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

For calendar plan year 2014 c	or fiscal plan year beginning 01/01/	2014	and ending 12/3	31/2014				
A This return/report is for:	X a single-employer plan		plan (not multiemployer) (Folloyer information in accordance	_				
·	a one-participant plan	a foreign plan	•		•			
B This return/report is	the first return/report	the final return/repor	t					
·	urn/report (less than 12 mo	onths)						
C Check box if filing under:	Form 5558	automatic extension	n	☐ DFVC p	program			
	special extension (enter des	cription)						
Part II Basic Plan Ir	nformation—enter all requested i	nformation						
1a Name of plan				1b Three-digi				
GENERAL MECHANICAL, INC	. 401(K) PROFIT SHARING PLAN			plan numb (PN) ▶	oer 003			
			-	1c Effective d				
					01/01/1988			
2a Plan sponsor's name and GENERAL MECHANICAL, INC.	address; include room or suite num	ber (employer, if for a sing	le-employer plan)		dentification Number			
OLIVERAL MEGI AMICAL, 1140.				()	91-0730696			
2701 SOUTH J STREET					telephone number 53-627-8155			
TACOMA, WA 98409				2d Business code (see instructions)				
					238900			
3a Plan administrator's name	e and address XSame as Plan Spo	nsor.		3b Administra	tor's EIN			
			-	3c Administra	tor's telephone number			
					•			
4 If the name and/or FIN of	f the plan sponsor has changed since	a the last return/report filed	I for this plan, enter the	4b EIN				
	number from the last return/report.	e the last return report med	nor this plan, enter the	4D EIN				
a Sponsor's name				4c PN				
	nts at the beginning of the plan year		H	5a	16			
·	nts at the end of the plan year		<u>L</u>	5b	16			
	ith account balances as of the end o	of the plan year (defined be		5c	16			
d(1) Total number of active	participants at the beginning of the	olan year		5d(1)	16			
d(2) Total number of active	participants at the end of the plan y	ear		5d(2)	16			
	at terminated employment during the			5e	C			
	ate or incomplete filing of this retu			se is establishe	н М			
Under penalties of perjury and	d other penalties set forth in the instr	uctions, I declare that I have	e examined this return/repo	ort, including, if a	applicable, a Schedule			
SB or Schedule MB completed belief, it is true, correct, and co	d and signed by an enrolled actuary,	as well as the electronic v	rersion of this return/report,	and to the best	of my knowledge and			
SIGN Filed with authorized/valid electronic signature. 07/13/2015 ADAM SMITH								
HERE					n administrator			
SIGN				<u> </u>				
HERE	ployer/plan sponsor	Date	Enter name of individu	al signing as em	nlover or plan sponsor			
- Jigilatai 5 5i Cili								
	m name, if applicable) and address (hone 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 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 will be a second of the plan canno	an indepe and condi ot use Fo	ndent qualified public accounta tions.) orm 5500-SF and must instead	int (IQ d use	PA) Form	5500.	Xes No
	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 determined
Par	III Financial Information	I	1				
7	Plan Assets and Liabilities		(a) Beginning of Yea				(b) End of Year
	Total plan assets	7a	49566				5562497
0	Total plan liabilities	7b		326			12485
	Net plan assets (subtract line 7b from line 7a)	7c	49540)25	-		5550012
	ncome, Expenses, and Transfers for this Plan Year		(a) Amount				(b) Total
	Contributions received or receivable from: 1) Employers	8a(1)	1960)47			
	2) Participants	8a(2)	1694	134			
	3) Others (including rollovers)	8a(3)		0			
-	Other income (loss)	8b	2936	678			
	Fotal income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c					659159
	Benefits paid (including direct rollovers and insurance premiums						
t	o provide benefits)	8d	402				
_ e (Certain deemed and/or corrective distributions (see instructions)	8e		0			
<u>f</u>	Administrative service providers (salaries, fees, commissions)	8f	228				
<u>g</u> (Other expenses	8g		0			
	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h					63172
	Net income (loss) (subtract line 8h from line 8c)	8i					595987
_ J	Fransfers to (from) the plan (see instructions)	8j					
b Part	If the plan provides welfare benefits, enter the applicable welfare fe	eature cod	des from the List of Plan Charac	cterist	ic Coc	les in t	he instructions:
10	During the plan year:				Yes	No	Amount
a b	Was there a failure to transmit to the plan any participant contribut 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu Were there any nonexempt transactions with any party-in-interest'	ıciary Cor	rection Program)	10a		X	
	on line 10a.)	`	•	10b		X	
C	Was the plan covered by a fidelity bond?			10c	X		500000
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 insurance service, or other organization that provides some or all instructions.)	of the ber	nefits under the plan? (See	10e	X		801
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	If this is an individual account plan, was there a blackout period? (2520.101-3.)	(See instr	uctions and 29 CFR	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 2520.101			10i			
Part	VI Pension Funding Compliance						
11	Is this a defined benefit plan subject to minimum funding requirements 500) and line 11a below)						
11a	Enter the unpaid minimum required contribution for current year from	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	ction	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 bein granting the waiver.	-			, and e	enter th Day	

