## Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation

**HERE** 

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

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

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

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2015

OMB Nos. 1210-0110

1210-0089

This Form is Open to Public Inspection

Parti	Annual Report	identification information										
For calenda	ar plan year 2015 or fi	scal plan year beginning 01/01/20	)16	and ending 10/31/2	2016							
A This ret	rs checking this box must attach a ance with the form instructions)											
a one-participant plan  a foreign plan												
<b>B</b> This retu	ırn/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 to	oox if filing under:	Form 5558	automatic extension	on DFVC program								
		special extension (enter descrip	otion)									
Part II	Basic Plan Info	ormation—enter all requested info	ormation									
1a Name				1b	Three-digit							
PSS RETIR	EMENT PLAN				plan number (PN) • 001							
				10	Effective date of plan							
				10	01/01/2008							
	, ,	oyer, if for a single-employer plan) m, apt., suite no. and street, or P.O.	Box)	2b	Employer Identification Number (EIN) 54-2127780							
	town, state or province SNAL SUPPLY, LLC	ce, country, and ZIP or foreign posta	I code (if foreign, see instr	ructions) 2c	Sponsor's telephone number							
PACIFIC SIG	INAL SUPPLY, LLC				360-403-7655							
	501/55			2d	Business code (see instructions)							
17021 MCEL ARLINGTON					488990							
	,				400000							
3a Plan ad	dministrator's name a	nd address XSame as Plan Sponso	or.	3b	Administrator's EIN							
				3c	Administrator's telephone number							
4												
		e plan sponsor has changed since the mber from the last return/report.	ne last return/report filed fo	or this plan, enter the 4b	EIN							
<b>a</b> Sponso	or's name				PN							
<b>5a</b> Total r	number of participants	at the beginning of the plan year			<b>5a</b> 0							
<b>b</b> Total r	number of participants	at the end of the plan year		5	<b>5b</b> 0							
		account balances as of the end of the	. , ,	· · · · · · · · · · · · · · · · · · ·	<b>ic</b> 0							
<b>d(1)</b> Tota	al number of active pa	articipants at the beginning of the pla	n year	5d	<b>I(1)</b> 0							
		articipants at the end of the plan year	-		1(2)							
<b>e</b> Numb	er of participants that	terminated employment during the	plan year with accrued be	nefits that were less	<b>5e</b> 0							
Caution: A	penalty for the late	or incomplete filing of this return/	report will be assessed	unless reasonable cause is	s established.							
Under pena SB or Sche	alties of perjury and ot	ther penalties set forth in the instruct nd signed by an enrolled actuary, as	ions, I declare that I have	examined this return/report, i	including, if applicable, a Schedule							
SIGN		/valid electronic signature.	11/14/2016	TAMMY BERG								
HERE	Signature of plan a	administrator	Date	Enter name of individual si	gning as plan administrator							
SIGN												

Date

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

Signature of employer/plan sponsor

Enter name of individual signing as employer or plan sponsor

Preparer's telephone number

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<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 under 29 CFR 2520.104-46? (See instructions on waiver eligibility as If you answered "No" to either line 6a or line 6b, the plan cannot be a second or line 6b.</li> </ul>	an indepen and condition	dent qualified public a	ccount	ant (IQ	PA)			X Ye	
<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 dete	ermined
Part III Financial Information	, ,								
7 Plan Assets and Liabilities		(a) Beginning	of Ye	ar			(b) End	of Year	
a Total plan assets	7a		221	601					0
b Total plan liabilities	7b		224	601					0
Net plan assets (subtract line 7b from line 7a)      Income. Expenses, and Transfers for this Plan Year	7c	(a) A		601			/L\ T	-4-1	U
8 Income, Expenses, and Transfers for this Plan Year a Contributions received or receivable from:		(a) Amou	unt				(b) T	otai	
(1) Employers	8a(1)			0					
(2) Participants	8a(2)			0					
(3) Others (including rollovers)	8a(3)			0					
<b>b</b> Other income (loss)	8b		13	8037					
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							1;	3037
Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		234	638					
e Certain deemed and/or corrective distributions (see instructions)	8e								
f Administrative service providers (salaries, fees, commissions)	8f								
g Other expenses	8g								
h Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							234	4638
i Net income (loss) (subtract line 8h from line 8c)	8i							-22	1601
j Transfers to (from) the plan (see instructions)	8j								
Part IV Plan Characteristics									
<ul> <li>If the plan provides pension benefits, enter the applicable pension 2E 2G 2J 2K 2T 3B 3D</li> <li>If the plan provides welfare benefits, enter the applicable welfare for the applicable welfare</li></ul>									
Part V Compliance Questions									
10 During the plan year:				Yes	No	N/A		Amoun	t
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 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				
d Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?	fidelity bon	nd, that was caused	10c		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.)	ner persons	by an insurance he benefits under	10e		X				
f Has the plan failed to provide any benefit when due under the pla					X				
g Did the plan have any participant loans? (If "Yes," enter amount a			101		X				
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 exceptions to providing the notice applied under 29 CFR 2520.10	ne required	notice or one of the	10h 10i						
j Did the plan trust incur unrelated business taxable income?			10i 10j						
Part VI Pension Funding Compliance			IUJ	<u> </u>	<u> </u>	]			
11 Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)								☐ Ye	es 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							RISA?	Ye	es X No

