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

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

Revenue Code (the Code).

1210-0089

2014

OMB Nos. 1210-0110

This Form is Open to **Public Inspection**

Part I	Annual Repor	rt Identification Information							
For calend	lar plan year 2014 or	fiscal plan year beginning 01/01/201	4	and ending 06	5/30/2014				
Δ This re	turn/report is for:	X a single-employer plan				this box must attach a list			
A IIIISTO	turr/report is for.	a one-participant plan	of participating employer information in accordance with the form instructions) a foreign plan						
R This rot	urn/report is	the first return/report	X the final return/report						
D This rec	um/report is								
		an amended return/report	nonths)						
C Check	box if filing under:	X Form 5558	automatic extension		DFVC	program			
		special extension (enter descrip							
Part II	Basic Plan Inf	formation—enter all requested infor	rmation		_				
1a Name					1b Three-dig				
WESTFALL	. MANUFACTURING	COMPANY 401(K) PLAN			plan num (PN) ▶	ber 001			
					1c Effective				
					IC Lifective	01/01/2007			
2a Plan s	sponsor's name and a MANUFACTURING	address; include room or suite number	(employer, if for a single	e-employer plan)		Identification Number			
WESTFALL	MANUFACTURING	SOMPANT			(EIN)	05-0424027			
16 PECKHA	M DRIVE					s telephone number 401-253-3799			
BRISTOL, R	1 02809-2733				2d Business code (see instructions)				
						339900			
3a Plan a	administrator's name	and address Same as Plan Sponsor	r.		3b Administra	ator's EIN 05-0424027			
WESTFALL MANUFACTURING COMPANY 16 PECKHAM DRIVE									
BRISTOL, RI 02809-2733					3c Administrator's telephone number 401-253-3799				
					4	01-253-3799			
4 If the	name and/or EIN of t	he plan sponsor has changed since the	e last return/report filed	for this plan, enter the	4b EIN				
	•	umber from the last return/report.			4				
	sor's name				4c PN				
		ts at the beginning of the plan year				7			
b Total	number of participan	ts at the end of the plan year			5b	0			
		h account balances as of the end of the			5c	C			
d(1) To	tal number of active p	participants at the beginning of the plan	n year		5d(1)	(
d(2) To	tal number of active p	participants at the end of the plan year.			5d(2)	(
		terminated employment during the pla	•	nefits that were	5e	(
		e or incomplete filing of this return/r		d unless reasonable ca	usa is astablish	ad			
		other penalties set forth in the instruction							
SB or Sch		and signed by an enrolled actuary, as							
SIGN		d/valid electronic signature.	03/13/2015	THERESA ST. VINCE	ENT				
HERE	Signature of plan	administrator	Date	Enter name of individ	dividual signing as plan administrator				
SIGN									
HERE	Signature of emp	loyer/plan sponsor	Date	Enter name of individ	dual signing as er	nployer or plan sponsor			
Preparer's		name, if applicable) and address (incl				phone number (optional)			

	Form 5500-SF 2014		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 a under 29 CFR 2520.104-46? (See instructions on waiver eligibility a lif you answered "No" to either line 6a or line 6b, the plan cannot be a second to the second	QPA) X Yes No.									
	If the plan is a defined benefit plan, is it covered under the PBGC in	isurance p	rogram (see ERISA section 40)21)?		Yes	No	Not dete	ermined		
Par –											
	Plan Assets and Liabilities		(a) Beginning of Yea		-		(b) End c	f Year	0		
	Total plan assets	7a	3583	340					0		
	Total plan liabilities	7b	3583	840	-				0		
	Net plan assets (subtract line 7b from line 7a)	7c		740			(b) T-	4-1	-		
	Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from:		(a) Amount				(b) To	rtai			
	(1) Employers	8a(1)	g	964							
	(2) Participants	8a(2)	17	724							
	(3) Others (including rollovers)	8a(3)		0							
b	Other income (loss)	8b	133	339							
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						16	027		
	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	3743	367							
	Certain deemed and/or corrective distributions (see instructions)	8e									
	Administrative service providers (salaries, fees, commissions)	8f									
	Other expenses	8g									
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h						374	367		
i	Net income (loss) (subtract line 8h from line 8c)	8i						-358	340		
j	Transfers to (from) the plan (see instructions)	8j									
Par	t IV Plan Characteristics										
b		eature cod	es from the List of Plan Charac	cterist			he instructio	ns:			
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 Fidure)	iciary Cor	rection Program)	10a		X					
	Were there any nonexempt transactions with any party-in-interest on line 10a.)	·····		10b		Χ					
c	Was the plan covered by a fidelity bond?			10c	X				265000		
d	Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?			10d		Χ					
e	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 ben	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 e	end.)	10g		X					
h	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)					Χ					
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							
Part	VI Pension Funding Compliance										
11	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)							Ye	s No		
11a	Enter the unpaid minimum required contribution for current year fr					11a					
12	Is this a defined contribution plan subject to the minimum funding	requireme	ents of section 412 of the Code	or se	ection (302 of	ERISA?	Ye	s 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 beir granting the waiver.	-			, and e	enter th Day		e letter r Year	uling		

	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 1	3.				
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		ract the amount in line 12c from the amount in line 12b. Enter the result (tive amount)		12d				
е	Will the minimum funding amount reported on line 12d be met by the funding deadline?						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	0	
	If "Y	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?			control		X Yes	No
С	If du	ring this plan year, any assets or liabilities were transferred from this plant hassets or liabilities were transferred. (See instructions.)			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

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2014

OMB Nos. 1210-0110 1210-0089

This Form is Open to Public Inspection

- III, III II	Determ Contents of A Control of Street	▶ Complete all entries in a		ructions to the Form 5	.500-SF.						
Part I		Identification Information									
For calend	lar plan year 2014 or fis	scal plan year beginning	01/01/2014	and ending	06/30/	2014					
X a single-employer plan [] a multiple-employer plan (not multiemployer) (Filers checking this box must attach of participating employer information in accordance with the form instructions)											
	,	a one-participant plan	a foreign plan	100		TH HOLI GOODING J					
B This ret	turn/report is	the first return/report	X the final return/report								
- 11	urrar separa na	an amended return/report	=		nonthe\						
			port X a short plan year return/report (less than 12 months)								
C Check	box if filing under:	X Form 5558	automatic extension		DFVC program						
Part II	Basic Plan Info	rmation—enter all requested info	ormation			·					
1a Name	**	The state of the s	THE STATE OF THE PARTY OF THE P		1b Three-digit	.					
	•	ING COMPANY 401(K) PLA	AN		plan numb	ſ					
					(PN) ▶						
					1c Effective date of plan						
2a Dian e		deserving the second of the second of	t1 1F t	-1	01/01/2						
WESTFA	sponsors name and add LL MANUFACTURE	dress; include room or suite numbe ENG COMPANY	# (employer, # for a strigite-	-employer plan)	2b Employer Identification Number (EIN) 05-0424027						
		·			}						
16 PECI	KHAM DRIVE				2c Sponsor's telephone number 401–253–3799						
					2d Business code (see instructions)						
BRISTO	<u> </u>	RI 02809-2733	3		339900	me lace man nominal					
3a Plan a	dministrator's name an	nd address Same as Plan Spons	ог.		3b Administrator's EIN						
WESTFAI	LL MANUFACTURI	NG COMPANY			05-0424						
					3C Administrat	tor's telephone number					
16 PECE	KHAM DRIVE				401-253-3799						
BRISTO	L	RI 02809-2733									
4 If the r	name and/or EIN of the	plan sponsor has changed since the	he last return/report filed fr	or this plan, enter the	4b EIN						
name,	, EIN, and the plan num	nber from the last return/report.	-	, .	_						
	or's name				4c PN						
		at the beginning of the plan year			L	7					
b Total r	number of participants a	at the end of the plan year			- 5b	0					
		account balances as of the end of the			5c	0					
comple 4/1) Tota	ate this item)	ticipants at the beginning of the pla		APIN 047 64 PRE 044 PROPERTY POPERTY P		0					
					5d(1)	0					
d(2) Tota	al number of active part	ticipants at the end of the plan year	r		5d(2)	0					
	er of participants that ter an 100% vested	rminated employment during the pla		fits that were	5e	0					
		or incomplete filing of this return/		····lore rasennable car	in antablicha						
Under pena	alties of periury and oth	er penalties set forth in the instruct	rions. I declare that I have	examined this return/re	nort including if a	nolicable a Schedule					
SB or Sche	edule MB completed and	id signed by an enrolled actuary, as	s well as the electronic ven	sion of this return/report	t, and to the best o	of my knowledge and					
belief, it is t	true, correct, and compl	iete//									
SIGN	Herry 1	Minden		Theresa St. V	incent						
HERE	Signature of plan ad	iministrator 👡 🔨	Date 23/23/75	Enter name of individ	lual signing as plar	administrator					
SIGN	12200	200 UG		Robert Glanvil	lle						
HERE	Signature of employ		Date/37/6////	Enter name of individ	ual signing as emi	olover or plan sponsor					
Preparer's	name (including firm na	amé, if applicable) and address (inc	clude room or súite' numbe	r) (optional)		none number (optional)					
	C	,									
					<u> </u>						
						1					

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6a	Were all of the plan's assets during the plan year invested in eligible			······································	X Yes No					
	Are you claiming a waiver of the annual examination and report of	ndent qualified public accounts	int (IC	(PA)						
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility a									
_	If you answered "No" to either line 6a or line 6b, the plan cann									
	If the plan is a defined benefit plan, is it covered under the PBGC in	surance p	rogram (see ERISA section 40	121)7	L	Yes	No Not determined			
	rt III Financial Information	Г								
7	Plan Assets and Liabilities	ļ	(a) Beginning of Yea	łľ			(b) End of Year			
a	Total plan assets	7a	3.	583	10		0			
b	Total plan liabilities	7b								
С	Net plan assets (subtract line 7b from line 7a)	7c	3	5834	10		0			
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b) Total			
а	Contributions received or receivable from:			0.0	54					
	(1) Employers	8a(1)					<u>artintetti ja ja ja kartini terreta ja ja</u>			
	(2) Participants	8a(2)		172						
	(3) Others (including rollovers)	8a(3)			9					
	Other income (loss)	8b		1333	19					
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c			_ _	***************************************	1602			
<u> </u>	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	374367							
e	Certain deemed and/or corrective distributions (see instructions)	8e	8e							
f	Administrative service providers (salaries, fees, commissions)	ce providers (salaries, fees, commissions) 8f								
g	Other expenses 8g									
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h			T		374367			
i	Net income (loss) (subtract line 8h from line 8c)	8i					-358340			
j	Transfers to (from) the plan (see instructions)	8i								
Pa	t IV Plan Characteristics									
9a	If the plan provides pension benefits, enter the applicable pension	feature co	des from the List of Plan Char	acteris	stic Co	des in	the instructions:			
h	ZE ZF ZG ZJ ZK ZT 3D If the plan provides welfare benefits, enter the applicable welfare fe	eture cod	es from the Liet of Plan Charac	torict	in Carl	las is t	ho instructions:			
_	The plan provided world o benefit, enter the applicable wenter to	oture cou	es nom me ust on han ondial	ABIIOL	ic coo	153 111	ne manucuuna.			
Par	V Compliance Questions									
10	During the plan year:				Yes	No	Amount			
а	Was there a failure to transmit to the plan any participant contribut					Х	Anoun			
- E	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fldu			10a						
D	Were there any nonexempt transactions with any party-in-interest on line 10a.)			10b		х				
С				10c	X		265000			
d						х				
	Were any feet or commissions said to any broken poorts or oth			10d						
	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.)					X				
f	Has the plan failed to provide any benefit when due under the plan?					Х				
g				10g		Х				
h	If this is an individual account plan, was there a blackout period? (32520.101-3.)	See instru	ctions and 29 CFR	10h		х				
i										

exceptions to providing the notice applied under 29 CFR 2520.101-3

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H y	ou completed line 12a, complete lines 3, 9, and 10 of S	ichedule MB (Form 5500), a	nd skip t	o line 13.				
	Enter the minimum required contribution for this plan year				12b			

<u>c</u>	Enter the amount contributed by the employer to the plan	for this plan year	***********		12c			· · · · · · · · · · · · · · · · · · ·
<u>d</u>	Subtract the amount in line 12c from the amount in line 12 negative amount)	b. Enter the result (enter a mi	nus sign	to the left of a	12d			
<u>e</u>	Will the minimum funding amount reported on line 12d be	met by the funding deadline?				Yes	No	N/A
Part \	/II Plan Terminations and Transfers of As	sets			······································		<u> </u>	
13a	Has a resolution to terminate the plan been adopted in any pla	n year?			X	res No)	
	if "Yes," enter the amount of any plan assets that reverted				13a	<u> </u>	·	0
b '	Were all the plan assets distributed to participants or bene of the PBGC?	ficiaries, transferred to anothe	r plan, o	brought under the	control		X Yes	П №
C	If during this plan year, any assets or liabilities were transf which assets or liabilities were transferred. (See instruction	erred from this plan to anothe	r plan(s),	identify the plan(s)	to		·····	<u></u>
13	c(1) Name of plan(s):			1	3c(2) Ell	N(s)	13c(3)	PN(s)
Part \	/III Trust Information (optional)							
140 \					14b +			
3					1 40 [ust's EIN		