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)

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 | | t Identification Information | | | | | | | | |
|---|---|--|---|---|--|---|--|--|--|--|
| For calend | ar plan year 2014 or t | fiscal plan year beginning 01/01/ a single-employer plan | 2014 | and ending 12/3 | 31/2014 | | | | | |
| A This ret | turn/report is for: | | ver) (Filers checking this box must attach a list ecordance with the form instructions) | | | | | | | |
| | | a one-participant plan | a foreign plan | | | | | | | |
| B This retu | urn/report is | the first return/report | the final return/repor | final return/report | | | | | | |
| | | | | | | | | | | |
| C Check | box if filing under: | Form 5558 | automatic extension | ı | DFVC p | rogram | | | | |
| | 3 | special extension (enter des | cription) | | | | | | | |
| | Γ | <u> </u> | | | | | | | | |
| Part II | | ormation—enter all requested i | nformation | | | 1 | | | | |
| 1a Name | of plan EMENT PLAN | | | | 1b Three-digit plan numb | | | | | |
| F35 KETIK | EWENT PLAN | | | | (PN) ▶ | 001 | | | | |
| | | | | | 1c Effective d | ate of plan | | | | |
| | | | | | | 01/01/2008 | | | | |
| | ponsor's name and a SNAL SUPPLY, LLC | ddress; include room or suite num | ber (employer, if for a sing | e-employer plan) | | dentification Number 54-2127780 | | | | |
| 47004 MOEL | DOV DD | | | | | telephone number | | | | |
| 17021 MCEL ARLINGTON | | | | _ | 2d Business code (see instructions) | | | | | |
| | | | | | 488990 | | | | | |
| 3a Plan administrator's name and address Same as Plan Sponsor. | | | | | 3b Administrati | tor's EIN | | | | |
| | | | | | 3c Administrati | tor's telephone number | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | ne plan sponsor has changed since | e the last return/report filed | for this plan, enter the | 4b EIN | | | | | |
| name | , EIN, and the plan nu | ne plan sponsor has changed sincoumber from the last return/report. | e the last return/report filed | for this plan, enter the | | | | | | |
| name a Spons | , EIN, and the plan nu or's name | umber from the last return/report. | • | · | 4c PN | | | | | |
| a Spons 5a Total | , EIN, and the plan no or's name number of participant | umber from the last return/report. | · | | 4c PN 5a | 2 | | | | |
| name a Spons 5a Total o b Total o | , EIN, and the plan no or's name number of participant number of participant | umber from the last return/report. s at the beginning of the plan year s at the end of the plan year | | | 4c PN 5a 5b | 2 | | | | |
| a Spons 5a Total a b Total a c Numb | , EIN, and the plan no or's name number of participant number of participant er of participants with | umber from the last return/report. | of the plan year (defined be | nefit plans do not | 4c PN 5a | 2 | | | | |
| name a Spons 5a Total b Total c Numb | , EIN, and the plan no or's name number of participant number of participant er of participants with ete this item) | umber from the last return/report. s at the beginning of the plan year s at the end of the plan year | of the plan year (defined be | nefit plans do not | 4c PN 5a 5b 5c | 1 | | | | |
| name a Spons 5a Total i b Total i c Numb comple d(1) Total | , EIN, and the plan no or's name number of participant number of participant er of participants with ete this item) | s at the beginning of the plan year at the end of the plan year | of the plan year (defined be | nefit plans do not | 4c PN 5a 5b 5c 5d(1) | 1 | | | | |
| name a Spons 5a Total a b Total a c Numb comple d(1) Total d(2) Total | , EIN, and the plan noor's name number of participant number of participant er of participants with ete this item) | umber from the last return/report. Is at the beginning of the plan year at the end of the plan year In account balances as of the end of the plan year articipants at the beginning of the plan year | of the plan year (defined be plan year | nefit plans do not | 4c PN 5a 5b 5c 5d(1) 5d(2) | 1 2 | | | | |
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| name a Spons 5a Total of b Total of c Number completed d(1) Total e Number less th Caution: A Under pens | EIN, and the plan no or's name number of participant number of participants with ete this item) | s at the beginning of the plan year at the end of the plan year | plan year (defined be eare plan year with accrued be earn/report will be assesse uctions, I declare that I have | nefit plans do not nefits that were d unless reasonable cause examined this return/rep | 4c PN 5a 5b 5c 5d(1) 5d(2) 5e se is established ort, including, if a | applicable, a Schedule | | | | |
