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.

1210-0089

OMB Nos. 1210-0110

2015

This Form is Open to Public Inspection

Parti	Annual Report	identification information										
For calend	dar plan year 2015 or fi	scal plan year beginning 01/01/2	015	and ending 12	2/31/2015							
Δ This ro	eturn/report is for:	a single-employer plan		lan (not multiemployer)		-						
A IIIISTE	etum/report is ior.	a one-participant plan	a foreign plan	ipioyer information in ac-	cordance w	iai aic ioiii	i instructions)					
B This ret	turn/report is	the first return/report	the final return/report									
		an amended return/report	a short plan year return	r return/report (less than 12 months)								
C Check	box if filing under:	X Form 5558	automatic extension			OFVC progi	ram					
F		special extension (enter descri	iption)									
Part II	Basic Plan Info	rmation—enter all requested info	ormation									
1a Name	e of plan				1b Three	-						
MOUNTAIN	N CONSTRUCTION 40	1(K) PLAN			•	number	000					
				}	(PN)		002					
					1C Effec	ctive date of 07/0	f plan 1/1995					
		yer, if for a single-employer plan) m, apt., suite no. and street, or P.O	. Box)		2b Empl (EIN)	· ·	fication Number 182653					
City o	or town, state or provinc	e, country, and ZIP or foreign posta		ructions)	, ,		hone number					
MOUNTAIN	I CONSTRUCTION, INC	C.			ZC Spor		74-5281					
7/57 S M AF	DISON STREET				2d Busin	ness code (see instructions)					
	VA 98409-1000					2362	200					
3a Plan a	administrator's name ar	nd address Same as Plan Spons	or.		3b Admi	inistrator's I	EIN					
					3c Admi	nistrator's t	telephone number					
4 If the	name and/or EIN of the	e plan sponsor has changed since t	the last return/report filed for	or this plan, enter the	4b EIN							
name	e, EIN, and the plan nui	mber from the last return/report.		, , , , , , , , , , , , , , , , , , , ,								
<u>.</u>	sor's name				4c PN		44					
		at the beginning of the plan year		Ī	5a		41					
		at the end of the plan year		ì	5b		41					
		account balances as of the end of t	' '	'	5c		38					
d(1) To	tal number of active pa	rticipants at the beginning of the pla	an year		5d(1)		25					
		rticipants at the end of the plan year			5d(2)		21					
than	100% vested	terminated employment during the			5e		0					
		or incomplete filing of this return										
SB or Sch		her penalties set forth in the instruc nd signed by an enrolled actuary, a plete.										
SIGN		valid electronic signature.	09/30/2016	LARRY FOCKLER								
HERE	Signature of plan a	dministrator	Date	Enter name of individu	ual signing a	as plan adn	ninistrator					
SIGN												
HERE	Signature of emplo	yer/plan sponsor	Date	Enter name of individu	ual signing a	as employe	er or plan sponsor					
Preparer's	s name (including firm n	ame, if applicable) and address (in	clude room or suite numbe	er)	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 of you answered "No" to either line 6a or line 6b, the plan cannot be a series of the plan cannot be a series of	an indepen and condition	dent qualified public a	ccount	ant (IQ	PA)			×	Yes No
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 c	determined
Part III Financial Information	, ,								
7 Plan Assets and Liabilities		(a) Beginning	of Ye	ar			(b) End	of Yea	ar
a Total plan assets	. 7a		3030					2	783838
b Total plan liabilities	. 7b			0					574
C Net plan assets (subtract line 7b from line 7a)	7c		3030	0077					783264
8 Income, Expenses, and Transfers for this Plan Year		(a) Amou	ınt				(b)	Total	
Contributions received or receivable from: (1) Employers	8a(1)		26	178					
(2) Participants	8a(2)		186	6164					
(3) Others (including rollovers)	8a(3)								
b Other income (loss)	8b		-56	953					
c Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c								155389
Benefits paid (including direct rollovers and insurance premiums to provide benefits)	. 8d		401	852					
Certain deemed and/or corrective distributions (see instructions)	8e			-					
f Administrative service providers (salaries, fees, commissions)	8f			350					
g Other expenses	8g								
h Total expenses (add lines 8d, 8e, 8f, and 8g)	. 8h								402202
i Net income (loss) (subtract line 8h from line 8c)	8i							-	246813
j Transfers to (from) the plan (see instructions)	8i								
Part IV Plan Characteristics									
9a If the plan provides pension benefits, enter the applicable pension	feature cod	des from the List of PI	an Cha	racteri	stic Co	des in th	he instru	ıctions:	
B If the plan provides welfare benefits, enter the applicable welfare f		(o th - L'at - (Dla	. 01			laa ta da			
B If the plan provides welfare benefits, enter the applicable welfare f	eature code	es from the list of Pla	n Chara	acterist	ic Coc	ies in the	e instruc	tions:	
Part V Compliance Questions									
10 During the plan year:				Yes	No	N/A		Amo	unt
a Was there a failure to transmit to the plan any participant contributed described in 29 CFR 2510.3-102? (See instructions and DOL's Verogram)	/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					303008
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					9108
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					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?			10i						
Part VI Pension Funding Compliance									
11 Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)									Yes 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						302 of E	RISA?	. П	Yes X No

	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

Form 5500-SF

Ocpartment of the Treasury Internal Revenue Cervine

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).