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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 the	his year	13a		
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

Filing Authorization for the 2014 Form 5500-SF

Name of Plan: General Mechanical, Inc. 401(k) Profit Sharing Plan

EIN / PN: 91-0730696/003

Plan Year Ending: December 31, 2014

PART I Authorization of Practitioner to Electronically Sign and File

I hereby authorize Panagiotu Pension Advisors, Inc. (PPA) to electronically sign and file the above-named return/report through EFAST2.

I understand that in granting this authority that:

- I must manually sign and date page 1 of the Form 5500-SF and provide an original or scanned copy of that signature page to PPA before the electronic filing can be initiated;
- PPA will retain a copy of this written authorization in its records;
- PPA will notify the individual(s) signing below as plan administrator/employer about any inquiries and information it receives from EFAST2, DOL, IRS, or PBGC regarding this annual return/report; and
- A copy of my signature, as it appears on page 1 of the Form 5500-SF, will be included with the return/report posted by the Department of Labor on the Internet for public disclosure.
- PPA shall not be deemed an administrator or other fiduciary with respect to any Plan solely on account of the services performed under this authorization.

This authorization is applicable only to the filing for the above-named Plan and applies only for Plan year end stated above.

Plan Administrator:

Date: 7/9/2015

PART II Acknowledgement of Receipt of Authorization

On behalf of PPA, I hereby certify that the firm will use the authority granted only for the express purposes described above; that the firm will not disclose confidential information to any parties other than the DOL, as required for EFAST filing; and that the firm will take reasonable steps to assure that confidential information provided by the Plan Administrator or Plan Sponsor is protected from unauthorized disclosure.

For PPA:

Jennifer Virant, Retirement Plan Administrator

The designated service provider must retain this authorization.

Do not submit this form to the DOL unless requested to do so.

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.

