Form 5500-SF	Short Form Annu	•	ort of Small Emplo	oyee	0	MB Nos. 1210-0110 1210-0089
Department of the Treasury Internal Revenue Service	This form is required to be fill	Benefit Pla				2015
Department of Labor Employee Benefits Security Administra	Income Security Act of 1974		6057(b) and 6058(a) of the		This Fo	rm is Open to
Pension Benefit Guaranty Corporati	Complete all entries in		nstructions to the Form 55	00-SF.		
Part IAnnual ReportFor calendar plan year 2015 of	ort Identification Information		and ending 12	/31/2015		
A This return/report is for:	a single-employer plan	a multiple-employ	er plan (not multiemployer) g employer information in ac	(Filers check	0	
<b>B</b> This return/report is	the first return/report	the final return/rep	ort eturn/report (less than 12 ma	onths)		
<b>C</b> Check box if filing under:	Form 5558	automatic extensi	on		FVC progra	m
Part II Basic Plan I	nformation—enter all requested in					
1a Name of plan	DFIT SHARING PLAN & TRUST			(PN)	umber	001
				IO Elicea	07/01/	
Mailing address (include	nployer, if for a single-employer plan) room, apt., suite no. and street, or P. vince, country, and ZIP or foreign pos		instructions)	(EIN)	91-104	
RVING I. COHEN, D.D.S., P.S					206-682	
09 OLIVE WAY, SUITE 1028 SEATTLE, WA 98101				2d Busine	ess code (se 62121	e instructions)
<b>3a</b> Plan administrator's name	e and address XSame as Plan Spor	sor.		<b>3b</b> Admin	istrator's El	N
				3c Admin	istrator's tel	ephone number
4 If the name and/or EIN o	f the plan sponsor has changed since	the last return/report fil	ed for this plan, enter the	4b EIN		
name, EIN, and the plan <b>a</b> Sponsor's name	number from the last return/report.			<b>4c</b> PN		
5a Total number of participa	ants at the beginning of the plan year.			5a		6
	ants at the end of the plan year		,	5b		6
	vith account balances as of the end of			5c		6
	participants at the beginning of the p		ĺ	5d(1)		5
d(2) Total number of active	e participants at the end of the plan ye	ar		5d(2)		5
than 100% vested	hat terminated employment during th			5e		0
Under penalties of perjury and	ate or incomplete filing of this return d other penalties set forth in the instru- d and signed by an enrolled actuary, complete.	ctions, I declare that I h	ave examined this return/rep	oort, including	g, if applical	
SIGN Filed with authoriz	zed/valid electronic signature.	10/12/2016	<b>IRVING COHEN</b>			
	an administrator	Date	Enter name of individu	ual signing as	s plan admi	nistrator
SIGN HERE Signature of or	nlovor/plan crancer	Date	Enternome of individu		omolour	
	nployer/plan sponsor m name, if applicable) and address (i		Enter name of individumber )	Preparer's t		
For Panarwork Poduction Act N	lotice and OMB Control Numbers, see ti	ne instructions for Form f	:500-SE		E	orm 5500-SF (2015)

6a	Were all of the plan's assets during the plan year invested in eligib	le assets?	(See instructions.)					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 ba or line bb, the plan cann If the plan is a defined benefit plan, is it covered under the PBGC in							No Not determined
		isulance p	ologiani (see ERISA se		521):		165	
Par				( )/				
	Plan Assets and Liabilities	7.	(a) Beginning	of Yea 686		-		(b) End of Year 670316
-	Total plan assets Total plan liabilities	7a 7b		000	031	-		070310
	Net plan assets (subtract line 7b from line 7a)	7b 7c		686	831	+-		670316
-	Income, Expenses, and Transfers for this Plan Year	70	(a) Amer		001	+		
	Contributions received or receivable from:		(a) Amou	Int				(b) Total
	(1) Employers	8a(1)		5	550			
	(2) Participants	8a(2)						
	(3) Others (including rollovers)	8a(3)						
b	Other income (loss)	8b		-22	065			
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						-16515
	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						-16515
j	Transfers to (from) the plan (see instructions)	8j						
Par	t IV Plan Characteristics							
9a	If the plan provides pension benefits, enter the applicable pension 2A 2E 2F 2H 2J 2K 3D	feature co	odes from the List of Pla	an Chai	racteri	stic Co	odes in t	the instructions:
В	If the plan provides welfare benefits, enter the applicable welfare for	eature coo	des from the List of Plar	n Chara	cterist	ic Coo	des in th	ne instructions:
Part	V Compliance Questions							
10	During the plan year:				Yes	No	N/A	Amount
а	Was there a failure to transmit to the plan any participant contribu described in 29 CFR 2510.3-102? (See instructions and DOL's V Program)	oluntary F	iduciary Correction	10a		х		
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?			10c	Х			100000
d	Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?	•		10d		х		
e	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		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 year e	end.)	10g		Х		
	If this is an individual account plan, was there a blackout period? 2520.101-3.)	(See instru	uctions 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 2520.10	ne require	d notice or one of the	10i				
i	Did the plan trust incur unrelated business taxable income?			10j				
Part				10]			I	1
11	VI Pension Funding Compliance	ante0 //f "				0.1		

	5500) and line 11a below)		(Form	Yes	X No
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

Form 5500-SF 2015

Page **3 -** 1

-									
	(lf "`	Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)							
	grar	waiver of the minimum funding standard for a prior year is being amortized in this plan year, see ins ting the waiver	Month	enter Da		of the lett _ Year	er ruli	ng	
If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.									
