For	m 5500-SF	5500-SF Short Form Annual Return/Report of Small Employ Benefit Plan					OMB Nos. 1210-0110 1210-0089		
	tment of the Treasury nal Revenue Service	This form is required to be file		. –	etirement	2015			
Employee Be	epartment of Labor enefits Security Administration	Income Security Act of 1974		6057(b) and 6058(a) of the			orm is Open to ic Inspection		
	enefit Guaranty Corporation	Complete all entries in a lentification Information	accordance with the in	nstructions to the Form 5	500-SF.				
For calenda	ar plan year 2015 or fisca		015	and ending 1	2/31/2015				
	urn/report is for:	a single-employer plan	a multiple-employ	er plan (not multiemployer) employer information in ac		-			
B This retu	ırn/report is	the first return/report an amended return/report	the final return/rep	ort eturn/report (less than 12 m	onths)				
C Check b	box if filing under:	Form 5558 special extension (enter descr	automatic extension	on		FVC progr	am		
Part II	Basic Plan Inform	nation—enter all requested inf							
1a Name					1bThree plan n (PN)1cEffection	umber ▶	001 plan		
		r, if for a single-employer plan) apt., suite no. and street, or P.C	. Box)		2b Emplo (EIN)	yer Identif	cation Number		
City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) KIRSHNER REAL ESTATE, INC.					20 Sponsor's telephone number 425-737-4663				
4113 127TH	STREET SE /A 98208-5688				2d Business code (see instructions) 531210				
	A 30200-3000					5312	10		
		address XSame as Plan Spons			3c Admin	istrator's to	elephone number		
		lan sponsor has changed since per from the last return/report.	the last return/report file	ed for this plan, enter the	4b EIN				
a Sponso					4c PN				
-		the beginning of the plan year			5a 5b		0		
		the end of the plan year count balances as of the end of			50 5c		1		
	,				├ ───┤		1		
• •		cipants at the beginning of the pl	-		5d(1) 5d(2)		0		
e Numb	er of participants that te	cipants at the end of the plan yea rminated employment during the	plan year with accrued	benefits that were less	50(2) 5e		0		
Caution: A Under pena SB or Sche	penalty for the late or alties of perjury and othe dule MB completed and	incomplete filing of this return r penalties set forth in the instruc- signed by an enrolled actuary, a	h/report will be assess ctions, I declare that I have	ed unless reasonable car ave examined this return/re	port, including	g, if applica			
SIGN	Filed with authorized/va		09/30/2016	MARK KIRSHNER					
HERE	Signature of plan adr	ninistrator	Date	Enter name of individ	ual signing a	s plan adm	inistrator		
SIGN HERE	Signature of employe	ar/nlan snorsor	Date	Enter name of individ	ual cigning of	e employe	or plan sponsor		
Preparer's	Signature of employed name (including firm nar	er/plan sponsor ne, if applicable) and address (ir		Enter name of individ	Preparer's t				
For Paperwo	ork Reduction Act Notice a	and OMB Control Numbers, see th	e instructions for Form 5	500-SF.			Form 5500-SF (2015)		

b	 a Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)								×	Yes Yes	No No
	If the plan is a defined benefit plan, is it covered under the PBGC in							No	Not	determi	ined
Pa	t III Financial Information										
7	Plan Assets and Liabilities		(a) Beginning	of Yea	ar			(b) End	l of Ye	ar	
а	Total plan assets	7a			0					3250	0
b	Total plan liabilities	7b								3910	6
C	Net plan assets (subtract line 7b from line 7a)	7c		0						28584	4
8	Income, Expenses, and Transfers for this Plan Year		(a) Amou	int			(b) Total				
a	Contributions received or receivable from: (1) Employers	8a(1)		14	500						
	(2) Participants	8a(2)		18	000						
	(3) Others (including rollovers)	8a(3)									
b	Other income (loss)	8b				_					
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c				_				3250	0
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		3	916						
e	Certain deemed and/or corrective distributions (see instructions)	8e									
f	Administrative service providers (salaries, fees, commissions)	8f									
<u> </u>	Other expenses	8g				_					
	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h				_				3910	
	Net income (loss) (subtract line 8h from line 8c)	8i								28584	4
-	Transfers to (from) the plan (see instructions)	8j									
	t IV Plan Characteristics			~							
9a	If the plan provides pension benefits, enter the applicable pension 2A 2E 2F 2G 2K 2T 3D	feature co	ides from the List of Pla	an Chai	racteris	stic Co	des in 1	the instru	ictions:		
В	If the plan provides welfare benefits, enter the applicable welfare for	eature coc	les from the List of Plar	n Chara	acterist	ic Coc	les in th	ne instruc	tions:		
Par	V Compliance Questions										
10	During the plan year:				Yes	No	N/A		Amo	ount	
a		tions withi	n the time period								
	described in 29 CFR 2510.3-102? (See instructions and DOL's V			40-		х					
b		? (Do not	include transactions	10a							
	reported on line 10a.)			10b		X					
C				10c		Х					
d	by fraud or dishonesty?			10d		Х					
e	Were any fees or commissions paid to any brokers, agents, or oth carrier, insurance service, or other organization that provides som the plan? (See instructions.)	ne or all of	the benefits under	10e		X					
f	Has the plan failed to provide any benefit when due under the plan	n?		10f		Х					
g	Did the plan have any participant loans? (If "Yes," enter amount a	s of year e	end.)	10g		Х					
h	If this is an individual account plan, was there a blackout period? (2520.101-3.)	•		10h		Х					
i	If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10			10i							
j	Did the plan trust incur unrelated business taxable income?			10j							
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 Schedule SB (Form 5500) line 40...

