| Form 55 | 00-SF | Short Form Annu | • | | oyee | 0 | MB Nos. 1210-0110 1210-0089 |
|--|------------------------------------|--|----------------------------|---|-----------------|---|--------------------------------|
| Department of the Internal Revenue | | This form is required to be file | Benefit Pla | | etirement | 2 | 2015 |
| Department of Employee Benefits Secur | ity Administration | Income Security Act of 1974 | | 6057(b) and 6058(a) of the | | This Fo | rm is Open to |
| Pension Benefit Guara | | | | nstructions to the Form 5 | 500-SF. | | |
| | | lentification Information al plan year beginning 01/01/ | | and ending 1 | 2/31/2015 | | |
| A This return/repor | | a single-employer plan | | er plan (not multiemployer) g employer information in ac | | 0 | |
| B This return/report | is | the first return/report an amended return/report | the final return/rep | ort eturn/report (less than 12 m | ionths) | | |
| C Check box if filin | g under: | Form 5558 special extension (enter desc | automatic extensi | on | D | FVC progra | m |
| Part II Basic | Plan Inform | nation —enter all requested in | • • | | | | |
| 1a Name of plan | | TAX FAVORED SAVINGS PLAI | | | (PN) | umber | 001 |
| 0 | <i>,</i> . | | | | | 01/01/ | 1996 |
| Mailing address City or town, sta | (include room, ate or province, | r, if for a single-employer plan) apt., suite no. and street, or P. country, and ZIP or foreign pos | | instructions) | (EIN) | oyer Identific 91-129 sor's telepho | |
| ELLEVUE AUTO RE | BUILD, INC. | | | | ZC Spons | 425-453 | |
| 424 - 130TH AVE. N ELLEVUE, WA 9800 | | | | | 2d Busine | ess code (se 42310 | e instructions) |
| ,, | | | | | | 42310 | 0 |
| 3a Plan administra | tor's name and | address XSame as Plan Spor | sor. | | 3b Admin | istrator's El | Ν |
| | | | | | JC Admin | | ephone number |
| | | lan sponsor has changed since per from the last return/report. | the last return/report fil | ed for this plan, enter the | 4b EIN | | |
| a Sponsor's name | | | | | 4c PN | | 40 |
| | | the beginning of the plan year. | | | 5a 5b | | 48 |
| C Number of part | icipants with ac | the end of the plan year count balances as of the end of | the plan year (defined | penefit plans do not | 50 50 | | 33 |
| | | cipants at the beginning of the p | | | 5d(1) | | 37 |
| ., | - | cipants at the end of the plan ye | - | | 5d(2) | | 35 |
| e Number of par than 100% ves | ticipants that te sted | rminated employment during th | e plan year with accrued | I benefits that were less | 5e | | 0 |
| Under penalties of p | erjury and othe completed and | incomplete filing of this return r penalties set forth in the instru- signed by an enrolled actuary, | ctions, I declare that I h | ave examined this return/re | port, includin | g, if applical | |
| SIGN Filed wit | | lid electronic signature. | 09/28/2016 | DARYL BANKS | | | |
| | ure of plan adr | ninistrator | Date | Enter name of individ | lual signing a | s plan admi | nistrator |
| SIGN HERE Signat | | er/plan sponsor | Date | Enter name of individ | lual signing of | s employer | or plan spopsor |
| | | ne, if applicable) and address (i | | | Preparer's t | | |
| For Paperwork Reduc | tion Act Notice | and OMB Control Numbers, see ti | ne instructions for Form 5 | 500-SF. | | F | orm 5500-SF (2015) |

| - | Were all of the plan's assets during the plan year invested in eligib | | | | | | | X Yes No | |
|------|---|----------------------------|---|----------|----------|----------|-----------|-------------------|--|
| | Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility | and condit | ions.) | | ····· | , , | | Yes No | |
| | If you answered "No" to either line 6a or line 6b, the plan cann f the plan is a defined benefit plan, is it covered under the PBGC ir | | | | | | | No Not determined | |
| Par | | | iogram (see Errich se | | 021): | | 103 | | |
| _ | Plan Assets and Liabilities | | (a) Beginning | n of Yes | ar | | | (b) End of Year | |
| | Total plan assets | 7a | (a) Deginning | 1052 | | | | 939179 | |
| | Total plan liabilities | 7b | | | | | | | |
| - | Net plan assets (subtract line 7b from line 7a) | 7c | | 1052 | 915 | | | 939179 | |
| _ | Income, Expenses, and Transfers for this Plan Year | | (a) Amou | unt | | | | (b) Total | |
| а | Contributions received or receivable from: | | | | | | | | |
| | (1) Employers | 8a(1) | | | | _ | | | |
| | (2) Participants | 8a(2) | | 64 | 546 | _ | | | |
| | (3) Others (including rollovers) | 8a(3) | | | 69 | _ | | | |