b	Ente	the minimum required contribution for this plan year		12	2				
С	Enter	the amount contributed by the employer to the plan for this plan year		12	•				
d		tract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the ative amount)		120	t l				
е	Will	the minimum funding amount reported on line 12d be met by the funding deadline?			Yes	No		N/A	
Part		Plan Terminations and Transfers of Assets							
		a resolution to terminate the plan been adopted in any plan year?			Π,	res 🗙 N	0		
104		es," enter the amount of any plan assets that reverted to the employer this year		13a					
h									
	of th	e all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brou e PBGC?	-			X Yes	1	No	
С		rring 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(	6)	130	<b>:(3)</b> P	N(s)	
Part	VIII	Trust Information							
14a	Name	e of trust		14b Trust's EIN					
14c Name of trustee or custodian						<b>14d</b> Trustee's or custodian's telephone number			
Par	t IX	IRS Compliance Questions							
15a	ls th	e plan a 401(k) plan?			Yes		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)?			Design- based sa harbor method	ife	ADP. test	/ACP	
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))?	401(m)-		Yes		No		
16a		sk the box to indicate the method used by the plan to satisfy the coverage requirements under section			Ratio percenta test	ge	Ave bene	rage efit test	
16b		the plan satisfy the coverage and nondiscrimination tests of sections 410(b) and 401(a)(4) by com- 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	
	for ta	the last plan amendment/restatement for the required tax law changes was adopted///						ructions	
17c		plan sponsor is an adopter of a pre-approved master and prototype (M&P) or volume submitter plasory letter, enter the date of that favorable letter/ and the letter's serial r		t to a	i favorabl	e IRS opi	nion d	or	
17d If the plan is an individually-designed plan and received a favorable determination letter from the IRS, enter the date of the plan's last favorable determination letter/							9		
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		י []	/es	<b></b>	No		
19	Were	in-service distributions made during the plan year?			Yes		0		
	lf "Ye	es," enter amount		19					
20							0	N/A	

Department of the ready interest Networks Service       This form is required to be filed under sections 104 and 4065 of the Employee Reference Income Security Act of 1974 (ERISA), and section 6057(b) and 6058(a) of the Internation       2015         Persion Benefit Guarany Corporation	Form 5500-SF	Short Form Annual Ret Be	OMB Nos. 1210-0110 1210-0089					
Retirement income Security Act 1974 (ERISA), and section 6057(b) and 6058(a) of the internal Revert Octoc (Mite Code).         This Form & Open to Public Inspection           Retirement income Security Act 1974 (ERISA), and section 6057(b) and 6058(a) of the internal Revert Octoc (Mite Code).         This Form & Open to Public Inspection           Part I Annual Report Identification Information           Open to State and any sec regimment on one-participant plan as to participant plan as to partinas to plan as to participant plan as to participant plan as to p				nd 4065 of the Employee	oyee 2015			
Present and Gatary Copyring         Complete all entries in accordance with the instructions to the Form 5500-SF.           Part III         Annual Report Identification in formation         01/01/2015         and ending         12/231/2015           A This returnleport is for:         a single-employer plan         a unif-endinger plan         a unif-endinger plan         a unif-endinger plan           B This returnleport is         a ane-participant plan         a shot of participant permission in accordance with the form instructions)           B This returnleport is         a ane-participant plan         the first returnleport is         a memode returnleport         a shot of participant permission           B This returnleport is         a memode returnleport         a shot of participant permission         Differentiation         Differentiation           B This returnleport is         a memode returnleport         a shot of participant         Differentiation         Differentiation           B This returnleport is         a memode returnleport         a shot of participant         Differentiation         Differentiation           B This returnleport is         a memode returnleport         a shot of participant         Differentiation         Differentiation           B This returnleport is         a shot of participant         Differentiation         Differentiation         Differentiation           C Tochach D.D.S	Employee Benefits Security Administration	3 C. 1999 1 199						
For calendar plan year 2015 or fincal plan year beginning       0.2/01/2015       and ending       12/23/2015         A This return/report is for:       a one-participant plan       a one-participant plan       a one-participant plan       a one-participant plan         B This return/report is:       a one-participant plan       a one-participant plan       the final return/report       a short plan year 2015 or final plan year         B This return/report is:       a one-participant plan       the final return/report       a short plan year return/report (less than 12 months)         C Check box if filing under:       Form 5558       automatic extension       DEVC program         Spacial extension (enter description)       a short plan year 2015 or final plan year       file         Fart IIII       Basic Plan Information — onter all requested information       10       Three-digit plan year 2015 or final plan year         I'A Namo of plan       I'A' or single-amply year plan short plan year description       10       Three-digit plan year 2015 or final plan year         City of two state or provine, county, and Zit P or Sogn postal code (if foreign, see instructions)       20       Ergosynthese code (if oreign, see instructions)         I'A' Inte name and/or EIN of the plan sponsor Name       3b       Administrator's telephone number (20) (20: 0.052-20)         0'B saccia w setso       Same as Plan Sponsor Name       3b       Administrator's			nce with the instruc	ctions to the Form 5500	-SF.			
