#### 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	Annual Repor	t identification information	1			
For calend	lar plan year 2014 or	fiscal plan year beginning 01/01/2	2014	and ending 12	2/31/2014	
A This re	turn/report is for:	a single-employer plan		er plan (not multiemployer) ployer information in acco		
		a one-participant plan	a foreign plan			
<b>B</b> This retu	urn/report is	the first return/report	the final return/repo	ort		
		an amended return/report	a short plan year re	eturn/report (less than 12 n	nonths)	
C Check	box if filing under:	Form 5558	automatic extension	on	DFVC pro	gram
		special extension (enter desc	eription)			
Part II	Basic Plan Inf	ormation—enter all requested in	formation			
1a Name MAGNA DE	of plan	/ PAID EMPLOYEES' PENSION PI			<b>1b</b> Three-digit plan number	004
					(PN) ▶ 1c Effective date	•
20. 51					<u> </u>	/01/1979
MAGNA DES		ddress; include room or suite numb	er (employer, if for a sing	gie-empioyer plan)		ntification Number -0748162
380 NW BOL	JLDER PL				2c Sponsor's tel	ephone number 948-1232
ISSAQUAH,	WA 98027					le (see instructions)
3a Plan a	administrator's name	and address Same as Plan Spor	sor.		<b>3b</b> Administrator	's EIN
		he plan sponsor has changed since	the last return/report file	ed for this plan, enter the	4b EIN	
	e, EIN, and the plan n sor's name	umber from the last return/report.			4c PN	
<b>5a</b> Total	number of participan	ts at the beginning of the plan year			. 5a	56
<b>b</b> Total	number of participan	ts at the end of the plan year			. 5b	56
		n account balances as of the end of		•	. 5c	
		articipants at the beginning of the p	-		5d(1)	0
<b>d(2)</b> Tot	tal number of active p	participants at the end of the plan ye	ear		5d(2)	0
		terminated employment during the			5e	0
Under pen SB or Sche	alties of perjury and	e or incomplete filing of this return other penalties set forth in the instru- and signed by an enrolled actuary, inplete.	ctions, I declare that I ha	ave examined this return/re	eport, including, if app	
SIGN	Filed with authorize	d/valid electronic signature.				
HERE	Signature of plan	administrator	Date	Enter name of indivi	dual signing as plan a	administrator
SIGN	J man or promi				- J J F.MIT	
HERE	Signature of emp	loyer/plan sponsor	Date	Enter name of individ	dual signing as emplo	over or plan sponsor
Preparer's		name, if applicable) and address (i				ne number (optional)

	Form 5500-SF 2014		Page <b>2</b>								
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 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	an independ and condition	ent qualified public accounta	nt (IQ	PA)				<u> </u>	es [	No
С	If the plan is a defined benefit plan, is it covered under the PBGC ir	nsurance pro	gram (see ERISA section 40	21)?	X	Yes	No	<u> </u>	Not det	termi	ned
Par	t III Financial Information										
_7	Plan Assets and Liabilities		(a) Beginning of Yea				(b) E	nd o	f Year		
	Total plan assets	. 7a	5940						53	34797	
	Total plan liabilities	. 7b	5940	0					<b>5</b> 2	0 8 <b>47</b> 97	
	Net plan assets (subtract line 7b from line 7a)	. 7с		102	-					4/9/	
	Income, Expenses, and Transfers for this Plan Year  Contributions received or receivable from:		(a) Amount				(1	b) To	taı		
	(1) Employers	. 8a(1)		0							
	(2) Participants	. 8a(2)		0							
	(3) Others (including rollovers)	. 8a(3)		0							
<u>b</u>	Other income (loss)	. 8b	11	15							
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	. 8c								1115	,
	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	. 8d	314	89							
	Certain deemed and/or corrective distributions (see instructions)	. 8e		0							
f	Administrative service providers (salaries, fees, commissions)	. 8f	288	31							
g	Other expenses	. 8g		0							
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	. 8h							6	0320	)
<u>_i</u>	Net income (loss) (subtract line 8h from line 8c)	. 8i							-5	9205	<u> </u>
j	Transfers to (from) the plan (see instructions)	· 8j		0							
b	If the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare benefits.	eature codes	s from the List of Plan Charac	cterist	ic Cod	les in t	he insti	uctio	ns:		
10	During the plan year:				Yes	No			Amoun		
а	Was there a failure to transmit to the plan any participant contribu					V					
h	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fide Were there any nonexempt transactions with any party-in-interest	•	<u> </u>	10a		X					
	on line 10a.)			10b		X					
С	Was the plan covered by a fidelity bond?			10c		X					
d	Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?			10d		X					
е	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 benef	its under the plan? (See	10e		X					
f	Has the plan failed to provide any benefit when due under the pla	ın?		10f		X					
g	Did the plan have any participant loans? (If "Yes," enter amount a	as of year en	d.)	10g		X					
h	If this is an individual account plan, was there a blackout period? 2520.101-3.)	•		10h							
i	If 10h was answered "Yes," check the box if you either provided to 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)								X Y	es	No
<u>11a</u>	Enter the unpaid minimum required contribution for current year for	rom Schedul	e SB (Form 5500) line 39			11a				10	08495
12	Is this a defined contribution plan subject to the minimum funding	g requiremen	ts of section 412 of the Code	or se	ction (	302 of	ERISA	?	Y	es >	X No
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below						<u> </u>				
а	If a waiver of the minimum funding standard for a prior year is being ranting the waiver.	-			, and e	enter tl Dav			e letter Year	rulin	g

