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.

| Part I | Annual Report | ldentification Information | <u> </u> | | | | | | |
|--------------------------|--|--|--------------------------------|---|---|-----------------------------------|-------------------------------------|--|--|
| For calenda | ar plan year 2014 or f | iscal plan year beginning 01/01/2 | 2014 | and ending 12/3 | /31/201 | 14 | | | |
| A This ret | turn/report is for: | a single-employer plan a one-participant plan | | plan (not multiemployer) (l oyer information in accord | • | • | | | |
| D Thie rate | urn/report is | the first return/report | the final return/report | | | | | | |
| D This retu | urn/report is | 片 | H ' | / (lose than 12 m/ | the) | | | | |
| | | an amended return/report | a snort plan year retui | rn/report (less than 12 mo | ontns) | | | | |
| C Check b | box if filing under: | | ſ | DFVC prograr | n | | | | |
| | | special extension (enter desc | | | | | | | |
| Part II | | ormation—enter all requested in | formation | | | | | | |
| 1a Name (| | (K) PROFIT SHARING PLAN | | | | Three-digit plan number (PN) | 001 | | |
| | | | | | 1c | Effective date of 01/01/2 | • | | |
| | sponsor's name and ad WINDOWS, INC. | ddress; include room or suite numb | er (employer, if for a single | -employer plan) | | Employer Identifi (EIN) 98-016 | | | |
| 1465 SLATEI | | | | | 2c | Sponsor's teleph 206-763 | | | |
| FERNDALE, | WA 98248 | | | | 2d Business code (see instructions) 238900 | | | | |
| 3a Plan ad | dministrator's name a | and address XSame as Plan Spon | sor. | | 3b | Administrator's E | IN | | |
| | | ne plan sponsor has changed since umber from the last return/report. | the last return/report filed | for this plan, enter the | 4b | EIN | | | |
| | sor's name | mbol nom mo mos rotaninopo | | | 4c | PN | | | |
| 5a Total r | number of participants | s at the beginning of the plan year. | | | 5a | а | 6 | | |
| b Total r | number of participants | s at the end of the plan year | | | 5b | | | | |
| | | account balances as of the end of | | • | 50 | 3 | 3 | | |
| d(1) Tota | al number of active pa | articipants at the beginning of the p | lan year | | 5d(1 | 1) | 6 | | |
| | | articipants at the end of the plan ye | | | 5d(| (2) | 3 | | |
| | | terminated employment during the p | | efits that were | 5€ | a | 0 | | |
| Under pena SB or Sche | alties of perjury and o | or incomplete filing of this return ther penalties set forth in the instru- and signed by an enrolled actuary, and plete. | ictions, I declare that I have | e examined this return/rep | oort, in | cluding, if applica | | | |
| SIGN | Filed with authorized | I/valid electronic signature. | | | | | | | |
| HERE | Signature of plan a | administrator | Date | Enter name of individu | individual signing as plan administrator | | | | |
| SIGN | 0.g | 101111111111111111111111111111111111111 | | | <u> </u> | mig as piers | moa.c. | | |
| HERE | Cianature of ompl | | Data | Enter name of individu | ماماما | raina ao amployer | plan anangar | | |
| Prenarer's | Signature of emplo | oyer/plan sponsor name, if applicable) and address (ir | Date | Enter name of individu | | | r or plan sponsor number (optional) | | |
| Порагого | manic (morading m | iame, ii applicabie, and address (| lolude room or dance name. | 51) (Optional) | 1 100. | alti o totopriorie . | idiliboi (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 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 or the plan cannot be a se | an indeper and condit not use Fo | ndent qualified public accounta ions.)rm 5500-SF and must instead | nt (IQ | PA) Form | 5500. | · | | XY | es [| No No |
