## Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation

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## 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

|       | art I            | Annual Report                        | Id                       | entification Information  | 1  |                         |                        |                                     |                       |                  |  |  |  |
|-------|------------------|--------------------------------------|--------------------------|---|--|-------------------------|------------------------|-------------------------------------|-----------------------|------------------|--|--|--|
| Fo    | r calenda        | ar plan year 2015 or f               | sca                      | I plan year beginning 01/01/2   | 2015   |                         | and ending 12          | 2/31/2                              | 015                   |                  |  |  |  |
| Α     | This retu        | urn/report is for:                   | X                        | a single-employer plan  | list of participating employer information in accordance with the form instructions; |                         |                        |                                     |                       |                  |  |  |  |
|       |                  |                                      |                          | a one-participant plan  | a foreign plan   |                         |                        |                                     |                       |                  |  |  |  |
| В     | This retu        | rn/report is                         |                          | the first return/report an amended return/report  | H  | final return/report     |                        |                                     |                       |                  |  |  |  |
|       |                  |                                      | /report (less than 12 mo | months)   |  |                         |                        |                                     |                       |                  |  |  |  |
| С     | Check b          | oox if filing under:                 | X                        | Form 5558   | ш  | tomatic extension       | nsion DFVC program     |                                     |                       |                  |  |  |  |
| _     | N =4 II          | Deele Blee Int                       | <u> </u>                 | special extension (enter desc   |  |                         |                        |                                     |                       |                  |  |  |  |
|       | Part II          |                                      | orm                      | nation—enter all requested in   | formatio   | on                      |                        |                                     |                       |                  |  |  |  |
|       | Name o           | •                                    |                          |   |  |                         |                        | 10                                  | Three-digit           |                  |  |  |  |
| SLE   | EEP INST         | TITUTE 401(K) PLAN                   |                          |   |  |                         |                        |                                     | plan number<br>(PN) ▶ | 001              |  |  |  |
|       |                  |                                      |                          |   |  |                         |                        | 10                                  | Effective date or     |                  |  |  |  |
|       |                  |                                      |                          |   |  |                         |                        |                                     |                       | 1/2008           |  |  |  |
| 28    | a Plan sp        | onsor's name (emplo                  | yer                      | , if for a single-employer plan)  |  |                         |                        | 2b                                  | Employer Identi       | fication Number  |  |  |  |
|       | Mailing          | address (include roo                 | m, a                     | apt., suite no. and street, or P.C  |  |                         |                        |                                     | (EIN) 84-1615052      |                  |  |  |  |
| ) A D |                  | town, state or province<br>ERR MD PA | ce, c                    | country, and ZIP or foreign post  | tal code   | (if foreign, see instru | ıctions)               | 2c                                  | Sponsor's telep       | hone number      |  |  |  |
| JAK   | CON SCH          | ERR WID PA                           |                          |   |  |                         |                        | 208-523-7667                        |                       |                  |  |  |  |
|       |                  |                                      |                          |   |  |                         |                        | 2d Business code (see instructions) |                       |                  |  |  |  |
|       | O VALENO         | CIA DR<br>S, ID 83404-7594           |                          |   |  |                         |                        | 621111                              |                       |                  |  |  |  |
| D/ (I | 10 T ALL         | 0, 10 00404 7004                     |                          |   |  |                         |                        |                                     | 021                   | 111              |  |  |  |
| 38    | a Plan ac        | dministrator's name a                | nd a                     | address XSame as Plan Spons   | sor.   |                         |                        | 3b                                  | Administrator's       | EIN              |  |  |  |