| name a Spons 5a Total of b Total of c Number completed (1) Total of d(2) Total of e Number less the Caution: A Under pensions SB or Schelles | EIN, and the plan noor's name number of participant number of participants with ete this item) | s at the beginning of the plan year at the end of the plan year | plan year (defined be eare plan year with accrued be earn/report will be assesse uctions, I declare that I have | nefit plans do not nefits that were d unless reasonable cause examined this return/rep | 4c PN 5a 5b 5c 5d(1) 5d(2) 5e se is established ort, including, if a | applicable, a Schedule | | | | |
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| name a Spons 5a Total i b Total i c Numb comple d(1) Tot e Numbe less th Caution: A Under pens SB or Sche belief, it is: SIGN HERE SIGN HERE | , EIN, and the plan noor's name number of participant number of participant er of participants with ete this item) | s at the beginning of the plan year is at the end of the plan year | plan year (defined be eare plan year with accrued be urtifice properties of the plan year with accrued be urtifice propert will be assesse uctions, I declare that I have as well as the electronic volume of the plan year. | nefit plans do not nefits that were d unless reasonable cause examined this return/repersion of this return/report, TAMMY BERG Enter name of individu | 4c PN 5a 5b 5c 5d(1) 5d(2) 5e se is establisher ort, including, if a and to the best of a lal signing as planual signing as em | applicable, a Schedule of my knowledge and n administrator ployer or plan sponsor | | | | |
| name a Spons 5a Total of b Total of c Number completed d(1) Total of e Number less th Caution: A Under pens SB or Sche belief, it is: SIGN HERE SIGN HERE | , EIN, and the plan noor's name number of participant number of participant er of participants with ete this item) | s at the beginning of the plan year is at the end of the plan year | plan year (defined be eare plan year with accrued be urtifice properties of the plan year with accrued be urtifice propert will be assesse uctions, I declare that I have as well as the electronic volume of the plan year. | nefit plans do not nefits that were d unless reasonable cause examined this return/repersion of this return/report, TAMMY BERG Enter name of individu | 4c PN 5a 5b 5c 5d(1) 5d(2) 5e se is establisher ort, including, if a and to the best of a lal signing as planual signing as em | applicable, a Schedule of my knowledge and n administrator | | | | |
| name a Spons 5a Total i b Total i c Numb comple d(1) Tot e Numbe less th Caution: A Under pens SB or Sche belief, it is: SIGN HERE SIGN HERE | , EIN, and the plan noor's name number of participant number of participant er of participants with ete this item) | s at the beginning of the plan year is at the end of the plan year | plan year (defined be eare plan year with accrued be urtifice properties of the plan year with accrued be urtifice propert will be assesse uctions, I declare that I have as well as the electronic volume of the plan year. | nefit plans do not nefits that were d unless reasonable cause examined this return/repersion of this return/report, TAMMY BERG Enter name of individu | 4c PN 5a 5b 5c 5d(1) 5d(2) 5e se is establisher ort, including, if a and to the best of a lal signing as planual signing as em | applicable, a Schedule of my knowledge and n administrator ployer or plan sponsor | | | | |
| name a Spons 5a Total i b Total i c Numb comple d(1) Tot e Numbe less th Caution: A Under pens SB or Sche belief, it is: SIGN HERE SIGN HERE | , EIN, and the plan noor's name number of participant number of participant er of participants with ete this item) | s at the beginning of the plan year is at the end of the plan year | plan year (defined be eare plan year with accrued be urtifice properties of the plan year with accrued be urtifice propert will be assesse uctions, I declare that I have as well as the electronic volume of the plan year. | nefit plans do not nefits that were d unless reasonable cause examined this return/repersion of this return/report, TAMMY BERG Enter name of individu | 4c PN 5a 5b 5c 5d(1) 5d(2) 5e se is establisher ort, including, if a and to the best of a lal signing as planual signing as em | applicable, a Schedule of my knowledge and n administrator ployer or plan sponsor | | | | |

