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**

Annual Report Identification Information For calendar plan year 2014 or fiscal plan year beginning and ending 12/31/2014 X a single-employer plan a multiple-employer plan (not multiemployer) (Filers checking this box must attach a list A This return/report is for: of participating employer information in accordance with the form instructions) a one-participant plan a foreign plan the final return/report **B** This return/report is the first return/report an amended return/report a short plan year return/report (less than 12 months) DFVC program Form 5558 automatic extension C Check box if filing under: special extension (enter description) Part II Basic Plan Information—enter all requested information 1a Name of plan Three-digit CONTRACTORS FLOORING SUPPLY 401(K) P/S PLAN plan number (PN) ▶ 001 Effective date of plan 01/01/2007 2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) 2b Employer Identification Number CONTRACTORS FLOORING SUPPLY (EIN) 91-1550429 Sponsor's telephone number 253-845-8000 11108 WOODLAND AVENUE EAST PUYALLUP, WA 98373 Business code (see instructions) 238300 3b Administrator's EIN **3a** Plan administrator's name and address | Same as Plan Sponsor. CONTRACTORS FLOORING SUPPLY 11108 WOODLAND AVENUE EAST PUYALLUP, WA 98373 **3c** Administrator's telephone number 253-845-8000 4b EIN If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN, and the plan number from the last return/report. 4c PN a Sponsor's name Total number of participants at the beginning of the plan year 25 5a **b** Total number of participants at the end of the plan year..... 5b 29 Number of participants with account balances as of the end of the plan year (defined benefit plans do not 5c 22 complete this item) d(1) Total number of active participants at the beginning of the plan year..... 5d(1) 15 d(2) Total number of active participants at the end of the plan year..... 5d(2) 17 e Number of participants that terminated employment during the plan year with accrued benefits that were 0 5e less than 100% vested. Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established. Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including, if applicable, a Schedule

SB or Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/report, and to the best of my knowledge and

belief, it is t	true, correct, and complete.				
SIGN	Filed with authorized/valid electronic signature.	06/08/2015	DALE REED		
HERE	Signature of plan administrator	Date	Enter name of individual signing as plan administrator		
SIGN					
HERE	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor		
Preparer's	name (including firm name, if applicable) and address (include r	Preparer's telephone number (optional)			

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b	Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)									
С	if 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 de	termin	ied
Par	t III Financial Information	1	1							
7	Plan Assets and Liabilities		(a) Beginning of Yea				(b) End		4	
	Total plan assets	7a	2081	0	-			22	4777	
	Total plan liabilities	7b	2021			224777				
	Net plan assets (subtract line 7b from line 7a)	7c		208176					.4111	
	Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from:		(a) Amount	(a) Amount		(b) Total				
	(1) Employers	8a(1)	149	14930						
	(2) Participants	8a(2)	174	17420						
	(3) Others (including rollovers)	8a(3)		0						
<u>b</u>	Other income (loss)	8b	73	382						
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						3	9732	
	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	efits paid (including direct rollovers and insurance premiums rovide benefits)		661						
	Certain deemed and/or corrective distributions (see instructions)	8e		0						
f	Administrative service providers (salaries, fees, commissions)	8f	14	170						
g	Other expenses	8g		0						
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h						2	3131	
i	Net income (loss) (subtract line 8h from line 8c)	8i					16601			
j	Transfers to (from) the plan (see instructions)	8j								
Par	t IV Plan Characteristics									
	b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions: Part V Compliance Questions									
10	During the plan year:				Yes	No		Amour	t	
	Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)					X				
	b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)					X				
<u>c</u>	Was the plan covered by a fidelity bond?			10c	X				10	0000
d	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?			10d		X				
e	Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service, or other organization that provides some or all of the benefits under the plan? (See instructions.)					X				
f	f Has the plan failed to provide any benefit when due under the plan?			10f		X				
g	g Did the plan have any participant loans? (If "Yes," enter amount as of year end.)			10g		X				
h	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 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	Part VI Pension Funding Compliance									
11										
11a	Enter the unpaid minimum required contribution for current year fr					11a				
12	12 Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA?									
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)									
а	a If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, and enter the date of the letter ruling granting the waiver Month Day Year									

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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				
С	Enter the amount contributed by the employer to the plan for this plan year		12c				
d	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)						
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	b Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the of the PBGC?				Yes X No		
С	If during this plan year, any assets or liabilities were transferred from this pla which assets or liabilities were transferred. (See instructions.)	an to another plan(s), identify th	e plan(s) to				
1	3c(1) Name of plan(s):		13c(2) EI	N(s)	13c(3) PN(s)		

14b Trust's EIN

Part VIII Trust Information (optional)

14a Name of trust