Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation

Short Form Annual Return/Report of Small Employee Benefit Plan

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

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

1210-0089

OMB Nos. 1210-0110

2015

This Form is Open to Public Inspection

P	art I	Annual Report	: Id	entification Information	1					
For	calenda	r plan year 2015 or f	isca	l plan year beginning 01/01/2	201	and ending 1:	2/31/2	015		
Α	This retu	urn/report is for:	X	a single-employer plan a one-participant plan		a multiple-employer plan (not multiemployer) list of participating employer information in ac a foreign plan				
В	This retu	rn/report is	X	the first return/report an amended return/report		the final return/report a short plan year return/report (less than 12 m	onths)		
		ox if filing under:	X	Form 5558 special extension (enter desc	_	·		X DFVC progr	ram	
	art II		orm	nation—enter all requested in	ntor	mation	41.			
	Name o	of plan NDUSTRIAL, INC. R	ETII	REMENT PLAN			10	Three-digit plan number (PN)	001	
							1c	Effective date of 01/0	f plan 1/2015	
2a	Mailing	address (include roc	m, a	, if for a single-employer plan) apt., suite no. and street, or P.C			2b	Employer Identif (EIN) 91-1	ication Number 679642	
City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) VESTERN INDUSTRIAL, INC.						code (ii foreign, see instructions)	2c Sponsor's telephone number 253-620-2519			
	PACIFIC DMA, WA	C AVENUE, STE. 120 A 98402	00				2d	Business code (,	
3a	Plan ad	lministrator's name a	nd a	address XSame as Plan Spon	sor			Administrator's f	EIN elephone number	
4				an sponsor has changed since er from the last return/report.	the	e last return/report filed for this plan, enter the	4b	EIN		
а	Sponso	r's name					4c	PN		
5a	Total n	umber of participants	s at	the beginning of the plan year.			5		28	
b	Total n	umber of participants	at t	the end of the plan year			5	b	60	
С				count balances as of the end of		e plan year (defined benefit plans do not		С	60	
d	(1) Tota	I number of active pa	artici	pants at the beginning of the p	lan	year	5d	(1)	28	
							5d	(2)	11	
	than 1	00% vested			<u></u>	an year with accrued benefits that were less		е	0	
						eport will be assessed unless reasonable ca			oblo o Cobodulo	
SB	or Sched		and s	signed by an enrolled actuary,		ons, I declare that I have examined this return/rewell as the electronic version of this return/repor				

11/17/2017

TERRENCE J. DONAHUE

Filed with authorized/valid electronic signature.

SIGN

HERE

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 to the plan cannot be a secon	an indepen and condition ot use For	dent qualified public a ons.)rm 5500-SF and mus	ccount	ant (IQ Id use	PA) Form	5500.		×	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	ection 4	021)? .		Yes	No	Not o	determin	ned
Part III Financial Information										
7 Plan Assets and Liabilities		(a) Beginning	of Ye				(b) En	d of Yea		
a Total plan assets	7a			0					127800	
b Total plan liabilities	7b			0					127800	
Net plan assets (subtract line 7b from line 7a) Income, Expenses, and Transfers for this Plan Year	7c	(a) Amou	ınt	0			/b\	Total	127000	
a Contributions received or receivable from:		(a) Amou	anı				(n)	TOLAI		
(1) Employers	8a(1)		144	412						
(2) Participants	8a(2)									
(3) Others (including rollovers)	8a(3)									
b Other income (loss)	8b			554						
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c								143858	
d Benefits paid (including direct rollovers and insurance premiums to provide benefits)	. 8d		14	286						
e Certain deemed and/or corrective distributions (see instructions)	8e									
f Administrative service providers (salaries, fees, commissions)	. 8f		1	772						
g Other expenses	. 8g									
h Total expenses (add lines 8d, 8e, 8f, and 8g)	8h								16058	
i Net income (loss) (subtract line 8h from line 8c)	. 8i								127800	
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 2T 3D	feature cod	des from the List of PI	an Cha	racteris	stic Co	des in t	the instr	uctions:		
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	e instru	rtions:		
— If the plan provides wellare serions, order the applicable wellare in	catare coat	55 Hom the List of Fla	ii Onaic	actoriot	.10 000	100 111 111	ic motra	otiono.		
Part V Compliance Questions										
10 During the plan year:				Yes	No	N/A		Amo	unt	
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 Were there any nonexempt transactions with any party-in-interest					V					
reported on line 10a.)			10b		X					
C Was the plan covered by a fidelity bond?			10c		Х					
d Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?			10d		Χ					
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			10f		Χ					
g Did the plan have any participant loans? (If "Yes," enter amount a			10g	X						3255
h If this is an individual account plan, was there a blackout period? 2520.101-3.)	(See instru	ctions and 29 CFR	10g 10h	X					,	3233
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	he required	notice or one of the	10ii	X						
j Did the plan trust incur unrelated business taxable income?			10j			X				
Part VI Pension Funding Compliance			ıvj	<u> </u>	<u> </u>	^`				
11 Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)								Ιп	Yes	No
11a Enter the unpaid minimum required contribution for all years from						11a		·· <u>I [_</u>]		<u> </u>
12 Is this a defined contribution plan subject to the minimum funding							RISA?.	П	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 1	Γrust's EIN	١	
14c	Name	of trustee or custodian		14d	Trustee's	or custodia	an's
	rianio	of tubics of suctorial			telephone		o
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 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

