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**

Annual Report Identification Information For calendar plan year 2014 or fiscal plan year beginning and ending 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 final return/report **B** This return/report is the first return/report 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 CANNON CONSTRUCTION 401(K) SAVINGS PLAN plan number (PN) ▶ 002 1c Effective date of plan 01/01/1996 2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) 2b Employer Identification Number CANNON CONSTRUCTION, INC. (EIN) 91-1662877 Sponsor's telephone number 253-922-2787 **406 PORTER WAY** MILTON, WA 98354-9638 Business code (see instructions) 238900 **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 72 Total number of participants at the end of the plan year..... 5b 110 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) 61 d(2) Total number of active participants at the end of the plan year..... 5d(2) 96 e Number of participants that terminated employment during the plan year with accrued benefits that were 6 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

beliet, it is t	true, correct, and complete.						
SIGN	Filed with authorized/valid electronic signature.	04/22/2015	LYNDA STIRRAT				
HERE	Signature of plan administrator	Date	Enter name of individual signing as plan administrator				
SIGN		rer/plan sponsor Date Enter name of individual signing as employer or plan sponsor					
SIGN HERE	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan spo				
Preparer's name (including firm name, if applicable) and address (include $% \left(1\right) =\left(1\right) \left(1\right) $		oom or suite number	r) (optional)	Preparer's telephone number (optional)			

	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 a 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	an indeper and condit ot use Fo	ndent qualified public accounta ions.)rm 5500-SF and must instead	int (IQ d d use	PA) Form	5500.		X Ye	s 🗌 No
	f 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	rmined
Par –									
	Plan Assets and Liabilities	_	(a) Beginning of Yea				(b) End	of Year 2998	276
	Total plan assets	7a		390	+				711
	Total plan liabilities	7b	28583					2996	
	Net plan assets (subtract line 7b from line 7a)	7c	(a) Amount				(b) T		
	Contributions received or receivable from:		(a) Amount				(b) T	Jiai	
	(1) Employers	8a(1)	572						
	(2) Participants	8a(2)	2289						
	(3) Others (including rollovers)	8a(3)	673						
	Other income (loss)	8b	2404	172					
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						593	949
	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	4291	121					
е	Certain deemed and/or corrective distributions (see instructions)	8e							
f	Administrative service providers (salaries, fees, commissions)	8f	265	539					
g	Other expenses	8g							
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h						455	660
<u>i</u>	Net income (loss) (subtract line 8h from line 8c)	8i						138	289
j	Transfers to (from) the plan (see instructions)	8j							
Par	t IV Plan Characteristics								
b		eature cod	les from the List of Plan Charad	cterist	1		he instructi	ons:	
10	During the plan year:				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	iciary Cor	rection Program)	10a		X			
	on line 10a.)			10b		Χ			
<u>c</u>	Was the plan covered by a fidelity bond?			10c	X				400000
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 ben	efits under the plan? (See	10e	X				11261
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 e	end.)	10g	X				77959
h	If this is an individual account plan, was there a blackout period? (2520.101-3.)	•		10h	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	X				
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 tl Day		ne 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		-	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	·	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)	
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). e Will the minimum funding amount reported on line 12d be met by the funding deadline?						

14b Trust's EIN

Part VIII Trust Information (optional)

14a Name of trust

Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Part I Annual Report Identification Information