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	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and	12e below, as applicable.)								
а	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									
If	granting the waiver Month Day Year  If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.									
b	<b>b</b> Enter the minimum required contribution for this plan ye		12b							
C Enter the amount contributed by the employer to the plan for this plan year										
	Subtract the amount in line 12c from the amount in line negative amount)	12d								
е	e Will the minimum funding amount reported on line 12d			Yes	No	N/A				
Part	t VII Plan Terminations and Transfers of A	Assets								
13a	a 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	<u> </u>		. 13a						
b	Were all the plan assets distributed to participants or be of the PBGC?				X	Yes 🗌	No			
С	If during this plan year, any assets or liabilities were tra which assets or liabilities were transferred. (See instruc	•	ify the plan(s) to							
	13c(1) Name of plan(s):		13c(2)	EIN(s)		<b>13c(3)</b> F	PN(s)			
Part	rt VIII Trust Information		1							
	A Name of trust			<b>14b</b> ⊺	rust's EIN	<u> </u>				
14c Name of trustee or custodian					14d Trustee's or custodian's					
						telephone number				
Par	art IX IRS Compliance Questions									
15a	a Is the plan a 401(k) plan?			Ye	s	No				
15b	15b If "Yes," how does the 401(k) plan satisfy the nondiscrimination requirements for employee deferrals and employer matching contributions (as applicable) under sections 401(k)(3) and 401(m)(2)?					Design- based safe ADP/ACP harbor test method				
15c	C If the ADP/ACP test is used, did the 401(k) plan perform testing method" for nonhighly compensated employees 2(a)(2)(ii))?	(Treas. Reg sections 1.401(k)-2(a)(2)(ii) and 1.401(k)-2(a)(2)(iii) and 1.401(k)-2(a)(2)(iii) and 1.401(k)-2(a)(a)(a)(a)(a)(a)(a)(a)(a)(a)(a)(a)(a)(		Ye		No				
16a	a Check the box to indicate the method used by the plant	to satisfy the coverage requirements under sect	ion 410(b):		atio rcentage st		rage efit test			
16b	b Does the plan satisfy the coverage and nondiscrimination this plan with any other plans under the permissive agg		0	Ye	s	No				
17a	a Has the plan been timely amended for all required tax la	aw changes?		Ye	S	No	N/A			
17b	b Date the last plan amendment/restatement for the requi for tax law changes and codes).	ired tax law changes was adopted//	Enter the ap	plicable	code	_ (See ins	tructions			
17c	C If the plan sponsor is an adopter of a pre-approved mas advisory letter, enter the date of that favorable letter	ster and prototype (M&P) or volume submitter pl /and the letter's serial i		t to a fa	vorable IR 	RS opinion	or			
17d	d If the plan is an individually-designed plan and received determination letter/			the plar	n's last fav	orable				
18	Is the Plan maintained in a U.S. territory (i.e., Puerto Ri made), American Samoa, Guam, the Commonwealth o			Yes	· ·	No				
19	Were in-service distributions made during the plan year	?		Ye	s	No				
	If "Yes," enter amount		<u></u>	19						
20	Were required minimum distributions made to 5% owner etired), as required under section 401(a)(9)?	• • • •		Ye	s	No	N/A			

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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

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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** 

