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 file	Benefit Pla				2015
Department of Labor Employee Benefits Security Administrat Pension Benefit Guaranty Corporatio	Income Security Act of 1974		6057(b) and 6058(a) of the		This Fo	rm is Open to Inspection
	Complete all entries in Ort Identification Information		nstructions to the Form 55	00-SF.		•
For calendar plan year 2015 o			and ending 12	2/31/2015		
A This return/report is for:	X a single-employer plan		er plan (not multiemployer) g employer information in ac	•	0	
B This return/report is	the first return/report	the final return/rep	ort eturn/report (less than 12 me	onths)		
C Check box if filing under:	X Form 5558	automatic extensi	on		FVC progra	m
Part II Basic Plan Ir	formation—enter all requested in					
1a Name of plan STREAMBOX, INC. 401(K) PL				(PN)	umber	001
				1c Effecti	ive date of p 01/01/	
Mailing address (include r	ployer, if for a single-employer plan) room, apt., suite no. and street, or P.			2b Emplo (EIN)		ation Number
City or town, state or prov STREAMBOX, INC.	rince, country, and ZIP or foreign pos	tal code (if foreign, see	nstructions)	2c Spons	sor's telepho 206-956	one number 6-0544
848 WESTLAKE AVE N SUITE SEATTLE, WA 98109	E 200			2d Busine	ess code (se <u>33431</u>	ee instructions) 0
3a Plan administrator's name	e and address \overline{X} Same as Plan Spor	ISOR.		3b Admin	istrator's El	N
				3c Admin	istrator's tel	ephone number
4 If the name and/or EIN of	the plan sponsor has changed since	the last return/report fil	ed for this plan, enter the	4b EIN		
	number from the last return/report.	·	•	4c PN		
5a Total number of participa	nts at the beginning of the plan year.			5a		27
	nts at the end of the plan year			5b		23
	ith account balances as of the end of			5c		9
d(1) Total number of active	participants at the beginning of the p	lan year		5d(1)		22
d(2) Total number of active	participants at the end of the plan ye	ear		5d(2)		20
than 100% vested	hat terminated employment during th			5e	inhad	0
Under penalties of perjury and	te or incomplete filing of this return d other penalties set forth in the instru- d and signed by an enrolled actuary, complete.	ictions, I declare that I h	ave examined this return/rep	oort, including	g, if applical	
	ed/valid electronic signature.	10/14/2016	BOB LINDSEY			
HERE Signature of pla	n administrator	Date	Enter name of individu	ual signing a	s plan admii	nistrator
SIGN HERE Signature of om	nlever/nlen exercise	D-4-			ameleur	or alon
	ployer/plan sponsor m name, if applicable) and address (i	Date nclude room or suite nu	Enter name of individu	Jai signing as Preparer's t		
For Panerwork Reduction Act N	otice and OMB Control Numbers, see th	ne instructions for Form 5	500-SF.		Fi	orm 5500-SF (2015)

Form 5500-SF 2015		Page 2					
 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) 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. 							
C If the plan is a defined benefit plan, is it covered under the PBGC	insurance p	orogram (see ERISA se	ection 4	021)? .		Yes	No Not determined
Part III Financial Information	_	1					
7 Plan Assets and Liabilities		(a) Beginning	g of Yea	ar			(b) End of Year
a Total plan assets	7a		384	860			392310
b Total plan liabilities	7b				_		1719
C Net plan assets (subtract line 7b from line 7a)	7c	7c 384860				390591	
8 Income, Expenses, and Transfers for this Plan Year		(a) Amou	unt				(b) Total
a Contributions received or receivable from: (1) Employers	8a(1)						
(2) Participants	8a(2)		39	249			
(3) Others (including rollovers)	8a(3)						
b Other income (loss)	8b		-1	169			
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						38080
d Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		28	401			
e Certain deemed and/or corrective distributions (see instructions).	8e		3	528			
f Administrative service providers (salaries, fees, commissions)	8f			420			
g Other expenses	8g						
h Total expenses (add lines 8d, 8e, 8f, and 8g)	8h						32349
i Net income (loss) (subtract line 8h from line 8c)	8i						5731
j Transfers to (from) the plan (see instructions)	8j						
Part IV Plan Characteristics							
