## 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

	rt identification information							
For calendar plan year 2014 or	fiscal plan year beginning 01/01/2	<u>2014</u>	and ending 12	2/31/2014				
	x a single-employer plan		plan (not multiemployer)					
A This return/report is for:			loyer information in accor	dance with the forr	n instructions)			
<b>5</b>	a one-participant plan	a foreign plan						
<b>B</b> This return/report is	the first return/report	the final return/report						
	an amended return/report	a short plan year ret	rurn/report (less than 12 m	nonths)				
C Check box if filing under:	Form 5558	automatic extension	n	DFVC p	rogram			
Officer box if filling direct.	special extension (enter desc	cription)						
-	formation—enter all requested in	formation		T 41				
1a Name of plan LO, INC. 401(K)/PROFIT SHAR	ING PLAN			<b>1b</b> Three-digit plan number				
20, INO. 401(IX)/1 IXOI 11 SHAIX	ING I LAIN			(PN)	001			
				1c Effective da	ate of plan			
				С	02/01/2000			
<b>2a</b> Plan sponsor's name and LO, INC.	address; include room or suite numb	per (employer, if for a sing	le-employer plan)		dentification Number			
RELIANCE MORTGAGE, INC.				\ /	91-1529683			
4000 440TH AVE NE CHITE	404			<b>2c</b> Sponsor's telephone number 425-451-8889				
1008 - 140TH AVE. N.E., SUITE BELLEVUE, WA 98005	101			2d Business code (see instructions)				
					522292			
3a Plan administrator's name	and address XSame as Plan Spor	isor.		<b>3b</b> Administrat	or's EIN			
				25 41 : :				
				3C Administrat	tor's telephone number			
	the plan sponsor has changed since	the last return/report filed	d for this plan, enter the	4b EIN				
	number from the last return/report.			4c PN				
<b>a</b> Sponsor's name	nts at the beginning of the plan year			5a	29			
				5a 5b				
	its at the end of the plan year			OD O	32			
	th account balances as of the end o			5c	32			
. ,	participants at the beginning of the p			5d(1)	2′			
d(2) Total number of active	participants at the end of the plan ye	aar		5d(2)	21			
	t terminated employment during the							
	t terminated employment during the			5e	1			
	e or incomplete filing of this retu			use is established	 d.			
Under penalties of perjury and	other penalties set forth in the instru	ictions, I declare that I have	ve examined this return/re	port, including, if a	pplicable, a Schedule			
SB or Schedule MB completed belief, it is true, correct, and co	and signed by an enrolled actuary,	as well as the electronic	version of this return/repor	t, and to the best o	of my knowledge and			
	ed/valid electronic signature.	07/17/2015	HANK LO					
HERE		Advatorio de la composición del composición de la composición de la composición del composición de la						
Signature of plan administrator		Date	Enter name of individ	dual signing as plar	administrator			
SIGN HERE								
Signature of emp	ployer/plan sponsor	Date		idual signing as employer or plan sponsor				
Preparer's name (including firm	n name, if applicable) and address (	include room or suite num	per ) (optional)	Preparer's teleph	hone 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 under 29 CFR 2520.104-46? (See instructions on waiver eligibility a lif you answered "No" to either line 6a or line 6b, the plan cannot be a considerable with the con	an indeper and condit	ndent qualified public accounta	int (IQ	PA)			X Ye		10 10
С	f the plan is a defined benefit plan, is it covered under the PBGC in	surance p	rogram (see ERISA section 40	)21)?		Yes	No	Not dete	ermined	
Par	t III Financial Information		r							
7	Plan Assets and Liabilities		(a) Beginning of Yea				(b) End			
	Total plan assets	7a	27418	396	-			3076	5/18	
	Total plan liabilities	7b	27418	206				3076	718	_
	Net plan assets (subtract line 7b from line 7a)	7c		,,,,	+		/b\ T		77 10	_
	Income, Expenses, and Transfers for this Plan Year  Contributions received or receivable from:		(a) Amount				(b) T	otai		
	(1) Employers	8a(1)	191							
	(2) Participants	8a(2)	2123	384						
	(3) Others (including rollovers)	8a(3)	4045	74.4						
	Other income (loss)	8b	1047	11				226	2220	
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						330	5229	_
	to provide benefits)	8d								
е	Certain deemed and/or corrective distributions (see instructions)	8e								
<u>f</u>	Administrative service providers (salaries, fees, commissions)	8f								
	Other expenses	8g	14	107					407	
	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							407 1822	
	Net income (loss) (subtract line 8h from line 8c)  Transfers to (from) the plan (see instructions)	8i						334	FOZZ	
Par	, , , , , ,	8j								_
b Part	If the plan provides welfare benefits, enter the applicable welfare for V Compliance Questions	eature cod	es from the List of Plan Charac	cterist	tic Cod	les in t	he instruction	ons:		
10	During the plan year:			1	Yes	No		Amount		
	Was there a failure to transmit to the plan any participant contribut 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidulations)	iciary Cor	rection Program)	10a		X				
	Were there any nonexempt transactions with any party-in-interest on line 10a.)	·····		10b		X				
<u>c</u>	Was the plan covered by a fidelity bond?			10c	X				250000	)0
d 	Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?			10d		Χ				
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	X				864	15
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 a	s of year e	end.)	10g		Χ				
	If this is an individual account plan, was there a blackout period? ( 2520.101-3.)			10h		Χ				
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)							Ye	s N	lо
	Enter the unpaid minimum required contribution for current year fr					11a	<u> </u>			_
12	Is this a defined contribution plan subject to the minimum funding			or se	ection :	302 of	ERISA?	Ye	s X N	10
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, If a waiver of the minimum funding standard for a prior year is beir		·	ctions	and a	enter th	l ne date of th	ne letter r	rulina	
а	granting the waiver	-			, and 6	Day		Year	uniy	

