## Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation

SIGN

**HERE** 

SIGN HERE

## 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

Pa	art I	Annual Report	: ld	entification Informat	ion				
For	calenda	ar plan year 2015 or fi	sca	l plan year beginning 01/	01/2	015 and ending 12	2/31/2	015	
A	This ret	urn/report is for:	X	a single-employer plan a one-participant plan		a multiple-employer plan (not multiemployer) list of participating employer information in ac a foreign plan	,	•	
Вт	This retu	rn/report is		the first return/report an amended return/report		the final return/report a short plan year return/report (less than 12 m	onths)	)	
С	Check b	oox if filing under:	X	Form 5558 special extension (enter d	escri	automatic extension		DFVC prog	ram
Pa	art II	Basic Plan Info	orn	nation—enter all requeste	d info	ormation			
	Name o		LIN	NC PROFIT SHARING PLAI	٧		1b	Three-digit plan number (PN)	002
							1c	Effective date o 05/0	f plan 1/1996
	Mailing City or	address (include roo	m, a		P.O.	. Box) al code (if foreign, see instructions)		Employer Identii (EIN) 91-1 Sponsor's telep	036466
JOLC	, IVIDI/ ( /	OF TIME! A OTOTIVE						509-4	53-2063
		8 BRIDGE ROAD A 98939-0000					2d	Business code (	,
3a	Plan ad	dministrator's name a	nd a	address ⊠Same as Plan S∣	oons	or.		Administrator's	elephone number
4				lan sponsor has changed si er from the last return/repor		he last return/report filed for this plan, enter the		EIN	
а	Sponso	or's name					4c		
5a	Total n	number of participants	at	the beginning of the plan ye	ar		5		101
b	Total n	number of participants	at	the end of the plan year			5	b	74
С						he plan year (defined benefit plans do not	5	С	65
d(	<b>(1)</b> Tota	al number of active pa	ırtic	ipants at the beginning of th	e pla	an year	5d	(1)	88
d(	<b>(2)</b> Tota	al number of active pa	artic	ipants at the end of the plar	ı yea	ır	5d	(2)	51
е				. ,		plan year with accrued benefits that were less	5	е	4
						/report will be assessed unless reasonable cau			
SB	or Sche		and s	signed by an enrolled actua		tions, I declare that I have examined this return/re s well as the electronic version of this return/report			

10/05/2016

Date

Date

**GAYLE SALI** 

Enter name of individual signing as plan administrator

Enter name of individual signing as employer or plan sponsor

Preparer's telephone number

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

Filed with authorized/valid electronic signature.

