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).

Revenue Code (the Code).

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

OMB Nos. 1210-0110 1210-0089

2014

This Form is Open to Public Inspection

Part I		rt Identification Information							
For calend	dar plan year 2014 or	fiscal plan year beginning 03/01/2	014	and ending 12	/31/2014				
A This re	eturn/report is for:) (Filers checking this box must attach a list ordance with the form instructions)						
a one-participant plan			a foreign plan						
B This return/report is the first return/report			the final return/report						
		an amended return/report	X a short plan year retu	urn/report (less than 12 m	onths)				
C Check box if filing under: Form 5558 automatic extension					DFVC program				
	3 · · · ·	special extension (enter desc	ription)						
Part II	Basic Plan In	formation—enter all requested in	formation						
1a Name					1b Three-digi				
DUNCAN C	CRANE SERVICE, IN	C. PROFIT SHARING PLAN			plan numb (PN) ▶	oer 001			
					1c Effective of				
-						03/01/1989			
	sponsor's name and RANE SERVICE, INC	address; include room or suite numb	er (employer, if for a singl	e-employer plan)		dentification Number 91-0725041			
	,				(=)	telephone number			
P.O. BOX 58	82 KE, WA 98837					09-765-8661			
MOSES LA	NL, WA 90037				2d Business code (see instructions) 238900				
3a Plan a	administrator's name	and address Same as Plan Spon	sor.		3b Administrator's EIN				
DUNCAN C	RANE SERVICE, INC		X 582 LAKE, WA 98837		91-0725041				
		MOSES	LAKE, WA 90007		3c Administrator's telephone number 509-765-8661				
		the plan sponsor has changed since number from the last return/report.	the last return/report filed	for this plan, enter the	4b EIN				
	sor's name				4c PN				
5a Total	number of participar	its at the beginning of the plan year.			5a	5			
b Total	number of participar	its at the end of the plan year			5b	С			
		th account balances as of the end of			5c	C			
d(1) To	otal number of active	participants at the beginning of the p	lan year		5d(1)	C			
d(2) To	otal number of active	participants at the end of the plan ye	ar		5d(2)				
		t terminated employment during the	•	nefits that were	5e	C			
		e or incomplete filing of this retur		d unless reasonable cau	use is establishe	d.			
SB or Sch		other penalties set forth in the instru and signed by an enrolled actuary, molete.							
SIGN		ed/valid electronic signature.	02/23/2015	WILLIAM H. FAIRBAN	IKS				
HERE	Signature of plan	administrator	Date	Enter name of individ	ual signing as pla	n administrator			
SIGN									
HERE		oloyer/plan sponsor	Date			ployer or plan sponsor			
Preparer's	s name (including firn	n name, if applicable) and address (i	nciuae room or suite numb	per) (optional)	Preparer's telep	hone number (optional)			

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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 a runder 29 CFR 2520.104-46? (See instructions on waiver eligibility a figure of you answered "No" to either line 6a or line 6b, the plan cannot with the plan cannot want to the pl	an indepe and condit ot use Fo	ndent qualified public accounta tions.) orm 5500-SF and must instead	nt (IQ d use	PA) Form	5500.	Xes No
	f the plan is a defined benefit plan, is it covered under the PBGC in	surance p	orogram (see ERISA section 40	21)? .		Yes	No Not determined
Par	III Financial Information						
7	Plan Assets and Liabilities		(a) Beginning of Yea		_		(b) End of Year
	Total plan assets	7a	18216	516	_		0
	Total plan liabilities	7b	40046	14.0	_		•
	Net plan assets (subtract line 7b from line 7a)	7c	18216	16	-		0
	ncome, Expenses, and Transfers for this Plan Year		(a) Amount				(b) Total
	Contributions received or receivable from: 1) Employers	8a(1)					
	2) Participants	8a(2)	30	70			
	3) Others (including rollovers)	8a(3)					
-	Other income (loss)	8b	841	36			
	Fotal income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c					87206
	Benefits paid (including direct rollovers and insurance premiums						
t	o provide benefits)	8d	19088	322			
_ e (Certain deemed and/or corrective distributions (see instructions)	8e					
<u>f</u>	Administrative service providers (salaries, fees, commissions)	8f					
<u>g</u> (Other expenses	8g					
	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h					1908822
	Net income (loss) (subtract line 8h from line 8c)	8i					-1821616
_ J	Fransfers to (from) the plan (see instructions)	8j					
	If the plan provides pension benefits, enter the applicable pension to 2E 2F 2G 2J 2K 2R 3D If the plan provides welfare benefits, enter the applicable welfare fewer than the plan provides welfare benefits, enter the applicable welfare fewer than the plan provides welfare benefits, enter the applicable welfare fewer than the plan provides welfare benefits, enter the applicable welfare fewer than the plan provides welfare benefits, enter the applicable pension to the plan provides welfare benefits, enter the applicable pension to the plan provides welfare benefits, enter the applicable pension to the plan provides welfare benefits, enter the applicable pension to the plan provides welfare benefits, enter the applicable welfare fewer than the plan provides welfare benefits, enter the applicable welfare fewer than the plan provides welfare benefits, enter the applicable welfare fewer than the plan provides welfare benefits, enter the applicable welfare fewer than the plan provides welfare benefits, enter the applicable welfare fewer than the plan provides welfare benefits and the plan provides w						
10	During the plan year:				Yes	No	Amount
а b	Was there a failure to transmit to the plan any participant contribut 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu Were there any nonexempt transactions with any party-in-interest'	ıciary Cor	rection Program)	10a		X	
	on line 10a.)	`	•	10b		X	
С	Was the plan covered by a fidelity bond?			10c	Χ		157000
d	Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?			10d		X	
е	Were any fees or commissions paid to any brokers, agents, or oth insurance service, or other organization that provides some or all instructions.)	of the ber	efits under the plan? (See	10e		X	
f	Has the plan failed to provide any benefit when due under the plan	n?		10f		X	
g	Did the plan have any participant loans? (If "Yes," enter amount as	s of year	end.)	10g		X	
h	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)					X	
i	If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.101			10i			
Part	VI Pension Funding Compliance						
11	Is this a defined benefit plan subject to minimum funding requirements 5500) and line 11a below)						
<u>11a</u>	Enter the unpaid minimum required contribution for current year from	om Sched	dule SB (Form 5500) line 39			11a	<u> </u>
12	Is this a defined contribution plan subject to the minimum funding	requirem	ents of section 412 of the Code	or se	ction	302 of	ERISA? Yes X No
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,						
а	If a waiver of the minimum funding standard for a prior year is bein granting the waiver.	-			, and e	enter th Day	