|       |                  |                                      |                          |   |  |                         |                        | 30                                  | Administrator's t     | telephone number |  |  |  |
|       |                  |                                      |                          |   |  |                         |                        | 00                                  | Administrator 3       | leiephone number |  |  |  |
|       |                  |                                      |                          |   |  |                         |                        |                                     |                       |                  |  |  |  |
|       |                  |                                      |                          |   |  |                         |                        |                                     |                       |                  |  |  |  |
| 4     | If the n         | ame and/or EIN of th                 | e pl                     | an sponsor has changed since  | the last   | return/report filed fo  | r this plan, enter the | 4b                                  | EIN                   |                  |  |  |  |
|       |                  |                                      |                          | er from the last return/report.   |  | ·                       | , ,                    |                                     |                       |                  |  |  |  |
| 8     | 3 Sponso         | or's name                            |                          |   |  |                         |                        | 4c PN                               |                       |                  |  |  |  |
| 58    | Total n          | number of participants               | at                       | the beginning of the plan year  |  |                         |                        | 5                                   |                       | 18               |  |  |  |
| k     |                  |                                      |                          | the end of the plan year  |  |                         |                        | 5                                   | b                     | 31               |  |  |  |
| C     |                  |                                      |                          | count balances as of the end of   |  | •                       | •                      | 5c                                  |                       |                  |  |  |  |
| C     | <b>d(1)</b> Tota | al number of active pa               | rtici                    | pants at the beginning of the pl  | lan year   |                         |                        | 5d(1)                               |                       |                  |  |  |  |
| c     | <b>d(2)</b> Tota | al number of active pa               | artic                    | ipants at the end of the plan ye  | ar   |                         |                        | 5d(2)                               |                       |                  |  |  |  |
|       | Numb             | er of participants that              | teri                     | minated employment during the   | e plan ye  | ear with accrued ben    | efits that were less   | 5e 0                                |                       |                  |  |  |  |
| Ca    |                  |                                      |                          | ncomplete filing of this return   |  |                         |                        | ıse is                              | established.          |                  |  |  |  |
| SE    | 3 or Sche        |                                      | nd s                     | penalties set forth in the instructions and enrolled actuary, and enrolled actuary, and enrolled actuary. |  |                         |                        |                                     |                       |                  |  |  |  |
|       |                  |                                      |                          | id electronic signature.  |  | 09/30/2016              | SUSAN SCHERR           |                                     |                       |                  |  |  |  |
|       | ERE              | Signature of plan                    |                          |   |  | Date                    | Enter name of individu | ual sid                             | ning as plan adr      | ninistrator      |  |  |  |
|       |                  | g o o. piuli (                       |                          |   |  |                         |                        |                                     | g as plan au          |                  |  |  |  |

Date

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

Signature of employer/plan sponsor

Enter name of individual signing as employer or plan sponsor

Preparer's telephone number

|          | 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<br>and condit<br>not use Fo | ndent qualified public a<br>ions.)<br>orm 5500-SF and mus | ccount   | ant (IQ  | PA)<br><br><b>Form</b> | 5500.     |          |          | X Ye     |         |
| C        | f the plan is a defined benefit plan, is it covered under the PBGC ir  | nsurance p                             | orogram (see ERISA se                                     | ection 4 | 021)? .  | 📙                      | Yes       | No       | <u> </u> | Not dete | ermined |
| Par      | t III Financial Information  | 1                                      | •   |          |          |                        |           |          |          |          |         |
| 7        | Plan Assets and Liabilities  |  | (a) Beginning   | of Ye    | ar       |                        |           | (b) E    | nd of    | Year     |         |
