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).

OMB Nos. 1210-0110 1210-0089

2014

This Form is Open to Public Inspection

Part I	Annual Repor	t Identification Information	n					
For calend	ar plan year 2014 or	fiscal plan year beginning 01/01/	2014	and ending 12/	/31/2014			
A This return/report is for: a single-employer plan a multiple-employer plan (not multiemployer) (Filers checking this of participating employer information in accordance with the form								
		a one-participant plan	a foreign plan					
B This retu	urn/report is	the first return/report	the final return/repor	t				
		an amended return/report	a short plan year ret	urn/report (less than 12 m	onths)			
C Check	box if filing under:	DFVC pro	ogram					
		special extension (enter des	cription)					
Part II	Basic Plan Inf	ormation—enter all requested i	nformation					
1a Name		·			1b Three-digit			
SEAMETRIC	CS RETIREMENT PL	AN			plan numbe	o01		
					(PN) 1c Effective da			
						1/01/2005		
SEATTLE MI	ETRICS, INC.	ddress; include room or suite num	ber (employer, if for a singl	e-employer plan)		lentification Number 1-1464001		
SEAMETRIC 19026 - 72NI						elephone number 3-872-0284		
KENT, WA 9						de (see instructions)		
3a Plan a	dministrator's name a	and address XSame as Plan Spor	nsor		3b Administrator's EIN			
					3c Administrate	or's telephone number		
4 If the r	name and/or EIN of ti	ne plan sponsor has changed since	e the last return/report filed	for this plan, enter the	4b EIN			
		umber from the last return/report.	o the last retain, report mod	Tor the plan, enter the	TO LIN			
	or's name				4c PN			
5a Total	number of participant	s at the beginning of the plan year			5a	80		
b Total	number of participant	s at the end of the plan year			5b	72		
		account balances as of the end o	f the plan year (defined be		5c	61		
d(1) Tot	al number of active p	articipants at the beginning of the p	plan year		5d(1)	64		
d(2) Tot	al number of active p	articipants at the end of the plan y	ear		5d(2)	60		
		terminated employment during the			5e			
·		or incomplete filing of this retu			use is established			
Under pena	alties of perjury and o	other penalties set forth in the instru and signed by an enrolled actuary,	uctions, I declare that I hav	e examined this return/rep	port, including, if ap	pplicable, a Schedule		
	true, correct, and con		as well as the electronic v	ersion of this return/report	i, and to the best of	my knowledge and		
SIGN	Filed with authorized	d/valid electronic signature.	06/12/2015	CAROL M. BUTLER				
HERE				ual signing as plan	administrator			
SIGN					0 0 1			
HERE	Signature of empl	oyer/plan sponsor	Date	Enter name of individ	ual signing as Amn	lover or plan sponsor		
Preparer's		name, if applicable) and address (•			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 contraction.	an indepe and condit	ndent qualified public accountations.)	nt (IC	PA)			X Yes	
	f the plan is a defined benefit plan, is it covered under the PBGC in	surance p	program (see ERISA section 40)21)?		Yes	No	Not deter	mined
Par	t III Financial Information	1	-						
7	Plan Assets and Liabilities		(a) Beginning of Yea				(b) End o		.00
	Total plan assets	7a	21564	157	-			23545	83
	Total plan liabilities	7b	21564	157				23545	83
	Net plan assets (subtract line 7b from line 7a)	7c		101			(b) T-		
	Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from:		(a) Amount				(b) To	tai	
	(1) Employers	8a(1)	1290						
	2) Participants	8a(2)	2788	312					
	(3) Others (including rollovers)	8a(3)	4406						
	Other income (loss)	8b	1183	376					
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						5262	:33
	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	3281	107					
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						3281	
	Net income (loss) (subtract line 8h from line 8c)	8i						1981	26
J	Transfers to (from) the plan (see instructions)	8j							
Par 9a	t IV Plan Characteristics If the plan provides pension benefits, enter the applicable pension 2E 2G 2J 2K 2T 3D	feature co	odes from the List of Plan Char	acteri	stic Co	des in	the instruct	ons:	
b	If the plan provides welfare benefits, enter the applicable welfare fe	noturo coc	loo from the Liet of Dlan Chare	otoriot	io Cod	loo in t	ha inatruatio	no:	
D	if the plan provides weriare benefits, effer the applicable weriare to	eature coc	des from the List of Flam Chara	Clensi	IC C00	es III t	ne msnucho	115.	
Part	V Compliance Questions								
10	During the plan year:				Yes	No	,	Amount	
а	Was there a failure to transmit to the plan any participant contribution 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidure)			10a		Х			
b	Were there any nonexempt transactions with any party-in-interest on line 10a.)	? (Do not	include transactions reported	10b		X			
С	Was the plan covered by a fidelity bond?				X				250000
d	Did the plan have a loss, whether or not reimbursed by the plan's			10c	^				230000
	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	nefits 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	h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)								
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	ne require	d notice or one of the	10h 10i					
Part	VI Pension Funding Compliance								
11	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)							Yes	No
11a	Enter the unpaid minimum required contribution for current year fr	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	ection 3	302 of	ERISA?	Yes	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		e letter ru Year	lling

