## Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation

belief, it is true, correct, and complete

## 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

P	art I Annual Repor	rt Identification Information										
For	calendar plan year 2015 or	fiscal plan year beginning 10/01/2	2015 and ending 12	2/31/2015								
Α	x   a single-employer plan											
Вп	This return/report is	<ul><li>the first return/report</li><li>an amended return/report</li></ul>	the final return/report  a short plan year return/report (less than 12 months)									
С	Check box if filing under:    X   Form 5558											
Pa	art II   Basic Plan Inf	formation—enter all requested inf	formation									
	Name of plan RETIREMENT PLAN			1b Three-orplan nu (PN)	ımber	001						
				1c Effectiv		plan /2015						
2a	Mailing address (include ro	loyer, if for a single-employer plan) om, apt., suite no. and street, or P.C		<b>2b</b> Employer Identification Number (EIN) 91-1274767								
NTEI	RMOUNTAIN GLASS, INC.	nce, country, and ZIP or foreign post	al code (if foreign, see instructions)	<b>2c</b> Sponsor's telephone number 425-486-6162								
	5 MERIDIAN AVE. S. HELL, WA 98021	2d Business code (see instructions) 238100										
3a	Plan administrator's name	and address XSame as Plan Spons	sor.	<b>3b</b> Administrator's EIN								
	3c Administrator's telephone number											
4	name, EIN, and the plan n	the plan sponsor has changed since number from the last return/report.	the last return/report filed for this plan, enter the	4b EIN								
	Sponsor's name			4c PN								
5a	Total number of participan	ts at the beginning of the plan year		5a		16						
b	Total number of participan	ts at the end of the plan year		5b		16						
С	Number of participants with complete this item)	n account balances as of the end of	the plan year (defined benefit plans do not	5с		9						
d	(1) Total number of active p	5d(1)	16									
d	(2) Total number of active p	participants at the end of the plan year	ar	5d(2)		16						
е	Number of participants that than 100% vested	at terminated employment during the	plan year with accrued benefits that were less	5e		0						
			n/report will be assessed unless reasonable cau									
			ctions, I declare that I have examined this return/re									

	Form 5500-SF 2015		Page <b>2</b>								
b	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 cann	an indeper and condit not use Fo	ndent qualified public a tions.) orm 5500-SF and mus	ccount	ant (IQ ad use	PA)  <b>Form</b>	5500.			X Ye	
	f the plan is a defined benefit plan, is it covered under the PBGC ir	nsurance p	program (see ERISA se	ection 4	021)?		Yes	No	N	lot dete	rmined
Par	t III Financial Information	1	1			1					
	Plan Assets and Liabilities		(a) Beginning	of Ye				(b) E	nd of		
	Total plan assets	7a			0					11	661
	Total plan liabilities	7b			0					11	661
	Net plan assets (subtract line 7b from line 7a)ncome, Expenses, and Transfers for this Plan Year	7c	(a) Amou	ınt	0			(1-	\ Tot		001
	Contributions received or receivable from:		(a) Amou	ınt				<u>(r</u>	) Tot	aı	
	(1) Employers	8a(1)		4	685						
	2) Participants	8a(2)		6	960						
	3) Others (including rollovers)	8a(3)									
	Other income (loss)	8b			16						
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c								11	661
	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	. 8d									
е	Certain deemed and/or corrective distributions (see instructions)	8e									
<u>f</u>	Administrative service providers (salaries, fees, commissions)	. 8f									
g	Other expenses	. 8g									
<u>h</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h									
	Net income (loss) (subtract line 8h from line 8c)	. 8i								11	661
	Transfers to (from) the plan (see instructions)	8j									
Par		• •		01		<i>.</i> : 0			:		
9a	If the plan provides pension benefits, enter the applicable pension 2E 2G 2J 2K 2T 3D	teature co	odes from the List of Pi	an Cha	racteri	stic Cc	ides in 1	the ins	ructio	ons:	
В	If the plan provides welfare benefits, enter the applicable welfare f	eature cod	des from the List of Pla	n Chara	acterist	ic Cod	les in th	ne instr	uctior	ns:	
Part	•				T.,			I			
10	During the plan year:  Was there a failure to transmit to the plan any participant contribu	ıtiono withi	n the time period		Yes	No	N/A			Mount	
а	described in 29 CFR 2510.3-102? (See instructions and DOL's V Program)	oluntary F	Fiduciary Correction	10a		X					
b	Were there any nonexempt transactions with any party-in-interest			461		X					
	reported on line 10a.)			10b					—		
c	Was the plan covered by a fidelity bond?			10c		X					
d	Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?			10d		X					
е	Were any fees or commissions paid to any brokers, agents, or oth carrier, insurance service, or other organization that provides som the plan? (See instructions.)	ner person ne or all of	s by an insurance the benefits under	10e		X					
f	Has the plan failed to provide any benefit when due under the pla					X					
-	Did the plan have any participant loans? (If "Yes," enter amount a			10f		X					
<u>g</u> 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					
11	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)									Ye	s 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	requireme	ents of section 412 of t	he Cod	e or se	ction 3	302 of E	RISA	·	Ye	s X No