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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):		<b>13c(2)</b> EI	N(s)	<b>13c(3)</b> PN(s)

14b Trust's EIN

Part VIII Trust Information (optional)

14a Name of trust

## 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).

2014

OMB Nos. 1210-0110 1210-0089

This Form is Open to **Public Inspection** 

Complete all entries in accordance with the instructions to the Form 5500-SF. **Annual Report Identification Information** For calendar plan year 2014 or fiscal plan year beginning and ending 12/31/2014 a single-employer plan a multiple-employer plan (not multiemployer) (Filers checking this box must attach a list A This return/report is for: 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/report (less than 12 months) Form 5558 C Check box if filing under: automatic extension DFVC program special extension (enter description) Basic Plan Information—enter all requested information 1a Name of plan 1b Three-digit LO, INC. 401(k)/PROFIT SHARING PLAN plan number 001 (PN) • Effective date of plan 02/01/2000 2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) 2b Employer Identification Number LO, INC. (EIN) 91-1529683 RELIANCE MORTGAGE, INC. 2c Sponsor's telephone number (425) 451-8889 1008 - 140TH AVE. N.E., SUITE 101 2d Business code (see instructions) BELLEVUE, WA 98005 522292 3a Plan administrator's name and address X Same as Plan Sponsor. 3b Administrator's EIN 3c Administrator's telephone number If the name and/or EIN of the plan sponsor has changed since 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 Total number of participants at the beginning of the plan year ..... 5a 29 **b** Total number of participants at the end of the plan year..... 5b 32 Number of participants with account balances as of the end of the plan year (defined benefit plans do not 5c 32 complete this item) ..... d(1) Total number of active participants at the beginning of the plan year..... 5d(1) 21 d(2) Total number of active participants at the end of the plan year..... 5d(2) 21 e Number of participants that terminated employment during the plan year with accrued benefits that were 5e less than 100% vested. 1 Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established. Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including, if applicable, a Schedule SB or Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete. SIGN HERE Signature of plan administrator Date Enter name of individual signing as plan administrator SIGN HERE Signature of employer/plan sponsor Date Enter name of individual signing as employer or plan sponsor

Preparer's name (including firm name, if applicable) and address (include room or suite number) (optional)

Preparer's telephone number (optional)

