## 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).

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

2C Sponsor's telephone number 360-474-0123 2d Business code (see instructions) 238900  3a Plan administrator's name and address Same as Plan Sponsor.  3b Administrator's EIN	For calendar plan year 2014 or liscal plan year beginning 0101/2014 and ending 12/31/2014  A This return/report is for:    a single-employer plan   a multiple-employer plan (not multiemployer) (Filers checking this box must attach a list of participating employer information in accordance with the form instructions)   B This return/report is   the first return/report   the final return/report (less than 12 months)   C Check box if filing under:   Form 5558   automatic extension   DFVC program	For calendar plan year 2014 or liscat plan year beginning 0101/2014 and ending 12/31/2014  A This return/report is for:  a single-employer plan   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 foreign plan   do non-participant plan   a foreign plan   do repair plan   a foreign plan   do non-participant plan   a foreign plan   do repair plan   do non-participant plan   a foreign plan   do repair plan   do
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A This return/report is for:    a one-participant plan   a foreign plan   a foreign plan   a foreign plan   a short plan participating employer information in accordance with the form instructions)   B This return/report is   the first return/report   the final return/report   a short plan pear return/report (less than 12 months)   C Check box if filling under:   Form 5558   automatic extension   DFVC program   Form 5558   pacial extension (enter description)   Part II   Basic Plan Information—enter all requested information   1a Name of plan   DE-WATERING SERVICES, LLC PLAN & TRUST   1b Three-digit plan number (PN)   002   1c Effective date of plan 01/01/2009   2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan)   DE-WATERING SERVICES, LLC   DE-WAT	A This return/report is for:    a one-participant plan   a foreign plan   a foreign plan   a foreign plan   a foreign plan     B This return/report   an amended return/report   definal return/report (less than 12 months)   C Check box if filing under:   Form 5558   automatic extension   DFVC program	A This return/report is for:    a one-participant plan   a foreign plan   the first return/report   the first return/report   the first return/report   the first return/report   a short plan year return/report (less than 12 months)
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	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	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
	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	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
	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	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
	a Sponsor's name  5a Total number of participants at the beginning of the plan year	a Sponsor's name  5a Total number of participants at the beginning of the plan year
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name, EIN, and the plan number from the last return/report. <b>a</b> Sponsor's name <b>4c</b> PN	C Number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item)	C Number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item)
name, EIN, and the plan number from the last return/report. <b>a</b> Sponsor's name <b>4c</b> PN	complete this item)	complete this item)
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name, EIN, and the plan number from the last return/report.  a Sponsor's name  5a Total number of participants at the beginning of the plan year	less than 100% vested	Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established
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name, EIN, and the plan number from the last return/report.  a Sponsor's name  5a Total number of participants at the beginning of the plan year	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	
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	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	
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name, EIN, and the plan number from the last return/report.  a Sponsor's name  5a Total number of participants at the beginning of the plan year	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  Filed with authorized/valid electronic signature.	belief, it is true, correct, and complete.  SIGN Filed with authorized/valid electronic signature.
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name, EIN, and the plan number from the last return/report.	C Number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item)	C Number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item)
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	5a Total number of participants at the beginning of the plan year	Total number of participants at the beginning of the plan year
	a Sponsor's name  5a Total number of participants at the beginning of the plan year	a Sponsor's name  5a Total number of participants at the beginning of the plan year
	5a Total number of participants at the beginning of the plan year	Total number of participants at the beginning of the plan year
4 If the name and/or FIN of the plan sponsor has changed since the last return/report filed for this plan enter the	5a Total number of participants at the beginning of the plan year	Total number of participants at the beginning of the plan year
4 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	5a Total number of participants at the beginning of the plan year	Total number of participants at the beginning of the plan year
	5a Total number of participants at the beginning of the plan year	Total number of participants at the beginning of the plan year
	Total number of participants at the beginning of the plan year	Total number of participants at the beginning of the plan year
	5a Total number of participants at the beginning of the plan year	Total number of participants at the beginning of the plan year
	b Total number of participants at the end of the plan year	b Total number of participants at the end of the plan year
name, EIN, and the plan number from the last return/report.	b Total number of participants at the end of the plan year	b Total number of participants at the end of the plan year
name, EIN, and the plan number from the last return/report.	C Number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item)	C Number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item)
name, EIN, and the plan number from the last return/report. <b>a</b> Sponsor's name <b>4c</b> PN	C Number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item)	C Number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item)
name, EIN, and the plan number from the last return/report. <b>a</b> Sponsor's name <b>4c</b> PN	C Number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item)	C Number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item)
name, EIN, and the plan number from the last return/report. <b>a</b> Sponsor's name <b>4c</b> PN	C Number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item)	C Number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item)
name, EIN, and the plan number from the last return/report. <b>a</b> Sponsor's name <b>4c</b> PN	complete this item)	complete this item)
name, EIN, and the plan number from the last return/report.  a Sponsor's name  5a Total number of participants at the beginning of the plan year	complete this item)	complete this item)
name, EIN, and the plan number from the last return/report.  a Sponsor's name  5a Total number of participants at the beginning of the plan year	complete this item)	complete this item)
name, EIN, and the plan number from the last return/report.  a Sponsor's name  5a Total number of participants at the beginning of the plan year	d(1) Total number of active participants at the beginning of the plan year	d(1) Total number of active participants at the beginning of the plan year
name, EIN, and the plan number from the last return/report.  a Sponsor's name  5a Total number of participants at the beginning of the plan year	d(2) Total number of active participants at the end of the plan year	d(2) Total number of active participants at the end of the plan year
name, EIN, and the plan number from the last return/report.  a Sponsor's name  5a Total number of participants at the beginning of the plan year	d(2) Total number of active participants at the end of the plan year	d(2) Total number of active participants at the end of the plan year
name, EIN, and the plan number from the last return/report.  a Sponsor's name  5a Total number of participants at the beginning of the plan year	Number of participants that terminated employment during the plan year with accrued benefits that were	Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested.
name, EIN, and the plan number from the last return/report.  a Sponsor's name  5a Total number of participants at the beginning of the plan year	Number of participants that terminated employment during the plan year with accrued benefits that were	Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested.
name, EIN, and the plan number from the last return/report.  a Sponsor's name  5a Total number of participants at the beginning of the plan year		less than 100% vested
name, EIN, and the plan number from the last return/report.  a Sponsor's name  5a Total number of participants at the beginning of the plan year	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	
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	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.	belief, it is true, correct, and complete.
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	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  Filed with authorized/valid electronic signature.	belief, it is true, correct, and complete.  SIGN Filed with authorized/valid electronic signature.
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	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  Filed with authorized/valid electronic signature.	belief, it is true, correct, and complete.  SIGN Filed with authorized/valid electronic signature.
a Sponsor's name  Total number of participants at the beginning of the plan year	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   Filed with authorized/valid electronic signature.	belief, it is true, correct, and complete.    SIGN   Filed with authorized/valid electronic signature.
name, EIN, and the plan number from the last return/report.  a Sponsor's name  5a 66  b Total number of participants at the beginning of the plan year	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	belief, it is true, correct, and complete.  SIGN HERE Filed with authorized/valid electronic signature.  Signature of plan administrator  Date Enter name of individual signing as plan administrator  SIGN HERE

