Form 5500-SF		Short Form Annual Return/Report of Small Empl Benefit Plan				,	OMB Nos. 1210-0110 1210-0089
	Internal Revenue Service This form is required to be filed under sections 104 and 4065 of the Employee				etireme	ent	2014
	Department of Labor Benefits Security Administration Income Security Act of 1974 (ERISA), and sections 6057(b) and 6058(a) of Revenue Code (the Code).					This F	form is Open to
Pension Be	enefit Guaranty Corporation	Complete all entries in ac	cordance with the instr	ructions to the Form 55	00-SF.		lic Inspection
Part I	Annual Report lo	and onding 12/	24/201				
For caleriua	lar plan year 2014 or fisc	cal plan year beginning 01/01/2014		and ending <u>12/3</u> lan (not multiemployer) (I	<u>31/201</u> Filers (w must attach a list
	turn/report is for:	a one-participant plan		yer information in accord		-	
	İ.	an amended return/report	a short plan year retur	m/report (less than 12 mo	onths)		
C Check I	box if filing under:	Form 5558	automatic extension		[DFVC progra	۱m
Dentil							
Part II 1a Name		mation—enter all requested inform	mation		1h -	Three-digit	Ι
	TOM MANUFACTURING	G INC 401K PLAN			I	plan number	
						(PN) ►	001
					TC	Effective date of 09/01	if plan 1/2010
	ponsor's name and addr	Iress; include room or suite number	(employer, if for a single-	-employer plan)			fication Number
1514 E RIVE	RSIDE AVE				2c \$	Sponsor's telep 509-53	hone number 5-0049
SPOKANE, V					2d	Business code (33270	(see instructions)
3a Plan a	dministrator's name and	d address XSame as Plan Sponsor	r.		3b /	Administrator's I	EIN
4 If the r	name and/or EIN of the	plan sponsor has changed since the	e last return/report filed fr	or this plan, enter the	4b		telephone number
name		ber from the last return/report.	•		4c		
		at the beginning of the plan year			40 5a		5
		at the end of the plan year		-	5b		6
C Numb	per of participants with ac	ccount balances as of the end of the	e plan year (defined bene	efit plans do not	5c		4
d(1) Total number of active participants at the beginning of the plan year					5d(1	1)	5
d(2) Total number of active participants at the end of the plan year					5d(2	2)	6
		minated employment during the pla			5e		
Caution: A	A penalty for the late or	r incomplete filing of this return/r	report will be assessed	unless reasonable caus			
SB or Sche		er penalties set forth in the instruction d signed by an enrolled actuary, as re lete.					
SIGN		alid electronic signature.	07/15/2015	KATIE OBREMSKI			
HERE				Enter name of individu	ial sigr	ning as plan adr	ninistrator
SIGN HERE					- 	·	
	Signature of employed name (including firm name	/er/plan sponsor ame, if applicable) and address (inclu	Date lude room or suite numbe	Enter name of individu er) (optional)			er or plan sponsor number (optional)
	, c			-			

	Were all of the plan's assets during the plan year invested in eligib		, ,					×Υ	′es	No
D	Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility							ΧY	'es	No
	If you answered "No" to either line 6a or line 6b, the plan cann	ot use Fo	rm 5500-SF and must instea	d use	Form	5500.				-
С	If the plan is a defined benefit plan, is it covered under the PBGC ir	nsurance p	program (see ERISA section 40)21)?		Yes	No	Not de	termir	ned
Par	t III Financial Information									
7	Plan Assets and Liabilities		(a) Beginning of Yea	ar			(b) End	of Year		
а	Total plan assets	. 7a	1599	989				19	93359	
b	Total plan liabilities	. 7b		0					0	
С	Net plan assets (subtract line 7b from line 7a)	. 7c	1599	989				19	93359	
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b) T	otal		
а	Contributions received or receivable from: (1) Employers	. 8a(1)	77	729						
	(2) Participants	. 8a(2)	221	84						
	(3) Others (including rollovers)			0						
	Other income (loss)	. 8b	35	537						
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						3	33450	
-	Benefits paid (including direct rollovers and insurance premiums									
	to provide benefits)	. 8d		0						
е	Certain deemed and/or corrective distributions (see instructions)	. 8e		0						
f	Administrative service providers (salaries, fees, commissions)	. 8f		80	_					
g	Other expenses	. 8g								
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	. 8h			_				80	
	Net income (loss) (subtract line 8h from line 8c)	. 8i			_			3	33370	
j	Transfers to (from) the plan (see instructions)	. 8j								
Par										
9a	If the plan provides pension benefits, enter the applicable pension $2E$ $2F$ $2G$ $2J$ $2T$ $3D$ $2K$	feature co	des from the List of Plan Char	acteri	stic Co	odes in	the instruc	tions:		
b	If the plan provides welfare benefits, enter the applicable welfare for	eature cod	les from the List of Plan Chara	cterist	ic Coc	les in t	the instruction	ons:		
				otoniot				5110.		
