#### Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation

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.

OMB Nos. 1210-0110 1210-0089

2015

This Form is Open to Public Inspection

Part I		Identification Information						
For calenda	ar plan year 2015 or fis	scal plan year beginning 01/01/2	2015		and ending 12	/31/2	015	
A This ret	urn/report is for:	a single-employer plan  a one-participant plan	lis		an (not multiemployer) bloyer information in acc	•	-	
<b>B</b> This retu	ırn/report is	the first return/report an amended return/report	=	final return/report hort plan year return	/report (less than 12 mc	onths)		
C Check b	oox if filing under:	X Form 5558 special extension (enter description)	ш	tomatic extension			DFVC progr	ram
Part II	Basic Plan Info	rmation—enter all requested inf	formatio	on				
1a Name HASTINGS		DEFINED BENEFIT PENSION PL	_AN				Three-digit plan number (PN) ▶	001
						1C	Effective date of	f plan 1/2006
Mailing	oonsor's name (employ address (include roor		2b	Employer Identii				
	NTERPRISES, INC.	e, country, and ZIP or foreign post	ai code	(if foreign, see instru	ictions)	2c	Sponsor's telep 360-6	hone number 78-8778
	POINT ROAD K, WA 98253					2d	Business code (	,
3a Plan ad	dministrator's name an	nd address XSame as Plan Spons	sor.			3b	Administrator's I	EIN
						3с	Administrator's t	elephone number
		e plan sponsor has changed since moder from the last return/report.	the last	return/report filed for	r this plan, enter the	4b	EIN	
<b>a</b> Sponso	or's name					4c	1	
<b>5a</b> Total r	number of participants	at the beginning of the plan year				5	a	3
		at the end of the plan year			<b></b>	5	b	1
compl	ete this item)	account balances as of the end of t				5		
<b>d(1)</b> Tota	al number of active par	rticipants at the beginning of the pla	an year			5d		3
		rticipants at the end of the plan yea				5d	(2)	1
than '	100% vested	terminated employment during the				5		2
Under pena SB or Sche	alties of perjury and oth	or incomplete filing of this return ner penalties set forth in the instruct and signed by an enrolled actuary, a polete.	ctions, I	declare that I have e	examined this return/rep	ort, ir	ncluding, if applic	
SIGN	Filed with authorized/	valid electronic signature.		10/13/2016	RICHARD F. HASTING	GS		
HERE	Signature of plan a							

