Form 5500-SF	Short Form Annu	ual Return/Repo Benefit Pla	ort of Small Emplo	oyee	OMB Nos. 1210-01 1210-00			
Department of the Treasury Internal Revenue Service	This form is required to be fil			2	015			
Department of Labor Employee Benefits Security Administration	Income Security Act of 1974			This Form	n is Open to nspection			
Pension Benefit Guaranty Corporation			nstructions to the Form 55	00-SF.				
Part IAnnual ReportFor calendar plan year 2015 or f	t Identification Information		and ending 12	2/31/2015				
A This return/report is for:	a single-employer plan a one-participant plan	a multiple-employ	er plan (not multiemployer) employer information in ac	(Filers check	-			
B This return/report is	the first return/report	the final return/rep	ort eturn/report (less than 12 me	onths)				
C Check box if filing under:	Form 5558	automatic extension	on	D	FVC program			
Part II Basic Plan Info	special extension (enter deso Drmation —enter all requested in							
1a Name of plan	NC., 401(K) PROFIT SHARING P			(PN)	umber	001 n		
	oyer, if for a single-employer plan) om, apt., suite no. and street, or P.				01/01/19 oyer Identificat 91-0828	ion Number		
	ce, country, and ZIP or foreign pos		nstructions)	(EIN) 2c Spons	sor's telephon 425-641-2	e number		
7661 159TH PLACE NE BELLEVUE, WA 98052				2d Busine	ess code (see	instructions)		
					423990			
	nd address ⊠Same as Plan Spor					phone number		
	e plan sponsor has changed since imber from the last return/report.	the last return/report file	ed for this plan, enter the	4b EIN				
a Sponsor's name				4c PN				
5a Total number of participants	s at the beginning of the plan year.			5a		44		
	s at the end of the plan year			5b		44		
	account balances as of the end o			5c		44		
d(1) Total number of active pa	articipants at the beginning of the p	olan year		5d(1)		0		
d(2) Total number of active pa	articipants at the end of the plan ye	ear		5d(2)		0		
than 100% vested	t terminated employment during th or incomplete filing of this return			5e	ished	0		
Under penalties of perjury and o	ther penalties set forth in the instru and signed by an enrolled actuary,	ctions, I declare that I h	ave examined this return/rep	oort, including	g, if applicable			
	l/valid electronic signature.	10/05/2016	ROBIN L RUCH					
HERE Signature of plan	administrator	Date	Enter name of individu	ual signing a	s plan admini	strator		
SIGN HERE Simulture of amount		Dete		vel et and				
Preparer's name (including firm	oyer/plan sponsor name, if applicable) and address (Date include room or suite nu	Enter name of individu		s employer or telephone nur			
For Paperwork Reduction Act Not	ce and OMB Control Numbers, see ti	ne instructions for Form 5	500-SF		For	m 5500-SF (2015)		

			0					
-	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		· ,					Yes No
D	under 29 CFR 2520.104-46? (See instructions on waiver eligibility a If you answered "No" to either line 6a or line 6b, the plan cann	and condit	tions.)		·····	·····		X Yes No
с	If the plan is a defined benefit plan, is it covered under the PBGC in							No Not determined
Pa	rt III Financial Information						L L	
7	Plan Assets and Liabilities		(a) Beginning	of Yea	ar			(b) End of Year
а	Total plan assets	7a		591				688055
b	Total plan liabilities	7b						
С	Net plan assets (subtract line 7b from line 7a)	7c		591	843			688055
8	Income, Expenses, and Transfers for this Plan Year		(a) Amou	unt				(b) Total
а	Contributions received or receivable from: (1) Employers	8a(1)			0			
	(2) Participants	8a(2)			0			
	(3) Others (including rollovers)	8a(3)		75	000			
b	Other income (loss)	8b		21	212			
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c				_		96212
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			0			
g	Other expenses	8g			0			
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h						0
<u> </u>	Net income (loss) (subtract line 8h from line 8c)	8i				_		96212
j	Transfers to (from) the plan (see instructions)	8j						
	rt IV Plan Characteristics							
9a	If the plan provides pension benefits, enter the applicable pension $2E$ $2G$ $2J$ $2K$ $2R$ $3D$	feature co	odes from the List of Pla	an Cha	racteris	stic Co	des in t	the instructions:
В	If the plan provides welfare benefits, enter the applicable welfare f	eature coo	des from the List of Pla	n Chara	acterist	ic Coc	les in th	ne instructions:
Par	t V Compliance Questions							
10	During the plan year:				Yes	No	N/A	Amount
