Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation

Short Form Annual Return/Report of Small Employee Benefit Plan

This form is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA), and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

▶ Complete all entries in accordance with the instructions to the Form 5500-SF.

1210-0089

OMB Nos. 1210-0110

2015

This Form is Open to Public Inspection

Part I		dentification information	<u> </u>						
For calend	lar plan year 2015 or fis	cal plan year beginning 01/01/	2015	and ending 12	2/31/2015				
A This re	turn/report is for:	a single-employer plan		plan (not multiemployer) mployer information in ac					
71 1111010		a one-participant plan	a foreign plan	, ,,		,			
B This ret	urn/report is	the first return/report	the final return/report						
		an amended return/report	a short plan year retu	rn/report (less than 12 m	nonths)				
C Check	box if filing under:	X Form 5558	automatic extension		DFVC p	program			
		special extension (enter desc							
Part II		mation—enter all requested in	formation		1	1			
1a Name M2 INNOVA	•	C. 401(K) PROFIT SHARING PLA	AN AND TRUST		1b Three-digit plan numbe (PN) ▶	r 001			
					1c Effective da				
		er, if for a single-employer plan)	2. Part)		2b Employer Id	entification Number			
		n, apt., suite no. and street, or P.0 e, country, and ZIP or foreign pos		tructions)	(=)	91-1476351			
	TIVE CONCEPTS, INC		, ,	,		elephone number 53-383-5659			
2022 C OFF	NAD CTREET DUILDIN	O A			2d Business co	de (see instructions)			
TACOMA, W	DAR STREET, BUILDIN /A 98409	G A			;	327210			
3a Plan a	administrator's name and	d address XSame as Plan Spon	sor.		3b Administrato	or's EIN			
		<u></u>			_				
					3c Administrate	or's telephone number			
		plan sponsor has changed since	the last return/report filed	for this plan, enter the	4b EIN				
	e, EIN, and the plan num sor's name	ber from the last return/report.			4c PN				
5a Total	number of participants a	at the beginning of the plan year.			5a	17			
_	•	at the end of the plan year			5b	17			
C Numb	per of participants with a	ccount balances as of the end of	the plan year (defined ber	nefit plans do not	5c	17			
		cicipants at the beginning of the p			5d(1)	8			
d(2) Tot	tal number of active par	ticipants at the end of the plan ye	ar		5d(2)	8			
		erminated employment during the			5e	0			
		r incomplete filing of this retur							
SB or Sche		er penalties set forth in the instru d signed by an enrolled actuary, lete.							
SIGN	Filed with authorized/v	ralid electronic signature.	10/07/2016	KEVIN HAGEN					
HERE	Signature of plan ac	I ministrator	Date	Enter name of individ	ual signing as plan	administrator			
SIGN									
HERE	Signature of employ	/er/plan sponsor	Date	Enter name of individ	ual signing as emp	loyer or plan sponsor			
Preparer's		ame, if applicable) and address (i	nclude room or suite numb		Preparer's telephone number				

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 Were all of the plan's assets during the plan year invested in e Are you claiming a waiver of the annual examination and report under 29 CFR 2520.104-46? (See instructions on waiver eligibited in the plan of the plan of	t of an independ	ent qualified public ans.)	ccount	ant (IQ	PA)			□ □ .	′es
c If the plan is a defined benefit plan, is it covered under the PBG	C insurance pro	gram (see ERISA se	ection 4	021)? .		Yes	X No	Not de	termined
Part III Financial Information									
7 Plan Assets and Liabilities		(a) Beginning					(b) End	of Year	
a Total plan assets	1 1		613					64	41078
b Total plan liabilities			640	0				6.	11070
C Net plan assets (subtract line 7b from line 7a)	7с	(-) 4	613	941			(1.)		41078
8 Income, Expenses, and Transfers for this Plan Year a Contributions received or receivable from:		(a) Amou	unt				(a)	Total	
(1) Employers	8a(1)		5	272					
(2) Participants	8a(2)		21	900					
(3) Others (including rollovers)	8a(3)		35	869					
b Other income (loss)			-30	491					
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)								3	32550
Benefits paid (including direct rollovers and insurance premium to provide benefits)				0					
e Certain deemed and/or corrective distributions (see instructions	s) 8e			0					
f Administrative service providers (salaries, fees, commissions)	8f		5	413					
g Other expenses	8g								
h Total expenses (add lines 8d, 8e, 8f, and 8g)	8h								5413
i Net income (loss) (subtract line 8h from line 8c)	8i							2	27137
j Transfers to (from) the plan (see instructions)	····· 8j								
Part IV Plan Characteristics									
9a If the plan provides pension benefits, enter the applicable pension benefits and the applicable pension benefits are the applicable pension benefits and the applicable pension benefits are the applicable pension benefits and the applicable pension benefits are the applicable pension benefits and the applicable pension benefits are the applicable pension benefits and the applicable pension benefits are the applicable pension benefits and the applicable pension benefits are the applicable pension benefits at the applicable pension benefits and the applicable pension benefits are the applicable pension benefits at the applica	sion feature code	es from the List of Pl	an Cha	racteris	stic Co	des in t	the instru	ctions:	
B If the plan provides welfare benefits, enter the applicable welfa	re feature codes	s from the List of Pla	n Chara	acterist	ic Cod	les in th	ne instruc	tions:	
4B									
Part V Compliance Questions									
10 During the plan year:				Yes	No	N/A		Amou	nt
Was there a failure to transmit to the plan any participant cont described in 29 CFR 2510.3-102? (See instructions and DOL Program)	's Voluntary Fid	uciary Correction	10a		X				
b Were there any nonexempt transactions with any party-in-inte	,				V				
reported on line 10a.)			10b		X				
C Was the plan covered by a fidelity bond?			10c	X					75000
d Did the plan have a loss, whether or not reimbursed by the plat by fraud or dishonesty?			10d		Χ				
Were any fees or commissions paid to any brokers, agents, o carrier, insurance service, or other organization that provides the plan? (See instructions.)	some or all of th	e benefits under	10e	X					2412
f Has the plan failed to provide any benefit when due under the	plan?		10f		Χ				
g Did the plan have any participant loans? (If "Yes," enter amou	nt as of year en	d.)	10g	X					28239
h If this is an individual account plan, was there a blackout period 2520.101-3.)	od? (See instruc	tions and 29 CFR	10h		X				
i If 10h was answered "Yes," check the box if you either provide exceptions to providing the notice applied under 29 CFR 2520	ed the required r	notice or one of the	10i		X				
j Did the plan trust incur unrelated business taxable income? .			10i						
Part VI Pension Funding Compliance			,	<u> </u>	<u> </u>				
11 Is this a defined benefit plan subject to minimum funding requi								ΠY	′es X No
11a Enter the unpaid minimum required contribution for all years for						11a			
12 Is this a defined contribution plan subject to the minimum fund	ding requiremen	ts of section 412 of t	he Cod	e or se	ction 3	302 of E	ERISA?	Y	′es 🔀 No

	F	orm 5500-SF 2015 Page 3 - 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	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?	П	Yes	No 🗌	N/A				
Part		Plan Terminations and Transfers of Assets			100	110	1471			
		resolution to terminate the plan been adopted in any plan year?			Yes	s X No				
		s," enter the amount of any plan assets that reverted to the employer this year		13a						
b	Were	all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brough	ght under the co	ontrol		Yes X	No			
С	If duri	ng this plan year, any assets or liabilities were transferred from this plan to another plan(s), identiassets or liabilities were transferred. (See instructions.)								
•	13c(1) N	lame of plan(s):	13c(2)	EIN(s)		13c(3) F	PN(s)			
Part	: VIII	Trust Information								
14a	Name o	f trust		14b Trust's EIN						
14c	Name	of trustee or custodian		14d Trustee's or custodian's						
	Name of trustee of custodian						telephone number			
Par	t IX	IRS Compliance Questions								
15a	Is the	plan a 401(k) plan?		Ye	S	No				
15b		"how does the 401(k) plan satisfy the nondiscrimination requirements for employee deferrals an ng contributions (as applicable) under sections 401(k)(3) and 401(m)(2)?		Design- based safe ADP/ACP harbor test method						
15c	testing	DP/ACP test is used, did the 401(k) plan perform ADP/ACP testing for the plan year using the "c method" for nonhighly compensated employees (Treas. Reg sections 1.401(k)-2(a)(2)(ii) and 1.4(ii))?	101(m)-	Ye	S	No				
16a	Check	the box to indicate the method used by the plan to satisfy the coverage requirements under secti	on 410(b):		atio ercentage st		rage efit test			
16b		he plan satisfy the coverage and nondiscrimination tests of sections 410(b) and 401(a)(4) by come with any other plans under the permissive aggregation rules?		Ye	s	No				
17a	Has the	e plan been timely amended for all required tax law changes?		Ye	S	No	N/A			
17b		ne last plan amendment/restatement for the required tax law changes was adopted//law changes and codes).	Enter the ap	plicable	code	(See ins	tructions			
17c		lan sponsor is an adopter of a pre-approved master and prototype (M&P) or volume submitter pland the letter yellower. I and the letter's serial references and the letter's serial references and the letter's serial references.		t to a fa	vorable II	RS opinion	or			
17d	If the p	lan is an individually-designed plan and received a favorable determination letter from the IRS, e ination letter/		the plai	n's last fav	vorable				
18		Plan maintained in a U.S. territory (i.e., Puerto Rico (if no election under ERISA section 1022(i)(2, American Samoa, Guam, the Commonwealth of the Northern Mariana Islands or the U.S. Virgin		Yes	;	No				
19	Were in	n-service distributions made during the plan year?		Ye	s	No				
	If "Yes	" enter amount		19						
20	Were required minimum distributions made to 5% owners who have attained age 70 ½ (regardless of whether or not retired), as required under section 401(a)(9)?									

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Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

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▶ Complete all entries in accordance with the instructions to the Form 5500-SF.

OMB Nos. 1210-0110 1210-0089

2015

This Form is Open to Public Inspection

Part I Annual Report Identification Information										
For calenda	ar plan year 2015 or f	iscal plan year beginning 01/01/201	5	and ending 12/3	1/2015					
		a single-employer plan		an (not multiemployer)		_				
A This ret	urn/report is for:	a one-participant plan		ployer information in ac	accordance with the form instructions)					
		a one-participant plan	a foreign plan							
D This wat		the first return/report	the final return/report							
B This retu	invreport is	, ,			and the C					
		an amended return/report	a short plan year return	vreport (less than 12 m	2 months)					
C Check b	oox if filing under:			DFVC prog	ram					
special extension (enter description)										
Part II	Basic Plan Info	ormation—enter all requested inf	formation							
1a Name		onto an requested in	onnadon.		1b Th	ree-digit				
M2 INNOVA	TIVE CONCEPTS, IN	NC. 401(K) PROFIT SHARING PLA	N AND TRUST		pla	n number	001			
					(PI	N) •	001			
					1	ective date o /01/2001	f plan			
2a Plan er	onsor's name (empl	byer, if for a single-employer plan)					fination Number			
Mailing	address (include roo	om, apt., suite no. and street, or P.O	. Box)			n) 91-14763:	fication Number 51			
		ce, country, and ZIP or foreign post	al code (if foreign, see instru	uctions)	<u> </u>		hone number			
M2 INNOVA	TIVE CONCEPTS, IN	IC.			10 Op		383-5659			
					2d Bus	siness code ((see instructions)			
3032 S. CED	AR STREET, BUILD	ING A			327	7210				
TACOMA, W	/A 09/00									
		nd address X Same as Plan Spons	or		3b Administrator's EIN					
Ja Flall at	anninstrator s name a	nd address A Same as Flam Spons	or.		SD Administrators EIN					
					3c Administrator's telephone number					
4 If the n	name and/or EIN of th	e plan sponsor has changed since	the last return/report filed fo	or this plan, enter the	4b EIN					
	_ '	imber from the last return/report.								
a Sponso	or's name				4c PN	1				
5a Total r	number of participants	s at the beginning of the plan year			5a		17			
b Total r	number of participants	s at the end of the plan year			5b		17			
		account balances as of the end of t	, , ,		5c		17			
	,				E-1/4)					
` '	•	articipants at the beginning of the pla	•		5d(1)		8			
		articipants at the end of the plan yea			5d(2)		8			
		terminated employment during the			5e		0			
Caution: A	penalty for the late	or incomplete filing of this return	report will be assessed	unless reasonable cau	L use is est	ablished,				
Under pena	lities of perjury and o	ther penalties set forth in the instruc	tions, I declare that I have	examined this return/re	port, inclu	ding, if applic				
		ind signed by an enrolled actuary, a	s well as the electronic vers	sion of this return/report	t, and to th	he best of my	knowledge and			
sign // Kevin Hagen										
HERE	Simustana of plan	definition of	1 1/00/10	Fator some of individu	ual aissais					
	Signature of plan	administrator	Date '	Enter name of individ	uai signin	g as pian adr	ninistrator			
SIGN HERE	SIGN									
	Signature of empl		Date	Enter name of individ						
Preparer's	name (including firm	name, if applicable) and address (in	clude room or suite numbe	r)	Prepare	r's telephone	number			
1										

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b	Were all of the plan's assets during the plan year invested in eligib Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility if you answered "No" to either line 6a or line 6b, the plan cann	an indeper and condit ot use Fo	ndent qualified public a ions.) rm 5500-SF and must	ccount	ant (IQ ad use	PA) Form	5500.			Yes No
	If the plan is a defined benefit plan, is it covered under the PBGC in	nsurance p	rogram (see ERISA se	ection 4	021)?.		Yes [X No	Not de	etermined
Par			Г			$\overline{}$				
	Plan Assets and Liabilities	7-	(a) Beginning			+		(b) End	of Yea	<u>r</u> 1078
	Total plan liabilities	plan assets 7a 613941 plan liabilities 7b 0								1070
_	Net plan assets (subtract line 7b from line 7a)							1078		
	Income, Expenses, and Transfers for this Plan Year		(a) Amoı	ınt				(b)	Total	
	Contributions received or receivable from:		` '		70		:			
	(1) Employers	8a(1)		527 2190	_	-				
	(2) Participants	8a(2)		3586		+				
	(3) Others (including rollovers)	8a(3) 8b		-3049						
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							32	2550
d	Benefits paid (including direct rollovers and insurance premiums				^					
	to provide benefits)	8d			0	-				
	Certain deemed and/or corrective distributions (see instructions)	8e		541		-				
	Administrative service providers (salaries, fees, commissions)	8f		041						
	Other expenses	8g 8h			_			-		5413
	Net income (loss) (subtract line 8h from line 8c)								27	7137
	Transfers to (from) the plan (see instructions)	8i								
Par	t IV Plan Characteristics	,								
	If the plan provides pension benefits, enter the applicable pension	feature co	des from the List of Pl	an Cha	racteris	stic Co	des in 1	the instru	uctions:	
	2A 2E 2H 2J 2K 3D		les feers the List of Die	- Ob		:- 0	l : 4l-		. A	
В	If the plan provides welfare benefits, enter the applicable welfare for 4B	eature cod	es from the list of Pla	n Unara	acterist	IC COC	ies in th	ie instruc	ctions:	
Part	V Compliance Questions									
10	During the plan year:				Yes	No	N/A		Amoi	unt
	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				
	Was the plan covered by a fidelity bond?				Х					75000
d	Did the plan have a loss, whether or not reimbursed by the plan's			10c	^					73000
	by fraud or dishonesty?	•		10d		Х				
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	×		М			2412
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 as of year end.)				Х					28239
h	If this is an individual account plan, was there a blackout period? e2520.101-3.)	***************************************		10h		х				
i	If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10			10i		х				
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 requirem 5500) and line 11a below)									Yes X No
_11a	Enter the unpaid minimum required contribution for all years from	Schedule	SB (Form 5500) line 4	0			11a		T -	
12	Is this a defined contribution plan subject to the minimum funding	requireme	ents of section 412 of t	he Cod	e or se	etion :	302 of F	RISA?		Yes X No

	Form 5500-S	2015		Page 3 -	1							
	(If "Yes," complete	line 12a or lines 12b, 12c, 12d, ar	nd 12e below, as applicable	:.)								
а		ninimum funding standard for a pri					enter th Day	e date of t	he letter ruli Year	ng		
If	you completed lin	2 12a, complete lines 3, 9, and 10	of Schedule MB (Form 5	500), and s	kip to line	13.						
b	Enter the minimum	required contribution for this plan	year				12b		<u></u>			
С	Enter the amount c	ontributed by the employer to the p	lan for this plan year				12c					
d	d Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a negative amount)											
е	e Will the minimum funding amount reported on line 12d be met by the funding deadline?											
Part	VII Plan Tern	ninations and Transfers of	f Assets									
13a	Has a resolution to	erminate the plan been adopted in a	ny plan year?					Yes	X No			
	If "Yes," enter the	amount of any plan assets that rev	erted to the employer this y	ear			13a					
b		ssets distributed to participants or							Yes X	No		
С	If during this plan	rear, any assets or liabilities were bilities were transferred. (See instr	transferred from this plan to									
	13c(1) Name of plar					13c(2)	EIN(s)		13c(3) P	N(s)		
Part	VIII Trust Inf	ormation										
14a	Name of trust						14b	Trust's EIN	1			
14c	14c Name of trustee or custodian							14d Trustee's or custodian's telephone number				
Par	t IX IRS Con	pliance Questions										
15a	I Is the plan a 401(k) plan?					Y		No			
15b		the 401(k) plan satisfy the nondisc ons (as applicable) under sections					b h	esign- ased safe arbor ethod	e ADP/ACP test			
15c	testing method" for	t is used, did the 401(k) plan perfo nonhighly compensated employee	es (Treas. Reg sections 1.4	01(k)-2(a)(2)(ii) and 1.	401(m)-	Y	es	No			
16a	Check the box to in	dicate the method used by the pla	n to satisfy the coverage re	quirements	under sec	tion 410(b):	⊔ р	atio ercentage est		rage efit test		
16b		fy the coverage and πondiscrimina ther plans under the permissive aç					Y	es	No			
17a	Has the plan been	imely amended for all required tax	law changes?				Y	es	No	□ N/A		
17b	Date the last plan a for tax law change	mendment/restatement for the rec and codes).	juired tax law changes was	adopted		Enter the a	pplicat	ole code	(See ins	structions		
17c		is an adopter of a pre-approved mer the date of that favorable letter _	aster and prototype (M&P)	or volume se _ and the let			t to a f	avorable IF	RS opinion o	or		
17d	If the plan is an ind determination lette	vidually-designed plan and receive	ed a favorable determinatio	n letter from	the IRS, e	enter the date of	the pla	n's last fav	orable/			
18		ned in a U.S. territory (i.e., Puerto amoa, Guam, the Commonwealth					Ye	s	No			
19	Were in-service dis	tributions made during the plan ye	ar?				Ye	es	No			
	If "Yes," enter amo	ınt					19					
20	•	mum distributions made to 5% own	-	\ 0			Y	es	No	N/A		