Signature of plan administrator

Signature of employer/plan sponsor

Form 5500-SF 2015		Page <b>2</b>							
<ul> <li>Were all of the plan's assets during the plan year invested in eligible</li> <li>Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility</li> <li>If you answered "No" to either line 6a or line 6b, the plan cannot be a second or line 6b.</li> </ul>	an independ	dent qualified public a	ccount	ant (IQ	PA)			X Yes	
C If the plan is a defined benefit plan, is it covered under the PBGC in	nsurance pr	ogram (see ERISA se	ection 4	021)?		Yes	No	Not deter	rmined
Part III Financial Information	7				-				
7 Plan Assets and Liabilities		(a) Beginning			-		(b) End	of Year	
a Total plan assets	. 7a		2368	624 6579				24312	288 579
b Total plan liabilities	. 7b . 7c		2362					24247	
Net plan assets (subtract line 7b from line 7a)      Income, Expenses, and Transfers for this Plan Year	. 70	(a) Amou		.040			(b) 1	Fotal	00
a Contributions received or receivable from:		(a) Alliot	4111				(10)	otai	
(1) Employers	. 8a(1)		178	3250					
(2) Participants	. 8a(2)		31	090					
(3) Others (including rollovers)	1 1								
<b>b</b> Other income (loss)			-26	933	_			100	107
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	. 8c							1824	107
Benefits paid (including direct rollovers and insurance premiums to provide benefits)	. 8d		119	043					
<b>e</b> Certain deemed and/or corrective distributions (see instructions)	. 8e								
<b>f</b> Administrative service providers (salaries, fees, commissions)	. 8f			700					
<b>g</b> Other expenses	. 8g								
h Total expenses (add lines 8d, 8e, 8f, and 8g)	. 8h							1197	743
i Net income (loss) (subtract line 8h from line 8c)	. 8i							626	664
j Transfers to (from) the plan (see instructions)	· 8j								
Part IV Plan Characteristics									
B If the plan provides welfare benefits, enter the applicable welfare to Part V Compliance Questions	feature code	es from the List of Pla	n Chara	acterist	ic Cod	les in the	e instruc	tions:	
10 During the plan year:				Yes	No	N/A		Amount	
Was there a failure to transmit to the plan any participant contributes described in 29 CFR 2510.3-102? (See instructions and DOL's Verogram)	Voluntary Fig	duciary Correction	10a		X				
<b>b</b> Were there any nonexempt transactions with any party-in-interes reported on line 10a.)			10h		X				
			10b						
			10c	X					240000
d Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?			10d		X				
Were any fees or commissions paid to any brokers, agents, or ot carrier, insurance service, or other organization that provides son the plan? (See instructions.)	ne or all of the	he benefits under	10e		X				
f Has the plan failed to provide any benefit when due under the plan					Х				
			10f		-				
g Did the plan have any participant loans? (If "Yes," enter amount a  h If this is an individual account plan, was there a blackout period?		·	10g		X				
2520.101-3.)	•		10h		X				
i If 10h was answered "Yes," check the box if you either provided t 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						<u> </u>			
11 Is this a defined benefit plan subject to minimum funding requiren 5500) and line 11a below)								Yes	s X No
11a Enter the unpaid minimum required contribution for all years from	Schedule S	SB (Form 5500) line 4	0			11a			
12 Is this a defined contribution plan subject to the minimum funding	g requireme	nts of section 412 of t	he Cod	e or se	ction 3	302 of El	RISA?	Yes	s X No

	F	orm 5500-SF 2015 Page <b>3</b> - 1					
	_ `	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 inc ng the waiver		enter the Day	date of t	he letter rul Year	ing
lf		mpleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line		Duy_		1 oui	
b	Enter t	ne minimum required contribution for this plan year		12b			
С	Enter th	ne amount contributed by the employer to the plan for this plan year		12c			
d		ct the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the		12d			
		ve amount)e minimum funding amount reported on line 12d be met by the funding deadline?		П	Yes	No 🗌	N/A
Part		Plan Terminations and Transfers of Assets			100	110	1471
		resolution to terminate the plan been adopted in any plan year?			Yes	s X No	
		s," enter the amount of any plan assets that reverted to the employer this year		13a			
b	Were	all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brough	ght under the co	ontrol		Yes X	No
С	If duri	ng this plan year, any assets or liabilities were transferred from this plan to another plan(s), identiassets or liabilities were transferred. (See instructions.)					
•	13c(1) N	lame of plan(s):	13c(2)	EIN(s)		13c(3) F	PN(s)
Part	: VIII	Trust Information					
14a	Name o	f trust		14b 1	Γrust's EIN	١	
14c	Name	of trustee or custodian		14d	Trustee's	or custodia	an's
	rianio	of tubics of suctorial			telephone		a 11 0
Par	t IX	IRS Compliance Questions					
15a	Is the	plan a 401(k) plan?		Ye	S	No	
15b		"how does the 401(k) plan satisfy the nondiscrimination requirements for employee deferrals an ng contributions (as applicable) under sections 401(k)(3) and 401(m)(2)?		ba ha	esign- ased safe arbor ethod	ADF test	P/ACP
15c	testing	DP/ACP test is used, did the 401(k) plan perform ADP/ACP testing for the plan year using the "c method" for nonhighly compensated employees (Treas. Reg sections 1.401(k)-2(a)(2)(ii) and 1.4(ii))?	101(m)-	Ye	S	No	
16a	Check	the box to indicate the method used by the plan to satisfy the coverage requirements under secti	on 410(b):		atio ercentage st		rage efit test
16b	<b>6b</b> 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?					No	
17a	Has the	e plan been timely amended for all required tax law changes?		Ye	S	No	N/A
17b		ne last plan amendment/restatement for the required tax law changes was adopted//law changes and codes).	Enter the ap	plicable	code	(See ins	tructions
17c		lan sponsor is an adopter of a pre-approved master and prototype (M&P) or volume submitter pland the letter yellower. I and the letter's serial references and the letter's serial references and the letter's serial references.		t to a fa	vorable II	RS opinion	or
17d	If the p	lan is an individually-designed plan and received a favorable determination letter from the IRS, e ination letter/		the plai	n's last fav	vorable	
18		Plan maintained in a U.S. territory (i.e., Puerto Rico (if no election under ERISA section 1022(i)(2, American Samoa, Guam, the Commonwealth of the Northern Mariana Islands or the U.S. Virgin		Yes	;	No	
19	Were in	n-service distributions made during the plan year?		Ye	s	No	
	If "Yes	" enter amount		19			
20		equired minimum distributions made to 5% owners who have attained age 70 $\frac{1}{2}$ (regardless of w ), as required under section 401(a)(9)?		Ye	s	No	N/A

## Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation

**Annual Report Identification Information** 

Part I

## 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 section 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

the Internal Revenue Code (the Code).

Complete all entries in accordance with the instructions to the Form 5500-SF.

OMB Nos. 1210-0110 1210-0089

2015

This Form is Open to Public Inspection

of calendar plan year 2015 of	liscal plan year beginning	01/01/2015	and ending	12/31/203	.5				
A This return/report is for:	x a single-employer plan	a list of participating	r plan (not multiemployer) g employer information in a	ployer) (Filers checking this box must attach tion in accordance with the form instructions)					
This return/report is:	a one-participant plan	a foreign plan							
This return/report is:	the first return/report	the final return/repo							
	an amended return/report	a short plan year re	turn/report (less than 12 m	nonths)					
Check box if filing under:	Form 5558	automatic extension	n	DFVC p	rogram				
Desir Desir District	special extension (enter des								
Part II Basic Plan In  Name of plan	formation enter all requeste	d information		45 =					
	& GRAVEL INC PROFIT SHA	RING PLAN		1b Three-digit plan numb (PN) ▶					
				1c Effective d	ate of plan				
Mailing Address (include i	ployer, if for a single-employer plan room, apt., suite no. and street or P rince, country, and ZIP or foreign po	O. Box)		2b Employer Identification Number (EIN) 91-1036466  2c Sponsor's telephone number (509) 453-2063					
COLUMBIA ASPHALT		istal code (il loreigh, see il	istructions)						
377 PARKER BRIDGE	ROAD			2d Business of 237310	code (see instructions)				
US PARKER WA 98939-000	00								
Plan administrator's name	e and address X Same as Plan S	ponsor Name		3b Administra	tor's EIN				
				3c Administra	tor's telephone number				
	the plan sponsor has changed since	e the last return/report file	d for this plan, enter the	4b EIN					
a Sponsor's name	number from the last return/report.			4c PN					
	nts at the beginning of the plan year	ſ		5a	101				
	nts at the end of the plan year			5b	74				
Number of participants wi	ith account balances as of the end	of the plan year (defined be	enefit plans do not	5c	65				
	participants at the beginning of the			5d(1)	88				
(2) Total number of active	participants at the end of the plan y	ear		5d(2)	51				
	at terminated employment during the			5e	4				
aution: A penalty for the la	ate or incomplete filing of this ret	urn/report will be assess	ed uniess reasonable ca	ause is establish	ed.				
	d other penalties set forth in the inset and signed by an enrolled actuar complete.								
SIGN Aas	el Del.	10-5-14	GALLES SAI	T					
HERE Signature of plan a	dministrator	Date	Enter name of individu		administrator				
Mo	10 Jose:	10-5-4	Gryls SALZ						
SIGN HERE Signature of emplo		Date	Enter name of individu		lover or plan sponsor				
and the state of t	m name, if applicable) and address			Preparer's telep					
				Control Control	5 7 V				