A       This return/report is for       a single-employer plan       a multiple-employer plan (cont multimation in accordance with the form instructions)         B       This return/report is:       a sone-participant plan       a thorp plan         B       This return/report is:       a sone-participant plan       a thorp plan         B       This return/report       a sone-participant plan       a thorp plan         B       This return/report       a sone-participant plan       a thorp plan         C Check box if filing under:       P Form 5558       automatic extension       D EVC program         PartIII       Dasic Plan Information onter all requested information       10       Three-digit plan number (P(N))       001         C Check box if filing under:       P form 5558       automatic extension       10       Three-digit plan number (P(N))       001         C Enclose if the intervention (enter description)       P form on the intervention (enter description)       20       Employer (danification Number (P(N))       001         C Enclose intervention       Second of the intervention       Second of the intervention       20       Employer (danification Number (P(N))       20       Employer (danification Num			01/01/2015	and ending	12/3	1/2015		
A This return/report is for       a late of participating employer information in accordance with the form instructions)         B This return/report is       a one-participant plan       the final return/report         B This return/report is       a a one-participant plan       the final return/report         B This return/report is       a a one-participant plan       the final return/report         B This return/report is       a a one-participant plan       the final return/report         B This return/report is       a a one-participant plan       the final return/report         B This return/report is       a a one-participant plan       the final return/report         B This return/report is       a a one-participant plan       the final return/report         B This return/report is       a a one-participant plan       the final return/report         B This return/report is       a short plan       the final return/report         B This return/report is       The final return/report       a short plan         B This return/report is       The maximum plan       the final return/report         B This return/report is       The final return/report       the final return/report         B This return/report is       The new plan       the return retureturn retureturn return return return return returetur	,,,						must attach	
Status	A This return/report is for:	a one-participant plan a the first return/report th	list of participating e foreign plan ne final return/report	mployer information in ac	cordance			
Part III       Basic Plan Information enter all requested information       1b       Thread of plan         Irving I. Cohen D.D.S. Profit Sharing Plan & Trust       1b       Threadoft plan       01         2a       Plan stonoor's name (employer, if for a single-employer plan) Mailing Addees (multi-error and plan subter to PLO. Box)       10       Effective (date of plan 07.01/1368)         2a       Plan stonoor's name (employer, if for a single-employer plan) Mailing Addees (multi-error and plan subter to PLO. Box)       2b       Employer identification Number (EN) 91-1049305         2a       Sop Olive Way, Suite 1028       2b       Employer identification Number (206) 682-2662         2d       Subsective Way, Suite 1028       2d       2d Business code (see instructions) 621210         2d Busines code (see instructions)       3c Administrator's EIN       3c Administrator's EIN         3d Plan administrator's name       3b Administrator's EIN       3c Administrator's EIN         3d Flan administrator's in ame       3c Administrator's telephone number         4       If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name EIN and the not mubein quare       3c Administrator's EIN         3c Administrator's anee       3c Administrator's EIN       3c Administrator's EIN         3d Clai number of participants at the beginning of the plan year       5d (2)       5d	C Check box if filing under:		utomatic extension		[] [	OFVC program	m	
1a Name of plan       Irving I. Cohen D.D.S. Profit Sharing Plan & Trust       1b True-digit (PN) ▶       001         1c Effective date of plan. ounder (PN) ▶       001       1c Effective date of plan. or/01/1980         2a Plan sponsor's name (employer, if for a single-employer plan)       2b Employer Identification Number (EIN)       2b Employer Identification Number (EIN)         2b Disposer to the plan ounder (IN) No. S., P.S.       2c Sponsor's tabe or portice, country, and 2P or foreign postal code (if foreign, see instructions)       2c Sponsor's tabe province, country, and 2P or foreign postal code (if foreign, see instructions)         2c Sponsor's name and address [X] Same as Plan Sponsor Name       3b Administrator's EIN         3a Plan administrator's name and address [X] Same as Plan Sponsor Name       3b Administrator's telephone number (acos) for a signature of participants at the beginning of the plan year         4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN, and the plan number form the last return/report.       4b EIN         5 Total number of participants at the beginning of the plan year       5c 6       6         6 (1) Total number of active participants at the beginning of the plan year       5d(2) 5       5e 0       6d(2) 5         8 Number of participants at the beginning of the plan year       5d(2) 5       5e 0       0       5d(2) 5       5e 0       0         10 Total number of active participants at the beginning o								
