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.

OMB Nos. 1210-0110 1210-0089

2015

This Form is Open to Public Inspection

Part I	Annual Report	Identification Information					
For calend	ar plan year 2015 or fi	scal plan year beginning 01/01/2015		and ending 12/	/31/20	15	
A This re	turn/report is for:	a single-employer plan a one-participant plan		an (not multiemployer) (ployer information in acc		-	
B This ret	urn/report is		the final return/report a short plan year returi	n/report (less than 12 mo	onths)		
C Check	box if filing under:	X Form 5558	automatic extension			DFVC progr	ram
Part II	Basic Plan Info	ormation—enter all requested inform	ation				
1a Name					ŗ	Three-digit plan number (PN)	001
					1c i	Effective date of 05/0	f plan 1/1998
Mailin	g address (include roo	oyer, if for a single-employer plan) m, apt., suite no. and street, or P.O. Bo ce, country, and ZIP or foreign postal co		uctions			fication Number 862536
	H LABORATORIES, F		de (II Toreign, see msu	uctions)	2c S	Sponsor's telep 206-3	hone number 74-9000
	STREET, SUITE 100 VA 98103-8675				2d ∄	Business code (see instructions)
3a Plan a	dministrator's name a	nd address Same as Plan Sponsor.			3b /	Administrator's I	ΞIN
					3c /	Administrator's t	elephone number
		e plan sponsor has changed since the I mber from the last return/report.	ast return/report filed fo	or this plan, enter the	4b [
a Spons	or's name				4c	PN	
5a Total	number of participants	at the beginning of the plan year			5a		107
b Total	number of participants	at the end of the plan year			5b	•	107
		account balances as of the end of the p	, ,	•	5с	:	87
d(1) Tot	al number of active pa	articipants at the beginning of the plan y	ear		5d(1	1)	73
d(2) Tot	tal number of active pa	articipants at the end of the plan year			5d(2	2)	78
e Numl	ber of participants that	terminated employment during the plar	n year with accrued bei	nefits that were less	5e		0
		or incomplete filing of this return/rep					
SB or Sche		ther penalties set forth in the instruction ind signed by an enrolled actuary, as we plete.					
SIGN	Filed with authorized	/valid electronic signature.	09/30/2016	INGRID ONSTAD			
HERE	Signature of plan a	administrator	Date	Enter name of individu	ıal sigr	ning as plan adn	ninistrator
SIGN						<u> </u>	
HERE	Signature of emple	over/nlan sponsor	Date	Enter name of individu	ıal sigr	ning as employe	r or plan sponsor

Preparer's name (including firm name, if applicable) and address (include room or suite number)

Preparer's telephone number

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 a lf you answered "No" to either line 6a or line 6b, the plan cannot be a second to the plan cannot be a second t	an indepenand	dent qualified public a	ccount	ant (IQ	PA)			X	Yes Yes
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	determined
Part III Financial Information	, ,								
7 Plan Assets and Liabilities		(a) Beginning	•				(b) En		
a Total plan assets	7a		7270	963				7	7312916
b Total plan liabilities	7b		7070	000					7242046
Net plan assets (subtract line 7b from line 7a) Income, Expenses, and Transfers for this Plan Year	7c	(a) A	7270	1963			(1-)		7312916
8 Income, Expenses, and Transfers for this Plan Year a Contributions received or receivable from:		(a) Amou	ınt				(a)	Total	
(1) Employers	8a(1)		203	209					
(2) Participants	8a(2)		441	900					
(3) Others (including rollovers)	8a(3)			418					
b Other income (loss)	8b		-32	468					
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c								649059
d Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		604	289					
e Certain deemed and/or corrective distributions (see instructions)	8e								
f Administrative service providers (salaries, fees, commissions)	8f		2	2817					
g Other expenses	8g								
h Total expenses (add lines 8d, 8e, 8f, and 8g)	8h								607106
Net income (loss) (subtract line 8h from line 8c)	8i								41953
j Transfers to (from) the plan (see instructions)	8j								
Part IV Plan Characteristics									
9a If the plan provides pension benefits, enter the applicable pension 2E 2F 2G 2J 2K 2T 3D	feature cod	des from the List of Plant	an Cha	racteris	stic Co	des in t	he instr	uctions	:
B If the plan provides welfare benefits, enter the applicable welfare for	eature code	es from the List of Pla	n Chara	acterist	ic Coc	les in th	e instru	ctions:	
Part V Compliance Questions									
10 During the plan year:				Yes	No	N/A		Amo	ount
Was there a failure to transmit to the plan any participant contribu described in 29 CFR 2510.3-102? (See instructions and DOL's V Program)	oluntary Fi	duciary Correction	10a	X					348
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					5000
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 som 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		Х				
g Did the plan have any participant loans? (If "Yes," enter amount a									050
h If this is an individual account plan, was there a blackout period?	•	,	10g	X					252
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?			10i						
Part VI Pension Funding Compliance							<u> </u>		
11 Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)								<u></u> П	Yes X
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?.		Yes X

