Form 5500-SF	Short Form Annu	•	ort of Small Emplo	oyee	0	MB Nos. 1210-0110 1210-0089			
Department of the Treasury Internal Revenue Service	This form is required to be fill	Benefit Plan This form is required to be filed under sections 104 and 4065 of the Employee Re							
Department of Labor Employee Benefits Security Administratii	Income Security Act of 1974	Income Security Act of 1974 (ERISA), and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).							
Pension Benefit Guaranty Corporatio	Complete all entries in		nstructions to the Form 55	00-SF.		Inspection			
Part IAnnual RepoFor calendar plan year 2015 or	rt Identification Information		and ending 12	2/31/2015					
A This return/report is for:	X a single-employer plan		er plan (not multiemployer) g employer information in ac	•	0				
B This return/report is	the first return/report	the final return/rep	ort eturn/report (less than 12 mo	onths)					
C Check box if filing under:	X Form 5558 Special extension (enter desc	automatic extensi	on		FVC progra	n			
Part II Basic Plan In	formation—enter all requested in								
1a Name of plan PREPARED RESPONSE, INC.				(PN)	umber	001			
				IC Ellecu	ve date of p 01/01/2				
Mailing address (include r	ployer, if for a single-employer plan) oom, apt., suite no. and street, or P.0 ince, country, and ZIP or foreign pos		instructions)	2b Emplo (EIN)	yer Identific 91-206	ation Number 1089			
PREPARED RESPONSE, INC.					or's telepho 253-272	-1483			
518 - 6TH AVE., SUITE 200B ACOMA, WA 98406				2d Busine	ess code (se 54199	e instructions)			
3a Plan administrator's name	and address XSame as Plan Spor	isor.		3b Admin	istrator's Ell	N			
				3c Admin	istrator's tel	ephone number			
	the plan sponsor has changed since	the last return/report fil	ed for this plan, enter the	4b EIN					
name, EIN, and the plan a Sponsor's name	number from the last return/report.			4c PN					
5a Total number of participar	nts at the beginning of the plan year.			5a		31			
b Total number of participar	nts at the end of the plan year			5b		32			
	th account balances as of the end of			5c		23			
d(1) Total number of active	participants at the beginning of the p	lan year		5d(1)		23			
	participants at the end of the plan ye			5d(2)		22			
than 100% vested	hat terminated employment during th			5e	iched	0			
Under penalties of perjury and	te or incomplete filing of this return other penalties set forth in the instru- d and signed by an enrolled actuary, proplete.	ictions, I declare that I h	ave examined this return/rep	oort, including	g, if applicat				
	ed/valid electronic signature.	09/30/2016	CAROL SPARLING						
HERE Signature of plan	n administrator	Date	Enter name of individu	ual signing as	s plan admir	nistrator			
SIGN HERE Signature of emu	ployer/plan sponsor	Date	Enter name of individu	ial signing a	s employer (or plan sponsor			
	n name, if applicable) and address (i			Preparer's t					
For Paperwork Peduction Act No	otice and OMB Control Numbers, see th	e instructions for Form 5	500-SE		Fr	orm 5500-SF (2015)			

62 Wore all of the plan's assets during the plan were invested in all of	alo acosto? (f	Soo instructions)					Yes No
6a Were all of the plan's assets during the plan year invested in eligitb Are you claiming a waiver of the annual examination and report of							
under 29 CFR 2520.104-46? (See instructions on waiver eligibility							X Yes No
If you answered "No" to either line 6a or line 6b, the plan can					_		No Not determined