Invine plan       Invine plan       Invine plan       plan number       ont         2a       Plan sponsor's name (employer, if for a single-employer plan)       10       Effective date of plan       07/01/1980         2a       Plan sponsor's name (employer, if for a single-employer plan)       2b       Employer identification Number         Mailing Address (include room, apt, sude no, and steed of PO. Box)       2b       Employer identification Number         509       Olive Way, Suite 1028       2c       Sponsor's feelphone number         005       Olive Way, Suite 1028       2d       Buinsday advector's name and address       2d       Buiness code (see instructions)         3a       Plan administrator's name and address       2d Same as Plan Sponsor Name       3b       Administrator's EIN         4       If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN, and the plan number from the last return/report.       3a       6         5a       6       5b       6       6       6       6         5d (1)       5c       6		nation enter all requested informa	ation		1b Thr	ee-diait		
23       Plan sponsor's name (employer, if for a single-employer plan) Maling Address (include room, apt, suite no and street or P.O. Box) City or (own, state or province, county, and 22 for foreign postal code (if foreign, see instructions) Irving I. Cohen, D.D.S., P.S.       20       Employer Identification Number (EN) 9 Shows State or province, county, and 22 for (SIN 9 Shows State or province, county, and 22 for (SIN 9 Shows State or province, county, and 22 for (SIN 9 Shows State or province, county, and 22 for (SIN 9 Shows State State)       20       Employer Identification Number (EN) 9 - 11.043305         20       Sponsor's keephone number (SIN 9 Shows State)       20       Sponsor's keephone number (SIN 9 Shows State)         31       Plan administrator's name and address       KI Same as Plan Sponsor Name       3b       Administrator's EIN         32       Finance, EN, and the plan number from the last return/report.       3b       Administrator's telephone number (SIN 7 Shows State)         4       If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EN, and the plan number for the plan year       5a       6         5       Total number of participants at the beginning of the plan year       5d       6         6       Complete this item)       Soc (Sin 2)       5d       6         7       Continumber of participants at the end of the plan year       5d       6       5c       6         6       Continumber of acticipants at the		S Profit Sharing Plan 6 '	Trust		pla	n number	0.01	
2a       Plan sponsor's name (employer, if for a single-employer plan) Malling Address (include nom, apt, suble no, and street of P.O. Dox) City of town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) Irving I. Cohen, D.D.S., P.S.       2b Employer Identification Number (EIN) 91-1049305         20 50 Olive Way, Suite 1028       2c Sponsor's telephone number (EIN) 91-1049305         21 50 0 Olive Way, Suite 1028       2c Sponsor's telephone number (EIN) 91-1049305         22 6 Jaminess code (see instructions)       3c Administrator's telephone number (EIN) 91-1049305         3a       Plan administrator's name and address [X] Same as Plan Sponsor Name       3b Administrator's telephone number (administrator's telephone number for the plan number from the last return/report.         4 If the name addor EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN, and the plan number from the last return/report.       4b EIN         5a for lanumber of participants with account balances as of the end of the plan year       5a       6         5c (2)       5b       6         61(1) Total number of participants that the beginning of the plan year       5d       5d         62(2) Total number of participants that the beginning of the plan year       5d       5d         62(2) Total number of participants that terminated employment during the plan year       5d       6         7.10 Total number of participants that terminated of the plan year       5d	IIVING I. COMEN D.D.	5. FIGITE Sharing Fian a	II US C			,		
Maling Address (include room, apt, suite no and street of P.O. Box)       (if) of vorm, apt, suite or province, country, and 21 or or oreging postal code (if foreign, see instructions)         Irving I. Cohen, D.D.S., P.S.       2c Sponsor's telephone number (2006) 682-2662         509 Olive Way, Suite 1028       2d Business code (see instructions)         us seattle WA 93101       3b Administrator's name and address [X] Same as Plan Sponsor Name       3b Administrator's telephone number (2006) 682-2662         4       If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN, and the plan number from the last return/report.       3b Administrator's telephone number         5a Total number of participants at the beginning of the plan year       5a       6         5d Total number of participants with account balances as of the end of the plan year       5a       6         6(1) Total number of active participants at the beginning of the plan year       5d(2)       5         6 Total number of active participants at the beginning of the plan year       5d(2)       5         6 Total number of active participants at the end of the plan year       5d(2)       5         6 Station active participants at the end of the plan year       5d(2)       5       0         7 total number of active participants at the end of the plan year       5d(2)       5       0       5d(2)       5       0       5d(2)							press	