Were all of the plan's assets during the plan year invo	ated in cligible assets? (Ca	- iA					X Yes No			
	Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)  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 waiv If you answered "No" to either line 6a or line 6b, th	•••••	X Yes No								
c If the plan is a defined benefit plan, is it covered under	r the PBGC insurance prog	ram (see ERISA section 40.	21)?	[	Yes	☐ No	Not determine			
Part III Financial Information				-						
7 Plan Assets and Liabilities		(a) Beginning of Yea	r	T		b) End o	f Year			
a Total plan assets	7a	2,368,6	24				2,431,288			
b Total plan liabilities	7b	6,5					6,579			
C Net plan assets (subtract line 7b from line 7a)	7c	2,362,0	45		2,424,709					
Income, Expenses, and Transfers for this Plan Year		(a) Amount				tal				
Contributions received or receivable from:     (1) Employers	8a(1)	178,2	50			Sec. and Advanced				
(2) Participants		31,0		100	2 7 Th		Andrew Street,			
(3) Others (including rollovers)				770		<del>y y verdient</del>	at the state of			
b Other income (loss)	8b	(26,93	3)	2000	427	A TOTAL CONTRACTOR	to the first of the start from the			
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c		Territoria			182,407				
d Benefits paid (including direct rollovers and insurance to provide benefits)	premiums 8d	119,0	13				Salar Salar Salar			
e Certain deemed and/or corrective distributions (see ins		119,0	43	1000	in the second	- state of	en to the terminal of the term			
f Administrative service providers (salaries, fees, comm		7	00	Allego.	7	The state of the s	A STATE OF THE STA			
g Other expenses				Can have						
h Total expenses (add lines 8d, 8e, 8f, and 8g)	Mark Mark					13,-14,-	119,743			
i Net income (loss) (subtract line 8h from line 8c)	8i						62,664			
Transfers to (from) the plan (see instructions)					100					
Ba If the plan provides pension benefits, enter the applica  2A 2D 2E 2G 2J 2K 3D 3H  b If the plan provides welfare benefits, enter the applicate										
b If the plan provides welfare benefits, enter the application										
b If the plan provides welfare benefits, enter the applicate Part V Compliance Questions			eristic	Code	s in the	instruction	ns:			
b If the plan provides welfare benefits, enter the applicate Part V Compliance Questions  During the plan year:	ble welfare feature codes fi	rom the List of Plan Charact		Code		instruction				
b If the plan provides welfare benefits, enter the applicate  Part V Compliance Questions  During the plan year:  a Was there a failure to transmit to the plan any partice	ble welfare feature codes fi	rom the List of Plan Charact	eristic	Code	s in the	instruction	ns:			
b If the plan provides welfare benefits, enter the applicate   Part V Compliance Questions  During the plan year:	ble welfare feature codes fi sipant contributions within the and DOL's Voluntary Fiduc	rom the List of Plan Charact he time period ciary Correction	eristic	Code	s in the	instruction	ns:			
b If the plan provides welfare benefits, enter the applicate  Part V Compliance Questions  During the plan year:  Was there a failure to transmit to the plan any partic described in 29 CFR 2510.3-102? (See instructions	ble welfare feature codes fi sipant contributions within the and DOL's Voluntary Fiducearty-in-interest? (Do not inc	the time period ciary Correction 10a	Yes	Code	s in the	instruction	ns:			
b If the plan provides welfare benefits, enter the applicate  Part V Compliance Questions  During the plan year:  a Was there a failure to transmit to the plan any partic described in 29 CFR 2510.3-102? (See instructions Program)  b Were there any nonexempt transactions with any pareported on line 10a.)  C Was the plan covered by a fidelity bond?	ble welfare feature codes fi sipant contributions within the and DOL's Voluntary Fiduc arty-in-interest? (Do not inc	the time period ciary Correction 10a lude transactions 10b 10c	Yes	No x	s in the	instruction	ns: Amount			
b If the plan provides welfare benefits, enter the applicate  Part V Compliance Questions  During the plan year:  a Was there a failure to transmit to the plan any partic described in 29 CFR 2510.3-102? (See instructions Program)  b Were there any nonexempt transactions with any pareported on line 10a.)  C Was the plan covered by a fidelity bond?  d Did the plan have a loss, whether or not reimbursed by fraud or dishonesty?	ble welfare feature codes fi cipant contributions within the and DOL's Voluntary Fiduce arty-in-interest? (Do not income) by the plan's fidelity bond,	that was caused	Yes	No x	s in the	instruction	ns: Amount			