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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 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 and ending 12/31/2014 For calendar plan year 2014 or fiscal plan year beginning 01/01/2014 a multiple-employer plan (not multiemployer) (Filers checking this box must attach a list a single-employer plan of participating employer information in accordance with the form instructions) A This return/report is for: a one-participant plan a foreign plan the final return/report the first return/report B This return/report is a short plan year return/report (less than 12 months) an amended return/report DFVC program automatic extension Form 5558 C Check box if filing under: special extension (enter description) Part II Basic Plan Information—enter all requested information 1b Three-digit 1a Name of plan plan number SEAMETRICS RETIREMENT PLAN 001 (PN) > 1c Effective date of plan 01/01/2005 2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) 2b Employer Identification Number (EIN) 91-1464001 SEATTLE METRICS, INC. SEAMETRICS, INC. 2c Sponsor's telephone number (253) 872-0284 19026 - 72ND AVE. S. 2d Business code (see instructions) KENT. WA 98032 3b Administrator's EIN 3a Plan administrator's name and address X Same as Plan Sponsor. 3c Administrator's telephone number If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the 4b EIN name, EIN, and the plan number from the last return/report. 4c PN a Sponsor's name 80 5a Total number of participants at the beginning of the plan year 5a 72 5b Total number of participants at the end of the plan year..... Number of participants with account balances as of the end of the plan year (defined benefit plans do not 5c 61 complete this item) d(1) Total number of active participants at the beginning of the plan year..... 5d(1) 64

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 MAB 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

helief it is	true, correct, and complete.	, , , , , , , , , , , , , , , , , , , ,	
SIGN	& has mouth	16/10/12	xy (recoil M. Dellec
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	s name (including firm name, if applicable) and address (include r	r) (optional) Preparer's telephone number (optional)	
	, , , , , , , , , , , , , , , , , , ,		

For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500-SF.

d(2) Total number of active participants at the end of the plan year.....e Number of participants that terminated employment during the plan year with accrued benefits that were

60

n

5d(2)

less than 100% vested..

