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.

2014

OMB Nos. 1210-0110

1210-0089

This Form is Open to **Public Inspection**

Annual Report Identification Information For calendar plan year 2014 or fiscal plan year beginning and ending 12/31/2014 X a single-employer plan a multiple-employer plan (not multiemployer) (Filers checking this box must attach a list A This return/report is for: of participating employer information in accordance with the form instructions) a one-participant plan a foreign plan the first return/report the final return/report **B** This return/report is an amended return/report a short plan year return/report (less than 12 months) Form 5558 DFVC program automatic extension C Check box if filing under: special extension (enter description) Part II Basic Plan Information—enter all requested information 1a Name of plan **1b** Three-digit R N R HOLIDAY RV INC. 401K RETIREMENT PLAN plan number (PN) ▶ 001 1c Effective date of plan 01/01/1994 2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) 2b Employer Identification Number R N R HOLIDAY RV INC. (EIN) 91-1453528 Sponsor's telephone number 509-927-9000 23203 E KNOX LIBERTY LAKE, WA 99019-9542 Business code (see instructions) 441210 **3a** Plan administrator's name and address XSame as Plan Sponsor. Administrator's EIN **3c** Administrator's telephone number 4b EIN If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN, and the plan number from the last return/report. 4c PN a Sponsor's name Total number of participants at the beginning of the plan year 5a 114 Total number of participants at the end of the plan year..... 5b 129 Number of participants with account balances as of the end of the plan year (defined benefit plans do not 5c complete this item) d(1) Total number of active participants at the beginning of the plan year..... 5d(1) 105 d(2) Total number of active participants at the end of the plan year..... 5d(2) 123 e Number of participants that terminated employment during the plan year with accrued benefits that were 0 5e less than 100% vested. Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established. Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including, if applicable, a Schedule SB or Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/report, and to the best of my knowledge and

belief, it is t	true, correct, and complete.							
SIGN	Filed with authorized/valid electronic signature.	04/21/2015	DALE STEVENS					
HERE	Signature of plan administrator	Date	Enter name of individual signing as plan administrator					
SIGN								
HERE	Signature of employer/plan sponsor	idual signing as employer or plan sponsor						
Preparer's	name (including firm name, if applicable) and address (include r	oom or suite numbei	r) (optional)	Preparer's telephone number (optional)				
DALE STEV	/ENS			500 755 0707				
BREAK-THE	RU BENEFITS, LLC			509-755-3767				
200 NORTH	I MULLAN ROAD, SUITE 216							
SPOKANE \	VALLEY, WA 99206							

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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 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 cann	an indepe and condit	ndent qualified public accountations.)	int (IQ	PA)			X Yes		
С	f the plan is a defined benefit plan, is it covered under the PBGC in	surance p	program (see ERISA section 40	21)?		Yes	No	Not dete	rmined	
Par	t III Financial Information	1	1							
7	Plan Assets and Liabilities		(a) Beginning of Yea				(b) End			
	Total plan assets	7a	35561	105				3763	633	
	Total plan liabilities	7b	35561	105	-			2762	622	
	Net plan assets (subtract line 7b from line 7a)	7c		105	3763633					
	Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from:		(a) Amount				(b) To	otal		
	(1) Employers	8a(1)								
	(2) Participants	8a(2)	2748	379						
	(3) Others (including rollovers)	8a(3)	310							
b	Other income (loss)	8b	2324	142						
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						538	363	
	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	3040	081						
	Certain deemed and/or corrective distributions (see instructions)	8e	101	198						
f	Administrative service providers (salaries, fees, commissions)	8f	165	556						
g	Other expenses	8g								
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h						330	835	
<u>i</u>	Net income (loss) (subtract line 8h from line 8c)	8i			207528					
j	Transfers to (from) the plan (see instructions)	8j								
Par	t IV Plan Characteristics If the plan provides pension benefits, enter the applicable pension									
Part		eature cod	les from the List of Plan Chara	cterist			the instruction	ons:		
10	During the plan year:	C 20-2	and an electric and a discount and the		Yes	No		Amount		
	Was there a failure to transmit to the plan any participant contribution 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		Χ				
C	Was the plan covered by a fidelity bond?			10c	X				500000	
d	Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?			10d		X				
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 ber	efits under the plan? (See	10e	X				16461	
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 a	s of year	end.)	10g	X				74555	
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 2520.10			10i						
Part	VI Pension Funding Compliance									
11	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)							Yes	s No	
11a	Enter the unpaid minimum required contribution for current year fr	om Sched	dule SB (Form 5500) line 39			11a				
12	Is this a defined contribution plan subject to the minimum funding	requirem	ents of section 412 of the Code	or se	ection :	302 of	ERISA?	Yes	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		ie letter r Year	uling 	

