## Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation

## 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

Part I	Annual Report	Identification Information									
For calenda	ar plan year 2015 or fi	scal plan year beginning 01/01/2	015	and ending 12	2/31/2015						
A This ret	turn/report is for:		r) (Filers checking this box must attach a accordance with the form instructions)								
D. Tri	,										
B This return/report is the first return/report the final return/report the final return/report an amended return/report a short plan year return/report (less than 12 months)											
C Check I	box if filing under:	X Form 5558	automatic extension	extension DFVC program							
<b>.</b>		special extension (enter descr	<u> </u>								
Part II		ormation—enter all requested inf	ormation	<del></del>							
1a Name OWENS DA	of plan AVIES, P.S. 401(K) SA	AVINGS PLAN			<b>1b</b> Three-c plan nu (PN) ▶	mber					
					1c Effective date of plan 07/01/1994						
Mailing	g address (include roo	oyer, if for a single-employer plan) om, apt., suite no. and street, or P.O		u stione)	<b>2b</b> Employer Identification Number (EIN) 91-0958195						
OWENS DAY		ce, country, and ZIP or foreign posta	ai code (ii foreigh, see insti	uctions)	2c Sponso	or's telephone number 360-943-8320					
					2d Busines	ss code (see instructions)					
1115 WEST BAY DR., SUITE 302 DLYMPIA, WA 98502						541110					
3a Plan administrator's name and address XSame as Plan Sponsor.						3b Administrator's EIN					
					3c Adminis	strator's telephone number					
		e plan sponsor has changed since mber from the last return/report.	the last return/report filed for	or this plan, enter the	4b EIN	91-0958195					
<b>a</b> Spons	or's name OWENS DA	AVIES FRISTOE TAYLOR & SCHU	LTZ, PS		4c PN	001					
<b>5a</b> Total r	number of participants	at the beginning of the plan year			5a	8					
<b>b</b> Total r	number of participants	at the end of the plan year			5b	6					
		account balances as of the end of		•	5c	6					
<b>d(1)</b> Tota	al number of active pa	articipants at the beginning of the plant	an year		5d(1)	6					
<b>d(2)</b> Tota	al number of active pa	articipants at the end of the plan yea	ar		5d(2)	6					
than	100% vested	terminated employment during the			5e	0					
		or incomplete filing of this return									
SB or Sche		ther penalties set forth in the instruc and signed by an enrolled actuary, a plete.									
SIGN HERE	Filed with authorized	/valid electronic signature.	10/13/2016	KIRK M. VEIS							
	Signature of plan a	administrator	Date	Enter name of individu	ual signing as	plan administrator					
SIGN											
HERE	Signature of emplo		Date		dual signing as employer or plan sponsor						
Preparer's	Preparer's name (including firm name, if applicable) and address (include room or suite number )  Preparer's telephone number										

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<ul> <li>Were all of the plan's assets during the plan year invested in eliging</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 of you answered "No" to either line 6a or line 6b, the plan can</li> </ul>	f an independ and condition	dent qualified public a	account	ant (IQ	PA)			□ □ .	′es No
<b>c</b> If the plan is a defined benefit plan, is it covered under the PBGC	insurance pr	ogram (see ERISA se	ection 4	021)? .		Yes	No	Not de	termined
Part III Financial Information									
7 Plan Assets and Liabilities		(a) Beginning					(b) End	of Year	
a Total plan assets	7a		1184	306				116	55911
b Total plan liabilities			1101	1206				110	25011
Net plan assets (subtract line 7b from line 7a)      Income. Expenses, and Transfers for this Plan Year	7с	(a) A	1184	1306			(h) :		55911
8 Income, Expenses, and Transfers for this Plan Year a Contributions received or receivable from:		(a) Amou	unt				(D)	Total	
(1) Employers	8a(1)		17	903					
(2) Participants	8a(2)		50	203					
(3) Others (including rollovers)	<del>                                     </del>								
<b>b</b> Other income (loss)			-78	3712					
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							-1	10606
Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		7	789					
e 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								7789
i Net income (loss) (subtract line 8h from line 8c)	8i							-1	18395
j Transfers to (from) the plan (see instructions)	·· 8j								
B If the plan provides welfare benefits, enter the applicable welfare  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		Amou	nt
Was there a failure to transmit to the plan any participant contrib described in 29 CFR 2510.3-102? (See instructions and DOL's Program)	Voluntary Fi	duciary Correction	10a		X			Amou	
<b>b</b> Were there any nonexempt transactions with any party-in-interess reported on line 10a.)			10b		X				
C Was the plan covered by a fidelity bond?									450000
d Did the plan have a loss, whether or not reimbursed by the plan'			10c	X					150000
by fraud or dishonesty?			10d		X				
Were any fees or commissions paid to any brokers, agents, or or carrier, insurance service, or other organization that provides so the plan? (See instructions.)	me or all of the	he benefits under	10e	X					8516
f Has the plan failed to provide any benefit when due under the pl			10f		Χ				
g Did the plan have any participant loans? (If "Yes," enter amount	as of vear er	nd.)	10g	X					38422
h If this is an individual account plan, was there a blackout period? 2520.101-3.)	? (See instruc	ctions and 29 CFR	10h	X					00422
i If 10h was answered "Yes," check the box if you either provided exceptions to providing the notice applied under 29 CFR 2520.1			10i	Х					
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 requirer 5500) and line 11a below)								. <u> </u>	′es No
11a Enter the unpaid minimum required contribution for all years from	n Schedule S	SB (Form 5500) line 4	0			11a			
12 Is this a defined contribution plan subject to the minimum fundin	g requireme	nts of section 412 of t	he Cod	e or se	ction 3	302 of E	RISA?	. Y	′es 🛚 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.)						