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

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a single-employer plan of multiple-employer plan (not multiemployer) (Filter a checking this box must attach a list of participant plan a one-participant plan a one-participant plan be final return/report is the first return/report is the first return/report is the first return/report is the first return/report in a namended return/report in namended ret	For calend	ar plan year 2014 or	fiscal plan year beginning	01/01/2014	and ending	12/31,	2014	
B This return/report is	A This ref	turn/report is for:	X a single-employer plan					
an amended return/report a short plan year return/report (less than 12 months) C Check box if filing under: Form 5558 automatic extension DEVC program Part II Basic Plan Information—enter all requested information 1a Name of plan CANNON CONSTRUCTION 401 (K) SAVINGS PLAN 2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employor plan) CANNON CONSTRUCTION, INC. 2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employor plan) CANNON CONSTRUCTION, INC. 2b Employer Identification Number (EN) 1-16-2877 2c Sponsor's telephone number 2-253-22-787 2d Business code (see instructions) 238-900 3a Plan administrator's name and address (Same as Plan Sponsor. 4 If the name and/or EN of the plan sponsor has changed since the last return/report filed for this plan, enter the same, EN, and the plan number of more the last return/report. 4d If the name and/or EN of the plan sponsor has changed since the last return/report filed for this plan, enter the same, EN, and the plan number of more the last return/report. 4d If the name and/or EN of the plan sponsor has changed since the last return/report filed for this plan, enter the same, EN, and the plan number of more the last return/report. 4d EN 4d PN 5a Total number of participants at the beginning of the plan year 5b 110 4d C PN 5d 72 5d 6d 72 5d 10 6d 6d 6d(1) 6d 6d 6d(2) Total number of participants at the end of the plan year 5d 6d(2) Total number of participants at the end of the plan year 5d 6d(2) Total number of participants at the end of the plan year 5d 6d(2) Total number of participants at the end of the plan year 5d 6d 6d(2) Total number of participants at the end of the plan year 5d 6d 6d(3) Total number of participants at the end of the plan year 5d 6d 6d(4) Total number of participants at the end of the plan year 5d 6d 6d(1)			a one-participant plan	a foreign plan				
C Check box if filing under:	B This retu	urn/report is	the first return/report	the final return/report				
Part II Basic Plan Information —enter all requested information			n/report (less than 12 m	onths)				
Part II Basic Plan Information —enter all requested information 1a Name of plan CANNON CONSTRUCTION 401 (K) SAVINGS PLAN 1c Effective date of plan number 002 (PN) 1c Effective date of plan 0.1/01/1996 1c Effective date of	C Check	box if filing under:				DFVC	program	
14 Name of plan CANNON CONSTRUCTION 401 (X) SAVINGS PLAN 28 Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) CANNON CONSTRUCTION, INC. 29 Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) CANNON CONSTRUCTION, INC. 406 PORTER MAY 407 PORTER MAY 407 PORTER MAY 408 PORTER MAY 409 8354-9638 409 Business code (see instructions) 23 a Plan administrator's name and address [X]Same as Plan Sponsor. 40 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. 40 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. 40 EIN 4		D : DI I (
CANNON CONSTRUCTION 401 (K) SAVINGS PLAN Plan number Pool (RN) Pool	The state of the s		ormation—enter all requested info	ormation		45		
2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) 2b Employer identification Number (EIN) 91-16628977 2c Sponsor's telephone number 253-922-2787 2d Business code (see instructions) 238-900 3a Plan administrator's name and address			1 401(K) SAVINGS PLAN	plan number 002				
CANNON CONSTRUCTION, INC. 406 PORTER WAY AND PORTER WAY MILTON WA 98354-9638 3a Plan administrator's name and address (Same as Plan Sponsor.) 4 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. 4 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. 5a Total number of participants at the beginning of the plan year 5b Total number of participants at the end of the plan year. 6b 110 6 Number of participants at the end of the plan year. 6 Number of participants at the end of the plan year. 6 Number of participants at the end of the plan year. 6 Number of participants at the end of the plan year. 6 Number of participants at the end of the plan year. 6 Number of participants at the end of the plan year. 6 Number of participants at the end of the plan year. 6 Number of participants at the end of the plan year. 6 Number of participants at the end of the plan year. 6 Number of participants at the end of the plan year. 6 Number of participants at the end of the plan year. 6 Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested. 6 Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested with accrued the effect only existency of the interum/report, and to the best of my knowledge and belief, its true correct, and complete. 6 Number of participants and terminated employment during the plan year with accrued benefits that were less than 100% vested. 6 Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested. 6 Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested. 6 Number of particip								
