Form 5500-SF	Short Form Ann	•	ort of Small Emplo	oyee	(DMB Nos. 1210-0110 1210-0089		
Department of the Treasury Internal Revenue Service	This form is required to be fi	Benefit Pla				2015		
Department of Labor Employee Benefits Security Administration	Income Security Act of 197	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).						
Pension Benefit Guaranty Corporatio	Complete all entries in		instructions to the Form 55	500-SF.	Fubi	c Inspection		
Part IAnnual RepoFor calendar plan year 2015 or	r fiscal plan year beginning 01/01		and ending 12	2/31/2015				
Tor calendar plan year 2013 0	X a single-employer plan		yer plan (not multiemployer)		kina this bo	x must attach a		
A This return/report is for:	a one-participant plan		ig employer information in ac		-			
B This return/report is	the first return/report	the final return/re	port					
	an amended return/report		return/report (less than 12 m	onths)				
C Check box if filing under:	. · · · · · · · · · · · · · · · · · · ·	automatic extens		· _	FVC progra			
	special extension (enter des			Пр	r vC piogra	111		
Part II Basic Plan In	formation—enter all requested i							
1a Name of plan		normation		1b Three	-digit			
•	UTIONS, LLC 401(K) PROFIT SHA	RING PLAN			umber	001		
				1c Effect		plan /2014		
Mailing address (include r	ployer, if for a single-employer plan) oom, apt., suite no. and street, or P.	O. Box)		2b Emplo (EIN)		cation Number		
City or town, state or prov PC BENNETT BUSINESS SOLU	ince, country, and ZIP or foreign pos JTIONS, LLC	stal code (if foreign, see	instructions)	2c Sponsor's telephone number 425-831-7924				
				2d Busine	ess code (s	ee instructions)		
PO BOX 498 NORTH BEND, WA 98045-0498	PO BO NORTH	X 498 I BEND, WA 98045-049	8		5415	19		
3a Plan administrator's name	and address XSame as Plan Spor	nsor.		3b Admin	istrator's E	IN		
				3c Admin	iistrator's te	elephone number		
	the plan sponsor has changed since number from the last return/report.	e the last return/report f	led for this plan, enter the	4b EIN	46-44	33472		
a Sponsor's name PC BENN	NETT SOLUTIONS, LLC			4c PN	00			
5a Total number of participar	nts at the beginning of the plan year			5a		12		
	nts at the end of the plan year			5b		12		
	th account balances as of the end o			5c		7		
d(1) Total number of active	participants at the beginning of the	olan year		5d(1)		11		
	participants at the end of the plan y			5d(2)		10		
	nat terminated employment during th			5e		1		
Caution: A penalty for the la	te or incomplete filing of this retu	rn/report will be asses	sed unless reasonable cau			hia a Cabadula		
	other penalties set forth in the instru- d and signed by an enrolled actuary, omplete.							
SIGN Filed with authorize	ed/valid electronic signature.	10/07/2016	PATRICIA BENNETT					
HERE Signature of plan	n administrator	Date	Enter name of individe	ual signing a	s plan adm	inistrator		
SIGN HERE Signature of one		Detr	Enter service (1) (1)			or plan an array		
Signature of em	ployer/plan sponsor n name, if applicable) and address (Date include room or suite n	Enter name of individu	ual signing a Preparer's				
, (. .			,					
For Paperwork Reduction Act No	otice and OMB Control Numbers, see t	he instructions for Form	5500-SF.		F	Form 5500-SF (2015)		

