Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation

Short Form Annual Return/Report of Small Employee Benefit Plan

This form is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA), and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

▶ Complete all entries in accordance with the instructions to the Form 5500-SF.

2015

OMB Nos. 1210-0110

1210-0089

This Form is Open to Public Inspection

Parti	Annual Report	identification information	11			
For calend	lar plan year 2015 or fis	scal plan year beginning 01/01	/2015	and ending 1	2/31/2015	
A This re-	turn/ranart in far	x a single-employer plan		plan (not multiemployer) employer information in a		
A miste	turn/report is for:	a one-participant plan	a foreign plan	employer information in a	ccordance with the	rionn instructions)
B This ret	urn/report is	the first return/report	x the final return/repor			
		an amended return/report	a short plan year ret	urn/report (less than 12 n	nonths)	
C Check	box if filing under:	X Form 5558	automatic extension	1	DFVC	program
		special extension (enter desc	1 /			
Part II	•	rmation—enter all requested in	nformation		1	
1a Name WALDO, SO	•	MERY, PS 401K PROFIT SHARI	NG PLAN		1b Three-digit plan number (PN) ▶	
					1c Effective da	
		yer, if for a single-employer plan)				dentification Number
		m, apt., suite no. and street, or P. e, country, and ZIP or foreign pos		structions)	()	91-1232340
WALDO, SC	HWEDA & MONTGON	MERY, PS				telephone number 09-924-3686
					2d Business c	ode (see instructions)
2206 N PINE SPOKANE V	ES RD /ALLEY, WA 99206-47	" 21				541110
3a Plan a	administrator's name ar	nd address XSame as Plan Spor	nsor.		3b Administrat	or's EIN
					3c Administrat	or's telephone number
					7.4	
4						
		e plan sponsor has changed since mber from the last return/report.	e the last return/report filed	for this plan, enter the	4b EIN	
	sor's name				4c PN	
5a Total	number of participants	at the beginning of the plan year			. 5a	6
b Total	number of participants	at the end of the plan year			. 5b	0
		account balances as of the end o			5c	0
		rticipants at the beginning of the p			5d(1)	4
d(2) Tot	tal number of active pa	rticipants at the end of the plan ye	ear		5d(2)	0
		terminated employment during th			5e	0
		or incomplete filing of this retu				
SB or Sche		her penalties set forth in the instrund signed by an enrolled actuary, plete.				
SIGN	Filed with authorized/	valid electronic signature.	09/29/2016	DALE STEVENS		
HERE	Signature of plan a	dministrator	Date	Enter name of individ	dual signing as pla	n administrator
SIGN						
HERE	Signature of emplo		Date		dual signing as em	ployer or plan sponsor
Preparer's DALE STE	, -	name, if applicable) and address (include room or suite num	ber)	Preparer's telept	none number 09-755-3767