| b | Other income (loss) | 8b | | -35 | 123 | | | | |
| | Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) | 8c | | | | | | 29492 | |
| | Benefits paid (including direct rollovers and insurance premiums to provide benefits) | 8d | | 142 | 328 | | | | |
| е | Certain deemed and/or corrective distributions (see instructions) | 8e | | | 900 | | | | |
| f | Administrative service providers (salaries, fees, commissions) | 8f | | | | | | | |
| g | Other expenses | 8g | | | | | | | |
| h | Total expenses (add lines 8d, 8e, 8f, and 8g) | 8h | | | | | 143228 | | |
| i | Net income (loss) (subtract line 8h from line 8c) | 8i | | | | | | -113736 | |
| 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 2T 3D | feature co | odes from the List of Pla | an Cha | racteri | stic Co | odes in | the instructions: | |
| В | If the plan provides welfare benefits, enter the applicable welfare f | eature coc | les from the List of Pla | n Chara | acterist | tic Coo | 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 | | x | | | |
| С | Was the plan covered by a fidelity bond? | | | 10c | | x | | | |
| d | Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty? | fidelity bo | nd, that was caused | 10d | | Х | | | |
| 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.). | ner person ne or all of | s by an insurance the benefits under | 10e | х | | | 5740 | |
| f | Has the plan failed to provide any benefit when due under the pla | | | 10f | | Х | | | |
| g | Did the plan have any participant loans? (If "Yes," enter amount a | | | - | Х | ~ | | 29897 | |
| h | If this is an individual account plan, was there a blackout period? | (See instru | uctions and 29 CFR | 10g | ~ | x | | 23037 | |
| i | 2520.101-3.) If 10h was answered "Yes," check the box if you either provided th | he require | d notice or one of the | 10h | | | | | |
| —i | exceptions to providing the notice applied under 29 CFR 2520.10 Did the plan trust incur unrelated business taxable income? | | | 10i | | | | | |
| Part | | | | 10j | | <u> </u> | I | I | |
| Part | VI Pension Funding Compliance | | | | | | | | |

| | U | |
|-----|--|----------|
| 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) | Yes No |
| 11a | a 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 ERISA2 | Yes X No |

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| - | | | | | | | | | |
|---|---|--|-------------------|-----------------------------|--|-----------------------|-------------------------|--|--|
| | (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.) | | | | | | | | |
| a | | waiver of the minimum funding standard for a prior year is being amortized in this plan year, see in: ting the waiver. | | enter th Day | e date of | the letter ru Year | ling | | |
| lf | you c | ompleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line | 13. | | . | | | | |
| b | Enter | the minimum required contribution for this plan year | | 12b | | | | | |
| - | | the amount contributed by the employer to the plan for this plan year | | 12c | | | | | |
| d Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a negative amount) | | | | | | | | | |
| 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? | | | | | | 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 Trust's EIN | | | | | |
| | | | | | | | | | |
| 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 | No | | |
| 15b | | es," how does the 401(k) plan satisfy the nondiscrimination requirements for employee deferrals an hing contributions (as applicable) under sections 401(k)(3) and 401(m)(2)? | | b h | esign- ased safe arbor nethod | | ADP/ACP test | | |
| 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 | No | | |
| | | k the box to indicate the method used by the plan to satisfy the coverage requirements under sect | ., | Ratio percentage test | | | Average benefit 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 placory 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 | | |

| Form 5500-SF | Short Form Ann | ual Return/Rej Benefit Pl | port of Small Employ an | ee | OMB Nos. 1210-011 1210-008 | | | |
|---|---|--|---|--------------------|--|--|--|--|
| Department of the Treasury Internal Revenue Service | | led under sections 104 | and 4065 of the Employee Retire | | 2015 | | | |
| Department of Labor Employee Benefits Security Administration | Income Security Act of 1974 | 4 (ERISA), and section Revenue Code (the | ns 6057(b) and 6058(a) of the Inte | ernal | This Form is Open to | | | |