	F	orm 5500-SF 2015 Page <b>3</b> - 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										
If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.										
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)		<b>13c(3)</b> F	PN(s)			
Part	: VIII	Trust Information								
14a	Name o	f trust		14b Trust's EIN						
14c	Name	of trustee or custodian		14d Trustee's or custodian's						
Name of trustee of custodian						telephone number				
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)?		Design- based safe ADP/ACP harbor test method						
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

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 calen	dar plan year 2015 or fi	iscal plan year beginning 10/01/2015		and ending 12					
a single-employer plan a multiple-employer plan (not multiemployer) (Filers checking this box must attach a									
A Inis re	eturn/report is for:	a one-participant plan	a foreign plan	mployer information in a	accordance with the form instructions)				
			a loreign plan						
<b>B</b> This re	turn/report is	the first return/report	the final return/report						
	Je.	= =	a short plan year retu	rn/report (less than 12 r	months)				
C Chack	box if filing under:	☑ Form 5558 ☐							
• Check	box ii iiiing under.	∐ DFVC p	orogram						
		special extension (enter description			***				
Part II		prmation—enter all requested information	ation		T.				
1a Name	e of plan REMENT PLAN		1b Three-digit plan numbe						
ING KETIF	CEMENT FEAT				(PN)	001			
					1c Effective date of plan				
					10/01/2015	-			
		yer, if for a single-employer plan) m, apt., suite no. and street, or P.O. Box	v)			entification Number			
		e, country, and ZIP or foreign postal co		tructions)	(EIN) 91-127				
INTERMOL	JNTAIN GLASS, INC.				2c Sponsor's te	elephone number 25) 486-6162			
						de (see instructions)			
23905 MER	RIDIAN AVE. S.				238100	ao (doo mondonono)			
POTUELL	N/A 00024								
32 Plan		nd address X Same as Plan Sponsor.			2h Administrato	J. FIN			
Ja Flair	diffinistrator's flatfic arr	d address A Same as Flam Sponson.			3b Administrator's EIN				
					3c Administrator's telephone number				
		<ul> <li>plan sponsor has changed since the la nber from the last return/report.</li> </ul>	st return/report filed f	or this plan, enter the	4b EIN				
	or's name	iber nom the last return report.			4c PN				
		at the beginning of the plan year			<del>                                     </del>	16			
		at the end of the plan year			5b	16			
		account balances as of the end of the pl							
					5c	9			
<b>d(1)</b> Tot	al number of active part	ticipants at the beginning of the plan year	ar		5d(1)	16			
<b>d(2)</b> Tot	al number of active part	ticipants at the end of the plan year			5d(2)	16			
		erminated employment during the plan			5e	0			
Caution: A	penalty for the late o	r incomplete filing of this return/repo	ort will be assessed	uniess reasonable car					
Under pena	alties of perjury and oth	er penalties set forth in the instructions,	I declare that I have	examined this return/rep	port, including, if app	plicable, a Schedule			
SB or Sche	edule MB completed and true, correct, and compl	d signed by an enrolled actuary, as well	l as the electronic ver	sion of this return/report	t, and to the best of	my knowledge and			
SIGN	\ /m	Cleura	19/19/16	x Dow C	LAYTON				
HERE	Signature of plan ad		Date	Enter name of individu		dministrator			
elon.	Oignature or plan au	ininstrator	Date	Litter hame of individu	uai signing as plan a	iummstrator			
SIGN HERE	0:								
Preparer's	Signature of employ name (including firm na	me, if applicable) and address (include	room or suite numbe	Enter name of individu	ual signing as emplo Preparer's telepho				
					. Toparor o telepho	Humber			
				ļ					
				- 1		1			