BREAK-THRU BENEFITS, LLC 200 NORTH MULLAN, SUITE 200 SPOKANE VALLEY, WA 99206

Form 5500-SF 2015		Page 2							
 Were all of the plan's assets during the plan year invested in eligib Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility If you answered "No" to either line 6a or line 6b, the plan cannot be a second or line 6b. 	an indepen and condition of use For	dent qualified public a ons.)	ccount	ant (IQ ad use	PA) Form	5500.		X Ye	
C If the plan is a defined benefit plan, is it covered under the PBGC in	nsurance pr	ogram (see ERISA se	ection 4	021)?		Yes	No	Not dete	ermined
Part III Financial Information	1								
7 Plan Assets and Liabilities		(a) Beginning	of Ye	ar			(b) End	of Year	
a Total plan assets	. 7a		368	3346					0
b Total plan liabilities	. 7b		000	20.40					0
C Net plan assets (subtract line 7b from line 7a)	. 7с			3346	-				0
8 Income, Expenses, and Transfers for this Plan Year a Contributions received or receivable from:		(a) Amou	unt				(b) T	otal	
(1) Employers	. 8a(1)								
(2) Participants	. 8a(2)								
(3) Others (including rollovers)	. 8a(3)								
b Other income (loss)	. 8b		8	8516					
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	. 8c								3516
Benefits paid (including direct rollovers and insurance premiums to provide benefits)	. 8d		376	8862					
Certain deemed and/or corrective distributions (see instructions)	. 8e								
f Administrative service providers (salaries, fees, commissions)	. 8f								
g Other expenses	. 8g								
h Total expenses (add lines 8d, 8e, 8f, and 8g)	. 8h							376	6862
i Net income (loss) (subtract line 8h from line 8c)	. 8i							-368	3346
j Transfers to (from) the plan (see instructions)	8j								
Part IV Plan Characteristics									
9a If the plan provides pension benefits, enter the applicable pension	feature cod	des from the List of Pl	an Cha	racteris	stic Co	des in th	ne instruc	tions:	
B If the plan provides welfare benefits, enter the applicable welfare f	foaturo code	as from the List of Pla	n Char	actoriet	ic Coc	loc in the	inetructi	one:	
in the plan provides wellare benefits, effer the applicable wellare i	leature cour	es nom me List of Fia	ii Cilai	acterist	ic Coc	ies iii tiie	HISHUCH	JIIS.	
Part V Compliance Questions									
10 During the plan year:				Yes	No	N/A		Amoun	t
Was there a failure to transmit to the plan any participant contributed described in 29 CFR 2510.3-102? (See instructions and DOL's Norgram)	oluntary Fi	duciary Correction	10a		X				
b Were there any nonexempt transactions with any party-in-interest					.,				
reported on line 10a.)			10b		X				
C Was the plan covered by a fidelity bond?			10c	X					50000
d Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?	·······		10d		X				
Were any fees or commissions paid to any brokers, agents, or oth carrier, insurance service, or other organization that provides son the plan? (See instructions.)	ne or all of t	he benefits under	10e		X				
f Has the plan failed to provide any benefit when due under the pla			10f		Χ				
g Did the plan have any participant loans? (If "Yes," enter amount a					X				
h If this is an individual account plan, was there a blackout period?	•	,	10g		^				
2520.101-3.)	•		10h		X				
i If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10			10i						
j Did the plan trust incur unrelated business taxable income?			10j						
Part VI Pension Funding Compliance			,	1	<u> </u>	<u> </u>			
11 Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)								∏ Ye	es No
11a Enter the unpaid minimum required contribution for all years from						11a			
12 Is this a defined contribution plan subject to the minimum funding							RISA?	Ye	s X No