| Pension Benefit Guaranty Corporation | | | | Public Inspect | | | | |
| Part Annual Repor | t Identification Information | | e instructions to the Form 5500- | -sr | | | | |
| | fiscal plan year beginning 01/01/20 | | and ending 12/31/2 | 015 | | | | |
| A This return/report is for: | X a single-employer plan | a multiple-emplo | over plan (not multiemployer) (Filing employer information in according | ers checkir | | | | |
| | | | | | | | | |
| B This return/report is | the first return/report | the final return/re | eport | | | | | |
| | an amended return/report | 🗍 a short plan year | return/report (less than 12 month | ıs) | | | | |
| C Check box if filing under: | X Form 5558 | | | | | | | |
| | H | automatic exten | sion | | /C program | | | |
| | special extension (enter desc | | | | | | | |
| | ormation-enter all requested in | nformation | | | | | | |
| 1a Name of plan | C. TAX FAVORED SAVINGS PLAN | 1 | 11 | D Three-d | | | | |
| ELLEVUE AUTO REBUILD, INC | 5. TAX FAVORED SAVINGS PLAN | N | | plan nur (PN) ▶ | 001 | | | |
| | | | 10 | | e date of plan | | | |
| | | | | 01/01/19 | | | | |
| 2a Plan sponsor's name (empl | oyer, if for a single-employer plan) | | 21 | Employe | r Identification Number | | | |
| | om, apt., suite no. and street, or P.C ce, country, and ZIP or foreign post | | | | -1290469 | | | |
| ELLEVUE AUTO REBUILD, INC | | tai code (il loreign, see | 20 | Sponsor | 's telephone number | | | |
| | | | | | (425) 453-2901 | | | |
| | | | 20 | | code (see instructions) | | | |
| 424 - 130TH AVE. N.E. | | | | 423100 | | | | |
| | | | | | | | | |
| ELLEVUE, WA 98005 | | | | | | | | |
| · · · · · · · · · · · · · · · · · · · | nd address XSame as Plan Spons | sor. | 36 | Administ | rator's EIN | | | |
| · · · · · · · · · · · · · · · · · · · | nd address X Same as Plan Spons | sor. | | Administ | | | | |
| · · · · · · · · · · · · · · · · · · · | nd address XSame as Plan Spons | sor. | | | rator's EIN rator's telephone number | | | |
| | nd address X Same as Plan Spons | sor. | | | | | | |
| | nd address XSame as Plan Spons | SOF. | | | | | | |
| 3a Plan administrator's name a | | M | 30 | Administ | | | | |
| 3a Plan administrator's name a 4 If the name and/or EIN of th | e plan sponsor has changed since | M | 30 | | | | | |
| 3a Plan administrator's name a 4 If the name and/or EIN of th | | M | led for this plan, enter the 4b | Administ | | | | |
| 3a Plan administrator's name a 4 If the name and/or EIN of th name, EIN, and the plan nu a Sponsor's name | e plan sponsor has changed since mber from the last return/report. | the last return/report fi | led for this plan, enter the 4b | Administ | rator's telephone number | | | |
| 3a Plan administrator's name a 4 If the name and/or EIN of th name, EIN, and the plan nu a Sponsor's name 5a Total number of participants | e plan sponsor has changed since mber from the last return/report. | the last return/report fi | led for this plan, enter the 4b | Administ | rator's telephone number | | | |
| 3a Plan administrator's name a If the name and/or EIN of the name, EIN, and the plan nu a Sponsor's name 5a Total number of participants b Total number of participants | e plan sponsor has changed since mber from the last return/report. at the beginning of the plan year at the end of the plan year | the last return/report fi | led for this plan, enter the 4b | Administ | rator's telephone number | | | |
| 3a Plan administrator's name a If the name and/or EIN of th name, EIN, and the plan nu a Sponsor's name 5a Total number of participants b Total number of participants with | e plan sponsor has changed since mber from the last return/report. at the beginning of the plan year at the end of the plan year account balances as of the end of t | the last return/report fi | led for this plan, enter the 4b 4c | Administ | rator's telephone number | | | |
| 3a Plan administrator's name a If the name and/or EIN of th name, EIN, and the plan nu a Sponsor's name 5a Total number of participants b Total number of participants with complete this item) | e plan sponsor has changed since mber from the last return/report. at the beginning of the plan year at the end of the plan year account balances as of the end of t | the last return/report fi | led for this plan, enter the 4b 4c benefit plans do not | Administ | rator's telephone number 48 46 33 | | | |
