Form 5500-SF	ort of Small Emplo	oyee	OMB Nos. 1210-0110 1210-0089					
Department of the Treasury Internal Revenue Service	This form is required to be fil	Benefit Pla		etirement	2015			
Department of Labor Employee Benefits Security Administratic	Income Security Act of 197		6057(b) and 6058(a) of the	Internal	This Form is Open to Public Inspection			
Pension Benefit Guaranty Corporation Part I Annual Repo	Complete all entries in trial complete all entries in trial complete all entries in the second secon		nstructions to the Form 55	500-SF.				
For calendar plan year 2015 or			and ending 12	2/31/2015				
A This return/report is for:	a single-employer plan		er plan (not multiemployer) g employer information in ac	· 0				
B This return/report is	the first return/report	the final return/rep	ort eturn/report (less than 12 m	onths)				
C Check box if filing under:	X Form 5558 ☐ special extension (enter des	automatic extensi	n		C program			
Part II Basic Plan In	formation—enter all requested in	1 ,						
1a Name of plan KOKOMO MARKETING INC 40				1b Three-dig plan numb (PN) ▶ 1c Effective of	001			
					10/01/2014			
Mailing address (include ro	loyer, if for a single-employer plan) oom, apt., suite no. and street, or P. nce, country, and ZIP or foreign pos		nstructions)	(EIN)	Identification Number 46-4348768			
KOKOMO MARKETING, INC.				2c Sponsor's telephone number 208-661-5056				
2115 E SHERMAN AVE, SUITE	21			2d Business	code (see instructions)			
COEUR D ALENE, ID 83814	21				541910			
3a Plan administrator's name	and address XSame as Plan Spor	isor.		3b Administra	ator's EIN			
				3c Administra	ator's telephone number			
	the plan sponsor has changed since umber from the last return/report.	the last return/report fil	ed for this plan, enter the	4b EIN				
a Sponsor's name				4c PN				
5a Total number of participan	ts at the beginning of the plan year			5a	2			
	ts at the end of the plan year			5b	2			
	h account balances as of the end o			5c	2			
	participants at the beginning of the p			5d(1)	2			
d(2) Total number of active	participants at the end of the plan ye	ear		5d(2)	2			
than 100% vested	at terminated employment during th e or incomplete filing of this retu			5e	0			
Under penalties of perjury and	other penalties set forth in the instru and signed by an enrolled actuary,	ctions, I declare that I h	ave examined this return/rep	port, including, if	applicable, a Schedule			
	d/valid electronic signature.	10/04/2016	ROBERT E. DOSS, J	R.				
HERE Signature of plan	administrator	Date	Enter name of individ	ual signing as pla	an administrator			
SIGN HERE Signature of omr	Novor/plan spansor	Data	Entername of individu	ual cigning on an				
	oloyer/plan sponsor n name, if applicable) and address (Date nclude room or suite nu		Preparer's tele	nployer or plan sponsor ohone number			
For Panerwork Reduction Act No	tice and OMB Control Numbers, see t	ne instructions for Form 5	500-SF		Form 5500-SF (2015)			

	Were all of the plan's assets during the plan year invested in eligibl Are you claiming a waiver of the annual examination and report of a under 29 CFR 2520.104-46? (See instructions on waiver eligibility a	an indepe and condit	ndent qualified public a	accounta	ant (IQ	PA)		
С	If you answered "No" to either line 6a or line 6b, the plan cannul f the plan is a defined benefit plan, is it covered under the PBGC in							No Not determined
	rt III Financial Information	earance p			02.).	····· _		
7	Plan Assets and Liabilities		(a) Beginning	n of Yes	ar	Т		(b) End of Year
a	Total plan assets	7a	(a) Deginning		800		40802	
· · ·	Total plan liabilities	7b						
-	Net plan assets (subtract line 7b from line 7a)	7c		40	800			40802
8	Income, Expenses, and Transfers for this Plan Year	-	(a) Amou	ount				(b) Total
а	Contributions received or receivable from: (1) Employers							
	(2) Participants	8a(2)						
	(3) Others (including rollovers)	8a(3)						
b	Other income (loss)	8b			2			
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						2
d	Benefits paid (including direct rollovers and insurance premiums 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						
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h						0
i	Net income (loss) (subtract line 8h from line 8c)	8i						2
j	Transfers to (from) the plan (see instructions)	8j						
Pa	t IV Plan Characteristics							