	F	orm 5500-SF 2015 Page 3 - 1						
	(If "Ye	s," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)						
а		aiver of the minimum funding standard for a prior year is being amortized in this plan year, see in: ng the waiver		enter the Day	e date of	the letter ru Year	ling	
If		mpleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line		Day_		Τσαι		
b	Enter ti	he minimum required contribution for this plan year		12b				
С	Enter th	ne amount contributed by the employer to the plan for this plan year		12c				
	Subtra	act the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the	left of a	12d				
		ve amount)			Yes	No	N/A	
Part		e minimum funding amount reported on line 12d be met by the funding deadline? Plan Terminations and Transfers of Assets			163	NO	IN/A	
		resolution to terminate the plan been adopted in any plan year?			X Ye	sПNo		
		s," enter the amount of any plan assets that reverted to the employer this year		13a		<u> </u>	(
b	Were	all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brou PBGC?	ght under the co	ontrol	×	Yes	No	
С	If duri	ng this plan year, any assets or liabilities were transferred from this plan to another plan(s), identiassets or liabilities were transferred. (See instructions.)						
•	13c(1) N	lame of plan(s):	13c(2)	EIN(s)		13c(3) F	PN(s)	
Part		Trust Information						
14a	Name o	f trust		14b 1	rust's Ell	N		
14c	Name	of trustee or custodian		14d Trustee's or custodian's				
					telepnon	e number		
Par	t IX	IRS Compliance Questions						
15a	Is the	plan a 401(k) plan?		☐ Ye	s	No		
	10 110			_ D	esign-			
15b		"," how does the 401(k) plan satisfy the nondiscrimination requirements for employee deferrals an ng contributions (as applicable) under sections 401(k)(3) and 401(m)(2)?		based safe ADP/ACP harbor test method				
15c		DP/ACP test is used, did the 401(k) plan perform ADP/ACP testing for the plan year using the "c		Yes No				
		method" for nonhighly compensated employees (Treas. Reg sections 1.401(k)-2(a)(2)(ii) and 1.4(ii))?						
16a		the box to indicate the method used by the plan to satisfy the coverage requirements under section			atio ercentage		erage efit test	
16b		he plan satisfy the coverage and nondiscrimination tests of sections 410(b) and 401(a)(4) by come with any other plans under the permissive aggregation rules?		Ye		No		
17a		e plan been timely amended for all required tax law changes?		Ye	S	No	N/A	
17b		ne last plan amendment/restatement for the required tax law changes was adopted//law changes and codes).	Enter the ap	plicable	code	(See ins	tructions	
17c	If the p	lan sponsor is an adopter of a pre-approved master and prototype (M&P) or volume submitter play letter, enter the date of that favorable letter/ and the letter's serial r		t to a fa	vorable I	RS opinion	or	
17d	If the p	lan is an individually-designed plan and received a favorable determination letter from the IRS, entire termination from the IRS, entire termination letter from the IRS, entire termination		the plai	 n's last fa	vorable		
18	Is the I	Plan maintained in a U.S. territory (i.e., Puerto Rico (if no election under ERISA section 1022(i)(2, American Samoa, Guam, the Commonwealth of the Northern Mariana Islands or the U.S. Virgin		Yes	S	No		
19	Were in	n-service distributions made during the plan year?		Ye	s	No		