	Form 5500-SF 2014	Page <b>3</b> - 1			
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

## **SCHEDULE SB** (Form 5500)

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation

Single-Employer Defined Benefit Plan **Actuarial Information** 

> This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).

> > File as an attachment to Form 5500 or 5500-SF.

OMB No. 1210-0110

2014

This Form is Open to Public Inspection

				,	an attaoninent to i oim	0000 01				
For	calendar	plan year 2014	or fiscal plan y	ear beginning 0	1/01/2014		and endi	ng 12/3	1/2014	
•	Round o	ff amounts to r	nearest dollar.							
•	Caution:	A penalty of \$1	,000 will be ass	essed for late filing o	f this report unless reas	onable ca	use is establish	ed.		
	Name of p		JRLY PAID EMI	PLOYEES' PENSION	I PLAN		B Three-dig	•	•	001
С	Plan spon	sor's name as s	shown on line 2	a of Form 5500 or 55	00-SF		<b>D</b> Employer	Identificat	ion Number (E	:IN)
		SIGN, INC.						91-0748		··· <b>'</b>
<b>E</b> 1	ype of pla	an: X Single	Multiple-A	Multiple-B	F Prior year pla	an size: 🔀	100 or fewer	101-50	00 More tha	an 500
Pa	art I	Basic Inforn	nation							
1	Enter th	ne valuation date	e: N	Month [	Day <u>01</u> Year _	2014	_			
2	Assets:				•					
	<b>a</b> Marke	et value						2a		594002
	<b>b</b> Actua	arial value						2b		632108
3		g target/participa				` '	Number of rticipants	. ,	ted Funding arget	(3) Total Funding Target
	<b>a</b> For re	etired participan	ts and beneficia	aries receiving payme	ent		10		267399	267399
	<b>b</b> For te	erminated veste	d participants				46		735378	735378
			•				0		0	0
	_						56		1002777	1002777
4					nes (a) and (b)		П			
				·	ns			4a		
					rding transition rule for p			4b		
5	Effectiv	e interest rate						5		6.53%
6	Target	normal cost						6		17000
;	To the best of accordance combination,	with applicable law ar	information supplied nd regulations. In my		npanying schedules, statements ption is reasonable (taking into a					
	SIGN IERE								04/27/20	015
			Signa	ture of actuary			_		Date	
DA	/ID B. TA	YLOR							14-0657	70
			Type or pr	int name of actuary				Most re	ecent enrollme	nt number
STA	ANDARD	RETIREMENT	SERVICES, INC	D					781-460	-1000
			F	ïrm name			Te	elephone	number (includ	ling area code)
SUI	TRADE ( TE 2460 BURN, M	CENTER 1A 01801							•	•
			Addı	ress of the firm			_			
										<u>_</u>
If the	actuary I	has not fully refle	ected any regul	ation or ruling promu	lgated under the statute	in comple	eting this schedu	ıle, check	the box and se	ee $\square$