|          | Total plan assets  | . 7a                                   |   | 506      | 3283     |                        |           |          |          | 516      | 8883    |
|          | Fotal plan liabilities   | . 7b                                   |   | 500      | 2000     |                        |           |          |          | F40      | 2000    |
|          | Net plan assets (subtract line 7b from line 7a)  | . 7c                                   |   |          | 3283     |                        |           |          |          |          | 8883    |
|          | ncome, Expenses, and Transfers for this Plan Year  Contributions received or receivable from:  |  | (a) Amou  | unt      |          |                        |           | (k       | ) Tot    | tal      |         |
|          | 1) Employers   | . 8a(1)                                |   | 31       | 410      |                        |           |          |          |          |         |
|          | 2) Participants  | . 8a(2)                                |   | 33       | 803      |                        |           |          |          |          |         |
| (        | 3) Others (including rollovers)  | . 8a(3)                                |   |          |          |                        |           |          |          |          |         |
| b (      | Other income (loss)  | . 8b                                   |   | -54      | 541      |                        |           |          |          |          |         |
|          | Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)   | . 8c                                   |   |          |          |                        |           |          |          | 10       | 0672    |
|          | Benefits paid (including direct rollovers and insurance premiums o provide benefits)   | . 8d                                   |   |          |          |                        |           |          |          |          |         |
| -        | Certain deemed and/or corrective distributions (see instructions)  | . 8e                                   |   |          |          |                        |           |          |          |          |         |
|          | Administrative service providers (salaries, fees, commissions)   | . 8f                                   |   |          |          |                        |           |          |          |          |         |
| g        | Other expenses   | . 8g                                   |   |          | 72       |                        |           |          |          |          |         |
| h ·      | Total expenses (add lines 8d, 8e, 8f, and 8g)  | . 8h                                   |   |          |          |                        |           |          |          |          | 72      |
| i        | Net income (loss) (subtract line 8h from line 8c)  | . 8i                                   |   |          |          |                        |           |          |          | 10       | 0600    |
| j        | Transfers to (from) the plan (see instructions)  | · 8j                                   |   |          |          |                        |           |          |          |          |         |
| Par      | IV Plan Characteristics  |  |   |          |          |                        |           |          |          |          |         |
| 9a       | If the plan provides pension benefits, enter the applicable pension 2A 2E 2J 2K 3D 3H  | feature co                             | odes from the List of Plant                               | an Cha   | racteris | stic Co                | des in t  | the ins  | ruction  | ons:     |         |
| В        | If the plan provides welfare benefits, enter the applicable welfare fr   | eature cod                             | les from the List of Pla                                  | n Chara  | acterist | ic Cod                 | les in th | ne instr | uctio    | ns:      |         |
|          |  |  |   |          |          |                        |           |          |          |          |         |
| Part     | V Compliance Questions   |  |   |          |          |                        |           |          |          |          |         |
| 10       | During the plan year:  |  |   |          | Yes      | No                     | N/A       |          | /        | 4moun    | t       |
| а        | Was there a failure to transmit to the plan any participant contributed described in 29 CFR 2510.3-102? (See instructions and DOL's V Program)   | oluntary F                             | iduciary 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        |                        |           |          |          |          | 60000   |
| 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 some  | her person<br>ne or all of             | s by an insurance<br>the benefits under                   |          |          | X                      |           |          |          |          |         |
| f        | the plan? (See instructions.)  Has the plan failed to provide any benefit when due under the pla   |  |   | 10e      |          |                        |           |          |          |          |         |
| -        |  |  |   | 10f      |          | X                      |           |          | —        |          |         |
| <u>g</u> | Did the plan have any participant loans? (If "Yes," enter amount a   | -                                      |   | 10g      |          | X                      |           |          |          |          |         |
| h        | If this is an individual account plan, was there a blackout period? 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?  | _ <del>_</del> _                       |   | 10j      |          |                        |           |          |          |          |         |