Date

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

Signature of employer/plan sponsor

Enter name of individual signing as employer or plan sponsor

Preparer's telephone number

	Form 5500-SF 2015		Page 2							
<b>b</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 a under 29 CFR 2520.104-46? (See instructions on waiver eligibility a if you answered "No" to either line 6a or line 6b, the plan cann	an indeper and condit	ndent qualified public a ions.)	ccount	ant (IQ	PA)			X Yes	
	f the plan is a defined benefit plan, is it covered under the PBGC in					_	-	X No	Not dete	rmined
Part					0=1)1				1 . 101 0010	
	Plan Assets and Liabilities		(a) Beginning	of Vo	ar.			(b) End	of Voor	
	Fotal plan assets	7a	(a) Degiiiiiii	1309				(b) Liiu	1343	107
	Fotal plan liabilities	7b			0					0
-	Net plan assets (subtract line 7b from line 7a)	7c		1309	612	1			1343	107
	ncome, Expenses, and Transfers for this Plan Year		(a) Amou	ınt				(b) 1	Γotal	
a	Contributions received or receivable from:  1) Employers	8a(1)	(1)		0			,		
(	2) Participants	8a(2)			0					
(	3) Others (including rollovers)	8a(3)			0					
b (	Other income (loss)	8b		33	3787					
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							33	787
	Benefits paid (including direct rollovers and insurance premiums o provide benefits)	8d			0					
	Certain deemed and/or corrective distributions (see instructions)	8e			0					
	Administrative service providers (salaries, fees, commissions)	8f			292					
	Other expenses	8g			0					
h 1	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							:	292
<u>i</u> 1	Net income (loss) (subtract line 8h from line 8c)	8i							334	495
j	Transfers to (from) the plan (see instructions)	8j			0					
Part	IV Plan Characteristics									
B	1A 3B 3D  If the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare benefits, enter the applicable welfare for	eature cod	les from the List of Pla	n Chara	acterist	tic Cod	les in th	e instruct	tions:	
10	During the plan year:				Yes	No	N/A		Amount	
а	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)	oluntary F	iduciary Correction	10a		X				
b	Were there any nonexempt transactions with any party-in-interest reported on line 10a.)			10b		X				
С	Was the plan covered by a fidelity bond?			10c		X				
d	Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?	-		10d		X				
е	Were any fees or commissions paid to any brokers, agents, or oth carrier, insurance service, or other organization that provides som the plan? (See instructions.)	ne or all of	the benefits under	10e		X				
f	Has the plan failed to provide any benefit when due under the pla	n?		10f		X				
g	Did the plan have any participant loans? (If "Yes," enter amount a	s of year	end.)	10g		Χ				
	If this is an individual account plan, was there a blackout period? 2520.101-3.)	(See instru	uctions and 29 CFR	10g 10h						
i	If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10	he require	d notice or one of the	10i						
j	Did the plan trust incur unrelated business taxable income?			10j						
Part									•	
	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)	······			········			•	X Yes	s No
11a	Enter the unpaid minimum required contribution for all years from	Schedule	SB (Form 5500) line 4	0			11a		T	0
12	Is this a defined contribution plan subject to the minimum funding	requireme	ents of section 412 of t	he Cod	e or se	ection :	302 of F	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	e 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?			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	rust's Ell	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)?		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 pland the letter's serial representation of the letter's series of the l		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 fa	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	5	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

## **SCHEDULE SB** (Form 5500)

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation

Single-Employer Defined Benefit Plan **Actuarial Information** 

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).

File as an attachment to Form 5500 or 5500-SF.

OMB No. 1210-0110

2015

This Form is Open to Public Inspection

Fo	r calendar	plan year 2015	or fiscal plan ye	ear beginning	01/01/2015		and end	ing 12/3	1/2015	
			nearest dollar.							
<u> </u>	Caution:	A penalty of \$1	1,000 will be ass	essed for late filir	ng of this report ur	nless reasonable ca	ause is establish	ed.		
	Name of p						<b>B</b> Three-di	git		
H.	ASTINGS	ENTERPRISES	S, INC. DEFINE	D BENEFIT PEN	SION PLAN		plan nun	nber (PN)	•	001
_	Dian anan	2012 2022 20	ahaum an lina 2a	a of Form 5500 or	- FF00 CF		<b>D</b> Employer	Idantificat	ion Number /F	'INI\
		ENTERPRISES		1 01 F01111 5500 01	5500-SF		Employer		ion Number (E	IIN)
- 11	ASTINOS	LIVILIXI KIOL	5,II <b>V</b> C.					91-0908	700	
_	T a af sala	V Cinale	D Maritimin A	□ Multiple D	E D	ior year plan size:	400	П 404 50	ο Π Mana th	500
_	Type of pla	n: X Single	Multiple-A	Multiple-B	F Pr	ior year plan size:	X 100 or fewer	101-50	00 More th	an 500
Р	art I	Basic Inforr	mation							
1	Enter th	e valuation dat	e: N	/lonth <u>01</u>	Day01	Year <u>2015</u>	_			
2	Assets:									
	<b>a</b> Marke	et value						2a		1309612
	<b>b</b> Actua	rial value						2b		1309612
3	Funding	target/particip	ant count break	down		(1)	Number of	(2) Vest	ed Funding	(3) Total Funding
						pa	rticipants	Ta	arget	Target
	<b>a</b> For re	etired participar	nts and beneficia	ries receiving pay	/ment		0		0	0
	<b>b</b> For te	erminated veste	ed participants				2		0	227
	<b>C</b> For a	ctive participan	ts				1		608555	608555
	<b>d</b> Total						3		608555	608782
4						)	П			
•				·	. ,		ш	4a		
	_							4а		
						n rule for plans that loading factor		4b		
5					<u> </u>			5		6.24%
6								6		367624
		y Enrolled Act								
	To the best of	of my knowledge, the	e information supplied							ed assumption was applied in
				opinion, each other as erience under the plan.		(taking into account the	experience of the plar	n and reasona	oie expectations) a	nd such other assumptions, in
9	SIGN									
	HERE								10/11/20	116
•	\_		Signa	ture of actuary			_		Date	
ST.	EVE CALI	DLE, MSPA, E	_	are or actuary					14-0721	10
01	LVL CAU	DLL, WOLA, LA		nt name of actua	rv		<del></del>	Most re	ecent enrollme	
СТ	EVEN CAL	UDLE & ASSO		TIL Harrie Of actual	y ,			WOST	425-557	
31	LVLIN CA	ODLL & ASSO		irm nama				alanhana		
		TH PLACE, SU		irm name			I	erebriorie i	iuilibei (Iliciuc	ling area code)
		WA 98027								
			Addr	ess of the firm			_			
If th	e actuary h	nas not fully ref	lected any regula	ation or ruling pro	mulgated under the	ne statute in compl	eting this sched	ule, check	the box and se	<u> </u>
	ructions		any rogan			statuto ili ootiipi	go oonlou	, 5110010	zon ana o	⊔