а	Was there a failure to transmit to the plan any participant contribu described in 29 CFR 2510.3-102? (See instructions and DOL's V Program)	/oluntary F	iduciary Correction	10a		х		
b	Were there any nonexempt transactions with any party-in-interest	t? (Do not	include transactions					
	reported on line 10a.)			10b		X		
C				10c		Х		
C	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		Х		
f	Has the plan failed to provide any benefit when due under the pla	n?		10f		x		
g	Did the plan have any participant loans? (If "Yes," enter amount a	is of year e	end.)	10g	Х			63492
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	he require	d notice or one of the	10i				
j	Did the plan trust incur unrelated business taxable income?			10j				
Dar	VI Pension Funding Compliance						-	

ган	rension running compliance	
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form 5500) and line 11a below)	Yes X No
11a	a 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 ERISA?	Yes X No

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 (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 in granting the waiver. 		enter the Day	e date of th	he letter ru Year	ling		
If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line		Day_					
b Enter the minimum required contribution for this plan year		12b					
		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 							
negative amount)		12d			1		
e 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?			X Yes	No			
If "Yes," enter the amount of any plan assets that reverted to the employer this year		13a			(
b Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brou of the PBGC?		ontrol					
C If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), ident which 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 ⊺	rust's EIN	l			
14c Name of trustee or custodian			Trustee's telephone	or custodi number	an's		
Part IX IRS Compliance Questions		I					
15a Is the plan a 401(k) plan?		Ye:	S	No			
15b If "Yes," how does the 401(k) plan satisfy the nondiscrimination requirements for employee deferrals an matching contributions (as applicable) under sections 401(k)(3) and 401(m)(2)?		ba ha	esign- ised safe irbor ethod	ADI tes			
15c If the ADP/ACP test is used, did the 401(k) plan perform ADP/ACP testing for the plan year using the "or testing method" for nonhighly compensated employees (Treas. Reg sections 1.401(k)-2(a)(2)(ii) and 1.2(a)(2)(ii))?		Ye	S	No			
16a Check the box to indicate the method used by the plan to satisfy the coverage requirements under sect	ion 410(b):		atio rcentage st		erage nefit test		
16b Does the plan satisfy the coverage and nondiscrimination tests of sections 410(b) and 401(a)(4) by con this plan with any other plans under the permissive aggregation rules?	0	Ye:	S	No			
17a Has the plan been timely amended for all required tax law changes?		Ye	s	No	N/A		
17b Date the last plan amendment/restatement for the required tax law changes was adopted//for tax law changes and codes).	Enter the ap	plicable	code	(See ins	structions		
17c If the plan sponsor is an adopter of a pre-approved master and prototype (M&P) or volume submitter pl advisory letter, enter the date of that favorable letter/ and the letter's serial n		ct to a fa	vorable IF	RS opinion	or		
17d If the plan is an individually-designed plan and received a favorable determination letter from the IRS, e determination letter/	nter the date of	the plar	n's last fav	vorable			
18 Is the Plan maintained in a U.S. territory (i.e., Puerto Rico (if no election under ERISA section 1022(i)(2 made), American Samoa, Guam, the Commonwealth of the Northern Mariana Islands or the U.S. Virgin		Yes	;	No			
19 Were in-service distributions made during the plan year?		Ye:	s	No			
If "Yes," enter amount		19					
20 Were required minimum distributions made to 5% owners who have attained age 70 ½ (regardless of w retired), as required under section 401(a)(9)?		Ye	S	No	N/A		

	Form 5500-SF	Short Form Annual Re	eturn/Report o enefit Plan	of Small Employ	ee		OMB Nos. 1210-0110 1210-0089
	Internal Revenue Service	This form is required to be filed	under sections 104 a			2	2015
	Department of Labor ployee Benefits Security Administration Pension Benefit Guaranty Corporation		Revenue Code (the C	Code).	20		is Open to Public spection
Contraction of the		 Complete all entries in accord dentification Information 	lance with the instru	ctions to the Form 5500	-SF.		