<b>a</b> 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		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)		<b>13c(3)</b> PN(s)		
Part	: VIII	Trust Information						
14a	Name o	f trust		14b 1	4b Trust's EIN			
14c	Name	of trustee or custodian		<b>14d</b> Trustee's or custodian's				
	rianio	of tubics of suctorial		telephone number				
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)?		Design- based safe ADP/ACP harbor test method				
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		he plan satisfy the coverage and nondiscrimination tests of sections 410(b) and 401(a)(4) by come with any other plans under the permissive aggregation rules?		Ye	s	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

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Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

## Short Form Annual Return/Report of Small Employee Benefit Plan

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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

Part I Annual Report Identification Information  For calendar plan year 2015 or fiscal plan year beginning 01/01/2015 and ending 12/31/2015									
For calen	dar plan year 2015 or t	iscal plan year beginning 01/01/2  X a single-employer plan		and ending 12					
A 76:	akumatan a sakiis ta sa		er) (Filers checking this box must attach a						
A Inis r	eturn/report is for:	a one-participant plan		mployer information in a	accordance with the for	m instructions)			
		a one parterpart plan	a foreign plan						
<b>B</b> This re	eturn/report is								
		onths)							
an amended return/report									
C Check	box if filing under:	X Form 5558	automatic extension		DFVC pro	gram			
special extension (enter description)									
Part II	Basic Plan Info	rmation—enter all requested i	nformation	-					
1a Name	•				1b Three-digit				
OWENS D	AVIES, P.S. 401(k) SA	VINGS PLAN			plan number	001			
					(PN) 1001				
					07/01/1994	or pian			
		yer, if for a single-employer plan)			2b Employer Iden	tification Number			
Mailir	ng address (include room	m, apt., suite no. and street, or P. e, country, and ZIP or foreign pos	O. Box)		(EIN) 91-0958°				
OWENS D		e, country, and ZIP or loreigh pos	stal code (il loreign, see insi	ructions)	2c Sponsor's tele	phone number			
	•					943-8320			
					2d Business code	(see instructions)			
1115 WES	TBAY DR., SUITE 302				541110				
OLYMPIA,	WA 98502								
3a Plan a	administrator's name ar	nd address X Same as Plan Spor	isor.		3b Administrator's	EIN			
		_							
					3c Administrator's	telephone number			
4 If the	mama and/as Fibl of the								
name	e, EIN, and the plan nur	e plan sponsor has changed since mber from the last return/report.	the last return/report filed t	or this plan, enter the	<b>4b</b> EIN 91-0958195				
		VIES FRISTOE TAYLOR & SCH	ULTZ, PS		4c PN 001				
5a Total	number of participants	at the beginning of the plan year.			5a	8			
		at the end of the plan year				6			
C Numb	er of participants with a	account balances as of the end of	the plan year (defined bene	efit plans do not	5c				
						6			
<b>d(1)</b> Tot	tal number of active par	ticipants at the beginning of the p	lan year		5d(1)	6			
		ticipants at the end of the plan ye			5d(2)	6			
e Numi	ber of participants that t	terminated employment during the	e plan year with accrued be	nefits that were less	5e	0			
Caution: A	A penalty for the late of	or incomplete filing of this retur	n/report will be assessed	uniess reasonable ca	use is established				
Under pen	alties of perjury and oth	er penalties set forth in the instru	ctions. I declare that I have	examined this return/re	port including if applic	cable, a Schedule			
belief, it is	equie MB completed an true, correct, and comp	d signed by an enrolled actuary, a	as well as the electronic ver	sion of this return/repor	t, and to the best of my	knowledge and			
SIGN	× 1/1	1. 1/10	1 10/10/16	x Kirk 1	1 1/2:5				
HERE	Signature of plan ac	Iminietrator			1. Veis				
	Signature or plan at	immistrator	Date	Enter name of individ	ual signing as plan adr	ninistrator			
SIGN HERE					<del>_</del> -				
Prenarer's	Signature of employ	/er/plan sponsor ame, if applicable) and address (ir	Date	Enter name of individ	ual signing as employe	r or plan sponsor			
. Topardi s	name (moroting mill lis	imo, ii appiioanie) aliu auuless (If	icique room or suite numbe	1)	Preparer's telephone	number			
				ļ					
				ĺ					
Ear Panany	ad Badustian Ant Nation	and OMB Control Numbers are the							

		Page 2	_						
<ul> <li>Were all of the plan's assets during the plan year invested in elight</li> <li>Are you claiming a waiver of the annual examination and report under 29 CFR 2520.104-46? (See instructions on waiver eligibility our answered "No" to either line 6a or line 6b, the plan ca</li> </ul>	of an independent ity and condition	ent qualified public	c accou	ntant (	IQPA)		Kl yes □		