Page	2	_

Pa	art II	Begir	nning of Year	Carryov	er and Prefunding B	Balances						
_	_						(a) (	Carryover balance		(b) F	Prefundi	ing balance
7		_	. ,		cable adjustments (line 13				0			256346
8					unding requirement (line 3							
			•	-					0			0
9						†			0			256346
10					urn of18.81%				0			48219
11	-				d to prefunding balance:							
				`	38a from prior year) Ba over line 38b from prior	-						0
					we interest rate of $\underline{6.28}$ %.							0
	b(2) li	nterest or	n line 38b from prid	or year Sch	nedule SB, using prior year	's actual						0
return										0		
C Total available at beginning of current plan year to add to prefunding balance								0				
	d Portion of (c) to be added to prefunding balance										0	
12	Other r	eductions	s in balances due	to elections	s or deemed elections				0			0
13	13 Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)								0			304565
P	art III	Fun	ding Percenta	ages								
14	Fundin	g target a	attainment percent	age							14	165.09 %
										165.09 %		
Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement								16	178.22 %			
17	17 If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage											
Pa	art IV	Con	tributions an	d Liquid	ity Shortfalls							
18	Contrib	utions m	ade to the plan for	the plan y	ear by employer(s) and em	nployees:						
(N/	<b>(a)</b> Da <sup>.</sup> 1M-DD-Y		(b) Amount page employer(		(c) Amount paid by employees	( <b>a)</b> D (MM-DD		( <b>b)</b> Amount pa employer(s		(0		int paid by ovees
(		,	Ginployer	.0)	cinpleyees	(14114)	,	omployer(c	-)		Ompi	0,000
						1						
						Totals ►	18(b)		0	18(c)		0
19	Discou	nted emp	loyer contributions	s – see ins	tructions for small plan with	n a valuation o	date after th	ne beginning of the	year:			
	_			•	imum required contribution			F	19a			0
					djusted to valuation date			F	19b			0
					uired contribution for current	year adjusted	to valuation	n date	19c			0
20		•	outions and liquidit	•							Г	Van VI Na
	_		_		the prior year?						 _	Yes X No
					y installments for the currer	-	-	manner/			······ <u></u>	Yes No
	C if line	e 20a is "	res," see instructi	ons and co	omplete the following table  Liquidity shortfall as of			n vear				
		(1) 1:	st		(2) 2nd	J. quanto	(3)	3rd			(4) 4tl	n