C If the plan is a defined benefit plan, is it covered under the PBGC in	insurance pro	gram (see ERISA se	CLION 4	021)?		res	
Part III Financial Information					<u> </u>		
7 Plan Assets and Liabilities	7-	(a) Beginning	<u>j of Yea</u> 770		_		(b) End of Year 478307
a Total plan assets b Total plan liabilities	. 7a . 7b		110	921	-		470507
C Net plan assets (subtract line 7b from line 7a)	. 70 . 70		770	921			478307
 8 Income, Expenses, and Transfers for this Plan Year 		(a) Amou		021			(b) Total
a Contributions received or receivable from:		(a) Alliot	1111				
(1) Employers	. 8a(1)						
(2) Participants	. 8a(2)		61	133			
(3) Others (including rollovers)	. 8a(3)		1	395			
b Other income (loss)	. 8b		-19	585			
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	. 8c				_		42943
d Benefits paid (including direct rollovers and insurance premiums to provide benefits)	. 8d		334	404			
e Certain deemed and/or corrective distributions (see instructions)	. 8e		1	153			
f Administrative service providers (salaries, fees, commissions)	. 8f						
g Other expenses	. 8g						
h Total expenses (add lines 8d, 8e, 8f, and 8g)	. 8h						335557
i Net income (loss) (subtract line 8h from line 8c)	. 8i						-292614
j Transfers to (from) the plan (see instructions)	Transfers to (from) the plan (see instructions)						
Part IV Plan Characteristics							
9a If the plan provides pension benefits, enter the applicable pension 2E 2G 2J 2K 2T 3D	feature code	es from the List of Pl	an Cha	racteri	stic Co	des in t	the instructions:
B If the plan provides welfare benefits, enter the applicable welfare	feature codes	s from the List of Pla	n Chara	acterist	ic Coc	les in th	ne instructions:
Part V Compliance Questions							
10 During the plan year:				Yes	No	N/A	Amount
a Was there a failure to transmit to the plan any participant contributes described in 29 CFR 2510.3-102? (See instructions and DOL's Program).	Voluntary Fid	uciary Correction	10a		Х		
b Were there any nonexempt transactions with any party-in-interes reported on line 10a.)			10b		Х		
C Was the plan covered by a fidelity bond?			10c	х			150000
d Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?	s fidelity bond	l, that was caused	10d		Х		
e Were any fees or commissions paid to any brokers, agents, or ot carrier, insurance service, or other organization that provides sor the plan? (See instructions.)	her persons l ne or all of th	by an insurance e benefits under	10e	х			4360
f Has the plan failed to provide any benefit when due under the pla	an?		10f		х		
g Did the plan have any participant loans? (If "Yes," enter amount a	as of year end	d.)	10g		Х		
h If this is an individual account plan, was there a blackout period?	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR				Х		
i If 10h was answered "Yes," check the box if you either provided t	2520.101-3.) If 10h was answered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3						
j Did the plan trust incur unrelated business taxable income?			10i 10j				
Part VI Pension Funding Compliance			10]	I	1		

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	2 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

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					1					
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)									
a	a If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, and enter the date of the letter ruling granting the waiver									
lf	you c	ompleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line	13.		.					
