-	Form 5500-SF Short Form Annual Return/Report of Small Emp Benefit Plan				oyee	e	OMB Nos. 1210-0110 1210-0089	
Inter	tment of the Treasury nal Revenue Service	This form is required to be filed			2014			
Employee B	epartment of Labor enefits Security Administration	Income Security Act of 1974 (57(b) and 6058(a) of the le).	Intern	This	This Form is Open to		
	Pension Benefit Guaranty Corporation Public Inspection Public Inspection Public Inspection							
Part I		dentification Information cal plan year beginning 01/01/201	4	and anding 12	/31/20 ⁻	1 /		
	ar plan year 2014 or fisc	X a single-employer plan					ox must attach a list	
	urn/report is for: ırn/report is	 a single-employer plan a multiple-employer plan (not multiemployer) (Filers checking this box must attach a list of participating employer information in accordance with the form instructions) a one-participant plan the first return/report an amended return/report a short plan year return/report (less than 12 months) 						
C Check	pox if filing under:	Form 5558 special extension (enter descrip	automatic extension			DFVC progr	am	
Part II	Basic Plan Infor	mation—enter all requested info	rmation					
1a Name SPAETH TR	•	PROFIT SHARING PLAN			1b	Three-digit plan number	001	
					1c	(PN) Fifective date of	of plan	
	consor's name and add	ress; include room or suite number	(employer, if for a single	e-employer plan)		Employer Ident	1/1978 ification Number 665531	
1229 HOLLIS	STREET				2c	ohone number 73-6101		
BREMERTON, WA 98310						Business code (see instructions) 484120		
3a Plan administrator's name and address Same as Plan Sponsor.					3b Administrator's EIN			
		plan sponsor has changed since th ber from the last return/report.	e last return/report filed	for this plan, enter the	4b	EIN	telephone number	
	or's name				4c			
		at the beginning of the plan year					19	
		at the end of the plan year			51	0	21	
		ccount balances as of the end of th			50	C	20	
d(1) Tota	al number of active parti	icipants at the beginning of the plan	n year		5d(1)	13	
d(2) Tot	al number of active part	icipants at the end of the plan year			5d((2)	11	
		minated employment during the pla			50	e	0	
		r incomplete filing of this return/						
SB or Sche		er penalties set forth in the instructi d signed by an enrolled actuary, as ete.						
SIGN		alid electronic signature.	06/16/2015	ROBERT LOIDHAME	R			
HERE Signature of plan ac		ministrator	Date	Enter name of individ	ual sig	ning as plan ad	ministrator	
SIGN								
HERE	Signature of employ		Date	Enter name of individ				
Preparer's	name (including firm na	me, if applicable) and address (inc	lude room or suite numb	er) (optional)	Prep	arer's telephone	e number (optional)	

6a	6a Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)									
b	b Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA)									
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.)									
с	If the plan is a defined benefit plan, is it covered under the PBGC in							Not	deterr	nined
	t III Financial Information			,.				1		
7	Plan Assets and Liabilities		(a) Paginning of Yas				(b) End	of V		
<u>′</u>		7a	(a) Beginning of Yea				(b) End		ear 108433	33
	Total plan assets Total plan liabilities	7a 7b		35					183	
	Net plan assets (subtract line 7b from line 7a)	70 70	11017	'07					108250	00
8	Income, Expenses, and Transfers for this Plan Year	10	(a) Amount				(b)]	otal		
	Contributions received or receivable from:						(5)	otai		
	(1) Employers	8a(1)	207							
	(2) Participants	8a(2)		0						
	(3) Others (including rollovers)	8a(3)		0						
b	Other income (loss)	8b	597	'84						
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							8050)3
	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	910	58						
	Certain deemed and/or corrective distributions (see instructions)	8e		0						
-	Administrative service providers (salaries, fees, commissions)	8f	86	52						
	Other expenses	8g								
	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							997 <i>°</i>	10
	Net income (loss) (subtract line 8h from line 8c)								-1920)7
	Transfers to (from) the plan (see instructions)	8j		0						
		0)		-						
	2E 2J 2K 3D									
b	If the plan provides welfare benefits, enter the applicable welfare fe	eature coo	les from the List of Plan Charac	cterist	ic Coc	les in t	he instruct	ions:		
Part	V Compliance Questions									
10	V Compliance Questions During the plan year:				Yes	No		۸m	t	
	Was there a failure to transmit to the plan any participant contribu	tions with	n the time period described in		103	NO		AIII	ount	
ŭ	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu		•	10a		Х				
b	Were there any nonexempt transactions with any party-in-interest on line 10a.)		-	10b		×				
С	Was the plan covered by a fidelity bond?			10c	x					120000
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	ner persor	s by an insurance carrier,							
	insurance service, or other organization that provides some or all instructions.)			10e		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 o	end.)	10g		Х				
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	11 Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form									
44-	5500) and line 11a below)								Yes	No
	Enter the unpaid minimum required contribution for current year fr		, , ,			11a			X-	V ••
12	Is this a defined contribution plan subject to the minimum funding			or se	ection	302 of	ERISA?		Yes	X No
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,	, as applic	able.)							