Part I	Annual Report	Identification Information								
		scal plan year beginning 01/01/2016		and ending 10/	12412016					
191	Idei piari year									
A Thie	return/report is for:	X a single-employer plan	a multiple-employer	plan (not multiemployer)	er) (Filers checking this box must attach a naccordance with the form instructions)					
A IIIIG	returnireport is ior.	a one-participant plan		imployer information in a	ccordance with the	ne form instructions)				
		a one paragram p	a foreign plan							
The Think	· · · · · · · · · · · · · · · · · · ·	The Feet set replaned	₩ elh/repor	-						
D Inst	retum/report is	=	the final return/report							
		an amended return/report	X a short plan year retu	urn/report (less than 12 m	nonths)					
C Chec	ck box if filing under:	——————————————————————————————————————	□ . Vi sidonalor		П эв.					
<b>O</b> 01100.	K DOX II Illing Gridor.	☐ Form 5558	automatic extension	İ	∐ D⊦vi	C program				
		special extension (enter descrip	<u> </u>							
Part II	Basic Plan Info	rmation—enter all requested info	ormation		<del></del>					
	ne of plan				1b Three-dig	nit				
	REMENT PLAN				plan numi	ber				
					(PN) ▶	001				
					1c Effective	date of plan				
					01/01/2008					
2a Plan	sponsor's name (employ	yer, if for a single-employer plan)		-	_					
Mailii	ing address (include room	n, apt., suite no. and street, or P.O.			2b Employer Identification Number (EIN) 54-2127780					
		e, country, and ZIP or foreign postal	code (if foreign, see ins	tructions)	<del></del>					
PACIFIC 5	SIGNAL SUPPLY, LLC					s telephone number (360) 403-7655				
						<u>`</u>				
17004 MC					1	code (see instructions)				
1/02 i iviçi	ELROY RD.				488990					
ARLINGTO	ON, WA 98223				1					
		d address X Same as Plan Sponso			<b>3b</b> Administra					
oa man	adillillottator o numo and	1 address Moanie as man oponion	·I.		3D Administra	ators EIN				
					20 Administra	telephone number				
					3C Administra	ator's telephone number				
4 If the	a name and/or EIN of the	plan sponsor has changed since the	ne last return/report filed	for this plan, enter the	4b EIN					
		nber from the last return/report.	0 100t 10ton	Tot tillo piani, and	TO LIT					
	nsor's name				4c PN					
5a Total	I number of participants a	at the beginning of the plan year			5a	0				
					<del></del>					
		at the end of the plan year			5b	0				
		ccount balances as of the end of the			5c	0				
		,			L	<del>-</del>				
<b>d(1)</b> To	otal number of active partir	icipants at the beginning of the plan	ı year		5d(1)	0				
<b>d(2)</b> To	otal number of active parti	ticipants at the end of the plan year.			5d(2)	0				
		erminated employment during the pl								
than	1 100% vested	***************************************	-		5e	0				
Caution: A	A penalty for the late or	r incomplete filing of this return/re	report will be assessed	l unless reasonable cau	se is esta <u>blishe</u>	d.				
Under pen	nalties of perjury and other	er penalties set forth in the instruction	ons, I declare that I have	e examined this return/rep	port, including, if a	applicable, a Schedule				
SB or Sch	nedule MB completed and	d signed by an enrolled actuary, as v	well as the electronic ver	rsion of this return/report	, and to the best	of my knowledge and				
	s true, correct, and comple	Ale.	1 11 4 11		<del></del>					
SIGN	× Mmmy.	Durg	111-7-16	×, Tammy	Berg					
HERE	Signature of plan adn	ministrator	Date	Enter name of individu	al signing as pla	n administrator				
SIGN	ð			+	iai vigig	T LIGHT HIT HOLD WAS -				
HERE	<u> </u>		<del></del>	<del></del>						
	Signature of employe		Date	Enter name of individu						
Preparers	name (including firm name	me, if applicable) and address (inclu	ude room or suite numbe	er)	Preparer's teleph					
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				l.						
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_	Form 5500-SF 2015		Page 2								
b	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 cannot the plan is a defined benefit plan, is it covered under the PBGC in	an indepe and condi not use Fo	ndent qualified public tions.) orm 5500-SF and mu	accour	ntant (I ead us	QPA) e For	m 5500	•	. &	Yes I	
	art III   Financial Information		- Contract C								
7	Plan Assets and Liabilities		(a) Beginnir	na of Y	oar .	丁		(b) I	End of Y		
а	Total plan assets	7a	(a) Dog.iiiii	2216		十		(0)	LIIG OI 1	0	
b	Total plan liabilities	7b					_		-		
С	Net plan assets (subtract line 7b from line 7a)	7c		2216	301					0	
8	Income, Expenses, and Transfers for this Plan Year		(a) Amo	unt				(	b) Total		
а	Contributions received or receivable from:				^						
_	(1) Employers	8a(1)			0	-					
_	(2) Participants	8a(2)			0						
b		8a(3) 8b		130		-					
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c								13037	
	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		2346	38					1	
е	Certain deemed and/or corrective distributions (see instructions)	8e	-	_							
f	Administrative service providers (salaries, fees, commissions)	8f						N/E			
g	Other expenses	8g			-	1					
h		8h							2	34638	
i	Net income (loss) (subtract line 8h from line 8c)	8i				U	-221601				
j	Transfers to (from) the plan (see instructions)					_					
, Da		8j		· · · · · · · · · · · · · · · · · · ·							