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Pension Benefit Guaranty Corporation

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▶ 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 Report	Identification Inform	nation					
For calenda	er plan year 2015 or fi	scal plan year beginning	01/0	1/2015	and ending		12/31/201	5
A This retu	urn/report is for:	a single-employer pla	list o	of participating em	an (not multiemployer) ployer information in a	1 17	170	
		a one-participant plar	a for	eign plan				
B This retu	rn/report is	the first return/report		nal return/report				
		an amended return/re	eport <u>a sho</u>	rt plan year returi	n/report (less than 12 n	nonths))	
C Check b	ox if filing under:	∑ Form 5558		matic extension			☑ DFVC progr	ram
		special extension (en						
Part II		rmation—enter all requ	ested information			145		
1a Name o	of plan Industrial,	Inc.				10	Three-digit plan number	
Retireme	ent Plan					-	(PN) ▶	001
						1c	Effective date of 01/01/2015	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
Mailing	address (include room	yer, if for a single-employem, apt., suite no. and stree	et, or P.O. Box)			2b	Employer Identif (EIN) 91-167	
		e, country, and ZIP or fore	eign postal code (if	foreign, see instr	uctions)	2c	Sponsor's telepl	hone number
Western	Industrial,	Inc.					(425) 290-8	3300
						2d	Business code (see instructions)
1201 Pag	cific Avenue,	Ste. 1200					238300	
Tacoma				WA	98402			
3a Plan ad	lministrator's name ar	nd address XSame as Pla	an Sponsor.			3b	Administrator's E	ΞIN
						3с	Administrator's t	elephone number
				*1		3с	Administrator's t	elephone number
						3с	Administrator's t	elephone number
			al al			3с	Administrator's t	elephone number
		e plan sponsor has chang		turn/report filed fo	or this plan, enter the		Administrator's t	elephone number
	EIN, and the plan nur	e plan sponsor has chang mber from the last return/r		turn/report filed fo	or this plan, enter the	4b 4c	EIN PN	elephone number
name, a Sponso	EIN, and the plan nul or's name		eport.			4b 4c	EIN PN	elephone number
name, a Sponso 5a Total n	EIN, and the plan nu or's name number of participants	mber from the last return/r	eport. an year			4b 4c	EIN PN a	
name, a Sponso 5a Total n b Total n c Numbe	EIN, and the plan number's name number of participants number of participants er of participants with	at the beginning of the pla	eport. an year r e end of the plan y	ear (defined bene	efit plans do not	4b 4c	EIN PN a b	28
name, a Sponso 5a Total n b Total n c Number complete	EIN, and the plan number's name number of participants number of participants er of participants with ete this item)	at the beginning of the pla at the end of the plan yea account balances as of the	eport. an yearr e end of the plan y	ear (defined bene	ofit plans do not	4b 4c . 5:	PN a b	28
name, a Sponso 5a Total n b Total n c Numbe comple d(1) Tota	EIN, and the plan number's name number of participants number of participants or of participants with tet this item)	at the beginning of the pla at the end of the plan yea account balances as of the	an yeare end of the plan year	ear (defined bene	efit plans do not	4b 4c 5 5	PN a b c (1)	28 60 60
name, a Sponso 5a Total n b Total n c Numbe comple d(1) Tota d(2) Tota e Numbe	EIN, and the plan number's name number of participants number of participants or of participants with the et his item)	at the beginning of the pla at the end of the plan yea account balances as of the rticipants at the beginning rticipants at the end of the terminated employment d	eport. an year e end of the plan year of the plan year plan year	ear (defined bene	ofit plans do not	4b 4c . 5:	PN a b c (1)	28 60 60 28
name, a Sponso 5a Total n b Total n c Numbe comple d(1) Tota d(2) Tota e Numbe than 1 Caution: A	EIN, and the plan number's name number of participants number of participants of participants with the et this item)	at the beginning of the pla at the end of the plan yea account balances as of the rticipants at the beginning rticipants at the end of the terminated employment d	eport. an year e end of the plan y of the plan year plan year uring the plan year	ear (defined bene r with accrued be	efit plans do not	4b 4c 5. 5 5d 5d 5d	PN a b c (1) (2) e established.	28 60 60 28 11
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name, a Sponso 5a Total n b Total n c Numbe comple d(1) Tota d(2) Tota e Numbe than 1 Caution: A Under penal SB or Schee belief, it is tr	EIN, and the plan number's name number of participants number of participants of participants with the et his item)	at the beginning of the pla at the end of the plan yea account balances as of the rticipants at the beginning rticipants at the end of the terminated employment d or incomplete filling of the her penalties set forth in the ad signed by an enrolled a	eport. an year e end of the plan year plan year uring the plan year whe instructions, I de actuary, as well as	ear (defined benear with accrued benear with accrued benear will be assessed eclare that I have the electronic ver	nefits that were less unless reasonable caexamined this return/repo	4b 4c 5i 5i 5d 5d 5d 5d port, irrt, and	PN a b c (1) (2) e established. ncluding, if applic to the best of my	28 60 28 11 0 able, a Schedule knowledge and