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	F0III 5500-5F 2015		raye Z							
6a	Were all of the plan's assets during the plan year invested in eligib	le assets?	(See instructions.)						X Yes	No
	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							No		
	If you answered "No" to either line 6a or line 6b, the plan cann						-	- 1		_
	If the plan is a defined benefit plan, is it covered under the PBGC in	nsurance p	orogram (see ERISA se	ection 40	021)? .		Yes	No	Not determin	ned
Par	t III Financial Information	1								
7	Plan Assets and Liabilities		(a) Beginning	g of Yea	ar			(b) En	d of Year	
а	Total plan assets	7a		51	490				79790)
b	Total plan liabilities	7b			0	_			0)
C	Net plan assets (subtract line 7b from line 7a)	7c		51	490	_			79790)
	Income, Expenses, and Transfers for this Plan Year		(a) Amou	unt				(b)	Total	
	Contributions received or receivable from: (1) Employers	8a(1)		4	017					
	(2) Participants	8a(2)		36	277					
	(3) Others (including rollovers)	8a(3)			0					
b	Other income (loss)	8b		-	104					
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							40190)
	Benefits paid (including direct rollovers and insurance premiums to provide benefits)			11	765					
е	Certain deemed and/or corrective distributions (see instructions)		0							
	Administrative service providers (salaries, fees, commissions)	8e 8f		125						
	Other expenses	8g	0							
	Total expenses (add lines 8d, 8e, 8f, and 8g)								11890)
	Net income (loss) (subtract line 8h from line 8c)								28300)
	Transfers to (from) the plan (see instructions)		0							
Par	t IV Plan Characteristics	0			0					_
9a	If the plan provides pension benefits, enter the applicable pension 2A 2E 2F 2G 2J 2K 3D	feature co	odes from the List of Pla	an Chai	racteris	stic Co	des in t	the instr	uctions:	
В	If the plan provides welfare benefits, enter the applicable welfare for	eature coo	les from the List of Pla	n Chara	cterist	ic Coo	les in th	ne instru	ctions:	
Part	V Compliance Questions									
10	During the plan year:				Yes	No	N/A		Amount	
a	Was there a failure to transmit to the plan any participant contribu	itions withi	n the time period			_	-		/ unount	
	described in 29 CFR 2510.3-102? (See instructions and DOL's V Program)			10a		x				
b	Were there any nonexempt transactions with any party-in-interest reported on line 10a.)			10b		х				
с	Was the plan covered by a fidelity bond?			100 10c		X				
d	Did the plan have a loss, whether or not reimbursed by the plan's					х				
e	by fraud or dishonesty?			10d		^				
	carrier, insurance service, or other organization that provides some or all of the benefits under the plan? (See instructions.)			10e		Х				
f	f Has the plan failed to provide any benefit when due under the plan?			10f		Х				
g	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.)	•		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						

10j

Did the plan trust incur unrelated business taxable income?