Part	V Compliance Questions									
10	During the plan year:				Yes	No		Amour	nt	
а	Was there a failure to transmit to the plan any participant contribu			40-		х				
b	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fide Were there any nonexempt transactions with any party-in-interest on line 10a.)	t? (Do not	include transactions reported	10a 10b		X				
	Was the plan covered by a fidelity bond?				×	~			4	0000
<u>ح</u>				10c	X				1	0000
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 insurance service, or other organization that provides some or all instructions.)	of the ben	efits under the plan? (See	10e	Х					282
f	Has the plan failed to provide any benefit when due under the pla			10f		Х				
g	Did the plan have any participant loans? (If "Yes," enter amount a	as of year e	end.)	10g		Х				
h	If this is an individual account plan, was there a blackout period?	(See instru	uctions and 29 CFR			~				
<u> </u>	2520.101-3.)			10h		Х				
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										
11	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)							Ŷ	′es 🗙	No
_11a	Enter the unpaid minimum required contribution for current year fit	rom Sched	lule SB (Form 5500) line 39			11a		-		
12	Is this a defined contribution plan subject to the minimum funding	requireme	ents of section 412 of the Code	e or se	ection	302 of	ERISA?	Y	′es X	No
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below	, as applic	able.)							

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)	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	

Intern	ment of the Tressury al Revenue Service	This form is required to be fill	Benefit Plan	85 of the Employee Retir	rement		2014	
Der Emoloyae Bar	al Revenue Service This form is required to be filed under sections 104 and 4065 of the Employee Income Security Act of 1974 (ERISA), and sections 6057(b) and 6058(a) of the remaining Security Administration Revenue Code (the Code).				ternal		orm is Open to	
	nefit Guaranty Corporation		accordance with the instru	ctions to the Form 550	5500-SF. Public Inspectio			
Part I	Annual Report	t Identification Information						
		fiscal plan year beginning	01/01/2014	and ending		31/201		
A This retu	um/report is for:	🛛 a single-employer plan	of participating employe	n (not multiemployar) (Fi r information in accordan				
		a one-participant plan	a foreign plan					
B This retu	im/report is	the first return/report	the final return/report	www.edilloon.then.t.O.mor				
		an amended return/report	a snoπ pian year rerum	/report (less than 12 mor				
C Check bo	ox if filing under:	Form 5558	automatic extension			VC progra	im	
	•	special extension (enter desc	pription)					
Part II	Basic Plan Inf	ormation-enter all requested in	nformation					
1a Name			and a second		1b Three		y s das ting ting til og dan som som og dan i konstruktion das ting ting til	
	•	ACTURING INC 401K PLA	AN CONTRACTOR		pian (PN)	number	001	
	~~~~~~	مريب يومينون معينين مستخليف "كالأصفية) أستأسله ا		F		tive date o	La generative de la construction de	
	······	: 	1 		09/0	01/2010	)	
		address; include room or suite num	ber (employer, if for a single-e	mployer plan)		-	fication Number	
B&CO	CUSTOM MANUE	ACTURING INC				<u>80-010</u> sor's telep	hone number	
				,	•	9) 535-		
1514 E	RIVERSIDE A	VE		-	in the second second second second second	ness code (	(see instructions)	
SPOKANI	F	VE and address XSame as Plan Spor		99202	2d Busir 332 3b Adm	700 Inistrator's	·	
SPOKANI 3a Plan ad	E. dministrator's name	and address XSame as Plan Spor	пвог.	99202	2d Busir 332 3b Adm 3c Admi	700 Inistrator's	EIN	
SPOKANI 3a Plan ad	E. dministrator's name name and/or EIN of I		пвог.	99202	2d Busir 332 3b Admi 3c Admi 4b EJN	700 Inistrator's	EIN	
SPOKANI 3a Plan ad 4 If the r name, a Spon	E dministrator's name name and/or EIN of t , EIN, and the plan n 1501's name	and address XSame as Plan Spor the plan sponsor has changed sinc- number from the last return/report.	nsor. e the last return/report filed for	99202	2d Busir 332 3b Admi 3c Admi 4b EJN 4c PN	700 Inistrator's	EIN	
SPOKANI 3a Plan ad 4 If the r name, a Spon 5a Total r	E dminiatrator's name name and/or EIN of t , EIN, and the plan n rsor's name number of participan	and address XSame as Plan Spor the plan sponsor has changed sinc number from the last return/report. its at the beginning of the plan year	nsor. e the last return/report filed for	99202	2d Busir 332 3b Admi 3c Admi 4b EIN 4c PN 5a	700 Inistrator's	EIN	
