### Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation

belief, it is true, correct, and complete.

Filed with authorized/valid electronic signature.

Signature of plan administrator

Signature of employer/plan sponsor

SIGN

**HERE** 

SIGN HERE

**CAROL COLBY** 

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

Pa	rt I	Annual Report	ld	entification Information				
For c	calendar	plan year 2015 or fi	sca	I plan year beginning 01/01/2	015 and ending	12/31	/2015	
<b>A</b> T	his retur	n/report is for:	X	a single-employer plan a one-participant plan	a multiple-employer plan (not multiemplo list of participating employer information a foreign plan			
Вт	nis returr	n/report is		the first return/report an amended return/report	the final return/report a short plan year return/report (less than	I2 month	ns)	
		x if filing under:	X	Form 5558 special extension (enter description)	' '		DFVC prog	gram
Pa	rt II	Basic Plan Info	rm	nation—enter all requested in	ormation			1
	Name of ET SER		PR	OFIT SHARING PLAN		11	b Three-digit plan number (PN) ▶	001
						10	C Effective date of 01/0	of plan 01/1993
1	Mailing a	address (include roo	m, a	, if for a single-employer plan) apt., suite no. and street, or P.C		2	b Employer Ident (EIN) 91-	ification Number 1538723
	City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) ALLET SERVICES, INC.					20	C Sponsor's telep	ohone number 755-0525
		VEN AVE , WA 98233				20	d Business code 488	(see instructions)
3a	Plan adn	ninistrator's name a	nd a	address XSame as Plan Spons	or.	31	<b>b</b> Administrator's	EIN
4								telephone number
		IN, and the plan nu		an sponsor has changed since er from the last return/report.	he last return/report filed for this plan, enter the		<b>b</b> ein <b>c</b> pn	
_	•		- 1	de a la colonida de Colonida d			5a	60
_				0 0 , ,				
					(1.6. 1) 6. 1		5b	50
	complet	e this item)			he plan year (defined benefit plans do not		5c	27
d(	<b>1)</b> Total	number of active pa	rtici	pants at the beginning of the pl	an year		id(1)	42
<b>d</b> (2	<b>2)</b> Total	number of active pa	rtic	ipants at the end of the plan yea	ır	5	id(2)	33
	than 10	0% vested			plan year with accrued benefits that were les		5e	0
					/report will be assessed unless reasonabl			and a contract
					tions, I declare that I have examined this return s well as the electronic version of this return/r			·

HUNTER BENEFITS CONSULTING GROUP

119 E PALATINE ROAD, SUITE 104
PALATINE, IL 60067

10/17/2016

Date

Date

JEANINE DIMMICK

Enter name of individual signing as plan administrator

Enter name of individual signing as employer or plan sponsor

Preparer's telephone number

847-776-2125

Preparer's name (including firm name, if applicable) and address (include room or suite number)