| | 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 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 be a continuous control of the plan cannot be a control of the control of th | an indeper and condit | ndent qualified public accounta | int (IQ | PA) | | | <u> </u> | es [| No No |
| | if 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 de | etermin | ned |
| Par | t III Financial Information | 1 | Г | | | | | | | |
| | Plan Assets and Liabilities | | (a) Beginning of Yea | | | | (b) End | | | |
| | Total plan assets | 7a | 3409 | 926 | - | | | 22 | 23750 | |
| | Total plan liabilities | 7b | 3409 | 226 | | | | 2' | 23750 | |
| | Net plan assets (subtract line 7b from line 7a) | 7c | | 720 | | | (b) T | | 20700 | |
| | Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from: | | (a) Amount | | | | (b) T | otai | | |
| | (1) Employers | 8a(1) | | 771 | | | | | | |
| | (2) Participants | 8a(2) | 35 | 542 | | | | | | |
| | (3) Others (including rollovers) | 8a(3) | 046 | | | | | | | |
| | Other income (loss) | 8b | 213 | 395 | | | | | | |
| | Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) | 8c | | | | | | | 26708 | |
| | Benefits paid (including direct rollovers and insurance premiums to provide benefits) | 8d | 1425 | 584 | | | | | | |
| е | Certain deemed and/or corrective distributions (see instructions) | 8e | | | | | | | | |
| f | Administrative service providers (salaries, fees, commissions) | 8f | | | | | | | | |
| g | Other expenses | 8g | 13 | 300 | | | | | | |
| h | Total expenses (add lines 8d, 8e, 8f, and 8g) | 8h | | | | | | | 43884 | |
| | Net income (loss) (subtract line 8h from line 8c) | 8i | | | | | | -11 | 17176 | |
| | Transfers to (from) the plan (see instructions) | 8j | | | | | | | | |
| Par | | | | | | | | | | |
| 9a | If the plan provides pension benefits, enter the applicable pension 2 E 2 G 2 J 2 K 2 T 3 B 3 D | reature co | des from the list of Plan Char | acteris | Stic Co | aes in | tne instruc | tions: | | |
| b | If the plan provides welfare benefits, enter the applicable welfare fe | eature cod | es from the List of Plan Charac | cterist | ic Cod | les in t | he instructi | ons: | | |
| | | | | | | | | | | |
| Part | | | | | I I | | | | | |
| 10 | During the plan year: | C 20-1 | and the control of the control of the | | Yes | No | | Amou | nt | |
| а | Was there a failure to transmit to the plan any participant contribut 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu | | | 10a | | Χ | | | | |
| b | Were there any nonexempt transactions with any party-in-interest on line 10a.) | • | • | 10b | | X | | | | |
| С | Was the plan covered by a fidelity bond? | | | 10c | | X | | | | |
| d | Did the plan have a loss, whether or not reimbursed by the plan's | • | • | | | | | | | |
| е | Were any fees or commissions paid to any brokers, agents, or oth | ner person | s by an insurance carrier, | 10d | | X | | | | |
| | insurance service, or other organization that provides some or all instructions.) | | | 10e | | Χ | | | | |
| f | Has the plan failed to provide any benefit when due under the plan | n? | | 10f | | Χ | | | | |
| g | Did the plan have any participant loans? (If "Yes," enter amount a | s of year e | end.) | 10g | | X | | | | |
| h | If this is an individual account plan, was there a blackout period? (2520.101-3.) | | | 10h | | Χ | | | | |
| 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) | | | | | | | | es | No |
| _11a | Enter the unpaid minimum required contribution for current year fr | om Sched | lule SB (Form 5500) line 39 | | | 11a | | | _ | _ |
| 12 | Is this a defined contribution plan subject to the minimum funding | requireme | ents of section 412 of the Code | or se | ection 3 | 302 of | ERISA? | ١ | 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 beir granting the waiver. | - | | | , and e | enter th Day | | ne lette Year _ | r ruling | <u> </u> |

| | Form 5500-SF 2014 Page 3 - 1 | | | | |
|------|--|-----------|-------|-------|----------|
| 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? | X | Yes N | 10 | |
| | 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 the PBGC? | e control | | Yes | x No |
| С | If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) which assets or liabilities were transferred. (See instructions.) | s) to | | | |
| 1 | 3c(1) Name of plan(s): | 13c(2) E | IN(s) | 13c(3 | B) 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).