b	Enter	the minimum required contribution for this plan year		12b						
-		the amount contributed by the employer to the plan for this plan year		12c						
d		ract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the ative amount)		12d						
е	Will	the minimum funding amount reported on line 12d be met by the funding deadline?			Yes	No	N/A			
Part VII Plan Terminations and Transfers of Assets										
13a	Has	a resolution to terminate the plan been adopted in any plan year?			Ye	es X No				
		es," enter the amount of any plan assets that reverted to the employer this year		13a						
h		e all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brou								
	of th	e PBGC?	-			Yes X	No			
С		ring this plan year, any assets or liabilities were transferred from this plan to another plan(s), identi h assets or liabilities were transferred. (See instructions.)	fy the plan(s) to							
1	13c(1)	Name of plan(s):	13c(2)	EIN(s)		13c(3)	PN(s)			
Part	VIII	Trust Information	-							
14a	Name	of trust		14b	Trusťs E	IN				
14c Name of trustee or custodian						14d Trustee's or custodian's telephone number				
Par	t IX	IRS Compliance Questions								
15a	Is th	e plan a 401(k) plan?		Ye	es					
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	P/ACP				
15c	testir	ADP/ACP test is used, did the 401(k) plan perform ADP/ACP testing for the plan year using the "c ng method" for nonhighly compensated employees (Treas. Reg sections 1.401(k)-2(a)(2)(ii) and 1.4 2)(ii))?		Y	es	3 No				
16a	Chec	k the box to indicate the method used by the plan to satisfy the coverage requirements under sect	ion 410(b):	Цр	atio ercentag est					
16b		the plan satisfy the coverage and nondiscrimination tests of sections 410(b) and 401(a)(4) by con lan with any other plans under the permissive aggregation rules?	0	Ye	es	No				
17a	Has	he plan been timely amended for all required tax law changes?		Ye	es	No	N/A			
	for ta	the last plan amendment/restatement for the required tax law changes was adopted///x law changes and codes).	•				tructions			
17c		plan sponsor is an adopter of a pre-approved master and prototype (M&P) or volume submitter placer 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		Ye	S	No				
19	Were	in-service distributions made during the plan year?		Ye	es	No				
	lf "Y€	es," enter amount		19						
20	Were	required minimum distributions made to 5% owners who have attained age 70 ½ (regardless of w d), as required under section 401(a)(9)?		Y	es	No	N/A			

Form 5500-SF	Short Form Annu	•	t of Small Employ	ee	OMB Nos. 1210-0110 1210-0089		
Department of the Treasury Internal Revenue Service	This form is required to be file	Benefit Plan This form is required to be filed under sections 104 and 4065 of the Employed					
Department of Labor Employee Benefits Security Administration	Income Security Act of 1974	057(b) and 6058(a) of the Inte le).	ernal	This Form is Open to Public Inspection			
Pension Benefit Guaranty Corporation	Complete all entries in	accordance with the ins	tructions to the Form 5500	-SF.	Public Inspection		
For calendar plan year 2015 or fit	Identification Information scal plan year beginning 01/01/20	16	and ending 12/31/2	045			
To calcida plat year 2010 of h	X a single-employer plan		plan (not multiemployer) (Fil		ing this hav must attach a		
A This return/report is for:	a one-participant plan	list of participating e	mployer information in accor	dance wit	h the form instructions)		
B This return/report is	the first return/report an amended return/report	the final return/report a short plan year retu	rn/report (less than 12 monti	ns)			
C Check box if filing under:	X Form 5558	automatic extension			FVC program		
Dart II Regio Blan Info	special extension (enter descr						
Part II Basic Plan Info 1a Name of plan	rmation-enter all requested in	formation		b T here c	atta ta		
PREPARED RESPONSE, INC. RE	ETIREMENT PLAN]]	b Three- plan nu (PN)	umber 001		
			10		ve date of plan		
	n, apt., suite no. and street, or P.O			b Employ	ver Identification Number		
PREPARED RESPONSE, INC.	e, country, and ZIP or foreign posta	al code (il foreign, see ins	tructions) 20	C Spons	or's telephone number (253) 272-1483		
			20		ss code (see instructions)		
3518 - 6TH AVE., SUITE 200B				541990)		
TACOMA, WA 98406	<u> </u>	· · · · · ·					
Ja Plan administrator's name an	d address XSame as Plan Spons	or.			strator's EIN strator's telephone number		