Page 2	2 -	1
--------	-----	---

Schedule SB (Form 5500) 2014

Pa	rt II	Begin	ning of Year	Carryov	er and Prefunding	g Balanc	ces							
	_				<del>_</del>			(a) (	Carryover balance	!	(b) F	Prefundi	ng balan	се
7					cable adjustments (line					0				0
8			•	-	funding requirement (line					0				0
9										0				0
10					turn of					0				0
11					d to prefunding balance:									
	•				38a from prior year)									0
					8a over line 38b from prive interest rate of									
	<b>b(2)</b> Int	erest on	line 38b from pri	or year Scl	hedule SB, using prior ye	ear's actua	al -							0
														0
					ear to add to prefunding b		-							0
	<b>d</b> Portio	n of (c)	to be added to pre	efunding ba	alance									0
12	Other re	ductions	in balances due	to election	s or deemed elections					0				0
13	Balance	at begir	nning of current ye	ear (line 9 -	+ line 10 + line 11d – line	e 12)				0				0
Pa	art III	Fun	ding Percenta	ages										
14	Funding	target a	ttainment percent	age								14	63	3.03 %
15	Adjusted	l funding	g target attainmen	t percenta	ge							15	63	8.03 %
16					s of determining whether							16	68	3.30 %
17	If the cur	rent val	ue of the assets o	of the plan	is less than 70 percent o	of the fundi	ing targ	et, enter s	such percentage			17	59	0.23 %
Pá	art IV	Con	tributions an	d Liquid	lity Shortfalls									
18	Contribu	tions ma	ade to the plan for	the plan y	vear by employer(s) and	employee	s:							
/N/	(a) Date IM-DD-YY		(b) Amount p employer		(c) Amount paid by employees		(a) Da M-DD-		(b) Amount p employer		(0		nt paid b	у
(IVI	IIVI-DD-11	11)	employer	(3)	employees	(101	-טט-וווו	,	employen	(3)		СПР	Оуссэ	
						Tota	als 🕨	18(b)			18(c)			
19	Discount	ed emp	loyer contribution	s – see ins	tructions for small plan v	with a valu	ation da	ate after th	ne beginning of the	e year:				
	<b>a</b> Contri	butions	allocated toward	unpaid min	nimum required contribut	tions from	prior ye	ears		19a				0
	<b>b</b> Contri	butions	made to avoid res	strictions a	djusted to valuation date					19b				0
	<b>C</b> Contril	butions a	allocated toward m	inimum req	uired contribution for curre	ent year ad	ljusted t	o valuation	n date	19c				0
20		•	outions and liquidi	•								_	-	
	<b>a</b> Did th	e plan h	ave a "funding sh	ortfall" for	the prior year?							<u>×</u>	Yes	No
	<b>b</b> If line	20a is "	Yes," were require	ed quarterly	y installments for the cur	rrent year	made ir	n a timely	manner?				Yes	No
	<b>C</b> If line	20a is "`	Yes," see instructi	ons and co	omplete the following tab									
		(1) 1s	et .		Liquidity shortfall as (2) 2nd	of end of o	quarter	of this pla	n year 3rd	1		(4) 4th	<u> </u>	
		(1) 18			( <i>L)</i> ZIIU			(3)	Jiu	+		( <del>+) 4</del> 11	1	
				ļ										

Pa	rt V Assumption	ons Used to Determine	Funding Target and Targe	t Normal Cost				
21	Discount rate:	ons osca to betermine	r unumg ranger and range	t Normal Oost				
	<b>a</b> Segment rates:	1st segment: 4.99%	2nd segment: 6.32 %	3rd segment: 6.99 %		N/A, full yield	d curve	used
	<b>b</b> Applicable month	(enter code)			21b			4
22	Weighted average re	etirement age			22			65
23	Mortality table(s) (se	ee instructions) X Pr	escribed - combined Pres	scribed - separate	Substitu	te		
Pa	rt VI Miscellane	eous Items						
24			tuarial assumptions for the current				d Yes	X No
25	Has a method chang	ge been made for the current p	an year? If "Yes," see instructions	regarding required attac	hment		Yes	X No
26	Is the plan required	to provide a Schedule of Active	Participants? If "Yes," see instruc	tions regarding required	attachment	t	Yes	X No
27		•	ter applicable code and see instruc	tions regarding	27			
Pa	rt VII Reconcil	iation of Unpaid Minim	um Required Contribution	s For Prior Years				
28	Unpaid minimum red	quired contributions for all prior	years		28			136683
29			d unpaid minimum required contrib		29			0
30	Remaining amount of	of unpaid minimum required co	ntributions (line 28 minus line 29)		30			136683
Pa	rt VIII Minimum	Required Contribution	For Current Year					
31	Target normal cost	and excess assets (see instruc	tions):					
	a Target normal cost	t (line 6)			31a			17000
	<b>b</b> Excess assets, if a	applicable, but not greater than	line 31a		31b			0
32	Amortization installm	nents:		Outstanding Bala	ince	Installr	nent	
	a Net shortfall amort	tization installment			370669			91495
					0			0
33	If a waiver has been (Month		nter the date of the ruling letter gran) and the waived amount		33			
34	Total funding require	ement before reflecting carryov	er/prefunding balances (lines 31a -	31b + 32a + 32b - 33)	34			108495
			Carryover balance	Prefunding balar	nce	Total ba	lance	
35		r use to offset funding	0		0			0
36	Additional cash requ	irement (line 34 minus line 35)			36			108495
37	Contributions allocat	ted toward minimum required c	ontribution for current year adjuste	d to valuation date	37			0
38	Present value of exc	ess contributions for current ye	ear (see instructions)		<b>'</b>			
	a Total (excess, if ar	ny, of line 37 over line 36)			38a			0
	<b>b</b> Portion included in	n line 38a attributable to use of	prefunding and funding standard ca	arryover balances	38b			0
39	Unpaid minimum red	quired contribution for current y	ear (excess, if any, of line 36 over	ine 37)	39			108495
40		·	3		40			245178
Pai	rt IX Pension	Funding Relief Under I	Pension Relief Act of 2010	(See Instructions)	)			
41	If an election was ma	ade to use PRA 2010 funding r	elief for this plan:					
	a Schedule elected					2 plus 7 years	15 y	ears
	<b>b</b> Eligible plan year(	s) for which the election in line	41a was made		200	8 2009 201	0 2	2011
42	Amount of accelerati	on adjustment			42	<del>-</del>		
43	Excess installment a	cceleration amount to be carrie	ed over to future plan years		43			