| 3a Plan administrator's name a If the name and/or EIN of th name, EIN, and the plan nu a Sponsor's name 5a Total number of participants b Total number of participants with complete this item) | e plan sponsor has changed since mber from the last return/report. at the beginning of the plan year at the end of the plan year account balances as of the end of the rticipants at the beginning of the pla | the last return/report fi the plan year (defined an year | led for this plan, enter the 4b 4c benefit plans do not 5c | Administ | rator's telephone number 48 46 33 37 | | | |
| 3a Plan administrator's name a If the name and/or EIN of the name, EIN, and the plan nu a Sponsor's name 5a Total number of participants b Total number of participants with complete this item) | e plan sponsor has changed since mber from the last return/report. at the beginning of the plan year at the end of the plan year account balances as of the end of the rticipants at the beginning of the plan rticipants at the end of the plan year | the last return/report fi the plan year (defined an year | led for this plan, enter the 4b 4c benefit plans do not 50 5d | Administ | rator's telephone number 48 46 33 | | | |
| 3a Plan administrator's name a 4 If the name and/or EIN of th name, EIN, and the plan nu a Sponsor's name 5a Total number of participants b Total number of participants with complete this item) | e plan sponsor has changed since mber from the last return/report. at the beginning of the plan year at the end of the plan year account balances as of the end of the rticipants at the beginning of the plan rticipants at the end of the plan yea terminated employment during the | the last return/report fi the plan year (defined an year plan year with accrue | led for this plan, enter the 4b 4c benefit plans do not 50 50 d benefits that were less 55 | Administ | rator's telephone number 48 46 33 37 35 0 | | | |
| 3a Plan administrator's name a 4 If the name and/or EIN of th name, EIN, and the plan nu a Sponsor's name 5a Total number of participants b Total number of participants with complete this item) | e plan sponsor has changed since mber from the last return/report. at the beginning of the plan year at the end of the plan year account balances as of the end of the rticipants at the beginning of the plan rticipants at the end of the plan yea terminated employment during the or incomplete filing of this return | the last return/report fi the plan year (defined an year plan year with accrue lifeport will be asses | led for this plan, enter the 4b 4c benefit plans do not 50 5d d benefits that were less 55 sed unless reasonable cause is | Administ | rator's telephone number 48 46 33 37 35 0 ed | | | |
| 3a Plan administrator's name a If the name and/or EIN of th name, EIN, and the plan nu a Sponsor's name 5a Total number of participants b Total number of participants with complete this item) | e plan sponsor has changed since mber from the last return/report. at the beginning of the plan year at the end of the plan year account balances as of the end of the rticipants at the beginning of the plan rticipants at the end of the plan yea terminated employment during the <u>or incomplete filing of this return</u> her penalties set forth in the instruc | the last return/report fi the plan year (defined an year plan year with accrue //report will be asses tions. I declare that I b | led for this plan, enter the 4b 4c benefit plans do not 50 50 d benefits that were less 55 sed unless reasonable cause is ave examined this return/report | Administ | rator's telephone number 48 46 33 37 35 0 ed. | | | |
| 3a Plan administrator's name a If the name and/or EIN of th name, EIN, and the plan nu a Sponsor's name 5a Total number of participants b Total number of participants with complete this item) d(1) Total number of active pa d(2) Total number of active pa e Number of participants that than 100% vested aution: A penalty for the late of nder penalties of perjury and of B or Schedule MB completed ar | e plan sponsor has changed since mber from the last return/report. at the beginning of the plan year account balances as of the end of the rticipants at the beginning of the plan yea terminated employment during the or incomplete filing of this return her penalties set forth in the instruct of signed by an empoled actuary. | the last return/report fi the plan year (defined an year plan year with accrue //report will be asses tions. I declare that I b | led for this plan, enter the 4b 4c benefit plans do not 50 50 d benefits that were less 55 sed unless reasonable cause is ave examined this return/report | Administ | rator's telephone number 48 46 33 37 35 0 ed. | | | |