Irving I. Cohen, D.D.S., P.S.       2c Sponsofs telephone number (206) Sep2-262         509 Olive Way, Suite 1028       2d Business code (see instructions) 621210         05 Seattle WA 59101       3b Administrator's name and address [X] Same as Plan Sponsor Name       3b Administrator's EIN         3a Plan administrator's name and address [X] Same as Plan Sponsor Name       3b Administrator's EIN         4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN, and the plan number from the last return/report.       4b EIN         5 Total number of participants at the beginning of the plan year       5a 6         5 Total number of participants at the beginning of the plan year       5a 6         6 Number of participants was a of the end of the plan year       5a 6         6 Number of participants was the beginning of the plan year       5a 6         6 (2) Total number of participants was the beginning of the plan year       5d (2) 5         6 (2) Total number of participants was the beginning of the plan year       5d (2) 5         6 (2) Total number of participants was the beginning of the plan year       5d (2) 5         6 (2) Total number of participants was the beginning of the plan year       5d (2) 5         6 (2) Total number of participants was the beginning of the plan year       5d (2) 5         6 (2) Total number of participants at the end of the plan year       5d (2) 5 <td< td=""><td>Mailing Address (include room</td><td>, apt., suite no. and street or P.O. Box)</td><td>, lifforeign, see instr</td><td>ructions)</td><td></td><td></td><td></td></td<>	Mailing Address (include room	, apt., suite no. and street or P.O. Box)	, lifforeign, see instr	ructions)				
509 Olive Way, Suite 1028       621210         US Seattle VA. 98101         3a Plan administrator's name and address IX Same as Plan Sponsor Name         3b Administrator's EIN         3c Administrator's telephone number         4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN, and the plan number from the last return/report.       4b EIN         4 Sponsor's name       4c PN       5a       6         5a Total number of participants at the beginning of the plan year       5a       6         5 Total number of participants at the beginning of the plan year       5a       6         5 d(2)       5         6 Number of participants at the ed of the plan year       5d(2)       5         6 Number of active participants at the ed of the plan year       5d(2)       5         6 Number of active participants at the ed of the plan year       5d(2)       5         6 Number of active participants at the ed of the plan year       5d(2)       5         6 Number of participants at the ed of the plan year       5d(2)       5         6 Number of participants at the mine of the plan year       5d(2)       5         6 Number of participants at the m	To 57 67 2		e (ii toreigii, see maa					
UB SeatLle MA 98101       3b Administrator's EIN         3a Plan administrator's name and address       Is Same as Plan Sponsor Name       3b Administrator's EIN         3c Administrator's telephone number       3c Administrator's telephone number         4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN, and the plan number from the last return/report.       4b EIN         3c Administrator's telephone number       4c PN         5a Total number of participants at the beginning of the plan year       5c 6         5b Total number of participants at the end of the plan year       5d (2)         6 (1) Total number of active participants at the end of the plan year       5d(2)         6 Number of participants at the end of the plan year       5d(2)         7 total number of active participants at the end of the plan year       5d(2)         7 total number of active participants at the end of the plan year with accrued benefits that were lest that 100% vested       5d (2)         9 Number of participants that terminated employment during the plan year with accrued benefits that were lest that Nowledge and address of perguy and other penalties of perguy and other penalties of perguy and other penalties at forthin the instructions, i declare that I have examined this return/report, and to the best of my knowledge and bellef. Its type, correct, and complete.         Signature of participants at the end of the plan year       10/12/20/6       IRV INDE I       ConterD DA	500 Olivo Woy Suito	1029			2d Business code (see instructions)			
3a       Plan administrator's name and address       Image: Same as Plan Sponsor Name       3b       Administrator's EIN         3c       Administrator's telephone number         4       If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN, and the plan number form the last return/report.       4b       EIN         3c       Administrator's telephone number       4c       PN         3c       Total number of participants at the beginning of the plan year       5a       6         5b       6c       5b       6         5c       6       5b       6         5c       6       5c       6         6(1)       Total number of participants at the edginning of the plan year       5d(2)       5         6       Number of participants at the edginning of the plan year       5d(2)       5         7       Number of participants at the edginning of the plan year       5d(2)       5         8       Number of participants at the edginning of the plan year       5d(2)       5         9       Number of participants at the edginning of the starturn/report will be assessed unless reasonable cause is established.       Number of participants at the end of the plan year with accrued benefits that were       5e       0         8       Startal number of activ	na booksi (storingendediche languade 5 tanu, soco-	1028			02	1210		