#### 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

Part I	Annual Repor	t Identification Information		***	7410044	***************************************
For calendar	plan year 2014 or	fiscal plan year beginning 01/01/2			31/2014	
A This retu	in/report is for:	X a single-employer plan	a multiple-employer plar of participating employe	i (not multiemployer) (i r information in accord	Filers checking this backer with the form in	ox must attach a list structions)
		a one-participant plan	a foreign plan	•		
B This retur	n/report îs	the first return/report	the final return/report			
		an amended return/report	a short plan year return/r	eport (less than 12 mc	onths)	
C Check be	ox if filing under:	Form 5558.	automatic extension		DFVC progr	am
		special extension (enter desc	ription)			
Part II	Rasic Plan Inf	ormation—enter all requested in	nformation			
1a Name o	f plan	PAID EMPLOYEES' PENSION P			1b Three-digit plan number (PN) ▶	001
					1c Effective date	
<b>2a</b> Plan sp	onsor's name and a	address; include room or suite num	ber (employer, if for a single-e	mployer plan)	2b Employer Iden	
					2c Sponsor's tele	phone number 48-1232
380 NW BOU SSAQUAH, V					2d Business code 337	
3a Plan ad	ministrator's name	and address XSame as Plan Spo	nsor.		3b Administrator's	s EIN
						s telephone number
4 If the n	ame and/or EIN of EIN, and the plan i	the plan sponsor has changed sino number from the last return/report.	e the last return/report filed for	this plan, enter the	4b EIN	
a Sponso	or's name				4c PN	
		nts at the beginning of the plan year			5a	56
<b>b</b> Total r	umber of participar	nts at the end of the plan year	***********************************		5b	56
c Numbe	ar of participants wi	th account balances as of the end o	of the plan year (defined benef	it plans do not	5c	
<b>d(1)</b> Tota	al number of active	participants at the beginning of the	plan year	** \>****	5d(1)	0
4/2\ Total	al number of active	participants at the end of the plan	rear	***************************************	5d(2)	0
e Numbe	r of participants the	t terminated employment during the			5e	
<del></del>	······	<del></del>	· · · · · · · · · · · · · · · · · · ·	ntore responship ca	uea ie aetahliehad	
Under pena SB or Sche	11'	te or incomplete filing of this refu other penalties set forth in the inst it and signed by an enrolled actuary implete!	ructions. I declare that I have a	examined this return/re	port, including, if app	licable, a Schedule ny knowledge and
SIGN	(E13	CALAD.		- ( LOUIS	LA SERE	25 <u>8</u> 2
HERE	Signature of pla	n administrator	Date 4-7-15	Enter name of individ		dministrator
	Olynature of pla	1 1 V 1	2000 ( 1 ( 02		×	
SIGN	JANA THE			7 40 WW		
HERE	Signature of em	ployer/plan sponsor	Date 4 -1 -1 5		dual signing as emplo Preparer's telepho	ne number (optional)
Preparer's	name (including fin	m name, if applicable) and address	(include room of some normbe	) (opuonai)	1 Teparer 3 Citophio	no narrosi (opuorial)