SPOKANI 3a Plan ad 4 if the r name, a Spon 5a Total r b Total r	E dministrator's name name and/or EIN of t EIN, and the plan n nsor's name number of participan number of participan	and address x Same as Plan Spor the plan sponsor has changed sinc number from the last return/report. Its at the beginning of the plan year tts at the end of the plan year	nsor. e the last return/report filed for	99202	2d Busir 332 3b Admi 3c Admi 4b EIN 4c PN 5a 5b	700 Inistrator's	EIN teleptione number	
4 if the r name, 2 Spon 5a Total r b Total r c Numb	E dministrator's name name and/or EIN of t EIN, and the plan n nsor's name number of participan number of participan ser of participants wit	and address XSame as Plan Spor the plan sponsor has changed sinc number from the last return/report. its at the beginning of the plan year	nsor. e the last return/report filed for of the plan year (defined benef	99202	2d Busir 332 3b Admi 3c Admi 4b EIN 4c PN 5a	700 Inistrator's	EIN teleptione number	
4 if the r name, a Spon 5a Totai r b Totai r C Numb comple	E dministrator's name name and/or EIN of t EIN, and the plan n nsor's name number of participan number of participan ser of participants wit ete;this item)	and address XSame as Plan Spor the plan sponsor has changed since number from the last return/report. Its at the beginning of the plan year the at the end of the plan year	nsor. e the last return/report filed for of the plan year (defined benef	99202	2d Busir 332 3b Admi 3c Admi 4b EIN 4c PN 5a 5b	700 Inistrator's	EIN teleptione number	
4 If the r name, a Spon 5a Total r b Total r c Numb comple d(1) Tota	E dminiatrator's name name and/or EIN of t s, EIN, and the plan n nsor's name number of participan number of participants wit eterthis item)	and address XSame as Plan Spor the plan sponsor has changed sinc number from the last return/report. its at the beginning of the plan year the at the end of the plan year	nsor. e the last return/report filed for of the plan year (defined benef plan year,	99202 r this plan, enter the it plans do not	2d Busir 332 3b Admi 3c Admi 4b EIN 4c PN 5a 5b 5c	700 Inistrator's	EIN teleptione number	
<ul> <li>SPOKANI</li> <li>3a Plan ad</li> <li>4 If the r name,</li> <li>a Spon</li> <li>5a Total r</li> <li>b Total r</li> <li>c Numb completed(1) Total</li> <li>d(2) Total</li> <li>e Numbe</li> </ul>	E dministrator's name name and/or EIN of t EIN, and the plan n nsor's name number of participan number of participan ser of participants wit ete; this item) al number of active p al number of active p ar of participants that	and address XSame as Plan Spor the plan sponsor has changed since number from the last return/report. Its at the beginning of the plan year the at the end of the plan year th account balances as of the end of participants at the end of the plan y erticipants at the end of the plan y is terminated employment during the	nsor. e the last return/report filed for of the plan year (defined benef plan year, e plan year with accrued banef	99202 r this plan, enter the fit plans do not	2d Busir 332 3b Admi 3c Admi 4b EIN 4c PN 5a 5b 5c 5d(1)	700 Inistrator's	EIN teleptione number	
<ul> <li>SPOKANI</li> <li>3a Plan ad</li> <li>4 If the r name,</li> <li>a Spon</li> <li>5a Total r</li> <li>b Total r</li> <li>c Numb complet</li> <li>d(1) Tota</li> <li>d(2) Total</li> <li>e Number</li> <li>less th</li> </ul>	E dministrator's name name and/or EIN of t EIN, and the plan n nsor's name number of participan number of participan ser of participants wit eterthis item) al number of active p al number of active p al number of active p al number of active p al number of active p	and address XSame as Plan Spor the plan sponsor has changed since number from the last return/report. Its at the end of the plan year the account balances as of the end of participants at the beginning of the plan y is terminated employment during the	nsor. e the last return/report filed for of the plan year (defined benef plan year, ear, e plan year with accrued banef	99202 r this plan, enter the fit plans do not	2d Busir 332 3b Admi 3c Admi 3c Admi 4b EIN 4c PN 5a 5b 5c 5d(1) 5d(2) 5e	700 Inistrator's Inistrator's	EIN teleptione number	