	calendar plan year 2015 or fiscal		01/01/2015	and ending	1:	2/31/2015	
				an (not multiemployer) (Fil			oust attach
	This return/report is for: This return/report is:	a one-participant plan	a list of participating e a foreign plan the final return/report	n/report (less than 12 mor	ordan		
с	Check box if filing under:	x Form 5558	automatic extension		[DFVC progra	m
	Ī	special extension (enter description)					
Pa	art II Basic Plan Infor	mation enter all requested inform	nation				
1a	Name of plan				1b	Three-digit	
	Fire Chief Equipment	t Co., Inc., 401(k) Profi	it Sharing Pla	n		plan number (PN) ►	001
					1c	Effective date of 01/01/1984	plan
2a	Plan sponsor's name (employer Mailing Address (include room,	apt., suite no. and street or P.O. Box)			2b	Employer Identif (EIN) 91-08	fication Number
	City or town, state or province, FCE Enterprises, Inc	country, and ZIP or foreign postal code	(if foreign, see instruc	tions)	2c	Sponsor's teleph	none number
					24	(425) 641-	2127 see instructions)
	7661 159th Place NE				Zu	423990	see instructions)
3a	US Bellevue WA 98052 Plan administrator's name and a				01		
Ja	Fian auministrator's name and a	address X Same as Plan Sponsor	Name		30	Administrator's I	EIN
					3c	Administrator's t	elephone number
4	If the name and/or EIN of the pl name, EIN, and the plan number	an sponsor has changed since the last er from the last return/report.	return/report filed for t	his plan, enter the	4b	EIN	
a	Sponsor's name				4c	PN	
5a	Total number of participants at t	the beginning of the plan year			5a	1	44
b	Total number of participants at t				5b		44
С	Number of participants with acc complete this item)	count balances as of the end of the plan	year (defined benefit	plans do not	50		44
d(pants at the beginning of the plan year			5d(1)	0
d(2) Total number of active particip	pants at the end of the plan year			5d(0
е	Number of participants that term	ninated employment during the plan yea			5		0
Ca		Incomplete filing of this return/repo			is es	tablished.	A6945
Un SE	der penalties of perjury and other	r penalties set forth in the instructions, I signed by an enrolled actuary, as well a	declare that I have ex	amined this return/report.	includi	ng, if applicable.	a Schedule ledge and
s	IGN MULTAN	~		Robin L. Ruch			
100040	ERE Signature of plap admin	istrator	Date 10/5/16	Enter name of individual	signin	q as plan admini	strator
•	IGN Julia			Robin L. Ruch		<u> </u>	
1.1.212	ERE Signature of employer/p	lan sponsor	Date 10/5/11	Enter name of individual	signin	g as employer or	plan sponsor
Pre		ne, if applicable) and address; include re	oom or suite number		_	arer's telephone r	
							4
Fo	r Paperwork Reduction Act No	otice and OMB Control Numbers, see	e the instructions for	Form 5500-SF.		F	orm 5500-SF (2015)

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a Were all of the plan's assets during the plan year invested in eligible								X Yes	
b Are you claiming a waiver of the annual examination and report of an	independent qu	alified public accounta	int (IQ	PA)					
under 29 CFR 2520.104-46? (See instructions on waiver eligibility an	nd conditions.)							X Yes	
If you answered "No" to either line 6a or line 6b, the plan canno	ot use Form 55	00-SF and must inste	ead us	e For	m 550	00.			
