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.

OMB Nos. 1210-0110 1210-0089

2015

This Form is Open to Public Inspection

Part I	Annual Repor	t Identification Information	1										
For cale		fiscal plan year beginning 01/01/2		and ending 12	2/31/2015								
A This	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 one-participant plan a foreign plan												
R This r	eturn/report is	the first return/report	t										
5 111151	otani, roport is	an amended return/report	the final return/repor	urn/report (less than 12 m	onths)								
C Chec	ck box if filing under:	X Form 5558	automatic extension		DFVC program								
		special extension (enter desc	ription)										
Part I	Basic Plan Inf	ormation—enter all requested in	formation										
	ne of plan				1b Three-di								
COMPAS	S MANAGEMENT 401	(K) PLAN			plan nur								
					(PN) •	001							
					1C Effective	01/01/2014							
Mail	ing address (include roo	oyer, if for a single-employer plan) om, apt., suite no. and street, or P.C			2b Employe (EIN)	2b Employer Identification Number (EIN) 20-2999076							
MOORE N	or town, state or provin MANAGEMENT CORP. S MANAGEMENT	ice, country, and ZIP or foreign post	tal code (if foreign, see ins	structions)	2c Sponsor	r's telephone number 425-424-3153							
	IN STREET				2d Business	s code (see instructions)							
	, WA 98011				541600								
3a Plar	n administrator's name a	and address XSame as Plan Spon	sor.		3b Administrator's EIN								
4 (C)	Was FIN (1)			(forthis also and an in-		trator's telephone number							
nar	ne, EIN, and the plan nu	ne plan sponsor has changed since umber from the last return/report.	the last return/report filed	nor this plan, enter the	4b EIN								
a Spo	nsor's name				4c PN								
5a Tota	al number of participant	s at the beginning of the plan year			5a		9						
b Tota	al number of participant	s at the end of the plan year			5b	13	3						
		a account balances as of the end of		•	5c	10)						
d(1) ⊺	otal number of active p	articipants at the beginning of the p	lan year		5d(1)		9						
d(2) 1	otal number of active p	articipants at the end of the plan ye	ar		5d(2)	12	2						
		at terminated employment during the	' '		5e		1						
		or incomplete filing of this return											
SB or So		other penalties set forth in the instru and signed by an enrolled actuary, a nplete.											
SIGN HERE	Filed with authorized	d/valid electronic signature.	10/17/2016	SHERRIE MOORE									
TILKE	Signature of plan	administrator	Date	Enter name of individual signing as plan administ									
SIGN													
HERE	Signature of empl	loyer/plan sponsor	Date	Enter name of individ	ual signing as e	employer or plan sponsor							
Prepare	r's name (including firm	name, if applicable) and address (in	nclude room or suite num	ber)	Preparer's tel	ephone number							