| Part     | VI Pension Funding Compliance  |  |   | •        | •        | •                      |           |          |          |          |         |
| 11       | Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)   |  |   |          |          |                        |           |          |          | Ye       | s X No  |
| 11a      | Enter the unpaid minimum required contribution for all years from  |  |   |          |          |                        | 11a       |          |          |          | <u></u> |
| 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       | es X No |

|                  | F        | orm 5500-SF 2015 Page <b>3</b> - 1   |                  |   |             |                       |                    |  |
|------------------|----------|--|------------------|---|-------------|-----------------------|--------------------|--|
|                  | (If "Ye  | s," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)   |                  |   |             |                       |                    |  |
| а                |          | aiver of the minimum funding standard for a prior year is being amortized in this plan year, see in<br>ng the waiver   |                  | enter the<br>Day                              | e date of   | the letter ru<br>Year | ling               |  |
| If               |          | mpleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line   |                  | Day_  |             | Toal                  |                    |  |
| b                | Enter th | 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   |             |                       |                    |  |
|                  | Subtra   | act the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the  | left of a        | 12d   |             |                       |                    |  |
|                  |          | ve amount)   |                  |   | Yes         | No                    | N/A                |  |
| Part             |          | e minimum funding amount reported on line 12d be met by the funding deadline?  Plan Terminations and Transfers of Assets   |                  |   | 163         | NO                    | IN/A               |  |
|                  |          | resolution to terminate the plan been adopted in any plan year?  |                  |   | X Ye        | s $\square$ No        |                    |  |
|                  |          | ," enter the amount of any plan assets that reverted to the employer this year   |                  | 13a   |             | <u> П</u>             | (                  |  |
| b                | Were     | all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brou   | ght under the co |   |             | Yes X                 | Yes X No           |  |
| С                | If durin | PBGC?  ng this plan year, any assets or liabilities were transferred from this plan to another plan(s), identi   |                  |   |             | <u> </u>              |                    |  |
|                  |          | assets or liabilities were transferred. (See instructions.)  lame of plan(s):  | 13c(2)           | FIN(e)  |             | 13c(3) F              | PN(e)              |  |
|                  | 100(1)   | uno oi piuntoj.  | 130(2)           | L114(3)                                       |             | 130(3)                | · <b>V</b> (3)     |  |
|                  |          |  |                  |   |             |                       |                    |  |
| Dant             | . \/!!!  | Turnet hafe amount on  |                  |   |             |                       |                    |  |
| Part             | Name o   | Trust Information  |                  | 14b Trust's EIN                               |             |                       |                    |  |
| ı <del>T</del> a | Name 0   | ii iiust   |                  | 140   | TUSES EII   | 14                    |                    |  |
|                  |          |  |                  |   |             |                       |                    |  |
| 14c              | Name     | of trustee or custodian  |                  | 14d Trustee's or custodian's telephone number |             |                       |                    |  |
|                  |          |  |                  |   | tolophon    | o mambon              |                    |  |
| Par              | t IX     | IRS Compliance Questions   |                  |   |             |                       |                    |  |
| 15a              | Is the   | plan a 401(k) plan?  |                  | Ye  | s           | No                    |                    |  |
|                  |          |  |                  |   | esign-      |                       |                    |  |
| 15b              |          | "how does the 401(k) plan satisfy the nondiscrimination requirements for employee deferrals an<br>ng contributions (as applicable) under sections 401(k)(3) and 401(m)(2)?   |                  | based safe ADP/ACF harbor test                |             |                       |                    |  |
| 450              |          |  |                  | method  |             |                       |                    |  |
| 150              |          | 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 1.401(k)-2(a)(2)(ii) and 1.401(k)-2(a)(b) and 1.401(k) |                  | Ye  | S           | No                    |                    |  |
|                  | 2(a)(2)  | (ii))?   |                  | □ Ra  | atio        |                       |                    |  |
| 16a              | Check    | the box to indicate the method used by the plan to satisfy the coverage requirements under section   | on 410(b):       |   | ercentage   |                       | erage<br>efit test |  |