c If the plan is a defined benefit plan, is it covered under the PBGC ins	surance program	n (see ERISA section 4	1021)?			Yes	No	Not d	etermi
Part III Financial Information					_				
7 Plan Assets and Liabilities		(a) Beginning o	of Yea	r		(1	b) End o	f Year	
a Total plan assets	7a	5	91,8	43				688	055
b Total plan liabilities	7b								
C Net plan assets (subtract line 7b from line 7a)	7c	and a second second second second	91,8	43				688,	055
Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from:		(a) Amoun	t		-	Colorest Colorest	(b) To	otal	
(1) Employers	8a(1)			0	ina.s				
(2) Participants	8a(2)			0					
(3) Others (including rollovers)	8a(3)		75,0	00					
b Other income (loss)	8b		21,2	12	1				
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c		122.0					96.	212
 Benefits paid (including direct rollovers and insurance premiums to provide benefits) 					1000				1
e Certain deemed and/or corrective distributions (see instructions)					No.70.7				ALC: 1
Administrative service providers (salaries, fees, commissions)	8e			•	1200				
	8f			0					
Other expenses Total expenses (add lines 8d, 8e, 8f, and 8g)			12 30 27	0		Alter Stati	1.1. 19.2		
Net income (loss) (subtract line 8h from line 8c)	8h			State of the				0.0	0
Transfers to (from) the plan (see instructions)					-tastes	and the second second	a management	96,	212
a If the plan provides pension benefits, enter the applicable pension fea 2E 2G 2J 2K 2R 3D									
 If the plan provides pension benefits, enter the applicable pension fea 2E 2G 2J 2K 2R 3D If the plan provides welfare benefits, enter the applicable welfare feat 									
 If the plan provides pension benefits, enter the applicable pension fea 2E 2G 2J 2K 2R 3D If the plan provides welfare benefits, enter the applicable welfare feat Part V Compliance Questions 									
 If the plan provides pension benefits, enter the applicable pension feating 2E 2G 2J 2K 2R 3D If the plan provides welfare benefits, enter the applicable welfare feating performance questions During the plan year: 	ure codes from	the List of Plan Charac					tions:	Amount	
 If the plan provides pension benefits, enter the applicable pension fer 2E 2G 2J 2K 2R 3D If the plan provides welfare benefits, enter the applicable welfare feat Part V Compliance Questions During the plan year: Was there a failure to transmit to the plan any participant contribution 	ure codes from	the List of Plan Charac		c Code	es in ti	ne instruct	tions:	Amount	
 If the plan provides pension benefits, enter the applicable pension fer 2E 2G 2J 2K 2R 3D If the plan provides welfare benefits, enter the applicable welfare feat Part V Compliance Questions During the plan year: a Was there a failure to transmit to the plan any participant contributing described in 29 CFR 2510.3-102? (See instructions and DOL's Volume 100 -	ure codes from ons within the tin	the List of Plan Charao me period y Correction	cteristi	c Code	es in ti No	ne instruct	tions:	Amount	
 If the plan provides pension benefits, enter the applicable pension fer 2E 2G 2J 2K 2R 3D If the plan provides welfare benefits, enter the applicable welfare feat Part V Compliance Questions During the plan year: Was there a failure to transmit to the plan any participant contributi described in 29 CFR 2510.3-102? (See instructions and DOL's Vo Program) Were there any nonexempt transactions with any party-in-interest? 	ure codes from ons within the tin luntary Fiducian (Do not include	the List of Plan Charac me period y Correction transactions		c Code	es in ti	ne instruct	tions:	Amount	
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 If the plan provides pension benefits, enter the applicable pension fer 2E 2G 2J 2K 2R 3D If the plan provides welfare benefits, enter the applicable welfare feat Part V Compliance Questions During the plan year: a Was there a failure to transmit to the plan any participant contributid described in 29 CFR 2510.3-102? (See instructions and DOL's Vo Program) b Were there any nonexempt transactions with any party-in-interest? reported on line 10a.) c Was the plan covered by a fidelity bond? d Did the plan have a loss, whether or not reimbursed by the plan's fin by fraud or dishonesty? e Were any fees or commissions paid to any brokers, agents, or othe carrier, insurance service, or other organization that provides some the plan? (See instructions.) f Has the plan failed to provide any benefit when due under the plan? g Did the plan have any participant loans? (If "Yes," enter amount as h If this is an individual account plan, was there a blackout period? (See See See See See See See See See Se	ure codes from ons within the tii luntary Fiduciar (Do not include delity bond, that or all of the ben or all of the ben of year end.)	the List of Plan Charace me period y Correction transactions was caused hinsurance wefits under	10a 10b 10c 10d 10f 10g	c Code	No X X X X X X X	ne instruct	tions:		53,4