3c Administrator's telephone number         4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN, and the plan number from the last return/report.       4b EIN         5a Total number of participants at the beginning of the plan year       5a 6         5a Total number of participants at the beginning of the plan year       5a 6         b Total number of participants at the definition of the plan year       5a 6         c Number of participants with account balances as of the end of the plan year       5d(1) 5         d(1) Total number of active participants at the beginning of the plan year       5d(2) 5         d(2) Total number of active participants at the beginning of the plan year       5d(2) 5         d(2) Total number of active participants at the ded the plan year       5d(2) 5         Number of participants that terminated employment during the plan year with accrued benefits that were       5e 0         e Iss than 100% vested       5e 0       0         Caution: A penaltely of the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.       0         Under penalties of perity and other penalties set forth in the instructions, I declare that I have examined this return/report, and to the best of my knowledge and belief, it is type, correct, and complete.       10       10         SIGN       Signature of plan, administrator       Date       Inter name of individual signi		address X Same as Plan Sponsor N	Name		3b Ad	ministrator's l	EIN	
4       If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN, and the plan number from the last return/report.       4b EIN         3       Sponsor's name       4c PN         5a       Total number of participants at the beginning of the plan year       5a 6         5b       6         5c       6         5c       6         6       5c         7       5d(2)         7       5e         7       5e         8       5c         8       5c         9       5e         100% vested       5e         100% vested       5e         100% vested       10         100% vested       10								
A the hand below of the or the ban span by band by the basis return/report.       4c PN         a Sponsor's name       5a       6a         54       Total number of participants at the beginning of the plan year       5b       6a         b Total number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item)       5c       6         c10       Total number of active participants at the beginning of the plan year       5d(1)       5         d(2)       Total number of active participants at the end of the plan year       5d(2)       5         d(2)       Total number of active participants at the end of the plan year       5d(2)       5         d(2)       Total number of active participants at the end of the plan year       5d(2)       5         d(2)       Total number of active participants at the end of the plan year       5d(2)       5         d(2)       Total number of participants at the end of the plan year       5d(2)       5         d(2)       Total number of participants at the end of the plan year       5d(2)       5         d(2)       Total number of participants at the end of the plan year       5d(2)       5         d(2)       Total number of participants at the end of the plan year       5d(2)       5         Caution: A penalty for the late or incomplete filling of this					3c Adı	ministrator's t	elephone number	
a Sponsor's name       4c PN         5a Total number of participants at the beginning of the plan year       5a 6         b Total number of participants at the end of the plan year       5a 6         c Number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item)       5c 6         d(1) Total number of active participants at the beginning of the plan year       5d(1) 5         d(2) Total number of active participants at the end of the plan year       5d(2) 5         e Number of participants that terminated employment during the plan year       5d(2) 5         e Number of participants that terminated employment during the plan year with accrued benefits that were       5c 0         e Number of participants that terminated employment during the plan year with accrued benefits that were       5d(2) 5         e Sumbor of participants that terminated employment during the plan year with accrued benefits that were       5d(2) 5         e Lest than 100% vested       0         Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including, if applicable, a Schedule SB or Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.         SIGN       IO/IV/DEG       IRV IWW       CO AFFW DM         HERE       Signature of plan administrator       Ent			t return/report filed fo	or this plan, enter the	4b EIN	1		
a topological status       5a       6         5a Total number of participants at the beginning of the plan year       5a       6         b Total number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item)       5a       6         c Number of participants at the beginning of the plan year       5d(1)       5         d(1) Total number of active participants at the beginning of the plan year       5d(2)       5         d(2) Total number of participants that terminated employment during the plan year       5d(2)       5         e Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested       5e       0         caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.       0         Under penalties of participants at signature of plan year enrolled actuary, as well as the electronic version of this return/report, including, if applicable, a Schedule SB or Schedule MB complete and signed by an enrolled actuary, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.         SiGN       Image: Additional signed by an administrator       Date       Enter name of individual signing as plan administrator         HERE       Signature of papicable) and address; include room or suite number       Preparer's telephone number       Preparer's telephone number <td></td> <td>er from the last return/report.</td> <td></td> <td></td> <td></td> <td></td> <td></td>		er from the last return/report.						