| 16b              |          | he plan satisfy the coverage and nondiscrimination tests of sections 410(b) and 401(a)(4) by comin with any other plans under the permissive aggregation rules?  |                  | Ye  | s           | No                    |                    |  |
| 17a              |          | e plan been timely amended for all required tax law changes?   |                  | Ye  | s           | No                    | N/A                |  |
| 17b              |          | ne last plan amendment/restatement for the required tax law changes was adopted//law changes and codes).   | Enter the ap     | plicable                                      | code        | (See ins              | tructions          |  |
| 17c              | If the p | lan sponsor is an adopter of a pre-approved master and prototype (M&P) or volume submitter play letter, enter the date of that favorable letter/ and the letter's serial r   |                  | t to a fa                                     | vorable I   | RS opinion            | or                 |  |
| 17d              | If the p | lan is an individually-designed plan and received a favorable determination letter from the IRS, e ination letter/   |                  | the plai                                      | n's last fa | vorable               |                    |  |
| 18               | Is the I | Plan maintained in a U.S. territory (i.e., Puerto Rico (if no election under ERISA section 1022(i)(2, American Samoa, Guam, the Commonwealth of the Northern Mariana Islands or the U.S. Virgin  |                  | Yes   | \$          | 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                |  |

From:N+T PMH+0

To:5231406

| Department of the Treasury Internal Revenue Service    Department of the Treasury Internal Revenue Service   Department of Labor   |                                |
|--|--------------------------------|
| Department of the Pressure   This form is required to be filed under sections 104 and 4065 of the Employee   Retirement Income Security Act of 1974 (ERISA), and section 6057(b) and 6058(a) of the Internal Revenue Code (the Code).  | MB Nos. 1210-0110<br>1210-0089 |
| Department of Labor   Employee Benefite Security Administration   Pension Benefit Guaranty Corporation   Depart   Internal Revenue Code (the Code),   Inspection Benefit Guaranty Corporation   Depart   Internal Revenue Code (the Code),   Inspection Benefit Guaranty Corporation   Depart   Internal Revenue Code (the Code),   Inspection Benefit Guaranty Corporation   Depart   Internal Revenue Code (the Code),   Inspection Benefit Guaranty Corporation   Depart   Internal Revenue Code (the Code),   Inspection Benefit Guaranty Corporation   Depart    | 15                             |
| Part II   Annual Report Identification Information   | •                              |
| For calendar plan year 2015 or fiscal plan year beginning 01/01/2015 and ending 12/31/2015   | enon                           |
| A This return/report is for:  a single-employer plan   a multiple-employer plan (not multiemployer) (Filers checking this box must a list of participating employer information in accordance with the form instruction in the first return/report   a foreign plan   a short plan year return/report (less than 12 months)  C Check box if filling under:  E Form 5558   automatic extension   DFVC program   DFVC progra |                                |
| A This return/report is for:  a a list of participating employer information in accordance with the form instruction in a one-participant plan  a one-participant plan  a foreign plan  the first return/report  an armended return/report  an amended return/report  a short plan year return/report (less than 12 months)  C Check box it filling under:  Form 5558  automatic extension  DFVC program  part iii Basic Plan Information enter all requested information  1a Name of plan  Shown Treat futton 401 (b) Plan  |                                |
| special extension (enter description)  Part II Basic Plan Information enter all requested Information  1a Name of plan  Shoon Trect (truto 401 (b) Rhap  |                                |
| 1a Name of plan  1b Three-digit plan number  |                                |
| 1a Name of plan  1b Three-digit plan number  |                                |
| 1c Effective date of plan  | 01                             |
| 2a Plan sponsor's name (employer, if for a single-employer plan) 2b Employer Identificative  |                                |
| Mailing Address (include room, apt., suite no. and street or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)  (EIN) 84-16150   | 52                             |
| Daron Scherr MD PA 2c Sponsor's telephone (208) 523-765  | 57                             |
| 2900 Valencia Dr 621111  | instructions)                  |
| Us Idaho Falls ID 83404-7594  3a Plan administrator's name and address Same as Plan Sponsor Name  3b Administrator's EIN   |                                |
| 3c Administrator's telepi  | hone number                    |
| 4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the plan number from the last return/report.  |                                |
| a Sponsor's name 4c PN   |                                |
| 5a Total number of participants at the beginning of the plan year  | 18                             |
| b Total number of participants at the end of the plan year   | 31                             |
| C Number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item)  | 31                             |
| d(1) Total number of active participants at the beginning of the plan year   | 18                             |
| d(2) Total number of active participants at the end of the plan year 5d(2)   | o                              |
| e Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested   | o                              |
| Caution: A penalty for the late or incomplete filling of this return/report will be assessed unless reasonable cause is established.   |                                |
| Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including, if applicable, a Sci SB or Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/report, and to the best of my knowledge belief, it is true, correct, and complete.  |                                |
| SIGN Susan Scherr  |                                |
| HERE Signature of plan administrator Date 9214 Enter name of individual signing as plan administrator  | or                             |
| SIGN Susan Scherr  |                                |
| HERE Signature of employer/plan sponsor Date 9/30/16 Enter name of individual signing as employer or plan  | <b>s</b> ponsor                |
| Preparer's name (including firm name, if applicable) and address; include room or sulte number  Preparer's telephone number  | ег                             |

| <u>,                                     </u> | Form 5500-SF 2015  |  | Page 2                      |        |         |              |   |  |                                       |  |
|---|--|--|-----------------------------|--------|---------|--------------|---|--|---------------------------------------|--|
| 6a  | Were all of the plan's assets during the plan year invested in eligible as   | ssets? (Se                             | e instructions.)            |        | ******* | ********     |   | *********                                      | X Yes                                 | No                                     |
|   | 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 eligibitity and<br>If you answered "No" to either line 6a or line 6b, the plan cannot  | conditions                             | 5.)                         |        |         |              |   | *******  | 🗶 Yes 📗                               | Mο                                     |
|   |  |  |                             |        |         |              | _   | <del></del>                                    |                                       |  |
|   | If the plan is a defined benefit plan, is it covered under the PBGC insur  | ance prog                              | ram (see ERISA section 40   | 127)?  |         | ******       | Ye:   | 3 <u>                                     </u> | Not de                                | termined                               |
| Pa  | miliji Financial Information   | T :                                    | 1                           |        |         | -            |   |  |                                       |  |
| <u>7</u> _                                    | Plan Assets and Liabilities  |  | (a) Beginning of            |        |         | $\bot$       |   | (b) End of                                     |                                       |  |
| <u>a</u>                                      | Total plan assets  | 7a                                     | 50                          | 6,2    | 83      | -            |   |  | 516,                                  | 383                                    |
|   | Total plan liabilities   | 7b                                     |                             |        |         | +            |   |  |                                       |  |
| <u>c</u><br>8                                 | Net plan assets (subtract line 7b from line 7a)  | 7c                                     |                             | 6,2    | 83      | +            |   | 0.5 T-   | 516,8                                 | 383                                    |
|   | Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from:  | ra nachan kanta                        | (a) Amount                  |        |         | 2000         |   | (b) To   | tar<br>w. mega                        | :::::::::::::::::::::::::::::::::::::: |
|   | (1) Employers  | 8a(1)                                  | 3                           | 1,4    | 10      |              |   |  | # 1.14F                               |  |
|   | (2) Participants   | 8a(2)                                  | 3                           | 3,8    | 03      |              |   |  |                                       |  |
|   | (3) Others (including rollovers)   | 8a(3)                                  |                             |        |         |              |   |  | ,                                     |  |
|   | Other income (loss)  | 8b<br>8c                               |                             | ,54    | 1)      |              | :. <i>:::::::::::::::::::::::::::::::::::</i> |  |                                       |  |
|   | Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)  Benefits paid (including direct rollovers and insurance premiums to provide benefits)  |  |                             |        |         | 1            | 1911-4-1919 <sub>-</sub> 31                   | and the second of the                          | 10,0                                  | 572                                    |
| q   |  |  |                             |        |         |              |   |  |                                       |  |
| е   | Certain deemed and/or corrective distributions (see instructions)  | 8e                                     |                             |        |         | -            |   |  |                                       |  |
| f   | Administrative service providers (salaries, fees, commissions)   | 8f                                     |                             |        |         | ma.n         | ς,  | · · · · · · · · · · · · · · · · · · ·          | A A A A A A A A A A A A A A A A A A A |  |
| g   | Other expenses   | 8g                                     |                             |        | 72      |              |   |  |                                       |  |