Form 5500-SF 2015		Page 2								
 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 of the your answered "No" to either line 6a or line 6b, the plan cannot be a second or line 6b. 	an independand condition	dent qualified public a	ccount	ant (IQ	PA)				Yes Yes	No No
C If the plan is a defined benefit plan, is it covered under the PBGC in	nsurance pr	ogram (see ERISA se	ction 4	021)? .		Yes	No	No	t deterr	mined
Part III Financial Information										
7 Plan Assets and Liabilities		(a) Beginning					(b) Er	d of Y		
a Total plan assets	7a		11	313	-				638	
b Total plan liabilities	7b		11	313					633	07
Net plan assets (subtract line 7b from line 7a) Income, Expenses, and Transfers for this Plan Year	7c	(a) Amou		313			/h	Total		23
a Contributions received or receivable from:		(a) Amou	iiit .				a)	TOLA		
(1) Employers	8a(1)		25	456						
(2) Participants	8a(2)		27	798						
(3) Others (including rollovers)	8a(3)									
b Other income (loss)	8b		-	737	_				505	
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c								525	17
d Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d									
e Certain deemed and/or corrective distributions (see instructions)	8e			507						
f Administrative service providers (salaries, fees, commissions)	8f									
g Other expenses	8g									
h Total expenses (add lines 8d, 8e, 8f, and 8g)	8h								5	07
i Net income (loss) (subtract line 8h from line 8c)	8i								520	10
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 3H	feature cod	des from the List of Pla	an Cha	racteris	stic Co	des in t	the inst	uction	S:	
B If the plan provides welfare benefits, enter the applicable welfare for	eature code	es from the List of Pla	n Chara	acterist	ic Coc	les in th	ne instru	ctions	:	
Part V Compliance Questions										
10 During the plan year:				Yes	No	N/A		An	nount	
Was there a failure to transmit to the plan any participant contributed described in 29 CFR 2510.3-102? (See instructions and DOL's V Program)	oluntary Fi	duciary Correction	10a	X						7785
b Were there any nonexempt transactions with any party-in-interest										
reported on line 10a.)			10b		X					
C 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					
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 t	he benefits under	10e		X					
f Has the plan failed to provide any benefit when due under the pla					Χ					
h If this is an individual account plan, was there a blackout period?	(See instru	ctions and 29 CFR	10g		X					
i If 10h was answered "Yes," check the box if you either provided the	2520.101-3.)									
j Did the plan trust incur unrelated business taxable income?			10i							
Part VI Pension Funding Compliance			10j	<u> </u>						
11 Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)									Yes	∏ No
11a Enter the unpaid minimum required contribution for all years from						11a			703	
12 Is this a defined contribution plan subject to the minimum funding							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) 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 custodia	an'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)-	Yes No						
16a	Check	the box to indicate the method used by the plan to satisfy the coverage requirements under secti	on 410(b):	Ratio Averaç benefit						
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

Department of Lober

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 6068(a) of the Internal

OMB Nos. 1210-0110 1210-0069

2015

	HIGHERIA SOCURILY AGMINISTRATION	1	Revenue Code (the Code	e).	This Form is Open to						
Pension E	Senefit Guaranty Corporation	Complete all entries in	accordance with the inst	ructions to the Form 6600-SF.	Public Inspection						
Part I	Annual Repor	t Identification Information	7								
For calend	dar plan year 2015 or	fiscal plan year beginning	01/01/2015	and ending 1:	2/31/2015						
_	aturn/report is for:	X a single-employer plan	a multiple-employer p	olan (not multlemployer) (Filers ch	ecking this box must attach a						
7 114010	nemineport is ion.	a one-participant plan	a foreign plan	nployer information in accordance	win the form instructions)						
B This rel	lum/report is										
		an amended return/report	an amended return/report a short plan year return/report (less than 12 months)								
C Check	box if filing under:	X Form 6658	automatic extension		DFVC program						
		special extension (enter desc	<u> </u>								
Part II	Basic Plan Inf	ormation—enter all requested in	nformation								
1a Name Compas	of plan s Management		•	pla	ree-digit n number 001						
				1c Eff	ective date of plan /01/2014						
Mallin	g eddress (Include rod	oyer, if for a single-employer plan) orn, apt., suite no. and street, or P.(О. Вох)	2b Em	ployer Identification Number N) 20-2999076						
Moore	r town, state or provin Management C	ce, country, and ZIP or foreign postorp.	tal code (If foreign, see Instr	2c Sp	onsor's telephone number						
10028	Main Street	Compass Manageme	ent	2d But	425-424-3153 2d Business code (see Instructions) 541600						
Bothe!	11	WA 98011		54	1600						
		and address XSame as Plan Spon		2h Ad-	ninistrator's EIN						
		and addices and and a rien open	aur.	30 Adi	ministratore EIN						
4 If the	name and/or EIN of th	te plan aponaer has changed since	the last return/report filed for		ninistrator's telephone number						
name	, E(N, and the plan nu of a name	imber from the last return/report,		4c PN							
5a Total	number of participants	at the beginning of the plan year		5a	9						
		s at the end of the plan year			13						
C Numb	er of participants with	account balances as of the end of	the plan year (defined bene	ifit plans do not	10						
		articipente at the beginning of the pl			9						
d(2) Tot	al number of active pa	articipants at the end of the plan ye	ar	5d(2)	12						
than	100% vested	t terminated employment during the		56	1						
Caption; A	PAULITA LOL CUB INCO	or incomplete tiling of this return	n/report will be assessed (unissa rossonabia causa is est	iblished.						
35 CF SCRE	idule MB completed a true, correct, and com	ther panalties set forth in the instru- ind signed by an enrolled actuary, a plete.	s well as the electronic veri	examined inis return/report, includation of this return/report, and to the	ling, if applicable, a Schedule e best of my knowledge and						
SIGN • HERE		- lu-	10(17)14	Sherrie Moore							
SIGN	Signature of plan a	administrator	Enter name of Individual signing	as plan administrator							
HERE	Slamburg of a male										
Preparer's	Signature of emplo	oyenpian sponsor name, if applicable) and address (ir	Date	Enter name of Individual signing	as employer or plan sponsor						
,			weed takin at apple theiribe	- reparer	s telephone number						