Yes X No

11a

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					1				
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)								
a	a If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, and enter the date of the letter ruling granting the waiver								
lf	If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.								
b	Enter	the minimum required contribution for this plan year		12b					
-		the amount contributed by the employer to the plan for this plan year		12c					
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)									
е	Will	the minimum funding amount reported on line 12d be met by the funding deadline?			Yes	No	N/A		
Part	VII	Plan Terminations and Transfers of Assets							
13a	Has	a resolution to terminate the plan been adopted in any plan year?			Ye	es X No			
		es," enter the amount of any plan assets that reverted to the employer this year		13a					
h		e all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brou							
	of th	e PBGC?	-			Yes X	No		
С		ring this plan year, any assets or liabilities were transferred from this plan to another plan(s), identi h assets or liabilities were transferred. (See instructions.)	fy the plan(s) to						
1	13c(1)	Name of plan(s):	13c(2)	EIN(s)		13c(3)	PN(s)		
Part	VIII	Trust Information	-						
14a	Name	of trust		14b Trust's EIN					
14c Name of trustee or custodian					14d Trustee's or custodian's telephone number				
Par	t IX	IRS Compliance Questions							
15a	Is th	e plan a 401(k) plan?		Ye	es	No			
15b		es," how does the 401(k) plan satisfy the nondiscrimination requirements for employee deferrals an hing contributions (as applicable) under sections 401(k)(3) and 401(m)(2)?		b h	esign- ased safe arbor nethod		ADP/ACP test		
15c	testir	ADP/ACP test is used, did the 401(k) plan perform ADP/ACP testing for the plan year using the "c ng method" for nonhighly compensated employees (Treas. Reg sections 1.401(k)-2(a)(2)(ii) and 1.4 2)(ii))?		Y	es	No			
16a	Chec	k the box to indicate the method used by the plan to satisfy the coverage requirements under sect	ion 410(b):	Цр	atio ercentag est		erage nefit test		
16b		the plan satisfy the coverage and nondiscrimination tests of sections 410(b) and 401(a)(4) by con lan with any other plans under the permissive aggregation rules?	0	Ye	es	No			
17a	Has	he plan been timely amended for all required tax law changes?		Ye	es	No	N/A		
	for ta	the last plan amendment/restatement for the required tax law changes was adopted///x law changes and codes).	•				tructions		
17c		plan sponsor is an adopter of a pre-approved master and prototype (M&P) or volume submitter placer letter, enter the date of that favorable letter/ and the letter's serial r		t to a f	avorable 	IRS opinion	or		
17d		plan is an individually-designed plan and received a favorable determination letter from the IRS, e mination letter/	nter the date of	the pla	in's last fa	avorable			
18		e Plan maintained in a U.S. territory (i.e., Puerto Rico (if no election under ERISA section 1022(i)(2 e), American Samoa, Guam, the Commonwealth of the Northern Mariana Islands or the U.S. Virgir		Ye	S	No			
19	Were	in-service distributions made during the plan year?		Ye	es	No			
	lf "Y€	es," enter amount		19					
 Were required minimum distributions made to 5% owners who have attained age 70 ½ (regardless of whether or not retired), as required under section 401(a)(9)? 						No	N/A		

