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).

OMB Nos. 1210-0110 1210-0089

2015

This Form is Open to Public Inspection

Pension Be	enent Guaranty Corporation	▶ Complete all entries in a	accordance with the instructions to the Form 55	500-SF		
Part I		Identification Information				
For calenda	ar plan year 2015 or fis	scal plan year beginning 10/01/2	2015 and ending 09	9/30/20	16	
A This ret	urn/report is for:	a single-employer plan a one-participant plan	a multiple-employer plan (not multiemployer) list of participating employer information in ac a foreign plan	`	•	
B This retu	urn/report is	the first return/report an amended return/report	the final return/report a short plan year return/report (less than 12 m	onths)		
	pox if filing under:	Form 5558 special extension (enter descri	' '		DFVC progr	ram
Part II	Basic Plan Into	rmation—enter all requested in	formation	1		
1a Name (SEVEN SIS	•	OFIT SHARING PLAN		1	Three-digit plan number (PN)	003
				1c	Effective date of 05/0	¹ plan 1/1981
Mailing	address (include roon	ver, if for a single-employer plan) n, apt., suite no. and street, or P.C	,		Employer Identif (EIN) 91-1	ication Number 133568
EVEN SIST	town, state or province ERS, INC.	2c Sponsor's telephone number 360-856-0842				
	PARK DRIVE			2d	Business code (see instructions)
MB 46 EDRO-WO	OLLEY, WA 98284				2382	.10
3a Plan ad	dministrator's name an	d address XSame as Plan Spons	sor.	3b /	Administrator's I	EIN
				3c /	Administrator's t	elephone number
		plan sponsor has changed since nber from the last return/report.	the last return/report filed for this plan, enter the	4b	EIN	
a Sponso	or's name			4c	PN	
5a Total r	number of participants	at the beginning of the plan year		5a		12
b Total r	number of participants	at the end of the plan year		5b)	11
			the plan year (defined benefit plans do not	5c	;	11
d(1) Tota	al number of active par	ticipants at the beginning of the pl	an year	5d(²	-	11
d(2) Tota	al number of active par	ticipants at the end of the plan yea	ar	5d(2	2)	0
than '	100% vested		plan year with accrued benefits that were less	5e		0
			n/report will be assessed unless reasonable cau	use is e	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

belief, it is t	rue, correct, and complete.		·				
	Filed with authorized/valid electronic signature.	11/07/2016	CHRISTINE THOMPS	SON			
HERE	Signature of plan administrator	Date	Enter name of individual signing as plan administrator				
SIGN							
HERE	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor				
Preparer's	name (including firm name, if applicable) and address (include r	oom or suite number	1)	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 or line 6b. 	an independand condition	dent qualified public a ons.) m 5500-SF and mus	ccount	ant (IQ	PA) Form	5500.		X Yes X 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	ection 4	021)? .		Yes	No	Not detern	nined
Part III Financial Information									
7 Plan Assets and Liabilities		(a) Beginning	•				(b) End		
a Total plan assets	7a		4372					507862	
b Total plan liabilities	7b		4070	0				E07060	0
Net plan assets (subtract line 7b from line 7a) Income. Expenses, and Transfers for this Plan Year	7c	(a) A	4372	310			(L) 7	507862	19
8 Income, Expenses, and Transfers for this Plan Year a Contributions received or receivable from:		(a) Amou	ınt				(b) T	otai	
(1) Employers	8a(1)		130	587					
(2) Participants	8a(2)		128	3213					
(3) Others (including rollovers)	8a(3)			0					
b Other income (loss)	8b		515	5228					
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							77402	28
Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		67	915					
e Certain deemed and/or corrective distributions (see instructions)	8e			0					
f Administrative service providers (salaries, fees, commissions)	8f			0					
g Other expenses	8g			0					
h Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							679′	15
i Net income (loss) (subtract line 8h from line 8c)	8i							7061	13
j Transfers to (from) the plan (see instructions)	8j			0					
Part IV Plan Characteristics									
9a If the plan provides pension benefits, enter the applicable pension 2E 2F 2J 2K 3D	feature coo	des from the List of Plant	an Cha	racteris	stic Co	des in th	ne instru	ctions:	
B If the plan provides welfare benefits, enter the applicable welfare for	eature code	se from the List of Pla	n Char	actorist	ic Coc	les in the	inetruct	ions:	-
If the plant provides welfare benefits, effect the applicable welfare in	cature couc	3 HOIT THE LIST OF FIA	ii Onait	actorist	10 000	ics in the	motract	10113.	
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 contributed described in 29 CFR 2510.3-102? (See instructions and DOL's Verogram)	oluntary Fig	duciary Correction	10a		X				
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					500000
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 the	he benefits under	10e		X				
f Has the plan failed to provide any benefit when due under the pla					X				
			10f						
g Did the plan have any participant loans? (If "Yes," enter amount ah If this is an individual account plan, was there a blackout period?	•	· · · · · · · · · · · · · · · · · · ·	10g		X				
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			X			
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						11a		<u>. — </u>	
12 Is this a defined contribution plan subject to the minimum funding							RISA?	Yes	X No

