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.

OMB Nos. 1210-0110 1210-0089

2014

This Form is Open to Public Inspection

	var 2014 or fixed plan year beginning 40/04		40	/24/2044			
ror calendar plan y	rear 2014 or fiscal plan year beginning 10/01			/31/2014 /5:1	da han annat sussti suss		
A This return/repo	X a single-employer plan ort is for: □ X a single-employer plan	<u> </u>		nis box must attach a list m instructions)			
A This return/report is for	a one-participant plan	of participating employer information in accordance with the form instructions) a foreign plan					
B This return/repor	rt is	the final return/report					
•	an amended return/report						
_	Form 5558	automatic extension	n	□ DEVC n	rogram		
C Check box if filing	ing under.		.1	☐ DFVC program			
	special extension (enter de	scription)					
	c Plan Information—enter all requested	information		1			
1a Name of plan	RY COMPANY EMPLOYEES SAVINGS TRU	ST		1b Three-digition plan numb			
LTWOOTH POOLIKT COMPANT EMPLOTEES SAVINGS TROST				(PN) ▶	004		
				1c Effective d	•		
0					10/01/2007		
2a Plan sponsor's LYMOUTH POULTF	name and address; include room or suite nur RY COMPANY	nber (employer, if for a sing	le-employer plan)		dentification Number 91-0673178		
				(=)	telephone number		
500 7TH AVE S					06-676-6313		
EATTLE, WA 98108	3				ode (see instructions)		
20 Diamentation					424990		
3a Plan administra LYMOUTH POULTE	ator's name and address Same as Plan Spo	onsor. TH AVE S		3b Administra	tor's EIN 91-0673178		
_YMOUTH POOLT		ΓLE, WA 98108		3c Administra	tor's telephone number		
				20	6-676-6313		
4 If the name an	d/or EIN of the plan sponsor has changed since	ce the last return/report file	d for this plan, enter the	4b EIN			
name, EIN, an	nd the plan number from the last return/report.	oo aro raar ratarry rapart ma	a ret time plant, enter the				
	a Sponsor's name			4c PN			
5a Total number of participants at the beginning of the plan year			5a	82			
b Total number of participants at the end of the plan year			5b	99			
C Number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item)				5c	97		
d(1) Total number of active participants at the beginning of the plan year				5d(1)	80		
d(2) Total number	er of active participants at the end of the plan	vear		5d(2)	82		
Number of participants that terminated employment during the plan year with accrued benefits that were							
	6 vested			5e			
	y for the late or incomplete filing of this ret						
	perjury and other penalties set forth in the inst 3 completed and signed by an enrolled actuary						
belief, it is true, cor		, as non as an electronic	·				
31314	th authorized/valid electronic signature.	04/02/2015	DACON HAYES	HAYES			
HERE Signat	ture of plan administrator	Date	Enter name of individ	er name of individual signing as plan administrator			
SIGN							
HERE Signat	ture of employer/plan sponsor	Date	Enter name of individ	ual signing as em	ployer or plan sponsor		
	ncluding firm name, if applicable) and address	(include room or suite num			hone number (optional)		
				l			

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b	Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)					QPA) X Yes No				
С	if the plan is a defined benefit plan, is it covered under the PBGC in	surance p	rogram (see ERISA section 40)21)?		Yes	No	Not dete	ermined	
Par	t III Financial Information	1	<u> </u>							
7	Plan Assets and Liabilities		(a) Beginning of Yea				(b) End			
	Total plan assets	7a 112828			12135443					
	110		11282	2294			12135443			
	Net plan assets (subtract line 7b from line 7a)	7c		-04						
	Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from:		(a) Amount			(b) Total				
	(1) Employers	8a(1)								
	(2) Participants	2) Participants)68						
	(3) Others (including rollovers)	8a(3)		216						
b	Other income (loss)	8b	135	509	_					
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						114	4793	
	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	Benefits paid (including direct rollovers and insurance premiums o provide benefits)		338						
е	Certain deemed and/or corrective distributions (see instructions)	8e								
f	Administrative service providers (salaries, fees, commissions)	8f		18						
g	Other expenses	8g								
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h						15856		
	Net income (loss) (subtract line 8h from line 8c)							98	3937	
j	Transfers to (from) the plan (see instructions)	8j	109082	222						
b	9a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions: Part V Compliance Questions									
10	During the plan year:				Yes	No		Amount	<u>!</u>	
	a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)			10a		X				
b	b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)					Χ				
C	Was the plan covered by a fidelity bond?			10c	X				500000	
d	d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?			10d		X				
e	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.)			10e		X				
f	f Has the plan failed to provide any benefit when due under the plan?					X				
g	g Did the plan have any participant loans? (If "Yes," enter amount as of year end.)				X				11812	
h	h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)			10h	X					
i	i If 10h was answered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3			10i	X					
Part	Part VI Pension Funding Compliance									
11	11 Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form 5500) and line 11a below)									
	11a Enter the unpaid minimum required contribution for current year from Schedule SB (Form 5500) line 39									
12										
	(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 granting the waiver Day Year									

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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		
С	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)	-	1 124		
е	Will the minimum funding amount reported on line 12d be met by the funding	g 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?		🔲 Y	′es X No	
	If "Yes," enter the amount of any plan assets that reverted to the employer the	his year	13a		
b	Were all the plan assets distributed to participants or beneficiaries, transferred the PBGC?		inder the control		Yes X No
С	If during this plan year, any assets or liabilities were transferred from this pla which assets or liabilities were transferred. (See instructions.)	an to another plan(s), identify th	e plan(s) to		
1	3c(1) Name of plan(s):		13c(2) EI	N(s)	13c(3) PN(s)

14b Trust's EIN

Part VIII Trust Information (optional)

14a Name of trust