	F	orm 5500-SF 2015 Page 3 - 1					
	_ `	s," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)					
а		aiver of the minimum funding standard for a prior year is being amortized in this plan year, see inc ng the waiver		enter the Day	date of t	he letter rul Year	ing
lf		mpleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line		Duy_		1 oui	
b	Enter t	ne minimum required contribution for this plan year		12b			
С	Enter th	ne amount contributed by the employer to the plan for this plan year		12c			
d		ct the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the		12d			
		ve amount)e minimum funding amount reported on line 12d be met by the funding deadline?		П	Yes	No 🗌	N/A
Part		Plan Terminations and Transfers of Assets			100	110	1471
		resolution to terminate the plan been adopted in any plan year?			Yes	s X No	
		s," enter the amount of any plan assets that reverted to the employer this year		13a			
b	Were	all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brough	ght under the co	ontrol		Yes X	No
С	If duri	ng this plan year, any assets or liabilities were transferred from this plan to another plan(s), identiassets or liabilities were transferred. (See instructions.)					
•	13c(1) N	lame of plan(s):	13c(2)	EIN(s)		13c(3) F	PN(s)
Part	: VIII	Trust Information					
14a	Name o	f trust		14b 1	Γrust's EIN	١	
14c	Name	of trustee or custodian		14d	Trustee's	or custodia	an's
	rianio	of tubics of suctorial			telephone		o
Par	t IX	IRS Compliance Questions					
15a	Is the	plan a 401(k) plan?		Ye	S	No	
15b		"how does the 401(k) plan satisfy the nondiscrimination requirements for employee deferrals an ng contributions (as applicable) under sections 401(k)(3) and 401(m)(2)?		ba ha	esign- ased safe arbor ethod	ADF test	P/ACP
15c	testing	DP/ACP test is used, did the 401(k) plan perform ADP/ACP testing for the plan year using the "c method" for nonhighly compensated employees (Treas. Reg sections 1.401(k)-2(a)(2)(ii) and 1.4(ii))?	101(m)-	Ye	S	No	
16a	Check	the box to indicate the method used by the plan to satisfy the coverage requirements under secti	on 410(b):		atio ercentage st		rage efit test
16b		he plan satisfy the coverage and nondiscrimination tests of sections 410(b) and 401(a)(4) by come with any other plans under the permissive aggregation rules?		Ye	s	No	
17a	Has the	e plan been timely amended for all required tax law changes?		Ye	S	No	N/A
17b		ne last plan amendment/restatement for the required tax law changes was adopted//law changes and codes).	Enter the ap	plicable	code	(See ins	tructions
17c		lan sponsor is an adopter of a pre-approved master and prototype (M&P) or volume submitter pland the letter yellower. I and the letter's serial references and the letter's serial references and the letter's serial references.		t to a fa	vorable II	RS opinion	or
17d	If the p	lan is an individually-designed plan and received a favorable determination letter from the IRS, e ination letter/		the plai	n's last fav	vorable	
18		Plan maintained in a U.S. territory (i.e., Puerto Rico (if no election under ERISA section 1022(i)(2, American Samoa, Guam, the Commonwealth of the Northern Mariana Islands or the U.S. Virgin		Yes	;	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

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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.