b       Total number of participants at the end of the plan year       5b       6         c       Number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item)       5b       6         d(1)       Total number of active participants at the beginning of the plan year       5d(1)       5         d(2)       Total number of active participants at the end of the plan year       5d(2)       5         e       Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested       5e       0         Caution: A penalty for the late or incomplete filling of this return/report will be assessed unless reasonable cause is established.       Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including, if applicable, a Schedule SB or Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.         Sign       Image: Context, and complete.         Signature of plan, administrator       Date         Bignature of employer/plan sponsor       Date         HERE       Signature of employer/plan sponsor         Preparer's name (including firm name, if applicable) and address; include room or suite number       Preparer's telephone number		the beginning of the plan year					6	
c       Number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item)       5c       6         d(1) Total number of active participants at the beginning of the plan year       5d(1)       5         d(2) Total number of active participants at the end of the plan year       5d(2)       5         e       Number of participants that terminated employment during the plan year with accrued benefits that were       5e       0         e       Number of participants that terminated employment during the plan year with accrued benefits that were       5e       0         Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.       Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including, if applicable, a Schedule SB or Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.         SIGN       Image: Correct of the plan administrator       Date       Enter name of individual signing as plan administrator         SIGN       Image: Correct of anne, if applicable) and address; include room or suite number       Preparer's telephone number         Preparer's telephone number       Preparer's telephone number							6	
d(1) Total number of active participants at the beginning of the plan year       5d(1)       5         d(2) Total number of active participants at the end of the plan year       5d(2)       5         e       Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested       5d(2)       5         e       Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested       5e       0         Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.       Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including, if applicable, a Schedule SB or Schedule MB complete.       Side 1       0         SiGN       I/1/20/0       I/1/20/0       I/2/20/0       I/2/20/0       I/2/20/0         HERE       Signature of plan, administrator       Date       Enter name of individual signing as plan administrator         SiGN       I/0/1/20/0       I/2/20/0       I/2/20/0       I/2/20/0       I/2/20/0         HERE       Signature of employer/plan sponsor       Date       Enter name of individual signing as employer or plan sponsor         Preparer's name (including firm name, if applicable) and address; include room or suite number       Preparer's telephone number	c Number of participants with ac	count balances as of the end of the pla	n year (defined bene	efit plans do not	5c		6	
e       Number of participants that terminated employment during the plan year with accrued benefits that were       5e       0         caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.       5e       0         Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including, if applicable, a Schedule SB or Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.         SIGN       Image: Correct, and complete.       Image: Correct, and complete.       Image: Correct, and complete.         SIGN       Image: Correct, and complete.       Image: Correct, and complete.       Image: Correct, and complete.       Image: Correct, and complete.         SIGN       Image: Correct, and complete.       Image: Correct, and complete.       Image: Correct, and complete.       Image: Correct, and complete.         SIGN       Image: Correct, and complete.       Image: Correct, and correct.       Image: Correct, and correct.       Image: Correct, and correct.       Image: Correct, and correct.       Image: Correct.       Image: Correct.       Image: Correct, and correct.       <					5d(1)		5	
Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.       Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including, if applicable, a Schedule SB or Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.         SIGN       Image: Control of the penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including, if applicable, a Schedule SB or Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.         SIGN       Image: Control of the penalties of perjury and other penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including, if applicable, a Schedule SB or Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.         SIGN       Image: Control of the penalties set forth in the instruction of the penalties of penalties of penalties of penalties of penalties set forth in the instruction of the penalties of penalties set forth in the instruction of the penalties of penalties of penalties set forth in the instruction of the penalties set forth in the instruction of the penalties set forth in the instruction of the penalties set forth in the penalties set forth in the instruction of the penalties set forth in the penalties set forth in the penalties set forth in the penal	d(2) Total number of active partic	pants at the end of the plan year			5d(2)		5	
Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.         Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including, if applicable, a Schedule SB or Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.         SIGN       ID/IZ/2010       IRVINUM (. CONFUND)         HERE       Signature of plan administrator       Date         SIGN       IO/IZ/2016       IRVINUM I. CONFUND)         HERE       Signature of plan administrator       Date         Enter name of individual signing as plan administrator         SIGN       IO/IZ/2016       IRVINUM I. CONFUND)         HERE       Signature of employer/plan sponsor       Date       Enter name of individual signing as employer or plan sponsor         Preparer's name (including firm name, if applicable) and address; include room or suite number       Preparer's telephone number       Preparer's telephone number					5e		0	
Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including, if applicable, a Schedule SB or Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.         SIGN       IO/IV/20/6       IRVINUM       CO (HEN) DPS         HERE       Signature of plan administrator       Date       Enter name of individual signing as plan administrator         SIGN       IO/IV/20/6       IRVINUM       CO (HEN) DPS         HERE       Signature of plan administrator       Date         SIGN       IO/IV/20/6       IRVINUM       CO (HEN) DPS         Preparer's name (including firm name, if applicable) and address; include room or suite number       Preparer's telephone number	Caution: A penalty for the late o	r incomplete filing of this return/repo	ort will be assessed	unless reasonable cau	ise is est	ablished.		
