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

b Total number of participants at the end of the plan year	For calendar plan y						
A This return/report is for: a one-participant plan a foreign plan the first return/report a short plan year return/report (less than 12 months)		ear 2014 or fise		/2014	and ending 12	/31/2014	
B This return/report is	A This return/repo	ort is for:	a single-employer plan			-	
C Check box if filing under:			a one-participant plan	a foreign plan			
C Check box if filling under:	B This return/repo	rt is	the first return/report	the final return/repor	t		
Special extension (enter description) Part II Basic Plan Information—enter all requested information 1a Name of plan PIONEER TECHNOLOGIES CORPORATION 401(K) PLAN 1c Effective date of plan 0.010 1c 2c Sponsor's talephone number (ENN) \$ 9.1-1737974 2c Sponsor's talephone number 380-570-1700 2d Business code (see instructions) 541600 3d Administrator's name and address Same as Plan Sponsor. 3b Administrator's telephone number 3c Administrator's te			an amended return/report	a short plan year ret	urn/report (less than 12 m	onths)	
Part II Basic Plan Information—enter all requested information	C Check box if fili	ng under:	Form 5558	automatic extension	n	DFVC	program
18 Three-digit plan number 201			special extension (enter des	scription)			
18 Three-digit plan number 22 Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) 10 Effective date of plan (PN) 1 (PN) (PN) 1 (PN) 1 (PN) (P	Part II Basi	c Plan Infor	mation—enter all requested	information			
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	Form 5500-SF 2014		Page 2						
b .	Were all of the plan's assets during the plan year invested in eligible Are you claiming a waiver of the annual examination and report of a runder 29 CFR 2520.104-46? (See instructions on waiver eligibility a figure of you answered "No" to either line 6a or line 6b, the plan cannot will be a second of the plan cannot	an indepe and condit ot use Fo	ndent qualified public accounta tions.) rm 5500-SF and must instead	nt (IQ	PA) Form	5500.		X Ye	es 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	III Financial Information								
7	Plan Assets and Liabilities		(a) Beginning of Yea				(b) End		
	Total plan assets	7a	13737					1654	4689
0	Total plan liabilities	7b	4070-	0				405	0
	Net plan assets (subtract line 7b from line 7a)	7c	13737	34	-			1654	4689
	ncome, Expenses, and Transfers for this Plan Year		(a) Amount				(b) T	otal	
	Contributions received or receivable from: 1) Employers	8a(1)	635	515					
	2) Participants	8a(2)	1303	301					
	3) Others (including rollovers)	8a(3)		0					
-	Other income (loss)	8b	974	159					
	Fotal income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						29	1275
	Benefits paid (including direct rollovers and insurance premiums								
t	o provide benefits)	8d	76	510					
e (Certain deemed and/or corrective distributions (see instructions)	8e		0					
<u>f</u>	Administrative service providers (salaries, fees, commissions)	8f	27	'10					
<u>g</u> (Other expenses	8g							
	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							0320
	Net income (loss) (subtract line 8h from line 8c)	8i						280	0955
_ J	Fransfers to (from) the plan (see instructions)	8j		0					
b Part	2E 2F 2G 2J 2K 3D 2T 2A If the plan provides welfare benefits, enter the applicable welfare fe V Compliance Questions	eature coo	les from the List of Plan Charad	cterist	ic Coc	les in t	the instruction	ons:	
10	During the plan year:				Yes	No		Amoun	t
a	Was there a failure to transmit to the plan any participant contribut 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		Χ			
	on line 10a.)	`	•	10b		X			
С	Was the plan covered by a fidelity bond?			10c	X				150000
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 ber	efits under the plan? (See	10e		X			
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 as	s of vear	end.)	10q		Χ			
	If this is an individual account plan, was there a blackout period? (2520.101-3.)	(See instr	uctions and 29 CFR	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 2520.101			10i	X				
Part	VI Pension Funding Compliance								
11	Is this a defined benefit plan subject to minimum funding requirements 5500) and line 11a below)							Ye	es No
<u>11a</u>	Enter the unpaid minimum required contribution for current year from	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	ction	302 of	ERISA?	Ye	es 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 bein granting the waiver.	-			, and 6	enter th Day		ne letter Year	ruling

	Form 5500-SF 2014	Page 3 - 1			
lf :	ou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (For	m 5500), and skip to line 1	3.		
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?			Yes 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?		nt under the contro	ı	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	the plan(s) to		
1	3c(1) Name of plan(s):		13c(2)	EIN(s)	13c(3) PN(s)

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

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).