	plan sponsor has changed since the sponsor has changed since the last return/report.	he last return/report filed t	for this plan, enter the 4) EIN			
a Sponsor's name			40	PN			
5a Total number of participants	at the beginning of the plan year			5a	31		
	at the end of the plan year			5b	32		
C Number of participants with a	ccount balances as of the end of t	he plan year (defined ben	efit plans do not	5c	23		
	licipants at the beginning of the pla			d(1)	23		
d(2) Total number of active part	ticipants at the end of the plan yea	٢		d(2)	22		
 Number of participants that t 	erminated employment during the	plan year with accrued be	nefits that were less	5e	0		
Caution: A penalty for the late o Under penalties of perjury and oth SB or Schedule MB completed an	r Incomplete filing of this return er penalties set forth in the instruc d signed by an enrolled actuary, as	/report will be assessed tions, I declare that I have	unless reasonable cause i examined this return/report.	including.	if applicable, a Schedule		
belief, it is true, correct, and comp		[Dla-L	V 1. 10- 1				
SIGN X ALLA		<u> </u>	X+ CAROL Spach	1			
Signature of plan ad		Date	Enter name of individual s	igning as	plan administrator		
HERE Signature of employ	/er/plan sponsor	Date	Enter name of individual s	ianina ee	employer or plan sponsor		
Preparer's name (including firm na					lephone number		
For Paperwork Reduction Act Notice	and OMB Control Numbers, see the	instructions for Form FEMA	er		Eorm 5500_SE (2015)		

For Paperwork Reduction Act Notice and OME	s Control Numbers, see th	e instructions for Form 5500	-8
2016-07-13T15:10:22.759-05:00	·		

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6a	Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)								K	Yes	No No	
D	Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.)								∏ No			
	If you answered "No" to either line 6a or line 6b, the plan can	not use Fr	orm 5500-SF and mus	st inste	ad use	For	n 5500		Ľ	162		
c	If the plan is a defined benefit plan, is it covered under the PBGC in	nsurance i	program (see ERISA s	ection (4021)2	Г				detern	ninad	
1020000000000	rt III Financial Information					L					anço	
7	Plan Assets and Liabilities		(a) Paglania				· .	(h) Euro				
a	Total plan assets	. 7a	(a) Beginnin	7709		+-		(b) End		ar 78307		
	Total plan liabilities	. 7b				+				0307		
	Net plan assets (subtract line 7b from line 7a)	. 7c		7709	21				47	8307		
8	Income, Expenses, and Transfers for this Plan Year	. 70	(0) 6m0									
а	Contributions received or receivable from:		(a) Amount					(b) Total				
	(1) Employers	<u>8a(1)</u>						0.8%				
	(2) Participants	8a(2)		611	33							
	(3) Others (including rollovers)	8a(3)		13	95			1998 B. 19			an e c	
<u>b</u>	Other income (loss)	8b		-195	85							
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							4	2943		
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8ď		3344	04							
	Certain deemed and/or corrective distributions (see instructions)			11							<u>lan Koksa</u> Dan Koksa	
f	Administrative service providers (salaries, fees, commissions)	80							60289 26910		<u>e sectores de la composición </u>	
	Other expenses	8f						<u></u>	38.27 			
	Total expenses (add lines 8d, 8e, 8f, and 8g)	8g				200 199	<u>999</u>			5557		
i	Net income (loss) (subtract line 8h from line 8c)					48 <u>.</u> 19						
<u> </u>	Transfers to (from) the plan (see instructions)						a and the second	-292614				
		8	,							- 12,577	<u> </u>	
N. 1995 1995 1	t IV Plan Characteristics If the plan provides pension benefits, enter the applicable pension	feature co	dan from the Lint of Di	on Cho	tootoriu			in the traction				
	2E 2G 2J 2K 2T 3D	leature cu			racten		oes in	ine instrui	CUONS:			
В	If the plan provides welfare benefits, enter the applicable welfare for	eature cod	es from the List of Pla	n Chara	acterist	ic Co	les in th	e instruct	ions:			
10.000000000000000000000000000000000000			·									
127	V Compliance Questions											
<u> 10 </u>	During the plan year:				Yes	No	N/A		Amo	unt		
a	Was there a failure to transmit to the plan any participant contribut described in 29 CFR 2510.3-102? (See instructions and DOL's V Program)	oluntary F	iduciary Correction	10a		x						
d	Were there any nonexempt transactions with any party-in-interest reported on line 10a.)	? (Do not i	nclude transactions	10b		X .						
