## 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).

2014

OMB Nos. 1210-0110

1210-0089

This Form is Open to Public Inspection

Part I		rt Identification Information	1						
For calend	dar plan year 2014 or	fiscal plan year beginning 01/01/2	<u>2014</u>	and ending 12	2/31/2014				
A This re	eturn/report is for:	X a single-employer plan	a multiple-employer plan (not multiemployer) (Filers checking this box must attach a light of participating employer information in accordance with the form instructions)						
		a one-participant plan	a foreign plan						
<b>B</b> This ref	turn/report is	the first return/report	the final return/report	i .					
		an amended return/report	an amended return/report a short plan year return/report (less than 12 months)						
C Check	box if filing under:	Form 5558	automatic extension		DFVC p	orogram			
		special extension (enter desc	cription)						
Part II	Basic Plan Inf	formation—enter all requested in	nformation						
1a Name	•				1b Three-digi				
HUSSEY ENGINEERING INCORPORATED 401K PROFIT SHARING PLAN				plan numb (PN) ▶	oer   001				
					1c Effective of	late of plan			
						01/01/2003			
2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) HUSSEY ENGINEERING INCORPORATED					<b>2b</b> Employer Identification Number (EIN) 91-1959414				
					(=:)	telephone number			
	CLEARWATER DRI	VE				09-737-8333			
KENNEWIC	CK, WA 99336					code (see instructions) 541330			
3a Plan a	administrator's name	and address Same as Plan Spor	nsor.		<b>3b</b> Administra				
HUSSEY ENGINEERING INCORPORATED 9228 WEST CLEARWATER DRIVE					91-1959414				
		KENNE	WICK, WA 99336-8622		<b>3c</b> Administrator's telephone number 509-737-8333				
					30	19-131-0333			
		the plan sponsor has changed since number from the last return/report.	the last return/report filed	for this plan, enter the	4b EIN				
<b>a</b> Sponsor's name				4c PN					
5a Total number of participants at the beginning of the plan year						20			
<b>b</b> Total number of participants at the end of the plan year					5b	21			
Number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item)					5c				
d(1) Total number of active participants at the beginning of the plan year				5d(1)	12				
d(2) Total number of active participants at the end of the plan year				5d(2)	15				
Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested			5e	0					
		e or incomplete filing of this retu			use is establishe	d.			
Under per	nalties of perjury and	other penalties set forth in the instru	uctions, I declare that I hav	e examined this return/re	port, including, if a	applicable, a Schedule			
	nedule MB completed s true, correct, and co	and signed by an enrolled actuary, mplete.	as well as the electronic v	ersion of this return/repor	t, and to the best	of my knowledge and			
SIGN HERE		d/valid electronic signature.	04/03/2015	DAVID HUSSEY	SEY				
	Signature of plan	administrator	Date	Enter name of individual signing as plan administrator					
SIGN									
HERE	Signature of emp	loyer/plan sponsor	Date	Enter name of individ		as employer or plan sponsor			
Preparer's	s name (including firm	n name, if applicable) and address (	include room or suite numl	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 assets? (See instructions.)					PA) X Yes 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 det	ermined
Par	t III   Financial Information		<u> </u>						
	Plan Assets and Liabilities		(a) Beginning of Yea		-		(b) End		4000
	Total plan assets	7a	6630	)10				734	4222
	Total plan liabilities	7b	6630	10	734222				
	Net plan assets (subtract line 7b from line 7a)	7c		3010					
	Income, Expenses, and Transfers for this Plan Year  Contributions received or receivable from:		(a) Amount				(b) T	otai	
	(1) Employers	8a(1)	238						
	(2) Participants	8a(2)	428	42834					
	(3) Others (including rollovers)	8a(3)							
	Other income (loss)	8b	326	500				_	
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						99	9255
	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	190	19043					
е	Certain deemed and/or corrective distributions (see instructions)	8e	90	000					
f	Administrative service providers (salaries, fees, commissions)	8f							
g	Other expenses	8g							
<u>h</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h						28	8043
	Net income (loss) (subtract line 8h from line 8c)	8i						7	1212
J	Transfers to (from) the plan (see instructions)	8j							
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		Amoun	t
	Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu	ıciary Cor	rection Program)	10a		X			
b	Were there any nonexempt transactions with any party-in-interest on line 10a.)			10b		X			
С	Was the plan covered by a fidelity bond?			10c	X				25000
d	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?					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.)				X				3497
f	Has the plan failed to provide any benefit when due under the plan	n?		10f		X			
g	g Did the plan have any participant loans? (If "Yes," enter amount as of year end.)								17279
h	h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)					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								
	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)								
	1a 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	<b>a</b> 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								

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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):		<b>13c(2)</b> EI	N(s)	<b>13c(3)</b> PN(s)

14b Trust's EIN

Part VIII Trust Information (optional)

14a Name of trust