C If the plan is a defined benefit plan, is it covered under the PBGC	C insurance pro	gram (see ERISA	section	4021)	?[	Yes	☐No ☐ Not determine		
Part III Financial Information				<u>_</u>					
7 Plan Assets and Liabilities		(a) Beginni	na of Y	ear	丁		(b) End of Year		
a Total plan assets	7a		1184		十		1165911		
b Total plan liabilities	7b								
C Net plan assets (subtract line 7b from line 7a)	7c		1184	306			1165911		
8 Income, Expenses, and Transfers for this Plan Year		(a) Am	ount				(b) Total		
Contributions received or receivable from:     (1) Employers	90/4)		179	_					
(2) Participants				203					
(3) Others (including rollovers)									
b Other income (loss)			-787	712	(E)				
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)			Eav. B				-10606		
d Benefits paid (including direct rollovers and insurance premiums			THE ST		100	N E-	-1000		
to provide benefits)			77	89			Ann Seath Control		
e Certain deemed and/or corrective distributions (see instructions)						£7.5			
f Administrative service providers (salaries, fees, commissions)		<del></del>							
the Total expenses (add lines 8d, 8e, 8f, and 8d)									
( ( ( ( ( ( ( ( ( ( ( ( ( ( ( ( ( ( ( (						7789			
j Net income (loss) (subtract line 8h from line 8c)			45,50				-18395		
Part IV Plan Characteristics	··· 8j				35				
B If the plan provides welfare benefits, enter the applicable welfare	feature codes f	from the List of P							
B If the plan provides welfare benefits, enter the applicable welfare  art V Compliance Questions	feature codes f								
art V Compliance Questions  O During the plan year:		from the List of Pla			tic Coc	les in t	ne instructions:		
art V Compliance Questions  During the plan year:  Was there a failure to transmit to the plan any participant contributed described in 29 CFR 2510.3-102? (See instructions and DOL's Note that the plan are participant contributed in 29 CFR 2510.3-102?)	utions within the	rom the List of Pla	an Char	acteris					
art V Compliance Questions  During the plan year:  Was there a failure to transmit to the plan any participant contributes described in 29 CFR 2510.3-102? (See instructions and DOL's Program)  Were there any nonexempt transactions with any party-in-interes	utions within the	e time period	n Char	acteris	No	les in t	ne instructions:		
art V Compliance Questions  During the plan year:  a Was there a failure to transmit to the plan any participant contributescribed in 29 CFR 2510.3-102? (See instructions and DOL's Program)  Were there any nonexempt transactions with any party-in-interes reported on line 10a.)	utions within the Voluntary Fiduc t? (Do not inclu	e time period clary Correction	10a	Yes	No X	les in t	ne instructions:		
art V Compliance Questions  During the plan year:  Was there a failure to transmit to the plan any participant contributed described in 29 CFR 2510.3-102? (See instructions and DOL's Program)  Were there any nonexempt transactions with any party-in-interes reported on line 10a.)  Was the plan covered by a fidelity bond?	utions within the Voluntary Fiduc it? (Do not inclu	rom the List of Pla e time period dary Correction de transactions	n Char	acteris	No X	les in t	ne instructions: Amount		
art V Compliance Questions  During the plan year:  a Was there a failure to transmit to the plan any participant contribut described in 29 CFR 2510.3-102? (See instructions and DOL's Program)  b Were there any nonexempt transactions with any party-in-interes reported on line 10a.)  C Was the plan covered by a fidelity bond?	utions within the Voluntary Fiduc t? (Do not inclu	e time period clary Correction	10a 10b	Yes	No X	les in t	ne instructions: Amount		
art V Compliance Questions  During the plan year:  a Was there a failure to transmit to the plan any participant contributed described in 29 CFR 2510.3-102? (See instructions and DOL's Normal 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 by fraud or dishonesty?  e Were any fees or commissions paid to any brokers, agents, or ott carrier, insurance service, or other organization that provides some	utions within the Voluntary Fiduce tt? (Do not inclusted in the control of the co	e time period clary Correction de transactions that was caused an insurance	10a 10b 10c	Yes	No X	les in t	Amount		
