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).

1210-0089

OMB Nos. 1210-0110

2014

This Form is Open to Public Inspection

	port Identification Information				
For calendar plan year 201	4 or fiscal plan year beginning 01/01/2	201 <u>4</u>	and ending 1	2/31/2014	
A This return/report is for:	X a single-employer plan		r plan (not multiemployer) ployer information in acco		
	a one-participant plan	a foreign plan			
B This return/report is	the first return/report	the final return/repo	rt		
	an amended return/report	a short plan year re	turn/report (less than 12 r	months)	
C Check box if filing under	Form 5558	automatic extensio	n	DFVC pro	ogram
	special extension (enter desc	cription)			
Part II Basic Plan	Information—enter all requested in	nformation			
1a Name of plan	•			1b Three-digit	
TREFTZ CORPORATION 40	01(K) SALARY REDUCTION PLAN & T	RUST		plan number	
				(PN) 1c Effective dat	001
					/01/2001
2a Plan sponsor's name a TREFTZ CORPORATION	nd address; include room or suite numl	per (employer, if for a sing	lle-employer plan)		entification Number -1125065
2655 151ST PL NE				2c Sponsor's te	elephone number -641-6264
REDMOND, WA 98052					de (see instructions)
3a Plan administrator's na	me and address XSame as Plan Spor	noor.		3b Administrato	61710 r'o EIN
Ja Flati autililistrator s fla	me and address Asame as Flam Spor	1501.		3D Administrato	I S EIIV
4 If the name and/or FIN	of the plan sponsor has changed since	a the last return/report file	I for this plan, enter the	4b EIN	
	an number from the last return/report.	the last return/report me	a loi tilis plati, efitei tile	4c PN	
	pants at the beginning of the plan year			5a	20
b Total number of partici	pants at the end of the plan year			5b	17
	with account balances as of the end o			5c	6
'	ve participants at the beginning of the p			5d(1)	18
d(2) Total number of act	ve participants at the end of the plan ye	ear		5d(2)	16
	that terminated employment during the			5e	C
Caution: A penalty for the	late or incomplete filing of this retu	rn/report will be assess	ed unless reasonable ca		
	and other penalties set forth in the instructed and signed by an enrolled actuary, I complete.				
SIGN Filed with author	rized/valid electronic signature.				
HERE Signature of p	olan administrator	Date	Enter name of indivi	idual signing as plan	administrator
SIGN				<u>-</u>	
HERE	employer/plan sponsor	Date	Enter name of indivi	idual signing as empl	oyer or plan sponsor
Preparer's name (including	firm name, if applicable) and address (ber) (optional)		
1 ' ' '					one number (optional)

	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 indepe 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	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 dete	ermined
Par –					<u> </u>				
	Plan Assets and Liabilities	_	(a) Beginning of Yea				(b) End		5976
	Total plan assets	7a	2078	100				100	0976
	Total plan liabilities Net plan assets (subtract line 7b from line 7a)	7b	2079	985				155	5976
	Income, Expenses, and Transfers for this Plan Year	7c	(a) Amount				(b) To		
	Contributions received or receivable from:		(a) Amount				(D) 10	Jlai	
	(1) Employers	8a(1)		060					
	(2) Participants	8a(2)	120						
	(3) Others (including rollovers)	8a(3)		0					
	Other income (loss)	8b	-19	965					
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						11	1149
	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	631	158					
е	Certain deemed and/or corrective distributions (see instructions)	8e							
f	Administrative service providers (salaries, fees, commissions)	8f							
g	Other expenses	8g							
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h						63	3158
<u>i</u>	Net income (loss) (subtract line 8h from line 8c)	8i						-52	2009
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			ı		
10	During the plan year:		a a		Yes	No		Amount	t
	Was there a failure to transmit to the plan any participant contribut 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu.	ıciary Cor	rection Program)	10a		Χ			
	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				40000
d	Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?			10d		X			
e	Were any fees or commissions paid to any brokers, agents, or oth insurance service, or other organization that provides some or all instructions.)	of the ber	efits under the plan? (See	10e		X			
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 year	end.)	10g		X			
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					
Part	VI Pension Funding Compliance								
11	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)							Ye	es X 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					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 beir granting the waiver.	-			, and e	enter th Day		ne letter Year	ruling

	Form 5500-SF 2014	Page 3 - 1					
lf :	you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (For	m 5500), and skip to lin	e 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)			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?			Y	es X No		
	If "Yes," enter the amount of any plan assets that reverted to the employer the	nis year		13a			
b	Were all the plan assets distributed to participants or beneficiaries, transferred the PBGC?		•	ontrol		Yes	(No
С	If during this plan year, any assets or liabilities were transferred from this pla which assets or liabilities were transferred. (See instructions.)	in to another plan(s), ide	ntify the plan(s) to)			
1	3c(1) Name of plan(s):		130	c(2) EI	N(s)	13c(3) P	N(s)
			1			l	

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 section 6057(b) and 6058(a) of

▶ Complete all entries in accordance with the instructions to the Form 5500-SF.

the Internal Revenue Code (the Code).