OMB Nos, 1210-0110 1210-0089

2014

This Form is Open to **Public Inspection**

	rt identification information	. / /		10/01/04			
For calendar plan year 2014 or		1/01/2014	and ending	12/31/20	=======================================		
A This return/report is for:	This return/report is for: 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	a foreign plan					
B This return/report is	the first return/report	the final return/report					
	an amended return/report	a short plan year return	n/report (less than 12 m	onths)			
C Check box if filing under:	Form 5558	automatic extension		DFVC pro	gram		
	special extension (enter descriptio	nn)					
Part II Basic Plan In	formation—enter all requested inform	ation					
1a Name of plan	, INC. 401(K) PROFIT SHAN			1b Three-digit plan number (PN) ▶	003		
				1c Effective date 01/01/19			
2a Plan sponsor's name and a GENERAL MECHANICAL	address; include room or suite number (e , INC.	employer, if for a single-	employer plan)	2b Employer Ide (EIN) 91-0	ntification Number 730696		
2701 SOUTH J STREE	T			2c Sponsor's telephone number 253-627-8155			
TACOMA	WA 98409				le (see instructions)		
3a Plan administrator's name	and address XSame as Plan Sponsor.			3b Administrator	's EIN		
	// 			30 Administrator	's telephone number		
				3C Administrator	s telephone number		
				1			
	the plan sponsor has changed since the	last return/report filed fo	or this plan, enter the	4b EIN			
	the plan sponsor has changed since the l number from the last return/report.	last return/report filed fo	or this plan, enter the	4b EIN 4c PN	1		
name, EIN, and the plan r a Sponsor's name				4c PN	16		
name, EIN, and the plan r a Sponsor's name 5a Total number of participar	number from the last return/report.			4c PN 5a	16 16		
name, EIN, and the plan r a Sponsor's name 5a Total number of participar b Total number of participar c Number of participants with	number from the last return/report.	plan year (defined bene	efit plans do not	4c PN 5a 5b 5c			
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name, EIN, and the plan r a Sponsor's name 5a Total number of participar b Total number of participars C Number of participants with complete this item) d(1) Total number of active d(2) Total number of active e Number of participants that less than 100% vested Caution: A penalty for the late	number from the last return/report. Into at the beginning of the plan year Into at the end of the plan year It account balances as of the end of the plan year it is participants at the beginning of the plan year It terminated employment during the plan year It er incomplete filing of this return/re	plan year (defined bene year year with accrued bene port will be assessed	ofit plans do not still plant do	4c PN 5a 5b 5c 5d(1) 5d(2) 5e use is established.	16 16 16 16		
name, EIN, and the plan r a Sponsor's name 5a Total number of participar b Total number of participars c Number of participants with complete this item) d(1) Total number of active d(2) Total number of active e Number of participants that less than 100% vested Caution: A penalty for the late Under penalties of perjury and SB or Schedule Mill completed	number from the last return/report. Into at the beginning of the plan year Into at the end of the plan year It account balances as of the end of the plan year into participants at the beginning of the plan year It terminated employment during the plan year It eor incomplete filing of this return/reporter penalties set forth in the instruction and signed by an enrolled actuary, as we	plan year (defined bene /earyear with accrued bene port will be assessed	efit plans do not efits that were unless reasonable ca	4c PN 5a 5b 5c 5d(1) 5d(2) 5e use is established. port, including, if ap	16 16 16 16 0		
name, EIN, and the plan r a Sponsor's name 5a Total number of participar b Total number of participars c Number of participants wire complete this item) d(1) Total number of active d(2) Total number of active e Number of participants that less than 100% vested Caution: A penalty for the late Under penalties of perjury and SB or Schedule MP completed belief, it is true, correct and co	number from the last return/report. Into at the beginning of the plan year Into at the end of the plan year It account balances as of the end of the plan year into participants at the beginning of the plan year It terminated employment during the plan year It eor incomplete filing of this return/reporter penalties set forth in the instruction and signed by an enrolled actuary, as we	plan year (defined bene /earyear with accrued bene port will be assessed	efit plans do not efits that were unless reasonable ca	4c PN 5a 5b 5c 5d(1) 5d(2) 5e use is established. port, including, if ap	16 16 16 16 0		
name, EIN, and the plan of a Sponsor's name 5a Total number of participar b Total number of participants with complete this item)	number from the last return/report. Into at the beginning of the plan year Into at the end of the plan year It account balances as of the end of the plan year into participants at the beginning of the plan year It terminated employment during the plan year It or incomplete filling of this return/reporter penalties set forth in the instruction and signed by an enrolled actuary, as we make the plan year.	plan year (defined bene year year with accrued bene port will be assessed is, I declare that I have ell as the electronic ver	efit plans do not efits that were unless reasonable ca examined this return/repor	4c PN 5a 5b 5c 5d(1) 5d(2) 5e use is established. port, including, if apt, and to the best of	16 16 16 16 0 plicable, a Schedule my knowledge and		
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name, EIN, and the plan of a Sponsor's name 5a Total number of participars b Total number of participants with complete this item)	number from the last return/report. Into at the beginning of the plan year Into at the end of the plan year It account balances as of the end of the plan year into participants at the beginning of the plan year It terminated employment during the plan year It terminated employment during the plan year It terminated employment during the plan year into the penalties set forth in the instruction and signed by an enrolled actuary, as we mindete	plan year (defined bene- year year with accrued bene- port will be assessed as, I declare that I have ell as the electronic ver 7/9/15 Date Date	efits that were unless reasonable care examined this return/repor Adam Smith Enter name of individ	4c PN 5a 5b 5c 5d(1) 5d(2) 5e use is established. port, including, if ap t, and to the best of	16 16 16 16 0 plicable, a Schedule my knowledge and administrator		
name, EIN, and the plan of a Sponsor's name 5a Total number of participars b Total number of participants with complete this item)	number from the last return/report. Into at the beginning of the plan year It is at the end of the plan year It account balances as of the end of the plan year interpolation of the plan year interpolation of the plan year It terminated employment during the plan year It terminated employment during the plan year interpolation of the plan year interpolation of the plan year It is or incomplete filling of this return/repolation of the plan year year interpolation of the plan year It is at the beginning of the plan year	plan year (defined bene- year year with accrued bene- port will be assessed as, I declare that I have ell as the electronic ver 7/9/15 Date Date	efits that were unless reasonable care examined this return/repor Adam Smith Enter name of individ	4c PN 5a 5b 5c 5d(1) 5d(2) 5e use is established. port, including, if ap t, and to the best of	16 16 16 16 0 plicable, a Schedule my knowledge and		
name, EIN, and the plan of a Sponsor's name 5a Total number of participars b Total number of participants with complete this item)	number from the last return/report. Into at the beginning of the plan year Into at the end of the plan year It account balances as of the end of the plan year into participants at the beginning of the plan year It terminated employment during the plan year It terminated employment during the plan year It terminated employment during the plan year into the penalties set forth in the instruction and signed by an enrolled actuary, as we mindete	plan year (defined bene- year year with accrued bene- port will be assessed as, I declare that I have ell as the electronic ver 7/9/15 Date Date	efits that were unless reasonable care examined this return/repor Adam Smith Enter name of individ	4c PN 5a 5b 5c 5d(1) 5d(2) 5e use is established. port, including, if ap t, and to the best of	16 16 16 16 0 plicable, a Schedule my knowledge and administrator		
name, EIN, and the plan of a Sponsor's name 5a Total number of participars b Total number of participants with complete this item)	number from the last return/report. Into at the beginning of the plan year Into at the end of the plan year It account balances as of the end of the plan year into participants at the beginning of the plan year It terminated employment during the plan year It terminated employment during the plan year It terminated employment during the plan year into the penalties set forth in the instruction and signed by an enrolled actuary, as we mindete	plan year (defined bene- year year with accrued bene- port will be assessed as, I declare that I have ell as the electronic ver 7/9/15 Date Date	efits that were unless reasonable care examined this return/repor Adam Smith Enter name of individ	4c PN 5a 5b 5c 5d(1) 5d(2) 5e use is established. port, including, if ap t, and to the best of	16 16 16 16 0 plicable, a Schedule my knowledge and administrator		