	Form 5500-SF 2014		Page <b>2</b>								
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 under 29 CFR 2520.104-46? (See instructions on waiver eligibility If you answered "No" to either line 6a or line 6b, the plan cannot be a second to the plan cannot be a se	an independ and condition	lent qualified public accounta	nt (IQ	PA)				X Ye		No
C	If the plan is a defined benefit plan, is it covered under the PBGC in	nsurance pro	gram (see ERISA section 40	21)? .		Yes	No	N	lot det	ermii	ned
Par	t III Financial Information										
7	Plan Assets and Liabilities		(a) Beginning of Yea	ır			(b) En	d of	Year		
a	Total plan assets	. 7a	1620							0	
b	Total plan liabilities	. 7b		0							
<u>C</u>	Net plan assets (subtract line 7b from line 7a)	. 7c	1620	)63						0	
	Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b)	Tot	al		
	Contributions received or receivable from: (1) Employers	. 8a(1)									
	(2) Participants										
	(3) Others (including rollovers)										
	Other income (loss)	1 ' ' 1	36	345							
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)								- :	3645	
	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	. 8d	1657	'08							
е	Certain deemed and/or corrective distributions (see instructions)	. 8e									
f_	Administrative service providers (salaries, fees, commissions)	. 8f									
g	Other expenses	. 8g									
<u>h</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)	. 8h								5708	
	Net income (loss) (subtract line 8h from line 8c)	. 8i							-16	2063	
<u>j</u>	Transfers to (from) the plan (see instructions)	· 8j									
Part	If the plan provides welfare benefits, enter the applicable welfare f  V Compliance Questions	eature code	s from the List of Plan Charad	cterist	ic Cod	les in t	he instru	ction	s: 		
10	During the plan year:				Yes	No		A	moun	t	
a		utions within	the time period described in							-	
	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fid	-	<u> </u>	10a		X					
b	Were there any nonexempt transactions with any party-in-interes on line 10a.)			10b		X					
C	Was the plan covered by a fidelity bond?			10c	X					2	20000
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 other organization that provides some or all instructions.)	of the benef	its under the plan? (See	10e		X					
f	Has the plan failed to provide any benefit when due under the pla	an?		10f		X					
g	Did the plan have any participant loans? (If "Yes," enter amount a	as of year en	d.)	10g		X					
h	If this is an individual account plan, was there a blackout period? 2520.101-3.)	•		10h		X					
i	If 10h was answered "Yes," check the box if you either provided to exceptions to providing the notice applied under 29 CFR 2520.10	he required	notice or one of the	10i							
Part	VI Pension Funding Compliance										
11	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)								Ye	es >	( No
11a	Enter the unpaid minimum required contribution for current year f					11a					
12	Is this a defined contribution plan subject to the minimum funding	g requiremen	ts of section 412 of the Code	or se	ction	302 of	ERISA?		Ye	es	No
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below	, as applicat	ole.)								
а	If a waiver of the minimum funding standard for a prior year is bei granting the waiver.	-			, and 6	enter tl Day			letter ear	rulin	g 