| | If the plan is a defined benefit plan, is it covered under the PBGC ir | nsurance p | rogram (see ERISA section 40 |)21)? | | Yes | No | <u></u> | Not de | termi | ned |
| Par | - I | | | | | | | | | | |
| | Plan Assets and Liabilities | _ | (a) Beginning of Yea | | - | | (b) E | nd of | Year | 21701 | |
| | Total plan assets | . 7a . 7b | 200 | 550 | | | | | | 21701 | |
| | Total plan liabilities Net plan assets (subtract line 7b from line 7a) | . 76 . 7c | 208 | 38 | | | | | 2 | 21701 | |
| | Income, Expenses, and Transfers for this Plan Year | 1 | (a) Amount | | | | | b) To | -al | | |
| | Contributions received or receivable from: | | (a) Amount | | | | | 3, 10 | iai . | | |
| | (1) Employers | . 8a(1) | | 0 | | | | | | | |
| | (2) Participants | . 8a(2) | | 0 | | | | | | | |
| | (3) Others (including rollovers) | ` ` ` | 4.0 | 0 | | | | | | | |
| | Other income (loss) | . 8b | 13 | 398 | | | | | | 4000 | |
| | Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) Benefits paid (including direct rollovers and insurance premiums | . 8c | | | | | | | | 1398 | 5 |
| | to provide benefits) | . 8d | | 21 | | | | | | | |
| е | Certain deemed and/or corrective distributions (see instructions) | . 8e | | | | | | | | | |
| f | Administrative service providers (salaries, fees, commissions) | . 8f | 5 | 514 | | | | | | | |
| g | Other expenses | . 8g | | | | | | | | | |
| <u>h</u> | Total expenses (add lines 8d, 8e, 8f, and 8g) | . 8h | | | | | | | | 535 | |
| | Net income (loss) (subtract line 8h from line 8c) | | | | | | | | | 863 | } |
| Par | Transfers to (from) the plan (see instructions) | · 8j | | | | | | | | | |
| b | 2J 2K 2F 2E 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 for the plan provides welfare for 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, enter the applicable welfare for 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, enter the applicable welfare for the plan provides welfare for the plan provides welfare benefits. | eature cod | es from the List of Plan Charac | cterist | ic Coc | les in t | he instr | uctio | ns: | | |
| 10 | During the plan year: | | | | Yes | No | | Α | mour | nt | |
| | Was there a failure to transmit to the plan any participant contribution 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fide | uciary Cori | ection Program) | 10a | | X | | | | | |
| b | Were there any nonexempt transactions with any party-in-interest on line 10a.) | • | • | 10b | | X | | | | | |
| С | Was the plan covered by a fidelity bond? | | | 10c | | Χ | | | | | |
| d | Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty? | • | • | 10d | | X | | | | | |
| 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 | | | | | |
| f | Has the plan failed to provide any benefit when due under the pla | ın? | | 10f | | X | | | | | |
| g | Did the plan have any participant loans? (If "Yes," enter amount a | as of year e | end.) | 10q | | Х | | | | | |
| 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 | | | 10i | | | | | | | |
| Part | VI Pension Funding Compliance | | | | | | | | | | |
| 11 | Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below) | | | | | | | | Y | 'es | X No |
| 11a | Enter the unpaid minimum required contribution for current year for | rom Sched | ule SB (Form 5500) line 39 | | | 11a | <u> </u> | | | | |
| 12 | Is this a defined contribution plan subject to the minimum funding | g requireme | ents of section 412 of the Code | or se | ction : | 302 of | ERISA | ? | Y | es > | X No |
| | (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below | | · | | | | <u> </u> | , | | | |
| а | If a waiver of the minimum funding standard for a prior year is being ranting the waiver. | - | | | , and 6 | enter th Day | | | e lette 'ear _ | r rulin | .g |