art V Compliance Questions  During the plan year:  Was there a failure to transmit to the plan any participant contribut described in 29 CFR 2510.3-102? (See instructions and DOL's Program)  Were there any nonexempt transactions with any party-in-interes reported on line 10a.)  Was the plan covered by a fidelity bond?  Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?  Were any fees or commissions paid to any brokers, agents, or off carrier, insurance service, or other organization that provides som the plan? (See instructions.)	utions within the Voluntary Fiduc t? (Do not inclu- the fidelity bond, the ther persons by the or all of the t	e time period ciary Correction de transactions hat was caused an insurance penefits under	10a 10b 10c 10d	Yes	No X X	les in t	Amount		
art V Compliance Questions  During the plan year:  Was there a failure to transmit to the plan any participant contribut described in 29 CFR 2510.3-102? (See instructions and DOL's Nerogram)  Were there any nonexempt transactions with any party-in-interes reported on line 10a.)  Was the plan covered by a fidelity bond?  Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?  Were any fees or commissions paid to any brokers, agents, or off carrier, insurance service, or other organization that provides som the plan? (See instructions.)  Has the plan failed to provide any benefit when due under the plan	utions within the Voluntary Fiduc st? (Do not incluse in fidelity bond, the ther persons by the or all of the t	e time period ciary Correction de transactions hat was caused an insurance penefits under	10a 10b 10c 10d	Yes	No X	les in t	Amount		
<ul> <li>During the plan year:</li> <li>Was there a failure to transmit to the plan any participant contribut described in 29 CFR 2510.3-102? (See instructions and DOL's Program)</li> <li>Were there any nonexempt transactions with any party-in-interes reported on line 10a.)</li> <li>Was the plan covered by a fidelity bond?</li> <li>Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?</li> <li>Were any fees or commissions paid to any brokers, agents, or off carrier, insurance service, or other organization that provides som the plan? (See instructions.)</li> <li>Has the plan failed to provide any benefit when due under the plangoid the plan have any participant loans? (If "Yes," enter amount a lift this is an individual account plan, was there a blackout period?</li> </ul>	utions within the Voluntary Fiduce t? (Do not incluse sidelity bond, the her persons by ne or all of the the un?  Is of year end.) (See instruction	e time period ciary Correction de transactions hat was caused an insurance penefits under	10a 10b 10c 10d	Yes	No X X	les in t	Amount 150000		
<ul> <li>Compliance Questions</li> <li>During the plan year:</li> <li>Was there a failure to transmit to the plan any participant contribut described in 29 CFR 2510.3-102? (See instructions and DOL's Program)</li> <li>Were there any nonexempt transactions with any party-in-interes reported on line 10a.)</li> <li>Was the plan covered by a fidelity bond?</li> <li>Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?</li> <li>Were any fees or commissions paid to any brokers, agents, or off carrier, insurance service, or other organization that provides som the plan? (See instructions.)</li> <li>Has the plan failed to provide any benefit when due under the plangual Did the plan have any participant loans? (If "Yes," enter amount a lifthis is an individual account plan, was there a blackout period? 2520.101-3.)</li> </ul>	utions within the Voluntary Fiduce t? (Do not inclusted in the control of the con	e time period ciary Correction de transactions chat was caused an insurance penefits under	10a 10b 10c 10d	Yes	No X X	les in t	Amount 150000		
<ul> <li>During the plan year:</li> <li>Was there a failure to transmit to the plan any participant contribut described in 29 CFR 2510.3-102? (See instructions and DOL's Yerogram).</li> <li>Were there any nonexempt transactions with any party-in-interes reported on line 10a.)</li> <li>Was the plan covered by a fidelity bond?</li> <li>Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?</li> <li>Were any fees or commissions paid to any brokers, agents, or off carrier, insurance service, or other organization that provides som the plan? (See instructions.).</li> <li>Has the plan failed to provide any benefit when due under the planguid to the plan have any participant loans? (If "Yes," enter amount a 2520.101-3.)</li> <li>If this is an individual account plan, was there a blackout period? 2520.101-3.)</li> <li>If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10</li> </ul>	utions within the Voluntary Fiduce 17? (Do not inclusted in the Persons by the persons by the persons of the terms of the terms of the terms of the persons	e time period ciary Correction  de transactions  that was caused  an insurance cenefits under	10a 10b 10c 10d 10e 10f	Yes X	No X X	les in t	Amount 150000		