b If the plan provides welfare benefits, enter the applicate  Part V Compliance Questions  During the plan year:  a Was there a failure to transmit to the plan any partic described in 29 CFR 2510.3-102? (See instructions Program)  b Were there any nonexempt transactions with any pareported on line 10a.)  C Was the plan covered by a fidelity bond?  d Did the plan have a loss, whether or not reimbursed	cipant contributions within the and DOL's Voluntary Fiducarty-in-interest? (Do not incomplete by the plan's fidelity bond, agents, or other persons be provides some or all of the	the time period ciary Correction 10a lude transactions 10b that was caused 10d appearance a benefits under	Yes	No x	s in the	instruction	ns: Amount			
b If the plan provides welfare benefits, enter the applicate  Part V Compliance Questions  During the plan year:  a Was there a failure to transmit to the plan any partic described in 29 CFR 2510.3-102? (See instructions Program)  b Were there any nonexempt transactions with any pareported on line 10a.)  C Was the plan covered by a fidelity bond?  d Did the plan have a loss, whether or not reimbursed by fraud or dishonesty?  e Were any fees or commissions paid to any brokers, carrier, insurance service, or other organization that the plan? (See instructions.)	ble welfare feature codes fi cipant contributions within the and DOL's Voluntary Fiduce arty-in-interest? (Do not income by the plan's fidelity bond, agents, or other persons be provides some or all of the	the time period ciary Correction 10a 10c that was caused 10d 20 an insurance 20 benefits under 10e	Yes	No x x	s in the	instruction	ns: Amount			
During the plan year:  Was there a failure to transmit to the plan any partic described in 29 CFR 2510.3-102? (See instructions Program)  Were there any nonexempt transactions with any pareported on line 10a.)  Was the plan covered by a fidelity bond?  Was the plan have a loss, whether or not reimbursed by fraud or dishonesty?  Were any fees or commissions paid to any brokers, carrier, insurance service, or other organization that the plan? (See instructions.)	ble welfare feature codes fi sipant contributions within the and DOL's Voluntary Fiduce arty-in-interest? (Do not incomparty-in-interest? (Do not incomparty-in-interest?) by the plan's fidelity bond, agents, or other persons the provides some or all of the	the time period ciary Correction 10a lude transactions 10b 10c that was caused 10d 20 yan insurance 20 benefits under 10e 10f	Yes	No x x x x x	s in the	instruction	ns: Amount			
b If the plan provides welfare benefits, enter the applicate  Part V Compliance Questions  During the plan year:  a Was there a failure to transmit to the plan any partic described in 29 CFR 2510.3-102? (See instructions Program)  b Were there any nonexempt transactions with any pareported on line 10a.)  C Was the plan covered by a fidelity bond?  d Did the plan have a loss, whether or not reimbursed by fraud or dishonesty?  e Were any fees or commissions paid to any brokers, carrier, insurance service, or other organization that the plan? (See instructions.)	cipant contributions within the and DOL's Voluntary Fiduce arty-in-interest? (Do not incomplete by the plan's fidelity bond, agents, or other persons be provides some or all of the under the plan?	the time period ciary Correction 10a 10c that was caused 10d 29 CFR	Yes	No x x	s in the	instruction	ns: Amount			
b If the plan provides welfare benefits, enter the applicate  Part V Compliance Questions  During the plan year:  a Was there a failure to transmit to the plan any partic described in 29 CFR 2510.3-102? (See instructions Program)  b Were there any nonexempt transactions with any pareported on line 10a.)  C Was the plan covered by a fidelity bond?  d Did the plan have a loss, whether or not reimbursed by fraud or dishonesty?  e Were any fees or commissions paid to any brokers, carrier, insurance service, or other organization that the plan? (See instructions.)  f Has the plan failed to provide any benefit when due  g Did the plan have any participant loans? (If "Yes," en	cipant contributions within the and DOL's Voluntary Fiduce arty-in-interest? (Do not incomplete arty-in-interest?) (Do not incomplete arty-in-interest.)	the time period ciary Correction 10a 10c	Yes	No x x x x x x	s in the	instruction	ns:			