OMB Nos. 1210-0110 1210-0089

2015

This Form is Open to Public Inspection

		t Identification Information									
For calenda	r plan year 2015 or	fiscal plan year beginning	01/01/2015	and ending	12/31/20						
A This retu	urn/report is for:	a single-employer plan	a multiple-employer pla list of participating emp	ultiple-employer plan (not multiemployer) (Filers checking this box must attact of participating employer information in accordance with the form instructions)							
		a one-participant plan	a foreign plan								
B This retu	m/report is	the first return/report	the final return/report								
		an amended return/report	a short plan year return	nort plan year return/report (less than 12 months)							
C Check b	ox if filing under:	∑ Form 5558	automatic extension		DFVC pr	ogram					
		special extension (enter desc									
Part II	Basic Plan Inf	ormation—enter all requested in	nformation		Ab There dieta						
1a Name of PhenoPar	•	ies 401(k) Plan			1b Three-digit plan number (PN) ▶	001					
					1c Effective date 05/01/19	e of plan					
Mailing	address (include ro	loyer, if for a single-employer plan) om, apt., suite no. and street, or P. nce, country, and ZIP or foreign pos	O. Box)	uctions)	(EIN) 91-1						
•	th Laborator		star code (ii foroign, coo incin	.0	2c Sponsor's te (206) 37	•					
rnenora	cii haboracor	100/ 1110				de (see instructions)					
551 N 3	4th Street,	Suite 100			621510						
	•		WA	98103-8675							
Seattle 3a Plan ac		and address XSame as Plan Spor			3b Administrator's EIN						
					3	r's telephone number					
4 If the n	name and/or EIN of t	he plan sponsor has changed since	e the last return/report filed fo	or this plan, enter the	4b EIN						
name,	EIN, and the plan n	the plan sponsor has changed since number from the last return/report.	e the last return/report filed fo	or this plan, enter the	4b EIN						
name, a Sponso	EIN, and the plan nor's name	number from the last return/report.			_	107					
name, a Sponso 5a Total r	EIN, and the plan nor's name number of participan	number from the last return/report. ts at the beginning of the plan year.			4c PN	107 107					
a Sponso 5a Total r b Total r c Number	EIN, and the plan nor's name number of participan number of participan er of participants wit	ts at the beginning of the plan year. ts at the end of the plan year h account balances as of the end o	f the plan year (defined bene	fit plans do not	4c PN 5a						
name, a Sponso 5a Total r b Total r c Number complete	EIN, and the plan nor's name number of participan number of participan er of participants wit ete this item)	ts at the beginning of the plan year ts at the end of the plan year that account balances as of the end o	f the plan year (defined bene	fit plans do not	4c PN 5a 5b	107					
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name, a Sponso 5a Total r b Total r c Numbe comple d(1) Tota d(2) Tota e Numbe	EIN, and the plan nor's name number of participan number of participants wite this item)	ts at the beginning of the plan year its at the end of the plan year its at the end of the plan year in account balances as of the end of the plan year in account balances as of the end of the plan year icipants at the end of the plan year terminated employment during the	f the plan year (defined bene plan yearear	fit plans do not	4c PN 5a 5b 5c 5d(1)	107 87 73					
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name, a Sponso 5a Total r b Total r c Number completed d(1) Total e Number than r Caution: A Under penassB or Sche	EIN, and the plan in or's name number of participan er of participants wite this item)	ts at the beginning of the plan year its at the end of the plan year its at the end of the plan year in account balances as of the end of the plan year in account balances as of the end of the plan year in account balances as of the plan year in account balances as of the plan year in account balances as of the plan year incomplete filling of this return of the penalties set forth in the instruction of the plan year in account balance in account of the plan year in account of the plan year.	of the plan year (defined beneficially plan yearear	fit plans do not nefits that were less unless reasonable ca examined this return/re sion of this return/repor	4c PN 5a 5b 5c 5d(1) 5d(2) 5e use is established port, including, if apt, and to the best of	107 87 73 78 0 pplicable, a Schedule f my knowledge and					
name, a Sponso 5a Total r b Total r C Number completed d(1) Total d(2) Total e Number than 1 Caution: A Under pena SB or Schebelief, it is t SIGN HERE	EIN, and the plan nor's name number of participan number of participants wite tet this item)	ts at the beginning of the plan year its at the end of the plan year its at the end of the plan year in account balances as of the end of the plan year in account balances as of the end of the plan year in account balances as of the plan year in account balances as of the plan year in account balances as of the plan year incomplete filling of this return of the penalties set forth in the instruction of the plan year in account balance in account of the plan year in account of the plan year.	of the plan year (defined bene plan yearearee plan year with accrued bene printerport will be assessed	fit plans do not nefits that were less unless reasonable car examined this return/repor	4c PN 5a 5b 5c 5d(1) 5d(2) 5e use is established port, including, if apt, and to the best of	107 87 73 78 0 pplicable, a Schedule f my knowledge and					