b Ave you claiming a valver of the annual examination and report of an independent qualified publis accountant (QPA) under 26 PF (250:101-446 PS (cainstructions on waver edigiblis and conditions)	oa h	The second state beautiful and the second state of the second stat	ole assets? (See instructions.)				X Yes	
If you answered "No" to either line 8 or it ne 8 b, the plan cannot use Form \$500-\$F and must instead use Form \$500. If the plan is a defined benefit plan, is it covered under the PSGC insuance program (see ERISA section 4021)? PSIM Assets and Liabilities	, ,	under 29 CFR 2520.104-46? (See instructions on waiver eligibility	an independ and condition	lent qualified public accounta ins.)	ant (IC	PA)		x Yes □	
Part IN Financial Information (a) Beginning of Year (b) End of Year 2 106467 2 206483 2 2164467 2 2164467		If you answered "No" to either line 6a or line 6b, the plan cann	not use Form	m 5500-SF and must instea	d use	Form	5500		
7 Pian Assets and Liabilities	С	If the plan is a defined benefit plan, is it covered under the PBGC in	nsurance pro	ogram (see ERISA section 40	021)?		Yes	No Not determine	
a Total plan sasets					-				
a Total plan assets. 7a 2156457 2334683 b Total plan tasets (subtract line 7b from line 7a). 7b c Net plan assets (subtract line 7b from line 7a). 7c 2156467 2334683 b Income, Experimen, and Transfers for this Plan Year (a) Amount (b) Total a Contribution received or recolable from: 1) Employers and Transfers for this Plan Year (a) Amount (b) Total a Contribution received or recolable from: 1) Employers and Transfers for this Plan Year (a) Amount (b) Total a Contribution received or recolable from: 1) Employers and Contribution received or recolable from: 2) Participants (a) Others (including rotovers). 8a(2) 278162 (a) 278162 (b) Contribution (a) Contri	7	Plan Assets and Liabilities		(a) Beginning of Yes		T		(h) End of Voca	
b Total plan subdities		Total plan assets	72						
C Not plan assets (subtract ine 7b from line 7a)	b					+-		2004000	
8 Income, Expenses, and Transfers for this Plan Year a Contributions received or receivable from: (1) Employers (2) Participants. 84(2) 278812 3) Other sincheding rollovers) 84(3) 5 Contributions received or receivable from: (2) Participants. 84(3) (3) Other sincheding rollovers) 84(3) (4) The received sincheding rollovers) 85(5) (5) Total income (deal lines 8e(1), 8a(2), 8a(3), and 8b) 86 116876 6 Contain deemed and/or corrective distributions (see instructions) 86 328107 6 Certain deemed and/or corrective distributions (see instructions) 86 4 7 Administrative service providers (salaries, fees, commissions) 87 5 Administrative service providers (salaries, fees, commissions) 88 1 1 Net income (loss) (subtract line 8h from line 8c). 89 1 1 Transfers to (from) the plan (cert instructions) 89 1 1 Transfers to (from) the plan (cert instructions) 80 1 1 If the plan provides persion the enterties, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 2E 2C 2J 2K 2T 3D 1 If the plan provides pension the mertilis, enter the applicable walfare feature codes from the List of Plan Characteristic Codes in the instructions: 2E 2C 2J 2K 2T 3D 1 If the plan provides pension the mertilis, enter the applicable walfare feature codes from the List of Plan Characteristic Codes in the instructions: 2E 2C 2J 2K 2T 3D 1 If the plan provides walfare benefits, enter the applicable walfare feature codes from the List of Plan Characteristic Codes in the instructions: 2E 2C 2J 2K 2T 3D 2 If the plan provides pension the plan any participant contributions within the time period disscribed in 190 X 2 Compliance Questions 1 O During the plan year: 2 West there are failure to transmit to the plan any participant contributions within the time period disscribed in 190 X 2 Compliance Questions 1 Up 1 The plan provides walfare the applicable walfare feature codes from the List of Plan Characteristic Codes in the instructions: 2 Vers No Amount 3 Other plan have a failure	С	· · · · · · · · · · · · · · · · · · ·		215645	7	+		2354583	
a Contributions received or receivable from: (1) Employers			, II (1) F. L. C			+	-		
(2) Participants. (3) Others (including rollovers). (3) Others (including rollovers). (3) Others (including rollovers). (4) Bb 118376 (5) Other (including direct rollovers and insurance premiums to provide benefits). (5) Other (including direct rollovers and insurance premiums to provide benefits). (6) Earnal deemed and/or corrective distributions (see instructions). (7) Bd Administrative service providers (salarides, fees, commissions). (8) G Administrative service providers (salarides, fees, commissions). (8) G Other expenses. (8) G Other expenses. (8) G Other expenses. (8) G Other expenses. (8) G Other expenses (add lines 8d, 8e, 8f, and 8g). (8) In total expenses (add lines 8d, 8e, 8f, and 8g). (8) In the long recovery of the set of the s	а			(a) Amount		100	i de la	(b) 10tai	
3) Others (including followers)		(1) Employers	8a(1)	12904	5				
b Other Income (loss)				27881	2				
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)		(3) Others (including rollovers)	8a(3)			Jan 1			
d Benefits paid (including direct rollovers and insurance premiums to provide benefits). e Certain deemed and/or corrective distributions (see instructions). g Cher expenses. f Administrative service providers (sealares, fees, commissions). 8	<u>b</u>	Other income (loss)	8b	11837	6				
to provide benefits)			8c				_	526233	
f Administrative service providers (salaries, fees, commissions) 8f g Other expenses 8g h Total expenses (add lines 8d, 8e, 6f, and 8g) 8h Total expenses (add lines 8d. 8e, 6f, and 8g) 8f Total expenses (add lines 8d. 8e, 6f, and 8g) 8f To	d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	32810	7	30			
g Other expenses	<u>e</u>	Certain deemed and/or corrective distributions (see instructions)	8e						
to telectrome (loss) (subtract line 8d, 8e, 8f, and 8g)	f	Administrative service providers (salaries, fees, commissions)	8f						
i Net income (loss) (subtract line 8h from line 8c)	<u>g</u>	Other expenses	8g						
Transfers to (from) the plan (see instructions) 8	<u>h</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h			7		328107	
Part IV Plan Characteristics	i_		8i		T. V	η,		198126	