c	Was the plan covered by a fidelity bond?			10c	x					15	50000	
d	Did the plan have a loss, whether or not reimbursed by the plan's	fidelity bor	id, that was caused									
	by fraud or dishonesty?			10d		X	د. در ایر					
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.)	e or all of t	ne benefits under	10e	x						4360	
f	Has the plan failed to provide any benefit when due under the plan			10f		х						
g	Did the plan have any participant loans? (If "Yes," enter amount as			-		x						
	If this is an individual account plan, was there a blackout period? (10g					80048	××,*,		
	2520.101-3.)			10h		х						
I	If 10h was answered "Yes," check the box if you either provided th exceptions to providing the notice applied under 29 CFR 2520.101	e required	notice or one of the	_10i								
j	Did the plan trust incur unrelated business taxable income?			10j							-	
Part								•				
11	Is this a defined benefit plan subject to minimum funding requireme 5500) and line 11a below)						ule SB (Form		Yes	No	
<u>11a</u>	Enter the unpaid minimum required contribution for all years from \$						11a					
12	Is this a defined contribution plan subject to the minimum funding	requireme	nts of section 412 of th	ne Code	e or sec	tion 3	02 of E	RISA?		Yes 🎙	No	

Form 5500-SF 2015 Page 3 - 1 (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.) a If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, and enter the date of the letter ruling granting the waiver. Month Dav Year If you completed 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 12c C Enter the amount contributed by the employer to the plan for this plan year 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 12d negative amount). e Will the minimum funding amount reported on line 12d be met by the funding deadline?..... Yes No N/A Plan Terminations and Transfers of Assets 行,為何關 13a Has a resolution to terminate the plan been adopted in any plan year? Yes 🛛 No If "Yes," enter the amount of any plan assets that reverted to the employer this year 13a b Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control Yes X No of the PBGC?. If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to C which assets or liabilities were transferred. (See instructions.) 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 **IRS Compliance Questions** Yes **15a** Is the plan a 401(k) plan?..... No Design-15b If "Yes," how does the 401(k) plan satisfy the nondiscrimination requirements for employee deferrals and employer ADP/ACP based safe matching contributions (as applicable) under sections 401(k)(3) and 401(m)(2)?..... harbor test method 15c If the ADP/ACP test is used, did the 401(k) plan perform ADP/ACP testing for the plan year using the "current year Yes ΠNο testing method" for nonhighly compensated employees (Treas. Reg sections 1.401(k)-2(a)(2)(ii) and 1.401(m)-2(a)(2)(ii))?..... Ratio Π Π Average 16a Check the box to indicate the method used by the plan to satisfy the coverage requirements under section 410(b): percentage benefit test test 16b Does the plan satisfy the coverage and nondiscrimination tests of sections 410(b) and 401(a)(4) by combining | | Yes **∏**N₀ this plan with any other plans under the permissive aggregation rules? 17a Has the plan been timely amended for all required tax law changes?..... ∏n/A | Yes No 17b Date the last plan amendment/restatement for the required tax law changes was adopted______. Enter the applicable code (See instructions for tax law changes and codes). 17c If the plan sponsor is an adopter of a pre-approved master and prototype (M&P) or volume submitter plan that is subject to a favorable IRS opinion or advisory letter, enter the date of that favorable letter and the letter's serial number 17d If the plan is an individually-designed plan and received a favorable determination letter from the IRS, enter the date of the plan's last favorable determination letter 18 Is the Plan maintained in a U.S. territory (i.e., Puerto Rico (if no election under ERISA section 1022(i)(2) has been Yes No made), American Samoa, Guam, the Commonwealth of the Northern Mariana Islands or the U.S. Virgin islands)?..... 19 Were in-service distributions made during the plan year? Yes No If "Yes," enter amount 19 20 Were required minimum distributions made to 5% owners who have attained age 70 ½ (regardless of whether or not Yes No **∏**N/A retired), as required under section 401(a)(9)?