| 3a Plan administrator's name a If the name and/or EIN of th name, EIN, and the plan nu a Sponsor's name 5a Total number of participants b Total number of participants with complete this item) | e plan sponsor has changed since mber from the last return/report. at the beginning of the plan year account balances as of the end of the rticipants at the beginning of the plan yea terminated employment during the or incomplete filing of this return her penalties set forth in the instruct of signed by an empoled actuary. | the last return/report fi the plan year (defined an year plan year with accrue //report will be asses tions, I declare that I h s well as the electronic | Iled for this plan, enter the 4b 4c 4c benefit plans do not 5c 5d 5d 5d 5d 5 | Administ | rator's telephone number 48 46 33 37 35 0 ed. | | | |
| 3a Plan administrator's name a If the name and/or EIN of the name, EIN, and the plan number of participants b Total number of participants b Total number of participants with complete this item) d(1) Total number of active pa d(2) Total number of active pa d(2) Total number of active pa e Number of participants that than 100% vested aution: A penalty for the late on the penalties of perjury and ot B or Schedule MB completed an elief, it is true, correct, and correct | e plan sponsor has changed since mber from the last return/report. at the beginning of the plan year account balances as of the end of the rticipants at the beginning of the plan rticipants at the end of the plan year terminated employment during the or incomplete filling of this return her penalties set forth in the instruc- ned signed by an empled actuary, an orea. | the last return/report fit the plan year (defined an year plan year with accrue //report will be asses tions, I declare that I h s well as the electronic | Ided for this plan, enter the 4b 4c 4c benefit plans do not 5c 5c 5c 6d benefits that were less 5c sed unless reasonable cause is 5c save examined this return/report, is c version of this return/report, and 76 X | Administ | rator's telephone number 48 46 33 37 35 0 ed. applicable, a Schedule t of my knowledge and | | | |
| 3a Plan administrator's name a If the name and/or EIN of th name, EIN, and the plan nu a Sponsor's name 5a Total number of participants b Total number of participants with complete this item) | e plan sponsor has changed since mber from the last return/report. at the beginning of the plan year account balances as of the end of the rticipants at the beginning of the plan rticipants at the end of the plan year terminated employment during the or incomplete filling of this return her penalties set forth in the instruc- ned signed by an empled actuary, an orea. | the last return/report fi the plan year (defined an year plan year with accrue //report will be asses tions, I declare that I h s well as the electronic | Iled for this plan, enter the 4b 4c 4c benefit plans do not 5c 5d 5d 5d 5d 5 | Administ | rator's telephone number 48 46 33 37 35 0 ed. applicable, a Schedule t of my knowledge and | | | |
| Plan administrator's name a If the name and/or EIN of the name, EIN, and the plan nu a Sponsor's name Total number of participants b Total number of participants with complete this item) d(1) Total number of active pa d(2) Total number of active pa e Number of participants that than 100% vested | e plan sponsor has changed since mber from the last return/report. at the beginning of the plan year at the end of the plan year account balances as of the end of the rticipants at the beginning of the plan rticipants at the end of the plan year terminated employment during the or incomplete filling of this return her penalties set forth in the instruct of signed by an empled actuary, as prete. | the last return/report fit the plan year (defined an year | iled for this plan, enter the 4b 4c 4c 4c 6c benefit plans do not 5c 5d 5d 6 benefits that were less 5d sed unless reasonable cause is nave examined this return/report, and 6c 76 X Enter name of individual signal | Administ | rator's telephone number 48 46 33 37 35 0 ed. applicable, a Schedule t of my knowledge and an administrator | | | |