OMB Nos. 1210-0110 1210-0089

2014

This Form is Open to Public Inspection

		rt Identification Information				
For o	calendar plan year 2014 or	fiscal plan year beginning	01/01/2014	and ending	12/31/2014	
	This return/report is for: This return/report is:	a single-employer plan a one-participant plan the first return/report	of participating employ a foreign plan the final return/report	an (not multiemployer) er information in accor	dance with the form	
		an amended return/report	a short plan year retur	n/report (less than 12 r	nonths)	
C	Check box if filing under:	Form 5558	automatic extension		DFVC pro	ogram
Ба	rt II Basic Plan In	formation enter all requested	information		······	
	Name of plan	n 401(K) Salary Reduction			1b Three-digit plan numbe (PN) ► 1c Effective da	001 te of plan
2a	Plan sponsor's name and Treftz Corporation	address; include room or suite numb n	per (employer, if for a single	employer plan)	01/01/20 2b Employer id (EIN) 91-	entification Number
	2655 151st PL NE				(425) 64 2d Business co	elephone number 1-6264 de (see instructions)
	US REDMOND WA 98052		44-34		561710	
3a	Plan administrator's name	and address X Same as Plan Sp	onsor Name		3b Administrate	or's EIN
4		the plan sponsor has changed since	the last return/report filed for	or this plan, enter the	4b EIN	
а	Sponsor's name	- 40.4			4c PN	
5a	Total number of participan	nts at the beginning of the plan year	***************************************	,		20
b		nts at the end of the plan year			5b	17
С	Number of participants wit	th account balances as of the end of	the plan year (defined bene	fit plans do not	5c	6
d(•	participants at the beginning of the pl		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	1 12 12 43 1	18
ďť	?) Total number of active r	participants at the end of the plan yea	٠ ١	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	. 5d(2)	16
e		at terminated employment during the	plan year with accrued ber	efits that were	5e	0
Ca	ution: A penalty for the la	ite or incomplete filing of this retu	rn/report will be assessed	unless reasonable ca	ause is established	•
SB	der penalties of perjury and or Schedule MB completed lief, it is true, correct, and co	of other penalties set forth in the instruction of and signed by an enrolled actuary, somplete.	uctions, I declare that I have as well as the electronic ve	examined this return/r rsion of this return/repo	eport, including, if aport, and to the best o	oplicable, a Schedule fmy knowledge and
	GN Slava	Morrelan		Diana Sheridan		
10.0388	ERE Signature of plan a	dministrater	Date 5/2///5	Enter name of individ	ual signing as plan a	dministrator
	IGN Mana	Shoredan		Diana	Sherida	an
	ERE Signature of emplo	y er /plan sponsor	Date 5/21/15	Enter name of individ	ual signing as emplo	yer or plan sponsor
Pre		m name, if applicable) and address;	include room of suite numb	er (optional)	Preparer's teleph	one number (optional)