During the plan year:  Was there a failure to transmit to the plan any partic described in 29 CFR 2510.3-102? (See instructions Program)  Was there any nonexempt transactions with any pareported on line 10a.)  Was the plan covered by a fidelity bond?  Was the plan covered by a fidelity bond?  Were any fees or commissions paid to any brokers, carrier, insurance service, or other organization that the plan? (See instructions.)  Has the plan have any participant loans? (If "Yes," en If this is an individual account plan, was there a blac 2520.101-3.)	ble welfare feature codes find the sipant contributions within the land DOL's Voluntary Fiduce arty-in-interest? (Do not incomplete plan's fidelity bond, agents, or other persons the provides some or all of the land under the plan?	the time period ciary Correction 10a lude transactions 10b 10c that was caused 10d 10c	Yes	No x x x x x x	s in the	instruction	ns:			
During the plan year:  Was there a failure to transmit to the plan any partic described in 29 CFR 2510.3-102? (See instructions Program)  Were there any nonexempt transactions with any pareported on line 10a.)  Was the plan covered by a fidelity bond?  Were any fees or commissions paid to any brokers, carrier, insurance service, or other organization that the plan? (See instructions.)  Has the plan failed to provide any benefit when due g Did the plan have any participant loans? (If "Yes," er h If this is an individual account plan, was there a blad 2520.101-3.)  i If 10h was answered "Yes," check the box if you eith exceptions to providing the notice applied under 29 in Did the plan trust incur unrelated business taxable in	ble welfare feature codes find the sipant contributions within the land DOL's Voluntary Fiduce arty-in-interest? (Do not incomplete plan's fidelity bond, agents, or other persons the provides some or all of the land under the plan?	the time period ciary Correction 10a lude transactions 10b 10c that was caused 10d 10c	Yes	No x x x x x x	s in the	instruction	ns: Amount			
During the plan year:  a Was there a failure to transmit to the plan any partic described in 29 CFR 2510.3-102? (See instructions Program)  b Were there any nonexempt transactions with any pareported on line 10a.)  C Was the plan covered by a fidelity bond?  d Did the plan have a loss, whether or not reimbursed by fraud or dishonesty?  e Were any fees or commissions paid to any brokers, carrier, insurance service, or other organization that the plan? (See instructions.)  f Has the plan failed to provide any benefit when due  g Did the plan have any participant loans? (If "Yes," et and the plan have any participant loans? (If "Yes," et and 2520.101-3.)  i If 10h was answered "Yes," check the box if you eith exceptions to providing the notice applied under 29 in part VI Pension Funding Compliance  11 Is this a defined benefit plan subject to minimum funder	ble welfare feature codes find the sipant contributions within the and DOL's Voluntary Fiduce arty-in-interest? (Do not income by the plan's fidelity bond, agents, or other persons be provides some or all of the under the plan?  Inter amount as of year encockout period? (See instructioner provided the required not CFR 2520.101-3	the time period ciary Correction 10a lude transactions 10b 10c that was caused 10d 10f 10f 10g 10ns and 29 CFR 10h 10i 10j 10j	Yes	No x x x x x x x	N/A	instruction (Form	ns:			
During the plan year:  Was there a failure to transmit to the plan any partic described in 29 CFR 2510.3-102? (See instructions Program)  Was the plan year:  Was there any nonexempt transactions with any pareported on line 10a.)  Was the plan covered by a fidelity bond?  Were the plan have a loss, whether or not reimbursed by fraud or dishonesty?  Were any fees or commissions paid to any brokers, carrier, insurance service, or other organization that the plan? (See instructions.)  Has the plan failed to provide any benefit when due  Did the plan have any participant loans? (If "Yes," et al. 11 this is an individual account plan, was there a blace 2520.101-3.)  If 10h was answered "Yes," check the box if you eith exceptions to providing the notice applied under 29 in part VI. Pension Funding Compliance	cipant contributions within the and DOL's Voluntary Fiduce arty-in-interest? (Do not income) by the plan's fidelity bond, agents, or other persons be provided some or all of the under the plan?  Inter amount as of year encockout period? (See instructioner provided the required in CFR 2520.101-3 income?	the time period ciary Correction 10a 10c	Yes	No x x x x x x Schee	N/A	instruction (Form	240,00			