| h   | Total expenses (add lines 8d, 8e, 8f, and 8g)  | 8h                                     |                             |        |         |              |   |  |                                       | 72                                     |
| <u>i</u>                                      | Net income (loss) (subtract line 8h from line 8c)  | (loss) (subtract line 8h from line 8c) |                             |        |         | 1            | 10  |  |                                       |  |
| j   | Transfers to (from) the plan (see instructions)  | 8j                                     |                             |        |         |              | · . <del>.</del>                              |  | <u> </u>                              | -umauna har                            |
| Pe  | rt IV Plan Characteristics   |  |                             |        |         |              |   |  |                                       |  |
| 9a  | If the plan provides pension benefits, enter the applicable pension feat   | ure codes                              | from the List of Plan Chara | cteris | tic Co  | des in       | the ins                                       | itructions:                                    |                                       |  |
| $\dashv$                                      | 2A 2E 2J 2K 3D 3H  |  |                             |        |         |              |   |  |                                       |  |
| b   | If the plan provides welfare benefits, enter the applicable welfare featur   | e codes fr                             | om the List of Plan Charact | eristi | c Cod   | es in (      | he inst                                       | ructions:                                      |                                       |  |
| Pa  | rt V Compliance Questions  |  |                             |        |         |              |   |  |                                       |  |
| 10  | During the plan year:  |  | ,                           |        | Yes     | No           | N/A   | Α.   | mount                                 |  |
| a   | Was there a failure to transmit to the plan any participant contribution   | s within th                            | e time period               |        |         | -            | exe ve  |  |                                       |  |
|   | described in 29 CFR 2510.3-102? (See instructions and DQL's Volument   | -                                      | · 1                         |        |         | l            |   |  |                                       |  |
|   | Program)   |  | · · ·                       | 10a    |         | x            | 1   |  |                                       |  |
| b   | Were there any nonexempt transactions with any party-in-interest? (C reported on line 10a.)  |  |                             | 10b    |         | x            |   |  |                                       |  |
| Ç   | ·  |  | i i                         | 10c    | х       |              |   |  | 6                                     | 0,000                                  |
| d   |  |  | 1                           | 104    |         | x            |   |  |                                       |  |
|   | Were any fees or commissions paid to any brokers, agents, or other   |  | -                           |        |         | <del> </del> | 111111111111                                  |  |                                       |  |
| _   | carrier, insurance service, or other organization that provides some of the plan? (See Instructions.)  | rall of the                            | benefits under              | 10e    |         | x            |   |  |                                       |  |
| f   | Has the plan failed to provide any benefit when due under the plan?  |  |                             | 10f    |         | x            | 303.71  |  |                                       |  |
|   | Did the plan have any participant loans? (If "Yes," enter amount as of   | vear end.                              |                             | 10g    |         | x            |   |  |                                       |  |
| <u></u><br>h                                  |  | · · · · · · · · · · · · · · · · · · ·  |                             |        |         | -            | eng. A  | polymentik diliyeri 14<br>Billion Santanan     |                                       |  |
|   | 2520.101-3.)   |  |                             | 10h    |         | ×            | 4   |  |                                       |  |
| i<br>   | If 10h was answered "Yes," check the box if you either provided the re<br>exceptions to providing the notice applied under 29 CFR 2520,101-3 | *                                      |                             | 10i    |         |              |   | PARINA<br>Company                              |                                       |  |
| j<br>   | Did the plan trust incur unrelated business taxable income?  |  |                             | 10j    |         |              |   |  |                                       |  |
| Pa  | t VI Pension Funding Compliance  |  |                             |        |         |              |   |  | -                                     |  |
| 11  | Is this a defined benefit plan subject to minimum funding requirement 5500) and line 11a below)  |  |                             |        |         |              |   |  | Yes                                   | X No                                   |
| 11:   | Butter the unpaid minimum required contribution for current year from  | Schedule                               | SB (Form 5500) line 40      |        |         |              | 11a   |  |                                       |  |
| 12  | Is this a defined contribution plan subject to the minimum funding req   | uirements                              | of section 412 of the Code  | or se  | ection  | 302 o        | f ERIS/                                       | A?   | Yes                                   | ĭ No                                   |