OMB Nos, 1210-0110 1210-0089

2015

This Form is Open to Public Inspection

Pension Benefit Guaranty Corporator	▶ Complete all entries in	accordance with the instructions to the Form	5500-SF.	r done mapecion
Part I Annual Report	rt Identification Information			
For calendar plan year 2015 or	fiscal plan year beginning	01/01/2015 and ending	1.2/31,	/2015
A This return/report is for:	a single-employer plan	a multiple-employer plan (not multiemployer list of participating employer information in a	(Filers checking	this box must attach a
Trino rotal integer to tor,	a one-participant plan	a foreign plan	accordance with the	ie ionii instructions)
B This return/report is	the first return/report	lhe final return/report		
C 01 11 11 11 11 11	an amended return/report	a short plan year return/report (less than 12 r	monlins)	
C Check box if filing under:	X Form 5558 special extension (enter desc	[] automatic extension priplion)	DFV	C program
Part II Basic Plan Int	formation—enter all requested in	Ingration		
1a Name of plan	office an requestion	HOTHINGO)	1b Three-dig	
MOUNTAIN CONSTRUCTI	CON 401(K) PLAN		plan numl	
			1c Effective of 07/01/	
	loyer, if for a single-employer plan) om, apl., suite no, and street, or P.	O, Box)	2b Employer	Identification Number
City of town, state or proving Mountain Construct		Ial code (if foreign, see instructions)	2c Sponsor's	telephone number
7457 S Madison Str	-pa-		2d Business	4 - 5281. code (see instructions)
			236200	
Tacoma 3a Plan administrator's name :	WA 98409-10 and address X Same as Plan Spor		3b Administra	ator's EIN
	l I			ator's telephone number
	ne plan sponsor has changed since umber from the last return/report.	the last return/report filed for this plan, enter the	4b EIN	
	a at the basissing of the plants		4c PN	
		1995 (C101000 C)	5a	4:
		Personal (1800)	5b	4
complete this item)	account balances as of the end of	the plan year (defined benefit plans do not	5c	31
d(1) Total number of active p	articipants at the beginning of the p	lan year	5d(1)	2
d(2) Total number of active p	articipants at the end of the plan ye	arar	5d(2)	2
than 100% vested		e plan year with accrued benefits that were less	5e	
Under penallies of perjury and c SB or Schedule MB consisted	ther penalties set forth in the instru	n/report will be assessed unless reasonable ca iclions, I declare that I have examined this return/re as well as the electronic version of this return/repo	poort including it	applicable a Schedule
SIGN Y	-	(9.30.16 Larry Fockler		
IERE Signature of plan	administrator	Date Enter name of individ	inal signing as pta	u) administrator
SIGN Signature of each	Avarintan erassas	Dala	The Control of the Co	
reparer's name (including firm	foyer/plan sponsor name, if applicable) and address (i	Date Enter name of individual control of individual control of suite number)	Preparer's telep	ployer or plan spansor phone number