4 If the r name, a Spon 5a Total r b Total r c Numb comple d(1) Tota d(2) Tota e Numbe less th Caution: A Under pena SB or Sche	E. dminiatrator's name name and/or EIN of I s. EIN, and the plan n nsor's name number of participan number of participan ser of participants wit eterthis item) al number of active p al number of active p	and address Same as Plan Spor the plan sponsor has changed sinc- number from the last return/report. Its at the beginning of the plan year the at the end of the plan year the account balances as of the end of participants at the beginning of the participants at the end of the plan y terminated employment during the e or incomplete filing of this retu- other penalties set forth in the instru- and signed by an enrolled actuary,	e the last return/report filed for of the plan year (defined benef plan year, ear plan year with accrued benef im/report will be assessed u uctions, i declare that I have e	99202 r this plan, enter the fit plans do not fits that were miss reasonable caus examined this return/repo	2d Busir 332 3b Admi 3c Admi 3c Admi 4b EIN 4c PN 5a 5b 5c 5d(1) 5d(2) 5e 5e estat 5r, includi	7.00 Inistrator's Inistrator's	EIN teleptione number	
4 If the r name, a Spon 5a Total r b Total r c Numb comple d(1) Tota d(2) Tota e Numbe less th Caution: A Under pent SB or Sche belief, it is i	E. dminiatrator's name name and/or EIN of I name and/or EIN of I number of participan number of participan number of participants wit eterthis item) al number of active p al number of active p	and address Same as Plan Spor the plan sponsor has changed sinc- number from the last return/report. Its at the beginning of the plan year the at the end of the plan year the account balances as of the end of participants at the beginning of the participants at the end of the plan y terminated employment during the e or incomplete filing of this retu- other penalties set forth in the instru- and signed by an enrolled actuary,	e the last return/report filed for of the plan year (defined benef plan year, ear plan year with accrued benef im/report will be assessed u uctions, i declare that I have e	99202 r this plan, enter the fit plans do not fits that were miss reasonable caus examined this return/repo	2d Busir 332 3b Admi 3c Admi 3c Admi 4b EIN 4c PN 5a 5b 5c 5d(1) 5d(2) 5e 5e estat orf, includin and to the	7.00 Inistrator's Inistrator's	EIN teleptione number	
<ul> <li>SPOKANI</li> <li>3a Plan ad</li> <li>4 If the r name,</li> <li>a Spon</li> <li>5a Total r</li> <li>b Total r</li> <li>c Numbe complet</li> <li>d(1) Total d(2) Total</li> <li>d(2) Total</li> <li>e Numbe less th</li> <li>Caution: A</li> <li>Under pena</li> <li>SB or Sche belief, it is</li> </ul>	E. dminiatrator's name name and/or EIN of I name and/or EIN of I number of participan number of participan number of participants wit eterthis item) al number of active p al number of active p	and address Same as Plan Spor the plan sponsor has changed sinc- number from the last return/report. Its at the end of the plan year the account balances as of the end o participants at the beginning of the participants at the beginning of the participants at the end of the plan y terminated employment during the e or incomplete filling of this return other penalties set forth in the instra and signed by an enrolled actuary, mplete.	e the last return/report filed for of the plan year (defined benef plan year, ear plan year with accrued benef im/report will be assessed u uctions, i declare that I have e	99202 r this plan, enter the it plans do not fits that were mless reasonable caus examined this return/report, <i>Micha</i>	2d Busir 332 3b Admi 3c Admi 3c Admi 4b EIN 4c PN 5a 5b 5c 5d(1) 5d(2) 5e se is estal orf, includia and to the C	700 Inistrator's Inistrator's Inistrator's Inistrator's Inistrator's Inistrator's Inistrator's Inistrator's Inistrator's Inistrator's Inistrator's Inistrator's Inistrator's Inistrator's Inistrator's Inistrator's Inistrator's Inistrator's Inistrator's Inistrator's Inistrator's Inistrator's Inistrator's Inistrator's Inistrator's Inistrator's Inistrator's Inistrator's Inistrator's Inistrator's Inistrator's Inistrator's Inistrator's Inistrator's Inistrator's Inistrator's Inistrator's Inistrator's Inistrator's Inistrator's Inistrator's Inistrator's Inistrator's Inistrator's Inistrator's Inistrator's Inistrator's Inistrator's Inistrator's Inistrator's Inistrator's Inistrator's Inistrator's Inistrator's Inistrator's Inistrator's Inistrator's Inistrator's Inistrator's Inistrator's Inistrator's Inistrator's Inistrator's Inistrator's Inistrator's Inistrator's Inistrator's Inistrator's Inistrator's Inistrator's Inistrator's Inistrator's Inistrator's Inistrator's Inistrator's Inistrator's Inistrator's Inistrator's Inistrator's Inistrator's Inistrator's Inistrator's Inistrator's