Form 5500-SF 2014	Apple 1 (41)	Page 2		<del></del>		
	1	27' - 1-1-1-1-1-1-3				X Yes No
<ul> <li>6a Were all of the plan's assets during the plan year invested in eligib</li> <li>b Are you claiming a waiver of the annual examination and report of</li> </ul>	ile assets? an indenen	(See instructions.)dent muslified public accountan	t (IQF	 PA}	**********	
under 29 CFR 2520 104-46? (See instructions on waiver eligibility	and conditi	ons.)	*******		********	☐ Yes ☐ No
If you answered "No" to either line 6a or line 6b, the plan cann	iot use For	m 5500-SF and must instead	use i	orm:	5500.	
c If the plan is a defined benefit plan, is it covered under the PBGC in	nsurance pr	ogram (see ERISA section 402	21)?	<u>M</u>	Yes	No Not determined
Part III Financial Information						
7 Plan Assets and Liabilities		(a) Beginning of Year				(b) End of Year
a Total plan assets	. 7a	5940(	)2			534797
b Total plan liabilities.	. 7b		0			0
C Net plan assets (subtract line 7b from line 7a)	. 7c	59400	02			534797
8 Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b) Total
a Contributions received or receivable from: (1) Employers	8a(1)		0			
(2) Participants	8a(2)		0			
(3) Others (including rollovers)	8a(3)		0			
b Other income (loss)	. 8b	11	15			
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	. 8c					1115
d Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	314	89.			
© Certain deemed and/or corrective distributions (see instructions)	. 8e		0	<u> </u>	i	
Administrative service providers (salaries, fees, commissions)		288	31			
g Other expenses	8g		0			······································
h Total expenses (add lines 8d, 8e, 8f, and 8g)	8h					60320
i Net income (loss) (subtract line 8h from line 8c)	. 8i					-59205
Transfers to (from) the plan (see instructions)	- 8j		Q'			
Part IV Plan Characteristics					,	
9a If the plan provides pension benefits, enter the applicable pension	n feature co	des from the List of Plan Chara	acteris	tic Co	des in 1	the instructions:
1B. 11 3D	-			- Cad	las is th	o Instructions
b If the plan provides welfare benefits, enter the applicable welfare	teature coo	les from the List of Plan Charac	aensi	ic Coo	185 III G	ie gistractions.
Part V Compliance Questions						
10 During the plan year:				Yes	No	Amount
a Was there a failure to transmit to the plan any participant contrib 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fig.	utions with	in the time period described in rection Program)	10a		Х	
b Were there any nonexempt transactions with any party-in-interes	st? (Do not	include transactions reported	10b		Х	
on line 10a.)					Х	
c Was the plan covered by a fidelity bond?			10c		<u> </u>	
d Did the plan have a loss, whether or not reimbursed by the plan or dishonesty?	************	***********	10d		X	
<ul> <li>Were any fees or commissions paid to any brokers, agents, or of insurance service, or other organization that provides some or a</li> </ul>	ther persor	ns by an insurance carrier, nefits under the plan? (See				
instructions.)			10e		Х	
f Has the plan failed to provide any benefit when due under the p			10f		Х	
g Did the plan have any participant loans? (If "Yes," enter amount			10g	<u> </u>	X	
h If this is an individual account plan, was there a blackout period 2520.101-3.)	? (See instr	uctions and 29 CFR	10h			
If 10h was answered "Yes," check the box if you either provided exceptions to providing the notice applied under 29 CFR 2520.1	the require	ed notice or one of the	10i			
Part VI Pension Funding Compliance			<del></del>	<u> </u>	·	
11 Is this a defined benefit plan subject to minimum funding require	ments? (if	"Yes," see instructions and con	nplete	Sche	dule SE	3 (Form ⊠ Yes ∏ No
5500) and line 11a below)					11a	108495
12 Is this a defined contribution plan subject to the minimum funding						ERISA? Yes No
(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e belo						
a If a waiver of the minimum funding standard for a prior year is b	eing amorti	zed in this plan year, see instru	ctions	, and	enter ti Day	ne date of the letter ruling Year
granting the waiver.			167 h	ESCHARACION CONTRA	<u></u>	THE RESERVE THE PROPERTY OF TH

# Schedule SB, Part V Statement of Actuarial Assumptions/Methods

#### Magna Design, Inc. Hourly Paid Employees' Pension Plan 91-0748162 / 001

For the plan year 01/01/2014 through 12/31/2014

Valuation Date:

01/01/2014

Funding Method:

As prescribed in IRC Section 430

Age - Eligibility age at nearest birthday and other ages at nearest birthday

New participants are not included in current year's valuation

Retrospective Compensation - Current compensation

Form of Payment - Assumed form of payment for funding is Life Annuity Guaranteed for 5 Years

Interest Rates -

Segment rates for the Fourth Month Prior to Val Date as permitted under IRC 430(h)(2)(C) Segment rates as of September 30, 2013 As permitted under IRC 430(h)(2)(C)(iv)(II) -

Segment # Segment # Year Rate % Year Rate % 4.99 0 - 5 Segment 1 0 - 5 Segment 1 1.37 6 - 20 6.32 6 - 20 4.05 Segment 2 Segment 2 > 20 6.99 Segment 3 Seament 3 > 20 5.06

Pre-Retirement - Mortality Table -

None

None

Turnover/Disability -Salary Scale -

None \$17,000

Ancillary Ben Load -

None

Post-Retirement - Mortality Table -

14C - 2014 Funding Target - Combined - IRC 430(h)(3)(A)

Cost of Living -

Expense Load -

**Asset Valuation Method:** 

Average value of assets as permitted by IRC 430(g)(3)(B) adjusted for contributions under 430(g)(4)

## Schedule SB, Part V **Summary of Plan Provisions**

#### Magna Design, Inc. Hourly Paid Employees' Pension Plan 91-0748162 / 001

For the plan year 01/01/2014 through 12/31/2014

**Employer:** 

Magna Design, Inc.

Type of Entity - S-Corporation

EIN: 91-0748162

TIN: 58-2063686

Plan #: 001

Plan Type: Defined Benefit

Dates:

Effective - 08/01/1979 Year end - 12/31/2014

Valuation -01/01/2014

Eligibility:

All employees excluding members of an excluded class

Minimum age - N/A Months of service - 12

Hours Required for - Eligibility - 1000

Benefit accrual - 1000

Vesting - 1000

Plan Entry - First day of calendar month coincident with or next following eligibility satisfaction

Retirement:

Normal - First of month coincident with or next following attainment of age 65

Early - Attainment of age 60

Average Compensation:

Current compensation

Top Heavy Minimum Benefit - Highest 3 consecutive top heavy years of participation

Plan Benefits:

Retirement - Frozen benefit formula

Accrued Benefit - Frozen accrued benefit as of 12/31/2006

Maximum allowable distribution is lump sum equivalent of normal form not to exceed 415 maximum allowable distribution, which is the lesser amount computed using a) 5.5% interest and the Applicable Mortality Table or

b) the greater of plan actuarial equivalence interest and mortality or 417(e) Minimum

Death Benefit - Present Value of Vested Accrued Benefit

Top Heavy Minimum:

None

**IRS Limitations:** 

415 Limits -

Percent: 100

Dollar:\$175,000

Maximum 401(a)(17) compensation -\$220,000

Normal Form:

Life Annuity Guaranteed for 5 Years

Optional Forms:

Lump Sum (not to exceed \$10,000) Life Annuity Guaranteed for 5 or 10 Years

Joint with 50%, 66.67%, 75% or 100% Survivor Benefit

**Vesting Schedule:** 

100% vested in 5 years.

Service is calculated using all years of service

Present Value of Accrued Benefit: Based on the greater of 417(e) or Actuarial Equivalence

Segment 3

417(e):

Interest Rates -Segment # Years Rate % Segment 1 0 - 5 1.19 6 - 20 4.53 Segment 2

Mortality Table - 14E - 2014 Applicable Mortality Table for 417(e) (unisex)

> 20

Actuarial Equivalence:

Pre-Retirement - Interest -

Mortality Table -

U84 - 1984 Unisex

5.66

Post-Retirement - Interest -

6%

Mortality Table -

U84 - 1984 Unisex

# Schedule SB, line 32 -Schedule of Amortization Bases

## Magna Design, Inc. Hourly Paid Employees' Pension Plan 91-0748162 / 001

## For the plan year 01/01/2014 through 12/31/2014

Date Base	Original Base		Present Value of	Years Remaining	Amortization
Established	Amount	Type of Base	Remaining Installments	Amortization Period	Installment
01/01/2008	78,719	Shortfall	13,141	1	13,141
01/01/2009	66,029	Shortfall	21,538	2	11,031
01/01/2010	82	Shortfall	40	3	14
01/01/2011	153,856	Shortfall	94,263	4	25,314
01/01/2012	-49,130	Shortfall	-37,916	5	-8,339
01/01/2013	183,038	Shortfall	161,381	6	30,548
01/01/2014	118,222	Shortfall	118,222	7	19,786
			\$370,669		\$91,495

Totals:

### SCHEDULE SB (Form 5500)

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

## Single-Employer Defined Benefit Plan Actuarial Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).

OMB No. 1210-0110

This Form is Open to Public

inspection

File as an attachment to Form 5500 or 5500-SF.