_	Form 5500-SF 2015		Page 2							
b	Were all of the plan's assets during the plan year invested in eligit Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility If you answered "No" to either line 6a or line 6b, the plan can If the plan is a defined benefit plan, is it covered under the PBGC in	an indeper and condit not use Fo	ndent qualified public ions.) rm 5500-SF and mu	accour	ntant (I	QPA) e For	m 5500.		Yes Yes Not determined	
Pa	rt III Financial Information									
7	Plan Assets and Liabilities		(a) Beginnir	ng of Y	ear	Т	(b) End of Year			
а	Total plan assets							(-/	11661	
b	Total plan liabilities	. 7b								
С	Net plan assets (subtract line 7b from line 7a)	. 7c			0		11661			
8	Income, Expenses, and Transfers for this Plan Year		(a) Amo	unt				(b) ·	Total	
а	Contributions received or receivable from:			46	85					
	(1) Employers	8a(1)			960					
	(2) Participants	8a(2)				183				
h	(3) Others (including rollovers)  Other income (loss)	8a(3) 8b			16					
100	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c	Grand Control		10				11661	
	20 No. 10	80							11001	
	to provide benefits)	8d								
е	Certain deemed and/or corrective distributions (see instructions)	8e								
f	Administrative service providers (salaries, fees, commissions)	8f								
g	Other expenses	8g				100				
<u>h</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h								
<u>i</u>	Net income (loss) (subtract line 8h from line 8c)								11661	
j	Transfers to (from) the plan (see instructions)									
B	If the plan provides welfare benefits, enter the applicable welfare for	eature code	es from the List of Pla	n Char	acterist	tic Cod	des in th	ne instruct	ions:	
10	During the plan year:				Yes	No	N/A	1		
	Was there a failure to transmit to the plan any participant contribut described in 29 CFR 2510.3-102? (See instructions and DOL's Vi Program)	oluntary Fig	duciary Correction	10a	162	X	NA		Amount	
b	Were there any nonexempt transactions with any party-in-interest? reported on line 10a.)	(Do not in	clude transactions	10b		х	11			
C	Was the plan covered by a fidelity bond?			10c		х				
d	Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?			10d		х				
е	Were any fees or commissions paid to any brokers, agents, or other carrier, insurance service, or other organization that provides some the plan? (See instructions.)	or all of th	e benefits under	10e		х				
f	Has the plan failed to provide any benefit when due under the plan	?		10f		Х	1.5%			
g	Did the plan have any participant loans? (If "Yes," enter amount as	of year en	d.)	10g		Х	100			
	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)					х				
i	If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.101	e required r	notice or one of the	10h 10i						
j	Did the plan trust incur unrelated business taxable income?			10j						
art	VI Pension Funding Compliance			-7						
11	Is this a defined benefit plan subject to minimum funding requireme 5500) and line 11a below)	nts? (If "Ye	es," see instructions a	ind con	nplete S	Sched	ule SB (	(Form	Yes No	
11a	Enter the unpaid minimum required contribution for all years from S						11a			

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

12

	Form 5500-SF 2015 Page <b>3</b> - 1								
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)								
8	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 Day Year								
	f you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line	13.							
t	Enter the minimum required contribution for this plan year		12b						
C	Enter the amount contributed by the employer to the plan for this plan year		12c						
0	Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the negative amount)		12d						
е	Will the minimum funding amount reported on line 12d be met by the funding deadline?			Yes	No	N/A			
Par	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		13a						
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or broughthe PBGC?				Yes X	No			
	If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identified which assets or liabilities were transferred. (See instructions.)	fy the plan(s) to							
	13c(1) Name of plan(s):	13c(2)	EIN(s)		13c(3) PN(s)				
international and a second									
Par	Trust Information								
14a	Name of trust		14b Trust's EIN						
140	Name of trustee or custodian	14d Trustee's or custodian's telephone number							
Pai	t IX IRS Compliance Questions								
15a	I s the plan a 401(k) plan?		∐ Yes	3	No				
15b	If "Yes," how does the 401(k) plan satisfy the nondiscrimination requirements for employee deferrals and matching contributions (as applicable) under sections 401(k)(3) and 401(m)(2)?	d employer	ba:	sign- sed safe rbor ethod	ADF test				
150	If the ADP/ACP test is used, did the 401(k) plan perform ADP/ACP testing for the plan year using the "cutesting method" for nonhighly compensated employees (Treas. Reg sections 1.401(k)-2(a)(2)(ii) and 1.4 2(a)(2)(ii))?	01(m)-	Yes		No				
16a	Check the box to indicate the method used by the plan to satisfy the coverage requirements under section	on 410(b):	Ratio percentage test		Average benefit test				
16b	Does the plan satisfy the coverage and nondiscrimination tests of sections 410(b) and 401(a)(4) by come 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	i	No	N/A			
17b	Date the last plan amendment/restatement for the required tax law changes was adopted for tax law changes and codes).	Enter the ap	oplicable	code	_ (See in	structions			
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, endetermination letter	iter the date of t	the plan	's last 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) made), American Samoa, Guam, the Commonwealth of the Northern Mariana Islands or the U.S. Virgin	has been Islands)?	Yes		No				
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 what retired), as required under section 401(a)(9)?		Yes		No	□ N/A			