9a	If the plan provides pension benefits, enter the applicable pension 2E 2G 2J 2K 2T 3B 3D	feature co								**************************************	
_	If the plan provides pension benefits, enter the applicable pension benefits.	feature co									
9a	If the plan provides pension benefits, enter the applicable pension to 2E 2G 2J 2K 2T 3B 3D  If the plan provides welfare benefits, enter the applicable welfare fe	feature co									
9a B	If the plan provides pension benefits, enter the applicable pension of the plan provides pension benefits, enter the applicable pension of the plan provides welfare benefits, enter the applicable welfare fellows.  If the plan provides welfare benefits, enter the applicable welfare fellows.  During the plan year:	feature code	es from the List of Pla								
9a B Par 0 a	If the plan provides pension benefits, enter the applicable pension of the plan provides pension benefits, enter the applicable pension of the plan provides welfare benefits, enter the applicable welfare fellow.  V Compliance Questions  During the plan year:  Was there a failure to transmit to the plan any participant contribution described in 29 CFR 2510.3-102? (See instructions and DOL's Volume of the plan and DOL's	feature code	es from the List of Pla the time period duciary Correction		acteris	ic Cod	des in th		uctions:		
9a B 'ar 0 a	If the plan provides pension benefits, enter the applicable pension to 2E 2G 2J 2K 2T 3B 3D  If the plan provides welfare benefits, enter the applicable welfare feat V Compliance Questions  During the plan year:  Was there a failure to transmit to the plan any participant contribution described in 29 CFR 2510.3-102? (See instructions and DOL's Volume 1.5 of the plan and DOL's Volume 1.5 of the	feature code	the time period duciary Correction	n Char	acteris	No	des in th		uctions:		
9a B Par 0 a	If the plan provides pension benefits, enter the applicable pension of the plan provides pension benefits, enter the applicable pension of the plan provides welfare benefits, enter the applicable welfare fellow.  If the plan provides welfare benefits, enter the applicable welfare fellow.  V Compliance Questions  During the plan year:  Was there a failure to transmit to the plan any participant contributing described in 29 CFR 2510.3-102? (See instructions and DOL's Volengram)	feature code eature code ions within pluntary Fi	the time period duciary Correction	n Char	acteris	No X	des in th		uctions:		
9a B ar 0 a	If the plan provides pension benefits, enter the applicable pension of the plan provides welfare benefits, enter the applicable welfare fell the plan provides welfare benefits, enter the applicable welfare fell the plan provides welfare benefits, enter the applicable welfare fell the plan provides welfare benefits, enter the applicable welfare fell the plan provides welfare benefits, enter the applicable welfare fell the plan provides welfare fell the plan provides welfare fell the plan provides welfare benefits, enter the applicable welfare fell the plan provides welfare benefits, enter the applicable welfare fell the plan provides welfare fell the plan provides welfare benefits, enter the applicable welfare fell the plan provides welfare benefits, enter the applicable welfare fell the plan provides welfare benefits, enter the applicable welfare fell the plan provides welfare benefits, enter the applicable welfare fell the plan provides welfare benefits, enter the applicable welfare fell the plan provides welfare benefits, enter the applicable welfare fell the plan provides welfare benefits, enter the applicable welfare fell the plan provides welfare benefits, enter the applicable welfare fell the plan provides welfare benefits, enter the applicable welfare fell the plan provides welfare benefits, enter the applicable welfare fell the plan provides welfare benefits, enter the applicable welfare fell the plan provides welfare benefits, enter the applicable welfare fell the plan provides welfare benefits, enter the applicable welfare fell the plan provides welfare benefits, enter the applicable welfare fell the plan provides welfare benefits, enter the applicable welfare fell the plan provides welfare benefits, enter the applicable welfare fell the plan provides welfar	feature code ions within bluntary Fi	the time period duciary Correction	10a	acteris	No X	des in th		uctions:		
9a B Par 0 a b	If the plan provides pension benefits, enter the applicable pension of the plan provides pension benefits, enter the applicable pension of the plan provides welfare benefits, enter the applicable welfare fellows.  If the plan provides welfare benefits, enter the applicable welfare fellows.  During the plan year:  Was there a failure to transmit to the plan any participant contributing described in 29 CFR 2510.3-102? (See instructions and DOL's Voltage Program).  Were there any nonexempt transactions with any party-in-interest? reported on line 10a.).  Was the plan covered by a fidelity bond?  Did the plan have a loss, whether or not reimbursed by the plan's fiby fraud or dishonesty?  Were any fees or commissions paid to any brokers, agents, or other carrier, insurance service, or other organization that provides some	ions within bluntary Fi	the time period duciary Correction clude transactions d, that was caused by an insurance se benefits under	10a 10b	acteris	No X	des in th		uctions:		