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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		
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 onegative amount)	of a	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?		· 🗆 ۲	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 u of the PBGC?	inder the	control		Yes 🗙 No
C If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify th which assets or liabilities were transferred. (See instructions.)	e plan(s)	to		
13c(1) Name of plan(s):	1	3c(2) El	IN(s)	13c(3) PN(s)
Part VIII Trust Information (optional)				
14a Name of trust		14b ⊺⊧	rust's EIN	

	rm 5500-SF	loyee	OMB Nos. 1210-0110 1210-0089					
Int	Department of Labor	4065 of the Employee F 57(b) and 6058(a) of the	Retirement	2014				
Employee	Benefits Security Administration		This Form is Open to Public Inspection					
		Complete all entries in a	accordance with the inst	ructions to the Form 5	500-SF.	Fublic inspection		
Part I	Annual Report lo	lentification Information						
_ FOI Galeni	dar plan year 2014 or fisc		01/01/2014	and ending	12/	31/2014		
A This re	eturn/report is for:	a single-employer plan	a multiple-employer p of participating emplo	olan (not multiemployer) oyer information in accor	(Filers check dance with th	ing this box must attach a list ne form instructions)		
-		a one-participant plan	a foreign plan			,		
B This re	turn/report is	the first return/report	the final return/report					
	[] an amended return/report	a short plan year retu	rn/report (less than 12 m	ionths)			
C Check	box if filing under:	Form 5558	automatic extension			VC program		
		special extension (enter descri						
Part II	Basic Plan Inforr	nation-enter all requested info	ormation					
1a Name					1b Three	-diait		
Spaeth	Transfer, Inc.	401(k) Profit Shar	ing Plan		1	umber 001		
					1c Effect	ive date of plan		
2a Plans	ponsor's name and addre TRANSFER, INC.	ess; include room or suite numbe	r (employer, if for a single	-employer plan)		yer Identification Number		
OFALIN	IRANSFER, INC.				(EIN)	91-0665531		
1229 H	OLLIS STREET				2c Sponsor's telephone number 360-373-6101			
BREMER	TON	WA 98310			2d Business code (see instructions) 484120			
3a Plan a	administrator's name and	address XSame as Plan Sponso	or			istrator's EIN		
4 If the	name and/or EIN of the pl	an sponsor has changed since th	ne last return/report filed fo	or this plan, enter the	4b EIN			
name	e, EIN, and the plan number or's name	er from the last return/report.						
		the beginning of the plan year			4C PN			
h Total	number of participants at	the end of the plan wear			5a	19		
C Numb	number of participants at	the end of the plan year			5b	21		
compl	ete this item)	ount balances as of the end of th			5c	20		
d(1) ⊤ot	al number of active partici	pants at the beginning of the pla	n year		5d(1)			
d(2) Tot	al number of active partic	ipants at the end of the plan year			5d(2)	13		
e Numbe	er of participants that term	inated employment during the pla	an year with accrued bene	fits that were	5e	11		
Caution: A	penalty for the late or i	ncomplete filing of this seture				0		
Under pena	alties of periury and other	ncomplete filing of this return/ penalties set forth in the instructi	report will be assessed i	unless reasonable caus	se is establi	shed.		
on oone	dule MB completed and s true, correct, and complet	Signed by an enconed actuary as	well as the electronic vers	sion of this return/report,	and to the b	, if applicable, a Schedule est of my knowledge and		
SIGN /	Coliet to	1 Can		Robert Loidham	ler			
Conversion in the	Signature of plan adm	inistrator	Date 6 10 15	Enter name of individu	al signing as	plan administrator		
SIGN		1.02						
Signature of employer/plan sponsor Date Enter name of individual signing						employer or plan sponsor		
		e, ii applicable) and address (incl	lude room or suite number	·) (optional)	Preparer's te	lephone number (optional)		
For Paperwo	ork Reduction Act Notice an	d OMB Control Numbers, see the i	nstructions for Form 5500-5	iF.		Form 5500-SF (2014)		