name, a Sponso 5a Total r b Total r c Numbe comple d(1) Tota d(2) Tota e Numb than 1 Caution: A Under pena SB or Sche belief, it is t	EIN, and the plan in or's name number of participan number of participants wite this item)	ts at the beginning of the plan year ts at the end of the plan year haccount balances as of the end of the plan year tricipants at the beginning of the plan year terminated employment during the e or incomplete filing of this return and signed by an enrolled actuary, molete.	of the plan year (defined beneficially plan yearear	fit plans do not nefits that were less unless reasonable ca examined this return/re sion of this return/repor	4c PN 5a 5b 5c 5d(1) 5d(2) 5e use is established port, including, if apt, and to the best of a lual signing as plan	107 87 73 78 0 plicable, a Schedule my knowledge and administrator					
name, a Sponso 5a Total r b Total r C Number comple d(1) Total d(2) Total e Number than 1 Caution: A Under pena SB or Sche belief, it is t SIGN HERE	EIN, and the plan nor's name number of participan number of participants wite te this item) al number of active participants of participants the number of active participants the number of active participants the number of participants of perjury and adule MB completed nue, correct, and co	ts at the beginning of the plan year its at the end of the plan year its at the end of the plan year in account balances as of the end of the plan year in account balances as of the end of the plan year in account balances as of the plan year in account balances as of the plan year in account balances as of the plan year incomplete filling of this return of the penalties set forth in the instruction of the plan year in account balance in account of the plan year in account of the plan year.	of the plan year (defined benefined plan year	fit plans do not nefits that were less unless reasonable calexamined this return/repore Ingrid Onstace Enter name of individe	4c PN 5a 5b 5c 5d(1) 5d(2) 5e use is established port, including, if apt, and to the best of the best of the significant points are the significant points.	107 87 73 78 0 plicable, a Schedule my knowledge and administrator					
name, a Sponso 5a Total r b Total r C Number comple d(1) Total d(2) Total e Number than 1 Caution: A Under pena SB or Sche belief, it is t SIGN HERE	EIN, and the plan nor's name number of participan number of participants wite te this item) al number of active participants of participants the number of active participants the number of active participants the number of participants of perjury and adule MB completed nue, correct, and co	ts at the beginning of the plan year its at the end of the plan year its at the end of the plan year in account balances as of the end of the plan year in account balances as of the end of the plan year incomplete filling of the plan year terminated employment during the or incomplete filling of this return other penalties set forth in the instruction and signed by an enrolled actuary, molete in administrator	of the plan year (defined benefined plan year	fit plans do not nefits that were less unless reasonable calexamined this return/repore Ingrid Onstace Enter name of individe	4c PN 5a 5b 5c 5d(1) 5d(2) 5e use is established port, including, if apt, and to the best of a lual signing as plan	107 87 73 78 0 plicable, a Schedule my knowledge and administrator					
name, a Sponso 5a Total r b Total r C Number comple d(1) Total d(2) Total e Number than 1 Caution: A Under pena SB or Sche belief, it is t SIGN HERE	EIN, and the plan nor's name number of participan number of participants wite te this item) al number of active participants of participants the number of active participants the number of active participants the number of participants of perjury and adule MB completed nue, correct, and co	ts at the beginning of the plan year its at the end of the plan year its at the end of the plan year in account balances as of the end of the plan year in account balances as of the end of the plan year incomplete filling of the plan year terminated employment during the or incomplete filling of this return other penalties set forth in the instruction and signed by an enrolled actuary, molete in administrator	of the plan year (defined benefined plan year	fit plans do not nefits that were less unless reasonable calexamined this return/repore Ingrid Onstace Enter name of individe	4c PN 5a 5b 5c 5d(1) 5d(2) 5e use is established port, including, if apt, and to the best of a lual signing as plan	107 87 73 78 0 plicable, a Schedule my knowledge and administrator					