<ul> <li>During the plan year:</li> <li>Was there a failure to transmit to the plan any participant contribut described in 29 CFR 2510.3-102? (See instructions and DOL's Program)</li> <li>Were there any nonexempt transactions with any party-in-interes reported on line 10a.)</li> <li>Was the plan covered by a fidelity bond?</li> <li>Was the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?</li> <li>Were any fees or commissions paid to any brokers, agents, or off carrier, insurance service, or other organization that provides som the plan? (See instructions.)</li> <li>Has the plan failed to provide any benefit when due under the pla</li> <li>Did the plan have any participant loans? (If "Yes," enter amount a lf this is an individual account plan, was there a blackout period? 2520.101-3.)</li> <li>If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.101.</li> <li>Did the plan trust incur unrelated business taxable income?</li> </ul>	utions within the Voluntary Fiduce 17? (Do not inclusted in the Persons by the persons by the persons of the terms of the terms of the terms of the persons	e time period ciary Correction  de transactions  that was caused  an insurance cenefits under	10a 10b 10c 10d 10e 10f 10g	Yes X X X	No X X	les in t	ne instructions:		
<ul> <li>During the plan year:</li> <li>Was there a failure to transmit to the plan any participant contributed described in 29 CFR 2510.3-102? (See instructions and DOL's Program)</li> <li>Were there any nonexempt transactions with any party-in-interes reported on line 10a.)</li> <li>Was the plan covered by a fidelity bond?</li> <li>Was the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?</li> <li>Were any fees or commissions paid to any brokers, agents, or officiarier, insurance service, or other organization that provides som the plan? (See instructions.)</li> <li>Has the plan failed to provide any benefit when due under the planguid by the plan have any participant loans? (If "Yes," enter amount a 2520.101-3.)</li> <li>If this is an individual account plan, was there a blackout period? 2520.101-3.)</li> <li>If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.101-3.</li> <li>Did the plan trust incur unrelated business taxable income?</li> </ul>	utions within the Voluntary Fiduce.  It? (Do not inclust a fidelity bond, the persons by the or all of the terms.)  Its of year end.)  (See instruction the required notion 1-3	e time period biary Correction de transactions hat was caused an insurance benefits under and 29 CFR	10a 10b 10c 10d 10e 10f 10g 10h 10l	Yes X X X X	No X X X	N/A	Amount  150000  8516		
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_	Form 5500-SF 2015 Page <b>3</b> - 1							
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)			Τ				
_	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 the	e date of	the letter Year	ruling		
	If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line	13.						
	<b>b</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					
	G Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the negative amount)	left of a	12d					
100	Will the minimum funding amount reported on line 12d be met by the funding deadline?			Yes	No	N/A		
C. Cardinlan	TVIII Plan Terminations and Transfers of Assets							
13	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		13a					
_	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brou of the PBGC?				Yes X No			
_	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.)	fy the plan(s) to	)					
	13c(1) Name of plan(s):	13c(2)	EIN(s)		13c(3) PN(s)			
ALC: NO								
Pa	Trust Information			<del> </del>				
148	Name of trust		14b Tr	ust's EIN	1			
14c Name of trustee or custodian					14d Trustee's or custodian's telephone number			
	IRS Compliance Questions							
11975	The state of the s							
15	l is the plan a 401(k) plan?		Yes		No			
	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)?				ADF			
150	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 1.402(a)(2)(ii))?	rrent year 91(m)-	Yes	nou	No			
	Check the box to indicate the method used by the plan to satisfy the coverage requirements under section		Rati perc	o entage		rage efit test		
	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?		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			_ (See ins	structions		
	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 number of 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					or		
	If the plan is an individually-designed plan and received a favorable determination letter from the IRS, ent determination letter	er the date of th	ne plan's	last favo	rable			
	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 Is	lands)?	Yes		No			
19	Were in-service distributions made during the plan year?		Yes		No			
	If "Yes," enter amount		19			<del></del>		
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	Yes		No	□ N/A		