9a If the plan provides pension benefits, enter the applicable pension 2E 2F 2G 2J 2K 3D	n feature co	odes from the List of Pl	an Chai	racteris	stic Co	odes in t	the instructions:
B If the plan provides welfare benefits, enter the applicable welfare	feature coo	des from the List of Pla	n Chara	cterist	ic Coc	les in th	ne instructions:
Part V Compliance Questions							
10 During the plan year:				Yes	No	N/A	Amount
a Was there a failure to transmit to the plan any participant contribution described in 29 CFR 2510.3-102? (See instructions and DOL's Program)	Voluntary F	iduciary Correction	10a		х		
b Were there any nonexempt transactions with any party-in-intere reported on line 10a.)	st? (Do not	include transactions	10b		х		
C Was the plan covered by a fidelity bond?			10c		х		
d Did the plan have a loss, whether or not reimbursed by the plan by fraud or dishonesty?			10d		x		
• Were any fees or commissions paid to any brokers, agents, or c carrier, insurance service, or other organization that provides so					х		
f Has the plan failed to provide any benefit when due under the p	lan?		10f		Х		
g Did the plan have any participant loans? (If "Yes," enter amount	as of year e	end.)	10g	Х			37596
h If this is an individual account plan, was there a blackout period 2520.101-3.)			10g		Х		
If 10h was answered "Yes," check the box if you either provided exceptions to providing the notice applied under 29 CFR 2520.1	the require	d notice or one of the	10i				

j	Did the plan trust incur unrelated business taxable income? 10j
Part	VI Pension Funding Compliance
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form 5500) and line 11a below)
11a	Enter the unpaid minimum required contribution for all years from Schedule SB (Form 5500) line 40 11a
12	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA?

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					1					
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)									
a	a If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, and enter the date of the letter ruling granting the waiver									
lf	you c	ompleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line	13.		.					
b	Enter	the minimum required contribution for this plan year		12b						
-		the amount contributed by the employer to the plan for this plan year		12c						
d		ract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the ative amount)		12d						
е	Will	the minimum funding amount reported on line 12d be met by the funding deadline?			Yes	No	N/A			
Part	VII	Plan Terminations and Transfers of Assets								
13a	Has	a resolution to terminate the plan been adopted in any plan year?			Ye	es X No				
		es," enter the amount of any plan assets that reverted to the employer this year		13a						
h		e all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brou								
	of th	e PBGC?	-			Yes X	No			
С		ring this plan year, any assets or liabilities were transferred from this plan to another plan(s), identi h assets or liabilities were transferred. (See instructions.)	fy the plan(s) to							
1	13c(1)	Name of plan(s):	13c(2)	EIN(s)		13c(3)	PN(s)			
Part	VIII	Trust Information	-							
14a	Name	of trust		14b	Trusťs E	IN				
14c Name of trustee or custodian						14d Trustee's or custodian's telephone number				
Par	t IX	IRS Compliance Questions								
15a	Is th	e plan a 401(k) plan?		Ye	es	No				
15b		es," how does the 401(k) plan satisfy the nondiscrimination requirements for employee deferrals an hing contributions (as applicable) under sections 401(k)(3) and 401(m)(2)?		b h	esign- ased safe arbor nethod		ADP/ACP test			
15c	testir	ADP/ACP test is used, did the 401(k) plan perform ADP/ACP testing for the plan year using the "c ng method" for nonhighly compensated employees (Treas. Reg sections 1.401(k)-2(a)(2)(ii) and 1.4 2)(ii))?		Y	es	No				
16a	Chec	k the box to indicate the method used by the plan to satisfy the coverage requirements under sect	ion 410(b):	Цр	atio ercentag est		erage nefit test			
16b		the plan satisfy the coverage and nondiscrimination tests of sections 410(b) and 401(a)(4) by con lan with any other plans under the permissive aggregation rules?	0	Ye	es	No				
17a	Has	he plan been timely amended for all required tax law changes?		Ye	es	No	N/A			
	for ta	the last plan amendment/restatement for the required tax law changes was adopted///x law changes and codes).	•				tructions			
17c		plan sponsor is an adopter of a pre-approved master and prototype (M&P) or volume submitter placer letter, enter the date of that favorable letter/ and the letter's serial r		t to a f	avorable 	IRS opinion	or			
17d		plan is an individually-designed plan and received a favorable determination letter from the IRS, e mination letter/	nter the date of	the pla	in's last fa	avorable				
18		e Plan maintained in a U.S. territory (i.e., Puerto Rico (if no election under ERISA section 1022(i)(2 e), American Samoa, Guam, the Commonwealth of the Northern Mariana Islands or the U.S. Virgir		Ye	S	No				
19	Were	in-service distributions made during the plan year?		Ye	es	No				
	lf "Y€	es," enter amount		19						
20	Were	required minimum distributions made to 5% owners who have attained age 70 ½ (regardless of w d), as required under section 401(a)(9)?		Y	es	No	N/A			

Form 5500-SF	Short Form Annual R	eturn/Report o Benefit Plan	of Small Employ	'ee		OMB Nos. 1210-0110 1210-0089			
Department of the Treasury Internal Revenue Service	This form is required to be file		and 4065 of the Employee	2015					
Department of Labor	Retirement Income Security Act o	f 1974 (ERISA), and s	ection 6057(b) and 6058			This Form is Open to Public			
Employee Benefits Security Administration Pension Benefit Guaranty Corporation		al Revenue Code (the				spection			
Part I Annual Report I	Complete all entries in accord dentification Information	ance with the instru	ctions to the Form 5500	<u></u>					
For calendar plan year 2015 or fisca		01/01/2015	and ending	12	2/31/2015				
A This return/report is for: a single-employer plan a multiple-employer plan (not multiemployer) (Filers checking this box must attach a list of participating employer information in acordance with the form instructions) B This return/report is: a one-participant plan a foreign plan B This return/report is: the first return/report the first return/report B a mamended return/report a short plan year return/report (less than 12 months)									
C Check box if filing under:	x Form 5558 automatic extension DFVC program special extension (enter description) DFVC program								
Part II Basic Plan Infor	mation enter all requested infor	mation							
1a Name of plan					Three-digit plan number				
Streambox, Inc. 401((k) Plan & Trust				(PN) ►	001			
					Effective date o 01/01/2008	f plan			
	er, if for a single-employer plan) n, apt, suite no. and street or P.O. Bo: , country, and ZIP or foreign postal co		ructions)		Employer Identi (EIN) 91-19	ificaton Number 73713			
Streambox, Inc.	, oounny, and zir or foreign postar d	de (in loreign, ace ma	lucionay	2c	Sponsor's telep (206) 956-				
1848 Westlake Ave N Suite 200 US Seattle WA 98109				2d Business code (see instructions) 334310					
	l address 🗴 Same as Plan Sponso	r Name		3b Administrator's EIN					
				3c	Administrator's	telephone number			
4 If the name and/or EIN of the p name, EIN, and the plan numb	plan sponsor has changed since the l per from the last retum/report.	astreturn/report filed f	or this plan, enter the	4b	EIN				
a Sponsor's name				4c	PN				
• •	t the beginning of the plan year			<u>5a</u>		27			
	t the end of the plan year			5b)	23			
complete this item)									
	sipants at the beginning of the plan ye	ar		5d(-	22			
	minated employment during the plan	year with accrued be		5d()		20			
· · · · · · · · · · · · · · · · · · ·				5e		0			
Under penalties of perjury and other	r incomplete filing of this return/rep er penalties set forth in the instruction d signed by an enrolled actuary, as we lete.	s, I declare that I have	e examined this return/rep	oort, ind	cluding, if applic	able, a Schedule knowledge and			
SIGN BOT AMA	Why	10-14-K	Bob Lindsey						
HERE Signature of plan admin	nistrator		Enter name of individua			nistrator			
SIGN		10-14-16		51 NE	-				
HERE Signature of employer/p Preparer's name (including firm na		ng as employer arer's telephone	or plan sponsor						
	,	4. 4.							
For Paperwork Reduction Act No	otice and OMB Control Numbers, s	ee the instructions f	or Form 5500-SF.		F	orm 5500-SF (2015)			
						v.150123			

	Form 5500-SF	Short Form Annual		urn/Report o nefit Plan	f Small Emplo	yee	OMB Nos. 1210- 1210-				
	Department of the Treasury Internal Revenue Service	This form is required to be			nd 4065 of the Employe	ee	2015				
	Department of Labor ployee Benefits Security Administration	Retirement Income Security A		974 (ERISA), and se Revenue Code (the		e). This Form is Open to Inspection					
F	Pension Benefit Guaranty Corporation	Complete all entries in ac	ccordar	nce with the instru	ctions to the Form 550	00-SF.	Inspection				
-		dentification Information									
For	calendar plan year 2015 or fisc			01/01/2015	and ending		/31/2015				
A .	This return/report is for:	x a single-employer plan	al				ecking this box must attach ce with the form instructions)				
B	This return/report is:	the first return/report	H	e final return/report	n/report (less than 12 r	nonths)					
				short plan year retur							
C	Check box if filing under:	x Form 5558		Itomatic extension			DFVC program				
D	art II Basic Plan Infor		• •	<i></i>							
	Name of plan	mation enter all requested	Informa	ition		1b ⊤	hree-digit				
	Streambox, Inc. 401	(k) Plan & Trust				p	lan number PN) ► 001				
						1c E	ffective date of plan 1/01/2008				
2a	Mailing Address (include roor	ver, if for a single-employer plan) n, apt., suite no. and street or P.O e, country, and ZIP or foreign post		(if foreign see instr	uctions)	2b E	mployer Identification Number EIN) 91-1973713				
	Streambox, Inc.	, country, and zir or foreign post		(in foreign, see mati			ponsor's telephone number 206) 956-0544				
	1848 Westlake Ave N Suite 200						usiness code (see instructions 34310	;)			
32	US Seattle WA 98109	d address X Same as Plan Spo	oncor N	200		3h ^	dministrator's EIN				
Ja				ane							
						3c A	dministrator's telephone numb	er			
4		plan sponsor has changed since the bar from the last return/report.	the last	return/report filed for	or this plan, enter the	4b E	IN				
а	Sponsor's name					4c P	N				
5a	Total number of participants a	at the beginning of the plan year	•••••		••••••	5a	27				
b		at the end of the plan year				5b	23				
С		ccount balances as of the end of t	•	• •	•	5c	9				
d(Total number of active parti 	cipants at the beginning of the pla	an year	******************************	••••••	5d(1)	22				
d(2) Total number of active parti	cipants at the end of the plan yea	ır		•••••••••••••••••••••••••••••••••••••	5d(2)	20				
е		erminated employment during the				5e	0				
Ca	ution: A penalty for the late of	or incomplete filing of this retur	n/repor	rt will be assessed	unless reasonable ca	use is es	tablished.				
Un SB	der penalties of perjury and oth	ner penalties set forth in the instru nd signed by an enrolled actuary, a	ictions,	I declare that I have	examined this return/re	eport, inclu	uding, if applicable, a Schedule				
c	IGN				Bob Lindsey						
	ERE Signature of plan admi	nistrator		Date	Enter name of individu	al signing	as plan administrator				
				- 210							
	IGN ERE Signature of employer/	Inlan spansor		Data	Entor nome of individu		a a amployar or plan anonas				
		/pian sponsor ame, if applicable) and address; ir		Date			as employer or plan sponsor er's telephone number				
		a									

Form	5500-SF	2015
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С

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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.

If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)? Yes No Not determined

	art III Financial Information							
7	Plan Assets and Liabilities		(a) Beginning of Ye	ar			(b) End of Year	
а	Total plan assets	7a	384,	860		392,3		
b	Total plan liabilities	7b					1,719	
С	Net plan assets (subtract line 7b from line 7a)	7c	384,	860	39		390,591	
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount		(b) Total			
а	Contributions received or receivable from:							
	(1) Employers	8a(1)						
	(2) Participants	8a(2)	39,	249				
	(3) Others (including rollovers)	8a(3)						
b	Other income (loss)	8b	(1,1	59)				
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c					38,080	
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	28,	401				
е	Certain deemed and/or corrective distributions (see instructions)	8e	3,	528				
f	Administrative service providers (salaries, fees, commissions)	8f		420				
g	Other expenses	8g						
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h					32,349	
i	Net income (loss) (subtract line 8h from line 8c)	8i					5,731	
i	Transfers to (from) the plan (see instructions)	8j						
<u>ר</u>	art IV Plan Characteristics	J						
P	art V Compliance Questions							
10	During the plan year:			Vac	1			
a				Tes	No	N/A	Amount	
	Was there a failure to transmit to the plan any participant contribut	ions within	the time period	Tes	No	N/A	Amount	
	Was there a failure to transmit to the plan any participant contribut described in 29 CFR 2510.3-102? (See instructions and DOL's Vo			Tes	No	N/A	Amount	
		luntary Fic	luciary Correction		No X	N/A	Amount	
k	described in 29 CFR 2510.3-102? (See instructions and DOL's Vo Program)	luntary Fic	duciary Correction 10 mclude transactions 10	a		N/A	Amount	
t	 described in 29 CFR 2510.3-102? (See instructions and DOL's Vo Program) Were there any nonexempt transactions with any party-in-interest? reported on line 10a.) 	luntary Fic ? (Do not ii	duciary Correction 10 nclude transactions 10	a o	x	N/A	Amount	
	 described in 29 CFR 2510.3-102? (See instructions and DOL's Vo Program) Were there any nonexempt transactions with any party-in-interest? reported on line 10a.) Was the plan covered by a fidelity bond? 	luntary Fic ? (Do not in fidelity bon	duciary Correction 10 include transactions 10 include transactions 10 ind, that was caused 10	a 0	x x	N/A	Amount	
C	 described in 29 CFR 2510.3-102? (See instructions and DOL's Vo Program) Were there any nonexempt transactions with any party-in-interest? 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 f by fraud or dishonesty? Were any fees or commissions paid to any brokers, agents, or other 	luntary Fic ? (Do not in fidelity bon er persons	duciary Correction 10 nclude transactions 10 nd, that was caused 10 s by an insurance 10	a 0	x x x	N/A	Amount	
C	 described in 29 CFR 2510.3-102? (See instructions and DOL's Vo Program) Were there any nonexempt transactions with any party-in-interest? 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 f by fraud or dishonesty? Were any fees or commissions paid to any brokers, agents, or othe carrier, insurance service, or other organization that provides some 	luntary Fic ? (Do not in fidelity bon er persons	duciary Correction 10 nclude transactions 10 nd, that was caused 10 s by an insurance 10	a 0	x x x x	N/A	Amount	
C C	 described in 29 CFR 2510.3-102? (See instructions and DOL's Vo Program) Were there any nonexempt transactions with any party-in-interest? 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 f by fraud or dishonesty? Were any fees or commissions paid to any brokers, agents, or othe carrier, insurance service, or other organization that provides some the plan? (See instructions.) 	Iuntary Fic ? (Do not in fidelity bon er persons e or all of t	duciary Correction 10 include transactions 10 include transactions 10 ind, that was caused 10 id, that was caused 10 id, that was caused 10 id, by an insurance 10 ihe benefits under 10	a	x x x x x	N/A	Amount	
c c e	 described in 29 CFR 2510.3-102? (See instructions and DOL's Vo Program) Were there any nonexempt transactions with any party-in-interest? 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 f by fraud or dishonesty? Were any fees or commissions paid to any brokers, agents, or othe carrier, insurance service, or other organization that provides some the plan? (See instructions.) Has the plan failed to provide any benefit when due under the plan 	luntary Fic ? (Do not in fidelity bon er persons e or all of t	duciary Correction 10 nclude transactions 10 nd, that was caused 10 s by an insurance 10 the benefits under 10 10 10 10 10 10 10 10 10 10 10	a 0 0 1 1 2	x x x x	N/A		
C C	 described in 29 CFR 2510.3-102? (See instructions and DOL's Vo Program) Were there any nonexempt transactions with any party-in-interest? 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 f by fraud or dishonesty? Were any fees or commissions paid to any brokers, agents, or othe carrier, insurance service, or other organization that provides some the plan? (See instructions.) Has the plan failed to provide any benefit when due under the plan Did the plan have any participant loans? (If "Yes," enter amount as 	luntary Fic ? (Do not in fidelity bon er persons e or all of t	duciary Correction 10 nclude transactions 10 nd, that was caused 10 s by an insurance 10 the benefits under 10 nd.) 10	a 0 0 1 1 2	x x x x x	N/A		
f c	 described in 29 CFR 2510.3-102? (See instructions and DOL's Vo Program) Were there any nonexempt transactions with any party-in-interest? 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 f by fraud or dishonesty? Were any fees or commissions paid to any brokers, agents, or othe carrier, insurance service, or other organization that provides some the plan? (See instructions.) Has the plan failed to provide any benefit when due under the plan Did the plan have any participant loans? (If "Yes," enter amount as If this is an individual account plan, was there a blackout period? (2520.101-3.) 	luntary Fic ? (Do not in fidelity bon er persons e or all of t n? s of year e See instru	duciary Correction 10 nclude transactions 10 nclude transactions 10 nd, that was caused 10 s by an insurance 10 nd.) 10 nd.)<	a c d g x	x x x x x	N/A		
c c e f	 described in 29 CFR 2510.3-102? (See instructions and DOL's Vo Program) Were there any nonexempt transactions with any party-in-interest? 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 f by fraud or dishonesty? Were any fees or commissions paid to any brokers, agents, or othe carrier, insurance service, or other organization that provides some the plan? (See instructions.) Has the plan failed to provide any benefit when due under the plan? Did the plan have any participant loans? (If "Yes," enter amount as If this is an individual account plan, was there a blackout period? (1) 	Iuntary Fic (Do not in fidelity bon er persons e or all of t as of year e See instru e required	duciary Correction 10 nclude transactions 10 include transactions 10 ind, that was caused 10 ind, that was caused 10 is by an insurance 10 ihe benefits under 10 ind.) 10 ind.	a c d a g X	x x x x x x x	N/A		
f c	 described in 29 CFR 2510.3-102? (See instructions and DOL's Vo Program) Were there any nonexempt transactions with any party-in-interest? 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 f by fraud or dishonesty? Were any fees or commissions paid to any brokers, agents, or othe carrier, insurance service, or other organization that provides some the plan? (See instructions.) Has the plan failed to provide any benefit when due under the plan Did the plan have any participant loans? (If "Yes," enter amount as If this is an individual account plan, was there a blackout period? (2520.101-3.) 	Iuntary Fic (Do not in fidelity bon er persons e or all of t n? s of year e See instru e required -3	duciary Correction 10 include transactions 10 include transactions 10 ind, that was caused 10 id, that was caused 10 <	a c d a g X	x x x x x x x	N/A		
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12 Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA? ...