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3 Plan administrator's name and address Same as Plan Sponsor. 4 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. 4 Sponsor's name 5 Total number of participants at the beginning of the plan year. 5 Total number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item). 6 Total number of participants at the beginning of the plan year. 6 Number of participants with account balances as of the end of the plan year. 6 Varian number of active participants at the end of the plan year. 6 Number of participants at the end of the plan year. 6 Number of participants at the end of the plan year. 6 Number of participants at the end of the plan year. 6 Number of participants at the end of the plan year. 6 Number of participants at the end of the plan year. 6 Number of participants at the end of the plan year. 6 Number of participants at the end of the plan year. 6 Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested. 7 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 NB 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 true correct, and complete. 8 Ign 8 Ign 8 Ignature of plan administrator 9 Date 1 Enter name of individual signing as plan administrator 1 ExpDA STIRRAT 1 ExpDA STIRRAT 1 Exponsor Stirrator 1	406 POI	RTER WAY						
4 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. 3 Sponsor's name 4 C PN 5a Total number of participants at the beginning of the plan year	MILTON		WA 98354-9638	8			code (see instructions)	
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a Sponsor's name 5a Total number of participants at the beginning of the plan year				he last return/report filed fo	or this plan, enter the	4b EIN		
5a 722 b Total number of participants at the beginning of the plan year			ambor from the last retain, report.			4c PN		
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C Number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item) d(1) Total number of active participants at the beginning of the plan year	b Total r	number of participant	s at the end of the plan year					
d(1) Total number of active participants at the beginning of the plan year	C Numb	er of participants with	account balances as of the end of the	he plan year (defined bene	fit plans do not			
e Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested						5d(1)		
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 true, correct, and complete. SIGN HERE Signature of plan administrator Date Enter name of individual signing as plan administrator LYNDA STIRRAT LYNDA STIRRAT LYNDA STIRRAT Signature of employer/plan sponsor Date Enter name of individual signing as employer or plan sponsor Preparer's name (including firm name, if applicable) and address (include room or suite number) (optional) Preparer's telephone number (optional)	d(2) Tota	al number of active p	articipants at the end of the plan yea	г		5d(2)		
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 true, correct, and complete. SIGN HERE Signature of plan administrator Date Enter name of individual signing as plan administrator LYNDA STIRRAT Signature of employer/plan sponsor Date Enter name of individual signing as employer or plan sponsor Preparer's name (including firm name, if applicable) and address (include room or suite number) (optional) Preparer's telephone number (optional)	Ya.		terminated employment during the pl	an year with accrued bene	fits that were	5e	6	
SIGN HERE Signature of plan administrator Signature of employer/plan sponsor Preparer's name (including firm name, if applicable) and address (include room or suite number) (optional) 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 true, correct, and complete. LYNDA STIRRAT LYNDA STIRRAT LYNDA STIRRAT Signature of employer/plan sponsor Date Enter name of individual signing as employer or plan sponsor Preparer's telephone number (optional)								
SIGN HERE Signature of plan administrator Date Enter name of individual signing as plan administrator LYNDA STIRRAT Signature of employer/plan sponsor Preparer's name (including firm name, if applicable) and address (include room or suite number) (optional) Preparer's telephone number (optional)	SB or Sche	dule MB completed a	and signed by an enrolled actuary, as	tions, I declare that I have a swell as the electronic vers	examined this return/repsion of this return/report	port, including, if , and to the best	applicable, a Schedule of my knowledge and	
SIGN HERE Signature of plan administrator Date Enter name of individual signing as plan administrator LYNDA STIRRAT Signature of employer/plan sponsor Preparer's name (including firm name, if applicable) and address (include room or suite number) (optional) Preparer's telephone number (optional)		(0)		4-17-15	LYNDA STIRRAT			
Preparer's name (including firm name, if applicable) and address (include room or suite number) (optional) Preparer's name (including firm name) (includi		Signature of plan			Enter name of individ	ual signing as pla	an administrator	
Preparer's name (including firm name, if applicable) and address (include room or suite number) (optional) Preparer's name (including firm name) (optional) Preparer's telephone number (optional)					LYNDA STIRRAT			
					Enter name of individ			
	Preparer's telephone number (option)					phone number (optional)		