Form 5500-SF 2015		Page <b>2</b>							
<ul> <li>Were all of the plan's assets during the plan year invested in eligib</li> <li>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 lf you answered "No" to either line 6a or line 6b, the plan cannot be a second to the plan cannot be a second</li></ul>	an independ and condition	dent qualified public a	ccount	ant (IQ	PA)			X Yes	No No
<b>c</b> If the plan is a defined benefit plan, is it covered under the PBGC in	surance pr	ogram (see ERISA se	ection 4	021)? .		Yes	No	Not determin	ned
Part III Financial Information					-				
7 Plan Assets and Liabilities		(a) Beginning	•				(b) End o		
a Total plan assets	7a		980	329				444066	
b Total plan liabilities	7b		000	0				444066	
Net plan assets (subtract line 7b from line 7a)      Income, Expenses, and Transfers for this Plan Year	7c	(a) A		329			(I-) T-		
a Contributions received or receivable from:		(a) Amou	ını				(b) To	itai	
(1) Employers	8a(1)								
(2) Participants	8a(2)		28	261					
(3) Others (including rollovers)	8a(3)			0					
<b>b</b> Other income (loss)	8b		-3	790					
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							24471	
d Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		535	906					
e Certain deemed and/or corrective distributions (see instructions)	8e		15	720					
<b>f</b> Administrative service providers (salaries, fees, commissions)	8f		9	108					
<b>g</b> Other expenses	8g								
h Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							560734	1
i Net income (loss) (subtract line 8h from line 8c)	8i							-536263	)
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	feature coo	des from the List of Plant	an Cha	racteris	stic Co	des in th	ne instruct	ions:	
B If the plan provides welfare benefits, enter the applicable welfare fe	eature code	es from the List of Pla	n Chara	acterist	ic Coc	les in the	e instructio	ns:	
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>b</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?				Х					20400
d Did the plan have a loss, whether or not reimbursed by the plan's			10c	^				9	98100
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 the	he benefits under	10e	X					5314
f Has the plan failed to provide any benefit when due under the plan					Х				0017
· · · · · · · · · · · · · · · · · · ·			10f		^				
<ul><li>g Did the plan have any participant loans? (If "Yes," enter amount a</li><li>h If this is an individual account plan, was there a blackout period?</li></ul>	•	· ·	10g	X				1	10269
2520.101-3.)	•		10h		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.			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)								Yes	No
11a Enter the unpaid minimum required contribution for all years from	Schedule S	SB (Form 5500) line 4	0			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 (	302 of E	RISA?	Yes	× 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	e 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?			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 1	rust's Ell	١	
14c	Name	of trustee or custodian		14d	Trustee's	or custodia	an's
	rianio	of tubics of suctorial			telephone		a 11 0
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)?		ba ha	esign- ased safe arbor ethod	ADF test	P/ACP
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 yellowers, enter the date of that favorable letter/ and the letter's serial r		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 fa	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	5	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 Labor Employee Benefits Security Administration Pension Benefit Guaranty Comoration

# 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).

OMB Nos. 1210-0110 1210-0089

2015

This Form is Open to

Conforming Conforming	<ul> <li>Complete all entries in</li> </ul>	accordance with the instructions to the Form	5500-SF.	Fublic hispection
Part   Annual Report	Identification Information	1		
For calendar plan year 2015 or fi	scal plan year beginning	01/01/2015 and ending	12/3	31/2015
A This and the Art of	a single-employer plan	a multiple-employer plan (not multiemploye	r) (Filers check	ing this box must attach a
A This return/report is for:	a one-participant plan	list of participating employer information in a foreign plan	accordance wit	h the form instructions)
B This return/report is	the first return/report	the final return/report		
	an amended return/report	a short plan year return/report (less than 12	months)	
C Check box if filing under:	X Form 5558	automatic extension	[] DI	FVC program
	special extension (enter desc			
Part II Basic Plan Info	rmation—enter all requested in	iformation		
1a Name of plan PALLET SERVICES, INC			1b Three- plan no	umber 001
			1c Effective	ve date of plan 1/1993
2a Plan sponsor's name (employ	yer, if for a single-employer plan)			
Mailing address (include roor	n, apt., suite no, and street, or P.C	D. Box) lal code (if foreign, see instructions)		ver Identification Number 91-1538723
PALLET SERVICES, IN	IC.	en oode (ii foreigh, see manuchons)		or's telephone number 755-0525
201 E Fairhaven Ave			2d Busine	ss code (see instructions)
Burlington	533		4889	90
3a Plan administrator's name an	WA 98233			
Sa Flatt authinistrator's name an	d address (XSame as Plan Spons	SOF.	3b Admini	strator's EIN
•			3c Admi-i	-1-1-1-1
			3C Admin	strator's telephone number
4 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 nun  a Sponsor's name	nber from the last return/report.		4c PN	
5a Total number of participants	at the beginning of the plan year			
				60
<ul> <li>C Number of participants with a</li> </ul>	ccount balances as of the end of	the plan year (defined benefit plans do not		50
		an year		27
		ar		42
<ul> <li>e Number of participants that t</li> </ul>	erminated employment during the	plan year with accrued benefits that were less		33
than 100% vested	***************************************		. 5e	0
Under penalties of periury and oth	er penalties set forth in the instruc	n/report will be assessed unless reasonable ca clions, I declare that I have examined this return/re	use is establis	hed,
SB or Schedule MB completed an belief, it is true, correct, and comp	u siuneu uv an enrolled actuaty a	is well as the electronic version of this return/repo	eport, including, rl, and to the be	if applicable, a Schedule est of my knowledge and
SIGN Julia X	ininek)	io//1//(, JEANINE DIMMI	CK	
⊘S∕gnature of plan a	Iministrator	Date Enter name of individ	dual signing as	olan administrator
SIGN fluid HERE Signature of employ	mink)	10/17/16		
Preparer's name (including firm na	me, if applicable) and address (in	Date Enter name of individual clude room or suite number )	fual signing as of Preparer's tel	employer or plan sponsor ephone number
Hunter Benefits Cons	ulting Grown			7-776-2125
119 E Palatine Road,				
,				
	IL 60067		14. 15.	