name, a Sponso 5a Total n b Total n c Number completed (1) Total d (2) Total e Number than 1 Caution: A Under penal SB or Scheet belief, it is tr	EIN, and the plan number's name number of participants number of participants are of participants with the et his item)	at the beginning of the pla at the end of the plan yea account balances as of the rticipants at the beginning rticipants at the end of the terminated employment d or incomplete filling of the her penalties set forth in the ad signed by an enrolled a	eport. an year e end of the plan year plan year uring the plan year whe instructions, I de actuary, as well as	ear (defined benear with accrued benear with accrued benear will be assessed eclare that I have the electronic ver	nefits that were less unless reasonable caexamined this return/resion of this return/repo	4b 4c 5i 5d 5d 5d 5d conal	EIN PN a b c (1) (2) e established. cluding, if applic to the best of my nue mue	28 60 28 11 0 able, a Schedule knowledge and
name, a Sponso 5a Total n b Total n c Number completed d(1) Total e Number than 1 Caution: A Under penal SB or Schee belief, it is total SIGN HERE	EIN, and the plan number's name number of participants number of participants are of participants with the ethis item)	at the beginning of the plant the end of the plant at the end of the plant at the end of the plant account balances as of the plant at the beginning ricipants at the beginning ricipants at the end of the terminated employment door incomplete filling of the penalties set forth in the plant account by an enrolled applete.	an year e end of the plan year plan year plan year uring the plan year	ear (defined beneated with accrued between that I have the electronic vertical between the ele	mefits that were less unless reasonable caexamined this return/resion of this return/repo Terrence J. Enter name of individual Terrence J. Enter name of individual Terrence J.	4b 4c 55 56 5d 5d 5d 5onal dual sig	EIN PN a b c (1) (2) e established. including, if applicate the best of my nue inning as plan adminue inning as employe	28 60 28 11 0 able, a Schedule knowledge and
name, a Sponso 5a Total n b Total n c Number completed d(1) Total e Number than 1 Caution: A Under penal SB or Schelbelief, it is tress SIGN HERE	EIN, and the plan number's name number of participants number of participants are of participants with the ethis item)	at the beginning of the pla at the end of the plan yea account balances as of the ricipants at the beginning ricipants at the end of the terminated employment d or incomplete filing of the her penalties set forth in the nd signed by an enrolled a plete.	an year e end of the plan year plan year plan year uring the plan year	ear (defined beneated with accrued between that I have the electronic vertical between the ele	mefits that were less unless reasonable caexamined this return/resion of this return/repo Terrence J. Enter name of individual Terrence J. Enter name of individual Terrence J.	4b 4c 55 56 5d 5d 5d 5onal dual sig	EIN PN a b c (1) (2) e established. including, if applicate the best of my nue ining as plan adminue	28 60 28 11 0 able, a Schedule knowledge and
name, a Sponso 5a Total n b Total n c Number completed d(1) Total e Number than 1 Caution: A Under penal SB or Schelbelief, it is tress SIGN HERE	EIN, and the plan number's name number of participants number of participants are of participants with the ethis item)	at the beginning of the plant the end of the plant at the end of the plant at the end of the plant account balances as of the plant at the beginning ricipants at the beginning ricipants at the end of the terminated employment door incomplete filling of the penalties set forth in the plant account by an enrolled applete.	an year e end of the plan year plan year plan year uring the plan year	ear (defined beneated with accrued between that I have the electronic vertical between the ele	mefits that were less unless reasonable caexamined this return/resion of this return/repo Terrence J. Enter name of individual Terrence J. Enter name of individual Terrence J.	4b 4c 55 56 5d 5d 5d 5onal dual sig	EIN PN a b c (1) (2) e established. including, if applicate the best of my nue inning as plan adminue inning as employe	28 60 28 11 0 able, a Schedule knowledge and
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name, a Sponso 5a Total n b Total n c Number completed d(1) Total e Number than 1 Caution: A Under penal SB or Sched belief, it is total SIGN HERE	EIN, and the plan number's name number of participants number of participants are of participants with the ethis item)	at the beginning of the plant the end of the plant at the end of the plant at the end of the plant account balances as of the plant at the beginning ricipants at the beginning ricipants at the end of the terminated employment door incomplete filling of the penalties set forth in the plant account by an enrolled applete.	an year e end of the plan year plan year plan year uring the plan year	ear (defined beneated with accrued between that I have the electronic vertical between the ele	mefits that were less unless reasonable caexamined this return/resion of this return/repo Terrence J. Enter name of individual Terrence J. Enter name of individual Terrence J.	4b 4c 55 56 5d 5d 5d 5onal dual sig	EIN PN a b c (1) (2) e established. including, if applicate the best of my nue inning as plan adminue inning as employe	28 60 28 11 0 able, a Schedule knowledge and