	If "Yes	," enter amount	·····	19				
20		equired minimum distributions made to 5% owners who have attained age 70 $\frac{1}{2}$ (regardless of w), as required under section 401(a)(9)?		Ye	s	No	N/A	

Form 5500-SF	Short Form Annual	Return/Report o	f Small Employ	Ase		1210-8088 1210-8088
Department of the Treasury Internal Revenue Senter	rument]		2015			
Proprinces of Labor Employee Secreto Recordy Administration	Bernel :	This Form is Open to Public Inspection				
Persona Servett Guaranty Corporation	- Complete all entries in acc	erdance with the instruc	dene to the Form 550	9-8F.		
For cylender plan year 2015 or face		1/01/2015	and ending	127	31/201	5
		a multiple-employer plan				
A This return/report is for:	a one-participant plan	list of participating emol a foreign plan				
B This return/resport is	The first return/report	the final return/report				
O 1142 deritterschart a		e short plan yeer return/i	eport (less than 12 mo	nihe)		
C Check box if ffing under:	X Form 5558	gutometic extension		[] o	FVC prag	ram:
	apacial axionsion (enter descript)	DR)				
Part H Basic Plan Infor	mation—onter all requested inform	nation				
1a Name of plen WALDO, SCHWEDA & MON!	IGOMERY, PS 401K PROFI	T SHARING PLAN		•	number	001
	·		•	(PN)		f plan
				01./	01/198	8
2a Plan sponsor's name (employ	s and study on and placed of P.O. 5	iou)			0yer Ideni 91-12	Moston Number 32340
City or town, state or province WALDO, SCHWEDA & MO	o, country, and ZIP or foreign postal c	ode (if toreign, see instru	elione)		1901's 1914 -924-3	phone number
·	•••			2d Dusie	nees code	(see instructions)
2206 N PINES RD				541	110	
SPOKANE VALLEY	WA 99206-4721			3b Adm		
	d addraes (KSeme as Plan Sponsor			3c Adm	inlatrator's	selephane number
A If the name and/or EIN of the	plan sponsor has changed since the	e lest return/report filed to	r this plan, enter the	4b EIN		
name. EIN, and the plan nur	mber from the test return/report.			4c PN		
6 Sponger's name	at the beginning of the plan year			54		6
	at the end of the plan year			5lb		0
& Number of participants with:	account belances as of the end of My	y plan year (defined bene	lik plana do not	5c		0
	rticipents at the baginning of the plan			5d(1)		4
	ricipants at the end of the plan year.			5d(2)	1	0
Number of perscipants that	terminated employment during the p	ten yeer with accrued ber	nofite that were foce	5e		0
and the second of the last of the second of	or incomplete lilling of this return!	والمقومون محا كان المعمد	(alesa ruasonable 64	se is esta	hilahed.	
	her panelies set forth in the matrucki nd signed by an emplad actually, as					Nicable, a Schedule my knewledge and
bellef, e is true, correct, and com	clete.		John Montgome			
Section 1	- Contraction	0-9-21-16	Enter name of Individ	Les significa	es clen s	dministrator
Signature of plan.	diministrator	7 7 70	John Montgome			
	yydiplan apenaer	Date 9-21-16	Enter name of Individ	tuet algoling	es emple	yer or plan sponsor
Prepare's name disking fining to be a stavens Break-Thru Benefits 200 North Mullan, S	Kerne. If applicable) and address (inc , LLC	tude room ar sulle frumbe	т)	Preparar	's teleph o	ne number 55-3767
	WA 99206					
Spokane Valley For Popularia Reduction Art Not	se and GMS Control Numbers, see the	instructions for Form 8666	3 7.			Form 6560-6F (2015) V. 150123