OMB Nos. 1210-0110 1210-0089

2014

This Form is Open to Public Inspection

David Asserted David		accordance with the instructions to t	he Form 5500-SF.	
Part I Annual Repor	t Identification Information	1		
For calendar plan year 2014 or	fiscal plan year beginning	01/01/2014 and e	nding 12,	/31/2014
A This return/report is for:	x a single-employer plan	a multiple-employer plan (not multi of participating employer informati		
	a one-participant plan	a foreign plan		
B This return/report is	the first return/report	the final 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		PFVC program
	special extension (enter desc			
Part II Basic Plan Inf	ormation—enter all requested in	nformation		
1a Name of plan PIONEER TECHNOLOGIE	S CORPORATION 401(K)	PLAN	1b Three plan (PN	number 001
				ctive date of plan /01/2006
2a Plan sponsor's name and a PIONEER TECHNOLOGIE		per (employer, if for a single-employer pla	,	oloyer Identification Number) 91-1737974
5205 CORPORATE CTR.	. CT. SE, SUITE A		1 '	nsor's telephone number 0-570-1700
OLYMPIA	WA 98503			iness code (see instructions) 600
3a Plan administrator's name	and address XSame as Plan Spor	nsor.	3b Adm	ninistrator's EIN
A Kills and a Cill of the				iinistrator's telephone number
		e the last return/report filed for this plan, e	enter the 4b EIN	
	he plan sponsor has changed since umber from the last return/report.	e the last return/report filed for this plan, e	enter the 4b EIN 4c PN	
name, EIN, and the plan n a Sponsor's name	umber from the last return/report.	e the last return/report filed for this plan, e	4c PN	18
name, EIN, and the plan n a Sponsor's name 5a Total number of participant	umber from the last return/report.		4c PN 5a	
name, EIN, and the plan n a Sponsor's name 5a Total number of participant b Total number of participant c Number of participants with	umber from the last return/report. Is at the beginning of the plan year		4c PN 5a 5b not 5c	18
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b	Were all of the plan's assets during the plan year invested in eligible. 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 cannot the contract of the contract of the plan cannot waited the contract of the plan cannot waited the contract of the plan cannot waited the	an independe and condition ot use Form	ent qualified public accountar is.) 5500-SF and must insteac	nt (IQI	PA) Form	5500.	X Yes N
	f the plan is a defined benefit plan, is it covered under the PBGC in	surance prog	gram (see ERISA section 40)	21)?.	Ц	Yes	No Not determined
Par	t III Financial Information				7	_	Way Seed
	Plan Assets and Liabilities		(a) Beginning of Yea		-		(b) End of Year
a	Total plan assets	7a	137	373	-		165468
b	Total plan liabilities	7b			0		
C	Net plan assets (subtract line 7b from line 7a)	7c	137	373	4		165468
	Income, Expenses, and Transfers for this Plan Year	i Še 19.	(a) Amount				(b) Total
	Contributions received or receivable from:	0-/4)	6	351	5		
	(1) Employers	8a(1)		030			TA THE THE
	(2) Participants	8a(2)	13	030	0	1	S C S III A D S G P S
	(3) Others (including rollovers)	8a(3)		745	-		
	Other income (loss)	8b		745	9		20100
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c					2912
	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		761	0		
	Certain deemed and/or corrective distributions (see instructions)	8e			0		
-	SHIP III			271		- 15597	
-	Administrative service providers (salaries, fees, commissions)	8f				100	
	Other expenses	8g					1032
	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h	A 1 4 - 34				2809
	Net income (loss) (subtract line 8h from line 8c)	8i			4		2009:
	Transfers to (from) the plan (see instructions)	8j			0	030	
	2E 2F 2G 2J 2K 3D 2T 2A If the plan provides welfare benefits, enter the applicable welfare for	eature codes	from the List of Plan Charac	teristi	ic Cod	es in th	ne instructions;
Part	V Compliance Questions						
10	During the plan year:				Yes	No	Amount
a	Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidure)	iciary Correc	ction Program)	10a		X	
	Were there any nonexempt transactions with any party-in-interest on line 10a.)			10b		Х	1500
c	Was the plan covered by a fidelity bond?	U.S	117 Chapter C. C. 24 24 Property Color Street William Color	10c	X		1500
d	Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?			10d		х	
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		х	
f	Has the plan failed to provide any benefit when due under the pla			10f		Х	
g	Did the plan have any participant loans? (If "Yes," enter amount a	s of year end	d.)	10g		Х	
h	If this is an individual account plan, was there a blackout period? 2520.101-3.)			10h	х		per my
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	Х		
Part	VI Pension Funding Compliance						
11	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)						
11a	Enter the unpaid minimum required contribution for current year f					11a	
12	Is this a defined contribution plan subject to the minimum funding					302 of	ERISA? Yes X N
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below	, as applicab	ole.)				
а	If a waiver of the minimum funding standard for a prior year is bei granting the waiver.				, and	Day	Year Year

Form 5500-SF 2014 Page 3 -					
If 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			
C 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			
e 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	
If "Yes," enter the amount of any plan assets that reverted to the employer this year		13a			
b Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under of the PBGC?				Y	es 🛛 No
c If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan which assets or liabilities were transferred. (See instructions.)	(s) to)			
13c(1) Name of plan(s):	13	c(2) E	IN(s)	13c	(3) PN(s)
Part VIII Trust Information (optional)	14	41			
14a Name of trust	1	4b T	rust's EIN		