Foi	rm 5500-SF	Short Form Annu		of Small Emplo	oyee	•	OMB Nos. 1210-0110 1210-0089			
	rtment of the Treasury mal Revenue Service	This form is required to be file	Benefit Plan ad under sections 104 and 4	065 of the Employee Re	etireme	ent	2015			
	epartment of Labor lenefits Security Administration	 Income Security Act of 1974 	(ERISA), and sections 605 Revenue Code (the Code		Interna	Form is Open to				
Pension Be	enefit Guaranty Corporation	uctions to the Form 55	500-SF	Pul	olic Inspection					
Part I	Annual Report	Identification Information								
For calend	ar plan year 2015 or fis	scal plan year beginning	01/01/2015	and ending		12/31/201	.5			
A This rel	turn/report is for:	X a single-employer plan		an (not multiemployer) ployer information in ac		••••••				
		a one-participant plan	a foreign plan							
B This ret										
•		an amended return/report	a short plan year return	n/report (less than 12 m	onths)	_				
C Check	box if filing under:	X Form 5558	automatic extension			DFVC prog	gram			
		special extension (enter desc								
Part II		rmation—enter all requested in	formation				1			
1a Name		401 (l-) Dlan			1	Three-digit	0.01			
Kirshne	er Real Estate	401(K) Plan				plan number (PN) 🕨	001			
					1c	Effective date of 01/01/201				
		yer, if for a single-employer plan) n, apt., suite no. and street, or P.C	D. Box)		2b		ification Number			
City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) Kirshner Real Estate, Inc.				uctions)	2c	Sponsor's tele	phone number			
					425-737-4663 2d Business code (see instructions)					
4113 127th Street SE						531210				
Everet	t	WA 98208-56	88							
3a Plan a	dministrator's name an	nd address XSame as Plan Spon	sor.		3b Administrator's EIN					
					22. 41					
					3c Administrator's telephone number					
4 If the	name and/or FIN of the	plan sponsor has changed since	the last return/report filed for	or this plan enter the	4b	FIN				
		mber from the last return/report.		or the plan, enter the						
a Spons	or's name				4c	PN				
5a Total	number of participants	at the beginning of the plan year.			5a	a	0			
b Total	number of participants	at the end of the plan year			5k	b	1			
		account balances as of the end of			50		1			
		rticipants at the beginning of the p			5d(1)	0			
d(2) Tot	al number of active par	rticipants at the end of the plan ye	ar		5d(2)	1			
		terminated employment during the			56	•	0			
Caution: A	A penalty for the late of	or incomplete filing of this retur	n/report will be assessed	unless reasonable cau						
SB or Sche		ner penalties set forth in the instru nd signed by an enrolled actuary, a								
SIGN	man	hund	09/30/2016	Mark Kirshner			11.1			
HERE	Signature of plan a	dministrator	Date	Enter name of individ	ual sig	ning as plan ad	ministrator			
SIGN	man	hthe	- 0/30/16	Marsk 12:1	sh	ner				
HERE	Signature of emplo		Date	Enter name of individe			er or plan sponsor			
Preparer's		ame, if applicable) and address (i	nclude room or suite numbe			arer's telephon				
					Charles .	a secondaria	The second			

6a Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.) X Yes No b Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) X Yes No under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.) X Yes No If you answered "No" to either line 6a or line 6b, the plan cannot use Form 5500-SF and must instead use Form 5500. X Yes No									
C If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)? Yes No Not determined									
Part III Financial Information									
7 Plan Assets and Liabilities	(a) Beginning of Year	(b) End of Year							

	,		y or roar				(D) Enu or real
a Total plan assets	7a			1	0		32,500
b Total plan liabilities	. 7b						3,910
C Net plan assets (subtract line 7b from line 7a)	7c				0		28,584
8 Income, Expenses, and Transfers for this Plan Year		(a) Amou	unt				(b) Total
a Contributions received or receivable from: (1) Employers	8a(1)			,50	0		
(2) Participants	8a(2)		18	,00	0		
(3) Others (including rollovers)	8a(3)						
b Other income (loss)	8b						
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c			-			32,500
d Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		3	,91	6		
e Certain deemed and/or corrective distributions (see instructions)	8e				Τ		
f Administrative service providers (salaries, fees, commissions)	8f						
g Other expenses	8g						
h Total expenses (add lines 8d, 8e, 8f, and 8g)							
i Net income (loss) (subtract line 8h from line 8c)	8i						28,584
j Transfers to (from) the plan (see instructions)	8j						
Part IV Plan Characteristics							
9a If the plan provides pension benefits, enter the applicable pension 2A 2E 2F 2G 2K 2T 3D	feature co	odes from the List of Pla	an Chara	cteris	tic Co	des in ti	he instructions:
B If the plan provides welfare benefits, enter the applicable welfare fr	eature coo	les from the List of Pla	n Charac	teristi	c Cod	les in the	e instructions:
Part V Compliance Questions							
10 During the plan year:					No	N/A	Amount
a Was there a failure to transmit to the plan any participant contribut described in 29 CFR 2510.3-102? (See instructions and DOL's V Program).	oluntary F	iduciary Correction	10a		x		