 a If the plan provides pension benefits, enter the applicable pension fer 2E 2G 2J 2K 2R 3D b If the plan provides welfare benefits, enter the applicable welfare feat Part V Compliance Questions D During the plan year: a Was there a failure to transmit to the plan any participant contributing described in 29 CFR 2510.3-102? (See instructions and DOL's Vo Program) b Were there any nonexempt transactions with any party-in-interest? reported on line 10a.) c Was the plan covered by a fidelity bond? d Did the plan have a loss, whether or not reimbursed by the plan's fin by fraud or dishonesty? e Were any fees or commissions paid to any brokers, agents, or other carrier, insurance service, or other organization that provides some the plan? (See instructions.) f Has the plan have any participant loans? (If "Yes," enter amount as h If this is an individual account plan, was there a blackout period? (Se20.101-3.) 	ure codes from ons within the tii luntary Fiduciar (Do not include delity bond, that or persons by an or all of the ben of year end.) See instructions	the List of Plan Charace me period y Correction transactions was caused insurance teffts under and 29 CFR	10a 10b 10c 10d 10d 10g 10h	Yes	No X X X X X X	ne instruct	tions:		53,4
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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 instruction granting the waiver.	ons, and ente	er the dat Day		etter ruling ear	
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			
c Enter 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)	1	12d			
e 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?		X Y	es 🗌 I	No	
If "Yes," enter the amount of any plan assets that reverted to the employer this year		13a			0
b Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought undo of the PBGC?	er the contro	1		☐ Yes	X 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.)	lan(s) to				
13c(1) Name of plan(s):	130	(2) EIN(s)	13c(3)	PN(s)
Part VIII Trust Information					
14a Name of trust		14b T	rust's EIN	I	
14c Name of trustee or custodian			rustee or hone nur	custodian' nber	S
Part IX IRS Compliance Questions					
15a Is the plan a 401(k) plan:		Yes	5	No No	
15b If "Yes," how does the 401(k) plan satisfy the nondiscrimination requirements for employee deferrals and emplo matching contributions (as applicable) under sections 401(k)(3) and 401(m)(2)?	Broble	bas bar	sign- ed safe bor thod	ADP/ test	ACP
15c 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	6	□ No	
16a Check the box to indicate the method used by the plan to satisfy the coverage requirements under section 410(t	b):	Per Tes	centage	Avera Bene	ige fit Test
16b Does the plan satisfy the coverage and nondiscrimination tests of sections 410(b) and 401(a)(4) by combining this plan with any other plans under the permissive aggregation rules?		Yes		🗌 No	
17a Has the Plan been timely amended for all required law changes?		Yes		🗌 No	□ N/A
17b Date of the last plan amendment/restatement for the required tax law changes was adopted/	.Enter the	100		(Se	e
 17c If the plan sponsor is an adopter of a pre-approved master, prototype (M&P), or volume submitter plan that is su advisory letter, enter the date of that favorable letter / / and the letter's serial number. 17d If the plan is an individually-designed plan and recieved a favorable determination letter from IRS, please enter the date of the plan is an individually-designed plan and recieved a favorable determination letter from IRS. 					
determination letter / 18 Is the Plan maintained in a U.S. territory (i.e., Puerto Rico (if no election under ERISA section 1022(i)(2) has bee made), American Samoa, Guam, the Commonwealth of the Northern Mariana Islands or the U.S. Virgin Islands)		☐ Yes		□ No	
19 Were in-service distributions made during the plan year?		Yes			
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)?	r	Yes		🗌 No	□ N/A