Form	EEOO	CE.	ついった

Page 🚄
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<ul> <li>Were all of the plan's assets during the plan year invested in eligil</li> <li>Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility</li> </ul>	an indepen and conditi	dent qualified public a	account	ant (IC	QPA)			[2	_	
If you answered "No" to either line 6a or line 6b, the plan cans  C If the plan is a defined benefit plan, is it covered under the PBGC i							lno F	مام ٦	dotor	mined
Part III   Financial Information	- Todardi 100 pi	ogram (acc Enterna		021):	····· L	] 169 [	]140 [	] 140	deter	mneu
7 Plan Assets and Liabilities		(a) Paginnin	- of Vo	~			/I- \ F			
a Total plan assets	. 7a	(a) Beginnin		ar 0,32			(b) End	of Y		14 000
b Total plan liabilities	. 7b			0,52	0				45	4,066
C Net plan assets (subtract line 7b from line 7a)			9.8	0,32	<del>-</del>  -				11	4,066
8 Income, Expenses, and Transfers for this Plan Year		(a) Amo		0,52			/L-) :	T . 4 . I		4,000
a Contributions received or receivable from:		(a) Anio	unt		_		<u>(D)</u>	Total		
(1) Employers	. 8a(1)					1.78				
(2) Participants	. 8a(2)		2	8,26	1					
(3) Others (including rollovers)	. 8a(3)				0					
b Other income (loss)	. 8b		_	3,79	0	A SHARE	5 No.		-1	
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	. 8c								2	4,471
d Benefits paid (including direct rollovers and insurance premiums			E 2	E 0.0						
to provide benefits)				5,90	_		11,12		<del></del>	
Certain deemed and/or corrective distributions (see instructions)      Administrative service providers (salaries fees commissions)	1			5,72			<u> </u>			
	. 8f			9,10	8		<u> </u>		· · ·	
g Other expenses	. 8g									165.5
h Total expenses (add lines 8d, 8e, 8f, and 8g)										0,734
i Net income (loss) (subtract line 8h from line 8c)	. 8i								-53	6,263
j Transfers to (from) the plan (see instructions)  Part IV Plan Characteristics	·  8j									
B If the plan provides welfare benefits, enter the applicable welfare to Part V Compliance Questions	feature code	es from the List of Pla	n Chara	cteris	ic Cod	les in the	instruct	tions:		
10 During the plan year:				Yes	No	N/A		Λ nn	ount	
Was there a failure to transmit to the plan any participant contributed described in 29 CFR 2510.3-102? (See instructions and DOL's Norgram)	Voluntary Fig	duciary Correction	10a		Х			AIII	Ount	
b Were there any nonexempt transactions with any party-in-interes reported on line 10a.)	t? (Do not ir	clude transactions	10b		Х					
C Was the plan covered by a fidelity bond?	•••••		10c	Х						98,10
d Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?	••••••	•••••	10d		Х					
Were any fees or commissions paid to any brokers, agents, or other organization that provides son the plan? (See instructions.)	ne or all of th	ne benefits under	10e	х					,	5,31
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				X						10 260
h If this is an individual account plan, was there a blackout period? 2520.101-3.)	(See instruc	tions and 29 CFR	10g 10h		Х					10,269
i If 10h was answered "Yes," check the box if you either provided to exceptions to providing the notice applied under 29 CFR 2520.10	he required	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 requirem 5500) and line 11a below)	nents? (If "Y	es," see instructions a	and con	nplete	Sched	ule SB (F	orm		Yes	∏ No
11a Enter the unpaid minimum required contribution for all years from						11a				
12 Is this a defined contribution plan subject to the minimum funding	requiremer	nts of section 412 of th	ne Code	or se	ction 3	02 of ER	ISA?		Yes	X No