Do	rt V	Accumption	no Hood to Dotormino	Funding Torget and Torge	at Normal Cost						
21	Discou		iis Osea to Determine	Funding Target and Targe	t Normai Cost						
		ment rates:	1st segment: 4.99 %	2nd segment: 6.32 %	3rd segment: 6.99 %		N/A, full yie	ld curve	used		
	<b>b</b> Appl	icable month (e	enter code)			21b					
22	Weight	ted average ret	irement age			. 22			70		
23		ty table(s) (see			scribed - separate	Substitu	te				
Pa	rt VI	Miscellane	ous Items			<del></del>					
24	Has a	change been m	ade in the non-prescribed act	uarial assumptions for the current			· · ·	ed Yes	X No		
25	Has a r	method change	been made for the current pl	an year? If "Yes," see instructions	regarding required attac	chment		Yes	X No		
26	Is the p	olan required to	provide a Schedule of Active	Participants? If "Yes," see instruc	tions regarding required	attachment	i	Yes	X No		
27		•	•	er applicable code and see instruc	tions regarding	27	_				
Pa	rt VII	Reconcilia	ation of Unpaid Minimu	ım Required Contribution	s For Prior Years						
28	Unpaid	l minimum requ	rired contributions for all prior	years		. 28			0		
29				I unpaid minimum required contrib		29			0		
30	Remair	ning amount of	unpaid minimum required cor	ntributions (line 28 minus line 29)		. 30			0		
Pa	rt VIII	Minimum	Required Contribution	For Current Year							
31	Target	normal cost ar	nd excess assets (see instruct	ions):							
	<b>a</b> Targe	et normal cost (	line 6)			. 31a			367624		
	<b>b</b> Exce	ess assets, if ap	plicable, but not greater than	line 31a		. 31b			367624		
32	Amortiz	zation installme	ents:		Outstanding Bala	ance	Instal	lment			
	a Net s	shortfall amortiz	zation installment			0			0		
	<b>b</b> Waiv	er amortization	n installment			0			0		
33				ter the date of the ruling letter grar ) and the waived amount		33					
34	Total fu	unding requiren	nent before reflecting carryove	er/prefunding balances (lines 31a -	31b + 32a + 32b - 33)	. 34		0			
				Carryover balance	Prefunding bala	nce	Total b	alance			
35			use to offset funding	0		0			0		
36	Additio	nal cash requir	ement (line 34 minus line 35)			. 36			0		
37				ontribution for current year adjusted		37			0		
38	Presen	nt value of exce	ss contributions for current ye	ar (see instructions)							
	<b>a</b> Total	(excess, if any	v, of line 37 over line 36)			. 38a			0		
	<b>b</b> Portion	on included in l	ine 38a attributable to use of	prefunding and funding standard ca	arryover balances	. 38b			0		
39	Unpaid	l minimum requ	ired contribution for current ye	ear (excess, if any, of line 36 over l	ine 37)	. 39			0		
40	Unpaid			S		. 40			0		
Pa	rt IX	Pension F	Funding Relief Under F	Pension Relief Act of 2010	(See Instructions	)					
41	If an ele	ection was mad	le to use PRA 2010 funding re	elief for this plan:							
	a Sche	edule elected				<u> </u>	2 plus 7 years	15 y	/ears		
	<b>b</b> Eligib	ole plan year(s)	for which the election in line	41a was made		200	8 2009 20	10	2011		
42	Amount	t of acceleration	n adjustment			42	<b>_</b>				
43	Fycess	installment acc	celeration amount to be carrie	d over to future plan years		43					