	Form 5500-SF 2015		Page 2									
b	Were all of the plan's assets during the plan year invested in eligib. Are you claiming a waiver of the annual examination and report of 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 indeper and conditi not use For	dent qualified public a ons.)rm 5500-SF and mus	t instea	ant (IC	PA) Form	5500.			Yes Yes determ		
Par	t III Financial Information											
7	Plan Assets and Liabilities		(a) Beginning	of Ye		\perp		(b) End	of Yea		7 (200
	Total plan assets	. 7a				0				12	1,0	300
	Total plan liabilities	. 7b				_			_	10	7 (200
	Net plan assets (subtract line 7b from line 7a)	7c				0				12	1,0	300
	Income, Expenses, and Transfers for this Plan Year		(a) Amou	ınt				(b) To	otal			
	Contributions received or receivable from: (1) Employers	8a(1)		14	4,41	2						
	(2) Participants	8a(2)										
	(3) Others (including rollovers)	8a(3)		-								
b	Other income (loss)	8b			-55	4						
_ C	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	. 8c								14	3,8	358
107.0	Benefits paid (including direct rollovers and insurance premiums	. 8d		1.	4,28	6						
	to provide benefits) Certain deemed and/or corrective distributions (see instructions)	8e			-,							
	Administrative service providers (salaries, fees, commissions)	8f			1,77	2		SATE OF				
	Other expenses	. 8g										5,50
	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h	10 A	STATE OF STATE	人的					1	6,0	58
	Net income (loss) (subtract line 8h from line 8c)	. 8i								12	7,8	300
	Transfers to (from) the plan (see instructions)	8i						1.827-548				
Par	t IV Plan Characteristics					•						_
B	If the plan provides pension benefits, enter the applicable pension 2E 2F 2G 2T 3D If the plan provides welfare benefits, enter the applicable welfare f V Compliance Questions											_
10	During the plan year:				Yes	No	N/A		Amo	unt		
а	Was there a failure to transmit to the plan any participant contributes described in 29 CFR 2510.3-102? (See instructions and DOL's V Program)	/oluntary F	iduciary Correction	10a		Х						
b	Were there any nonexempt transactions with any party-in-interest reported on line 10a.)			10b		Х		*				
С	Was the plan covered by a fidelity bond?			10c		Х	1943					
d	Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?	fidelity bor	nd, that was caused	10d		х						18
е	Were any fees or commissions paid to any brokers, agents, or other carrier, insurance service, or other organization that provides son the plan? (See instructions.)	ne or all of	the benefits under	10e		Х						
f	Has the plan failed to provide any benefit when due under the pla	in?		10f		х	No.					
	Did the plan have any participant loans? (If "Yes," enter amount a	as of year e	nd.)	10g	Х						3,2	255
	If this is an individual account plan, was there a blackout period? 2520.101-3.)	(See instru	ctions and 29 CFR	10h	Х							
i	If 10h was answered "Yes," check the box if you either provided t exceptions to providing the notice applied under 29 CFR 2520.10	he required	notice or one of the	10i	·X							
j	Did the plan trust incur unrelated business taxable income?			10j			х					
Part	VI Pension Funding Compliance											
11	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)	nents? (If "	es," see instructions	and cor	nplete	Sched	dule SB	(Form		Yes		No
11a	Enter the unpaid minimum required contribution for all years from									75	_	
12	Is this a defined contribution plan subject to the minimum funding							RISA?		Yes	Χ	No

