## 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.

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2015

OMB Nos. 1210-0110

1210-0089

This Form is Open to Public Inspection

Part I		Identification Information	<u> </u>										
For calend	ar plan year 2015 or fis	scal plan year beginning 01/01/2	<u> 2015                                      </u>	and ending 1	2/31/2015								
▲ This return/report is for:     X   a single-employer plan													
		a one-participant plan	a foreign plan	1 1/2		· · · · · · · · · · · · · · · · · · ·							
<b>B</b> This retu	urn/report is	the first return/report	the final return/report										
		an amended return/report	a short plan year retu	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 desc	• /										
Part II		rmation—enter all requested in	formation		Т								
1a Name ROSS FOR		401(K) PROFIT SHARING PLAN	I		<b>1b</b> Three-digit plan numb (PN) ▶								
					1c Effective d								
		yer, if for a single-employer plan)			<b>2b</b> Employer I	dentification Number							
City or	town, state or province	m, apt., suite no. and street, or P.C e, country, and ZIP or foreign post		ructions)	(EIN)  2c Sponsor's	20-8802471 telephone number							
ROSS FORE	ENSICS GROUP, LLC				2	06-515-2381							
1201 THIRD	AVENUE, SUITE 1650	0			2d Business c	ode (see instructions)							
SEATTLE, W	VA 98101		541219										
3a Plan a	dministrator's name ar	nd address XSame as Plan Spon	sor.		<b>3b</b> Administrati	or's EIN							
					3c Administrat	or's telephone number							
name	, EIN, and the plan nur	e plan sponsor has changed since mber from the last return/report.	the last return/report filed f	for this plan, enter the	4b EIN								
<del></del>	or's name				4c PN	2							
	• •	at the beginning of the plan year.			5a 5b	2							
		at the end of the plan yearaccount balances as of the end of			5c								
					5d(1)	2							
		rticipants at the beginning of the p rticipants at the end of the plan ye			(-)	2							
<b>e</b> Numb	per of participants that	terminated employment during the	e plan year with accrued be	enefits that were less	5e	0							
		or incomplete filing of this retur			use is establishe	d.							
Under pena SB or Sche	alties of perjury and oth	her penalties set forth in the instrund signed by an enrolled actuary,	ctions, I declare that I have	e examined this return/re	port, including, if a	applicable, a Schedule							
SIGN		valid electronic signature.	10/01/2016	STEPHEN ROSS	3								
HERE	Signature of plan a	dministrator	Date	Enter name of individ	vidual signing as plan administrator								
SIGN													
HERE	Signature of emplo		Date			ployer or plan sponsor							
Preparer's	name (including firm n	ame, if applicable) and address (in	nclude room or suite number	er)	Preparer's telep	hone number							

	Form 5500-SF 2015		Page 2							
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 a If you answered "No" to either line 6a or line 6b, the plan cann	an indeper and condit	ndent qualified public a	ccount	ant (IQ	PA)			X Yes X	No No
	f the plan is a defined benefit plan, is it covered under the PBGC ir						_	X No	Not determi	ined
Par		·					L			
	Plan Assets and Liabilities		(a) Beginning	of Ye	ar			(b) End	of Year	
	Total plan assets	7a	(4) 209	,				(2) = 110	43366	1
b	Total plan liabilities	7b								
	Net plan assets (subtract line 7b from line 7a)	7c							43366	1
8	Income, Expenses, and Transfers for this Plan Year		(a) Amou	ınt				(b) T	otal	
	Contributions received or receivable from: (1) Employers	8a(1)	, ,		0000			`,		
	(2) Participants	8a(2)		42						
	(3) Others (including rollovers)	8a(3)		328	8950					
b	Other income (loss)	8b		-7	289					
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							43366	1
	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d			0					
	Certain deemed and/or corrective distributions (see instructions)	8e								
	Administrative service providers (salaries, fees, commissions)	8f			0					
	Other expenses	8g								
h	Total expenses (add lines 8d, 8e, 8f, and 8g)								(	0
i	Net income (loss) (subtract line 8h from line 8c)	8i							43366	1
j	Transfers to (from) the plan (see instructions)	8j								
Par	t IV Plan Characteristics									
B	2J 2G 2K 3D  If the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare for the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare benefits and the p	eature cod	des from the List of Pla	n Chara	acterist	ic Cod	les in th	e instructi	ons:	
10	During the plan year:				Yes	No	N/A		Amount	
	Was there a failure to transmit to the plan any participant contributescribed in 29 CFR 2510.3-102? (See instructions and DOL's V Program)	oluntary F	iduciary Correction	10a		X				
b	Were there any nonexempt transactions with any party-in-interest reported on line 10a.)			10b		X				
С	Was the plan covered by a fidelity bond?			10c		X				
d	Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?	•		10d		X				
е	Were any fees or commissions paid to any brokers, agents, or oth carrier, insurance service, or other organization that provides som the plan? (See instructions.)	ne or all of	the benefits under	10e		X				
f	Has the plan failed to provide any benefit when due under the pla	n?		10f		X				
g	Did the plan have any participant loans? (If "Yes," enter amount a	s of year	end.)	10g		Χ				
h	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		X				
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			
12	Is this a defined contribution plan subject to the minimum funding	requireme	ents of section 412 of t	he Cod	e or se	ction :	302 of F	RISA?	Yes	X No

	F	orm 5500-SF 2015 Page <b>3</b> - 1								
	_ `	s," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)								
а		aiver of the minimum funding standard for a prior year is being amortized in this plan year, see inc ng the waiver		enter the Day	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)		<b>13c(3)</b> 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				
140 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	No					
16a	Check	the box to indicate the method used by the plan to satisfy the coverage requirements under secti	on 410(b):		atio ercentage st		rage efit test			
16b		he plan satisfy the coverage and nondiscrimination tests of sections 410(b) and 401(a)(4) by come with any other plans under the permissive aggregation rules?		Ye	s	No				
17a	Has the	e plan been timely amended for all required tax law changes?		Ye	S	No	N/A			
17b		ne last plan amendment/restatement for the required tax law changes was adopted//law changes and codes).	Enter the ap	plicable	code	(See ins	tructions			
17c		lan sponsor is an adopter of a pre-approved master and prototype (M&P) or volume submitter pland the letter yellower. I and the letter's serial references and the letter's serial references and the letter's serial references.		t to a fa	vorable II	RS opinion	or			
17d	If the p	lan is an individually-designed plan and received a favorable determination letter from the IRS, e ination letter/		the plai	n's last fav	vorable				
18		Plan maintained in a U.S. territory (i.e., Puerto Rico (if no election under ERISA section 1022(i)(2, American Samoa, Guam, the Commonwealth of the Northern Mariana Islands or the U.S. Virgin		Yes	;	No				
19	Were in	n-service distributions made during the plan year?		Ye	s	No				
	If "Yes	" enter amount		19						
20		equired minimum distributions made to 5% owners who have attained age 70 $\frac{1}{2}$ (regardless of w ), as required under section 401(a)(9)?		Ye	s	No	N/A			