Inistrator's Inistrator's Inistrator's Inistrator's Inistrator's Inistrator's Inistrator's Inistrator's Inistrator's Inistrator's Inistrator's Inistrator's Inistrator's Inistrator's Inistrator's Inistrator's Inistrator's Inistrator's Inistrator's Inistrator's Inistrator's Inistrator's Inistrator's Inistrator's Inistrator's Inistrator's Inistrator's Inistrator's Inistrator's Inistrator's Inistrator's Inistrator's Inistrator's Inistrator's Inistrator's Inistrator's Inistrator's Inistrator's Inistrator's Inistrator's Inistrator's Inistrator's Inistrator's Inistrator's Inistrator's Inistrator's Inistrator's Inistrator's Inistrator's Inistrator's Inistrator's Inistrator's Inistrator's Inistrator's Inistrator's Inistrator's Inistrator's Inistrator's Inistrator's Inistrator's Inistrator's Inistrator's Inistrator's Inistrator's Inistrator's Inistrator's Inistrator's Inistrator's Inistrator's Inistrator's Inistrator's Inistrator's Inistrator's Inistrator's I	EIN teleptione number	
4 If the r name, a Spon 5a Total r b Total r c Numb comple d(1) Tota d(2) Tota e Numbe less th Caution: A Under pent SB or Sche belief, it is i	E dministrator's name name and/or EIN of t EIN, and the plan n isor's name number of participan number of participan number of participants wit etecthis item)	and address Same as Plan Spor the plan sponsor has changed sinc- number from the last return/report. Its at the end of the plan year the account balances as of the end o participants at the beginning of the participants at the beginning of the participants at the end of the plan y terminated employment during the e or incomplete filling of this return other penalties set forth in the instra and signed by an enrolled actuary, mplete.	nsor. e the last return/report filed for of the plan year (defined benef plan year, ear, e plan year with accrued benef <b>im/report will be assessed u</b> uctions, i declare that I have e , as well as the electronic vers	99202 r this plan, enter the it plans do not fits that were mless reasonable caus examined this return/report, <i>Micha</i>	2d Busir 332 3b Admi 3c Admi 3c Admi 4b EIN 4c PN 5a 5b 5c 5d(1) 5d(2) 5e se is estal orf, includia and to the C	700 Inistrator's Inistrator's Inistrator's Inistrator's Inistrator's Inistrator's Inistrator's Inistrator's Inistrator's Inistrator's Inistrator's Inistrator's Inistrator's Inistrator's Inistrator's Inistrator's Inistrator's Inistrator's Inistrator's Inistrator's Inistrator's Inistrator's Inistrator's Inistrator's Inistrator's Inistrator's Inistrator's Inistrator's Inistrator's Inistrator's Inistrator's Inistrator's Inistrator's Inistrator's Inistrator's Inistrator's Inistrator's Inistrator's Inistrator's Inistrator's Inistrator's Inistrator's Inistrator's Inistrator's Inistrator's Inistrator's Inistrator's Inistrator's Inistrator's Inistrator's Inistrator's Inistrator's Inistrator's Inistrator's Inistrator's Inistrator's Inistrator's Inistrator's Inistrator's Inistrator's Inistrator's Inistrator's Inistrator's Inistrator's Inistrator's Inistrator's Inistrator's Inistrator's Inistrator's Inistrator's Inistrator's Inistrator's Inistrator's Inistrator's Inistrator's Inistrator's Inistrator's Inistrator's Inistrator's Inistrator's Inistrator's Inistrator's Inistrator's Inistrator's Inistrator's Inistrator's Inistrator's Inistrator's Inistrator's Inistrator's Inistrator's Inistrator's Inistrator's Inistrator's Inistrator's Inistrator's Inistrator's Inistrator's Inistrator's Inistrator's Inistrator's Inistrator's Inistrator's Inistrator's Inistrator's Inistrator's Inistrator's Inistrator's Inistrator's Inistrator's Inistrator's Inistrator's Inistrator's Inistrator's Inistrator's Inistrator's Inistrator's Inistrator's Inistrator's Inistrator's Inistrator's Inistrator's Inistrator's Inistrator's Inistrator's Inistrator's Inistrator's Inistrator's Inistrator's Inistrator's Inistrator's Inistrator's Inistrator's Inistrator's Inistrator's Inistrator's Inistrator's Inistrator's Inistrator's Inistrator's Inistrator's Inistrator's Inistrator's Inistrator's Inistrator's Inistrator's Inistrator's Inistrator's Inistrator's Inistrator's Inistrator's Inistrator's Inistrator's Inistrator's Inistrator's Inistrator's Inistrator's I	EIN teleptione number	