	Form 5500-SF 2014	Page <b>3</b> - 1				
lf y	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)			12d		
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?			۱ 🔲 ۱	′es X No	
	If "Yes," enter the amount of any plan assets that reverted to the employer the	his year		13a		
b	<b>b</b> Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the of the PBGC?					Yes X No
С	If during this plan year, any assets or liabilities were transferred from this play which assets or liabilities were transferred. (See instructions.)	an to another plan(	(s), identify the plan(s)	to		
1	3c(1) Name of plan(s):		1	3 <b>c(2)</b> El	N(s)	<b>13c(3)</b> PN(s)
Part	VIII Trust Information (optional)		1			ı
	Name of trust VATERING SERVICES, LLC PLAN & TR				rust's EIN 05585567	

## 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

	t Identification Information			40/04/0044	
For calendar plan year 2014 or t			and ending	12/31/2014	
A This return/report is for:	X a single-employer plan	a multiple-employer place of participating employ a foreign plan			
B This return/report is	the first return/report	the final return/report			
• This return/report is	an amended return/report	a short plan year return	Vrenort (less than 12 r	months)	
		a short plan year retuir	meport (less than 12 i		
C Check box if filing under:	Form 5558	automatic extension		☐ DFVC pro	gram
	special extension (enter description	on)			
Part II Basic Plan Info	ormation—enter all requested inform	nation			
1a Name of plan				1b Three-digit	
DE-WATERING SERVICES, LLC	PLAN & TRUST			plan number	002
				(PN) 1c Effective dat	o of plan
				01/01/2009	e or plan
2a Plan sponsor's name and a DE-WATERING SERVICES, LLC	ddress; include room or suite number (e	employer, if for a single-	employer plan)	2b Employer Ide (EIN) 20-558	entification Number 35567
				2c Sponsor's te	elephone number 60) 474-0123
4103 241ST STREET NORTHEA	AST.			L .	de (see instructions)
ARLINGTON. WA 98223				238900	
3a Plan administrator's name a	and address Same as Plan Sponsor.			<b>3b</b> Administrato	r's EIN
4 If the name and/or EIN of the	he plan sponsor has changed since the	last return/report filed fr	or this plan enter the	4b EIN	
	umber from the last return/report.	last retarnireport med re	, the plan, enter the	4c PN	
5a Total number of participant	s at the beginning of the plan year			5a	6
<b>b</b> Total number of participant	ts at the end of the plan year			5b	0
	n account balances as of the end of the			5c	0
<b>d(1)</b> Total number of active p	articipants at the beginning of the plan y	year		5d(1)	6
d(2) Total number of active p	participants at the end of the plan year			5d(2)	7
	terminated employment during the plan	*	efits that were	5e	
Caution: A penalty-for the late	e or incomplete filing of this return/re	port will be assessed	unless reasonable c	ause is established	· · · · · · · · · · · · · · · · · · ·
Under penalties of perjury and o	other penalties set forth in the instruction and signed by an enrolled actuary, as w	ns, I declare that I have	examined this return/r	report, including, if ap	plicable, a Schedule
SIGN Blen A	Sus Jastor	/ /	JOHN GUSTAFSON	٧	
HERE Signature of plan	administrator	Date 7 /16/16	Enter name of indiv	idual signing as plan	administrator
SIGN	his that son				
HERE V	loyer/plan sponsor	Date 7/16/15	Enter name of indiv	idual signing as emp	loyer or plan sponsor
Preparers name (including firm	name, if applicable) and address (inclu				one number (optional)