	Form 5500-SF 2015 Page 3-						
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)						
	I fa waiver of the minimum funding standard for a prior year is being amortized in this plan year, ranting the waiver.	see instr Mont			e date of t Yea		uling
	ou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to		I D	ay		ai	
,	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			
	Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign t			.20			
	negative amount)			12d			
e	Will the minimum funding amount reported on line 12d be met by the funding deadline?		•••••	🗌	Yes 🗌	No [N/A
Part	VII Plan Terminations and Transfers of Assets						
13a	Has a resolution to terminate the plan been adopted in any plan year?			Y 🗌	es 🗴 N	0	
	If "Yes," enter the amount of any plan assets that reverted to the employer this year			13a			
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or of the PBGC?	-			[Yes	X No
С	If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), which assets or liabilities were transferred. (See instructions.)	identify t	he plan(s) to				
1	3c(1) Name of plan(s):		13c	(2) EIN(s)	13c(3)	PN(s)
Part	VIII Trust Information						
14a M	Name of trust			14b ⊤	rust's EIN		
14c	Name of trustee or custodian				rustee or ophone nur	custodian' nber	S
Part	IX IRS Compliance Questions						
15a	Is the plan a 401(k) plan:			☐ Ye	s	□ No	
	If "Yes," how does the 401(k) plan satisfy the nondiscrimination requirements for employee deferrance matching contributions (as applicable) under sections 401(k)(3) and 401(m)(2)?			bas bas	sign- sed safe bor thod	ADP/2 test	ACP
	If ADP/ACP test, did the 401(k) plan perform ADP/ACP testing for the plan year using the "current testing method" for nonhighly compensated employees (Treas. Reg. section 1.401(k)-2(a)(2)(ii) an 2(a)(2)(ii))?	-	m)-	Ye	S	No No	
	Check the box to indicate the method used by the plan to satisfy the coverage requirements under		. ,	Ra Pe Te:	rcentage	Avera	age fit Test
	Does the plan satisfy the coverage and nondiscrimination tests of sections 410(b) and 401(a)(4) b this plan with any other plans under the permissive aggregation rules?			Ye:	S	No No	
17a	Has the Plan been timely amended for all required law changes?		••••••	Ye:	S	🗌 No	□ N/A
	Date of the last plan amendment/restatement for the required tax law changes was adopted	_//	Enter the	e applica	able code	(Se	е
17c	If the plan sponsor is an adopter of a pre-approved master, prototype (M&P), or volume submitter			a favora	able IRS c	pinion or	
17d	advisory letter, enter the date of that favorable letter / / and the letter's ser If the plan is an individually-designed plan and recieved a favorable determination letter from IRS, determination letter/ /			e of plan	's last favo	orable	
	s the Plan maintained in a U.S. territory (i.e., Puerto Rico (if no election under ERISA section 1022 made), American Samoa, Guam, the Commonwealth of the Northern Mariana Islands or the U.S.			Ye:	s	No No	
19	Were in-service distributions made during the plan year?			Ye	S	🗌 No	_
	If Yes, enter amount			19			
	Were minimum required distributions made to 5% owners who have attained age 70 $\frac{1}{2}$ (regardless not retired) as required under section 401(a)(9)?			Ye	S	No No	□ N/A