	Form 5500-SF 2015		Page 2								
b A	Were all of the plan's assets during the plan year invested in eligible Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility fyou answered "No" to either line 6a or line 6b, the plan cann	an indepe and condi iot use Fo	ndent qualified public actions.)orm 5500-SF and must	counta instea	ınt (IQI d use	PA) Form	5500.		X X	Yes	No No
C If	the plan is a defined benefit plan, is it covered under the PBGC in	nsurance p	orogram (see ERISA sec	ction 40)21)? .	····· <u> </u>	Yes []No ∏	NOt	determ	inea
Part	III Financial Information										
7 F	Plan Assets and Liabilities		(a) Beginning	of Yea	r	,—		(b) End	of Ye	ar 7 31	2,916
a 1	otal plan assets	. 7a	,	,270	, 963	1				7,31.	2,910
	otal plan liabilities	. 7b					,				0 01 0
<u> </u>	let plan assets (subtract line 7b from line 7a)	7c		7,270	963	3				7,31	2,916
	ncome, Expenses, and Transfers for this Plan Year	SWEE	(a) Amou	nt		1	145.3 55.44	(b) T	otal		er alle frage frage
	Contributions received or receivable from:	8a(1)		203	3,209	ə					
	1) Employers	8a(2)			,900						
	3) Others (including rollovers)	8a(3)			5,418						
	Other income (loss)	8b			2,468	_					
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c								64	9,059
	Benefits paid (including direct rollovers and insurance premiums	1									
	o provide benefits)	. 8d		604	1,28	9					
e (Certain deemed and/or corrective distributions (see instructions)	. 8e									
f /	Administrative service providers (salaries, fees, commissions)	. 8f			2,81	7					
g	Other expenses	. 8g				13.0					
h 7	Total expenses (add lines 8d, 8e, 8f, and 8g)	. 8h									7,106
	Net income (loss) (subtract line 8h from line 8c)	. 8i		Y MARK					9 - N. J. J.	4	1,953
j	Fransfers to (from) the plan (see instructions)	- 8j									
B	If the plan provides welfare benefits, enter the applicable welfare V Compliance Questions	feature co	des from the List of Plan	n Chara	acterist	ic Cod	les in th	e instruct	ions	:	
10	During the plan year:				Yes	No	N/A		An	ount	***************************************
a	Was there a failure to transmit to the plan any participant contributescribed in 29 CFR 2510.3-102? (See instructions and DOL's Program)	Voluntary	Fiduciary Correction	10a	Х					3	34 , 895
b	Were there any nonexempt transactions with any party-in-interes reported on line 10a.)	t? (Do no	t include transactions	10b		Х					
С	Was the plan covered by a fidelity bond?			10c	Х					50	00,000
d	Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?	s fidelity b	ond, that was caused	10d		Х					
е	Were any fees or commissions paid to any brokers, agents, or of carrier, insurance service, or other organization that provides softhe plan? (See instructions.)	me or all c	if the benefits under	10e		Х					
f	Has the plan failed to provide any benefit when due under the plan			10f		Х					
				10g	Х	 					25,253
<u>g</u>	If this is an individual account plan, was there a blackout period?			109	 ^	 -					-3,23
11	2520.101-3.)			10h		Х					
İ	If 10h was answered "Yes," check the box if you either provided exceptions to providing the notice applied under 29 CFR 2520.10	01-3		10i							
j	Did the plan trust incur unrelated business taxable income?			10j		<u></u>	<u></u>	<u></u>			
Part	VI Pension Funding Compliance					0-1-	4.4- 00	/C	T		
11	Is this a defined benefit plan subject to minimum funding requirer 5500) and line 11a below)						T	(rom		Yes	X No
<u>11a</u>	Enter the unpaid minimum required contribution for all years from						. 11a		ı	7	
12	Is this a defined contribution plan subject to the minimum fundin	g requirer	nents of section 412 of t	he Coo	le or s	ection	302 of I	ERISA?		Yes	X No