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		Page Z				
6a Were all of the plan's assets during the plan year invested in eligib	ole assets? (See instructions.)				X Yes I I
D Are you claiming a waiver of the annual examination and report of	D Are you claiming a waiver of the annual examination and report of an independent qualified public account of the annual examination and report of an independent qualified public account of the annual examination and report of an independent qualified public account of the annual examination and report of an independent qualified public account of the annual examination and report of an independent qualified public account of the annual examination and report of an independent qualified public account of the annual examination and report of an independent qualified public account of the annual examination and report of an independent qualified public account of the annual examination and report of an independent qualified public account of the annual examination and report of an independent qualified public account of the annual examination and report of an independent qualified public account of the annual examination and report of an independent qualified public account of the annual examination and report of an independent qualified public account of the annual examination and report of an independent qualified public account of the annual examination and report of an independent qualified public account of the annual examination and report of an independent qualified public account of the annual examination and report of the annual examination and report of an independent qualified public account of the annual examination and report of the annual examination annual examination and report of the					
If you answered "No" to either line 6a or line 6b, the plan cap	under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.) If you answered "No" to either line 6a or line 6b, the plan cannot use Form 5500-SF and must in					X Yes [] I
C If the plan is a defined benefit plan, is it covered under the PBGC in						
Part III Financial Information			021)?	******	res _	No Not determined
7 Plan Assets and Liabilities		(a) Regipping of Ve				
a Total plan assets	. 7a	(a) Beginning of Ye	ar 017	12		(b) End of Year 10843
b Total plan liabilities	7a 7b	Å1		35		
C Net plan assets (subtract line 7b from line 7a)	70	11	017			18
8 Income, Expenses, and Transfers for this Plan Year			017			
a Contributions received or receivable from:	-	(a) Amount			ed 1 + 51	(b) Total
(1) Employers	8a(1)		207	19	5.20	
(2) Participants	8a(2)			0	1.2.1	La seconda de
(3) Others (including rollovers)	8a(3)			0		Real Robert
b Other income (loss)	8b		597	84		
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c	- Albert Brite	. K			805
d Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		910	58		
e Certain deemed and/or corrective distributions (see instructions)	8e			0		
f Administrative service providers (salaries, fees, commissions)	8f		86	52		AND NO WOR
g Other expenses	8g					
h Total expenses (add lines 8d, 8e, 8f, and 8g)	8h					997
i Net income (loss) (subtract line 8h from line 8c)	8i		1.21	1		-192
j Transfers to (from) the plan (see instructions)	81			0	신문	
Part IV Plan Characteristics						
 9a If the plan provides pension benefits, enter the applicable pension 2E 2J 2K 3D b If the plan provides welfare benefits, enter the applicable welfare ferrer 						
Part V Compliance Questions						
10 During the plan year:				Yes	No	Amount
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	iciary Correc	tion Program)	10a		x	, and an
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		1200
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.)	er persons b of the benefi	by an insurance carrier,	10e		x	
f Has the plan failed to provide any benefit when due under the plan	וייייייייייייייייייייייייייייייייייייי		10f		x	
g Did the plan have any participant loans? (If "Yes," enter amount as		CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR	-		X	
h If this is an individual account plan, was there a blackout period? (2520,101-3.)	See instruct	ions and 29 CFR	10g		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	e required n	otice or one of the	10h 10i			
Part VI Pension Funding Compliance						
11 Is this a defined benefit plan subject to minimum funding requirements 5500) and line 11a below)	ents? (If "Ye	s," see instructions and com	plete	Sched	ule SB (F	orm
11a Enter the unpaid minimum required contribution for current year fro	om Schedule	SB (Form 5500) line 20			11a	
	ann ganaadit		100000000000000000000000000000000000000		1.1.2	

12 Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA?... Yes X 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 Day Year

Form	5500-SF	2014
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lfy	ou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.			
	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	1	
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?	I I	Yes [] No [] N/A
Part				
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 the of the PBGC?	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.)	to		
1	2 ald Manager States (13c(2) E	IN(s)	13c(3) PN(s)
Part	VIII Trust Information (optional)			• m
14a N	Jame of trust	14b T	rust's EIN	