Densitie Reveals Service       2015         Thermal Reveals of Labor       This required to be filed under sections 104 and 4055 of the Employee Retirement Section Section 104 and 4055 of the Internal Reveals Country Act of 1074 (ERIS(A), and sections 6057(b) and 6058(a) of the Internal Reveals Section 104 and 4055 of the Internal Reveals Section 104 and Reveals Reveals Internal Reveals Section 104 and Reveals Reveals Internal Reveals Reveals Reveals Internal Reveals Reveals Internal Reveals Reveals Internal Reveals R	For	Form 5500-SF Short Form Annual Return/Report of Small Emp Benefit Plan					OMB Nos. 1210-0110 1210-0089			
Desense of Loss         Desense of Loss         This Form is Open to Public Inspection           Previous leads Status / Evenuaria         1 Complete all entries in accordance with the instructions to the Form 5500-SF.         This Form is Open to Public Inspection           Pert L         Annual Report Identification Information         an undiple-employer plan in fram utiline public Inspection         and reding 122/12/015           A This return/report is         a single-employer plan in a short period public inspection         a numple-employer plan in a dering plan         a comparison in accordance with the form instructions)           B This return/report is         the first return/report         a short plan year 2015         DFVC program           C Check tox if filing under:         is pecial extension         DFVC program         DFVC program           B This return/report is         the first return/report         a short plan year return/report (less than 12 months)         C Check tox if filing under:         DFVC program           C Check tox if filing under:         is pecial extension (enter description)         DFVC program         20 Enclose (less than 12 months)           C Theories as an open consorts name (employer, if for a single-employer plan)         Max and options         20 Enclose (less than 12 months)           C Retries as date or promons, out, and ZP or foreign postal code (if foreign, see instructors)         20 Enclose (less than 116/27/28/3)           C Annothemet f						irement		2015		
Part I       Annual Report Learning and Information       and ending       12/21/2015         For called play year 2015 or fload plan year beginning       0/10/2015       and ending       12/21/2015         A This return/report is 0r:       a single-employer plan       is for plant/participating employer information in accordance with the lorm instructions)         B This return/report is       the first return/report       a single-employer plan       is for plant/participating employer information in accordance with the lorm instructions)         C Check box if filing under:       g one-participating employer information       a sense plan       DFVC program         Part II       Basic Plan Information—enter all requested information       Ib This return/report       b on plant destination         MOVART CONSTRUCTION COMPANY PROFIT SHARING & 401(K) RETIREMENT PLAN       1b This return/report       continue of plan         MOVART CONSTRUCTION COMPANY PROFIT SHARING & 401(K) RETIREMENT PLAN       1c Effective data of plan       continue of plan         MOVART CONSTRUCTION COMPANY PROFIT SHARING & 401(K) RETIREMENT PLAN       1b This return/report       2b Employer plant/plant/plant         MOVART CONSTRUCTION COMPANY PROFIT SHARING & 401(K) RETIREMENT PLAN       1c Effective data of plant       200/1/10/17         22 Plan aponeor's name and address [CBarne as Plan Sponsor.       3b Administrator's EIN       3c Administrator's EIN         33 Plan administrator's	Department of Labor         Income Security Act of 1974 (ERISA), and sections 6057(b) and 6058(a) of t           Employee Benefits Security Administration         Revenue Code (the Code).					nternal				
If or calendar plan year 2015 or fiscal plan year beginning       0:01/2016       and ending       122/2015         A This return/report is for:       a single-employer plan (model) plan plan (model) plan (model				cordance with the inst	ructions to the Form 550	0-SF.				