9a	If the plan provides pension benefits, enter the applicable pension $2E$ $2F$ $2G$ $2J$ $2K$ $3D$ $2T$	feature co	odes from the List of Pl	an Cha	racteri	stic Co	odes in t	the instructions:
В	If the plan provides welfare benefits, enter the applicable welfare fe	eature coo	les from the List of Pla	n Chara	acterist	tic Coo	des in th	ne instructions:
Par	t V Compliance Questions							
10	During the plan year:				Yes	No	N/A	Amount
а								
	described in 29 CFR 2510.3-102? (See instructions and DOL's V Program)	·····		10a	x			1835
b	•	? (Do not	include transactions	10a		х		1000
c				105		х		
d		fidelity bo	nd, that was caused	100		x		
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.).	er person e or all of	s by an insurance the benefits under	10u		x		
f	Has the plan failed to provide any benefit when due under the plan	n?		10f		X		
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	ne require	d notice or one of the	10i				
j	Did the plan trust incur unrelated business taxable income?			10j				
Part	VI Pension Funding Compliance)	1	1	8	1
	V 1							

11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schec 5500) and line 11a below)	lule SB	(Form	Yes	No
11a	Enter the unpaid minimum required contribution for all years from Schedule SB (Form 5500) line 40	11a			
12	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section	302 of E	RISA?	Yes	X No

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	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)									
a		waiver of the minimum funding standard for a prior year is being amortized in this plan year, see in: ting the waiver.		enter th Day	e date of	the letter ru Year	ling			
lf	you c	ompleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line	13.		.					
b	Enter	the minimum required contribution for this plan year		12b						
-		the amount contributed by the employer to the plan for this plan year		12c						
d		ract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the ative amount)		12d						
е	Will	the minimum funding amount reported on line 12d be met by the funding deadline?			Yes	No	N/A			
Part	VII	Plan Terminations and Transfers of Assets								
13a	Has	a resolution to terminate the plan been adopted in any plan year?			Υe	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								
D		e PBGC?				Yes 🗙	No			
С		ring this plan year, any assets or liabilities were transferred from this plan to another plan(s), identi th 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 E	IN				
14c	Narr	e 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?		Y	es	No	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))?		Yes			No			
		k the box to indicate the method used by the plan to satisfy the coverage requirements under sect	.,	Цр	atio ercentage est		erage nefit test			
16b		the plan satisfy the coverage and nondiscrimination tests of sections 410(b) and 401(a)(4) by con plan with any other plans under the permissive aggregation rules?	0	Y	es	No				
17a	Has	the plan been timely amended for all required tax law changes?		Y	es	No	N/A			
	for ta	the last plan amendment/restatement for the required tax law changes was adopted//////	•				tructions			
17c		plan sponsor is an adopter of a pre-approved master and prototype (M&P) or volume submitter placory 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		Υe	S	No				
19	Were	in-service distributions made during the plan year?		Y	es	No				
	lf "Y€	es," enter amount		19						
20		e required minimum distributions made to 5% owners who have attained age 70 ½ (regardless of wed), as required under section 401(a)(9)?		Y	es	No	N/A			

-					IL	1-4					
	rtm 5500-SF	Short Form Annual	Return/Report Benefit Plan	of Small Empl	oyee		OMB Nos. 1210-0110 1210-0089				
Inter	rnal Revenue Service	This form is required to be filed un					2015				
	epartment of Labor lenefits Security Administration	Income Security Act of 1974 (EF	evenue Code (the Code		Internal	Form is Open to					
Pension Be	enefit Guaranty Corporation	 Complete all entries in according 	ordance with the inst	ructions to the Form 5	500-SF.	Put	olic Inspection				
Part I		Identification Information									
For calend	ar plan year 2015 or fis	cal plan year beginning C	1/01/2015	and ending		/31/201					
A This ref	A This return/report is for: a one-participant plan X a single-employer plan a multiple-employer plan (not multiemployer) (Filers checking this box must attach a list of participating employer information in accordance with the form instructions) a foreign plan A This return/report is for:										
