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).

2014

OMB Nos. 1210-0110

1210-0089

This Form is Open to Public Inspection

		t identification informatio								
For calendar pla	an year 2014 or	fiscal plan year beginning 01/01/	<u>/2014</u>	and ending 12	2/31/2014					
		X a single-employer plan			(not multiemployer) (Filers checking this box must attach information in accordance with the form instructions)					
A This return/	report is for:	dance with the for	m instructions)							
D =		a one-participant plan	☐ a foreign plan							
B This return/re	eport is	the first return/report	the final return/report							
		an amended return/report	a short plan year retu	ırn/report (less than 12 m	nonths)					
C Check box if filing under:		Form 5558	automatic extension		DFVC program					
	g	special extension (enter des	scription)		_					
Dowt II D	aaia Dian Ind	Comment to the second								
-		ormation—enter all requested	information		1b Three-digi	<u> </u>				
1a Name of pl POS-X 401(K) P					plan numb					
· /					(PN) •	001				
					1c Effective d	late of plan 01/01/2007				
2a Plan spons	sor's name and a	address; include room or suite num	ber (employer, if for a single	e-employer plan)		Identification Number				
POS-X		•	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	. , . ,	(EIN) 46-3491628					
						telephone number				
1975 MIDWAY LA SUITE O	ANE				360-738-8433					
BELLINGHAM, W	VA 98226				2d Business code (see instructions) 541990					
3a Plan admin	nistrator's name	and address Same as Plan Spo	nsor.		3b Administrator's EIN					
POS-X 1975 MIDWAY LANE						46-3491628				
		SUITE BELLIN	O IGHAM, WA 98226		3c Administrator's telephone number					
					36	50-738-8433				
		he plan sponsor has changed sinc	e the last return/report filed	for this plan, enter the	4b EIN					
name, EIN, and the plan number from the last return/report. a Sponsor's name				4c PN						
5a Total number of participants at the beginning of the plan year					1					
		0 0 1 7			5b	33				
b Total number of participants at the end of the plan yearc Number of participants with account balances as of the end of the plan year (defined benefit plans do not										
complete this item)				5c						
d(1) Total nu	ımber of active p	participants at the beginning of the	plan year		5d(1)	20				
d(2) Total number of active participants at the end of the plan year				5d(2)	25					
Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested			5e	(
		e or incomplete filing of this retu			use is establishe	d.				
Under penalties	s of perjury and	other penalties set forth in the instr	ructions, I declare that I hav	e examined this return/re	port, including, if a	applicable, a Schedule				
	MB completed correct, and cor	and signed by an enrolled actuary	, as well as the electronic ve	ersion of this return/repor	t, and to the best	of my knowledge and				
		authorized/valid electronic signature. 06/30/2015 MARIA WHITE								
HERE	gnature of plan	administrator	Date	Enter name of individual signing as plan administrator						
SIGN										
HERE	anature of emn	loyer/plan sponsor	Date	Enter name of individ	dual signing as em	nployer or plan sponsor				
		name, if applicable) and address				phone number (optional)				

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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 runder 29 CFR 2520.104-46? (See instructions on waiver eligibility a figure of you answered "No" to either line 6a or line 6b, the plan cannot with the plan cannot want to be a second to the plan cannot will be a s	an indepe and condit ot use Fo	ndent qualified public accounta tions.) orm 5500-SF and must instead	nt (IQ	PA) Form	5500.	Xes 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 determined	
Par	III Financial Information							
7	Plan Assets and Liabilities		(a) Beginning of Yea				(b) End of Year	
	Total plan assets						869159	
1				0			0	
	Net plan assets (subtract line 7b from line 7a)			161	-		869159	
	ncome, Expenses, and Transfers for this Plan Year		(a) Amount				(b) Total	
	Contributions received or receivable from: (1) Employers			39				
	2) Participants	8a(2)	988	882				
	3) Others (including rollovers)	8a(3)	11	56				
	Other income (loss)	8b	560)59				
	Fotal income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c					198736	
	Benefits paid (including direct rollovers and insurance premiums							
1	o provide benefits)	8d	582					
_ е	Certain deemed and/or corrective distributions (see instructions)	8e		0				
<u>f</u>	Administrative service providers (salaries, fees, commissions)	8f	44	124				
<u>g</u>	Other expenses	8g		0				
	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h					62638	
	Net income (loss) (subtract line 8h from line 8c)	8i					136098	
J	Fransfers to (from) the plan (see instructions)	8j						
	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	Amount	
a	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 Fiduciary Correction Program)					X		
	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		100000	
d 	d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?					X		
е	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	Has the plan failed to provide any benefit when due under the plan	n?		10f		X		
g	g Did the plan have any participant loans? (If "Yes," enter amount as of year end.)				X		3567	
h	h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)					X		
i	i 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							
Part								
11	Is this a defined benefit plan subject to minimum funding requirements 5500) and line 11a below)							
11a	Enter the unpaid minimum required contribution for current year from					11a		
12								
	(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							

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lf :	ou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (For	m 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 negative amount)	1 124			
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 this year				
b	Were all the plan assets distributed to participants or beneficiaries, transferred the PBGC?	inder the control		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