SIGN       IO/IZ/20/0       IRVINUM I. CONFINITION         HERE       Signature of plan administrator       Date       Enter name of individual signing as plan administrator         SIGN       IO/IZ/20/0       IRVINUM I. CONFINITION         HERE       Signature of employer/plan sponsor       IO/IZ/20/0       IRVINUM I. CONFINITION         Preparer's name (including firm name, if applicable) and address; include room or suite number       Preparer's telephone number	Under penalties of perjury and other SB or Schedule MB completed and	er penalties set forth in the instructions, d signed by an enrolled actuary, as well	I declare that I have	e examined this return/rep	port, inclue	ding, if applic	able, a Schedule knowledge and	
SIGN HERE       Signature of employer/plan sponsor       IO/IL/IOK       IRVING I.       COHEN P/S         Preparer's name (including firm name, if applicable) and address; include room or suite number       Enter name of individual signing as employer or plan sponsor         Preparer's name (including firm name, if applicable) and address; include room or suite number       Preparer's telephone number	L. D.Pos	Ł	10/12/2016	IRVING	(.	Cont	EN DAS	
Signature of employer/plan sponsor       Date       Enter name of individual signing as employer or plan sponsor         Preparer's name (including firm name, if applicable) and address; include room or suite number       Preparer's telephone number	HERE Signature of plan admir	istrator	Date /	Enter name of individua	al signing a	as plan admi	nistrator	
Preparer's name (including firm name, if applicable) and address; include room or suite number Preparer's name (including firm name, if applicable) and address; include room or suite number	SIGN July Co	, C	10/12/2016	IRVING	1.	COHE	Eld US	
	and a strength of the strength		Carlas Cita?	and the story of the first of the property of the state of the story of the	a president - Ann and the -			
	Preparer's name (including firm na	me, if applicable) and address; include	room or suite numbe	er	Preparei	's telephone	number	

	Form 5500-SF 2015	Page 2	
a	Were all of the plan's assets during the plan year inve	sted in eligible assets? (See instructions.)	 X Yes No

6a Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.) .....

b Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) X Yes No .....

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.

Pa	art III   Financial Information								
7	Plan Assets and Liabilities		(a) Beginning of Year	(b) End of Year					
а	Total plan assets	7a	686,831	670,316					
b	Total plan liabilities	7b							
С	Net plan assets (subtract line 7b from line 7a)	7c	686,831	670,316					
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount	(b) Total					
а	Contributions received or receivable from: (1) Employers	8a(1)	5,550						
	(2) Participants	8a(2)							
	(3) Others (including rollovers)	8a(3)							
b	Other income (loss)	8b	(22,065)						
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c		(16,515)					
d	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		(16,515)					
i	Transfers to (from) the plan (see instructions)	8j							
P	Part IV Plan Characteristics								
	<ul> <li>If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:</li> <li>2A 2E 2F 2H 2J 2K 3D</li> </ul>								
b	If the plan provides welfare benefits, enter the applicable welfare feat	ture codes	from the List of Plan Characteristic Cod	es in the instructions:					

## Part V Compliance Questions

10	During the plan year:		Yes	No	N/A	Amount
а	Was there a failure to transmit to the plan any participant contributions within the time period					
	described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction				T- ANTS	
	Program)	10a		х	11.34	
b	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	10b		x		
с	Was the plan covered by a fidelity bond?	10c	х			100,000
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		x		
e	Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service, or other organization that provides some or all of the benefits under the plan? (See instructions.)	10e		x		
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		x		
h	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	10h		x		
i	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	10i				
j	Did the plan trust incur unrelated business taxable income?	10j				
Par	t VI Pension Funding Compliance					
11	Is this a defined banafit plan subject to minimum funding requirements? (If "Ves." see instructions and	com		Schod		(Form

	5500) and line 11a below)	Yes X No
11a	Enter the unpaid minimum required contribution for current year 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 ERISA?	Yes X No