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 in granting the waiver.	structions, and	d enter the	e date of the Year	e letter rulin	ıg
If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 1	3.	ay	real		_
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 I negative amount)	eft of a	12d			
e Will the minimum funding amount reported on line 12d be met by the funding deadline?			Yes 🔲 N	No 🗆 N	I/A
Part VII Plan Terminations and Transfers of Assets					
Has a resolution to terminate the plan been adopted in any plan year?		☐ Yes	s X No		
If "Yes," enter the amount of any plan assets that reverted to the employer this year		13a	,		
b Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or broug of the PBGC?	ht under the c	ontrol		Yes X	No
C If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify which assets or liabilities were transferred. (See instructions.)	y the plan(s) to	0			
13c(1) Name of plan(s):	130	(2) EIN(s	)	13c(3) PN(s	s)
Part VIII Trust Information					
14a Name of trust		14b Tru	ust's EIN		
440.11					
14c Name of trustee or custodian			ustee or cus hone numbe		
Part IX IRS Compliance Questions					
15a Is the plan a 401(k) plan:		Yes Yes		No	
15b If "Yes," how does the 401(k) plan satisfy the nondiscrimination requirements for employee deferrals and matching contributions (as applicable) under sections 401(k)(3) and 401(m)(2)?		Des base harb meti	ed safe	ADP/ACF test	5
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))?	` '	☐ Yes		] No	
16a Check the box to indicate the method used by the plan to satisfy the coverage requirements under section	on 410(b):	Rati Pero Test	centage	Average Benefit Te	est
16b Does the plan satisfy the coverage and nondiscrimination tests of sections 410(b) and 401(a)(4) by com this plan with any other plans under the permissive aggregation rules?		☐ Yes		No No	
17a Has the Plan been timely amended for all required law changes?		☐ Yes		No [	] N/
17b Date of the last plan amendment/restatement for the required tax law changes was adopted// instructions for tax law changes and codes).	.Enter th	e applica	ble code	(See	
17c If the plan sponsor is an adopter of a pre-approved master, prototype (M&P), or volume submitter plan to		o a favora	able IRS opi	inion or	
advisory letter, enter the date of that favorable letter / / and the letter's serial num  17d If the plan is an individually-designed plan and recieved a favorable determination letter from IRS, please determination letter / /		te of plan	s last favora	able	
18 Is the Plan maintained in a U.S. territory (i.e., Puerto Rico (if no election under ERISA section 1022(i)(2) made), American Samoa, Guam, the Commonwealth of the Northern Mariana Islands or the U.S. Virgin	has been Islands)?	☐ Yes		] No	
19 Were in-service distributions made during the plan year?		☐ Yes		] No	
If Yes, enter amount	***************************************	19			
20 Were minimum required distributions made to 5% owners who have attained age 70 ½ (regardless of who not retired) as required under section 401(a)(9)?		Yes		No [	] N/