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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

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Revenue Code (the Code).

OMB Nos. 1210-0110

2014

This Form is Open to **Public Inspection**

Part I	Annual Report	Identification Information		detions to me i offit o	200-01. I				
For calend		iscal plan year beginning	01/01/2014	and ending	12/31/201	4			
a single-employer plan a multiple-employer plan (not multiemployer) (Filers checking this box must attach a lise A This return/report is for: a multiple-employer plan (not multiemployer) (Filers checking this box must attach a lise of participating employer information in accordance with the form instructions)									
A IIISTO	aun report is tor.	a one-participant plan	a foreign plan	yer information in acco	roance with the form ins	tructions)			
R This rot	urn/report is	the first return/report	the final return/report						
D mis ici	unineport is	an amended return/report	<u></u>	m/report (less than 12 m	nonths)				
				THE OPERATION OF THE PARTY NEWSCOOL	* <u>-</u>				
C Check	box if filing under:	☐ Form 5558	automatic extension		DFVC progra	im			
		special extension (enter desc	ription)						
Part II	Basic Plan Info	rmation—enter all requested in	formation		-				
1a Name	of plan				1b Three-digit				
RNR	HOLIDAY RV IN	C. 401K RETIREMENT P	LAN		plan number (PN) ▶	001			
					1C Effective date of	f nlan			
					01/01/1994	Picar			
	ponsor's name and ac HOLIDAY RV IN	kdress; include room or suite numb	er (employer, if for a single	-employer plan)	2b Employer Identif				
KKK	HODIDAI KV IN	.			(EIN) 91-145 2C Sponsor's telep				
23203	E KNOX				509-927-90				
					2d Business code (see instructions)			
LIBERT		WA 99019-954			441210				
Ja Plan a	idministrator's name a	nd address XSame as Plan Spon	sor.		3b Administrator's I	EIN			
					3c Administrator's telephone number				
					The state of the s				
4 If the	name and/or EIN of th	e plan sponsor has changed since	the last return/report filed f	or this plan, enter the	4b EIN				
name	, EIN, and the plan nu	mber from the last return/report.							
	or's name				4c PN				
		at the beginning of the plan year.				114			
b Total	number of participants	at the end of the plan year	***************************************	***************************************	. 5b	129			
		account balances as of the end of			5c	55			
		rticipants at the beginning of the p			5d(1)	105			
d(2) To	al number of active of	rticipants at the end of the plan ye	or.						
	W	erminated employment during the			5d(2)	123			
		anniated anprojette a dating the			5e	0			
Caution: A	penalty for the late	or incomplete filing of this retur	n/report will be assessed	uniess reasonable ca					
		her penalties set forth in the instru nd signed by an enrolled actuary,							
	true, correct, and com		20 Hell do the creation of the	alori or and recurrence or	t, and to the best of my	Michiedge and			
SIGN	Godsan	Bunney	4.14.2015	Jodean Bunney					
HERE	Signature of plan a	dministrator	Date	Enter name of individ	lual signing as plan adm	inistrator			
SIGN	golean.	Bunney	4.14.2015	Jodean Bunney					
HERE	Signature of emplo	yer/plan sponsor	Date	Enter name of individ	tual signing as employer	or plan sponsor			
	name (including firm r	ame, if applicable) and address (I	nclude room or suite numbe	er) (optional)	Preparer's telephone	number (optional)			
Dale St		****			509-755	-3767			
	Thru Benefits	The same of the sa							
ZUU NO	rth Mullan Ro	au, Suite Zip				11. 6.41			
Spokane	e Valley	WA 99206							
	4	A CONTRACT OF THE CONTRACT OF				A THE POST OF THE PARTY OF THE			