B This ret	urn/report is										
C Check	box if filing under:	X Form 5558	automatic extension		П	DFVC prog	gram				
		special extension (enter description	on)								
Part II	Basic Plan Info	rmation—enter all requested inform	nation		Andread and an						
1a Name		1011- D]			1b Thre	5	0.01				
κοκοπιο	Marketing Inc	401K Plan			(PN)	number	001				
					1c Effect	ctive date o					
Mailing	g address (include roon	ver, if for a single-employer plan) n, apt., suite no. and street, or P.O. Bo		nuctiona)		loyer Ident) 46-43	i fication Number 48768				
	City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) Kokomo Marketing, Inc.				2c Sponsor's telephone number 208-661-5056						
2115 E	E Sherman Ave,	Suite 21			2d Business code (see instructions) 541910						
Coeur	d Alene	ID 83814									
3a Plan a	dministrator's name an	d address XSame as Plan Sponsor.			3b Adm	inistrator's	EIN				
					3c Adm	inistrator's	telephone number				
		plan sponsor has changed since the ber from the last return/report.	last return/report filed f	or this plan, enter the	4b EIN	-					
a Spons	or's name				4c PN						
5a Total I	number of participants	at the beginning of the plan year			5a		2				
		at the end of the plan year			5b		2				
		ccount balances as of the end of the			5c		2				
d(1) Tota	al number of active par	ticipants at the beginning of the plan y	ear		5d(1)		2				
		ticipants at the end of the plan year			5d(2)		2				
		erminated employment during the pla			5e		0				
Caution: A	penalty for the late o	r incomplete filing of this return/rep	port will be assessed	unless reasonable cau	use is estat	olished.					
SB or Sche	alties of perjury and oth edule MB completed an true, correct, and comp	er penalties set forth in the instruction d signed by an enrolled actuary, as we ete.	s, I declare that I have ell as the electronic ver	examined this return/report	port, includi t, and to the	ng, if applic best of my	cable, a Schedule / knowledge and				
SIGN	and	7	10/4/16	Robert E. Dos	s, Jr.						
HERE	Signature of plan ac	Iministrator	Date	Enter name of individ	ual signing	as plan adı	ministrator				
SIGN	Brenda (Anan	10/4/14	Brenda	K.Jo	hnson	1				
HERE	Signature of employ		Date	Enter name of individ	ual signing	as employe	er or plan sponsor				
Preparer's	name (including firm na	ame, if applicable) and address (includ	le room or suite numbe	ər)	Preparer's	telephone	number				

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b	Were all of the plan's assets during the plan year invested in eligible Are you claiming a waiver of the annual examination and report of a under 29 CFR 2520.104-46? (See instructions on waiver eligibility a	an indepen and conditi	ident qualified public a	iccounta	ant (IQ	PA)] No] No
	If you answered "No" to either line 6a or line 6b, the plan cann If the plan is a defined benefit plan, is it covered under the PBGC in							No Not determi	ned
r	t III Financial Information								
	Plan Assets and Liabilities		(a) Beginning	of Yea	ar			(b) End of Year	
	Total plan assets	7a	(0,80	0		An Address of the second structure of the second structure of the second structure of the second structure of the	,802
-	Total plan liabilities	7b							
	Net plan assets (subtract line 7b from line 7a)	7c		4	0,80	0		40	,802
-	Income, Expenses, and Transfers for this Plan Year		(a) Amou					(b) Total	
	Contributions received or receivable from:		(4) /					(1) 1012	
	(1) Employers	8a(1)							
	(2) Participants	8a(2)							
	(3) Others (including rollovers)	8a(3)							
b	Other income (loss)	8b		24		2			
с	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							2
	Benefits paid (including direct rollovers and insurance premiums		5. 3.						
	to provide benefits)	8d							
	Certain deemed and/or corrective distributions (see instructions)	8e							
	Administrative service providers (salaries, fees, commissions)	8f							
	Other expenses	8g							0
-	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h				-			2
-	Net income (loss) (subtract line 8h from line 8c) Transfers to (from) the plan (see instructions)	8i							2
<u> </u>		8j							
	t IV Plan Characteristics If the plan provides pension benefits, enter the applicable pension	facture co	dee from the List of Pl	on Cho	ractori	atio Co	doc in t	the instructions:	
9a	2E 2F 2G 2J 2K 3D 2T	leature co			acteri			the manual denoms.	