	Form 5500-SF 2015		Page 2								
D	Were all of the plan's assets during the plan year invested in eligible 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 indepe and condi not use Fo	ndent qualified public tions.) orm 5500- SF and mu	accoun	tant (fo	QPA) e Foπ	n 5500.	••••••	_	es No	
	If the plan is a defined benefit plan, is it covered under the PBGC in it iii Financial Information	nsurance j	program (see ERISA s	ection 4	1021)?	·[Yes	□No [Not det	ermined	
7	Plan Assets and Liabilities	1								-	
	Total plan assets	 	(a) Beginnin			 -		(b) End	of Year		
<u></u>	Total plan liabilities	78	-		.1,3	0				63,830	
	Net plan assets (subtract line 7b from line 7a)	7b 7c			1,3	-		50 63,32			
8	Income, Expenses, and Transfers for this Plan Year	- /-	(a) Amo		. A J .			(b) Total			
	Contributions received or receivable from:		(B) A(III)	urit		+		(0)	otal		
	(1) Employers	Ba(1)		2	5,45	66					
	(2) Participants	82(2)		2	7,79	8					
	(3) Others (including rollovers)	8a(3)									
	Other Income (loss)	<u>6b</u>			-73	37					
<u>C</u>	Total Income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c								52,517	
d 	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d									
	Certain deemed and/or corrective distributions (see instructions)	8e			50	7					
f_	Administrative sarvice providers (gelaries, fees, commissions)	61			•						
9	Other expenses	6g									
<u>h</u>	Total expenses (add lines 6d, 8e, 8f, and 8g)	8h					50				
	Net Income (lose) (subtract line 8h from line 8c)	81					52,010				
	Transfers to (from) the plan (see Instructions)	8]						·			
Par											
9a	If the plan provides pension benefits, enter the applicable pension 2E 2F 2G 2J 2K 2T 3D 3H	feature co	des from the List of P	lan Cha	racleri	stic Co	odes in	the Instruc	tions:		
В	If the plan provides welfare benefits, enter the applicable welfare for	ature cod	es from the List of Pla	n Chen	acteris	tic Co	les in th	ne instructi	ons:		
Pari	V Compliance Questions										
10	During the plan year:				Yes	No	N/A		Amoun		
a	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)	cluntary F	Iduciary Correction	1 Ca	x				Amoun	7,785	
b	Were there any nonexempt transactions with any party-in-interest	? (Do not i	include transactions			x	<u> </u>				
	reported on [ine 10a.)			10b	ļ	 					
	Was the plan covered by a fidelity bond?			106		Х					
d	Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?	fidelity bo	rd, that was caused	10d		x					
е	Were any fees or commissions paid to any brokers, egents, or oth	er person	s by an insurance								
	carrier, insurance service, or other organization that provides som the plan? (See Instructions.)	e or all of	the benefits under	10a	}	x					
f				10f		х					
		d the plan have any participant loans? (If "Yes," enter amount as of year end.)									
		•		10g		Х					
	2520.101-3.)	************	*******	10h		X					
	If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520,101	a required	notice or one of the	101							
	Old the plan trust incur unrelated business taxable income?			10]							
Part	VI Pension Funding Compliance										
11	Is this a defined benefit plan subject to minimum funding requireme 5500) and line 11a below)	ents? (If ")	es," see instructions	and con	nplete	Sched	lule SB	(Form		s 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							RISA?	Ye	ON X A	