b Any you claiming a valuer of the annual examination and report of an independent qualified public accountent (QPA) under 20 FF 2020 (14-40? See instructions on your eligibility and conditions.) If you answered "No" to either line 6 a or line 6b, the plan cannot use Form 5500-5F and must intead use Form 5500. If the plan is a defined benefit lyos, it is covered under the PBGC insurance program (see ERISA section 4021)? Yes \[\] No \[\] Not Idelarmined Part III \[\] Financial Information 7 Pina Assets and Liabilities 7 1		Form 5500-SF 2014		Page 2						
Part III Financial Information (a) Beginning of Year (b) End of Year (b) End of Year (c) E	b	Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility of the first	an independe and condition ot use Form	ent qualified public accounta is.) i 5500-SF and must instea	nt (IQ d use	PA)	5500.		X Ye	s No
7 Plan Assets and Liabilities			isurance prog	gram (see ERISA section 40	121)?		Yes	Пио Пи	ot dete	rminea
a Total plan sessels				(a) Danii 4V		_		200 F - 4 - 4	V	
D Total plan liabilities			70			6		(b) End of		998376
C Not plan assets (subtract line 7b from line 7a)			1	20		_				
8 income, Expenses, and Transfers for this Pfan Year a Contributions received or receivable from: (1) Employers	-	*		28		\rightarrow			2	
a Contributions received or receivable from: (1) Employers. (2) Participants. (3) Others (including relovers). (3) Others (including relovers). (3) Others (including relovers). (3) Others (including relovers). (4) Energies paid (including direct rollovers and insurance premiums to provide benefits) paid (including direct rollovers and insurance premiums to provide benefits). (5) C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b). (6) Energies paid (including direct rollovers and insurance premiums to provide benefits). (7) Expensive service provides (satiries, fees, commissions). (8) 429121. (8) Certain deemed and/or corrective distributions (see instructions). (8) 429121. (9) Other expenses. (9) Other expenses. (9) Interest (sos) (subtractive (scalaries, fees, commissions). (8) Interest (sos) (subtractive scalaries, fees, commissions). (8) Interest (sos) (subtractive scalaries). (9)		AMORAL WAST CONTROL OF THE STATE OF THE STAT	4.00			+		(b) Tot	U.S	
Sa(3) 673 04	а	Contributions received or receivable from:	8a(1)	3-2-	5723	9	l de	(B) 100		7
b Other income (loss)		(2) Participants	8a(2)	2:	2893	4	ik E			
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)		(3) Others (including rollovers)	8a(3)		6730	4	184	N/T	de la	L M
d Benefits paid (including direct rollovers and Insurance premiums to provide benefits) to provide benefits) e Cartain deemed and/or corrective distributions (see instructions)	b_	Other income (loss)	8b	24	4047	2				V. 140-
to provide benefits)			8c	rey h	L.					593949
e Certain deemed and/or corrective distributions (see instructions)		, , ,	84	4:	2912	1				
f Administrative service providers (salaries, fees, commissions)										
g Other expenses add lines 8d, 8e, 8f, and 8g) 8h 45566 I Not income (loss) (subtract line 8h from line 8c) 8l 8l 133828 J Transfers to (from) the plan (see instructions) 8 Part IV Plan Characteristics 3a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 2A 2B 2F 2G 2J 2K 2T 3D b If the plan provides pension benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions: 2A 2B 2F 2G 2J 2K 2T 3D 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: 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 Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.) 10b X C Was the plan nave a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud of dishonesty? 10c X 40000 d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? 10c X 126 F Has the plan falled to provide any benefit when due under the plan? (See Instructions) 10g X 7795 If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3) 10h X 2 1 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 10h X 126 1 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 11a 1 Is this a defin		26 0 10 22 0 0 0 0 0 0			2653	9			-	
h Total expenses (add lines 8d, 8e, 8f, and 8g)		te communicate de la communication de la commu					7			
i Net income (loss) (subtract line 8h from line 8c)				A COLUMN TO THE OWN						455660
Transfers to (from) the plan (see instructions)				Very a series						138289
Part IV Plan Characteristics 9a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 2A 2E 2F 2G 2G 2M 2K 2T 3D 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							-70	7	Tank.	
During the plan year: 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				TOTAL CONTROL CONTROL				TO INSTRUCTION		
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)		4				Yes	No	Δ.	mount	
b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.) C Was the plan covered by a fidelity bond?	а		tions within tl	he time period described in	Г				Hount	
C Was the plan covered by a fidelity bond?	b	Were there any nonexempt transactions with any party-in-interest	? (Do not inc	lude transactions reported						
d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? 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.) f Has the plan failed to provide any benefit when due under the plan? g Did the plan have any participant loans? (If "Yes," enter amount as of year end.) If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) 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. 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 Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form Yes) No. 11a Enter the unpaid minimum required contribution for current year from Schedule SB (Form 5500) line 39. 11a 12 Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA? Yes X No. (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)					105					
or dishonesty?	<u> </u>				10c	X				400000
insurance service, or other organization that provides some or all of the benefits under the plan? (See instructions.) f Has the plan failed to provide any benefit when due under the plan? g Did the plan have any participant loans? (If "Yes," enter amount as of year end.) h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) 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 1s 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. 11a 12 Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA? Yes Note (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)		or dishonesty?			10d		Х			
g Did the plan have any participant loans? (If "Yes," enter amount as of year end.) h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) 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		insurance service, or other organization that provides some or all	of the benefit	ts under the plan? (See	10e	х				1126
h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	f	Has the plan failed to provide any benefit when due under the plan	n?		10f		Х			
h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) 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	g	Did the plan have any participant loans? (If "Yes," enter amount a	s of year end	l.)	10a	х				77959
Part VI Pension Funding Compliance 10	h					х		- Super	i	10 S. V.
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)	ì				10i	Х				
5500) and line 11a below)	Part	VI Pension Funding Compliance								
12 Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA? Yes X No. (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)	11								Yes	s 📗 No
(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)	11a	Enter the unpaid minimum required contribution for current year fr	om Schedule	SB (Form 5500) line 39			11a			
	12	Is this a defined contribution plan subject to the minimum funding	requirement	s of section 412 of the Code	or se	ction	302 of	ERISA?	Yes	x No

	Form 5500-SF 2014 Page 3 -				
lf	you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 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 (enter a minus sign to the left of a negative amount)	12d			
е	Will the minimum funding amount reported on line 12d be met by the funding 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?		Yes X No	0	
	If "Yes," enter the amount of any plan assets that reverted to the employer this year	13a	T		
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the coof the PBGC?			☐ Yes [X No
С					
1	3c(1) Name of plan(s): 13c	(2) E	IN(s)	13c(3) F	PN(s)
Part	VIII Trust Information (optional)				
14a	Name of trust	4b ⊤	rust's EIN		