В	If the plan provides welfare benefits, enter the applicable welfare for	eature cod	es from the List of Pla	n Chara	acterist	ic Coc	les in th	e instructions:	
-									
Part	V Compliance Questions							-	
10	During the plan year:				Yes	No	N/A	Amount	
а									
	described in 29 CFR 2510.3-102? (See instructions and DOL's V Program)	,	,	10a	Х				1,835
b	Were there any nonexempt transactions with any party-in-interest					v			
	reported on line 10a.)			10b		Х			
С	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 bor	nd, that was caused			Х			
	by fraud or dishonesty?	the second s		10d		23			
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.)	e or all of	the benefits under	10e		Х			
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	nd.)	10g		Х			
h				10g		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	ne required	notice or one of the	10i					
j	Did the plan trust incur unrelated business taxable income?			10i					
Part				.0]					
11	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)								No
11a	Enter the unpaid minimum required contribution for all years from	and the second			and a second second second	1			
12	Is this a defined contribution plan subject to the minimum funding							RISA?	No

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(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable	e.)							
a If a waiver of the minimum funding standard for a prior year is being amortized in granting the waiver.	n this plan ye		Monun	nter the Day	e date of th	e letter r Year	uling	-
If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5				101	1			
b 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	ļ			
d Subtract the amount in line 12c from the amount in line 12b. Enter the result (er negative amount)	nter a minus s	sign to the	e left of a	12d				
Will the minimum funding amount reported on line 12d be met by the funding de					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?					Yes	X No		
If "Yes," onter the amount of any plan assets that reverted to the employer this				13a				
b Were all the plan assets distributed to participants or beneficiaries, transferred of the PBGC?						Yes X	No	
C If during this plan year, any assets or liabilities were transferred from this plan t which assets or liabilities were transferred. (See instructions.)	to another pla	in(s), ider	ntify the plan(s) to					
13c(1) Name of plan(s):			13c(2)	EIN(s)		13c(3) PN(s)
Part VIII Trust Information				146	Trust's Ell	N.		
14a Name of trust				140		•		
14c Name of trustee or custodian				140	Trustee's telephone			s
Part IX IRS Compliance Questions						Π.		
15a is the plan a 401(k) plan?							0	
15b If "Yes," how does the 401(k) plan satisfy the nondiscrimination requirements f matching contributions (as applicable) under sections 401(k)(3) and 401(m)(2)	or employee ?				Design- based safe harbor method		ADP/A test	NCP
15c If the ADP/ACP test is used, did the 401(k) plan perform ADP/ACP testing for testing method" for nonhighly compensated employees (Treas. Reg sections 1 2(a)(2)(ii))?					Yes		lo	
16a Check the box to indicate the method used by the plan to satisfy the coverage	requirement	s under s	ection 410(b):		Ratio percentage test		Avera	age fit test
16b Does the plan satisfy the coverage and nondiscrimination tests of sections 410 this plan with any other plans under the permissive aggregation rules?	0(b) and 401	a)(4) by (combining		Yes	<u> </u>		
17a Has the plan been timely amended for all required tax law changes?				- <u> </u>	Yes	1		N/A structio
17b Date the last plan amendment/restatement for the required tax law changes w for tax law changes and codes).	vas adopted				cable code			
17c If the plan sponsor is an adopter of a pre-approved master and prototype (M&								
17d If the plan is an individually-designed plan and received a favorable determine		the second se		1				
 18 Is the Plan maintained in a U.S. territory (i.e., Puerto Rico (if no election under made), American Samoa, Guam, the Commonwealth of the Northern Mariana 	er ERISA sec a Islands or t	tion 1022 ne U.S. V	(i)(2) has been irgin Islands)?		Yes	1		
19 Were in-service distributions made during the plan year?				Ц	Yes		0	
If "Yes," enter amount				-	9			
20 Were required minimum distributions made to 5% owners who have attained retired), as required under section 401(a)(9)?	age 70 ½ (re	gardless	of whether or not		Yes		10	UN/A