For	calendar plan year 2014 or fiscal plan year beginning 01/01/2014	and endir	ng 12/3	1/2014	
•	Round off amounts to nearest dollar.				
•	Caution: A penalty of \$1,000 will be assessed for late filing of this report unless reason	able cause is establishe	ed.		
A N AM	lame of plan GNA DESIGN, INC. HOURLY PAID EMPLOYEES' PENSION PLAN	B Three-dig		•	001
C F	Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF	<b>D</b> Employer	Identifica	tion Number (E	IN)
MΑ	GNA DESIGN, INC.		91-0748	3162	
	Satisfinition 4			·····	
Ε٦	ype of plan: X Single Multiple-A Multiple-B F Prior year plan	size: X 100 or fewer	101-5	00 More th	an 500
P	irt I Basic Information				
1	Enter the valuation date: Month 01 Day 01 Year 20	14			
2	Assets:		r		
	a Market value	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	2a		594002
	<b>b</b> Actuarial value	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	2b		632108
3	Funding target/participant count breakdown	(1) Number of participants		ted Funding arget	(3) Total Funding Target
	a For retired participants and beneficiaries receiving payment	10		267399	26739
	<b>b</b> For terminated vested participants	46		735378	73537
	C For active participants	0		0	
	d Total	56		1002777	100277
4	If the plan is in at-risk status, check the box and complete lines (a) and (b)				
	a Funding target disregarding prescribed at-risk assumptions		4a		
	<b>b</b> Funding target reflecting at-risk assumptions, but disregarding transition rule for pla at-risk status for fewer than five consecutive years and disregarding loading factors.	ns that have been in	4b		
5	Effective interest rate	.,,,	5		6.53%
6	Target normal cost	(17,4494400100107	6		17000
	tement by Enrolled Actuary  To the best of my knowledge, the information supplied in this schedule and accompanying schedules, statements an accordance with applicable law and regulations. In my opinion, each other assumption is reasonable (taking into accombination, offer my best estimate of anticipated experience under the plan.	d attachments, if any, is complo ount the experience of the plan	ete and accu and reason	rate. Each prescrib able expectations) a	ed assumption was applied in and such other assumptions, in
25419651	SIGN			04/27/20	015
	Signature of actuary			Date	
DA	VID B. TAYLOR			14-065	70
	Type or print name of actuary		Most	ecent enrollme	nt number
ST.	ANDARD RETIREMENT SERVICES, INC.			781-460	-1000
	Firm name	Te	elephone	number (includ	ting area code)
SU	) TRADE CENTER ITE 2460 BURN, MA 01801				
	Address of the firm				
	e actuary has not fully reflected any regulation or ruling promulgated under the statute in uctions	completing this schedu	ule, check	the box and s	ее []