	Form 5500-SF 2014		Page 2						
	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	an indepen and conditi	dent qualified public accounta	nt (IQI	PA)			X Yes	
	If you answered "No" to either line 6a or line 6b, the plan cannot							ı	
С	If the plan is a defined benefit plan, is it covered under the PBGC in	surance p	rogram (see ERISA section 40	21)? .	📙	Yes	∐ No L	Not dete	rmined
Pa	rt III Financial Information								
7	Plan Assets and Liabilities		(a) Beginning of Yea	r			(b) End	of Year	
a	Total plan assets	7a	162063	3					0
<u>b</u>	Total plan liabilities	7b		)					
c	Net plan assets (subtract line 7b from line 7a)	7c	162063	3	$\perp$				0
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b) T	otal	
а ——	Contributions received or receivable from: (1) Employers	8a(1)							
	(2) Participants	8a(2)				Lance			
	(3) Others (including rollovers)	8a(3)			20			A THE REAL PROPERTY.	
<u>b</u>	Other income (loss)	8b	364	5					
c	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						364	5
d 	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	165708	3					
<u>e</u>	Certain deemed and/or corrective distributions (see instructions)	8e				-	Land State		
f	Administrative service providers (salaries, fees, commissions)	8f							
g	Other expenses	8g							
<u>h</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h						16570	8
<u>i</u>	Net income (loss) (subtract line 8h from line 8c)	8i						-16206	3
j_	Transfers to (from) the plan (see instructions)	8j			653				
Pa	rt IV Plan Characteristics								
9a	If the plan provides pension benefits, enter the applicable pension 2A 2E 2F 2G 2J 2K 3D	feature co	des from the List of Plan Char	acteris	tic Co	des in	the instru	ctions:	
b	If the plan provides welfare benefits, enter the applicable welfare for	eature cod	es from the List of Plan Chara	cterist	ic Cod	les in tl	he instruct	ions:	
Par	t V Compliance Questions								
10	During the plan year:				Yes	No		Amount	
а	Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fide			10a		х			
t	Were there any nonexempt transactions with any party-in-interest on line 10a.)			10b		х			-
	C Was the plan covered by a fidelity bond?			10c	Х				20000
C	Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?			10d		х			
	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			
f	Has the plan failed to provide any benefit when due under the pla	ın?		10f		х			
	Did the plan have any participant loans? (If "Yes," enter amount a	s of year e	end.)	10g		Х			
ŀ	If this is an individual account plan, was there a blackout period? 2520.101-3.)	•		10h		×			
i	If 10h was answered "Yes," check the box if you either provided to exceptions to providing the notice applied under 29 CFR 2520.10			10i					
Par				-		•			
11	Is this a defined benefit plan subject to minimum funding requirem	nents? (If "	Yes," see instructions and con	plete	Sched	dule SE	B (Form	∏ Ye	s 🛭 No

	Form 5500-SF 2014	Page <b>3</b> - 1				
lf y	ou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Forr	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)	`	'a	12d		
е	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?				es X No	
	If "Yes," enter the amount of any plan assets that reverted to the employer th	nis year		13a		
b	Were all the plan assets distributed to participants or beneficiaries, transferre of the PBGC?		nder 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.)	n to another plan(s), identify the	plan(s)	to		<del>-</del>
1	3c(1) Name of plan(s):		1	3c(2) El	N(s)	<b>13c(3)</b> PN(s)
Part	VIII Trust Information (optional)					
14a	Name of trust			<b>14</b> b Tr	ust's EIN	
DE-V	VATERING SERVICES, LLC PLAN & TR			20-558	5567	
			İ			