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b c	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 If you answered "No" to either line 6a or line 6b, the plan canno If the plan is a defined benefit plan, is it covered under the PBGC instantial.	in independ and condition ot use For	dent qualified public accountal ons.) m 5500-SF and must instead	nt (IQI d use	PA) Form	5500.	∑ Yes No
a	t III Financial Information	10			T		022075
_	Plan Assets and Liabilities		(a) Beginning of Yea	<u>r</u> 5665	1		(b) End of Year 5562497
_	Total plan liabilities	7a 7b	49.	262	_		12485
	Total plan liabilities	7c	495	402	\rightarrow		5550012
	Income, Expenses, and Transfers for this Plan Year	70		7102	1		115945
а	Contributions received or receivable from:		(a) Amount		1754		(b) Total
	(1) Employers	8a(1)	19	9604	7		
	(2) Participants	8a(2)	16	943	4	M.	
	(3) Others (including rollovers)	8a(3)			0		
b	Other income (loss)	8b	29	9367	8		
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c					659159
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	4	1027	6	ů.	
е	Certain deemed and/or corrective distributions (see instructions)	8e			0	P 1	
f	Administrative service providers (salaries, fees, commissions)	8f	2	2289	6		
g	Other expenses	8g			0		
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h					63172
i	Net income (loss) (subtract line 8h from line 8c)	81					595987
j	Transfers to (from) the plan (see instructions)	8)					
Pai	t IV Plan Characteristics						
a	If the plan provides pension benefits, enter the applicable pension 2E 2F 2G 2J 2K 3D 2A 2T	feature cod	des from the List of Plan Chara	acteris	tic Co	des in	the instructions:
b	If the plan provides welfare benefits, enter the applicable welfare fe	eature code	es from the List of Plan Charac	cteristi	c Cod	es in tl	he instructions:
аг	t V Compliance Questions						
0	During the plan year:				Yes	No	Amount
а	Was there a failure to transmit to the plan any participant contribute 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.)	? (Do not i	nclude transactions reported	10b		х	
С	Was the plan covered by a fidelity bond?			10c	Х		500000
d	Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?			10d		х	
e	Were any fees or commissions paid to any brokers, agents, or oth	ner persons	s by an insurance carrier,				
	insurance service, or other organization that provides some or all instructions.)			10e	Х		801
f	Has the plan failed to provide any benefit when due under the plan	n?		10f		Х	
_	Did the plan have any participant loans? (If "Yes," enter amount a			10g		Х	
h	If this is an individual account plan, was there a blackout period? 2520.101-3.)			10h		х	Maria si kar