#### 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.

2015

OMB Nos. 1210-0110

1210-0089

This Form is Open to Public Inspection

		Identification Information		and and an	1.5	1/27/202	F
For calenda	ar plan year 2015 or t	scal plan year beginning	01/01/2015	and ending		2/31/201	
A This ret	urn/report is for:	a single-employer plan	ist of participating en	lan (not multiemployer) oployer information in a	Filers cn ccordance	ecking this o with the forr	ox must attach a n instructions)
•	·	a one-participant plan	a foreign plan				
<b>B</b> This reto	ırn/report is	the first return/report	the final return/report				
		an amended return/report	a short plan year retur	n/report (less than 12 m	onths)		
C Check i	oox if filing under:	X Form 5558	automatic extension	•		DFVC prog	ram
		special extension (enter descr					
Part II	Basic Plan Info	rmation—enter all requested in	formation	:	T		
1a Name	* * *	, INC. DEFINED BENEF	IT PENSION PLAN		l.	ree-digit n number √) ▶	001
						ective date o	
		iyer, if for a single-employer plan) m, apt., sulte no, and street, or P.O	). Box)		2b Em		fication Number
City or		e, country, and ZIP or foreign post		ructions)	2c Sp	<u></u>	hone number
1308 D	INES POINT RO	DAD			2d Bus		(see instructions)
GREENB	ANK	WA 98253	·				
3a Plan ac	dministrator's name a	nd address XSame as Plan Spons	sor.		3b Adr	ministrator's	EIN
÷					3c Adr	ministrator's	telephone number
		e plan sponsor has changed since to mber from the last return/report.	the last return/report filed for	or this plan, enter the	4b EIN		
a Sponso					4c PN	1"	
<b>5a</b> Total n	umber of participants	at the beginning of the plan year	***************************************			-	3
		at the end of the plan year			5b		1
		account balances as of the end of t			5c		
d(1) Tota	I number of active pa	rticipants at the beginning of the pla	an year	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	5d(1)		3
• •		rticipants at the end of the plan yea			5d(2)		1
than 1	00% vested	terminated employment during the			5e		2
		or incomplete filing of this return her penalties set forth in the instruc					sahia a Schadula
SB or Scheo		nd signed by an enrolled actuary, a	s well as the electronic ver	sion of this return/repor	t, and to th	e best of my	
SIGN	La)	17-4-5	10-13-16	Richard F. Ha	stings		
HERE	Signature of plan a	dministrator	Date	Enter name of individ			ministrator
SIGN							
HERE	Signature of emplo	yer/plan sponsor	Date	Enter name of individ	ual signing	as employe	er or plan sponsor
Preparer's n	ame (including firm n	ame, if applicable) and address (in	clude room or suite numbe	r ):	Preparer	's telephone	number
				:			

Page	2			
------	---	--	--	--

									FJ V-	Пы
6a	Were all of the plan's assets during the plan year invested in eligit	ole assets	(See instructions.)				*******	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	X Yes	s [] No
D	Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility	an indepe	ndent quaimed public a tions.)	CCOUR	ant (IG	(PA)			X Yes	s 🗌 No
	If you answered "No" to either line 6a or line 6b, the plan canr	not use Fo	orm 5500-SF and mus	t inste	ad use	Form	5500.			
¢	If the plan is a defined benefit plan, is it covered under the PBGC in	nsurance p	program (see ERISA se	ection 4	021)?	[	Yes	X No [	Not dete	rmined
Pa	rt III Financial Information					<del></del>				
7	Plan Assets and Liabilities		(a) Beginning	of Ye	аг	T		(b) End	of Year	
a		. 7a	7	1,30		2				43,107
,	Total plan liabilities	7b	1			o				0
,	Net plan assets (subtract line 7b from line 7a)	. 7c		1,30	9,61	2			1,3	43,107
8	Income, Expenses, and Transfers for this Plan Year		(a) Amou	<del></del>		1		(b) 1	otal	
	Contributions received or receivable from:		l	****				A STANFLANT		
	(1) Employers	. 8a(1)				0				
	(2) Participants	. 8a(2)	<u> </u>			0				
	(3) Others (including rollovers)	8a(3)				0				
b	Other income (loss)	. 6b		3	3,78	7				
C	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	. 8c		1.74,74						33,787
d	Benefits paid (including direct rollovers and insurance premiums					٥				
***************************************	to provide benefits)	. 8d				ð	Company Com		Programme,	
***************************************	Certain deemed and/or corrective distributions (see instructions)	. 8e			29					
<u>f</u>	Administrative service providers (salaries, fees, commissions)	. 8f				0				
	Other expenses	. 8g				1			<u> </u>	200
<u>.</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)	1			<del>*********</del>	-				292
1	Net income (loss) (subtract line 8h from line 8c)	1		i i i i i i i i i i i i i i i i i i i		-	V. W.	t value del reide.		33,495
J	Transfers to (from) the plan (see instructions)	8]	<u> </u>			<u> </u>			(** 12 **** . **	
	t IV Plan Characteristics				4 9					
9a	If the plan provides pension benefits, enter the applicable pension 1A 3B 3D	reature co	odes from the List of Pl	an Cna	racten	SUC CO	odes in	tne instru	cuons:	
В	If the plan provides welfare benefits, enter the applicable welfare f	eature cod	les from the List of Pla	n Char	acterist	ic Cod	les in th	ne instruct	ions:	***************************************
							·····			
Par	LV Compliance Questions									
10	During the plan year:				Yes	No	N/A.		Amount	
а										
	described in 29 CFR 2510.3-102? (See instructions and DOL's \	-		10a		х				
h	Were there any nonexempt transactions with any party-in-interest	***************************************		IVa	<b></b>			ļ		·····
**	reported on line 10a.)			10b		X				
c				10c		х				
d						7.7				<del></del>
	by fraud or dishonesty?			10d		Х				
е	Were any fees or commissions paid to any brokers, agents, or other	her person	s by an insurance							
	carrier, insurance service, or other organization that provides son the plan? (See instructions.)			10e		Х				
f		<del></del>		10f		x		<b></b>	<del></del>	
						X				
9				10g		^		 9400 200 1940 00	National particular	
h	If this is an individual account plan, was there a blackout period? 2520.101-3.)			10h					ali (Silo Alia).	
Ī	If 10h was answered "Yes," check the box if you either provided to exceptions to providing the notice applied under 29 CFR 2520.10	he require	d notice or one of the	10i						201 201 1 201 1
i	Did the plan trust incur unrelated business taxable income?		1	10i						
	VI Pension Funding Compliance			(U)		ļ		<u> </u>		··
<u> 11</u>	Is this a defined benefit plan subject to minimum funding requirem	minta? He'ii	Van Bana instructions	and co-	onlosa	Soho-	ide CD	(Form		
	5500) and line 11a below)	********	>> ( C > > / 4 * 4 * > / 4 * \$ > / 4 * \$ > / 4 * \$ > - / 4 * \$ > - / 4 * \$ > - / 4 * \$ > - / 4 * \$ > - / 4 * \$					(1.0111)	X Yes	No
	Enter the unpaid minimum required contribution for all years from						11a		0	<b></b>
12	Is this a defined contribution plan subject to the minimum funding	requireme	ents of section 412 of the	he Cod	e or se	ction 3	302 of E	RISA?	Yes	X No