A       This return/report is for:       is one-participant plan       is of participant plan       is of participant plan         B       This return/report is       is hor frant return/report       is hor frant return/report         B       This return/report is       is hor frant return/report       is hor frant return/report         B       This return/report is       is hor frant return/report       is hor frant return/report         B       This return/report is       is hor frant return/report       is hor frant return/report         C       Check box if filing under:       Form 5558       automatic extension       DFVC program         Part II       Easie Plan Informationenter all requested information       1       Three-dgit plan       001         IR       Else of plant       001       1       1       Three-dgit plant       001       1				15	and ending 12/3	31/2015				
an amended return/report       a short plan year return/report (less than 12 months)         C Check box if filing under:       Form 5558       automatic extension       DFVC program         Part II       Basic Plan Information—enter all requested information       Ib       Three-digit plan number (PN)       001         12       Part III       Basic Plan Information—enter all requested information       Ib       Three-digit plan number (PN)       001         24       Plan sponsor's name (demployer, if for a single-employer plan)       Mailing address (include on province, country, and ZIP or foreign postal code (if foreign, see instructions)       2b       Employer Identification Number (EN)         WOWT CONSTRUCTION COMPANY       2P of foreign postal code (if foreign, see instructions)       2c       Sponsor's telephone number 425.390.0218         2d       Business code (see instructions)       3c       Administrator's telephone number 425.390.0218         2d       Business code (see instructions)       237310         3a       Plan administrator's name and address       Same as Plan Sponsor.       3b       Administrator's telephone number 425.390.0218         2d       Is name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name. EIN, and the plan number from the last return/report.       3b       Administrator's telephone number 5b         5a       Total number of participants at	A This retu	urn/report is for:			-					
Part II       Basic Plan Information—enter all requested information         13       Name of plan         MOWAT CONSTRUCTION COMPANY PROFIT SHARING & 401(K) RETIREMENT PLAN       1b         Tic       Effective date of plan         MOWAT CONSTRUCTION COMPANY PROFIT SHARING & 401(K) RETIREMENT PLAN       1b         Za       Plan sponsor's name (employer, if for a single-employer plan)         Mailing address (include room, apt, suite no. and street, or P.O. Box)       2b         City of two, state or pronous, ecountry, and ZIP or foreign postal code (if foreign, see instructions)       2c         MOWAT CONSTRUCTION COMPANY       21D of oreign postal code (if foreign, see instructions)         MOWAT CONSTRUCTION COMPANY       2237310         2d       Business code (see instructions)         WOODINVILLE, WA 98072       3b         3a       Plan administrator's name and address         Same as Plan Sponsor.       3b         3d       Administrator's stelephone number         4       If the name andor EIN of the plan sponsor has changed since the last return/report       4b         5a       Total number of participants at the beginning of the plan year       5c         5a       63       62         10       Total number of participants at the beginning of the plan year       5c         6(1)	<b>B</b> This retu	rn/report is			rn/report (less than 12 mor	nths)				
Part II       Basic Plan Information—enter all requested information         1a Name of plan       MOWAT CONSTRUCTION COMPANY PROFIT SHARING & 401(K) RETIREMENT PLAN       1b       Three-digit plan number (NN )         2a Plan sponsor's name (employer; if for a single-employer plan)       1c       Effective date of plan .0201/1977         2a Plan sponsor's name (employer; if for a single-employer plan)       2b       Employer Identification Number (EIN) 91:1622599         MOWAT CONSTRUCTION COMPANY       2D* of foreign postal code (if foreign, see instructions)       2b       Employer Identification Number (EIN) 91:1622599         MOWAT CONSTRUCTION COMPANY       2D* of foreign postal code (if foreign, see instructions)       2c       Sponsor's telephone number 42:598-0218         2d Business code (see instructions)       237310       3a       Plan administrator's name and address [NSame as Plan Sponsor.       3b       Administrator's telephone number 42:598-0218         4       If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the asses in a sponsor's name form the last return/report.       3b       Administrator's telephone number 5a         5a       0 total number of participants at the beginning of the plan year.       5a       6c       5b       53         64(1) Total number of active participants at the ed of the plan year.       5a       6c       63       6c       63       6c       63	C Check b	ox if filing under:					DFVC prog	ram		
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City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)       Image: Constructions of the second				Box		•	02/01/1977 loyer Identification Number			
PO BOX 1330 WOODINVILLE, WA 98072       2d Business code (see instructions) 237310         3a Plan administrator's name and address       Same as Plan Sponsor.       3b Administrator's EIN         3c Administrator's telephone number       3c Administrator's telephone number         4       If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN, and the plan number from the last return/report.       4b EIN         5a Total number of participants at the beginning of the plan year       5a       5a         5a Total number of participants at the end of the plan year       5b       63         c Number of participants with account balances as of the end of the plan year       5c       5s         d(1) Total number of active participants at the edginning of the plan year       5d(1)       24         d(2) Total number of active participants at the end of the plan year       5d(2)       9         e Number of active participants at the end of the plan year       5d(2)       9         e Number of active participants at the end of the plan year       5d(2)       9         e Number of active participants at the end of the plan year with accrued benefits that were less than 100% vested.       5e       00         Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.       Under penalties de prijur and doministrator       3e	City or	town, state or province	, country, and ZIP or foreign postal		ructions)	<b>`</b>	onsor's telephone number			