## Form 5500-SF

Department of the Treasury Internal Revenue Service

Employee Benefits Security Administration
Pension Benefit Guaranty Corporation

Department of Labor

Short Form Annual Return/Report of Small Employee Benefit Plan

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

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

OMB Nos, 1210-0110 1210-0089

2015

This Form is Open to Public Inspection

Part I		Identification Information										
For calenda	ar plan year 2015 or f	iscal plan year beginning 01/01/20	15		and ending 12/3	31/2015						
_		X a single-employer plan			an (not multiemployer)							
A This ret	urn/report is for:	a one-participant plan	_ ' '	ting em	employer information in accordance with the form instructions)							
		a one-participant plan	a foreign plan									
B This retu	ım/renort ic	X the first return/report	the final return/report									
D mis rem	im/report is	the first return/report an amended return/report	H		n/report (less than 12 m	months)						
		an amended return/report	a short plan yea	ar retuii	meport (less triair 12 m	months)						
C Check I	oox if filing under:	Form 5558	automatic exte	nsion		DFVC program						
			-									
Part II	Basic Plan Info	ormation—enter all requested in	formation									
1a Name		· · · · · · · · · · · · · · · · · · ·				1b Th	ree-digit					
ROSS FORE	ROSS FORENSICS GROUP, LLC 401(K) PROFIT SHARING PLAN						an number	001				
						- <u>`</u>	N) •					
							fective date ( /01/2015	of plan				
		oyer, if for a single-employer plan)				<b>2b</b> En	ployer Ident	ification Number				
		m, apt., suite no. and street, or P.C ce, country, and ZIP or foreign post		ee instri	uctions)	— <u> </u>	N) 20-88024					
	ENSICS GROUP, LLC		an oodo (ii ioloigii, o			2c Sp		phone number 515-2381				
						<b>2d</b> Bu	. ,	(see instructions)				
1201 Third A	venue, Suite 1650					ı	1219	(400 1110 110 110 110 110 110 110 110 110				
	•											
Seattle, WA						01						
3a Plan a	dministrator's name a	nd address X Same as Plan Spons	SOF.			3b Administrator's EIN						
						3c Ad	ministrator's	telephone number				
						•• /						
4 If the r	name and/or EIN of th	e plan sponsor has changed since	the last return/repor	t filed fo	r this plan, enter the	4b EIN						
		mber from the last return/report.										
a Sponse	or's name					4c PN	·					
<b>5a</b> Total r	number of participants	at the beginning of the plan year				5a		2				
<b>b</b> Total r	number of participants	at the end of the plan year				5b		2				
		account balances as of the end of			·	5c		2				
	,	***************************************				E-1/4)	-					
	-	rticipants at the beginning of the pl	•			5d(1)		2				
		articipants at the end of the plan year				5d(2)		2				
		terminated employment during the				5e		0				
Caution: A	penalty for the late	or incomplete filing of this return	n/report will be ass	essed i	uniess reasonable cau							
		ther penalties set forth in the instruc nd signed by an enrolled actuary, a										
	rue, correct, and com		as well as the electro	ALIIC VCI	sion of this return/repon	i, and to t	ne best of m	y Kilowieuge allu				
SIGN	No-1	1			Stephen Ross							
HERE	Signature of plan	administrator	Date /- //	2-16	Enter name of individu	of individual signing as plan administrator						
SIGN	Briminia at bradit		- July			+igiiii	g at plan 44					
HERE	01		D-1-		Enter a service of the fit of							
Preparer's	Signature of emplo name (including firm i	oyer/plan sponsor name, if applicable) and address (ir	Date   Date	numbe	Enter name of individu		g as employer's telephone					
	Grandering mini	in abbuseass) and addition (ii			· ′		. 5 1010priorit					
					ļ							
1												

	Form 5500-SF 2015		Page 2									
6a	Were all of the plan's assets during the plan year invested in eligib	le secete?	(See instructions)						X Yes	□ No		
	Are you claiming a waiver of the annual examination and report of a 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	ndent qualified public a	account	ant (IQ	PA)			X Yes	No		
С	If the plan is a defined benefit plan, is it covered under the PBGC in							ΧNο	Not determ	nined		
Pa	rt III Financial Information											
7	Plan Assets and Liabilities (a) Beginning of Year (b)								d of Year			
a	Total plan assets	7a							433661			
b	Total plan liabilities	7b				$\perp$						
С	Net plan assets (subtract line 7b from line 7a)	7c				$\perp$	_		433661			
8	Income, Expenses, and Transfers for this Plan Year		(a) Amo	unt				(b) Total				
a	Contributions received or receivable from: (1) Employers	8a(1)		7000	0							
	(2) Participants	8a(2)		4200	00							
	(3) Others (including rollovers)	8a(3)		32895	0							
b	Other income (loss)	8b		-728	19							
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							433661			
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		0								
е	Certain deemed and/or corrective distributions (see instructions) 8e				0							
f	Administrative service providers (salaries, fees, commissions)	8f			0							
g Other expenses												
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h					0					
j	Net income (loss) (subtract line 8h from line 8c)	8i					433661					
j	Transfers to (from) the plan (see instructions)	8j										
Pa	rt IV Plan Characteristics											
9a	If the plan provides pension benefits, enter the applicable pension 2J 2G 2K 3D	feature co	des from the List of Pl	an Cha	racteris	stic Co	des in t	the instr	uctions:			
В	If the plan provides welfare benefits, enter the applicable welfare fe	eature cod	es from the List of Pla	n Chara	cterist	ic Coo	les in th	e instru	ctions:			
Раг												
10	During the plan year:				Yes	No	N/A		Amount			
d	Was there a failure to transmit to the plan any participant contribut described in 29 CFR 2510.3-102? (See instructions and DOL's V Program)	oluntary F	iduciary Correction	10a		х						
þ	Were there any nonexempt transactions with any party-in-interest reported on line 10a.)	? (Do not i	nclude transactions	10b		Х						
c				10c		Х						
d	d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?					Х						
е	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.).					Х						
f	f Has the plan failed to provide any benefit when due under the plan?					Х						
g	Did the plan have any participant loans? (If "Yes," enter amount as	s of year e	nd.)	10g		Х						
h	If this is an individual account plan, was there a blackout period? (2520.101-3.)			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	ne required	I notice or one of the	10i		х						