Form 5500-SF 2015

## SCHEDULE SB (Form 5500)

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

## Single-Employer Defined Benefit Plan Actuarial Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).

Elle se on ettechment to Form EEOO or EEOO CE

OMB No. 1210-0110

2015

This Form is Open to Public Inspection

	File as an attachment to Form	5500 or (	5500-SF.	1		
For calendar plan year 2015 or fiscal pl	an year beginning 01/01/2015		and endir	ıg	12/31/2	015
Round off amounts to nearest do	llar.					
Caution: A penalty of \$1,000 will be	assessed for late filing of this report unless reas	onable ca	use is establishe	d.		
A Name of plan			B Three-dig	it		
HASTINGS ENTERPRISES,	INC. DEFINED BENEFIT PENSION	PLAN	plan numi	ber (PN)	<b>&gt;</b>	001
C Plan sponsor's name as shown on lin	ne 2a of Form 5500 or 5500-SF		D Employer I	dentificat	ion Number (E	IN)
HASTINGS ENTERPRISES,			91-090870	0	·	·
E Type of plan: X Single Multiple		an size: [X		101-5	00 Nore th	an 500
Part I Basic Information	i violopicas pro	211 512 C. P.	100 di letter		unore an	
1 Enter the valuation date:	Month 01 Day 01 Year	2015				
2 Assets:	Month OI Day OI Teal	2010	<b>7</b>			
·				. 2a		1,309,612
_			•••••••	2b		1,309,612
			lumbar of	<u>'</u> ]		(3) Total Funding
3 Funding target/participant count br	eakdown		lumber of ticipants	. ,	ted Funding arget	Target
a For retired participants and bene	eficiaries receiving payment		0		O	0
<b>b</b> For terminated vested participan	ıts		2		o	227
C For active participants			1		608,555	608,555
<b>d</b> Total			3		608,555	608,782
	the box and complete lines (a) and (b)		<u> </u>		1	
- · · · · · · · · · · · · · · · · · · ·	, , , , ,		Ш	. 4a		
	cribed at-risk assumptions					
	assumptions, but disregarding transition rule for p we consecutive years and disregarding loading fac			4b		
_	o to los out o your o und the log out on grant of			5		6.24%
				. 6		367,624
Statement by Enrolled Actuary						
To the best of my knowledge, the information sur	plied in this schedule and accompanying schedules, statements	and attachme	ents, if any, is complet	e and accur	ate. Each prescribe	d assumption was applied in
accordance with applicable law and regulations, I combination, offer my best estimate of anticipated	in my opinion, each other assumption is reasonable (taking into a d experience under the plan.	ccount the ex	penence or the plan a	ino reasona	Die expectations) a	nd such other assumptions, in
SIGN						
HERE Ju	ba of la				10/11/20	16
	gnature of actuary		•		Date	
Steve Caudle, MSPA, EA	griature or actuary				1407219	9
	- mint of4		<del></del>	Mostr	ecent enrollme	
rype o Steven Caudle & Associate	r print name of actuary				125-557-3	
Secreti cadate a Apportace	· · · · · · · · · · · · · · · · · · ·					
	Firm name		l ei	epnone i	iumber (includ	ing area code)
22525 SE 64th Place, Suit	ce 294					
Issaquah WA 98	027					
Д	Address of the firm					
f the actuary has not fully reflected any re	gulation or ruling promulgated under the statute i	n complet	ling this schedule	e, check	the box and se	ee

Schedule	SR	(Form	5500)	2014

Pa	art II	Begi	nning of Yea	r Carryov	er and Prefunding l	Balances	·1·		·····				
7	Dalama		·t <b>F</b> :	411	inchia adimaturanta /lina 40	l fuana najaa	(a)	Carryover balance		(b)	Prefund	ing balaı	nce
		_			icable adjustments (line 13	•			0			25	6,346
8	Portion elected for use to offset prior year's funding requirement (line 35 from							0				0	
9	pror year)							0	0 256,34			6,346	
10	Interest	t on line	9 using prior year	's actual re	turn of <u>18.81</u> %				0	48,21			8,219
11	Prior ye	ear's exc	ess contributions	to be adde	d to prefunding balance:								
	a Present value of excess contributions (line 38a from prior year)										0		
			est on the excess, if any, of line 38a over line 38b from prior year dule SB, using prior year's effective interest rate of 6.28%				(						
	b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual						7.7						
	return							. 0					
										(			
	<b>a</b> Porti	on of (c)	to be added to pr	etunding ba	alance	******							- 0
_12	Other re	eduction	s in balances due	to election	s or deemed elections		<u> </u>		0				0
13	Balance	e at begi	nning of current y	ear (line 9 -	+ line 10 + line 11d – line 1	2)			0			30	4,565
P	art III	Fun	ding Percent	ages					·				
14	Funding	g target a	attainment percen	tage		***************************************					14		.09%
			g target attainmer	<del></del>							15	165	.09%
16										16	178	.22%	
17	If the cu	ırrent val	ue of the assets	of the plan i	s less than 70 percent of the	ne funding ta	rget, enter	such percentage			17		%
Pa	art IV	Con	tributions an	d Liquid	ity Shortfalls								
18	Contribu	utions m	ade to the plan fo	r the plan y	ear by employer(s) and en	nployees:							
(0.4	(a) Date		(b) Amount p		(c) Amount paid by		Date	(b) Amount pai		(c) Amount paid by			
(171	M-DD-Y	111)	employer	(5)	employees	(IVIIVI-DI	D-YYYY) employer(s)				employees		
					-							<del></del>	*****
	,				the ev								
										J			
						<u> </u>							
										ļ			
						1							
7, 3, 34	Ta Tarras	1 4 41.77				 	40%			40(*)	T		
40	<u> 10 20</u> 21		<u> </u>			Totals ▶				18(c)			0
					ructions for small plan with								
					mum required contribution			<b>├</b>	19a				0
	b Contributions made to avoid restrictions adjusted to valuation date								<u> </u>				
	C Contributions allocated toward minimum required contribution for current year adjusted to valuation date							190					
		•	utions and liquidit	-					L	TBH INGS	144 (11). 	l vaa F	VI Na
			-		he prior year?						<u>-</u>	1 7	X No
					installments for the currer			manner/	. F			Yes	] No
	C If line	20a is "\	res," see instructi	ons and co	mplete the following table a			n voor					
		(1) 1s	t		Liquidity shortfall as of e	and or quarte	er or this pla (3)	n year 3rd		• •	(4) 4th	ì	
	-	(.,			· / · · · · · · ·		ζ-7						

