedule MB completed ief, it is true/correct, and co	and signed by an enrolled actuary,	as well as the electronic ve	rsion of this return/repor	t, and to the best o	of my knowledge and
e:	GN WAL			Mark Huber		
200000	RE Signature of/plan ad	ministrator	Date 8-25-16	Enter name of individu	al signing as plan	
		ou ator	Date () A J-1)	Line name of mulvidu	ar arguing as pian a	สดาเทาอินสเป
78.586632	GN WO		0 > []			
	RE Signature of employ	er/plan sponsor name, if applicable) and address; i	Date 9-25-/6	Enter name of individu		
rre	parer's name (including firm	name, ii applicable) and address; i	riciuae room of suite numb	эг	Preparer's teleph	ione number
		·				
ł						
					120000000000000000000000000000000000000	

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6a	Were all of the plan's assets during the plan year invested in eligible	assets? (See instructions.)						X Yes	 7No
	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 an If you answered "No" to either line 6a or line 6b, the plan canno	nd conditio	ons.)	*******		•••••		*********	X Yes]No
	If the plan is a defined benefit plan, is it covered under the PBGC ins							No No	Not dete	ermined
Pa	rt III Financial Information							<u>.</u>		
	Plan Assets and Liabilities		(a) Beginning of	Year		Т		(b) End o	Year	
а	Total plan assets	7a		7,2					125,9	68
	Total plan liabilities	7b			0			•		0
	Net plan assets (subtract line 7b from line 7a)	7c	6	7,2	42				125,9	68
	Income, Expenses, and Transfers for this Plan Year		(a) Amount					(b) To		
	Contributions received or receivable from: (1) Employers	90(1)	2	9,8	10					
	(2) Participants	8a(1) 8a(2)		2,1		+	-			
	(3) Others (including rollovers)	8a(3)			0					
	Other income (loss)	8b	(2	,64						
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c	_		-,				59,2	8.4
d	Benefits paid (including direct rollovers and insurance premiums			*****					33,2	0-4
	to provide benefits)	8d			0					
	Certain deemed and/or corrective distributions (see instructions)	8e			0					
	Administrative service providers (salaries, fees, commissions)	8f		5.	58					
	Other expenses	8g			0					
	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h_								58
	Net income (loss) (subtract line 8h from line 8c)	8i o:			0				58,7	26
1000000	Transfers to (from) the plan (see instructions) rt IV Plan Characteristics	8j			0					
b	If the plan provides pension benefits, enter the applicable pension fe 2E 2F 2G 2J 3D If the plan provides welfare benefits, enter the applicable welfare fea Trivial Compliance Questions									
10	During the plan year:				Yes	NI -	N/A			
a	Was there a failure to transmit to the plan any participant contributi	ions within	the time period		162	NO	INA		mount	
	described in 29 CFR 2510.3-102? (See instructions and DOL's Vo		•							
	Program)			10a		х			-	
b	Were there any nonexempt transactions with any party-in-interest? reported on line 10a.)	•••••	***************************************	10b		x				
<u>C</u>	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 f by fraud or dishonesty?	***************************************	***************************************	10d		х				
e	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.)	or all of t	he benefits under	10e	х					997
f	Has the plan failed to provide any benefit when due under the plan	?	***************************************	10f		x				
g	Did the plan have any participant loans? (If "Yes," enter amount as	of vear e	nd.)	10g		x				
h		See instru	ctions and 29 CFR							
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	notice or one of the	10h 10i		х				
j	Did the plan trust incur unrelated business taxable income?	••••••		10j						
Par	t VI Pension Funding Compliance		·							
11	Is this a defined benefit plan subject to minimum funding requireme 5500) and line 11a below)	ents? (If "Y	es," see instructions and	comp	lete S	ched	ule SB	(Form	☐ Yes [X No
112	Enter the unpaid minimum required contribution for current year fro				*******		11a			
12	Is this a defined contribution plan subject to the minimum funding r							RISA?	Yes	X No
		-,			. 5500				103 [