WOODINVILLE, WA 98072       237310         3a Plan administrator's name and address       Same as Plan Sponsor.       3b Administrator's EIN         3c Administrator's name and address       Same as Plan Sponsor.       3c Administrator's telephone number         4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN, and the plan number from the last return/report.       4b EIN         a Sponsor's name       4c PN         5a Total number of participants at the beginning of the plan year       5a at 82         b Total number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item)       5c ssa         6(1) Total number of active participants at the end of the plan year       5d(1) 24         d(2) Total number of active participants at the end of the plan year       5d(2) 9         e Number of participants at the end of the plan year       5d(2) 9         f than 100% vested       5c         Caution: A penalty for the late or incomplete filling of this return/report will be assessed unless reasonable cause is established.         Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.         Store       Signature of plan administrator       Date       Enter name of individual signing as enployer or plan sponsor						2d Busi				
3c       Administrator's telephone number         4       If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN, and the plan number from the last return/report.       4b       EIN         a       Sponsor's name       4c       PN         5a       Total number of participants at the beginning of the plan year.       5a       6a         6       Number of participants at the end of the plan year.       5b       5a         c       Number of participants at the end of the plan year.       5c       5a         d(1)       Total number of active participants at the beginning of the plan year.       5d(1)       24         d(2)       Total number of active participants at the end of the plan year.       5d(2)       9         e       Number of active participants at the end of the plan year.       5d(2)       9         d(2)       Total number of active participants at the end of the plan year.       5d       5d(2)       9         e       Number of participants that terminated employment during the plan year with accrued benefits that were less       5e       0         Caution: A penalties of perjury and other penalties set forth in the instructions, I declare that have examined this return/report, including, if applicable, a Schedule SB or Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/report, and to t										
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name, EIN, and the plan number from the last return/report.       4c PN         a Sponsor's name       4c PN         5a Total number of participants at the beginning of the plan year       5a       82         b Total number of participants at the end of the plan year       5b       53         c Number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item)       5c       53         d(1) Total number of active participants at the beginning of the plan year       5d(1)       24         d(2) Total number of active participants at the end of the plan year       5d       52         e Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested       5e       00         Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.       Under penalties of periury and other penalties set forth in the instructions, I declare that I have examined this return/report, including, if applicable, a Schedule SB or Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/report, and complete.       SIGN         Filed with authorized/valid electronic signature.       09/16/2016       JOHN SANDSTROM         HERE       Signature of plan administrator       Date       Enter name of individual signing as employer or plan sponsor	4 If the n	ame and/or EIN of the	plan sponsor has changed since th	e last return/report filed						
b       Total number of participants at the end of the plan year       5b       53         c       Number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item)       5c       53         d(1)       Total number of active participants at the beginning of the plan year       5d(1)       24         d(2)       Total number of active participants at the beginning of the plan year       5d(2)       9         e       Number of participants that terminated employment during the plan year with accrued benefits that were less       5e       00         Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.       Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including, if applicable, a Schedule SB or Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.         SIGN       Filed with authorized/valid electronic signature.       09/16/2016       JOHN SANDSTROM         HERE       Signature of plan administrator       Date       Enter name of individual signing as plan administrator         SIGN       HERE       Signature of employer/plan sponsor       Date       Enter name of individual signing as employer or plan sponsor <td></td> <td><i>'</i> '</td> <td>ber from the last return/report.</td> <td></td> <td></td> <td><b>4c</b> pn</td> <td></td> <td></td>		<i>'</i> '	ber from the last return/report.			<b>4c</b> pn				