B 'ar 0 a b	If the plan provides pension benefits, enter the applicable pension of the plan provides pension benefits, enter the applicable pension of the plan provides welfare benefits, enter the applicable welfare fellows.  If the plan provides welfare benefits, enter the applicable welfare fellows.  During the plan year:  Was there a failure to transmit to the plan any participant contributed described in 29 CFR 2510.3-102? (See instructions and DOL's Voltage Program).  Were there any nonexempt transactions with any party-in-interest? reported on line 10a.).  Was the plan covered by a fidelity bond?  Did the plan have a loss, whether or not reimbursed by the plan's fiby fraud or dishonesty?  Were any fees or commissions paid to any brokers, agents, or other	feature code eature code ions within coluntary Fi coluntary Fi delity bon er persons e or all of the	the time period duciary Correction aclude transactions d, that was caused by an insurance ne benefits under	10a 10b 10c 10d	acteris	No X X X	des in th		uctions:		
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B Par b c d f g	If the plan provides pension benefits, enter the applicable pension of the plan provides pension benefits, enter the applicable pension of the plan provides welfare benefits, enter the applicable welfare fellows.  If the plan provides welfare benefits, enter the applicable welfare fellows.  During the plan year:  Was there a failure to transmit to the plan any participant contributing described in 29 CFR 2510.3-102? (See instructions and DOL's Volengram).  Were there any nonexempt transactions with any party-in-interest? reported on line 10a.).  Was the plan covered by a fidelity bond?	feature code eature code ions within coluntary Fi column code idelity bon er persons e or all of the code code code code code code code cod	the time period duciary Correction clude transactions by an insurance ne benefits under d.)	10a 10b 10c 10d 10e 10f	acteris	No X X X X	des in th		uctions:		
B Par o d d e f g	If the plan provides pension benefits, enter the applicable pension of the plan provides welfare benefits, enter the applicable welfare fell the plan provides welfare benefits, enter the applicable welfare fell the plan provides welfare benefits, enter the applicable welfare fell the plan provides welfare benefits, enter the applicable welfare fell the plan provides welfare benefits, enter the applicable welfare fell the plan provides welfare fell the plan and participant contribution described in 29 CFR 2510.3-102? (See instructions and DOL's Voltage Program)  Were there any nonexempt transactions with any party-in-interest? reported on line 10a.)  Was the plan covered by a fidelity bond?  Was the plan have a loss, whether or not reimbursed by the plan's fell the plan have a loss, whether or not reimbursed by the plan's fell the plan have a loss, whether or not reimbursed by the plan's fell the plan felled to provide any brokers, agents, or other carrier, insurance service, or other organization that provides some the plan? (See instructions.)  Has the plan failed to provide any benefit when due under the plan's fell the plan have any participant loans? (If "Yes," enter amount as If this is an individual account plan, was there a blackout period? (See 2520.101-3.)	feature code eature code ions within coluntary Fi coluntary Fi column column column idelity bon er persons e or all of the column colum	the time period duciary Correction clude transactions by an insurance ne benefits under d.)tions and 29 CFR	10a 10b 10c 10d 10e 10f 10g	acteris	No X X X X X X X X	des in th		uctions:		
B ar lo a b c d f g h	If the plan provides pension benefits, enter the applicable pension of the plan provides welfare benefits, enter the applicable welfare feat the plan provides welfare benefits, enter the applicable welfare feat the plan provides welfare benefits, enter the applicable welfare feat the plan provides welfare benefits, enter the applicable welfare feat the plan provides and policy welfare feat the plan provides welfare feat the plan plan provides pensions welfare feat the plan plan provides pensions welfare feat the plan plan provides pensions for the plan plan plan provides and provides and provides welfare feat the plan plan provides pensions feat the plan plan provides pensions feat the plan plan plan plan plan plan plan provides and provides and provides and provides and provides and plan plan plan plan plan provides and provides and plan plan plan plan plan provides and provides and plan plan plan provides pensions feat the plan plan provides pensions feat the plan plan plan provides pensions feat the plan plan plan provides pensions feat the plan plan provides pensions feat the plan plan plan plan plan plan plan plan	feature code sature code some code s	the time period duciary Correction include transactions d, that was caused by an insurance ne benefits under itions and 29 CFR inotice or one of the	10a 10b 10c 10d 10e 10f	acteris	No X X X X X X X X	des in th		uctions:		