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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.	this plan year, see instructions, and enter the date of the letter ruling Month Day 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	
c Enter the amount contributed by the employer to the plan for this plan year	
d Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a negative amount)	
e Will the minimum funding amount reported on line 12d be met by the funding deadling	line?
Part VII Plan Terminations and Transfers of Assets	
13a Has a resolution to terminate the plan been adopted in any plan year?	Yes X No
If "Yes," enter the amount of any plan assets that reverted to the employer this year	ır 13a
b Were all the plan assets distributed to participants or beneficiaries, transferred to an of the PBGC?	nother plan, or brought under the control
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.)	nother plan(s), identify the plan(s) to
13c(1) Name of plan(s):	13c(2) EIN(s) 13c(3) PN(s)
Part VIII Trust Information	
14a Name of trust	14b Trust's EIN
14c Name of trustee or custodian	14d Trustee or custodian's telephone number
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 emmatching contributions (as applicable) under sections 401(k)(3) and 401(m)(2)?	
15c If ADP/ACP test, did the 401(k) plan perform ADP/ACP testing for the plan year usin testing method" for nonhighly compensated employees (Treas. Reg. section 1.401(k) 2(a)(2)(ii))?	k)-2(a)(2)(ii) and 1.401(m)-
16a Check the box to indicate the method used by the plan to satisfy the coverage requir	Test Benefit Test
16b Does the plan satisfy the coverage and nondiscrimination tests of sections 410(b) are this plan with any other plans under the permissive aggregation rules?	and 401(a)(4) by combining Yes No
17a Has the Plan been timely amended for all required law changes?	Yes No N
17b Date of the last plan amendment/restatement for the required tax law changes was a instructions for tax law changes and codes).	
17c If the plan sponsor is an adopter of a pre-approved master, prototype (M&P), or volu advisory letter, enter the date of that favorable letter / / and to	the letter's serial number.
17d If the plan is an individually-designed plan and recieved a favorable determination led determination letter / /	etter from IRS, please enter the date of plan'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	A section 1022(i)(2) has been ds or the U.S. Virgin Islands)?
19 Were in-service distributions made during the plan year?	Yes
If Yes, enter amount	
Were minimum required distributions made to 5% owners who have attained age 70 not retired) as required under section 401(a)(9)?	

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		t Identification Information	······································	1 "	10/01/001	
FOF	calendar plan year 2015 or		01/01/2015	and ending	12/31/201	
Α .	This return/report is for:	x a single-employer plan	a list of participating e	lan (not multiemployer) employer information in a		
В-	This return/report is:	a one-participant plan the first return/report	a foreign plan the final return/report			
_	riio retarrireport io.	an amended return/report	H .	um/vanaut/lasa than 40 m		
		an amended return/report	a snort plan year retu	rn/report (less than 12 m	nontns)	,
C	Check box if filing under:	Form 5558 special extension (enter desc	automatic extension		DFVC pr	ogram
-		<u> </u>	<u> </u>		<u> </u>	
	art II Basic Plan Int Name of plan	ormation enter all requested	information		1 4 h Thurs 12 12	
ıu	•	1744 T 401 (I-) P	ath at and a ma		1b Three-digit plan number	
	nuber's Custom Bu	ilding, Inc. 401(k) Prof	it Sharing Plan		(PN) ►	001
					1c Effective da	
2a	Plan enoneor's name (emn	loyer, if for a single-employer plan)			01/01/2	
u	Mailing Address (include ro	oom, apt., suite no. and street or P.C nce, country, and ZIP or foreign pos	D. Box) tal code (if foreign, see inst	ructions)		dentification Number -1569699
	Huber's Custom Bu	ilding, Inc.				telephone number
					(206) 9	
	7069 Northeast 163	lst Street			20 Business c 236110	ode (see instructions)
3a	US Kenmore WA 98028	and address X Same as Plan Sp	oncor Namo		3b Administrat	toda FINI
ou	i lati aditilitiistratoi s name	and address (Est Same as Flan Sp	orisor name		30 Administrat	Ors EIN
					3C Administrat	tor's telephone number
4	If the name and/or EIN of t	he plan sponsor has changed since	the last return/report filed f	or this plan, enter the	4b EIN	
		umber from the last return/report.	,			
а	Sponsor's name				4c PN	
		s at the beginning of the plan year			5a	3
b		s at the end of the plan year			5b	3
С		n account balances as of the end of			5c	3
d(1) Total number of active pa	articipants at the beginning of the pla	an year		5d(1)	3
dť	2) Total number of active na	articipants at the end of the plan yea	ar		5d(2)	3
٠,٠		t terminated employment during the			34(2)	·
е					5e	0
Ca	ution: A penalty for the lat	e or incomplete filing of this retu	rn/report will be assessed	unless reasonable ca	use is established	d.
		other penalties set forth in the instru				
SB	or Schedule MB completed ief, it is true/correct, and co	and signed by an enrolled actuary,	as well as the electronic ve	rsion of this return/repor	t, and to the best o	of my knowledge and
e:	GN WAL			Mark Huber		
200000	RE Signature of/plan ad	ministrator	Date 8-25-16	Enter name of individu	al signing as plan	
		ou ator	Date () A J-1)	Line name of mulvidu	ar arguing as pian a	สดาเทาอินสเป
78.586632	GN WO		0 > []			
	RE Signature of employ	er/plan sponsor name, if applicable) and address; i	Date 9-25-/6	Enter name of individu		
rre	parer's name (including firm	name, ii applicable) and address; i	riciuae room of suite numb	эг	Preparer's teleph	ione number
		·				
ł						
					120000000000000000000000000000000000000	