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	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)								
a	a If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, and enter the date of the letter ruling granting the waiver								
lf	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 EIN					
14c Name of trustee or custodian					14d Trustee's or custodian's telephone number				
Par	t IX	IRS Compliance Questions							
15a	Is th	e plan a 401(k) plan?		Y	es	No			
15b		es," how does the 401(k) plan satisfy the nondiscrimination requirements for employee deferrals an hing contributions (as applicable) under sections 401(k)(3) and 401(m)(2)?		b h	esign- ased safe arbor nethod		ADP/ACP test		
15c	testir	ADP/ACP test is used, did the 401(k) plan perform ADP/ACP testing for the plan year using the "c ng method" for nonhighly compensated employees (Treas. Reg sections 1.401(k)-2(a)(2)(ii) and 1.4 2)(ii))?		Y	es	No			
		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 placer sory 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 Annu	al Return/Report Benefit Plan	of Small Empl	oyee		OMB Nos. 1210-0110 1210-0089		
Internal Revenue Service	This form is required to be file	d under sections 104 and 4	065 of the Employee R	etirement		2015		
Department of Labor Employee Benefits Security Administration	Income Security Act of 1974	Revenue Code (the Code)	7(b) and 6058(a) of the).	This Form is Oper Public Inspectio				
Pension Benefit Guaranty Corporation	Complete all entries in a	accordance with the instru	uctions to the Form 5	500-SF.	Publ	ic inspection		
Part I Annual Report Id	entification Information							
For calendar plan year 2015 or fisca	al plan year beginning 01/01/2	2015	and ending 1	2/31/2015				
	a single-employer plan	a multiple-employer pla						
A This return/report is for:	a one-participant plan	list of participating emplan	ployer information in ac	cordance	with the form	instructions)		
B This return/report is	the first return/report	the final return/report						
	an amended return/report	a short plan year return	/report (less than 12 m	onths)				
C Check box if filing under:	Form 5558	automatic extension			DFVC progr	am		
Γ	special extension (enter descr	ription)						
Part II Basic Plan Inform	nation—enter all requested int							
1a Name of plan	lation—enter all requested in	Iormation		th The	an dialt			
PC BENNETT BUSINESS SOLUTIO	NS, LLC 401(K) PROFIT SHAR	ING PLAN		1.000	n number	001		
				<u> </u>	ective date of	plan 1/2014		
2a Plan sponsor's name (employer Mailing address (include room,). Box)		2b Em		cation Number		
City or town, state or province, of	City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) PC BENNETT BUSINESS SOLUTIONS, LLC				none number			
				2d Bus		1-7924		
PO BOX 498	PO BOX	498		2d Business code (see instructions)				
NORTH BEND, WA 98045-0498	NORTH	BEND, WA 98045-0498			5415	19		
3a Plan administrator's name and a	address Same as Plan Spons	sor.		3b Adr	ministrator's E	EIN		
				3c Adr	ministrator's te	elephone number		
4 If the name and/or EIN of the plan number and the plan number of the		the last return/report filed fo	r this plan, enter the	4b EIN	46-44	433472		
a Sponsor's name PC BENNETT	SOLUTIONS, LLC			4c PN	00)1		
5a Total number of participants at	the beginning of the plan year			5a		12		
b Total number of participants at				5b		12		
C Number of participants with acc	count balances as of the end of	the plan year (defined benef	fit plans do not	5c		7,1		
complete this item) d(1) Total number of active partic	increte at the beginning of the al			5d(1)		7		
d(2) Total number of active partic				5d(2)		10		
e Number of participants that ter	minated employment during the	plan year with accrued ben	efits that were less	5e		1		
Caution: A penalty for the late or	incomplete filing of this return	/report will be assessed i	unless reasonable cau	use is esta	ablished.			
Under penalties of perjury and other SB or Schedule MB completed and	penalties set forth in the instruction signed by an enrolled actuary, a	ctions, I declare that I have e	examined this return/re	port, includ	ding, if applica			
belief it is true, correct, and comple	5.9	10.711						
SIGN HERE	Je	10-7-16						
Signature of plan administrator Date Enter name of i				ual signing	g as plan adm	inistrator		
SIGN		10-7-16						
HERE Signature of employe		Date	Enter name of individ					
Preparer's name (including firm nam	ne, if applicable) and address (in	nclude room or suite number	r)	Preparer	's telephone	number		
For Paperwork Reduction Act Notice a						Form 5500-SF (2015)		

	Form 5500-SF 2015		Page 2							
b	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 under 29 CFR 2520.104-46? (See instructions on waiver eligibility 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	an independ and condition ot use Form	lent qualified public ac ns.) n 5500-SF and must i	counta	nt (IQI d use	PA) Form	5500.	X Yes No		
Pa	t III Financial Information									
7	Plan Assets and Liabilities		(a) Beginning	of Yea	r			(b) End of Year		
a	Total plan assets	7a		514				79790		
b	Total plan liabilities	7b			0		0			
с	Net plan assets (subtract line 7b from line 7a)	7c		514	190			79790		
8	Income, Expenses, and Transfers for this Plan Year		(a) Amour	nt				(b) Total		
а	Contributions received or receivable from: (1) Employers	8a(1)		40)17					
	(2) Participants	8a(2)		362	277					
	(3) Others (including rollovers)	8a(3)			0	-				
b	Other income (loss)	8b		14	04	+				
<u>c</u>	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c				+		40190		
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)			11765						
е	Certain deemed and/or corrective distributions (see instructions)	8e			0					
f	f Administrative service providers (salaries, fees, commissions)			1	25					
g	g Other expenses			0						
h	Total expenses (add lines 8d, 8e, 8f, and 8g)							11890		
i	Net income (loss) (subtract line 8h from line 8c)	8i						28300		
j	Transfers to (from) the plan (see instructions)	8j			0					
Pa	t IV Plan Characteristics									
9a	If the plan provides pension benefits, enter the applicable pension 2A 2E 2F 2G 2J 2K 3D	feature cod	es from the List of Pla	n Char	acteris	tic Co	des in t	he instructions:		
В	If the plan provides welfare benefits, enter the applicable welfare f	feature code	s from the List of Plan	Chara	cterist	ic Cod	es in th	e instructions:		
Par	t V Compliance Questions									
10	During the plan year:				Yes	No	N/A	Amount		
_	Was there a failure to transmit to the plan any participant contribut described in 29 CFR 2510.3-102? (See instructions and DOL's V Program)	Voluntary Fig	duciary Correction	10a		x				
t	Were there any nonexempt transactions with any party-in-interest reported on line 10a.)		Contraction and the second s	10b		x				
c	Was the plan covered by a fidelity bond?			10c		×				
c	d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?			10d		×				
e	Were any fees or commissions paid to any brokers, agents, or oth carrier, insurance service, or other organization that provides son the plan? (See instructions.).	her persons ne or all of th	by an insurance ne benefits under	10e		х				
f	Has the plan failed to provide any benefit when due under the pla	an?		10f		X				
g	Did the plan have any participant loans? (If "Yes," enter amount a	as of year er	nd.)	10g		Х				
ł	If this is an individual account plan, was there a blackout period?	(See instruc	tions and 29 CFR			~				