Form 5500-SF 2014		Page 2					
a Were all of the plan's assets during the plan year invested in eligible	e assets? (S	See instructions.)		••••••		XYes No	
f b Are you claiming a waiver of the annual examination and report of a	ın independ	ent qualified public accountant (IQPA)			
under 29 CFR 2520.104-46? (See instructions on waiver eligibility a	ind condition	ns.)				X Yes No	
If you answered "No" to either line 6a or line 6b, the plan canno	ot use Forn	າ 5500-SF and must instead ພ					
c If the plan is a defined benefit plan, is it covered under the PBGC in	surance pro	ogram (see ERISA section 4021)	?		_] Yes	☐ No ☐ Not determined	
Part III Financial Information		•					
Plan Assets and Liabilities		(a) Beginning of Year		<u> </u>		(b) End of Year	
Total plan assets	. 7a	207,98	5			155,976	
Total plan liabilities	. 7b					·	
Net plan assets (subtract line 7b from line 7a)	. 7c	207,98	5			1.55,976	
Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b) Total	
Contributions received or receivable from:		1 00	^				
(1) Employers	. 8a(1)	1,06					
(2) Participants	. 8a(2)	12,05					
(3) Others (including rollovers)	. 8a(3)		0				
Other income (loss)	_	(1,965		30.550		16.140	
Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) Benefits paid (including direct rollovers and insurance premiums	. 8c			1000500		11,149	
to provide benefits)	. 8d	63,15	8				
Certain deemed and/or corrective distributions (see instructions)	. 8e				5 %		
Administrative service providers (salaries, fees, commissions)	. 8f						
Other expenses	. 8g						
Total expenses (add lines 8d, 8e, 8f, and 8g)	. 8h					63,158	
Net income (loss) (subtract line 8h from line 8c)	. 8i					(52,009)	
Transfers to (from) the plan (see instructions)	. 8j						
Part IV Plan Characteristics							
If the plan provides welfare benefits, enter the applicable welfare fe							
Part V Compliance Questions		4 ACCAPATO - 1	1	Yes	No	Amount	
During the plan year: a Was there a failure to transmit to the plan any participant contribu	tione within	the time period described in		105	NO	Anivunc	
29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu	ciary Corre	ction Program)	10a		х		
b Were there any nonexempt transactions with any party-in-interest on line 10a.)			10b		x		
C Was the plan covered by a fidelity bond?			10c	х		40,000	
d Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?	fidelity bon	d, that was caused by fraud	10d		x		
e Were any fees or commissions paid to any brokers, agents, or other							
insurance service, or other organization that provides some or all instructions.)	of the bene	efits under the plan? (See	10e		x		
f Has the plan failed to provide any benefit when due under the pla					х		
					~		
			10f 10g		х	1.34.00 (1.74.1	
g Did the plan have any participant loans? (If "Yes," enter amount ah If this is an individual account plan, was there a blackout period?	as of year e (See instru	nd.)	10g				
g Did the plan have any participant loans? (If "Yes," enter amount a h If this is an individual account plan, was there a blackout period? 2520.101-3.) i If 10h was answered "Yes," check the box if you either provided t	as of year e	nd.)			х		
Did the plan have any participant loans? (If "Yes," enter amount a If this is an individual account plan, was there a blackout period? 2520.101-3.) If 10h was answered "Yes," check the box if you either provided to exceptions to providing the notice applied under 29 CFR 2520.10	as of year e	nd.)	10g 10h		х		
Did the plan have any participant loans? (If "Yes," enter amount a If this is an individual account plan, was there a blackout period? 2520.101-3.) If 10h was answered "Yes," check the box if you either provided to exceptions to providing the notice applied under 29 CFR 2520.10 Part VI Pension Funding Compliance Is this a defined benefit plan subject to minimum funding requirent.	as of year el (See instru- ihe required 01-3	nd.)	10g 10h 10i ete S		x x sle SB		
g Did the plan have any participant loans? (If "Yes," enter amount a h If this is an individual account plan, was there a blackout period? 2520.101-3.) i If 10h was answered "Yes," check the box if you either provided t exceptions to providing the notice applied under 29 CFR 2520.10 Part VI Pension Funding Compliance 1 Is this a defined benefit plan subject to minimum funding requiren 5500) and line 11a below)	as of year el (See instru- the required 11-3	nd.) ctions and 29 CFR notice or one of the fes," see instructions and compl	10g 10h 10i ete S		x x sle SB		
Did the plan have any participant loans? (If "Yes," enter amount a fithis is an individual account plan, was there a blackout period? 2520,101-3.) If 10h was answered "Yes," check the box if you either provided t exceptions to providing the notice applied under 29 CFR 2520.10 Part VI Pension Funding Compliance Is this a defined benefit plan subject to minimum funding requiren 5500) and line 11a below) 11a Enter the unpaid minimum required contribution for current year for the second secon	as of year el (See instru- the required 11-3	nd.)	10g 10h 10i ete S		x x sle SB	Yes X No	
g Did the plan have any participant loans? (If "Yes," enter amount a h If this is an individual account plan, was there a blackout period? 2520.101-3.) i If 10h was answered "Yes," check the box if you either provided t exceptions to providing the notice applied under 29 CFR 2520.10 Part VI Pension Funding Compliance 1 Is this a defined benefit plan subject to minimum funding requiren 5500) and line 11a below) 1 Enter the unpaid minimum required contribution for current year f 1 Is this a defined contribution plan subject to the minimum funding	is of year el (See instru- ihe required 11-3 ments? (If "\) from Schedi	ctions and 29 CFR I notice or one of the Yes," see instructions and complute SB (Form 5500) line 39	10g 10h 10i ete S		x x sle SB	Yes X No	
p Did the plan have any participant loans? (If "Yes," enter amount a fithis is an individual account plan, was there a blackout period? 2520.101-3.) If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10 Part VI Pension Funding Compliance Is this a defined benefit plan subject to minimum funding required 5500) and line 11a below) 11a Enter the unpaid minimum required contribution for current year for the support of the plan in the plan i	inents? (If ") requirements as applice	ctions and 29 CFR I notice or one of the I/es," see instructions and complute SB (Form 5500) line 39	10g 10h 10i ete S	ion 30	X X Alle SB	RISA? Yes X No	

	Form 5500-SF 2014	Page 3- [
lf y	you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 550	00), and skip to line	e 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 (entended to amount)			12d		
е	Will the minimum funding amount reported on line 12d be met by the funding dea	dline?	**************	<u> </u>	Yes 🗌	No □ N/A
Part	t VII Plan Terminations and Transfers of Assets					
13a	Has a resolution to terminate the plan been adopted in any plan year?	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		☐ Ye	es X No	ı
•	If "Yes," enter the amount of any plan assets that reverted to the employer this ye	ear		13a		
b	Were all the plan assets distributed to participants or beneficiaries, transferred to of the PBGC?					Yes X No
С	If during this plan year, any assets or liabilities were transferred from this plan to which assets or liabilities were transferred. (See instructions.)	another plan(s), ide	ntify the plan(s) to			
1	13c(1) Name of plan(s):		130	(2) EIN((s)	13c(3) PN(s)
•						
Part	t VIII Trust Information (optional)	Although All Paris	L	····		
14a Name of trust						