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

2015

OMB Nos. 1210-0110

This Form is Open to Public Inspection

Pai			t Identification Information									
For c	alenda	r plan year 2015 or f	fiscal plan year beginning 01/01/20	15	and ending 12/3	31/2015						
A TI	his retu	urn/report is for:	a single-employer plan	a multiple-employer planting em								
			a one-participant plan	a foreign plan								
B Th	is retu	rn/report is	the first return/report	the final return/report								
an amended return/report a short plan year return/report (less than 12 mg							· <u> </u>					
C Check box if filing under: X Form 5558 automatic extension DFVC program special extension (enter description)												
Par	4 II	Basic Plan Infe	ormation—enter all requested info									
			Diffiation—enter all requested infol	rmation	1.	1b Three-digit						
		of plan NSULTING, INC. 40	1(K) PROFIT SHARING PLAN		,	plan numb						
					1	1c Effective d						
		\ I	oyer, if for a single-employer plan) om, apt., suite no. and street, or P.O.	Box)	2	2b Employer I	dentification Number 68-0552600					
C	City or		ce, country, and ZIP or foreign postal		uctions)	2c Sponsor's telephone number 509-430-8094						
					2		code (see instructions)					
		BIA POINT DRIVE, S WA 99352	TE C204			541600						
3a F	Plan ac	Iministrator's name a	and address XSame as Plan Sponso	r.	3	3b Administrator's EIN						
					3	3c Administra	tor's telephone number					
			ne plan sponsor has changed since thumber from the last return/report.	ne last return/report filed fo	or this plan, enter the	4b EIN						
		or's name				4c PN						
5a -	rotal n	umber of participant	s at the beginning of the plan year			5a	6					
-			s at the end of the plan year			5b	5					
1 2	Numbe		account balances as of the end of th		 	5c						
d(1	I) Tota	I number of active pa	articipants at the beginning of the plar	n year		5d(1)						
			articipants at the end of the plan year			5d(2)	4					
Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested												
			or incomplete filing of this return/									
SB or	r Śche		other penalties set forth in the instruction and signed by an enrolled actuary, as applete.									
SIGN			d/valid electronic signature.	10/15/2016	KIM DETIENNE							
HERE	=	Signature of plan	administrator	Date	Enter name of individual	l signing as pla	n administrator					
SIGN												
HERE		oyer/plan sponsor		dual 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					

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 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 lf you answered "No" to either line 6a or line 6b, the plan cannot be a second to the plan cannot be a second t	an independand condition	dent qualified public a	ccount	ant (IQ	PA)		
c If the plan is a defined benefit plan, is it covered under the PBGC in	nsurance pr	ogram (see ERISA se	ection 4	021)? .		Yes X	No Not determined
Part III Financial Information							
7 Plan Assets and Liabilities		(a) Beginning					(b) End of Year
a Total plan assets	7a		502	2682			348165
b Total plan liabilities	7b		503	2682			348165
Net plan assets (subtract line 7b from line 7a) Income, Expenses, and Transfers for this Plan Year	7c	(a) Amou		.002			(b) Total
a Contributions received or receivable from:		(a) Amot	ant				(b) Total
(1) Employers	8a(1)		6	532			
(2) Participants	8a(2)		40	135			
(3) Others (including rollovers)	8a(3)			0			
b Other income (loss)	8b			576			470.40
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						47243
d Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		199	9598			
e Certain deemed and/or corrective distributions (see instructions)	8e			0			
f Administrative service providers (salaries, fees, commissions)	8f		2	2162			
g Other expenses	8g						
h Total expenses (add lines 8d, 8e, 8f, and 8g)	8h						201760
i Net income (loss) (subtract line 8h from line 8c)	8i						-154517
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 2T 3D	feature cod	des from the List of Plant	an Cha	racteris	stic Co	des in th	e instructions:
B If the plan provides welfare benefits, enter the applicable welfare for	eature code	es from the List of Pla	n Chara	acterist	ic Cod	les in the	instructions:
Part V Compliance Questions							
10 During the plan year:				Yes	No	N/A	Amount
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 Fi	duciary Correction	10a		X		
b Were there any nonexempt transactions with any party-in-interest			401-		X		
reported on line 10a.)			10b				
C Was the plan covered by a fidelity bond?			10c	X			51000
d Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?			10d		X		
Were any fees or commissions paid to any brokers, agents, or oth carrier, insurance service, or other organization that provides some the plan? (See instructions.)	ne or all of t	he benefits under	100		X		
the plan? (See instructions.) f Has the plan failed to provide any benefit when due under the pla			10e				
			10f		X		
g Did the plan have any participant loans? (If "Yes," enter amount a	•	,	10g		X		
h If this is an individual account plan, was there a blackout period? 2520.101-3.)	•		10h		Χ		
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				
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)							
11a Enter the unpaid minimum required contribution for all years from						11a	
12 Is this a defined contribution plan subject to the minimum funding	requireme	nts of section 412 of t	he Cod	e or se	ction 3	302 of EF	RISA? Yes X 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) 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	15c If the ADP/ACP test is used, did the 401(k) plan perform ADP/ACP testing for the plan year using the "current year testing method" for nonhighly compensated employees (Treas. Reg sections 1.401(k)-2(a)(2)(ii) and 1.401(m)-2(a)(2)(ii))?					No		
16a	16a Check the box to indicate the method used by the plan to satisfy the coverage requirements under section 410(b):						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	17b Date the last plan amendment/restatement for the required tax law changes was adopted/ Enter the applicable code (See instructions for tax law changes and codes).							
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				
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)?							N/A	