C       Number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item)       5c       53         d(1) Total number of active participants at the beginning of the plan year       5d(1)       24         d(2) Total number of active participants at the end of the plan year       5d(2)       9         e       Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested       5e       0         Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.       Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including, if applicable, a Schedule SB or Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.         Signature of plan administrator       Date       Enter name of individual signing as plan administrator         SiGN       HERE       Signature of employer/plan sponsor       Date       Enter name of individual signing as employer or plan sponsor	5a Total n	umber of participants a	t the beginning of the plan year					82		
complete this item)       3C       53         d(1) Total number of active participants at the beginning of the plan year       5d(1)       24         d(2) Total number of active participants at the end of the plan year       5d(2)       9         e       Number of participants that terminated employment during the plan year with accrued benefits 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 established.       0       0         Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including, if applicable, a Schedule SB or Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.         SIGN       Filed with authorized/valid electronic signature.       09/16/2016       JOHN SANDSTROM         HERE       Signature of plan administrator       Date       Enter name of individual signing as plan administrator         SIGN       HERE       Signature of employer/plan sponsor       Date       Enter name of individual signing as employer or plan sponsor						5b		53		
d(2) Total number of active participants at the end of the plan year       5d(2)       9         e Number of participants that terminated employment during the plan year with accrued benefits 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 established.       0         Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including, if applicable, a Schedule SB or Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.         SIGN HERE       Filed with authorized/valid electronic signature.       09/16/2016       JOHN SANDSTROM         Signature of plan administrator       Date       Enter name of individual signing as employer or plan sponsor						5c		53		
e       Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested.       5e       0         Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.       0       0         Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including, if applicable, a Schedule SB or Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.         SIGN       Filed with authorized/valid electronic signature.       09/16/2016       JOHN SANDSTROM         HERE       Signature of plan administrator       Date       Enter name of individual signing as plan administrator         SIGN       HERE       Signature of employer/plan sponsor       Date       Enter name of individual signing as employer or plan sponsor	<b>d(1)</b> Tota	I number of active parti	icipants at the beginning of the plar	n year				24		
than 100% vested       Je         Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.         Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including, if applicable, a Schedule SB or Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.         SIGN HERE       Filed with authorized/valid electronic signature.       09/16/2016       JOHN SANDSTROM         SIGN HERE       Filed with authorized/valid electronic signature.       Date       Enter name of individual signing as plan administrator         SIGN HERE       Signature of employer/plan sponsor       Date       Enter name of individual signing as employer or plan sponsor						5d(2)		9		
Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including, if applicable, a Schedule SB or Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.          SIGN       Filed with authorized/valid electronic signature.       09/16/2016       JOHN SANDSTROM         Signature of plan administrator       Date       Enter name of individual signing as plan administrator         SIGN       HERE       Signature of employer/plan sponsor       Date								0		
belief, it is true, correct, and complete.         SIGN HERE       Filed with authorized/valid electronic signature.       09/16/2016       JOHN SANDSTROM         Signature of plan administrator       Date       Enter name of individual signing as plan administrator         SIGN HERE       Signature of employer/plan sponsor       Date       Enter name of individual signing as employer or plan sponsor	Under pena	Ities of perjury and othe	er penalties set forth in the instructi	ons, I declare that I have	e examined this return/repo	ort, includi	ing, if applic			
HERE       Signature of plan administrator       Date       Enter name of individual signing as plan administrator         SIGN HERE       Signature of employer/plan sponsor       Date       Enter name of individual signing as employer or plan sponsor	belief, it is tr	rue, correct, and compl	ete.		1		.,	<b>U</b>		
SIGN HERE         Signature of employer/plan sponsor         Date         Enter name of individual signing as employer or plan sponsor	HERE									
Signature of employer/plan sponsor Date Enter name of individual signing as employer or plan sponsor		Signature of plan ad	ministrator							
Preparer's name (including firm name, if applicable) and address (include room or suite number ) Preparer's telephone number										
	Preparer's r	name (including firm na	me, if applicable) and address (inc	lude room or suite numb	er) I	Preparer's	s telephone	number		
For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500-SF. Form 5500-SF (2015	- Far D							Form 5500-SF (2015)		

0										
	<ul> <li>a Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)</li> <li>b Are you claiming a waiver of the annual examination and report of an independent gualified public accountant (IQPA)</li> </ul>						X Yes No			
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.)						X Yes No			
	If you answered "No" to either line 6a or line 6b, the plan cannot use Form 5500-SF and must instead use Form 5500.									