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6a	Were all of the plan's assets during the plan year invested in eligible	assets? (See instructions.)						X Yes	 7No
	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 an If you answered "No" to either line 6a or line 6b, the plan canno	nd conditio	ons.)	*******		•••••		*********	X Yes]No
	If the plan is a defined benefit plan, is it covered under the PBGC ins							No No	Not dete	ermined
Pa	rt III Financial Information							<u>.</u>		
	Plan Assets and Liabilities		(a) Beginning of	Year		Т		(b) End o	Year	
а	Total plan assets	7a		7,2					125,9	68
	Total plan liabilities	7b			0			•		0
	Net plan assets (subtract line 7b from line 7a)	7c	6	7,2	42				125,9	68
	Income, Expenses, and Transfers for this Plan Year		(a) Amount					(b) To		
	Contributions received or receivable from: (1) Employers	90(1)	2	9,8	10					
	(2) Participants	8a(1) 8a(2)		2,1		+	-			
	(3) Others (including rollovers)	8a(3)			0					
	Other income (loss)	8b	(2	,64						
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c	_		-,				59,2	8.4
d	Benefits paid (including direct rollovers and insurance premiums			*****					33,2	0-3
	to provide benefits)	8d			0					
	Certain deemed and/or corrective distributions (see instructions)	8e			0					
	Administrative service providers (salaries, fees, commissions)	8f		5.	58					
	Other expenses	8g			0					
	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h_								58
	Net income (loss) (subtract line 8h from line 8c)	8i o:			0				58,7	26
1000000	Transfers to (from) the plan (see instructions) rt IV Plan Characteristics	8j			0					
b	If the plan provides pension benefits, enter the applicable pension fe 2E 2F 2G 2J 3D If the plan provides welfare benefits, enter the applicable welfare fea Trivial Compliance Questions									
10	During the plan year:				Yes	NI -	N/A			
a	Was there a failure to transmit to the plan any participant contributi	ions within	the time period		162	NO	INA		mount	
	described in 29 CFR 2510.3-102? (See instructions and DOL's Vo		•							
	Program)			10a		х			-	
b	Were there any nonexempt transactions with any party-in-interest? reported on line 10a.)	•••••	***************************************	10b		x				
<u>C</u>	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 f by fraud or dishonesty?	***************************************	***************************************	10d		х				
e	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.)	or all of t	he benefits under	10e	х					997
f	Has the plan failed to provide any benefit when due under the plan	?	***************************************	10f		x				
g	Did the plan have any participant loans? (If "Yes," enter amount as	of vear e	nd.)	10g		x				
h		See instru	ctions and 29 CFR							
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	notice or one of the	10h 10i		х				
j	Did the plan trust incur unrelated business taxable income?	••••••		10j						
Par	t VI Pension Funding Compliance		·							
11	Is this a defined benefit plan subject to minimum funding requireme 5500) and line 11a below)	ents? (If "Y	es," see instructions and	comp	lete S	ched	ule SB	(Form	☐ Yes [X No
112	Enter the unpaid minimum required contribution for current year fro				*******		11a			
12	Is this a defined contribution plan subject to the minimum funding r							RISA?	Yes	X No
		-,			. 5500				103 [

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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.	this plan year, see instructions, and enter the date of the letter ruling Month Day 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	
c Enter the amount contributed by the employer to the plan for this plan year	
d Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a negative amount)	
e Will the minimum funding amount reported on line 12d be met by the funding deadling	line?
Part VII Plan Terminations and Transfers of Assets	
13a Has a resolution to terminate the plan been adopted in any plan year?	Yes X No
If "Yes," enter the amount of any plan assets that reverted to the employer this year	ır 13a
b Were all the plan assets distributed to participants or beneficiaries, transferred to an of the PBGC?	nother plan, or brought under the control
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.)	nother plan(s), identify the plan(s) to
13c(1) Name of plan(s):	13c(2) EIN(s) 13c(3) PN(s)
Part VIII Trust Information	
14a Name of trust	14b Trust's EIN
14c Name of trustee or custodian	14d Trustee or custodian's telephone number
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 emmatching contributions (as applicable) under sections 401(k)(3) and 401(m)(2)?	
15c If ADP/ACP test, did the 401(k) plan perform ADP/ACP testing for the plan year usin testing method" for nonhighly compensated employees (Treas. Reg. section 1.401(k) 2(a)(2)(ii))?	k)-2(a)(2)(ii) and 1.401(m)-
16a Check the box to indicate the method used by the plan to satisfy the coverage requir	Test Benefit Test
16b Does the plan satisfy the coverage and nondiscrimination tests of sections 410(b) are this plan with any other plans under the permissive aggregation rules?	and 401(a)(4) by combining Yes No
17a Has the Plan been timely amended for all required law changes?	Yes No N
17b Date of the last plan amendment/restatement for the required tax law changes was a instructions for tax law changes and codes).	
17c If the plan sponsor is an adopter of a pre-approved master, prototype (M&P), or volu advisory letter, enter the date of that favorable letter / / and to	the letter's serial number.
17d If the plan is an individually-designed plan and recieved a favorable determination led determination letter / /	etter from IRS, please enter the date of plan'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	A section 1022(i)(2) has been ds or the U.S. Virgin Islands)?
19 Were in-service distributions made during the plan year?	Yes
If Yes, enter amount	
Were minimum required distributions made to 5% owners who have attained age 70 not retired) as required under section 401(a)(9)?	