Form 5500-SF

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Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation

Short Form Annual Return/Report of Small Employee Benefit Plan

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

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

2015

OMB Nos. 1210-0110

1210-0089

This Form is Open to **Public Inspection**

Annual Report Identification Information For calendar plan year 2015 or fiscal plan year beginning 01/01/2015 and ending 12/31/2015 X a single-employer plan a multiple-employer plan (not multiemployer) (Filers checking this box must attach a list of participating employer information in accordance with the form instructions) **A** This return/report is for: a one-participant plan a foreign plan the final return/report **B** This return/report is the first return/report an amended return/report a short plan year return/report (less than 12 months) **C** Check box if filing under: DFVC program Form 5558 automatic extension special extension (enter description) Basic Plan Information—enter all requested information Part II 1a Name of plan 1b Three-digit plan number MATRIX CONSULTING, INC. 401(K) PROFIT SHARING PLAN 001 (PN) • 1c Effective date of plan 01/01/2009 2a Plan sponsor's name (employer, if for a single-employer plan) 2b Employer Identification Number Mailing address (include room, apt., suite no. and street, or P.O. Box) (EIN) 68-0552600 City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) 2c Sponsor's telephone number MATRIX CONSULTING, INC. (509) 430-8094 2d Business code (see instructions) 541600 300 COLUMBIA POINT DRIVE, STE C204 RICHLAND, WA 99352 **3a** Plan administrator's name and address X Same as Plan Sponsor. 3b Administrator's EIN 3c Administrator's telephone number If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the 4b EIN name, EIN, and the plan number from the last return/report. 4c PN a Sponsor's name 5a 6 5a Total number of participants at the beginning of the plan year..... 5b **b** Total number of participants at the end of the plan year 5 Number of participants with account balances as of the end of the plan year (defined benefit plans do not 5c 5 complete this item) 4 5d(1) d(1) Total number of active participants at the beginning of the plan year 5d(2) 4 d(2) Total number of active participants at the end of the plan year..... Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested..... 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 Kim DeTienne 10/15/2016 SIGN **HERE** Signature of plan administrator Date Enter name of individual signing as plan administrator SIGN **HERE** Date Enter name of individual signing as employer or plan sponsor Signature of employer/plan sponsor Preparer's name (including firm name, if applicable) and address (include room or suite number) Preparer's telephone number