Part IV Plan Characteristics If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 2 E 2 G 2 J X T 3D 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: a 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 Friduciary Correction Program)	j	Transfers to (from) the plan (see instructions)	8j						
Part V Compliance Questions Yes No Amount	Pa	rt IV Plan Characteristics							
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) 10a X b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.) 10b X c Was the plan covered by a fidelity bond? 10c X 250000 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.) 10e X f Has the plan failed to provide any benefit when due under the plan? 10f X 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 if 10h was answered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3. 10i is this a defined benefit plan subject to minimum funding requirements? (if "Yes," see instructions and complete Schedule SB (Form 5500) and line 11a below) 11a le this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA?. Yes No (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.) 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 amortized in this plan year, see instructions, and enter the date of the letter ruling	Par	t V Compliance Questions		· · · · · · · · · · · · · · · · · · ·					
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) 10a X b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.) 10b X c Was the plan covered by a fidelity bond? 10c X 250000 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.) 10e X f Has the plan failed to provide any benefit when due under the plan? 10d X g Did the plan have any participant loans? (If "Yes," enter amount as of year end.) 10g X If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) 10h X if 10h was answered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3. 10i Is this a defined benefit plan subject to minimum funding requirements? (if "Yes," see instructions and complete Schedule SB (Form 5500) and line 11a below) 11a Let the unpaid minimum required contribution for current year from Schedule SB (Form 5500) line 39 11a Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA? No (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.) 11a	10	During the plan year:				Yes	No	Amount	
on line 10a.)		Was there a failure to transmit to the plan any participant contribut 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu	iciary Correc	ction Program)	10a		x	Amodile	
d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? 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.) f Has the plan failed to provide any benefit when due under the plan? g Did the plan have any participant loans? (If "Yes," enter amount as of year end.)	b	Were there any nonexempt transactions with any party-in-interest on line 10a.)	? (Do not inc	clude transactions reported	10b		Х		
d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? 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.) f Has the plan failed to provide any benefit when due under the plan? g Did the plan have any participant loans? (If "Yes," enter amount as of year end.)	C	Was the plan covered by a fidelity bond?	*******************		10c	Х		2500	
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.)	d	Did the plan have a loss, whether or not reimbursed by the plan's	fidelity bond	, that was caused by fraud			х	2300	
f Has the plan failed to provide any benefit when due under the plan?	e	Were any fees or commissions paid to any brokers, agents, or oth insurance service, or other organization that provides some or all	er persons to	by an insurance carrier, its under the plan? (See			х		
Did the plan have any participant loans? (If "Yes," enter amount as of year end.) If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) If 10h was answered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3	f				10f	_	Х		
h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) If 10h was answered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3	<u></u>								
If 10h was answered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3		h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR							
Part VI Pension Funding Compliance 11 Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form 5500) and line 11a below)	i	i If 10h was answered "Yes," check the box if you either provided the required notice or one of the							
11 Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form 5500) and line 11a below)	Parl		· • · · · · · · · · · · · · · · · · · ·		141			Andrew Resident Part (EAS)	
11a Enter the unpaid minimum required contribution for current year from Schedule SB (Form 5500) line 39		Is this a defined benefit plan subject to minimum funding requirement	ents? (If "Ye	s," see instructions and com	plete	Sched	ule SE	3 (Form ☐ Yes ☐	
Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA? Yes No (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.) a lf 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	11a							, 1	
(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.) 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			OIII OCHEUDII	2 OD (O 1 D 10 D 11 12 D 1			112		
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	12							ERISA2 Yes	
	12	Is this a defined contribution plan subject to the minimum funding	requirement	s of section 412 of the Code				ERISA? Yes X	

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If	you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), an	d skip to	line 13.				
b					12b			
<u>C</u>	Enter the amount contributed by the employer to the plan for this plan ye	ar			12c			
d	Subtract the amount in line 12c from the amount in line 12b. Enter the re- negative amount)	sult (enter a min	us sian t	the left of a	12d	.5		
е	Will the minimum funding amount reported on line 12d be met by the fund	ding deadline?				Yes	No	N/A
Part						<u> </u>		
13a	Has a resolution to terminate the plan been adopted in any plan year?					Yes X No	<u> </u>	
	If "Yes," enter the amount of any plan assets that reverted to the employer this year							
b	· ·						☐ Yes	X No
	If during this plan year, any assets or liabilities were transferred from this which assets or liabilities were transferred. (See instructions.)	plan to another	plan(s),	dentify the plan(s)	to	<u> </u>		<u></u>
1	I3c(1) Name of plan(s):			1:	3c(2) E	IN(s)	13c(3)	PN(s)
Part	VIII Trust Information (optional)						<u> </u>	
					14b Tr	rust's EIN		