▶ 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

| For calen | | fiscal plan year beginning 01/0 | 1/2014 | and ending 1 | 2/31/2014 | | | | | | |
|------------------|--|---|----------------------------------|---|------------------------|--|--|--|--|--|--|
| For Caleri | uai pian year 2014 or i | X a single-employer plan | | | | | | | | | |
| ∆ This r | eturn/report is for: | a single-employer plan | | lan (not multiemployer) (l yer information in accord | _ | | | | | | |
| A IIIISIK | stanimeport is for. | a one-participant plan | a foreign plan | yer miorination in accord | ance with the form | instructions) | | | | | |
| B This re | eturn/report is | the first return/report | the final return/report | | | | | | | | |
| | | an amended return/report | H | n/report (less than 12 mo | onths) | | | | | | |
| | | | | | | | | | | | |
| C Check | k box if filing under: | Form 5558 | automatic extension | | □ DFVC program | | | | | | |
| | | special extension (enter desc | cription) | | | | | | | | |
| Part II | Basic Plan Info | ormation—enter all requested in | nformation | | _ | | | | | | |
| 1a Name | | | | | 1b Three-digit | | | | | | |
| PSS RETI | REMENT PLAN | | | | plan number | r 001 | | | | | |
| | | | | | (PN) 1C Effective date | | | | | | |
| | | | | | 01/01/2008 | • | | | | | |
| 2a Plan | sponsor's name and a | ddress; include room or suite num | ber (employer, if for a single | -employer plan) | 2b Employer Id | entification Number | | | | | |
| PACIFIC S | SIGNAL SUPPLY, LLC | | | | (EIN) 54-21 | 27780 | | | | | |
| | | | | | | elephone number | | | | | |
| 17021 MCI | ELROY RD. | | | | | 60) 403-7655 | | | | | |
| ADLINGTO | ON. WA 98223 | | | | 488990 | de (see instructions) | | | | | |
| | | and address X Same as Plan Spor | nsor. | | 3b Administrator's EIN | | | | | | |
| | | | | | | | | | | | |
| | | | | | 3C Administrate | or's telephone number | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | he plan sponsor has changed since | e the last return/report filed f | or this plan, enter the | 4b EIN | | | | | | |
| | | umber from the last return/report. | | | 4c PN | | | | | | |
| | nsor's name | ts at the beginning of the plan year | | | 5a | | | | | | |
| _ | | | | | 5b | 2 | | | | | |
| | | ts at the end of the plan year | | | 30 | 1 | | | | | |
| | | n account balances as of the end o | | | 5c | 1 | | | | | |
| | | articipants at the beginning of the | | | 5d(1) | 2 | | | | | |
| d(2) T | otal number of active n | participants at the end of the plan y | ear | | 5d(2) | | | | | | |
| • • | · · | terminated employment during the | | | | | | | | | |
| | than 100% vested | | pian year with accided ben | | 5e | 0 | | | | | |
| Caution: | A penalty for the late | or incomplete filing of this retu | rn/report will be assessed | uniess reasonable cau | ise is established | j., | | | | | |
| Under pe | enalties of perjury and o | other penalties set forth in the instr | uctions, I declare that I have | e examined this return/rep | port, including, if an | oplicable, a Schedule | | | | | |
| | hedule MB completed a is true, correct, and con | and signed by an enrolled actuary, | , as well as the electronic ve | rsion of this return/report | , and to the best of | r my knowledge and | | | | | |
| SIGN | 1x Inmmil | 48184 | 15-12-14 | XJ Tammy | 1 Berg | | | | | | |
| HERE | Signature of plan | administrator | Date | Enter name of individ | ual signing as plan | administrator | | | | | |
| OLC) | Olginature or plan | <u> Lammistrator</u> | Date | Enter Harris of marris | dai oigrinig do piari | danimiotrator | | | | | |