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Ga Were all of the plan's assets during the plan year invested in eligib D 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 C if the plan is a defined benefit plan, is it covered under the PBGC in	nt (IC	(IQPA) X Yes] No		
Part III Financial Information								-	
7 Plan Assets and Liabilities		(a) Beginning of Yea	ır			(b) End	of Yea	ur	
a Total plan assets	7a		5610)5					3633
b Total plan liabilities	7b		-	\top	-				water and the same of the same
C Net plan assets (subtract line 7b from line 7a)	7c	35	5610)5			~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	376	3633
8 Income, Expenses, and Transfers for this Plan Year	ur de la companya de	(a) Amount		\top		(b) 7	Fotal		
Contributions received or receivable from: (1) Employers	8a(1)								
(Z) Participants	8a(2)	2	7487	9					
(3) Others (including rollovers)	8a(3)		3104	2					
b Other income (loss)	8b	23	3244	2					
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							53	8363
d Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	30	408	1					
e Certain deemed and/or corrective distributions (see instructions)	8e		1019						
f Administrative service providers (salaries, fees, commissions)	8f		655	6					
g Other expenses	8g								
h Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							33	0835
i Net income (loss) (subtract line 8h from line 8c)	8i							20	7528
Transfers to (from) the plan (see instructions)	81								
9a If the plan provides pension benefits, enter the applicable pension 2E 2G 3D 2J 2K b If the plan provides welfare benefits, enter the applicable welfare for Part V Compliance Questions	Company of the Compan						Appen own skices		
10 During the plan year:				Yes	No		Amou	nt	
Was there a failure to transmit to the plan any participant contribution of the plan and DOL's Voluntary Fide	ciary Correct	on Program)	10a		х				
b Were there any nonexempt transactions with any party-in-interest on line 10a.)		and the contract of the contra	10b		х				
C Was the plan covered by a fidelity bond?	***************	************************	10c	X				50	0000
d Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?		***************************************	10d		х				
insurance service, or other organization that provides some or all	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.)							1	6461
f Has the plan failed to provide any benefit when due under the pla	n?	***************************************	10f		Х				
g Did the plan have any participant loans? (If "Yes," enter amount a								7	4555
					х				
i If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10			10i						
Part VI Pension Funding Compliance									
11 Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)							П	Yes [No
11a Enter the unpaid minimum required contribution for current year fi				-	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

.....Month

Year

Day

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

granting the waiver.

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If y	ou completed line 12a, complete lines 3, 9, and 10 of Sched	lule MB (Form 5500)	, and	skip	to li	ne 13.							
b	Enter the minimum required contribution for this plan year	*******************************	*******					12	b				
С	Enter the amount contributed by the employer to the plan for th	is plan year				********		12	C				
d	Subtract the amount in line 12c from the amount in line 12b. Er negative amount)							12	d		NEW COMPANY		
e	Will the minimum funding amount reported on line 12d be met t	by the funding deadlin	e?		2411412				1	Yes	П	No	N/A
Part	VII Plan Terminations and Transfers of Asset	5											
13a	Has a resolution to terminate the plan been adopted in any plan year	ar?						JI.	Y	es X	No		
	If "Yes," enter the amount of any plan assets that reverted to th	e employer this year .			******	********	**********	. 13	a		-черденция		- Commission
b	Were all the plan assets distributed to participants or beneficiar of the PBGC?							contr	ol			Yes	No 🗵
c	If during this plan year, any assets or liabilities were transferred which assets or liabilities were transferred. (See instructions.)	from this plan to ano	ther p	olan(s	s), ide	ntify th	e plan(s)	to					
1	3c(1) Name of plan(s):			- quantitati			,	3c(2)	EIN	V(s)		13c(3	B) PN(s)
							Vancountoroughth/				**************************************	Mar and educated an ano	
Part	Vili Trust Information (optional)							,	or a personal had				
14a i	lame of trust							14b	Tn	ust's Elh	1		