Intermit Revenue Service 2014 Determited Liabor Income Security Act of 1974 (ERISA), and sections 6007(b) and 6058(a) of the Emioremal Revenue Code (the Code). 2014 Part I Annual Report Identification Information A mater second with the instructions to the Form 5500-SF. Part I Annual Report Identification Information A mater second with the instructions to the Form 5500-SF. Part II Basic Plan Information - enter all requested information Intermitter second with the instructions of the Employee Relifement is form. Part II Basic Plan Information - enter all requested information Intermitter second with the instruction second with the instructions of plan Intermitter second with the instruction second with the instruction second with the form tore participant plan Intermitter second with the instruction second with the instruction second with the instruction second withe form motoresecond metal second with the instruction second withe	Form 5500-SF		Short Form Annua	Short Form Annual Return/Report of Small Emplo Benefit Plan			•	OMB Nos. 1210-0110 1210-0089		
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HERE Signature of employer/plan sponsor Date Enter name of individual signing as employer or plan sponsor	HERE	Signature of plan ad	dministrator	Date	Enter name of individ	dual signing as plan administrator				
Signature of employer/plan sponsor Date Enter name of individual signing as employer or plan sponsor		Filed with authorized/				ON				

	6a Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)							
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.) No							
^	If you answered "No" to either line 6a or line 6b, the plan cannot use Form 5500-SF and must instead use Form 5500. C If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)? Yes No Not determined							
		isurance p	logiani (see ERISA section 40	21)?		165	No Not determined	
<u> </u>	t III Financial Information							
7	Plan Assets and Liabilities		(a) Beginning of Yea		(b) End of		(b) End of Year 158073	
<u> </u>			1003	0	+-	0		
	Total plan liabilities	7b	1065	-	_	158073		
	Net plan assets (subtract line 7b from line 7a) Income, Expenses, and Transfers for this Plan Year	7c	(a) Amount	504			(b) Total	
	Contributions received or receivable from:							
	(1) Employers	8a(1)	78	22				
	(2) Participants	8a(2)	669	80				
	(3) Others (including rollovers)	8a(3)		0				
b	Other income (loss)	8b	82	28				
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c					82958	
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	Benefits paid (including direct rollovers and insurance premiums		29618				
е	Certain deemed and/or corrective distributions (see instructions)	8e		0				
f	Administrative service providers (salaries, fees, commissions)	8f	17	771				
g	Other expenses	8g		0				
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h					31389	
i	Net income (loss) (subtract line 8h from line 8c)	8i				51569		
j	Transfers to (from) the plan (see instructions)	8j		0				
Par	t IV Plan Characteristics							
9a								
b	If the plan provides welfare benefits, enter the applicable welfare fe	eature cod	les from the List of Plan Charac	cterist	ic Coc	les in t	he instructions:	
Par	Part V Compliance Questions							
10	During the plan year:				Yes	No	Amount	
	a Was there a failure to transmit to the plan any participant contributions within the time period described in						, and an	
b	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu Were there any nonexempt transactions with any party-in-interest			10a		Х		
	on line 10a.)					Х		
	C Was the plan covered by a fidelity bond?					Х		
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		168	
f	f Has the plan failed to provide any benefit when due under the plan?			10f		Х		
g	g Did the plan have any participant loans? (If "Yes," enter amount as of year end.)					Х		
h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)				10g 10h		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			10i				
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							

Page 3 - 1

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