| SIGN HERE | | | | F-t | | | | | | | |
| | | loyer/plan sponsor name, if applicable) and address | /include room or suite numb | | | oloyer or plan sponsor none number (optional) | | | | | |
| Piepaiei | s name (moduling min | name, ir applicable) and address | (Include 100III of state fluitib | ci / (optional) | Treparer s telepin | ione number (optional) | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |

| 6a | Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.) | | | | | | | No | | | | |
|----------------|---|----------------|---------------------------------------|---------|---------|-----------------|--------------|--------|----------|----------|------|--|
| b | Are you claiming a waiver of the annual examination and report of | an independ | lent qualified public accounta | int (IQ | PA) | | | | - J v | _ | | |
| 92 | 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 | and conditio | ns.) n 5500-SE and must instan | | | EE00 | ••••• | 2 | Yes | Ш | No | |
| С | If the plan is a defined benefit plan, is it covered under the PBGC in | | | | | | | 7 Na | t data. | | | |
| | rt III Financial Information | iodianoc pro | | 12 17 : | | 162 | Пио |] 140 | t dete | 111111 | 30 | |
| 7 | Plan Assets and Liabilities | | | | _ | | | | _ | | | |
| ' _ | | | (a) Beginning of Yea | | + | (b) End of Year | | | | | | |
| | Total plan liabilities | 7a | 34092 | 340926 | | | 223750 | | | | | |
| | Total plan liabilities | . 7b | 0.4000 | | + | | | | | | | |
| 8 | Net plan assets (subtract line 7b from line 7a) | . 7c | 34092 | ь | | | | | 22375 | <u> </u> | | |
| | Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from: | n xe en | (a) Amount | | - | - 500 | (b) | Total | | | | |
| | (1) Employers | 8a(1) | 177 | 1 | | | | | | | | |
| | (2) Participants | | 354 | 2 | | S 7.88 | | | | | | |
| | (3) Others (including rollovers) | | | | - 18 | Ü | 7. Auto 8 | | | | | |
| b | Other income (loss) | | 2139 | 5 | | | 124, 178 | | | | | |
| | Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) | 8c | | | Α. | | | | 26708 | | | |
| d | Benefits paid (including direct rollovers and insurance premiums | | | | 000 | | | 1808 | 20700 | 018 | | |
| | to provide benefits) | . 8d | 14258 | 4 | 931 | | | | | m | 1 | |
| | Certain deemed and/or corrective distributions (see instructions) | 8e | | | | | Part of | Н | | | | |
| f | Administrative service providers (salaries, fees, commissions) | 8f | · · · · · · · · · · · · · · · · · · · | | | | | | | | | |
| g | Other expenses | . 8g | 1300 | 0 | | | | | | | | |
| <u>h</u> | Total expenses (add lines 8d, 8e, 8f, and 8g) | 8h | | | × | | | | 14388 | 4 | | |
| <u>_i</u> | Net income (loss) (subtract line 8h from line 8c) | 8i | | | ă. | | | | 11717 | 6 | | |
| | Transfers to (from) the plan (see instructions) | 8j | | | u d' | | | | 1 # 3 | 447 | | |
| Pai | t IV Plan Characteristics | | | | | | | | | | | |
| 9a | If the plan provides pension benefits, enter the applicable pension | feature code | es from the List of Plan Char | acteris | stic Ca | des in | the instru | ction | s: | | | |
| | 2E 2G 2J 2K 2T 3B 3D | | | | | | | | | | | |
| b | If the plan provides welfare benefits, enter the applicable welfare for | eature codes | s from the List of Plan Chara | cterist | ic Cod | es in t | he instruc | tions | : | | | |
| Par | V Compliance Questions | | | | | | | | | | | |
| 10 | During the plan year: | | - | | 1/ | | Τ | | | | | |
| - | Was there a failure to transmit to the plan any participant contribu | tions within t | the time period described in | | Yes | No | | Am | ount | | | |