Part	VI Pension Funding Compliance				
11	1 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).				
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	

2520.101-3.) If 10h was answered "Yes," check the box if you either provided the required notice or one of the

exceptions to providing the notice applied under 29 CFR 2520.101-3.....

j Did the plan trust incur unrelated business taxable income?

i

10h

10i

10j

	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 instr granting the waiver	ructions, and e	nter the Day		e letter rul Year	ing
lf	you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13	3.			- our	
b	Enter the minimum required contribution for this plan year		12b			
	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 lef negative amount)	ft of a	12d			
е	Will the minimum funding amount reported on line 12d be met by the funding deadline?		Π	Yes 🗌	No 🗌	N/A
Part						
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		13a			
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brough of the PBGC?	t under the co	ntrol		Yes 🛛	No
С	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.)	the plan(s) to				
	13c(1) Name of plan(s):	13c(2)	EIN(s)		13c(3) P	N(s)
Part	VIII Trust Information					
14a	Name of trust		14b ⊤	rust's EIN		
14c	Name of trustee or custodian			Trustee's d telephone		in's
Par	t IX IRS Compliance Questions					
15a	Is the plan a 401(k) plan?		Ye		No	
15b	If "Yes," how does the 401(k) plan satisfy the nondiscrimination requirements for employee deferrals and ematching contributions (as applicable) under sections 401(k)(3) and 401(m)(2)?		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 "curritesting method" for nonhighly compensated employees (Treas. Reg sections 1.401(k)-2(a)(2)(ii) and 1.4072(a)(2)(ii))?	1(m)-	Yes		Νο	
	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 combiting plan with any other plans under the permissive aggregation rules?	ning	Ye	5	No	
	Has the plan been timely amended for all required tax law changes?		Ye		No	□ N/A
	Date the last plan amendment/restatement for the required tax law changes was adopted// for tax law changes and codes).	. Enter the app			(See inst	
	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 nur	mber			00	or
	If the plan is an individually-designed plan and received a favorable determination letter from the IRS, enter determination letter/		the plan	n's last favo	orable	
18	Is the Plan maintained in a U.S. territory (i.e., Puerto Rico (if no election under ERISA section 1022(i)(2) h made), American Samoa, Guam, the Commonwealth of the Northern Mariana Islands or the U.S. Virgin Is		Yes		No	
19	Were in-service distributions made during the plan year?		Yes	S	No	
	If "Yes," enter amount		19			
20	Were required minimum distributions made to 5% owners who have attained age 70 ½ (regardless of whe retired), as required under section 401(a)(9)?	ther or not	Ye	S	No	N/A

Form 5500 Electronic Filing Authorization

Plan Name: PC Bennett Business Solutions, LLC 401(k) Profit Sharing Plan EIN/PN: 47-5241341/001 Plan Year: January 1, 2015 through December 31, 2015

I hereby authorize Evergreen Retirement Plan Consulting, LLC to electronically file the above return with the US Department of Labor's Electronic Filing Acceptance System (EFAST).

I have signed Form 5500-SF for this return and understand a scanned copy of this return bearing my manual signature will be included in the electronic filing and posted on the US Department of Labor's Internet site for public disclosure.

Plan Administrator/Plan Sponsor

-7-16