6a h	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	le assets? (	See instructions.)					[	Yes		lo
_	under 29 CFR 2520.104-46? (See instructions on waiver eligibility	and condition	ient quaimed public accounta	int (IC	IPA)			6	Yes	П	lo
	If you answered "No" to either line 6a or line 6b, the plan canr	ot use For	m 5500-SF and must instea	d use	Form	5500			J -		
С	If the plan is a defined benefit plan, is it covered under the PBGC in	nsurance pro	ogram (see ERISA section 40	021)?	Г	Yes	∏No [	No	t deter	mined	
	t III Financial Information							_			_
7	Plan Assets and Liabilities		(a) Beginning of Yea				(b) End	of \	'oar		
а	Total plan assets	7a	274189		$\top$		(D) Elle		07671	8	_
_	Total plan liabilities				+				0/0/1		_
	Net plan assets (subtract line 7b from line 7a)	7c	274189	6				3	076718	R	
8	Income, Expenses, and Transfers for this Plan Year	12 E 15	(a) Amount		+		(b) '				_
a	Contributions received or receivable from: (1) Employers	8a(1)	1913	4		ree.	(6)	Tota			
	(2) Participants	8a(2)	21238	4	V.	mije i	e Verei			32X-1	
	(3) Others (including rollovers)	8a(3)			140						
b	Other income (loss)	8b	10471	1		<b>S</b> 11		υu	18.45		_
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c		1					336229	<u> </u>	
	Benefits paid (Including direct rollovers and insurance premiums to provide benefits)	8d							JOULE	18.17	
<u>e</u>	Certain deemed and/or corrective distributions (see instructions)	8e			US				. 53		_
f	Administrative service providers (salaries, fees, commissions)	8f			8		116 N. M. A			myYte.	
<u>g</u>	Other expenses	8g	140	7	ĵą.	id Bri		W.	157.2	e Vin	00
<u>h</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h					••••		140	7	
<u>i</u>	Net income (loss) (subtract line 8h from line 8c)	8i							33482	2	_
j	Transfers to (from) the plan (see instructions)	8j			12/2		negluk a	V .	white:		
Par	t IV Plan Characteristics			-	£						
	If the plan provides pension benefits, enter the applicable pension 2E 2G 2J 2K 2T 3D  If the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare benefits.										
10							<del>,</del>				_
	During the plan year:			_	Yes	No		Am	ount		_
	Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fide Were there any nonexempt transactions with any party-in-interest	iciary Corre	ction Program)	10a		х					_
	on line 10a.)			10b		х					
<u> </u>	Was the plan covered by a fidelity bond?			10c	Х				2	50000	)
d	or dishonesty?		***************************************	10d		х					
е	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					864	5	
f	Has the plan failed to provide any benefit when due under the plan			10f		Х					_
g	Did the plan have any participant loans? (If "Yes," enter amount a	s of year en	d.)	10g		Х					_
h	If this is an individual account plan, was there a blackout period? (2520.101-3.)	See instruc	tions and 29 CFR	10h		×					
ī	If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10	ne required i	notice or one of the	10i							
Part											_
11	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)	ents? (If "Ye	es," see instructions and com	plete	Sched	ule Si	3 (Form	Тг	Yes	Пм	<u> </u>
11a	Enter the unpaid minimum required contribution for current year fr	om Schedul	e SB (Form 5500) line 39		<u> </u>	11a	<u> </u>	1		<u> </u>	_
12	ls this a defined contribution plan subject to the minimum funding						FRISA?	Т	Yes	X N	_
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,	as applicab	ile.)						1		<u>_</u>
a	If a waiver of the minimum funding standard for a prior year is beingranting the waiver.	o amortized	in this plan year, see instruc	tions,	and e	nter ti Day		the le		ling	_

	Form 5500-SF 2014 Page 3 - 1						
If	you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skin to line 13						
b	Enter the minimum required contribution for this plan year		12b	Т			
				<u> </u>			
<u>C</u>	Enter the amount contributed by the employer to the plan for this plan year		12c	<u> </u>			
d	negative amount)the 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of	fa	12d	<del> </del>			
е	Will the minimum funding amount reported on line 12d be met by the funding deadline?		$\vdash$ $\vdash$	Yes	No	7 144	
Part	VII Plan Terminations and Transfers of Assets	***************************************		163	No	N/A	
13a	Has a resolution to terminate the plan been adopted in any plan year?		<del>Г                                    </del>	(a. [V])			
	If "Yes," enter the amount of any plan assets that reverted to the employer this year		10-	Yes X No			
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought up of the PBGC?						
	If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the which assets or liabilities were transferred. (See instructions.)	plan(s) i	to		Yes	X No	
1	3c(1) Name of plan(s):		. (2) =				
			3c(2) E	N(S)	13c(3)	PN(s)	
					1		
B.4	Adli Tarada C						
	Viii Trust Information (optional)						
14 <b>a</b> N	Name of trust		14b Tr	ust's EIN			
		- 1					

v 7 k