h Total expenses (add lines 8d, 8e, 8f, and 8g) 8h i Net income (loss) (subtract line 8h from line 8c) 81 Transfers to (from) the plan (see instructions)..... Part IV Plan Characteristics If the plan provides pension benefits, enter the applicable pension feature codes fr 2E 2F 2G 2J 2K 3D 2A 2T If the plan provides welfare benefits, enter the applicable welfare feature codes fro Part V Compliance Questions 10 During the plan year: Was there a failure to transmit to the plan any participant contributions within the 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Were there any nonexempt transactions with any party-in-interest? (Do not include Was the plan covered by a fidelity bond?..... Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, th Were any fees or commissions paid to any brokers, agents, or other persons by a insurance service, or other organization that provides some or all of the benefits instructions.) 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.). If this is an individual account plan, was there a blackout period? (See instruction 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 VI **Pension Funding Compliance** Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form Yes No 5500) and line 11a below) 11a Enter the unpaid minimum required contribution for current year from Schedule SB (Form 5500) line 39 No 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.) 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

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If	ou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Fo	rm 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 resul negative amount)				12d		
е	Will the minimum funding amount reported on line 12d be met by the funding					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?					res 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, transfer of the PBGC?						Yes X No
С	If during this plan year, any assets or liabilities were transferred from this pl which assets or liabilities were transferred. (See instructions.)	an to another p	olan(s),	identify the plan(s)	to		
	3c(1) Name of plan(s):			1	3c(2) El	N(s)	13c(3) PN(s)
Part	VIII Trust Information (optional)						
14a	Name of trust				14b T	rust's EIN	