		Page 2								
b Are you claiming a waiver of the annual examination and report of under 29 CFR 2520,104-46? (See instructions on waiver eligibility	Vere all of the plan's assets during the plan year invested in eligible assets? (See instructions.) re you claiming a waiver of the annual examination and report of an independent qualified public accountant (IOPA) nder 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.)							X	Yes N	
c If the plan is a defined benefit plan, is it covered under the PBGC in							No [Not	determined	
Part III Financial Information				-				-		
7 Plan Assets and Liabilities	âuver-	(a) BeginnIn	a of Ye	ar	T		(b) End	l of Vo	S.P.	
a Total plan assets	7a	1.7	3,03		7		Int rance		,783,83	
b Total plan llabilities	7b				0				57	
C Net plan assets (subtract line 7b from line 7a)	7c		3,03	0,07	7			2	,783,26	
8 Income, Expenses, and Transfers for this Plan Year		(a) Amo				(b) Total			-	
a Contributions received or receivable from:				97.00						
(1) Employers	8a(1)		26							
(2) Participants	8a(2)		186,16							
(3) Others (including rollovers)	8a(3)							Marie		
b Other income (loss)	8b		-5	6,95	3	1 5 50	10/13/	3.01		
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c			TILLS	19	155				
d Benefits paid (Including direct rollovers and insurance premiums to provide benefits)	8d		401,89							
Certain deemed and/or corrective distributions (see instructions)	8e				. 8			(F) (S)		
f Administrative service providers (salaries, fees, commissions)	81			35	0					
g Other expenses	8g		THE PARTY OF	= 3 - W=1						
h Total expenses (add lines 8d, 8e, 8f, and 8g)	8h			10	8				402,20	
Net income (loss) (subtract line 8h from line 8c)	81		75.00	1.0					-246,81	
Transfers to (from) the plan (see instructions)	8j				1					
9a If the plan provides pension benefits, enter the applicable pension 2E 2F 2G 2J 2K 3D 2A 2T										
9a If the plan provides pension benefits, enter the applicable pension 2E 2F 2G 2J 2K 3D 2A 2T B If the plan provides welfare benefits, enter the applicable welfare for										
9a If the plan provides pension benefits, enter the applicable pension 2E 2F 2G 2J 2K 3D 2A 2T B If the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare for the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare benefits, enter the applicable pension 2E				acterist	ic Cod	es in the		lions:		
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9a If the plan provides pension benefits, enter the applicable pension 2E 2F 2G 2J 2K 3D 2A 2T B If the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare for the plan provides welfare for the plan provides welfare for the plan any participant contribution described in 29 CFR 2510.3-1027 (See instructions and DOL's V Program) b Were there any nonexempt transactions with any party-in-interest reported on line 10a.)	eature code tions within oluntary Fi ? (Do not in	es from the List of Pla the time period duciary Correction include transactions	n Chare	Yes	ic Cod	es in the		lions:		
9a If the plan provides pension benefits, enter the applicable pension 2E 2F 2G 2J 2K 3D 2A 2T B If the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare for the plan provides welfare for the plan provides welfare for the plan any participant contribution described in 29 CFR 2510.3-102? (See instructions and DOL's V Program). b Were there any nonexempt transactions with any party-in-interest reported on line 10a.)	ealure code tions within 'oluntary Fi ? (Do not in	es from the List of Pla the time period duciary Correction nclude transactions	n Chara	acterist	c Cod	es in the		lions:	unt 303,0	
9a If the plan provides pension benefits, enter the applicable pension 2E 2F 2G 2J 2K 3D 2A 2T B If the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare fo	eature code tions within foluntary Fi (Do not in	es from the List of Pla the time period duciary Correction include transactions	10a 10b 10c	Yes	c Cod	es in the		lions:		
9a If the plan provides pension benefits, enter the applicable pension 2E 2F 2G 2J 2K 3D 2A 2T B If the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare benefits, enter the applicable welfare for the plan provides and policing the plan policing the	tions within following the control of the control o	es from the List of Pla the time period duciary Correction nclude transactions d, that was caused by an insurance he benefits under	10a 10b 10c 10d	Yes	No X	es in the		lions:	303,0	
9a If the plan provides pension benefits, enter the applicable pension 2E 2F 2G 2J 2K 3D 2A 2T B If the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare benefits, enter the applicable welfare for the plan provides pension pensio	eature code tions within foluntary Fi (Do not in fidelity bon her persons e or all of t	es from the List of Pla the time period duciary Correction nclude transactions d, that was caused by an insurance he benefits under	10a 10b 10c 10d	Yes	No X X X	es in the		lions:		
9a If the plan provides pension benefits, enter the applicable pension 2E 2F 2G 2J 2K 3D 2A 2T B If the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare for the plan any participant contributions and DOL's Verogram). b Were there any nonexempt transactions with any party-in-interest reported on line 10a.). c Was the plan covered by a fidelity bond? d Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty? e Were any fees or commissions paid to any brokers, agents, or other carrier, insurance service, or other organization that provides som the plan? (See instructions.)	tions within 'oluntary Fi (Do not in fidelity bonner persons e or all of ton)	es from the List of Pla the time period duciary Correction nclude transactions d, that was caused by an insurance he benefits under	10a 10b 10c 10d	Yes	No X X X	es in the		lions:	303,0	
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9a If the plan provides pension benefits, enter the applicable pension 2E 2F 2G 2J 2K 3D 2A 2T B If the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare for the plan provides welfare for the plan provides welfare for the plan provided in 29 CFR 2510.3-102? (See instructions and DOL's Verogram) b Were there any nonexempt transactions with any party-in-interest reported on line 10a.) c Was the plan covered by a fidelity bond? d Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty? e Were any fees or commissions paid to any brokers, agents, or other carrier, insurance service, or other organization that provides som the plan? (See instructions.) f Has the plan failed to provide any benefit when due under the plan g Did the plan have any participant loans? (If "Yes," enter amount a h If this is an individual account plan, was there a blackout period? (2520,101-3.) 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	tions within foluntary Fi (Do not in fidelity bon are persons are or all of the continuous of year ending the required follows and the required follows are required for all of the required	the time period duciary Correction include transactions include transactions include transactions by an insurance the benefits under includer includer include	10a 10b 10c 10d 10e 10f 10g 10h	Yes	No X X X X X	es in the		lions:	303,0	
9a If the plan provides pension benefits, enter the applicable pension 2E 2F 2G 2J 2K 3D 2A 2T B If the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare benefits, enter the applicable welfare for the plan provides and policy benefit when the plan provides some plan provides and provides and provides plan provides and provides and provides plan? (See instructions.) f Has the plan failed to provide any benefit when due under the plan g Did the plan have any participant loans? (If "Yes," enter amount a h if this is an individual account plan, was there a blackout period? (2520.101-3.) 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	tions within foluntary Fi (Do not in fidelity bon are persons are or all of the continuous of year ending the required follows and the required follows are required for all of the required	the time period duciary Correction include transactions include transactions include transactions by an insurance the benefits under includer includer include	10a 10b 10c 10d 10e 10f 10g	Yes	No X X X X X	es in the		lions:	303,0	
If the plan provides pension benefits, enter the applicable pension 2E 2F 2G 2J 2K 3D 2A 2T	tions within /oluntary Fi (Do not in fidelity bonner persons e or all of the control of the cont	the time period duciary Correction include transactions include transact	10a 10b 10c 10d 10e 10f 10g 10h 10i 10j	Yes	No X X X X X X	N/A	instruct	Amo	9,1	
If the plan provides pension benefits, enter the applicable pension 2E 2F 2G 2J 2K 3D 2A 2T	tions within 'oluntary Fi (Do not in fidelity bon her persons he or all of the first of year endangle instructions) ents? (If "Yearst or ents? (If "Yearst	the time period duciary Correction include transactions and the benefits under include i	10a 10b 10c 10d 10e 10f 10g 10h 10i 10j	Yes	No X X X X X X	N/A	instruct	Amo	303,0	