	Form 5500-SF 2015 Page <b>3</b> -									
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)		*****		·····					
	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									
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							
<u>c</u>	Enter the amount contributed by the employer to the plan for this plan year	12c								
d	Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left negative amount)	t of a	12d							
e	Will the minimum funding amount reported on line 12d be met by the funding deadline?			Yes	No [	N/A				
Part				· · · · · · · · · · · · · · · · · · ·	-L					
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	Ц :						
b		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), identify t which assets or liabilities were transferred. (See instructions.)	he plan(s) to								
	13c(1) Name of plan(s):	13c(2) [	=IN(s)		130/31	DN/e)				
		130(2)	-114(2)		13c(3)	riv(s)				
Part	VIII Trust Information			<del></del>						
14a	Name of trust		14b T	rust's ElN						
14c	Name of trustee or custodian		14d 1	Γrustee's elephóne	or custodi number	an's				
14c	•		14d 1	Γrustee's elephóne	or custodi number	an's				
Par	t IX IRS Compliance Questions		to	elephóne	number	an's				
Par 15a	t IX IRS Compliance Questions Is the plan a 401(k) plan?		to Yes	elephóne	or custodi number	an's				
15a	IRS Compliance Questions  Is the plan a 401(k) plan?		Yes Des	elephóne sign- ed safe bor	number	P/ACP				
15a	Is the plan a 401(k) plan?	ent year	Yes Des	elephóne sign- ed safe	number  No	P/ACP				
15a 15b 15c	Is the plan a 401(k) plan?	ent year (m)- 410(b):	Yes Des bas har mel Yes Rat pere	sign- ed safe bor thod	No ADR	P/ACP				
15a 15b 15c	Is the plan a 401(k) plan?	ent year (m)- 410(b):	Yes Des bas har mel Yes	sign- ed safe bor thod	No ADR	P/ACP				
15a 15b 15c 16a 16b	Is the plan a 401(k) plan?	ent year (m)- 410(b):	Yes Des bas har mel Yes Rat peritest	sign- ed safe bor thod	No ADF test No Ave	P/ACP				
15a 15b 15c 16a 16b 17a 17b	Is the plan a 401(k) plan?  If "Yes," how does the 401(k) plan satisfy the nondiscrimination requirements for employee deferrals and ematching contributions (as applicable) under sections 401(k)(3) and 401(m)(2)?  If the ADP/ACP test is used, did the 401(k) plan perform ADP/ACP testing for the plan year using the "curre testing method" for nonhighly compensated employees (Treas. Reg sections 1.401(k)-2(a)(2)(ii) and 1.401(2(a)(2)(ii))?  Check the box to indicate the method used by the plan to satisfy the coverage requirements under section 2 to bos the plan satisfy the coverage and nondiscrimination tests of sections 410(b) and 401(a)(4) by combinitis plan with any other plans under the permissive aggregation rules?  Has the plan been timely amended for all required tax law changes was adopted  Date the last plan amendment/restatement for the required tax law changes was adopted	ent year (m)- 410(b):	Yes Des bas harmel Yes Rat per test Yes Yes Yes	sign- sed safe bor thod  io centage	No ADF test No Ave ber No No (See ir	P/ACP t erage lefit test  N/A enstructions				
15a 15b 15c 16a 16b 17a 17b	Is the plan a 401(k) plan?	ent year (m)- 410(b): ing . Enter the appart is subject	Yes Des bas har mel Yes Rat pero test Yes Yes Sopplicable to a favor	sign- ed safe bor thod  io centage	No ADF test No Ave ben No (See ir	P/ACP t erage lefit test  N/A enstructions				
15a 15b 15c 16a 16b 17a 17b 17c	Is the plan a 401(k) plan?	ent year (m)- 410(b):  Ing . Enter the appear is subject oper the date of the	Yes Des bas har mel Yes Rat pero test Yes Yes Sopplicable to a favor	sign- ed safe bor thod  io centage	No ADF test No Ave ben No (See ir	P/ACP t erage lefit test  N/A enstructions				
15a 15b 15c 16a 16b 17a 17b 17c	Is the plan a 401(k) plan?	ent year (m)- 410(b):  Enter the appear the date of the date of the speed	Yes Des bas har mel Yes Rat pero test Yes Yes Sopplicable to a favor	sign- ed safe bor thod  io centage	No ADF test No Ave ben No (See ir	P/ACP t erage lefit test  N/A enstructions				
15a 15b 15c 16a 16b 17a 17b 17c 17d 18	Is the plan a 401(k) plan?	ent year m)- 410(b): ing . Enter the apart is subject per the date of the speen and speed and spee	Yes Det bas har mel Yes Rat perd test Yes Yes Soplicable to a favor	sign- ed safe bor thod  io centage	No ADF test No No No Sopinion	P/ACP t erage lefit test  N/A enstructions				
15a 15b 15c 16a 16b 17a 17b 17c 17d 18	Is the plan a 401(k) plan?	ent year m)- 410(b):  Enter the application in the date of the date of the speen and speen.	Yes Det bas har mel Yes Rat perd test Yes Yes Yes Yes Yes Yes Yes	sign- ed safe bor thod  io centage	No ADF test No Ave ben No (See ir	P/ACP t erage lefit test  N/A enstructions				

## Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Comoration

# Short Form Annual Return/Report of Small Employee Benefit Plan

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OMB Nos. 1210-0110 1210-0089

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For calendar plan year 2015 or fi	scal plan year beginning	01/01/2015 and ending	12/3	31/2015
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A This return/report is for:	a one-participant plan	list of participating employer information in a foreign plan	accordance wit	h the form instructions)
B This return/report is	the first return/report	the final return/report		
	an amended return/report	a short plan year return/report (less than 12	months)	
C Check box if filing under:	X Form 5558	automatic extension	[] DI	FVC program
	special extension (enter desc			
Part II Basic Plan Info	rmation—enter all requested in	iformation		
1a Name of plan PALLET SERVICES, INC			1b Three- plan no	umber 001
			1c Effective	ve date of plan 1/1993
2a Plan sponsor's name (employ	yer, if for a single-employer plan)			
Mailing address (include roor	n, apt., suite no, and street, or P.C	D. Box) lal code (if foreign, see instructions)		ver Identification Number 91-1538723
PALLET SERVICES, IN	IC.	en oode (ii foreigh, see manuchons)		or's telephone number 755-0525
201 E Fairhaven Ave			2d Busine	ss code (see instructions)
Burlington	533		4889	90
3a Plan administrator's name an	WA 98233			
Sa Flatt authinistrator's name an	d address (XSame as Plan Spons	SOF.	3b Admini	strator's EIN
•			3c Admi-i	-1-1-1-1
			3C Admin	strator's telephone number
4 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 nun  a Sponsor's name	nber from the last return/report.		4c PN	
5a Total number of participants	at the beginning of the plan year			
				60
<ul> <li>C Number of participants with a</li> </ul>	ccount balances as of the end of	the plan year (defined benefit plans do not		50
		an year		27
		ar		42
<ul> <li>e Number of participants that t</li> </ul>	erminated employment during the	plan year with accrued benefits that were less		33
than 100% vested	***************************************		. 5e	0
Under penalties of periury and oth	er penalties set forth in the instruc	n/report will be assessed unless reasonable ca clions, I declare that I have examined this return/re	use is establis	hed,
SB or Schedule MB completed an belief, it is true, correct, and comp	u siuneu uv an enrolled actuaty a	is well as the electronic version of this return/repo	eport, including, rl, and to the be	if applicable, a Schedule est of my knowledge and
SIGN Julia X	ininek)	io//1//(, JEANINE DIMMI	CK	
⊘S∕gnature of plan a	Iministrator	Date Enter name of individ	dual signing as	olan administrator
SIGN fluid HERE Signature of employ	mink)	10/17/16		
Preparer's name (including firm na	me, if applicable) and address (in	Date Enter name of individual clude room or suite number )	fual signing as of Preparer's tel	employer or plan sponsor ephone number
Hunter Benefits Cons	ulting Grown			7-776-2125
119 E Palatine Road,				
,				
	IL 60067		14. 15.	