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	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12a below, as applicable.)	-				
	If a walver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, and granting the waiver	enter the Day		e leller n. Year	iling	
	you completed line 12s, complete lines 3, 9, and 10 of Schedule MB (Form 6500), and skip to line 13.					
	Enter the minimum required contribution for this plan year	12b				
	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 to the left of a negative amount)	12d				
	Will the minimum funding amount reported on line 12d be met by the funding deadline?		Yes	No	N/A	
Par						
13:	Has a resolution to terminate the plan been adopted in any plan year?					
	If "Yes," enter the amount of any plan assets that reverted to the employer this year					
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the confidence of the PBGC7	ontrol		Yes 🔀	No	
)				
\equiv	13c(1) Name of plan(s): 13c(2)	EIN(s)		13c(3)	³ N(s)	
Das	VIII Trust Information					
	Name of trust	14b Trust's EIN				
140	Trains of duar	140	rusts ein			
140	Name of trustee or custodian		Trustee's o		ยา'ธ	
		1	elephone r	umber		
Pai	t IX IRS Compliance Questions	L			··	
		☐ Yes		-п		
136	Is the plan a 401(k) plan?			No		
15t	If "Yes." how does the 401(k) plan satisfy the nondiscrimination requirements for employee deferrals and employer	De 	PACP			
	matching contributions (as applicable) under sections 401(k)(3) and 401(m)(2)?	harbor lest method				
150	If the ADP/ACP test is used, did the 401(k) plan perform ADP/ACP testing for the plan year using the "current year	Yes		No		
	testing method" for nonhighly compensated employees (Treas. Reg sections 1,401(k)-2(a)(2)(ii) and 1,401(m)-2(a)(2)(iii))?					
16a	Check the box to indicate the method used by the plan to satisfy the coverage requirements under section 410(b):	Ra	tio rcentage	Ave	rage	
		Les		ban	efit test	
762	Does the plan satisfy the coverage and nondiscrimination tests of sections 410(b) and 401(a)(4) by combining this plan with any other plans under the permissive aggregation rules?	Yas	l	No		
	Has the plan been timely amended for all required tax law changes?	Yes) 	No	□ N/A	
	Date the last plan amendment/restatement for the required tax law changes was adopted Enter the for tax law changes and codes).			_ '	nstructions	
	If the plan sponsor is an adopter of a pre-approved master and prototype (M&P) or volume submitter plan that is subject advisory letter, enter the date of that fevorable letter				ог	
	If the plan is an individually-designed plan and received a favorable determination letter from the IRS, enter the date of determination letter	the plan	's last favo	rable		
18	is the Pian maintained in a U.S. territory (i.e., Puarto Rico (if no election under ERISA section 1022(i)(2) has been made), American Samoe, Guam, the Commonwealth of the Northern Mariana Islands or the U.S. Virgin Islands)?	Yes		No		
19	Were in-service distributions made during the plan year?	Yes		No		
	If "Yes," enter amount	19				
20	Were required minimum distributions made to 5% owners who have attained age 70 % (regardless of whether or not retired), as required under section 401(a)(9)?	☐ Yes		No	□ N/A	
	rearea), as required under section 401(8)(9) /			∟ '`'-	□ . "" `	