| Ba Plan administrator's name a If the name and/or EIN of the name, EIN, and the plan nu a Sponsor's name Total number of participants b Total number of participants with complete this item) d(1) Total number of active pa d(2) Total number of active pa e Number of participants that than 100% vested aution: A penalty for the late on the penalties of perjury and ot B or Schedule MB completed are elief, it is true, correct, and complete a signature of plan a IGN ERE Signature of emplo | e plan sponsor has changed since mber from the last return/report. at the beginning of the plan year account balances as of the end of the rticipants at the beginning of the plan yea terminated employment during the or incomplete filling of this return her penalties set forth in the instruc- nd signed by an empled actuary, as the set forth in the instruc- distruction of the plan year the set forth in the instruc- the set forth in the set forth in the instruc- the set forth in the instruc- the set forth in the set forth in the instruc- the set forth in the set forth in the instruc- the set forth in the set forth in the instruc- the set forth in the set forth in | the last return/report find the plan year (defined an year plan year with accrue triport will be asses ttions, I declare that I h s well as the electronic J <i>G</i> -27- Date | iled for this plan, enter the 4b 4c 4c 4c 6c benefit plans do not 6c 5d 5d d benefits that were less 5d sed unless reasonable cause is 5d nave examined this return/report, and 5d X Enter name of individual sig Enter name of individual sig 5d | Administ | rator's telephone number 48 46 33 37 35 0 ed. applicable, a Schedule t of my knowledge and an administrator | | | |
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| 3a Plan administrator's name a 4 If the name and/or EIN of th name, EIN, and the plan nu a Sponsor's name 5a Total number of participants b Total number of participants with complete this item) d(1) Total number of active pa d(2) Total number of active pa d(2) Total number of active pa e Number of participants that than 100% vested caution: A penalty for the late inder penalties of perjury and ot is or Schedule MB completed ar elief, it is true, correct, and correct Signature of plan a iGN iERE Signature of emplo | e plan sponsor has changed since mber from the last return/report. at the beginning of the plan year account balances as of the end of the rticipants at the beginning of the plan yea terminated employment during the or incomplete filling of this return her penalties set forth in the instruc- nd signed by an empled actuary, as the set forth in the instruc- distruction of the plan year the set forth in the instruc- the set forth in the set forth in the instruc- the set forth in the instruc- the set forth in the set forth in the instruc- the set forth in the set forth in the instruc- the set forth in the set forth in the instruc- the set forth in the set forth in | the last return/report find the plan year (defined an year plan year with accrue triport will be asses ttions, I declare that I h s well as the electronic J <i>G</i> -27- Date | iled for this plan, enter the 4b 4c 4c 4c 6c benefit plans do not 6c 5d 5d d benefits that were less 5d sed unless reasonable cause is 5d nave examined this return/report, and 5d X Enter name of individual sig Enter name of individual sig 5d | Administ | rator's telephone number 48 46 33 37 35 0 ed. applicable, a Schedule t of my knowledge and an administrator | | | |
| 3a Plan administrator's name a If the name and/or EIN of th name, EIN, and the plan nu a Sponsor's name 5a Total number of participants b Total number of participants with complete this item) d(1) Total number of active pa d(2) Total number of active pa d(2) Total number of active pa e Number of participants that than 100% vested aution: A penalty for the late inder penalties of perjury and ot B or Schedule MB completed ar elief, it is true, correct, and correct Signature of plan a iGN ERE Signature of emplo | e plan sponsor has changed since mber from the last return/report. at the beginning of the plan year account balances as of the end of the rticipants at the beginning of the plan yea terminated employment during the or incomplete filling of this return her penalties set forth in the instruc- nd signed by an empled actuary, as the set forth in the instruc- distruction of the plan year the set forth in the instruc- the set forth in the set forth in the instruc- the set forth in the instruc- the set forth in the set forth in the instruc- the set forth in the set forth in the instruc- the set forth in the set forth in the instruc- the set forth in the set forth in | the last return/report find the plan year (defined an year plan year with accrue triport will be asses ttions, I declare that I h s well as the electronic J <i>G</i> -27- Date | iled for this plan, enter the 4b 4c 4c 4c 6c benefit plans do not 6c 5d 5d d benefits that were less 5d sed unless reasonable cause is 5d nave examined this return/report, and 5d X Enter name of individual sig Enter name of individual sig 5d | Administ | rator's telephone number 48 46 33 37 35 0 ed. applicable, a Schedule t of my knowledge and an administrator | | | |

Form 5500-SF 2015

| 6a b | Were all of the plan's assets during the plan year invested in eligit Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility | an independ | ent qualified public | accour | ntant (k | OPA) | | | K Ye | |
|----------|---|----------------|----------------------|------------|----------|--------|--|------------------|----------|----------|
| | If you answered "No" to either line 6a or line 6b, the plan canr | not use Forn | n 5500-SF and mu | st inste | ad us | e Forr | n 5500. | = | | |
| C | If the plan is a defined benefit plan, is it covered under the PBGC in | nsurance pro | gram (see ERISA s | section | 4021)? | ·[| Yes | □ No [| Not dete | ermined |
| P | art # Financial Information | | | | | | | | | <u>-</u> |
| _7_ | Plan Assets and Liabilities | | (a) Beginnir | ng of Ye | ear | | | (b) End | of Year | <u> </u> |
| <u>a</u> | Total plan assets | . 7a | | 10529 | | | | | 93917 | 79 |
| b | Total plan liabilities | . 7b | | | | | | | | |
| C | Net plan assets (subtract line 7b from line 7a) | 7c | | 10529 | 15 | | | | 93917 | 79 |
| 8 | Income, Expenses, and Transfers for this Plan Year | | (a) Amo | unt | | | | (b) ⁻ | Fotal | |
| a | | | | | | | | | | |
| | (1) Employers | 8a(1) | ····· | C 4 E | 40 | _ | | | | <u> </u> |
| · | (2) Participants | 8a(2) | | 645 | | _ | | | | |
| | (3) Others (including rollovers) | | | | 69 | - | | | 5 | |
| | Other income (loss) | | | -351 | 23 | | | | | |
| <u> </u> | Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) Benefits paid (including direct rollovers and insurance premiums | 8c | | | | - | | | 2949 | 2 |
| <u> </u> | to provide benefits) | 8d | | 1423 | 28 | | | | | |
| е | Certain deemed and/or corrective distributions (see instructions) | 80 | | 9 | 00 | | | | | |
| f | Administrative service providers (salaries, fees, commissions) | 8f | | | | | | | | <u> </u> |
| g | Other expenses | 8g | | | | | | | | |
| h | Total expenses (add lines 8d, 8e, 8f, and 8g) | 8h 🔄 | | | | - | ······································ | | 14322 | 8 |
| i | Net income (loss) (subtract line 8h from line 8c) | 8i | | | | | | | -11373 | |
| j | Transfers to (from) the plan (see instructions) | 8i | | | | | | | | |
| Pa | rt IV Plan Characteristics | <u> </u> | | | | | | | | |
| B | If the plan provides welfare benefits, enter the applicable welfare fe | ature codes | from the List of Pla | n Chara | acterist | ic Coc | les in th | e instructi | ons: | |
| 10 | During the plan year: | | | | Yes | No | N/A | | | |
| a | Was there a failure to transmit to the plan any participant contributi described in 29 CFR 2510.3-102? (See instructions and DOL's Vo Program) | oluntary Fidu | ciary Correction | 10a | 163 | x | NA | | Amount | |
| b | | ? (Do not incl | ude transactions | 10b | | х | | | | |
| С | | | | 10c | | х | | | | |
| d | Did the plan have a loss, whether or not reimbursed by the plan's f by fraud or dishonesty? | idelity bond | that was caused | 100 | | x | | | | |
| e | | er persons by | an insurance | 10e | x | _ | | | | 5740 |
| f | Has the plan failed to provide any benefit when due under the plan | | | 10f | | x | - | | <u> </u> | |
| g | Did the plan have any participant loans? (If "Yes," enter amount as | | | | x | | | | | |
| h | If this is an individual account plan, was there a blackout period? (\$2520.101-3.) | See instructio | ns and 29 CFR | 10g | | x | -+ | | an su T | 29897 |
| 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 no | lice or one of the | 10h 10i | | - | | | | |
| j | Did the plan trust incur unrelated business taxable income? | | | 101 | | | | <u></u> | <u> </u> | |
| Part | | | | | | | | | | |
| 11 | Is this a defined benefit plan subject to minimum funding requirement 5500) and line 11a below) | nts? (If "Yes, | " see instructions a | nd com | plete S | Schedu | le SB (l | Form | ∏ Yes | |
| 11a | Enter the unpaid minimum required contribution for all years from S | chedule SB (| Form 5500) line 40 |) | | T | 11a | <u>[</u> | | |

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

Yes X No

| | F | orm 5500-SF 2015 Page 3 - 1 | | | | | | |
|----------------|--------------------------|--|-----------------------|------------------------------|---|-------------------------|---------------------|--|
| | (lf "Ye | s," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.) | | | | | | |
| i | a Ifaw oranti | aiver of the minimum funding standard for a prior year is being amortized in this plan year, see in ng the waiver. | structions, and | enter Da | | of the letter r Year | uling | |
| | | mpleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line | | | y | - I Cal | | |
| | b Enter t | he minimum required contribution for this plan year | | 12 | | | | |
| | | e amount contributed by the employer to the plan for this plan year | 120 | | <u> </u> | | | |
| | d Subtra | inct the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the ve amount) | left of a | 120 | 1 | | | |
| | | e minimum funding amount reported on line 12d be met by the funding deadline? | | | Yes | No [|] N/A | |
| APRIL 8, 77812 | A DESCRIPTION OF TAXABLE | Plan Terminations and Transfers of Assets | | | | | N/A | |
| 13 | a Hasa | resolution to terminate the plan been adopted in any plan year? | | | П | es X No | | |
| | | ," enter the amount of any plan assets that reverted to the employer this year | | 13a | | | | |
| k | Were of the | all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brou PBGC? | ght under the co | ontrol | | Yes X | No | |
| C | lf duri | ng this plan year, any assets or liabilities were transferred from this plan to another plan(s), identi assets or liabilities were transferred. (See instructions.) | fy the plan(s) to | | | | | |
| | | lame of plan(s): | 13c(2) | EIN(s |) | 13c(3) | PN(s) | |
| | | | | | | | | |
| | | | | | | | | |
| Par | t VIII | Trust Information | | | 1 | | | |
| 1 4 a | Name o | ftrust | | 14b | Trust's E | IN | | |
| | | | | | | | | |
| 140 | Name | of trustee or custodian | | 14d Trustee's or custodian's | | | | |
| | | | | telephone number | | | | |
| 110.00 | | | | | | | | |
| Pa | nt IX | IRS Compliance Questions | | | | | | |
| 15a | a is the p | lan a 401(k) plan? | | [] Y | es | No | | |
| | matchi | ' how does the 401(k) plan satisfy the nondiscrimination requirements for employee deferrals and ng contributions (as applicable) under sections 401(k)(3) and 401(m)(2)? | | | Design- based safe barbor nethod | e ADF test | P/ACP | |
| 150 | If the A testing 2(a)(2) | DP/ACP test is used, did the 401(k) plan perform ADP/ACP testing for the plan year using the "cu method" for nonhighly compensated employees (Treas. Reg sections 1.401(k)-2(a)(2)(ii) and 1.4 ii))? | urrent year 01(m)- | [] Y | es | No | | |
| | | he box to indicate the method used by the plan to satisfy the coverage requirements under section | | Цp | Ratio percentage est | | erage lefit test | |
| 16b | Does the this pla | e plan satisfy the coverage and nondiscrimination tests of sections 410(b) and 401(a)(4) by com n with any other plans under the permissive aggregation rules? | bining | [] Y | es | No | | |
| 17a | | plan been timely amended for all required tax law changes? | | Y | es | No | N/A | |
| 17b | Date th | e last plan amendment/restatement for the required tax law changes was adopted aw changes and codes). | Enter the ap | plical | ole code _ | (See in | structions | |
| | advisor | an sponsor is an adopter of a pre-approved master and prototype (M&P) or volume submitter pla v letter, enter the date of that favorable letter and the letter's serial in the | number | | | | or | |
| | If the pl determi | an is an individually-designed plan and received a favorable determination letter from the IRS, er nation letter | nter the date of t | he pla | in's last fa | avorable | | |
| 18 | is the P made), | lan 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 | has been islands)? | Ye | S | No | | |
| 19 | Were in | service distributions made during the plan year? | | Ye | es | No No | | |
| | | enter amount | | 19 | | | | |
| 20 | Were re retired), | quired minimum distributions made to 5% owners who have attained age 70 ½ (regardless of wh as required under section 401(a)(9)? | ether or not | Ye | es | No | N/A | |