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	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)				(in)	
	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see ingranting the waiver.	/lonth	enter th Day	e date of t	he letter ru Year	ling
	you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line					
<u>b</u>	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			
d	Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the negative amount)		12d			
100000000000000	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					
_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			
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought the PBGC?				Yes X	No
С	If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identity which assets or liabilities were transferred. (See instructions.)	fy the plan(s) to	0.			
	3c(1) Name of plan(s):	13c(2)	EIN(s)		13c(3) F	N(s)
		æ				
Part	VIII Trust Information	31			7	
14a	Name of trust		14b	Trust's Ell	١	
14c	Name of trustee or custodian		14d	Trustee's telephone	or custodia number	an's
Par	IX IRS Compliance Questions	74				
P/25/04/0	· · · · · · · · · · · · · · · · · · ·		Ye	es	Пио	
15a	Is the plan a 401(k) plan?			esign-		
15b	If "Yes," how does the 401(k) plan satisfy the nondiscrimination requirements for employee deferrals an matching contributions (as applicable) under sections 401(k)(3) and 401(m)(2)?		ba ha	ased safe arbor ethod	ADP test	
15c	If the ADP/ACP test is used, did the 401(k) plan perform ADP/ACP testing for the plan year using the "c testing method" for nonhighly compensated employees (Treas. Reg sections 1.401(k)-2(a)(2)(ii) and 1.42(a)(2)(ii))?	01(m)-	Ye	es	No	
16a	Check the box to indicate the method used by the plan to satisfy the coverage requirements under section	on 410(b):	⊔ _Р е	atio ercentage est		rage efit test
16b	Does the plan satisfy the coverage and nondiscrimination tests of sections 410(b) and 401(a)(4) by combining the plan with any other plans under the permissive aggregation rules?		_ Ye	s	No	
	Has the plan been timely amended for all required tax law changes?		_ Ye		☐ 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	72		_ (See inst	
	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 number of 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	mber				or
17d	If the plan is an individually-designed plan and received a favorable determination letter from the IRS, e determination letter		the pla	n's last fa	vorable	
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) has been Islands)?	Ye	s	No	
19	Were in-service distributions made during the plan year?		Ye	es	No	
	If "Yes," enter amount		19			
20	Were required minimum distributions made to 5% owners who have attained age 70 ½ (regardless of w retired), as required under section 401(a)(9)?		_ Ye	es	No	□ N/A