page 3

Sea Vivine pill of the plant's assetio during the plant year invested in eligible assetio? (See instructions.) Are you destroop a water of the annual examination and apert of an independent qualified policy accounts (CPR). By Yea No. 1992 (1992) (199	Form 5500-8F 2015		Page 2							
### continued of the plane is a defined benefit plane. It is a compared under the PSGC Insurance program (see ERISA wectors 4001)?	b Are you claiming a waiver of the annual examination and report of a	en indepen and conditi	dent quelified public acc ons.)		t (ICIP	A) 			_	
Financial Indocretation To Plan Assess and Labelbide To Section To Se	If you answered "No" to either line 6s or line 6b, the plan cash	et use Par	m sees (see EDISA seed		1112 P	~ n		un 🖺 NA	delemb	and .
7 Pers Assept and Labellides	C If the plan is a defined benefit plan, is it covered under the PSGC in	eurance pi	logram (see Engry sec	100 4U	(1) r	U	. L	e U na	O THE I THE	
Per Assess and Labolities To Total pion seasoffs To Section per seasoffs To Section per seasoffs To Section per seasoffs To Section seasoffs To Se	Partific Financial Information							_		
To Trois pins assess (subtract lites 7 to from fine 7 p)	7 Plan Assets and Liabilities	1,10	(a) Beginning			↓) End of Y		
D Your plan label/like	A Total plan assats	74		368	,346					
C Nee plan sesiste (subtenct title 7 to fears fine 7 a)		7 b				ļ				
8 Income, Expenses, and Tryreliere for this Pten Veer a Centrologoes recorded or receivable from. (9) Shiphoyers. (2) Participants. (3) Ones (robusing rollwann) b Other Income (acid lines tar), Se(2), Se(3), and Se). b Other Income (acid lines tar), Se(2), Se(3), and Se). b Other Income (acid lines tar), Se(2), Se(3), and Se). b C Total income (acid lines tar), Se(2), Se(3), and Se). b C Total income (acid lines tar), Se(2), Se(3), and Se). b C Total income (acid lines tar) b Participants. c Cartinia demand and/or commonly distributions (see instructions). b C Administrative sentice provides distributions (see instructions). g Other expenses. f Administrative sentice provides (satarine, fines, commissions). f Total apprents (see) (salarine, fines, commissions). f Total apprents (see) (salarine, fines, commissions). g Other expenses. h Total apprents (see) (salarine, fines, commissions). g If the plan provides paration beamfire, sines rhe applicable pension feature codes from the List of Plan Characteristic Codes in the Instructions. g I the plan provides writine benefits, enter the applicable verificar feature codes from the List of Plan Characteristic Codes in the Instructions. g I the plan provides writine benefits, enter the applicable verificar feature codes from the List of Plan Characteristic Codes in the Instructions. g Yes the plan provides writine benefits, enter the applicable verificar feature codes from the List of Plan Characteristic Codes in the Instructions and Douts Veluniumly Fiduciary Consistent Codes in the Instructions. b West there are nonesamply beneations and Douts Veluniumly Fiduciary Consistent Plan paratine on the 10s. c West the plan coverse by a facility bond? d Use the plan coverse by a facility bond? g Did the plan have any participant country plan, was there a became one of the fire beneation and 20 CFR g Did the plan have any participant country plan, was there a became one of the fire beneation and 20 CFR g Did the plan have any participant lound? ("		7e		36B	,346	<u> </u>				0
8 Controllations received or receivable from. (1) Employers. (2) Prefet (including ribborns). (3) Employers. (4) Prefet (including ribborns). (5) Diffet (controllation). (6) Other (including ribborns). (7) Diffet (including ribborns). (8) Diffet (controllation). (8) Diffet (controllation). (8) Diffet (controllation). (8) Diffet (controllation). (9) Other (controllation). (9) If the plan (controllation). (10) During the plan (controllation). (10) During the plan (controllation). (11) Outrollation (controllation). (12) Outrollation (controllation). (13) Outrollation (controllation). (14) Outrollation (controllation). (15) Outrollation (controllation). (16) Outrollation (controllation). (17) Outrollation). (18) Outrollation (controllat			(a) Amoun	1		1		(b) Total		
(3) Employers. (3) Printiplantin. (3) Other (nothering rollowing). (4) Differ (nothering rollowing). (5) Differ (nothering rollowing). (5) Differ (nothering rollowing). (5) Differ (nothering rollowing). (6) Differ (nothering rollowing). (6) Differ (nothering). (6) Differ (nothering). (6) Differ (nothering). (7) Differ (nothering). (8) Differ (nothering). (8) Differ (nothering). (9) Differ (nothering). (10) Differ (nothering).							- :			•
(2) Others (noturing reflorers) Ba(3) Other (noturing reflorers) Ba(4) Ba(4) Other (noturing reflorers) Other (noturing reflorers) Ba(4) Ba(4	· · · · · · ·	Ba(1)				E 10.7	•	- i.i.i.		
D Other Income (pas) B Other Income (pas) Contain come (pas) Cartain decrease another corrective distributions (see instructions) Cartain decrease (another pointers (satisfies, free, commissions) Cartain decrease (see) (subtract ins the first of the see (see (see (see (see (see (see (se	(2) Participants	<u>84(2)</u>								<u> </u>
C Total income (acid lines \$4(1), \$a(2), \$a(3), and \$5)	(3) Others (Including rollovers)	Ba(3)				•	***			
Benefits paid (including device violovers and heurance prentitive to provide benefits). Gettain deemed anchor corrective distributions (see justructions). Gettain deemed distributions (see) (subtract fine Sin from like 6g). J. Transfers to (from) the plan (see instructions). Gettain deemed (see) (subtract fine Sin from like 6g). J. Transfers to (from) the plan (see instructions). Gettain provides penaltic see instructions). Gettain provides penaltic see instructions. J. Transfers to (from) the plan (see instructions). Gettain provides penaltic see instructions). J. Transfers to (from) the plan (see instructions). Gettain provides penaltic see instructions berefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions: J. Transfers to (from) the plan (see instructions). J. Transfers to (from) the plan (see instructions). J. West there as alliers to transmit to the plan any participant contributions within the time parted described in 20 CFR 2510.3-1027 (Bee instructions and DOL's Voluntury Pidualistry Consistent J. Transfers any consensing transfers with any participant contributions within the time parted described in 20 CFR 2510.3-1027 (Bee instructions and DOL's Voluntury Pidualistry Consistent J. West there any consensing transfers with any participant contributions within the time parted of the second of the CFR 2510.3-1027 (Bee instructions and DOL's Voluntury Pidualistry Consensions J. West there are allever to transmit to the plan any participant contributions that provides the plan is floatily bond, that were caused to the plan is the	b Other Income (loss)			8	,51					
d Benefits paid (including depth relovers and incursions prantitives in provide nonline). 8	C Total income (add lines 6a(1), 8a(2), 8a(3), and 8b)	. Bc			<u>:`</u>	4		7173	8,	<u>,516</u>
to provide benefits Cartain desired and/or corrective distributions (see instructions) Be	d Benefits paid (including direct rollovers and insurance premiums	Γ		376	. 86:	. 1				
Administrative service providers (estairies, fees, commissions). Part No. Part No. Part No.		1	 			1		***	1.1.	••••
Other expenses (add lines 8d, 8e, 8f, and 8g) Sh 376, 862		1	 	_						
Other expenses Big 376, 862	f Administrative service providers (sateries, fees, commissions)	.) 8f				7.2		179	-	
The bilan income (toss) (subtract line 8h from line 8c) 91 Transfers to (from) the plan (use instructions) 61 Transfers to (from) the plan (use instructions) 61 The bilan provides pension berefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 10 Plan Characteristics 11 If the plan provides pension berefits, enter the applicable westare feature codes from the List of Plan Characteristic Codes in the instructions: 12 2 27 2K 3D 13 If the plan provides welfare benefits, enter the applicable westare feature codes from the List of Plan Characteristic Codes in the instructions: 14 If the plan provides welfare benefits, enter the applicable westare feature codes from the List of Plan Characteristic Codes in the instructions: 15 If the plan provides welfare benefits, enter the applicable westare feature codes from the List of Plan Characteristic Codes in the instructions: 16 During the plan page. 17 If the plan provides welfare benefits, enter the applicable westare feature codes from the List of Plan Characteristic Codes in the instructions: 18 If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions 19 If the plan provides welfare benefits, enter the applicable pension of the plan feature pensions and the plan instructions. 19 If the plan provides welfare the plan codes of the plan instructions and complete account pensions of the plan feature provides the plan? 19 If the plan have any participant loses? (If Yea, 'other provides the plan? 19 If the plan plan well incur unrelated business estable business? 10 If the plan plan well incur unrelated business estable business? 10 If the plan plan well incur unrelated business estable business? 10 If the plan plan well incur unrelated business estable business? 11 If the plan plan well incur unrelated business estable business? 11 If the plan plan well incur unrelated business estable business. 15 If the	Other expenses	- 29		V. 74	are e	+			276	0.00
Transfers to (from) the plan (see instructions). 9 If the plan provides persists benefits, enter the applicable persion feature codes from the List of Plan Characteristic Codes in the instructions: 2 E 2 J ZK 3D 8 If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions: Pagt V Compliance Queentions 10 During the plan year: a Was there is failure to transmit to the plan any participant contributions within the time period described on 2 CFR 2510.2-1027 (See instructions and DOL's Voluntary Fiduciary Correction Program). b Were there as failure to transmit to the plan any participant contributions within the time period described in 2 CFR 2510.2-1027 (See instructions and DOL's Voluntary Fiduciary Correction Program). b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions in the plan of the plan is fidelity bond?. c Was the plan covered by a fidelity bond?. d Did the plan have a loss, whether or not reimbursed by the plan is fidelity bond, that was caused by travid or distorastly? d Were served for the following paid to any brothers, agents, or other persons by an insurance capture, insurance service, or other organization that provides some or at of the benefits under the plan? f Has the plan failed to provide any benefit when due under the plan? 18 If the near individual account plan, was there a bischool period? (See instructions and 29 CFR 250.101-3.) 18 If the near individual account plan, was there a bischool period? (See instructions and 29 CFR 10h X 250.0101-3.) 19 If the plan have any participant loans? (If "Yea," other amount as of year end.)	h Total expenses (add lines 8d, 8e, 8f, and 8g)	. <u>sh</u>	Section of the sectio			╌				_
Transfers to (from) the plan (see instructions) Pair IV Plan Characteristics	Net income (toes) (subtrect fine 8h from tine 8c)	81	A discount of the last		• • • • • •				-300	, 396
Be if the plan provides paration benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructiones: B if the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructiones: Part V. Compliance Questions 10 During the plan year: B Were there a failure to transmit to the plan any participant contributions within the time particle described in 20 CFR 2510.2-1027 (flee instructions and DOL's Voluntary Pitablery Consistent Program). D Were there any nonexempt transactions with any party-in-interest? (Do not include transactions 169 X program). C Was the plan covered by a fidelity bond? G Was the plan covered by a fidelity bond? Were pure any fonexempt transactions with any party-in-interest? (Do not include transactions 160 X program). G Was the plan covered by a fidelity bond? Were pure any fonexempt transactions paid to any brokers, agents, or other persons by an insurance contribution participant loans? (If were control, humanos service, or other organization that provides some or at of the benefits under the plan? (See instructions). If the plan have any participant loans? (If were required notice or one of the 2520.101-3). If 10h was assessment Yee, check the best if you either provided the required notice or one of the 2520.101-3. D to the plan have a supple of complication. Part VI Pension Fundling Complication. 11 to the a defined benefit plan subject to reinheaum fundling requirements? (If "yee," see instructions and complete Schedule 38 (Form 5500) and lies 11s peloso). 11s.	Transfers to (from) the plan (see instructions)					نــــــــــــــــــــــــــــــــــــــ	<u> :: :</u>	<u>:</u>		<u> </u>
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the pien? (See Instructions.) Has the pien felled to provide any benefit when due under the pien? 186 X	by traud or diskonesty?		. 404 20 541 6 72 452 5-541	104		X				
f Has the plan failed to provide any benefit when due under the plan?	conter insurance service, or other organization that provides \$1	Stille or ser (a file beneate miste.	100		x				
g Did the pten have any participent loans? (if "Yes," enter prount as of year end.) 19g X It if this is an individual account plan, was there a blackout period? (See instructions and 29 CPR 2520.181-3.) If 10h was answered "Yes," check the bex if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CPR 2520,101-3. 10l Did the plan trust incur unrelated business texable incorns? 10g Part VI Pension Functing Compliance 13 this a defined benefit plan subject to minimum funding requirements? (if "Yes," see instructions and complete Schedule 89 (Form 5500) and line 11a below). 11a	f Mark the plan felled to provide any hereft when due under the fi	Han?	• 00 241 02 1 go p 1 1 dad min t	107		X				
h If this is an individual account plan, was there a blackout period? (See instructions and 29 CPR 2520.181-3.) If 10h was answered "Yes," check the bex if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3					1	×	٠.			
If 10h was answered "Yes," check the bex if you either provided the required notice or one of the exceptione to providing the notice applied under 29 CFR 2520,101-3	It this is an individual account plan, was there a blackout period	1? (Bee ine	eructions and 29 CPR			×				
Part VI Pension Funding Compliance 11 to this a defined benefit plan subject to minimum funding requirements? (If "Yee," see instructions and complete Schedule SB (Form 5500) and line 11e below)	I If 405 year recovered "Yes," check the best if you either provides	d the requi	red notice or one of the	101			10,22			
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 11e below)				•						
11 is this a defined benefit plan subject to minimum funding regularments? (if "Yee," see instructions and complete Schedule SB (Form 5500) and line 11s below)	Back Vi Page Ion Funding Compliance									
110. Eater the present minimum provided contribution for all years from Schedule 38 (Form 5500) line 40	44 to this a defined panells plan subject to minimum funding regula	ements? (I	l'Yee," see instructions	and o	mplet	S che	dula 89	(Form	Yes	∏ Ne
	110 Sate the arranged minimum required contribution for all years fit	om Schedu	de 38 (Form 5500) Ine	40 .,		*******	110			

	Form 5500-SF 2015 Page 3 -							
				T				
(L	"Yes," complete line 12s or lines 12s, 12c, 12d, and 12e below, as applicable.) a waiver of the minimum funding standard for a prior year is being anartized in this plan year, see instr	ictions, and e	nter i	he de	ne of th	e letter rulir	9	
	medican that washed:	(ul	Dey			rear		
	completed line 12s, complete lines 3, 9, and 18 of Schedule MB (Form 5500), and skip to line 13		126	Т				
b En	b Enter the minimum required contribution for this plan year							
C En	or the amount contributed by the employer to the plan for this plan year		12c	1_				
d s	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)							
- '	If the minimum (unding empted reported on line 12d be mel by the funding deadline?] Y	'99	No 📗	N/A	
73. <i>E</i>	Plan Terminations and Transfers of Assets							
43a H	the e resolution to terminate the plan been adopted in any plan year?				X Y93	No.		
	"Yes," enter the amount of any plan assets that reverted to the employer this year		132				0	
b v	Vere all the plan assets distributed to participents or beneficiaries, transferred to another plan, or brough f the PRIGC?	d under the o			K	Yes []	40	
e K	during this plan year, any sysets or liabilities were transferred from this plan to another plants), identify	the plan(s) to	•					
	mich assets or isolikles were transferred. (See instructions.)	13c(2)	EIN(4		13e(3) P	N(s)	
	(1) Name of plan(e):		•					
					į.			
					Į			
PA 1342	Trust Information							
	eme of trust		14b Trusts EIN					
1-50 10								
14c	Name of trustee or custodien	***	14d Truspe's or custodien's semphone number					
	IRS Compliance Questions		· -					
14000	is the plan a 401(k) plan?	· <u>········</u>		Yes	·	∏ No		
	If "Yas," how does the 401(k) plan satisfy the nundlacrimination requirements for employee deferrals an matching contributions (as applicable) under sections 401(k)(3) and 401(m)(2)?	d employer					ADPIACP leat	
	If the ADP/ACP test is used, did the 401(k) plan perform ADP/ACP testing for the plan year using the "o testing method" for nonhighty companies of employees (Treate. Reg sections 1.401(k)-2(a)(2)(8) and 1.4 2(a)(2)(4))?		- 1	Yes		No		
	Check the box to indicate the method used by the plan to satisfy the coverage requirements under saci	on 410(b):			ylia rcentago st	, b	enge nefi tes!	
16b	Does the plan satisfy the coverage and nondiscrimination tests of sections 410(b) and 401(a)(4) by combine plan with any other plans under the permissive aggregation rules?	National	[Yes		N		
17=	Has the plan been timely amended for all required tax law changes?		[Yes	.	No	[]NVA	
176	Date the last plan amandment/restatement for the required last law changes was adopted	Enfor \$1 	e apt				Instruction	
17c	for lax jow changes and codes). If the plan sponeor is an adopter of a pre-approved master and prototype (MSP) or volume submitter plants and the letter's serial and the lett	en thei is aubj	eci t	a la	worable	IR\$ apinie	of Of	
	govinory letter, enter the date of that feverable letter and the letter's serial if the plan is an individually-designed plan and received a tavorable determination letter from the IRS, or							
	determination letter to the Plan maintained in a U.S. tentiony (i.e., Puerto Rico (if no election under ERISA section 1022(I)) made), American Samea, Quem. the Commonwealth of the Northern Madane Islands or the U.S. Virgi) has been	٦r			[] No		
	made), American Samoa, Guern, the Commonwealth of the Personal International Party Samoa, Guern, the Commonwealth of the Personal Party Sa			Ye	15	No		
19	Were in-earlies distributions made during the part /		` <u>} -</u>	15				
	8 "Yes," enter amount	whether or not			<u></u>			
20	Were required minimum distributions made to 5% owners who have enterined age 70 % (regardeds or restrict) as marting under section 40 (lex9)?		11] Ye	7	No		