	F	Form 5500-SF 2014	Page 3 - 1					
lf y	ou c	ompleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Forr	n 5500), and skip to line 13.					
b	Ente	r the minimum required contribution for this plan year			12b			
С	Ente	r the amount contributed by the employer to the plan for this plan year			12c			
d	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)							
е	Will t	the minimum funding amount reported on line 12d be met by the funding			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?			. X	Yes N	lo	
	If "Ye	es," enter the amount of any plan assets that reverted to the employer th	is year		. 13a			
b		e all the plan assets distributed to participants or beneficiaries, transferre e PBGC?		under the o	control		X Yes	No
С	If du	ring this plan year, any assets or liabilities were transferred from this planth assets or liabilities were transferred. (See instructions.)		ne plan(s)	to			
1	3c(1)	Name of plan(s):		1:	3c(2) E	IN(s)	13c(3) PN(s)

14b Trust's EIN

Part VIII Trust Information (optional)

14a Name of trust

Form 5500-SF

Department of the Treasury Internal Revenue Service

Pension Benefit Guaranty Corporation

Department of Labor Employee Benefits Security Administration

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.

2014

OMB Nos. 1210-0110 1210-0089

This Form is Open to Public Inspection

Part I		dentification Information			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
For calend	dar plan year 2014 or fisc		03/01/2014	and ending	12/31/	2014			
A This re	eturn/report is for:	olan (not multiemployer) oyer information in acco) (Filers checking the	his box must attach a list					
	[a one-participant plan	a foreign plan	10 To 2 (2000 17 CT To 3 (2000 10 to 5 (200 C) (2000 20 to 1 (200 To 1 (200 V)))	146.166	III III deli deli di la j			
B This ref	turn/report is	the first return/report	X the final return/report						
	Ī	rn/report (less than 12 n	nonths)						
^	·	an amended return/report	_	5.					
C Check	box if filing under:	_	automatic extension		☐ DFVC p	rogram			
	<u></u>	special extension (enter descript							
Part II	Basic Plan Inform	mation—enter all requested infor	mation						
1a Name	e of plan				1b Three-digit	t			
DUNCAN	CRANE SERVICE,	INC. PROFIT SHARING	PLAN		plan numb	er 001			
					(PN)	-1			
					1c Effective d 03/01/1				
2a Plan s	sponsor's name and addr	ess; include room or suite number	(employer, if for a single	-employer plan)		dentification Number			
DUNCAN	CRANE SERVICE,	INC.				0725041			
P.O. B	OX 582				2c Sponsor's telephone number 509-765-8661				
		Westerlin 20 39 30 65 00			2d Business code (see instructions)				
MOSES	ALEXANDER CONTRACTOR C	WA 98837			238900				
	administrator's name and		*		3b Administrator's EIN 91-0725041				
DUNCAN	CRANE SERVICE,	INC.							
P.O. B	OV 500				3c Administrator's telephone number 509-765-8661				
F.O. D.	UA 362				503-765	-8661			
MOSES :	LAKE	WA 98837							
TO SERVICE CODE DO POPONIO E	10000000000000000000000000000000000000	olan sponsor has changed since the	last roturn/report filed for	iss this plan enter the	41				
name	, EIN, and the plan numb	per from the last return/report.	s last return/report med n	or this plan, enter the	4b EIN				
	or's name				4c PN	W 3			
		the beginning of the plan year							
		the end of the plan year			5b	0			
C Numb	er of participants with acc	count balances as of the end of the	plan year (defined bene	efit plans do not	5c				
d(1) Tot	al number of active partic	cipants at the beginning of the plan	vear			0			
					5d(1)	0			
		cipants at the end of the plan year			5d(2)	0			
less th	an 100% vested	ninated employment during the plar			5e	0			
Caution: A	penalty for the late or	incomplete filing of this return/re	eport will be assessed	unless reasonable car	use is established	1.			
Under pena	alties of perjury and other	penalties set forth in the instruction signed by an enrolled actuary, as well as the second s	ons. I declare that I have	examined this return/re	enort including if a	policable a Cabadula			
belief, it is	true, correct, and complet	te.	well as the electronic ven	sion of this return/report	t, and to the best o	f my knowledge and			
SIGN	alm H	Amer brown to	2-20-15	William H. Fa	irbanks				
HERE	Signature of plan adm	ninistrator	Date	Enter name of individ	dual signing as plar	administrator			
SIGN	Wm. 1/ -	Jacobs Va			- J J J	dominion acc.			
HERE	Signature of employe	r/plan sponsor	Date	Enter name of individ	fuel signing as emr	ployer or plan sponsor			
Preparer's	name (including firm nam	ne, if applicable) and address (inclu		er) (optional)	Preparer's teleph	none number (optional)			
				100		(Model) 1, 10 of			
						1000			

