Form 5500-SF	ort of Small Emplo	yee	OMB Nos. 1210-0110 1210-0089			
Department of the Treasury Internal Revenue Service	This form is required to be file	Benefit Pla		irement	2015	
Department of Labor Employee Benefits Security Administration		6057(b) and 6058(a) of the li ode).	nternal Thi	s Form is Open to ublic Inspection		
Pension Benefit Guaranty Corporation			nstructions to the Form 550			
Part I Annual Report In For calendar plan year 2015 or fisc	dentification Information cal plan year beginning 07/06/		and ending 12/	31/2015		
	a single-employer plan a one-participant plan	a multiple-employ	er plan (not multiemployer)(employer information in acc	-		
B This return/report is	X the first return/report	the final return/rep X a short plan year re	ort eturn/report (less than 12 mo	nths)		
C Check box if filing under:	└── │ Form 5558 │ special extension (enter desc	automatic extension	DFVC pr	DFVC program		
Part II Basic Plan Infor	mation—enter all requested ir					
1a Name of plan OOGADI RETIREMENT PLAN	·		_	1b Three-digit plan number (PN) ▶	001	
				1c Effective date	e of plan 7/06/2015	
	, apt., suite no. and street, or P.0			2b Employer Ide	ntification Number 7-3693505	
OGADI LLC	, country, and ZIP or foreign pos	ai code (il foreign, see	nstructions)	2c Sponsor's te	ephone number)-941-4062	
16 N. WEST AVE.				2d Business coo	e (see instructions)	
ARLINGTON, WA 98223				5	41330	
3a Plan administrator's name and	d address XSame as Plan Spon	sor.		3b Administrator	's EIN	
				3c Administrator	's telephone number	
	plan sponsor has changed since	the last return/report file	ed for this plan, enter the	4b EIN		
a Sponsor's name	ber from the last return/report.			4c PN		
5a Total number of participants a	at the beginning of the plan year.			5a	8	
b Total number of participants a	at the end of the plan year			5b	8	
	ccount balances as of the end of			5c	8	
d(1) Total number of active parti	icipants at the beginning of the p	lan year		5d(1)	8	
d(2) Total number of active part				5d(2)	8	
				5e		
Caution: A penalty for the late of Under penalties of perjury and othe SB or Schedule MB completed and	er penalties set forth in the instru d signed by an enrolled actuary,	ctions, I declare that I h	ave examined this return/repo	ort, including, if ap		
belief, it is true, correct, and compl SIGN Filed with authorized/value	alid electronic signature.	10/07/2016	ANTHONY J. LA SALA	ТА		
HERE Signature of plan ad		Date	Enter name of individua		administrator	
SIGN HERE						
Preparer's name (including firm na		Date nclude room or suite nu	Enter name of individuant	al signing as emplo Preparer's telepho		
			-			

6a									X Yes 🗌 No		
b	Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.)										
	If you answered "No" to either line 6a or line 6b, the plan cannot use Form 5500-SF and must instead use Form 5500.										
С	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										
Pa	Part III Financial Information										
7	7 Plan Assets and Liabilities (a) Beginnin						(b) End of Year				
а	Total plan assets	7a			0				6241		
b	Total plan liabilities	7b									
c	Net plan assets (subtract line 7b from line 7a)			0				6241			
8	ncome, Expenses, and Transfers for this Plan Year (a) Amo							(b) T	otal		
а	Contributions received or receivable from:				989						
	(1) Employers	8a(1)			310						
	(2) Participants	8a(2)		0	310						
	(3) Others (including rollovers)	8a(3)			50						
	Other income (loss)	8b			-58				00.44		
-	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							6241		
u	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									
i	Net income (loss) (subtract line 8h from line 8c)	8i							6241		
j	Transfers to (from) the plan (see instructions)	8i									
Pa	t IV Plan Characteristics										
9a	If the plan provides pension benefits, enter the applicable pension 2E 2G 2J 2K 2T 3B 3D	feature co	odes from the List of Pla	an Cha	racteris	stic Co	des in t	the instruc	tions:		
В	If the plan provides welfare benefits, enter the applicable welfare for	eature coc	les from the List of Pla	n Chara	acterist	ic Coc	les in th	ne instructi	ons:		
Par	V Compliance Questions										
10	During the plan year:				Yes	No	N/A		Amount		
а		itions withi	n the time period								
	described in 29 CFR 2510.3-102? (See instructions and DOL's V	/oluntary F	iduciary Correction			х					
h	Program) Were there any nonexempt transactions with any party-in-interest			10a		^					
D	reported on line 10a.)			10b		х					
с				10c		х					
d				100							
	by fraud or dishonesty?			10d		Х					
е											
	carrier, insurance service, or other organization that provides som the plan? (See instructions.)			10e		х					
f	Has the plan failed to provide any benefit when due under the pla			10f		Х					
g	Did the plan have any participant loans? (If "Yes," enter amount a	s of vear e	end)	10g		Х					
9				TUg		~					
	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	nents? (If "	Yes," see instructions a	and cor	nplete	Sched	lule SB	(Form			
	5500) and line 11a below)								Yes No		

12	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA?.
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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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-									
(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 granting the waiver									
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	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," enter the amount of any plan assets that reverted to the employer this year									
h		e all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brou		13a					
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	Trusťs E	IN			
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?		Y	es	No	No		
15b If "Yes," how does the 401(k) plan satisfy the nondiscrimination requirements for employee deferrals and employer matching contributions (as applicable) under sections 401(k)(3) and 401(m)(2)?					Design- based safe harbor method		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			
		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		

Form 5500-SF Short Form Annual Return/Report of Small Em Department of the Treasury Benefit Plan					OMB Nos. 1210-0 1210-0		
	nent of the Treasury Il Revenue Service	This form is required to be fil	e Retirement	2015			
Employee Ben	artment of Labor lefits Security Administration	Income Security Act of 1974	the Internal	This Form is Open to			
	efit Guaranty Corporation	m 5500-SF.	Public Inspection				
Part I	Annual Report	Identification Information scal plan year beginning 07/06/20					
or calcillar	plan year zono or n	X a single-employer plan	and ending 15 and ending 1				
This retur	rn/report is for:	a one-participant plan	list of participating employer information ir				
3 This return	n/report is	K the first return/report	the final return/report				
		an amended return/report	🛱 a short plan year return/report (less than 12	2 months)			
Check bo	x if filing under:	X Form 5558	automatic extension	م∏	FVC program		
		special extension (enter desc			r vo program		
Part II	Basic Plan Info	rmation-enter all requested in					
a Name of				1b Three	-digit		
GADI RET	REMENT PLAN			plan n	umber 001		
				(PN)	ve date of plan		
			······································	07/06/			
Mailing a	ddress (include roon	ver, if for a single-employer plan) n, apt., suite no. and street, or P.C e, country, and ZIP or foreign post	D. Box) al code (if foreign, see instructions)	2b Employer Identification Number (EIN) 47-3693505			
GADI LLC				2C Spons	or's telephone number (360) 941-4062		
				2d Busine	ss code (see instructions)		
N. WEST A	AVE.						
				541330)		
LINGTON, V	NA 98223			541330)		
		d address X Same as Plan Spons	sor				
		d address XSame as Plan Spons	sor.		strator's EIN		
		d address XSame as Plan Spons	sor.	3b Admini	strator's EIN		
		d address XSame as Plan Spons	sor.	3b Admini	strator's EIN		
		d address XSame as Plan Spons	sor.	3b Admini	strator's EIN		
3 Plan adm	inistrator's name an			3b Admini 3c Admini	strator's EIN		
Plan adm If the nam	inistrator's name and name and/or EIN of the	plan sponsor has changed since f	sor. the last return/report filed for this plan, enter the	3b Admini 3c Admini	strator's EIN		
a Plan adm If the nan name, El	inistrator's name and ne and/or EIN of the N, and the plan num			3b Admini 3c Admini	strator's EIN		
Plan adm If the nan name, El I Sponsor's	inistrator's name and ne and/or EIN of the IN, and the plan num s name	plan sponsor has changed since t ber from the last return/report.		3b Admini 3c Admini 4b EIN 4c PN	strator's EIN		
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6a b	Were all of the plan's assets during the plan year invested in eligit Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility If you answered "No" to elther line 6a or line 6b, the plan cam	an independ and condition	dent qualified public ons.)	accour	ntant (le	QPA)		
c	If the plan is a defined benefit plan, is it covered under the PBGC in							
P	art III Financial Information							
7	Plan Assets and Liabilities		(a) Beginnir	ng of Yo	ear	T		(b) End of Year
<u>a</u>	Total plan assets	. 7a			0			6241
b	Total plan liabilities	. 7b						
C	Net plan assets (subtract line 7b from line 7a)		0			6241		
8	Income, Expenses, and Transfers for this Plan Year	ount				(b) Total		
а	Contributions received or receivable from: (1) Employers	0-10		0	89			
	(2) Participants	8a(1)			10			
	(3) Others (including rollovers)							
h	Other income (loss)	8a(3)			58		100 A	
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8b 8c			50	-		0044
d	Benefits paid (including direct rollovers and insurance premiums	- OC	· · · · · · · · · · · · · · · · · · ·					6241
	to provide benefits)	8d					5-51Ē	
e	Certain deemed and/or corrective distributions (see instructions)	8e						
f	Administrative service providers (salaries, fees, commissions)	8f						
<u> </u>	Other expenses	8g					I SAVEL	
<u>h</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h		1. J.				
<u> i</u>	Net income (loss) (subtract line 8h from line 8c)	8i		관광				6241
j	Transfers to (from) the plan (see instructions)	8j						
B	If the plan provides welfare benefits, enter the applicable welfare fe	eature codes	from the List of Pla	n Chara	acterist	ic Coo	des in th	e instructions:
10	During the plan year:		<u> </u>					
a		ione within th	time period		Yes	No	N/A	Amount
	described in 29 CFR 2510.3-102? (See instructions and DOL's Vo Program)	oluntary Fidu	iciary Correction	10a		х		
b	Were there any nonexempt transactions with any party-in-interest? reported on line 10a.)	P (Do not incl	ude transactions	10b		х		
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 f by fraud or dishonesty?	idelity bond,	that was caused	10d		х		
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.)	or all of the	benefits under	10e		х		
f	Has the plan failed to provide any benefit when due under the plan	?		10f		Х		
g	Did the plan have any participant loans? (If "Yes," enter amount as	of year end.)	10g		х		
h	If this is an individual account plan, was there a blackout period? (\$ 2520.101-3.)	See instructio	ons and 29 CFR	10g	-	x		
i	If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.101-	e required no	tice or one of the	10i				
j	Did the plan trust incur unrelated business taxable income?			101				
Part	VI Pension Funding Compliance				L			
11	Is this a defined benefit plan subject to minimum funding requirement 5500) and line 11a below)	nts? (If "Yes,	see instructions a	nd com	plete S	Schedi	ule SB (l	Form
11a	Enter the unpaid minimum required contribution for all years from S	chedule SB	(Form 5500) line 40)			11a	
12	Is this a defined contribution plan subject to the minimum funding re				_			RISA? Yes X No

Form 5500-SF 2015 Page 3 - 1					
(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.	Month	enter th Day	e date of	the letter r Year	uling
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	<u></u>	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 negative amount)					
e Will the minimum funding amount reported on line 12d be met by the funding deadline?	\Box	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	s X No	
If "Yes," enter the amount of any plan assets that reverted to the employer this year					
b Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brou					
of the PBGC?			L	Yes 🛛	No
C If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identi which assets or liabilities were transferred. (See instructions.)	ify the plan(s) to	>			
13c(1) Name of plan(s):	13c(2)	EIN(s)		13c(3)	PN(s)
Part VIII Trust Information					
14a Name of trust		14b T	rust's EIN		
14c Name of trustee or custodian	14d Trustee's or custodian's telephone number			an's	
Part IX IRS Compliance Questions					
15a Is the plan a 401(k) plan?		Yes		No	
15b If "Yes," how does the 401(k) plan satisfy the nondiscrimination requirements for employee deferrals and matching contributions (as applicable) under sections 401(k)(3) and 401(m)(2)?	l employer	Design- based safe harbor method		ADP/ACP test	
15c If the ADP/ACP test is used, did the 401(k) plan perform ADP/ACP testing for the plan year using the "cutesting method" for nonhighly compensated employees (Treas. Reg sections 1.401(k)-2(a)(2)(ii) and 1.42(a)(2)(ii))?	01(m)-	Yes		No	
16a Check the box to indicate the method used by the plan to satisfy the coverage requirements under section		Ratio percentage test		Average benefit test	
16b Does the plan satisfy the coverage and nondiscrimination tests of sections 410(b) and 401(a)(4) by comb this plan with any other plans under the permissive aggregation rules?	pining	Yes		No	
17a Has the plan been timely amended for all required tax law changes?		Yes		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	•			tructions
17c If the plan sponsor is an adopter of a pre-approved master and prototype (M&P) or volume submitter plan advisory letter, enter the date of that favorable letter and the letter's serial n	umber_				or
17d If the plan is an individually-designed plan and received a favorable determination letter from the IRS, en determination letter		he plan's	last favo	rable	
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 I	has been slands)?	Yes		No	
19 Were in-service distributions made during the plan year?		Yes		No	
if "Yes," enter amount		19			
20 Were required minimum distributions made to 5% owners who have attained age 70 ½ (regardless of who retired), as required under section 401(a)(9)?	ether or not	Yes		No	N/A