Page 2	:   1
--------	-------

Schedule SB (Form 5500) 2014

Pa	rt II Beginning of Ye	ar Carryov	er and Prefunding Ba	lances							
			(a) (	(a) Carryover balance			(b) Prefunding balance				
<b>7</b>	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)				0			0			
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)				0				0		
9	Amount remaining (line 7 minus line 8)								0		
10	Interest on line 9 using prior year's actual return of			0				0			
11	Prior year's excess contribution	ns to be adde	d to prefunding balance:								
	a Present value of excess contributions (line 38a from prior year)								0		
	b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of 6.37 %								0		
	b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return								. 0		
	C Total available at beginning of current plan year to add to prefunding balance								0		
	d Portion of (c) to be added to prefunding balance						. 0				
12	Other reductions in belonged				EBBNTSBBSBBBBBBBBBBBBBBBBBBBBBBBBBBBBBBB						0
	Other reductions in balances due to elections or deemed elections  Balance at beginning of current year (line 9 + line 10 + line 11d - line 12)				···············						0
en de la constante de la const		<del></del>	· inte 10 · inte 11u - inte 12		1		0 1	-			
130,45111111	art III Funding Perce							Т	14		.03 %
	Funding target attainment percentage							15		.03 %	
	Adjusted funding target attainn		<u>~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~</u>								.03 /0
16 Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement								16	68	.30 %	
17	If the current value of the asset	s of the plan	is less than 70 percent of the	funding ta	arget, enter s	such percentage	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		17	59	.23 %
Pa	art IV Contributions	and Liquic	lity Shortfalls								
18	Contributions made to the plan	for the plan	ear by employer(s) and emp	loyees:							
	(a) Date (b) Amount paid by (c) Amount paid by				(a) Date (b) Amount paid by (MM-DD-YYYY) employer(s)			(c) Amount paid by employees			
(MM-DD-YYYY) employer(		/er(s)	employees (MM-DI		J-1111)	employer(s)	)	employees			
									·····		
								+			
								<b>-</b>	······		
								<b>-</b>			
ASSESSED A				Totals ▶	18(b)		·—	18(c)			
19	Discounted employer contribut	nns – see ins	tructions for small plan with			ne beginning of the	vear	<del></del>			
19 Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:  a Contributions allocated toward unpaid minimum required contributions from prior years							0				
	b Contributions made to avoid restrictions adjusted to valuation date					·					0
	C Contributions allocated toward minimum required contribution for current year adjusted to valuation date						0				
20											
										No	
										No P	
	C If line 20a is "Yes," see instructions and complete the following table as applicable:										
Liquidity shortfall as of end of quarter of this plan year											
(1) 1st (2) 2nd (3) 3rd							(4) 4th				

Pa	rt V Assumption	ns Used to Determine	Funding Target and Targe	t Normal Cost					
21	Discount rate:			3rd segment:					
	a Segment rates:	1st segment: 4.99%	2nd segment: 6.32 %		N/A, full yield curve used				
	<b>b</b> Applicable month (e	enter code)		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	21b		4		
22	Weighted average reti	rement age	·····	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	22		65		
23	Mortality table(s) (see	instructions) X Pre	escribed - combined Pres	cribed - separate	Substitut	e			
Pa	rt VI Miscellanec	ous Items			***				
		ade in the non-prescribed act	uarial assumptions for the current				Yes 🛛 No		
25	Has a method change	been made for the current pl	an year? If "Yes," see instructions	regarding required attac	hment		Yes 🛚 No		
26	is the plan required to	provide a Schedule of Active	Participants? If "Yes," see instruct	ions regarding required	attachment.		Yes 🛛 No		
27			er applicable code and see instruc		27	V.			
Pa	rt VII Reconcilia	ition of Unpaid Minimu	ım Required Contribution:	s For Prior Years					
28	Unpaid minimum requ	ired contributions for all prior	years		28		136683		
29		counted employer contributions allocated toward unpaid minimum required contributions from prior years				(			
30	Remaining amount of	unpaid minimum required cor	ntributions (line 28 minus line 29)		30		136683		
Pa	rt VIII   Minimum I	Required Contribution	For Current Year						
31	Target normal cost ar	nd excess assets (see instruct	ions):						
	a Target normal cost (	line 6)	***************************************		31a		17000		
	<b>b</b> Excess assets, if ap	ccess assets, if applicable, but not greater than line 31a				(			
32	Amortization installme					Installm	ent		
	a Net shortfall amortiz	et shortfall amortization installment			370669	91495			
	<b>b</b> Waiver amortization	n installment			0		(		
33	If a waiver has been a	waiver has been approved for this plan year, enter the date of the ruling letter granting the approval onth Day Year) and the waived amount		ting the approval	33				
34	Total funding requiren	Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)				108495			
			Carryover balance	Prefunding bala	nce	Total bala	nce		
35	Balances elected for u	use to offset funding	0		0		(		
36	Additional cash requir	Additional cash requirement (line 34 minus line 35)				108495			
37	Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)					. 0			
38	Present value of exce	ss contributions for current ye	ear (see instructions)						
	a Total (excess, if any	/, of line 37 over line 36)		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	38a		(		
	<b>b</b> Portion included in I	Portion included in line 38a attributable to use of prefunding and funding standard carryover balances			38b	0			
39		npaid minimum required contribution for current year (excess, if any, of line 36 over line 37)			39	108495			
40		······	3 , , , ,	·······	40		245178		
Pa			Pension Relief Act of 2010		)				
41	If an election was mad	de to use PRA 2010 funding r	elief for this plan:						
	a Schedule elected		***************************************		<u></u>	2 plus 7 years	15 years		
	<b>b</b> Eligible plan year(s)	) for which the election in line	41a was made	***************************************	200	8 2009 2010	2011		
42	Amount of acceleratio	n adjustment		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	42				
			ed over to future plan years	***************************************	43				