	F	orm 5500-SF 2015 Page 3 - 1					
	(If "Ye	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 in ng the waiver		enter the Day	e date of	the letter ru Year	ling
If		mpleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line		Day_		Toal	
b	Enter th	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			
	Subtra	act the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the	left of a	12d			
		ve amount)			Yes	No	N/A
Part		e minimum funding amount reported on line 12d be met by the funding deadline? Plan Terminations and Transfers of Assets			163	NO	IN/A
		resolution to terminate the plan been adopted in any plan year?			X Ye	s \square No	
		," enter the amount of any plan assets that reverted to the employer this year		13a		<u> П</u>	(
b	Were	all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brou	ght under the co			Yes X	No
С	If durin	PBGC? ng this plan year, any assets or liabilities were transferred from this plan to another plan(s), identi				<u> </u>	
		assets or liabilities were transferred. (See instructions.) lame of plan(s):	13c(2)	FIN(e)		13c(3) F	PN(e)
	100(1)	uno oi piuntoj.	130(2)	L114(3)		130(3)	· V (3)
Dant		Turnet hafe amount on					
Part	Name o	Trust Information		14h 1	Γrust's Ell	N	
ı T a	Name 0	ii iiust		140	TUSES EII	14	
14c	Name	of trustee or custodian				s or custodia e number	an's
					tolophon	o mambon	
Par	t IX	IRS Compliance Questions					
15a	Is the	plan a 401(k) plan?		Ye	s	No	
					esign-		
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)?			ased safe arbor	∐ ADF test	P/ACP
450					ethod		
150		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 1.401(k)-2(a)(2)(ii) and 1.401(k)-2(a)(b) and 1.401(k)		Ye	S	No	
	2(a)(2)	(ii))?		□ Ra	atio		
16a	Check	the box to indicate the method used by the plan to satisfy the coverage requirements under section	on 410(b):		ercentage		erage efit test
16b		he plan satisfy the coverage and nondiscrimination tests of sections 410(b) and 401(a)(4) by comin with any other plans under the permissive aggregation rules?		Ye	s	No	
17a		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	If the p	lan sponsor is an adopter of a pre-approved master and prototype (M&P) or volume submitter play letter, enter the date of that favorable letter/ and the letter's serial r		t to a fa	vorable I	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	Is the I	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 Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation

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

Short Form Annual Return/Report of Small Employee

Benefit Plan

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

-		t identification information				
Fo	r calendar plan year 2015 or fi		10/01/2015	and ending	09/30/2	
A	This return/report is for:	x a single-employer plan ☐ a one-participant plan	a multiple-employer a list of participating a foreign plan	plan (not multiemployer) employer information in) (Filers checking accordance with	this box must attach the form instructions)
В	This return/report is:	the first return/report	the final return/repor	t		
	,	an amended return/report		urn/report (less than 12 i	months)	
			a short plan year ret	um/report (less than 121	months)	
С	Check box if filing under:	Form 5558 special extension (enter descr	automatic extension		DFVC	program
D	art II Basic Plan Info	<u> </u>	. ,			
	Name of plan	ormation enter all requested	information		4h =	
	·	. 401(k) Profit Sharing	Dlan		1b Three-diplan num	
	beven bibeeib, inc	. For (x) From Bharing	FIAN		(PN) ▶	003
					1c Effective 05/01/	
2a	Plan sponsor's name (emplo	oyer, if for a single-employer plan)			1	r Identification Number
	City or town, state or province	om, apt., suite no. and street or P.O ice, country, and ZIP or foreign post). Box) al code (if foreign, see ins	tructions)		1-1133568
	Seven Sisters, Inc		, ,	,	2c Sponsor'	s telephone number
						856-0842
	663 Sunset Park Dr:	ive			2d Business 238210	s code (see instructions)
	PMB 46				230210	
	US Sedro-Woolley WA 9828 Plan administrator's name a	and address X Same as Plan Spo	onsor Namo		2b Adaminist	
-	i lan daministrator s name a	and address [=] Same as Flan Spo	onsor Name		3b Administr	ator's EIN
					2	
					3C Administr	rator's telephone number
4	If the name and/or EIN of the	e plan sponsor has changed since t	the last return/report filed f	or this plan, enter the	4b EIN	
2	Sponsor's name	mber from the last return/report.			4	
		s at the beginning of the plan was			4c PN	
b		at the beginning of the plan years at the end of the plan year			5a 5b	12
C	Number of participants with a	account balances as of the end of the	he plan vear (defined hen	efit plans do not		11
.,	complete this item)	••••••		······	5c	11
d(1) Total number of active part	rticipants at the beginning of the plan	n year	•••••••••••	5d(1)	11
d (2		rticipants at the end of the plan year		***************************************	5d(2)	0
е		terminated employment during the p			5e	0
Ca		or incomplete filing of this return				
		or incomplete filing of this return ther penalties set forth in the instruc				
SB	or Schedule MB completed arief, it is true, correct, and com	and signed by an enrolled actuary, a	is well as the electronic ve	rsion of this return/repor	t, and to the best	of my knowledge and
SI	GN Christine	M Showpa	, ,	Christine Thomp	son	
HE	RE Signature of plan adm	inistrator	Date / / / //6	Enter name of individua	al signing as plan	administrator
SI	GN Urislino	M Maries		Christine Thomp		
HE	Signature of employer	r/plan sponsor	Date ///7//6	Enter name of individua	al signing as emp	lover or plan sponsor
Pre	parer's name (including firm n	name, if applicable) and address; ind	clude room or suite numbe	er	Preparer's telep	

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	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 ar	`	dent qualified public accou	intant	(IQP	۹)	••••••		XYes N	
С	under 29 CFR 2520.104-46? (See instructions on waiver eligibility ar If you answered "No" to either line 6a or line 6b, the plan cannot If the plan is a defined benefit plan, is it covered under the PBGC ins	t use Forr	n 5500-SF and must inst	ead	use F	orm 5	500.		XYes Not determ	
Pa	art III Financial Information									
7	Plan Assets and Liabilities		(a) Beginning of	Yea	r			(b) End o	f Year	
а	Total plan assets	7a	4,37	2,5	16				5,078,629	
b	Total plan liabilities	7b			0				0	
С	Net plan assets (subtract line 7b from line 7a)	7c	4,37	2,5	16				5,078,629	
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount					(b) To	otal	
а —	Contributions received or receivable from: (1) Employers	8a(1)		30,5						
	(2) Participants	8a(2)	12	28,2	13					
	(3) Others (including rollovers)	8a(3)			0					
<u>b</u>	Other income (loss)	8b	51	.5,2	28					
C	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) Benefits paid (including direct rollovers and insurance premiums	8c							774,028	
d	to provide benefits)	8d		7,9	15					
е	Certain deemed and/or corrective distributions (see instructions)	8e			0					
f	Administrative service providers (salaries, fees, commissions)	8f			0					
g	Other expenses	8g			0					
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							67,915	
<u>i</u>	Net income (loss) (subtract line 8h from line 8c)	8i							706,113	_
<u>_i</u> _	Transfers to (from) the plan (see instructions)	8j			0					
	art IV Plan Characteristics									
9a	If the plan provides pension benefits, enter the applicable pension fe	ature code	es from the List of Plan Ch	arac	teristic	Code	s in the	e instructio	ns:	
	2E 2F 2J 2K 3D									
b	If the plan provides welfare benefits, enter the applicable welfare fear	ture codes	s from the List of Plan Cha	racte	eristic (Codes	in the	instruction	s:	
P	art V Compliance Questions									
10	During the plan year:				Yes	No	N/A		Amount	
a		ions within	the time period							
	described in 29 CFR 2510.3-102? (See instructions and DOL's Vol	luntary Fic	luciary Correction							
	Program)			10a		х				
	Were there any nonexempt transactions with any party-in-interest? reported on line 10a.)			10b		х				
	Was the plan covered by a fidelity bond?	•••••		10c	х				500,0	000
C	Did the plan have a loss, whether or not reimbursed by the plan's f by fraud or dishonesty?	•		10d		x				
e	,									
	carrier, insurance service, or other organization that provides some the plan? (See instructions.)			10e		x				
f	,			10e						
						Х				
		-	· · · · · · · · · · · · · · · · · · ·	10g		х				
r	If this is an individual account plan, was there a blackout period? (\$2520.101-3.)			10h		x				
i	If 10h was answered "Yes," check the box if you either provided th exceptions to providing the notice applied under 29 CFR 2520.101			10i						
j	Did the plan trust incur unrelated business taxable income?	•••••	•••••••••••••••••••••••••••••••••••••••	10j			х			
Pa	rt VI Pension Funding Compliance									
11	Is this a defined benefit plan subject to minimum funding requirement 5500) and line 11a below)	•						•	Yes X	No
11	a Enter the unpaid minimum required contribution for current year from						11a		•	
12	·)2 of El	RISA?	Yes X	No