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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 a under 29 CFR 2520.104-46? (See instructions on waiver eligibility a If you answered "No" to either line 6a or line 6b, the plan cann	an indeper and condit ot use Fo	ndent qualified public ations.)orm 5500-SF and mus	ccount	ant (IQ	PA) Form	5500.		X Yes [No No
	f the plan is a defined benefit plan, is it covered under the PBGC in	isurance p	orogram (see ERISA se	ection 4	021)?		res	NO [Not determi	nea
Par		1	I							
	Plan Assets and Liabilities	_	(a) Beginning	of Ye 50268		-		(b) End c		
	Total plan assets	7a		30200) <u>Z</u>				348165	
	Total plan liabilities	7b		50268	32				348165	
	Net plan assets (subtract line 7b from line 7a) Income, Expenses, and Transfers for this Plan Year	7c	(a) A max					(b) Ta		
	Contributions received or receivable from:		(a) Amou	ant				(b) To	otai	
	(1) Employers	8a(1)		653						
	(2) Participants	8a(2)		4013						
	(3) Others (including rollovers)	8a(3)			0					
	Other income (loss)	8b		57	76				.=	
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							47243	
	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		19959	98					
е	Certain deemed and/or corrective distributions (see instructions)	8e			0					
f	Administrative service providers (salaries, fees, commissions)	8f		216	32					
g	Other expenses	8g								
<u>h</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							201760	
<u>i</u>	Net income (loss) (subtract line 8h from line 8c)	8i							-154517	
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 2E 2F 2G 2J 2K 2T 3D	feature co	odes from the List of Pl	an Cha	racteris	stic Co	des in t	he instruct	ions:	
В	If the plan provides welfare benefits, enter the applicable welfare for	eature cod	des from the List of Pla	n Chara	acterist	ic Cod	les in th	e instructio	ons:	-
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				5	51000
d	Did the plan have a loss, whether or not reimbursed by the plan's 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		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					Х				
	If this is an individual account plan, was there a blackout period? 2520.101-3.)	(See instru	uctions and 29 CFR	10g 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 require	d notice or one of the	10ii						
j	Did the plan trust incur unrelated business taxable income?			10j						
Part	VI Pension Funding Compliance			<u> </u>				<u> </u>		
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									
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 E	RISA?	Yes	X No

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	(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 granting the waiver			enter the Day	date of the	ne letter ru Year	ling
If	If you completed line 12a, complete lines 3, 9, and 10			Day_		- T Gui	
b	b Enter the minimum required contribution for this plan ye	ear		12b			
С	Enter the amount contributed by the employer to the pla	n for this plan year		12c			
d	Subtract the amount in line 12c from the amount in line			12d			
	negative amount) Will the minimum funding amount reported on line 12d				Yes	No	N/A
Part		, <u> </u>			100	110	14//
	Has a resolution to terminate the plan been adopted in any				Yes	X No	
	If "Yes," enter the amount of any plan assets that rever			13a			
b	• Were all the plan assets distributed to participants or b of the PBGC?			ontrol		Yes X	No
С		ansferred from this plan to another plan(s), ident					
	13c(1) Name of plan(s):		13c(2)	EIN(s)		13c(3) F	PN(s)
Part	rt VIII Trust Information						
14a	Name of trust			14b ⊺	rust's EIN		
14c	C Name of trustee or custodian			14d	Trustee's	or custodi	an's
				1	telephone	number	
	/IV ID0 0 11 0 11						
Par	rt IX RS Compliance Questions						
15a	a Is the plan a 401(k) plan?			Ye:		No	
15b	b If "Yes," how does the 401(k) plan satisfy the nondiscrimatching contributions (as applicable) under sections 4			ba ha	esign- sed safe rbor ethod	ADF test	P/ACP
15c	C If the ADP/ACP test is used, did the 401(k) plan perform testing method" for nonhighly compensated employees	n ADP/ACP testing for the plan year using the "c	current year	Yes	S	No	
	2(a)(2)(ii))?						
16a	a Check the box to indicate the method used by the plan	to satisfy the coverage requirements under sect	ion 410(b):	1 1 1	atio rcentage st		erage nefit test
16b	b Does the plan satisfy the coverage and nondiscriminati this plan with any other plans under the permissive agg			Yes	S	No	
17a	a Has the plan been timely amended for all required tax la	aw changes?		Yes	S	No	N/A
17b	b Date the last plan amendment/restatement for the required for tax law changes and codes).	ired tax law changes was adopted	Enter the a	pplicabl	e code	(See in	structions
	C If the plan sponsor is an adopter of a pre-approved mas advisory letter, enter the date of that favorable letter	and the letter's serial	number				or
17d	d If the plan is an individually-designed plan and received determination letter	d a favorable determination letter from the IRS, e	enter the date of	the plar	n's last fav	orable	
18	Is the Plan maintained in a U.S. territory (i.e., Puerto R made), American Samoa, Guam, the Commonwealth o			Yes	1	No	
19	Were in-service distributions made during the plan year	Yes	S	No			
	If "Yes," enter amount			19			
20	Were required minimum distributions made to 5% owner tired), as required under section 401(a)(9)?			Yes	s	No	N/A