| _ | 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu | ciary Correc | ction Program) | 10a | | х | | | | | | |
| b | Were there any nonexempt transactions with any party-in-interest | ? (Do not inc | clude transactions reported | | | | | | | _ | | |
| | on line 10a.) | | | 10b | | Х | | | | | | |
| | Was the plan covered by a fidelity bond? | | | 10c | | Х | | | | | | |
| d | Did the plan have a loss, whether or not reimbursed by the plan's | fidelity bond | l, that was caused by fraud | | | | | | | | | |
| | 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 | er persons i | by an insurance carrier, | | | | | | | | | |
| | instructions.) | | | 10e | 1 | Х | | | | | | |
| f | Has the plan failed to provide any benefit when due under the plan | n? | | 10f | | Х | | | | | | |
| g | Did the plan have any participant loans? (If "Yes," enter amount a | s of year end | d) | 10g | | Х | <u> </u> | | | | | |
| <u>b</u> | If this is an individual account plan, was there a blackout period? | | | ivg | | <u> </u> | Va ji ku iji | | Quint | | | |
| | 2520.101-3.) | | | 10h | | Х | | | | | | |
| i | If 10h was answered "Yes," check the box if you either provided the | ne required r | notice or one of the | | | | | 185 | | 15 | WE'T | |
| | exceptions to providing the notice applied under 29 CFR 2520.10 | 1-3 | | 10i | | | 10.00 | | | ji v | | |
| Part | | | | | | | | | | | | |
| 11 | ls this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below) | ents? (If "Ye | es," see instructions and com | plete | Sched | lule SE | 3 (Form | | Yes | | 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 | requiremen | ts of section 412 of the Code | or se | ction 3 | 302 of | ERISA? | Ιſ | Yes | x | No | |
| | (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, | as applicab | le.) | | | | | | <u> </u> | | | |
| а | If a waiver of the minimum funding standard for a prior year is beir | ng amortized | in this plan year, see instruc | ctions, | and e | nter th | ne date of | the le | etter ru | ling | _ | |
| | granting the waiver | | Mon | th | | Day | | Yea | | | | |

| | Form 5500-SF 2014 Page 3 - 1 | | | | | | | |
|---|---|-------------|-----------------|-------|---|----------|--|--|
| If you | completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 1 | 3. | | | | | | |
| b En | ter the minimum required contribution for this plan year | | 12b | | | | | |
| | | | | | | | | |
| C En | ter the amount contributed by the employer to the plan for this plan year | | 12¢ | | | | | |
| d Su | otract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the legative amount) | ft of a | 12d | | | | | |
| | If 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 | | | | | <u> </u> | | |
| 13а на | s a resolution to terminate the plan been adopted in any plan year? | | XY | es No | | | | |
| If "Yes," enter the amount of any plan assets that reverted to the employer this year | | | | | 0 | | | |
| b Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the of the PBGC? | | | | | ntrol Yes X No | | | |
| C If c | luring this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify ich assets or liabilities were transferred. (See instructions.) | | | | · • · · · · · · · · · · · · · · · · · · | | | |
| 13c(| I) Name of plan(s): | 1: | 3c(2) El | N(s) | 13c(3) | PN(s) | | |
| | | | ş | | | | | |
| Part VII | Trust Information (optional) | | | | | <u> </u> | | |
| 14a Name of trust | | | 14b Trust's EIN | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |