For	m 5500-SF	Short Form Annu	•	•	oyee	(OMB Nos. 1210-0110 1210-0089
	tment of the Treasury nal Revenue Service	This form is required to be file	Benefit Pla		etirement		2015
Employee Be	epartment of Labor enefits Security Administration enefit Guaranty Corporation	Income Security Act of 1974		6057(b) and 6058(a) of the			orm is Open to c Inspection
Part I	5	Complete all entries in Ientification Information		nstructions to the Form 5	500-SF.		-
	ar plan year 2015 or fisc			and ending 1	2/31/2015		
	urn/report is for:	a single-employer plan	a multiple-employe	er plan (not multiemployer) employer information in ac	(Filers check	-	
B This retu	ırn/report is	the first return/report an amended return/report	the final return/repo	ort eturn/report (less than 12 m	onths)		
C Check b	box if filing under:	Form 5558	automatic extension		-	FVC progra	am
Part II	Basic Blan Infor	special extension (enter deso nation—enter all requested ir					
1a Name			nomaion		1b Three plan r (PN) 1c Effect	number ▶	001 plan
		r, if for a single-employer plan)			-	oyer Identifi	/2011 cation Number
City or		apt., suite no. and street, or P. country, and ZIP or foreign pos		nstructions)	(EIN) 2c Spons	sor's teleph	80262 one number 6-1190
425 S.W. 415					2d Busine		ee instructions)
RENTON, W	A 98057					6211	11
3a Plan ad	dministrator's name and	address XSame as Plan Spor	sor.		3b Admir 3c Admir		IN elephone number
name,	EIN, and the plan numb	lan sponsor has changed since per from the last return/report.	the last return/report file	ed for this plan, enter the	4b EIN		
a Sponso					4c PN		
_		the beginning of the plan year.			5a 5b		9
		the end of the plan year count balances as of the end of			5D 5C		
					├ ───┼		3
• •		cipants at the beginning of the p cipants at the end of the plan ye	-		5d(1) 5d(2)		4
e Numb	er of participants that te	rminated employment during th	e plan year with accrued	benefits that were less	5e		0
Under pena SB or Sche	alties of perjury and othe dule MB completed and	incomplete filing of this return r penalties set forth in the instru- signed by an enrolled actuary,	ctions, I declare that I ha	ave examined this return/re	port, includin	g, if applica	
SIGN	rue, correct, and comple Filed with authorized/va		09/23/2016	CHERYL HAYES			
HERE	Signature of plan adr	ninistrator	Date	Enter name of individ	ual signing a	s plan adm	inistrator
SIGN HERE	Signature of omniour	ar/nlan snonsor	Data	Enter name of individ	ual eigning a	e omolouer	or plan sponsor
Preparer's	Signature of employed and a construction of a co	ne, if applicable) and address (i	Date nclude room or suite nu	Enter name of individ	Preparer's		
For Paperwo	ork Reduction Act Notice	and OMB Control Numbers, see ti	ne instructions for Form 5	500-SF.			Form 5500-SF (2015)

6a	Were all of the plan's assets during the plan year invested in eligib	le assets?	(See instructions.)					X Yes No
	Are you claiming a waiver of the annual examination and report of				· · ·			X Yes No
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility a light of the plan cann for a light of the plan cann be a set of the plan canned be set of the plan canned be a set of th							
	f the plan is a defined benefit plan, is it covered under the PBGC ir						_	No Not determined
Par					- ,			
_	Plan Assets and Liabilities		(a) Beginning	of Yea	ar			(b) End of Year
-	Total plan assets	7a	(,g		016			174643
b	Total plan liabilities	7b						
С	Net plan assets (subtract line 7b from line 7a)	7c		195	016			174643
	Income, Expenses, and Transfers for this Plan Year		(a) Amou	Int				(b) Total
а	Contributions received or receivable from:							
	1) Employers	8a(1)			280			
	(2) Participants	8a(2)		37	615			
	(3) Others (including rollovers)	8a(3)						
b	Other income (loss)	8b		-11	576	_		
_	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c				_		37319
	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		57	642			
е	Certain deemed and/or corrective distributions (see instructions)	8e			50			
f	Administrative service providers (salaries, fees, commissions)	8f						
g	Other expenses	8g						
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h						57692
i	Net income (loss) (subtract line 8h from line 8c)	8i						-20373
j	Transfers to (from) the plan (see instructions)	8j						
Par	t IV Plan Characteristics							
9a	If the plan provides pension benefits, enter the applicable pension 2E 2G 2J 2K 2R 2T 3D	feature co	des from the List of Pl	an Chai	racteris	stic Co	des in t	the instructions:
В	If the plan provides welfare benefits, enter the applicable welfare f	eature coc	les from the List of Pla	n Chara	cterist	ic Coc	les in th	ne instructions:
Part	V Compliance Questions							
10	During the plan year:				Yes	No	N/A	Amount
а	Was there a failure to transmit to the plan any participant contribut described in 29 CFR 2510.3-102? (See instructions and DOL's V Program)	/oluntary F	iduciary Correction	10a		x		
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			30000
d	Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?			10d		X		
e	Were any fees or commissions paid to any brokers, agents, or oth carrier, insurance service, or other organization that provides som the plan? (See instructions.)	ne or all of	the benefits under	10e		х		
f	Has the plan failed to provide any benefit when due under the pla	n?		10f		Х		
g	Did the plan have any participant loans? (If "Yes," enter amount a	-	-	10g		Х		
h	If this is an individual account plan, was there a blackout period? 2520.101-3.)	` 		10h		х		
i	If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10			10i				
j	Did the plan trust incur unrelated business taxable income?			10j				
Part	VI Pension Funding Compliance							

i ait					
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedul 5500) and line 11a below)		(Form	Yes	No
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 30	2 of E	RISA?	Yes 🔉	< No

Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA?...

Form 5500-SF 2015

Page **3 -** 1

-										
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)									
a If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, and enter the date of the letter ruling granting the waiver										
lf	you c	ompleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line	13.		.					
b	Enter	the minimum required contribution for this plan year		12b						
-		the amount contributed by the employer to the plan for this plan year		12c						
d		ract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the ative amount)		12d						
е	Will	the minimum funding amount reported on line 12d be met by the funding deadline?			Yes	No	N/A			
Part	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								
D		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	of trust		14b	Trusťs E	IN				
14c Name of trustee or custodian						14d Trustee's or custodian's telephone number				
Par	t IX	IRS Compliance Questions								
15a	Is th	e plan a 401(k) plan?		Y	es	No				
15b		es," how does the 401(k) plan satisfy the nondiscrimination requirements for employee deferrals an hing contributions (as applicable) under sections 401(k)(3) and 401(m)(2)?		Design- based safe A harbor t method			P/ACP			
15c	testir	ADP/ACP test is used, did the 401(k) plan perform ADP/ACP testing for the plan year using the "c ng method" for nonhighly compensated employees (Treas. Reg sections 1.401(k)-2(a)(2)(ii) and 1.4 2)(ii))?		Y	es	No				
		k the box to indicate the method used by the plan to satisfy the coverage requirements under sect	.,	Цр	atio ercentage est		erage nefit test			
16b		the plan satisfy the coverage and nondiscrimination tests of sections 410(b) and 401(a)(4) by con plan with any other plans under the permissive aggregation rules?	0	Y	es	No				
17a	Has	the plan been timely amended for all required tax law changes?		Y	es	No	N/A			
	for ta	the last plan amendment/restatement for the required tax law changes was adopted//////	•				tructions			
17c		plan sponsor is an adopter of a pre-approved master and prototype (M&P) or volume submitter placer sory letter, enter the date of that favorable letter/ and the letter's serial r		t to a f	avorable	IRS opinion	or			
17d		plan is an individually-designed plan and received a favorable determination letter from the IRS, e mination letter/	nter the date of	the pla	in's last fa	avorable				
18		e Plan maintained in a U.S. territory (i.e., Puerto Rico (if no election under ERISA section 1022(i)(2 e), American Samoa, Guam, the Commonwealth of the Northern Mariana Islands or the U.S. Virgir		Υe	S	No				
19	Were	in-service distributions made during the plan year?		Y	es	No				
	lf "Y€	es," enter amount		19						
20		e required minimum distributions made to 5% owners who have attained age 70 ½ (regardless of wed), as required under section 401(a)(9)?		Y	es	No	N/A			

Fo	rm 5500-SF	Short Form Annu	-	-	oyee		OMB Nos. 1210-0 1210-0		
	artment of the Treasury email Revenue Service	This form is required to be file	Benefit Plan d under sections 104 and	-	letirement		2015		
	Department of Labor	Income Security Act of 1974			Internal	This Form is Open to			
	Benefits Security Administration Benefit Guaranty Corporation		Revenue Code (the Co				blic Inspection		
Part I		└ Complete all entries in a complete all entries and	accordance with the ins	structions to the Form 5	500-51.				
		fiscal plan year beginning 01/01/201	5	and ending 12/3	31/2015				
	eturn/report is for:	X a single-employer plan	a multiple-employer	r plan (not multiemployer) employer information in ac	(Filers che				
B This ret	tum/report is	the first return/report	the final return/repor	t um/report (less than 12 m	(antha)				
_		an amended return/report		unmeport (less than 12 m					
C Check	box if filing under:	X Form 5558	automatic extension	ו		DFVC prog	gram		
Part II	Basic Plan Inf	formation—enter all requested info	· · ·						
1a Name	<u>.</u>				1b Thre	e-digit			
	JRY MANAGEMENT	RETIREMENT PLAN			plan	number	001		
					(PN)				
						tive date o	of plan		
		loyer, if for a single-employer plan) om, apt., suite no. and street, or P.O.	Box)		· ·	loyer Ident 91-18802	ification Number		
City or		nce, country, and ZIP or foreign posta		structions)	<u> </u>		oz ohone number		
	. HATES, D.O., P.O.					·· · · · · · · · · · · · · · · · · · ·	226-1190		
05 0 147 44					20 Busir 6211		(see instructions		
25 S.W. 41	151 51.					••			
RENTON, V									
		and address XSame as Plan Spons	or.		3b Admi	nistrator's	EIN		
		and address XSame as Plan Spons	or.						
		and address XSame as Plan Spons	or.						
		and address X Same as Plan Spons	or.						
3a Plan a	administrator's name a				3c Admi				
3a Plan a	administrator's name a	and address Same as Plan Sponso he plan sponsor has changed since to umber from the last return/report.		for this plan, enter the					
3a Plan a4 If the r name	administrator's name a	he plan sponsor has changed since the		for this plan, enter the	3c Admi				
 3a Plan a 4 If the r name a Spons 	administrator's name a name and/or EIN of th e, EIN, and the plan no sor's name	he plan sponsor has changed since the	he last return/report filed		3c Admi 4b EIN		telephone numb		
 3a Plan a 4 If the r name a Spons 5a Total r 	administrator's name a name and/or EIN of th s, EIN, and the plan no sor's name number of participant	he plan sponsor has changed since the umber from the last return/report.	he last return/report filed		3c Admi 4b EIN 4c PN		telephone numb		
 3a Plan a 4 If the r name a Spons 5a Total r b Total r c Numb 	administrator's name a name and/or EIN of th s, EIN, and the plan no sor's name number of participant number of participants with	he plan sponsor has changed since the umber from the last return/report. Is at the beginning of the plan year is at the end of the plan year	he last return/report filed	nefit plans do not	3c Admi 4b EIN 4c PN 5a		telephone numb		
 3a Plan a 4 If the r name a Spons 5a Total r b Total r c Numb compl 	administrator's name a name and/or EIN of th e, EIN, and the plan no sor's name number of participant number of participant per of participants with lete this item)	he plan sponsor has changed since the umber from the last return/report. Is at the beginning of the plan year	he last return/report filed	nefit plans do not	3c Admi 4b EIN 4c PN 5a 5b		telephone numb		
 3a Plan a 4 If the r name a Sponse 5a Total r b Total r c Numb comple d(1) Total 	administrator's name a name and/or EIN of th s, EIN, and the plan no sor's name number of participant number of participants with lete this item)	he plan sponsor has changed since the umber from the last return/report. Is at the beginning of the plan year Is at the end of the plan year	he last return/report filed he plan year (defined be	nefit plans do not	3c Admi 4b EIN 4c PN 5a 5b 5c		telephone numb		
 3a Plan a 4 If the r name a Spons 5a Total r b Total r c Numb compl d(1) Tota d(2) Tota e Numb 	administrator's name a name and/or EIN of th e, EIN, and the plan no sor's name number of participant number of participants with lete this item)	he plan sponsor has changed since the umber from the last return/report. Is at the beginning of the plan year is at the end of the plan year at the end of the plan year at the end of the plan year at the beginning of the plan articipants at the beginning of the plan year it terminated employment during the plan year	he last return/report filed he plan year (defined be in year plan year with accrued b	nefit plans do not enefits that were less	3c Admi 4b EIN 4c PN 5a 5b 5c 5d(1)		telephone numb		
 3a Plan a 4 If the r name a Spons 5a Total r b Total r c Numb compl d(1) Tota d(2) Tota e Numb than Caution: A 	administrator's name a name and/or EIN of th e, EIN, and the plan no cor's name number of participant number of participants with lete this item)	he plan sponsor has changed since the umber from the last return/report. Is at the beginning of the plan year In account balances as of the end of the plan year it terminated employment during temployment during terminated employment during terminated employmen	he last return/report filed he plan year (defined be n year r plan year with accrued b /report will be assesse	nefit plans do not enefits that were less d unless reasonable cau	3c Admi 4b EIN 4c PN 5a 5b 5c 5d(1) 5d(2) 5e ise is estat ise estat	histrator's	telephone numb 9 6 3 4 4 0		
 3a Plan a 4 If the r name a Spons 5a Total r b Total r c Numb compl d(1) Tota d(2) Tota e Numb than Caution: A Under pena 	administrator's name a name and/or EIN of th s, EIN, and the plan no sor's name number of participant number of participants with lete this item)	he plan sponsor has changed since the umber from the last return/report. Is at the beginning of the plan year Is at the end of the plan year In account balances as of the end of the articipants at the beginning of the plan year articipants at the end of the plan year the return the matter of the plan year the return the return the matter of the plan year the return the	he last return/report filed he plan year (defined be n year plan year with accrued b /report will be assesse tions, I declare that I hav	nefit plans do not enefits that were less d unless reasonable cau e examined this return/rep	3c Admi 4b EIN 4c PN 5a 5b 5c 5d(1) 5d(2) 5e ise is estat	nistrator's	telephone numb		
 3a Plan a 4 If the name a Spons 5a Total n b Total n c Numb c Numb d(1) Tota d(2) Tota d(2) Tota e Numb than Caution: A Under pena SB or Sche 	administrator's name a name and/or EIN of th p, EIN, and the plan no sor's name number of participant number of participant number of participants with lete this item)	he plan sponsor has changed since the umber from the last return/report. Is at the beginning of the plan year is at the end of the plan year in account balances as of the end of the plan year articipants at the beginning of the plan year articipants at the end of the plan year it terminated employment during the plan befor incomplete filing of this return of or incomplete filing of this return other penalties set forth in the instruct and signed by an enrolled actuary, as	he last return/report filed he plan year (defined be n year plan year with accrued b /report will be assesse tions, I declare that I hav	nefit plans do not enefits that were less d unless reasonable cau e examined this return/rep	3c Admi 4b EIN 4c PN 5a 5b 5c 5d(1) 5d(2) 5e ise is estat	nistrator's	telephone numb		
 3a Plan a 4 If the r name a Spons 5a Total r b Total r c Numb compl d(1) Tota d(2) Tota e Numb than Caution: A Under pena SB or Sche belief, it is f 	name and/or EIN of the second second	he plan sponsor has changed since the umber from the last return/report. Is at the beginning of the plan year is at the end of the plan year in account balances as of the end of the plan year articipants at the beginning of the plan year articipants at the end of the plan year it terminated employment during the plan befor incomplete filing of this return of or incomplete filing of this return other penalties set forth in the instruct and signed by an enrolled actuary, as	he last return/report filed he plan year (defined be n year plan year with accrued b /report will be assesse tions, I declare that I hav s well as the electronic w	nefit plans do not enefits that were less d unless reasonable cau e examined this return/report ersion of this return/report	3c Admi 4b EIN 4c PN 5a 5b 5c 5d(1) 5d(2) 5e ise is estat	nistrator's	telephone numb		
 3a Plan a 4 If the name a Spons 5a Total n b Total n c Numb c Numb d(1) Tota d(2) Tota d(2) Tota e Numb than Caution: A Under pena SB or Sche 	administrator's name a name and/or EIN of th s, EIN, and the plan no sor's name number of participant number of participant number of participants with lete this item) al number of active participants tha 100% vested A penalty for the late alties of penury and o edule MB completed a true, correct, and com	he plan sponsor has changed since the umber from the last return/report. Its at the beginning of the plan year is at the end of the plan year in account balances as of the end of the articipants at the beginning of the plan year articipants at the end of the plan year articipants at the end of the plan year it terminated employment during the plan bother penalties set forth in the instruct and signed by an enrolled actuary, as more the set forth in the instruct and signed by an enrolled actuary, as more the set forth in the instruct and signed by an enrolled actuary, as more the set forth in the instruct and signed by an enrolled actuary as the set forth in the instruct and signed by an enrolled actuary as the set forth in the instruct and signed by an enrolled actuary as the set forth in the instruct and signed by an enrolled actuary as the set forth in the instruct and signed by an enrolled actuary as the set forth in the instruct and signed by an enrolled actuary as the set forth in the instruct and signed by an enrolled actuary as the set forth in the instruct and signed by an enrolled actuary as the set forth in the instruct and signed by an enrolled actuary as the set forth in the instruct and signed by an enrolled actuary as the set forth in the instruct and signed by an enrolled actuary as the set forth in the instruct actuary as the set forth in the set forth in the instruct actuary as the set forth in the set forth in the instruct actuary as the set forth in the instruct actuary as the set forth in the set forth in the instruct actuary as the set forth in the se	he last return/report filed he plan year (defined be n year plan year with accrued b /report will be assesse tions, I declare that I hav	nefit plans do not enefits that were less d unless reasonable cau e examined this return/rep ersion of this return/report	3c Admi 4b EIN 4c PN 5a 5b 5c 5d(1) 5d(2) 5e use is estate poort, includig , and to the	Dished.	telephone numb		
3a Plan a 4 If the r name a Spons 5a Total r b Total r c Numb compl d(1) Tota d(2) Tota d(2) Tota d(2) Tota d(2) Tota d(2) Tota c Numb compl d(1) Tota c Numb compl d(1) Tota soft Sign HERE	name and/or EIN of the second second	he plan sponsor has changed since the umber from the last return/report. Its at the beginning of the plan year is at the end of the plan year in account balances as of the end of the articipants at the beginning of the plan year articipants at the end of the plan year articipants at the end of the plan year it terminated employment during the plan bother penalties set forth in the instruct and signed by an enrolled actuary, as more the set forth in the instruct and signed by an enrolled actuary, as more the set forth in the instruct and signed by an enrolled actuary, as more the set forth in the instruct and signed by an enrolled actuary as the set forth in the instruct and signed by an enrolled actuary as the set forth in the instruct and signed by an enrolled actuary as the set forth in the instruct and signed by an enrolled actuary as the set forth in the instruct and signed by an enrolled actuary as the set forth in the instruct and signed by an enrolled actuary as the set forth in the instruct and signed by an enrolled actuary as the set forth in the instruct and signed by an enrolled actuary as the set forth in the instruct and signed by an enrolled actuary as the set forth in the instruct and signed by an enrolled actuary as the set forth in the instruct and signed by an enrolled actuary as the set forth in the instruct actuary as the set forth in the set forth in the instruct actuary as the set forth in the set forth in the instruct actuary as the set forth in the instruct actuary as the set forth in the set forth in the instruct actuary as the set forth in the se	he last return/report filed he plan year (defined be in year plan year with accrued b /report will be assesse isons, I declare that I hav s well as the electronic w	nefit plans do not enefits that were less d unless reasonable cau e examined this return/report ersion of this return/report	3c Admi 4b EIN 4c PN 5a 5b 5c 5d(1) 5d(2) 5e use is estate poort, includig , and to the	Dished.	telephone numb		
 3a Plan a 4 If the r name a Sponse 5a Total r b Total r c Numb completion d(1) Total r d(2) Total r d(1) Total r d(2) Total r	administrator's name a name and/or EIN of th s, EIN, and the plan no sor's name number of participant number of participants number of participants with lete this item) al number of active plan tal number of active plan al number of active plan tal number of active plan al number of active plan tal number of active plan al number of active plan tal number of active plan alties of perfur) and o edule MB completed a true, correct, and con	he plan sponsor has changed since the umber from the last return/report. It is at the beginning of the plan year is at the end of the plan year in account balances as of the end of the articipants at the beginning of the plan year articipants at the beginning of the plan year it terminated employment during the plan or incomplete filing of this return other penalties set forth in the instruct and signed by an enrolled actuary, as molete.	he last return/report filed he plan year (defined be in year plan year with accrued b /report will be assesse tions, I declare that I hav s well as the electronic w J9-19-10-10 Date	nefit plans do not enefits that were less d unless reasonable cau e examined this return/report ersion of this return/report	3c Admi 4b EIN 4c PN 5a 5b 5c 5d(1) 5d(2) 5e ise is estat port, includit , and to the	plished. blished. best of my ks plan adr	telephone numb		
3a Plan a 4 If the r name a Spons 5a Total r b Total r C Numb compl d(1) Tota d(2) Tota d(2) Tota d(2) Tota d(2) Tota d(2) Tota caution: A Under pena SB or Sche belief, it is is SIGN HERE	name and/or EIN of the s, EIN, and the plan no- sor's name number of participant number of participant number of participants with lete this item)	he plan sponsor has changed since the umber from the last return/report. Its at the beginning of the plan year is at the end of the plan year in account balances as of the end of the articipants at the beginning of the plan year articipants at the beginning of the plan year it terminated employment during the plan or incomplete filling of this return other penalties set forth in the instruct and signed by an enrolled actuary, as mplete.	he last return/report filed he plan year (defined be in year	nefit plans do not enefits that were less d unless reasonable cau e examined this return/report ersion of this eturn/report x J Enter name of individu Enter name of individu	3c Admi 4b EIN 4c PN 5a 5b 5c 5d(1) 5d(2) 5e se is estat port, including a signing a	Dished. Dished	telephone numb		
3a Plan a 4 If the r name a Spons 5a Total r b Total r C Numb compl d(1) Tota d(2) Tota d(2) Tota d(2) Tota d(2) Tota d(2) Tota caution: A Under pena SB or Sche belief, it is is SIGN HERE	name and/or EIN of the s, EIN, and the plan no- sor's name number of participant number of participant number of participants with lete this item)	he plan sponsor has changed since the umber from the last return/report. It is at the beginning of the plan year is at the end of the plan year in account balances as of the end of the articipants at the beginning of the plan year articipants at the beginning of the plan year it terminated employment during the plan or incomplete filing of this return other penalties set forth in the instruct and signed by an enrolled actuary, as molete.	he last return/report filed he plan year (defined be in year	nefit plans do not enefits that were less d unless reasonable cau e examined this return/report ersion of this eturn/report x J Enter name of individu Enter name of individu	3c Admi 4b EIN 4c PN 5a 5b 5c 5d(1) 5d(2) 5e ise is estat port, includit , and to the	Dished. Dished	telephone numb		
3a Plan a 4 If the r name a Spons 5a Total r b Total r C Numb compl d(1) Tota d(2) Tota d(2) Tota d(2) Tota d(2) Tota d(2) Tota caution: A Under pena SB or Sche belief, it is is SIGN HERE	name and/or EIN of the s, EIN, and the plan no- sor's name number of participant number of participant number of participants with lete this item)	he plan sponsor has changed since the umber from the last return/report. Its at the beginning of the plan year is at the end of the plan year in account balances as of the end of the articipants at the beginning of the plan year articipants at the beginning of the plan year it terminated employment during the plan or incomplete filling of this return other penalties set forth in the instruct and signed by an enrolled actuary, as mplete.	he last return/report filed he plan year (defined be in year	nefit plans do not enefits that were less d unless reasonable cau e examined this return/report ersion of this eturn/report x J Enter name of individu Enter name of individu	3c Admi 4b EIN 4c PN 5a 5b 5c 5d(1) 5d(2) 5e se is estat port, including a signing a	Dished. Dished	telephone numb		
3a Plan a 4 If the r name a Spons 5a Total r b Total r C Numb compl d(1) Tota d(2) Tota d(2) Tota d(2) Tota d(2) Tota d(2) Tota caution: A Under pena SB or Sche belief, it is is SIGN HERE	name and/or EIN of the s, EIN, and the plan no- sor's name number of participant number of participant number of participants with lete this item)	he plan sponsor has changed since the umber from the last return/report. Its at the beginning of the plan year is at the end of the plan year in account balances as of the end of the articipants at the beginning of the plan year articipants at the beginning of the plan year it terminated employment during the plan or incomplete filling of this return other penalties set forth in the instruct and signed by an enrolled actuary, as mplete.	he last return/report filed he plan year (defined be in year	nefit plans do not enefits that were less d unless reasonable cau e examined this return/report ersion of this eturn/report x J Enter name of individu Enter name of individu	3c Admi 4b EIN 4c PN 5a 5b 5c 5d(1) 5d(2) 5e se is estat port, including a signing a	Dished. Dished	telephone numb		

Form 5500-SF 2015

Page 2

	Were all of the plan's assets during the plan year invested in eligit Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility If you answered "No" to either line 6a or line 6b, the plan cann	an independ and condition	ent qualified public	accour	itant (K	QPA)	••••••	
c	If the plan is a defined benefit plan, is it covered under the PBGC in	nsurance pro	gram (see ERISA s	ection 4	4021)?	[Yes	No Not determined
Pa	rt III Financial Information					-		
7	Plan Assets and Liabilities		(a) Beginnin	g of Ye	ear			(b) End of Year
<u>a</u>	Total plan assets	7a		1950	16		_	174643
b	Total plan liabilities	7b						
C	Net plan assets (subtract line 7b from line 7a)	7c		1950	16			174643
8	Income, Expenses, and Transfers for this Plan Year		(a) Amo	unt				(b) Total
a	Contributions received or receivable from: (1) Employers	80(4)		112	80			
		8a(1)		376				
	 (2) Participants	8a(2)	-					an a
	Other income (loss)	8a(3)		-115	76			
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8b 8c		-110				37319
	Benefits paid (including direct rollovers and insurance premiums		2 #- ×	<u>.</u>				3/3/9
	to provide benefits)	8d		576	42			
e	Certain deemed and/or corrective distributions (see instructions)	8 0			50			
f	Administrative service providers (salaries, fees, commissions)	8f						
g	Other expenses	8g				2		
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h						57692
i	Net income (loss) (subtract line 8h from line 8c)	8i						-20373
j	Transfers to (from) the plan (see instructions)	8j				1	ST E	
B	If the plan provides welfare benefits, enter the applicable welfare fe	eature codes	from the List of Pla	n Char	acterist	ic Coo	des in th	ne instructions:
10	During the plan year:				Yes	No	N/A	A
	Was there a failure to transmit to the plan any participant contribut described in 29 CFR 2510.3-102? (See instructions and DOL's Ve Program)	oluntary Fidu	ciary Correction	10a		x		Amount
d	Were there any nonexempt transactions with any party-in-interest? reported on line 10a.)			10b		х		
C	Was the plan covered by a fidelity bond?			10c	х			30000
d	Did the plan have a loss, whether or not reimbursed by the plan's t by fraud or dishonesty?	idelity bond,	that was caused	10d		х		
e	Were any fees or commissions paid to any brokers, agents, or othe carrier, insurance service, or other organization that provides some the plan? (See instructions.)	e or all of the	benefits under	10e		x		
f	Has the plan failed to provide any benefit when due under the plan	?		10f	Ī	Х		
g	Did the plan have any participant loans? (If "Yes," enter amount as	of year end.		10g		х		<u> </u>
h	If this is an individual account plan, was there a blackout period? (\$ 2520.101-3.)			10h		х		
i	If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.101			10i				
<u> </u>	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 requireme 5500) and line 11a below)						ule SB ((Form
<u>11a</u>	Enter the unpaid minimum required contribution for all years from S						11a	
12	Is this a defined contribution plan subject to the minimum funding re-	equirements	of section 412 of th	e Code	or sec	tion 3	02 of E	RISA? Yes X No

	Form 5500-SF 2015 Page 3 - 1		_			
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)					
a	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see in granting the waiver.	structions, and o Month	enter the Day	e date of t	he letter ru Year	ling
I	you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line					
k	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		left of a	12d			
e	Will the minimum funding amount reported on line 12d be met by the funding deadline?			Yes	No	N/A
Part	Plan Terminations and Transfers of Assets					
13a	Has a resolution to terminate the plan been adopted in any plan year?			Yes	s 🗙 No	
	If "Yes," enter the amount of any plan assets that reverted to the employer this year		13a			
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brou of the PBGC?		ontrol		Yes 🛛	No
C	If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identi which assets or liabilities were transferred. (See instructions.)	fy the plan(s) to)		=	
	13c(1) Name of plan(s):	13c(2)	EIN(s)		13c(3) f	PN(s)
Par	Yill Trust Information					
14a	Name of trust		145 T	rust's EIN	ł	
140	Name of trustee or custodian			Trustee's telephone	or custodia number	an's
	IRS Compliance Questions					
15a	Is the plan a 401(k) plan?		Ye:		No	
15b	If "Yes," how does the 401(k) plan satisfy the nondiscrimination requirements for employee deferrals an matching contributions (as applicable) under sections 401(k)(3) and 401(m)(2)?		∐ ba ha	esign- sed safe rbor ethod	ADF test	
15c	If the ADP/ACP test is used, did the 401(k) plan perform ADP/ACP testing for the plan year using the "c testing method" for nonhighly compensated employees (Treas. Reg sections 1.401(k)-2(a)(2)(ii) and 1.4 2(a)(2)(ii))?	urrent year 01(m)-	Ye:		∏ №	
16a	Check the box to indicate the method used by the plan to satisfy the coverage requirements under section	on 410(b):		itio rcentage st		rage efit test
16b	Does the plan satisfy the coverage and nondiscrimination tests of sections 410(b) and 401(a)(4) by com this plan with any other plans under the permissive aggregation rules?		Ye:	\$	No	
17a	Has the plan been timely amended for all required tax law changes?		Ye:	5	No No	N/A
	Date the last plan amendment/restatement for the required tax law changes was adopted for tax law changes and codes).	Enter the a				structions
17c	If the plan sponsor is an adopter of a pre-approved master and prototype (M&P) or volume submitter pla advisory letter, enter the date of that favorable letter and the letter's serial	in that is subjec number	t to a fa	vorable IR	S opinion	or
17d	If the plan is an individually-designed plan and received a favorable determination letter from the IRS, endetermination letter	nter the date of	the plan	i's last fav	orable	
18	Is the Plan maintained in a U.S. territory (i.e., Puerto Rico (if no election under ERISA section 1022(i)(2) made), American Samoa, Guam, the Commonwealth of the Northern Mariana Islands or the U.S. Virgin	has been Islands)?	Yes		[] No	
19	Were in-service distributions made during the plan year?		Yes	3	∏ No	
	If "Yes," enter amount		19			
20	Were required minimum distributions made to 5% owners who have attained age 70 $\frac{1}{2}$ (regardless of wiretired), as required under section 401(a)(9)?		Yes	3	No	N/A