Form	EEOO	CE.	ついった

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<ul> <li>Were all of the plan's assets during the plan year invested in eligil</li> <li>Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility</li> </ul>	an indepen and conditi	dent qualified public a	account	ant (IC	QPA)			[2	_	
If you answered "No" to either line 6a or line 6b, the plan cans  C If the plan is a defined benefit plan, is it covered under the PBGC i							lno F	مام ٦	dotor	mined
Part III   Financial Information	- Todardi 100 pi	ogram (acc Enterna		021):	····· L	] 169 [	]140 [	] 140	deter	mneu
7 Plan Assets and Liabilities		(a) Paginnin	- of Vo	~			/I- \ F			
a Total plan assets	. 7a	(a) Beginnin		ar 0,32			(b) End	of Y		14 000
b Total plan liabilities	. 7b			0,52	0				45	4,066
C Net plan assets (subtract line 7b from line 7a)			9.8	0,32	<del>-</del>  -				1.0	4,066
8 Income, Expenses, and Transfers for this Plan Year		(a) Amo		0,52			/L-) :	T . 4 . I		4,000
a Contributions received or receivable from:		(a) Anio	unt		_		<u>(D)</u>	Total		
(1) Employers	. 8a(1)					1.78				
(2) Participants	. 8a(2)		2	8,26	1					
(3) Others (including rollovers)	. 8a(3)				0					
b Other income (loss)	. 8b		_	3,79	0	A SHARE	5 No.		-1	
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	. 8c								2	4,471
d Benefits paid (including direct rollovers and insurance premiums			E 2	E 0.0						
to provide benefits)				5,90	_		11,12		<del></del>	
Certain deemed and/or corrective distributions (see instructions)      Administrative service providers (salaries fees commissions)	1			5,72			<u> </u>	:		
	. 8f			9,10	8		<u> </u>		· · ·	
g Other expenses	. 8g									165.5
h Total expenses (add lines 8d, 8e, 8f, and 8g)										0,734
i Net income (loss) (subtract line 8h from line 8c)	. 8i								-53	6,263
j Transfers to (from) the plan (see instructions)  Part IV Plan Characteristics	·  8j									
B If the plan provides welfare benefits, enter the applicable welfare to Part V Compliance Questions	feature code	es from the List of Pla	n Chara	cteris	ic Cod	les in the	instruct	tions:		
10 During the plan year:				Yes	No	N/A		Λ nn	ount	
Was there a failure to transmit to the plan any participant contributed described in 29 CFR 2510.3-102? (See instructions and DOL's Norgram)	Voluntary Fig	duciary Correction	10a		Х			AIII	Ount	
b Were there any nonexempt transactions with any party-in-interes reported on line 10a.)	t? (Do not ir	clude transactions	10b		Х					
C Was the plan covered by a fidelity bond?	•••••		10c	Х						98,10
d Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?	••••••	•••••	10d		Х					
Were any fees or commissions paid to any brokers, agents, or other organization that provides son the plan? (See instructions.)	ne or all of th	ne benefits under	10e	х					,	5,31
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				X						10 260
h If this is an individual account plan, was there a blackout period? 2520.101-3.)	(See instruc	tions and 29 CFR	10g 10h		Х					10,269
i If 10h was answered "Yes," check the box if you either provided to exceptions to providing the notice applied under 29 CFR 2520.10	he required	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 requirem 5500) and line 11a below)	nents? (If "Y	es," see instructions a	and con	nplete	Sched	ule SB (F	orm		Yes	∏ No
11a Enter the unpaid minimum required contribution for all years from						11a				
12 Is this a defined contribution plan subject to the minimum funding	requiremer	nts of section 412 of th	ne Code	or se	ction 3	02 of ER	ISA?		Yes	X No