SPOKANI 3a Plan ad 3a Plan ad 4 If the r name, a Spon 5a Total r b Total r c Numb comple d(1) Tota d(2) Tota e Numbe less th Caution: A Under pena SB or Sche belief, it is MERE SIGN HERE	E dminiatrator's name name and/or EIN of I be EIN, and the plan n isor's name number of participan number of participan number of participants wit eterthis item) al number of active p al number of active p at number of active p	and address Same as Plan Spor the plan sponsor has changed sinc- number from the last return/report. Its at the beginning of the plan year the at the end of the plan year the account balances as of the end of participants at the beginning of the participants at the beginning of the plan y terminated employment during the e or incomplete filing of this retu- other penalties set forth in the instr- and signed by an enrolled actuary, molete.	e the last return/report filed for of the plan year (defined benef plan year, e plan year, e plan year with accrued banef irm/report will be assessed u uctions, i declare that I have e , as well as the electronic vers Date 7-/4-/5 Date	99202 r this plan, enter the it plans do not its that were inless reasonable caus examined this return/report, <u>Micha</u> Enter name of individue	2d Busir 332 3b Admi 3c Admi 3c Admi 4b EIN 4c PN 5a 5b 5c 5d(1) 5d(2) 5e is estat orf, includi and to the C/ al signing al signing	7.00 Inistrator's Inistrator's Dished. ng, if applic best of my CAT as plan ad	EIN teleptione number teleptione number	
SPOKANI 3a Plan ad 3a Plan ad 4 If the r name, a Spon 5a Total r b Total r c Numb comple d(1) Tota d(2) Tota e Numbe less th Caution: A Under pena SB or Sche belief, it is MERE SIGN HERE	E dminiatrator's name name and/or EIN of I be EIN, and the plan n isor's name number of participan number of participan number of participants wit eterthis item) al number of active p al number of active p at number of active p	and address Same as Plan Spor the plan sponsor has changed sinc- number from the last return/report. Its at the beginning of the plan year the account balances as of the end of participants at the beginning of the participants at the end of the plan y terminated employment during the e or incomplete filing of this retu- other penalties set forth in the instra and signed by an enrolled actuary, mplete.	e the last return/report filed for of the plan year (defined benef plan year, e plan year, e plan year with accrued banef irm/report will be assessed u uctions, i declare that I have e , as well as the electronic vers Date 7-/4-/5 Date	99202 r this plan, enter the it plans do not its that were inless reasonable caus examined this return/report, <u>Micha</u> Enter name of individue	2d Busir 332 3b Admi 3c Admi 3c Admi 4b EIN 4c PN 5a 5b 5c 5d(1) 5d(2) 5e is estat orf, includi and to the C/ al signing al signing	7.00 Inistrator's Inistrator's Dished. ng, if applic best of my CAT as plan ad	EIN teleptione number	
SPOKANI 3a Plan ad 3a Plan ad 4 If the r name, a Spon 5a Total r b Total r c Numb comple d(1) Tota d(2) Tota e Numbe less th Caution: A Under pena SB or Sche belief, it is MERE SIGN HERE	E dminiatrator's name name and/or EIN of I be EIN, and the plan n isor's name number of participan number of participan number of participants wit eterthis item) al number of active p al number of active p at number of active p	and address Same as Plan Spor the plan sponsor has changed sinc- number from the last return/report. Its at the beginning of the plan year the at the end of the plan year the account balances as of the end of participants at the beginning of the participants at the beginning of the plan y terminated employment during the e or incomplete filing of this retu- other penalties set forth in the instr- and signed by an enrolled actuary, molete.	e the last return/report filed for of the plan year (defined benef plan year, e plan year, e plan year with accrued banef irm/report will be assessed u uctions, i declare that I have e , as well as the electronic vers Date 7-/4-/5 Date	99202 r this plan, enter the it plans do not its that were inless reasonable caus examined this return/report, <u>Micha</u> Enter name of individue	2d Busir 332 3b Admi 3c Admi 3c Admi 4b EIN 4c PN 5a 5b 5c 5d(1) 5d(2) 5e is estat orf, includi and to the C/ al signing al signing	7.00 Inistrator's Inistrator's Dished. ng, if applic best of my CAT as plan ad	EIN teleptione number teleptione number	

•...

Form-5500-SF 2014

Page 2

Yes No

Yes 🛛 No

6a. Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.).....

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.).....

If you answered "No" to either line 6a or line 6b, the plan cannot use Form 5500-SF and must instead use Form 5500.