Pa	art V Assumptio	ons Used to Determine	Funding Target and Ta	rget Normal Cost					
21	Discount rate:					1 1 1000			
	a Segment rates:	1st segment: 4 . 99%	2nd segment 6.32%	3rd segmer 6 . 99		N/A, full yield curve used			
	<b>b</b> Applicable month (	(enter code)			21b	1			
22	Weighted average re	tirement age			22	70			
23	Mortality table(s) (se	ee instructions) X P	rescribed - combined	Prescribed - separate	Substitu	ute			
Pa	rt VI Miscellane	eous Items							
	Has a change been r	made in the non-prescribed ac	ctuarial assumptions for the cur						
25			lan year? If "Yes," see instruct						
26						<del></del>			
			e Participants? If "Yes," see institute applicable code and see ins		u attacinnen	res [X 140			
			ner applicable code and see in:		27				
Pa	rt VII Reconcili	ation of Unpaid Minim	um Required Contribut	ions For Prior Years					
_28	Unpaid minimum requ	uired contributions for all prior	years		28	0			
29			d unpaid minimum required cor			. 0			
30	Remaining amount of	f unpaid minimum required co	ntributions (line 28 minus line 2	9)	30	0			
Pa	rt VIII   Minimum	Required Contribution	For Current Year						
31	Target normal cost a	nd excess assets (see instruc	tions):						
	a Target normal cost	(line 6)			31a	367,624			
	b Excess assets, if ap	pplicable, but not greater than	line 31a		31b	367,624			
32	Amortization installme	lance	Installment						
	a Net shortfall amortiz	zation installment			0	0			
	<b>b</b> Waiver amortization	n installment			0	0			
33	If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval  (Month Day Year) and the waived amount								
34	Total funding requirer	ment before reflecting carryov	er/prefunding balances (lines 3	1a - 31b + 32a + 32b - 33).	34	0			
			Carryover balance	Prefunding bal	-	Total balance			
35	Balances elected for a	use to affect funding							
•				0	0	0			
36	Additional cash requir	rement (line 34 minus line 35)	36	0					
37		ed toward minimum required c	37	0					
38	Present value of exce	ess contributions for current ye	ar (see instructions)		38a				
	0								
	<b>b</b> Portion included in line 38a attributable to use of prefunding and funding standard carryover balances					0			
39	39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)					0			
40						0			
Par	t IX Pension F	Funding Relief Under I	Pension Relief Act of 20	10 (See Instructions	s)				
41	If an election was mad	le to use PRA 2010 funding re	elief for this plan:						
	a Schedule elected					2 plus 7 years 15 years			
	<b>b</b> Eligible plan year(s)	for which the election in line	41a was made		200	8 2009 2010 2011			
42	Amount of acceleration	n adjustment			42				
43	Excess installment acc	celeration amount to be carrie	d over to future plan years		43				