	Form 5500-SF 2015 Page <b>3</b> -					
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)				·····	
	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instrugranting the waiver	nth	enter the Day	e date of t	he letter r Year	uling
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			
C Enter the amount contributed by the employer to the plan for this plan year		12c				
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)		12d				
e	Will the minimum funding amount reported on line 12d be met by the funding deadline?			Yes	No [	N/A
Part				· · · · · · · · · · · · · · · · · · ·	-L	
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	Ц :		
b	re all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the he PBGC?		ntrol			No
С	If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify t which assets or liabilities were transferred. (See instructions.)	he plan(s) to				
	13c(1) Name of plan(s):	13c(2) [	=IN(s)		130/31	DN/e)
		130(2)	-114(9)		13c(3)	riv(s)
Part	VIII Trust Information			<del></del>		
14a Name of trust			14b Trust's EIN			
14c Name of trustee or custodian						
14c	Name of trustee or custodian		14d T	Trustee's elephône	or custodi number	an's
14c	•		14d T	Γrustee's elephóne	or custodi number	an's
Par	t IX IRS Compliance Questions		te	elephóne	number	an's
Par 15a	t IX IRS Compliance Questions Is the plan a 401(k) plan?		Yes	elephóne	or custodi number	an's
15a	IRS Compliance Questions  Is the plan a 401(k) plan?		Yes Des	elephóne sign- ed safe bor	number	P/ACP
15a	Is the plan a 401(k) plan?	ent year	Yes Des	elephóne sign- ed safe	number  No	P/ACP
15a 15b 15c	Is the plan a 401(k) plan?	ent year (m)- 410(b):	Yes Des bas hard med Yes Rati	sign- ed safe bor thod	No ADR	P/ACP
15a 15b 15c	Is the plan a 401(k) plan?	ent year (m)- 410(b):	Yes Des bas hard med Yes Rati	sign- ed safe bor thod	No ADR	P/ACP
15a 15b 15c 16a 16b	Is the plan a 401(k) plan?	ent year (m)- 410(b):	Yes Des bas harl met Yes Rati perotest	sign- ed safe bor thod	No ADF test No Ave	P/ACP
15a 15b 15c 16a 16b 17a 17b	Is the plan a 401(k) plan?  If "Yes," how does the 401(k) plan satisfy the nondiscrimination requirements for employee deferrals and ematching contributions (as applicable) under sections 401(k)(3) and 401(m)(2)?  If the ADP/ACP test is used, did the 401(k) plan perform ADP/ACP testing for the plan year using the "curre testing method" for nonhighly compensated employees (Treas. Reg sections 1.401(k)-2(a)(2)(ii) and 1.401(2(a)(2)(ii))?  Check the box to indicate the method used by the plan to satisfy the coverage requirements under section 2 to bos the plan satisfy the coverage and nondiscrimination tests of sections 410(b) and 401(a)(4) by combinitis plan with any other plans under the permissive aggregation rules?  Has the plan been timely amended for all required tax law changes was adopted  Date the last plan amendment/restatement for the required tax law changes was adopted	ent year (m)- 410(b):	Yes Des bas hard med Yes Rati pero test Yes Yes Yes	sign- sed safe bor thod  io centage	No ADF test No Ave ber No No (See ir	P/ACP t erage lefit test  N/A enstructions
15a 15b 15c 16a 16b 17a 17b	Is the plan a 401(k) plan?	ent year (m)- 410(b): ing . Enter the appart is subject	Yes Des bas hard met Yes Rati pero test Yes Yes Soplicable to a favor	sign- ed safe bor thod  io centage	No ADF test No Ave ben No (See ir	P/ACP t erage lefit test  N/A enstructions
15a 15b 15c 16a 16b 17a 17b 17c	Is the plan a 401(k) plan?	ent year (m)- 410(b):  Ing . Enter the appear is subject oper the date of the	Yes Des bas hard met Yes Rati pero test Yes Yes Soplicable to a favor	sign- ed safe bor thod  io centage	No ADF test No Ave ben No (See ir	P/ACP t erage lefit test  N/A enstructions
15a 15b 15c 16a 16b 17a 17b 17c	Is the plan a 401(k) plan?	ent year (m)- 410(b):  Enter the appear the date of the date of the speed	Yes Des bas hard met Yes Rati pero test Yes Yes Soplicable to a favor	sign- ed safe bor thod  io centage	No ADF test No Ave ben No (See ir	P/ACP t erage lefit test  N/A enstructions
15a 15b 15c 16a 16b 17a 17b 17c 17d 18	Is the plan a 401(k) plan?	ent year m)- 410(b): ing . Enter the apart is subject per the date of the speen and speed and spee	Yes Despendent of the percent of the	sign- ed safe bor thod  io centage	No ADF test No No No Sopinion	P/ACP t erage lefit test  N/A enstructions
15a 15b 15c 16a 16b 17a 17b 17c 17d 18	Is the plan a 401(k) plan?	ent year m)- 410(b):  Enter the application in the date of the date of the speen and speen.	Yes Despendent of the percent of the	sign- ed safe bor thod  io centage	No ADF test No Ave ben No (See ir	P/ACP t erage lefit test  N/A enstructions