	Form 5500-SF 2014		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 cann	an indeper and condit ot use Fo	ndent qualified public accountations.) ions.)rm 5500-SF and must instea	ant (IC	QPA) Form	n 5500.	X Yes No	
C	If the plan is a defined benefit plan, is it covered under the PBGC in	nsurance p	rogram (see ERISA section 4)	021)?		Yes	No Not determined	
Pa	rt III Financial Information							
7	Plan Assets and Liabilities		(a) Beginning of Ye	ar			(b) End of Year	
a	Total plan assets	7a	18	216:	16			
	Total plan liabilities	7b						
100	Net plan assets (subtract line 7b from line 7a)	7c	18	216:	16	111		
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b) Total	
	Contributions received or receivable from: (1) Employers	8a(1)						
	(2) Participants	8a(2)		307	70			
	(3) Others (including rollovers)	8a(3)						
	Other income (loss)	8b		8413	36			
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c	19	0882	22		8720	
е	Certain deemed and/or corrective distributions (see instructions)	8d 8e		0002	-			
	Administrative service providers (salaries, fees, commissions)	8f				-		
-	Other expenses			_	-			
0.00	Other expenses				100			
i	Net income (loss) (subtract line 8h from line 8c)					19088 -18216		
j	Transfers to (from) the plan (see instructions)						-102161	
Par	t IV Plan Characteristics	l oj						
	If the plan provides pension benefits, enter the applicable pension of 2E 2F 2G 2J 2K 2R 3D	feature co	des from the List of Plan Char	acteris	stic Co	des in t	he instructions:	
b	If the plan provides welfare benefits, enter the applicable welfare fe	eature code	es from the List of Plan Chara	cterist	ic Cod	es in th	e instructions:	
Parl								
10	During the plan year:				Yes	No	Amount	
	Was there a failure to transmit to the plan any participant contribut 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu	iciary Corr	ection Program)	10a		х		
b	Were there any nonexempt transactions with any party-in-interest on line 10a.)	? (Do not i	nclude transactions reported	10b		х		
С	Was the plan covered by a fidelity bond?			10c	Х		157000	
d	Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?	fidelity bor	nd, that was caused by fraud	10d		х		
е	Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service, or other organization that provides some or all of the benefits under the plan? (See instructions.)					х		
f	Has the plan failed to provide any benefit when due under the plan	1?		10f		Х		
g	g Did the plan have any participant loans? (If "Yes," enter amount as of year end.)					Х		
h	If this is an individual account plan, was there a blackout period? (2520.101-3.)	See instru	ctions and 29 CFR	10g 10h		Х		
i	If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.101	e required	notice or one of the	10i				
Part					لــــا			
11	Is this a defined benefit plan subject to minimum funding requirements 5500) and line 11a below)	ents? (If "Y	es," see instructions and com	plete	Sched	ule SB ((Form Yes No	
11a	Enter the unpaid minimum required contribution for current year fro	om Schedi	ule SB (Form 5500) line 39			11a		

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

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 "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)

granting the waiver.

Yes X No

Year

Day

12

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lf	ou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (For	m 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 negative amount)	(enter a minus sign to the l	eft of a	12d			
е	Will the minimum funding amount reported on line 12d be met by the funding				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?			X	Yes No		
	If "Yes," enter the amount of any plan assets that reverted to the employer the	his year		13a			0
b	Were all the plan assets distributed to participants or beneficiaries, transferrof the PBGC?	ed to another plan, or broug	ht under the c	ontrol		X Yes	 П No
С	If during this plan year, any assets or liabilities were transferred from this pla which assets or liabilities were transferred. (See instructions.)			0		3000000	
1	3c(1) Name of plan(s):	a	13	c(2) El	N(s)	13c(3)	PN(s)
			ĺ				
Part	VIII Trust Information (optional)						
200	Name of trust			I 4b ⊤ı	rust's EIN		