	Form 5500-SF 2015 Page 3 -					
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)					
а	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, and granting the waiver		r the da		e letter ri Year	ıling
lf	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	1:	2b			
С	Enter the amount contributed by the employer to the plan for this plan year	1:	2c			
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)	1:	2d			
е	Will the minimum funding amount reported on line 12d be met by the funding deadline?		YE	es [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?		[Yes	X No	
	if "Yes," enter the amount of any plan assets that reverted to the employer this year	13	la			
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the of the PBGC?	control Yes X N			No	
С	If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) twhich assets or liabilities were transferred. (See instructions.))				
1	3c(1) Name of plan(s): 13c(2)	EIN	(s)		13c(3)	PN(s)
Part	VIII Trust Information					
1	Vin Trust information	144	b T	Al- CINI		
1441	tallo of trust	14b Trust's EIN				
14c	Name of trustee or custodian	14		stee's o phone r	r custodi umber	an's
Part	IX IRS Compliance Questions	l				
15a	Is the plan a 401(k) plan?	Yes			No	
	If "Yes," how does the 401(k) plan satisfy the nondiscrimination requirements for employee deferrals and employer matching contributions (as applicable) under sections 401(k)(3) and 401(m)(2)?	Design- based safe harbor method		safe r	ADP/ACP test	
	If the ADP/ACP test is used, did the 401(k) plan perform ADP/ACP testing for the plan year using the "current year testing method" for nonhighly compensated employees (Treas. Reg sections 1.401(k)-2(a)(2)(ii) and 1.401(m)-2(a)(2)(ii))?	Yes			[] No	
	Check the box to indicate the method used by the plan to salisfy the coverage requirements under section 410(b):		Ralio percentage test		Average benefit test	
16b	Does the plan satisfy the coverage and nondiscrimination tests of sections 410(b) and 401(a)(4) by combining this plan with any other plans under the permissive aggregation rules?		Yes		No	
17a	Has the plan been timely amended for all required tax law changes?		Yes		No	□ N/A
	Date the last plan amendment/restatement for the required tax law changes was adopted Enter the for tax law changes and codes).					
	f the plan sponsor is an adopter of a pre-approved master and prototype (M&P) or volume submitter plan that is subje advisory letter, enter the date of that favorable letter and the letter's serial number				•	or
	f the plan is an individually-designed plan and received a favorable determination letter from the IRS, enter the date of determination letter	the	plan's l	ast favo	rable	
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 made), American Samoa, Guam, the Commonwealth of the Northern Mariana Islands or the U.S. Virgin Islands)?		Yes		No	
19	Were in-service distributions made during the plan year?		Yes		No	
	f "Yes," enler amount	1	9			
	Nere required minimum distributions made to 5% owners who have attained age 70 ½ (regardless of whether or not edired), as required under section 401(a)(9)?		Yes		No	□N/A