	rt III Financial Information								
7	Plan Assets and Liabilities	sets and Liabilities (a) Beginning of Ye		r		(b) End of Year			
а	Total plan assets		159	, 98	9	9		193,359	
b	Total plan liabilities.		7b		0	0		0	
C	Net plan assets (subtract line 7b from line 7a)			,98	9			193,359	
8	Income, Expenses, and Transfers for this Plan Year	e, Expenses, and Transfers for this Plan Year (a) Amount					T (d)	otal	
a	Contributions received or receivable from: (1) Employers	8a(1)	7	,72	9				
	(2) Participants	8a(2)	22	,18			rtead in the set of the		
	(3) Others (including rollovers)	. 8a(3)			01,	7 97 ₃₈ -			
b	Other income (loss)	8b		;53			line a'		
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						33,450	
d	to provide benefits)			1	0 *		新聞 (安藤)) 2011年1日 11月1日日 11月1日日		
ę	Certain deemed and/or corrective distributions (see instructions).	8e						· · · ·	
f	Administrative service providers (salaries, fees, commissions)	8f		8					
g	Other expenses				₽ţ₽ G		gaard a star		
h	Total expenses (add lines 8d, 8e, 8f, and 8g)				4 <u>%</u>			80	
Ī	Net income (loss) (subtract line 6h from line 8c)		は自己の意思にある。		Çî.			33,370	
j	Transfers to (from) the plan (see instructions)	8		•		φ. γ.	Chi enina Madadahan		
Pa	rt IV Plan Characteristics			'					
b Par	If the plan provides welfare benefits, enter the applicable welfare	e leature coo	bes from the List of Fran Unarat	iens.		esini		ions.	
10									
	During the plan year:	,			Yes	No		Amount	
9	Was there a failure to transmit to the plan any participant contril 29 CFR 2510.3-102? (See instructions and DOL's Voluntary FI	duciary Cor	rection Program)	10a	Yes	No X		Amount	
9	Was there a failure to transmit to the plan any participant contril	duciary Cor st? (Do not	rection Program)	10a 10b	Yes			Amount	
a	<ul> <li>Was there a failure to transmit to the plan any participant contril</li> <li>29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fl</li> <li>Were there any nonexempt transactions with any party-in-intered</li> </ul>	duciary Cor st? (Do not	rection Program)	1		х		Amount 10,000	
a k c	<ul> <li>Was there a failure to transmit to the plan any participant contril 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fi</li> <li>Were there any nonexempt transactions with any party-in-intere on line 10a.).</li> </ul>	duciary Cor st? (Do not	rection Program), include transactions reported ond, that was caused by fraud	10b		х			
a ti c	<ul> <li>Was there a failure to transmit to the plan any participant contril 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Flore there any nonexempt transactions with any party-in-intere on line 10a.).</li> <li>Was the plan covered by a fidelity bond?</li></ul>	duciary Cor st? (Do not 's fidelity bo other persor all of the ber	rection Program), include transactions reported and, that was caused by fraud hs by an insurance carrier, hefits under the plan? (See	10b 10c	x	X X			
a k c c	<ul> <li>Was there a failure to transmit to the plan any participant contril 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Flow Were there any nonexempt transactions with any party-in-intere on line 10a.).</li> <li>Was the plan covered by a fidelity bond?</li></ul>	duciary Cor st? (Do not 's fidelity bo other person all of the ber	rection Program), include transactions reported ond, that was caused by fraud hs by an insurance carrier, hefits under the plan? (See	10b 10c 10d	x	X X		10,000	
a k c c c f	<ul> <li>Was there a failure to transmit to the plan any participant contril 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Flow Were there any nonexempt transactions with any party-in-intere on line 10a.).</li> <li>Was the plan covered by a fidelity bond?</li></ul>	duciary Cor ist? (Do not 's fidelity bo other person all of the ber lan?	rection Program), include transactions reported and, that was caused by fraud his by an insurance carrier, hefits under the plan? (See	10b 10c 10d	x	x x x		10,000	
a b c c c c f	<ul> <li>Was there a failure to transmit to the plan any participant contril 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Flow Were there any nonexempt transactions with any party-in-intered on line 10a.).</li> <li>Was the plan covered by a fidelity bond?</li></ul>	duciary Cor st? (Do not 's fidelity bo other person all of the ber lan? as of year ? (See instr	rection Program), include transactions reported and, that was caused by fraud his by an insurance carrier, hefits under the plan? (See end.)	10b 10c 10d 10e 10r	x	X X X X		10,000	
a b c c c c f	<ul> <li>Was there a failure to transmit to the plan any participant contril 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Flow Were there any nonexempt transactions with any party-in-intered on line 10a.).</li> <li>Was the plan covered by a fidelity bond?</li></ul>	duciary Cor st? (Do not 's fidelity bo other person all of the ber lan? 	rection Program) include transactions reported and, that was caused by fraud his by an insurance carrier, hefits under the plan? (See end.) uctions and 29 CFR d notice or one of the	10b 10c 10d 10e 10f 10g	x	x x x		10,000	