11a Enter the unpaid minimum required contribution for all years from Schedule SB (Form 5500) line 40.....

Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA?...

Yes X No

	Form 5500-SF 2015 Page <b>3 -</b> 1							
	(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							
	f you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line							
	b 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 negative amount)		12d					
	Will the minimum funding amount reported on line 12d be met by the funding deadline?		Yes	No [	N/A			
Par	VII Plan Terminations and Transfers of Assets							
13	Has a resolution to terminate the plan been adopted in any plan year?			Yes	X No			
	If "Yes," enter the amount of any plan assets that reverted to the employer this year		13a					
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brougof the PBGC?			×	Yes [	No		
	If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identi which assets or liabilities were transferred. (See instructions.)	fy the plan(s) to						
	13c(1) Name of plan(s):	13c(2)	EIN(s)		13c(3)	PN(s)		
of the state								
Par	t VIII Trust Information							
14a	Name of trust		14b ⊤	rust's EIN				
14c Name of trustee or custodian					14d Trustee's or custodian's telephone number			
Pai	TRS Compliance Questions							
15a	l is the plan a 401(k) plan?		Yes		No			
15b	5b If "Yes," how does the 401(k) plan satisfy the nondiscrimination requirements for employee deferrals and employer matching contributions (as applicable) under sections 401(k)(3) and 401(m)(2)?				ADP/ACP test			
150	the ADP/ACP test is used, did the 401(k) plan perform ADP/ACP testing for the plan year using the "cutesting method" for nonhighly compensated employees (Treas. Reg sections 1.401(k)-2(a)(2)(ii) and 1.402(a)(2)(ii))?		Yes		No			
16a	Check the box to indicate the method used by the plan to satisfy the coverage requirements under section	on 410(b):	Rai per tes	centage		erage efit test		
16b	Does the plan satisfy the coverage and nondiscrimination tests of sections 410(b) and 401(a)(4) by combining plan with any other plans under the permissive aggregation rules?		Yes		No			
17a	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 for tax law changes and codes).	Enter the ap	<u> </u>		_ `	structions		
	If the plan sponsor is an adopter of a pre-approved master and prototype (M&P) or volume submitter planadvisory letter, enter the date of that favorable letter and the letter's serial relationships and the letter's serial relationships and the letter's serial relationships are serial relationships.	number				or		
	If the plan is an individually-designed plan and received a favorable determination letter from the IRS, en determination letter	ter the date of t	he plan'	s last favo	orable			
18	Is the Plan maintained in a U.S. territory (i.e., Puerto Rico (if no election under ERISA section 1022(i)(2) made), American Samoa, Guam, the Commonwealth of the Northern Mariana Islands or the U.S. Virgin	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 ½ (regardless of where tired), as required under section 401(a)(9)?	ether or not	Yes		No	N/A		