| •   |   |              |                   |                                  |                |                 |
|-----|---|--------------|-------------------|----------------------------------|----------------|-----------------|
|     | Form 5500-SF 2015 Page 3-   |              |                   |                                  |                |                 |
|     | (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<br>granting the waiver. Month  |              | r the dat<br>av   | e of the le<br>Ye                |                |                 |
|     | 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               |                                  |                |                 |
| С   | Enter the amount contributed by the employer to the plan for this plan year   |              | 12c               |                                  |                |                 |
| đ   | 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)   |              | 12d               |                                  |                |                 |
| С   | Will the minimum funding amount reported on line 12d be met by the funding deadline?  |              | 🗆                 | Yes [                            | ] No [         | N/A             |
| Par | Plan Terminations and Transfers of Assets   |              |                   |                                  |                |                 |
| 13a | Has a resolution to terminate the plan been adopted in any plan year?   | ************ | X Yo              | es 🔲 N                           | a              |                 |
|     | If "Yes," enter the amount of any plan assets that reverted to the employer this year   | •••••        | 13a               |                                  | <b></b>        |                 |
| b   | Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under of the PBGC?   |              |                   |                                  | Yes            | ⊠ No            |
| C   | If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan which assets or liabilities were transferred. (See instructions.)   | (s) to       |                   |                                  |                |                 |
|     | 13c(1) Name of plan(s):   | 13c          | (2) ElN(          | 5)                               | 13c(3) PN(s)   |                 |
|     |   |              |                   |                                  |                |                 |
| Par | Mill: Trust Information   |              |                   |                                  | •              |                 |
| 14a | Name of trust   |              | 14b Tr            | rust's EIN                       |                |                 |
| 140 | Name of trustee or custodian  |              |                   | rustee or o<br>shone num         |                | s               |
| Par | IRS Compliance Questions  |              |                   |                                  |                |                 |
| 15a | Is the plan a 401(k) plan:  |              | Yes               |                                  | □ No           |                 |
| 15b | If "Yes," how does the 401(k) plan satisfy the nondiscrimination requirements for employee defenals and employe matching contributions (as applicable) under sections 401(k)(3) and 401(m)(2)?  | г            | bas hari          | sign-<br>sed safe<br>bor<br>thod | ☐ ADP/<br>test | /ACP            |
| 150 | If ADP/ACP test, 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. section 1.401(k)-2(a)(2)(ii) and 1.401(m)-2(a)(2)(ii))?   |              | ☐ Yes             | i                                | □ No           |                 |
| 16a | Check the box to indicate the method used by the plan to satisfy the coverage requirements under section 410(b):  |              | Ret<br>Per<br>Tes | centage                          | Avers          | ige<br>fit Test |
| 16h | 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             | i                                | ☐ No           |                 |
| 17a | Has the Plan been timely amended for all required law changes?  |              | Yes Yes           | ı                                | ☐ No           | □ N/A           |
|     | Date of the last plan amendment/restatement for the required tax law changes was adopted instructions for tax law changes and codes).   | .Enter the   | • •               |                                  | (Se            | :e              |
|     | If the plan sponsor is an adopter of a pre-approved master, prototype (M&P), or volume submitter plan that is subject advisory fetter, enter the date of that favorable letter / / and the letter's serial number. If the plan is an individually-designed plan and recieved a favorable determination letter from IRS, please enter the determination letter / / / |              |                   | ,                                | or             |                 |
| 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 Marlana Islands or the U.S. Virgin Islands)?  |              | ☐ Yes             |                                  | □ No           |                 |
| 19  | Were in-service distributions made during the plan year?  |              | ☐ Yes             | j                                | ∏ No           |                 |
|     | If Yes, enter amount  |              | 19                |                                  |                |                 |
| 20  | Were minimum required distributions made to 5% owners who have attained age 70 ½ (regardless of whether or not retired) as required under section 401(a)(9)?  |              | Yes               |                                  | □ No           | □ N/A           |