	If the plan is a defined benefit plan, is it covered under the PBGC ir	nsurance p	rogram (see ERISA se	ection 4	021)? .		Yes	No Not determined		
Pa	t III Financial Information	1				-				
7	Plan Assets and Liabilities		(a) Beginning	g of Yea	ar	_	(b) End of Year			
-	Total plan assets	7a		11302	120			9903354		
b	Total plan liabilities	7b								
C	Net plan assets (subtract line 7b from line 7a)	7c		11302120			9903354			
8	Income, Expenses, and Transfers for this Plan Year		(a) Amou	ount			(b) Total			
а	Contributions received or receivable from: (1) Employers	8a(1)		38	709					
	(2) Participants	8a(2)			675					
	(2) Others (including rollovers)	8a(3)			010					
h	Other income (loss)			242	374					
		8b		272	574			408758		
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) Benefits paid (including direct rollovers and insurance premiums	8c				-		4007.50		
	to provide benefits)	8d		1780	466					
е	Certain deemed and/or corrective distributions (see instructions)	8e								
f	Administrative service providers (salaries, fees, commissions)	8f								
g	Other expenses	8g		27	058					
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h						1807524		
i	Net income (loss) (subtract line 8h from line 8c)	8i						-1398766		
j	Transfers to (from) the plan (see instructions)	8j								
Pai	t IV Plan Characteristics									
9a	If the plan provides pension benefits, enter the applicable pension $2E$ $2F$ $2G$ $2J$ $2K$ $3D$	feature co	des from the List of Pla	an Cha	racteris	stic Co	des in	the instructions:		
В	If the plan provides welfare benefits, enter the applicable welfare f	eature cod	es from the List of Pla	n Chara	cterist	ic Coc	les in th	ne instructions:		
Par	V Compliance Questions									
10	During the plan year:				Yes	No	N/A	Amount		
а	a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)			10a		X				
b	<b>b</b> Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)			10b		х				
С	<b>C</b> Was the plan covered by a fidelity bond?			10c	Х			500000		
d	<b>d</b> Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?					X				
e	e Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service, or other organization that provides some or all of the benefits under the plan? (See instructions.).			10e		X				
f	f Has the plan failed to provide any benefit when due under the plan?					Х				
g	<b>g</b> Did the plan have any participant loans? (If "Yes," enter amount as of year end.)					Х				
h	2520.101-3.)			10h		х				
i	If 10h was answered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3			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 requirements? (If "Yes," see instructions and complete Schedule SB (Form 5500) and line 11a below)				
11a	Enter the unpaid minimum required contribution for all years from Schedule SB (Form 5500) line 40	11a			
12	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section	302 of E	RISA?	Yes	s 🗙 No

Form 5500-SF 2015

Page **3** - 1

(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)									
a	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 you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.									
<b>b</b> Enter the minimum required contribution for this plan year									
-		the amount contributed by the employer to the plan for this plan year		12c					
d		rract 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?			Υe	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 🗙 No				
С		ring this plan year, any assets or liabilities were transferred from this plan to another plan(s), identi th 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	e of trust		14b	14b Trust's EIN				
14c Name of trustee or custodian					<b>14d</b> Trustee's or custodian's telephone number				
Par	t IX	IRS Compliance Questions							
15a	Is th	e plan a 401(k) plan?		Ye	s No				
<ul><li><b>15b</b> If "Yes," how does the 401(k) plan satisfy the nondiscrimination requirements for employee deferrals and employer matching contributions (as applicable) under sections 401(k)(3) and 401(m)(2)?</li></ul>					esign- ased safe arbor nethod	ased safe ADP/ACP			
<b>15c</b> If the ADP/ACP test is used, did the 401(k) plan perform ADP/ACP testing for the plan year using the "current year testing method" for nonhighly compensated employees (Treas. Reg sections 1.401(k)-2(a)(2)(ii) and 1.401(m)-2(a)(2)(ii))?					es 🗌 No				
16a	<b>16a</b> Check the box to indicate the method used by the plan to satisfy the coverage requirements under section 410(b):					atio ercentage Averag benefit			
<b>16b</b> 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	es	No			
17a Has the plan been timely amended for all required tax law changes?				Ye	es	No	N/A		
	17b Date the last plan amendment/restatement for the required tax law changes was adopted/ Enter the applicable code (See instruction for tax law changes and codes).								
17c If the plan sponsor is an adopter of a pre-approved master and prototype (M&P) or volume submitter plan that is subject to a favorable IRS opinion or advisory letter, enter the date of that favorable letter/ and the letter's serial number									
<b>17d</b> If the plan is an individually-designed plan and received a favorable determination letter from the IRS, enter the date of the plan'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 made), American Samoa, Guam, the Commonwealth of the Northern Mariana Islands or the U.S. Virgin Islands)?					ns No			
<b>19</b> Were in-service distributions made during the plan year?					es	No			
If "Yes," enter amount									
20	Were required minimum distributions made to 5% owners who have attained age 70 ½ (regardless of whether or not retired), as required under section 401(a)(9)?					No	N/A		