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(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 p granting the waiver.	lan year, see instruction Month	s, and enter the Day	date of the letter ruling Year
If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), an			
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 min	O .	12d	
e 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	•••••••	•••••••	Tes LINO LINA
13a Has a resolution to terminate the plan been adopted in any plan year?		X Ye	s 🗆 No
	•••••		0
b Were all the plan assets distributed to participants or beneficiaries, transferred to another of the PBGC?		the control	Yes X No
C If during this plan year, any assets or liabilities were transferred from this plan to anothe which assets or liabilities were transferred. (See instructions.)			
13c(1) Name of plan(s):		13c(2) EIN(s	s) 13c(3) PN(s)
Part VIII Trust Information			
14a Name of trust		14b Tr	ust's EIN
14c Name of trustee or custodian			ustee or custodian's hone number
Part IX IRS Compliance Questions			
15a Is the plan a 401(k) plan:	••••••	Yes	☐ No
15b If "Yes," how does the 401(k) plan satisfy the nondiscrimination requirements for employ matching contributions (as applicable) under sections 401(k)(3) and 401(m)(2)?	ee deferrals and employ	rer bas	
15c If ADP/ACP test, did the 401(k) plan perform ADP/ACP testing for the plan year using the testing method" for nonhighly compensated employees (Treas. Reg. section 1.401(k)-2(a 2(a)(2)(ii))?	ı)(2)(ii) and 1.401(m)-	Yes	☐ No
16a Check the box to indicate the method used by the plan to satisfy the coverage requirement	ents under section 410(b): Rati Pero Tes	centage
16b Does the plan satisfy the coverage and nondiscrimination tests of sections 410(b) and 41 this plan with any other plans under the permissive aggregation rules?	01(a)(4) by combining	Yes	☐ No
17a Has the Plan been timely amended for all required law changes?	••••••	Yes	
17b Date of the last plan amendment/restatement for the required tax law changes was adop instructions for tax law changes and codes).	oted//E	nter the applica	ble code (See
17c If the plan sponsor is an adopter of a pre-approved master, prototype (M&P), or volume		oject to a favora	ble IRS opinion or
advisory letter, enter the date of that favorable letter / / and the letter 17d If the plan is an individually-designed plan and recieved a favorable determination letter determination letter / / .	etter's serial number. from IRS, please enter th	ne date of plan's	s last favorable
18 Is the Plan maintained in a U.S. territory (i.e., Puerto Rico (if no election under ERISA secondal), American Samoa, Guam, the Commonwealth of the Northern Mariana Islands or			☐ No
19 Were in-service distributions made during the plan year?	•••••••	Yes	☐ No
If Yes, enter amount		19	
Were minimum required distributions made to 5% owners who have attained age 70 ½ (r not retired) as required under section 401(a)(9)?		Yes	□ No □ N/A