a t c c c c c c c c c c c c c c c c c c	<ul> <li>Was there a failure to transmit to the plan any participant contril 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Flow Were there any nonexempt transactions with any party-in-intere on line 10a.).</li> <li>Was the plan covered by a fidelity bond?</li></ul>	duciary Cor st? (Do not 's fidelity bo other person all of the ber lan? 	rection Program) include transactions reported and, that was caused by fraud his by an insurance carrier, hefits under the plan? (See end.) uctions and 29 CFR d notice or one of the	10b 10c 10d 10e 10r 10g 10h	x	X X X X		10,000	
a t c c c c c c c c c c c c c c c c c c	<ul> <li>Was there a failure to transmit to the plan any participant contril 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Flow Were there any nonexempt transactions with any party-in-intere on line 10a.).</li> <li>Was the plan covered by a fidelity bond?</li></ul>	duciary Cor st? (Do not 's fidelity bo other persor all of the bet lan? as of year ? (See instr 01-3	rection Program) include transactions reported and, that was caused by fraud as by an insurance carrier, nefits under the plan? (See end.) uctions and 29 CFR id notice or one of the	10b 10c 10d 10d 10f 10g 10h	x	X X X X X X		10,000	
a c c c f f Par 11	<ul> <li>Was there a failure to transmit to the plan any participant contril 29 CFR 2510.3-102? (See instructions and DOL's Voluntary FI</li> <li>Were there any nonexempt transactions with any party-in-intere on line 10a.).</li> <li>Was the plan covered by a fidelity bond?</li></ul>	duciary Cor st? (Do not 's fidelity bo other person all of the ber lan? 	rection Program) include transactions reported and, that was caused by fraud his by an insurance carrier, hefits under the plan? (See end.) uctions and 29 CFR id notice or one of the "Yes," see instructions and com	10b 10c 10d 10d 10r 10g 10h 10l	x	X X X X X X		10,000	
a c c c f f Par 11	<ul> <li>Was there a failure to transmit to the plan any participant contril 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Flow Were there any nonexempt transactions with any party-in-intere on line 10a.).</li> <li>Was the plan covered by a fidelity bond?</li></ul>	duciary Cor st? (Do not 's fidelity bo other person all of the ber lan? as of year ? (See instr 01-3 ements? (If 'from Scher	rection Program) include transactions reported and, that was caused by fraud as by an insurance carrier, nefits under the plan? (See end.) uctions and 29 CFR d notice or one of the "Yes," see instructions and com	10b 10c 10d 10d 10e 10f 10g 10h	x	X X X X X X X I (e SB 111a		10,000	
a t c c c c c c c c c c c c c c c c c c	<ul> <li>Was there a failure to transmit to the plan any participant contril 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Flow Were there any nonexempt transactions with any party-in-intere on line 10a.).</li> <li>Was the plan covered by a fidelity bond?</li></ul>	duciary Cor ist? (Do not 's fidelity bo other persor all of the ber lan? as of year ? (See instr 01-3  the require 01-3  from Sche- og requirem	rection Program) include transactions reported and, that was caused by fraud hs by an insurance carrier, hefits under the plan? (See and.) uctions and 29 CFR ind notice or one of the "Yes," see instructions and com dule SB (Form 5500) line 39 ents of section 412 of the Code	10b 10c 10d 10d 10e 10f 10g 10h	x	X X X X X X X I (e SB 111a		10,000 282	
a t c c c c c f f f f f f f f i i 11 12	<ul> <li>Was there a failure to transmit to the plan any participant contril 29 CFR 2510.3-102? (See instructions and DOL's Voluntary FI</li> <li>Were there any nonexempt transactions with any party-in-intere on line 10a.).</li> <li>Was the plan covered by a fidelity bond?</li></ul>	duciary Cor st? (Do not 's fidelity bo other persor all of the bet are of year ? (See instr ? (See instr 01-3 	rection Program) include transactions reported and, that was caused by fraud hs by an insurance carrier, hefits under the plan? (See and.) uctions and 29 CFR ind notice or one of the "Yes," see instructions and com dule SB (Form 5500) line 39 ents of section 412 of the Code sable.)	10b 10c 10d 10d 10f 10g 10h 10l	X X Schedu	X X X X X X 4e SB 11a	ERISA?	10,000 282	

Form 5500-SF 2014

2

Page 3 -

If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5600), and skip to line 13.			
b Enter the minimum required contribution for this plan year	125		11 Martin
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 of a negative 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?		Yes X I	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 to another plan; or brought under the of the PBGC?			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) which assets or liabilities were transferred. (See instructions.)			
13c(1) Name of plan(s):	13c(2) E	IN(s)	13c(3) PN(s)
Part VIII. Trust Information (optional)			
14a Name of trust	14b 1	rust's ElN	