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(f "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)						
a II	a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see in ranting the waiver.	structions, and e Month	enter t Day	he date of	the letter ruli Year	ng	
If yo	u completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line	13.					
b Ei	ter the minimum required contribution for this plan year	12b					
C Er	ter the amount contributed by the employer to the plan for this plan year	12c					
d s	ubtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the egative amount)	12d					
e v	fill the minimum funding amount reported on line 12d be met by the funding deadline?			Yes	No	N/A	
Part V	Plan Terminations and Transfers of Assets		r				
13a ⊦	as a resolution to terminate the plan been adopted in any plan year?				es X No		
	"Yes," enter the amount of any plan assets that reverted to the employer this year		13a				
	Vere all the plan assets distributed to participants or beneficiaries, transferred to another plan, or bround the PBGC?			[Yes 🛛 I	No	
	during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identifich assets or liabilities were transferred. (See instructions.)	tify the plan(s) to	ı				
	(1) Name of plan(s):	13c(2)	EIN(s)	13c(3) P	N(s)	
Part V		**************************************	14h	Trust's E	IN		
14a Na	me of trust			714010 =			
14c N	ame of trustee or custodian	14d Trustee's or custodian's telephone number					
Part I	X IRS Compliance Questions		L				
15a	the plan a 401(k) plan?		│□`	res .	No		
15b if	"Yes," how does the 401(k) plan satisfy the nondiscrimination requirements for employee deferrals a atching contributions (as applicable) under sections 401(k)(3) and 401(m)(2)?	nd employer		Design- based saf harbor method	e		
te	the ADP/ACP test is used, did the 401(k) plan perform ADP/ACP testing for the plan year using the "sting method" for nonhighly compensated employees (Treas. Reg sections 1.401(k)-2(a)(2)(ii) and 1 (a)(2)(ii))?	.401(m)-	Yes [∏ No	No	
16a C	heck the box to indicate the method used by the plan to satisfy the coverage requirements under sec	tion 410(b):	Ratio percentage test		je Ave ber	Average benefit test	
16b E	oes the plan satisfy the coverage and nondiscrimination tests of sections 410(b) and 401(a)(4) by co is plan with any other plans under the permissive aggregation rules?	mbining	 _	Yes	∏ No		
17a +	las the plan been timely amended for all required tax law changes?		$ \Box$	Yes	∏ No	N/A	
17b	Date the last plan amendment/restatement for the required tax law changes was adopted or tax law changes and codes).	Enter the ap			(See ins		
а	the plan sponsor is an adopter of a pre-approved master and prototype (M&P) or volume submitter produced by the plan sponsor is an adopter of a pre-approved master and prototype (M&P) or volume submitter prototype (M&P) or volume submitter prototype (M&P) and the letter's serial representations of the plan sponsor is an adopter of a pre-approved master and prototype (M&P) or volume submitter prototype (M&P) or volume submi	umber				or	
d	the plan is an individually-designed plan and received a favorable determination letter from the IRS, etermination letter		f the p	lan's last	tavorable		
18 I	the Plan maintained in a U.S. territory (i.e., Puerto Rico (if no election under ERISA section 1022(i)(nade), American Samoa, Guam, the Commonwealth of the Northern Mariana Islands or the U.S. Virg	z) nas been in Islands)?			No		
19 v	/ere in-service distributions made during the plan year?		<u> </u>	Yes	∐No		
	"Yes," enter amount		. 19				
20 v	/ere required minimum distributions made to 5% owners who have attained age 70 ½ (regardless of etired), as required under section 401(a)(9)?	whether or not		Yes	☐ No	∏ N/A	