Part	٧	Compliance Questions							
10	Duri	ng the plan year:		Yes	No	N/A		Amount	
а	des Pro	there a failure to transmit to the plan any participant contributions within the time period cribed in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction gram)	10a		х				
þ		e there any nonexempt transactions with any party-in-interest? (Do not include transactions rted on line 10a,)	10b		Х				
C	Was the plan covered by a fidelity bond?								
đ	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?								
е	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.)				Х				
f	Has	the plan failed to provide any benefit when due under the plan?	10f		Х				
g	Did t	he plan have any participant loans? (If "Yes," enter amount as of year end.)	10g		Χ				
h	2520	s is an individual account plan, was there a blackout period? (See instructions and 29 CFR ).101-3.)	10h		Х				
i		h was answered "Yes," check the box if you either provided the required notice or one of the ptions to providing the notice applied under 29 CFR 2520.101-3	10i		Х				
j	Did 1	he plan trust incur unrelated business taxable income?	10j						
Part	VI	Pension Funding Compliance							
11	If 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	Ente	r the unpaid minimum required contribution for all years from Schedule SB (Form 5500) line 4	0			11a	<u> </u>		
12	Is th	is a defined contribution plan subject to the minimum funding requirements of section 412 of t	he Code	e or se	ction 3	02 of E	RISA?	Yes	X No

9a

	Form 5500-SF 2015 Page 3 - 1						
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)						
а	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see in granting the waiver.		enter the Day_	date of t	he letter ru Year	ıling	
If	you completed 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				
С	Enter the amount contributed by the employer to the plan for this plan year		12¢				
d	Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the negative 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?			Yes	X No		
	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 brought the PBGC?	ght under the co	ntrol		Yes X	No	
С	If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identi which assets or liabilities were transferred. (See instructions.)	ify the plan(s) to					
1	3c(1) Name of plan(s):	13c(2)	EIN(s)		13c(3) I	PN(s)	
					***		
Part							
14a :	14a Name of trust  14b Trust's EIN						
14c	Name of trustee or custodian	:	14d Trustee's or custodian's telephone number				
Part	IX IRS Compliance Questions						
15a	Is the plan a 401(k) plan?		Ye	\$	No		
	If "Yes," how does the 401(k) plan satisfy the nondiscrimination requirements for employee deferrals an matching contributions (as applicable) under sections 401(k)(3) and 401(m)(2)?					P/ACP	
	If the ADP/ACP test is used, did the 401(k) plan perform ADP/ACP testing for the plan year using the "c testing method" for nonhighly compensated employees (Treas. Reg sections 1.401(k)-2(a)(2)(ii) and 1.4 2(a)(2)(ii))?	l01(m)-	Ye		No		
16a	Check the box to indicate the method used by the plan to satisfy the coverage requirements under secti	on 410(b):	Ra pe	rcentage	Average benefit test		
	Does the plan satisfy the coverage and nondiscrimination tests of sections 410(b) and 401(a)(4) by come this plan with any other plans under the permissive aggregation rules?		Yes	3	No		
17a	Has the plan been timely amended for all required tax law changes?		Yes	S	No	N/A	
17b	Date the last plan amendment/restatement for the required tax law changes was adopted for tax law changes and codes).	Enter the a	pplicabl	e code	(See in	structions	
	If the plan sponsor is an adopter of a pre-approved master and prototype (M&P) or volume submitter pla advisory letter, enter the date of that favorable letter and the letter's serial		t to a fa	vorable iF	RS opinion	OF	
17d	If the plan is an individually-designed plan and received a favorable determination letter from the IRS, endetermination letter	nter the date of	the plan	i's last fav	orable		
	Is the Plan maintained in a U.S. territory (i.e., Puerto Rico (if no election under ERISA section 1022(i)(2 made), American Samoa, Guam, the Commonwealth of the Northern Mariana Islands or the U.S. Virgin		Yes		No		
19	Were in-service distributions made during the plan year?		Yes	5	No		
	If "Yes," enter amount		19				
	Were required minimum distributions made to 5% owners who have attained age 70 ½ (regardless of wiretired), as required under section 401(a)(9)?		Yes	3	No	N/A	