	Program)	10a			1		
b	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	10b	x				
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 fidelity bond, that was caused by fraud or dishonesty?	10d	x				
е	Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service, or other organization that provides some or all of the benefits under the plan? (See instructions.)	10e	x				
f	Has the plan failed to provide any benefit when due under the plan?	10f	x				
g	Did the plan have any participant loans? (If "Yes," enter amount as of year end.)	10g	X				
h	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	10h	x		а		
i	If 10h was answered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3	10i					
j	Did the plan trust incur unrelated business taxable income?	10j					
Part	VI Pension Funding Compliance						
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions a 5500) and line 11a below)	and con	nplete Sche	dule SB	(Form] Yes	□ No
11a	Enter the unpaid minimum required contribution for all years from Schedule SB (Form 5500) line 4						
12	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of t	he Cod	e or section	302 of E	RISA?	Yes	X No

Page 3 -Form 5500-SF 2015 (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 Year granting the waiver. Month Day If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13. 12b b Enter the minimum required contribution for this plan year 12c c Enter the amount contributed by the employer to the plan for this plan year d Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a 12d negative amount) Yes No N/A e Will the minimum funding amount reported on line 12d be met by the funding deadline?..... Part VII Plan Terminations and Transfers of Assets Yes 🛛 No 13a Has a resolution to terminate the plan been adopted in any plan year? If "Yes," enter the amount of any plan assets that reverted to the employer this year 13a h Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control Yes X No of the PBGC?..... C If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.) 13c(3) PN(s) 13c(1) Name of plan(s): 13c(2) EIN(s) Part VIII Trust Information 14b Trust's EIN 14a Name of trust 14d Trustee's or custodian's 14c Name of trustee or custodian telephone number Part IX **IRS Compliance Questions** Yes No 15a Is the plan a 401(k) plan?..... Design-based safe 15b If "Yes," how does the 401(k) plan satisfy the nondiscrimination requirements for employee deferrals and employer harbor test matching contributions (as applicable) under sections 401(k)(3) and 401(m)(2)?..... method 15c If the ADP/ACP test is used, did the 401(k) plan perform ADP/ACP testing for the plan year using the "current year Yes No testing method" for nonhighly compensated employees (Treas. Reg sections 1.401(k)-2(a)(2)(ii) and 1.401(m)-2(a)(2)(ii))?..... Ratio Average percentage 16a Check the box to indicate the method used by the plan to satisfy the coverage requirements under section 410(b): benefit test test 16b Does the plan satisfy the coverage and nondiscrimination tests of sections 410(b) and 401(a)(4) by combining Γ No Yes this plan with any other plans under the permissive aggregation rules? Yes No | |N/A 17a Has the plan been timely amended for all required tax law changes?..... (See instructions . Enter the applicable code 17b Date the last plan amendment/restatement for the required tax law changes was adopted for tax law changes and codes). 17c If the plan sponsor is an adopter of a pre-approved master and prototype (M&P) or volume submitter plan that is subject to a favorable IRS opinion or and the letter's serial number advisory letter, enter the date of that favorable letter 17d If the plan is an individually-designed plan and received a favorable determination letter from the IRS, enter the date of the plan's last favorable determination letter Is the Plan maintained in a U.S. territory (i.e., Puerto Rico (if no election under ERISA section 1022(i)(2) has been 18 No Yes made), American Samoa, Guam, the Commonwealth of the Northern Mariana Islands or the U.S. Virgin Islands)?..... No | Yes 19 Were in-service distributions made during the plan year? 19 If "Yes," enter amount Were required minimum distributions made to 5% owners who have attained age 70 1/2 (regardless of whether or not 20 🗌 Yes No N/A retired), as required under section 401(a)(9)?