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|------|---|------------------------|------------------------|----------|--------|-------|-----------------|
| lf y | you 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? | | | X | res 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? | ed to another plan, or | brought under the c | 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 the plan(s) t | :0 | | | |
| 1 | 3c(1) Name of plan(s): | | 13 | 3c(2) El | N(s) | 13c(3 | B) PN(s) |
| | | | | | | | |
| | | | | | | 1 | |

14b Trust's EIN 912107250

Part VIII Trust Information (optional)

14a Name of trust STARLINE WINDOWS, INC. 401(K) PROFI

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 section 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 | 01/01/0011 | | 10/01/00 | | | | | |
|---|--|--|----------------------------|--|--|------------------------------|--|--|--|--|
| For | calendar plan year 2014 or f | | 01/01/2014 | and ending | 12/31/20 | | | | | |
| Α | This return/report is for: | x a single-employer plan | · | olan (not multiemployer) (oyer information in accord | 10 | | | | | |
| 15 BX | The second second | a one-participant plan | a foreign plan | 7,01 11101111011111111111111111111111111 | TOTAL THE STATE OF ST | TH House delicite, | | | | |
| В | This return/report is: | the first return/report | the final return/report | | | | | | | |
| | | an amended return/report | a short plan year retu | ırn/report (less than 12 m | onths) | | | | | |
| C Check box if filing under: Form 5558 automatic extension DFVC program | | | | | | | | | | |
| | | special extension (enter description | on) | | | | | | | |
| _ | | ormation enter all requested info | rmation | | Tr. 1. 2 | | | | | |
| 1a | Name of plan | | | | 1b Three-dig plan numb | | | | | |
| | STARLINE WINDOWS, | INC. 401(K) PROFIT SHARING | G PLAN | | (PN) ▶ | 001 | | | | |
| | | | | | 1c Effective of 01/01/2 | | | | | |
| 2a | | ddress; include room or suite number (| employer, if for a single | e-employer plan) | | Identification Number | | | | |
| | STARLINE WINDOWS, | INC. | | | 2 | 8-0160531 | | | | |
| | | | | | | telephone number 763-0385 | | | | |
| | 1465 SLATER ROAD | | | | | code (see instructions) | | | | |
| | US FERNDALE WA 98248 | | | | 238900 | | | | | |
| 3a | | and address X Same as Plan Sponso | or Name | | 3b Administra | ator's EIN | | | | |
| | | | | | | | | | | |
| | | | | | 3c Administra | ator's telephone number | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | 41 | | | | | |
| 4 | | ne plan sponsor has changed since the imber from the last return/report. | last return/report filed I | or this plan, enter the | 4b EIN | | | | | |
| а | Sponsor's name | mber from the last retaining port. | | | 4c PN | | | | | |
| - | | s at the beginning of the plan year | | | 5a | 6 | | | | |
| b | | s at the end of the plan year | | | 5b | 3 | | | | |
| С | | account balances as of the end of the | | | 5c | 3 | | | | |
| d(| | rticipants at the beginning of the plan y | | | 5d(1) | 6 | | | | |
| • | 9 ME | rticipants at the end of the plan year | | | 5d(2) | 3 | | | | |
| u | | terminated employment during the plan | | 23 | | J | | | | |
| е — | | | | and the contract of the contra | 5e | 0 | | | | |
| Ca | ution: A penalty for the late | or incomplete filing of this return/re | port will be assessed | l unless reasonable cau | ise is establishe | d. | | | | |
| | | other penalties set forth in the instructio | | | | | | | | |
| | B or Schedule MB completed a lief, it is true, correct, and cor | and signed by an enrolled actuary, as v nplete. | vell as the electronic ve | ersion of this return/report | , and to the best | of my knowledge and | | | | |
| S | IGN TZA (A | | | RON MARTINI | | | | | | |
| 706,6496 | ERE Signature of plan adr | ninistrator | Date Jul 23/15 | Enter name of individua | ıl signing as plan | administrator | | | | |
| S | IGN TO | | ı | RON MARTINI | | | | | | |
| 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | ERE Signature of employe | er/plan sponsor | Date Jul 23/15 | Enter name of individua | I signing as emp | loyer or plan sponsor | | | | |
| Pre | eparer's name (including firm | name, if applicable) and address: inclu | de room or suite numb | er (optional) | Preparer's telep | hone number (optional) | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |

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|------------|--|--|---------------------------------|----------|--------|-------------|--------------------|------------------------|------|
| 6a v | Vere all of the plan's assets during the plan year invested in eligible | assets? (See | e instructions.) | | | | | X Yes No |) |
| b A | re you claiming a waiver of the annual examination and report of a | n independer | nt qualified public accountant | (IQPA |) | | | | |
| u | nder 29 CFR 2520.104-46? (See instructions on waiver eligibility a | nd conditions | .) | | | | .,, | X Yes No |) |
| I | you answered "No" to either line 6a or line 6b, the plan cannot the plan is a defined benefit plan, is it covered under the PBGC in: | t use Form t | 5500-SF and must instead u | se Fo | rm 55 | 00. Tvas | . FINO [| Not determin | ned |
| c I | | surance prog | alli (See ERISA Section 402) |): •• | | | | | |
| Par | t III Financial Information | | | | | | 11.5 = -1 -4 | V | |
| | lan Assets and Liabilities | | (a) Beginning of Year | | | | (b) End of | | |
| 8-0-0 | otal plan assets | 7a | 20,83 | 88 | | | | 21,701 | |
| | otal plan liabilities | 7b 7c | 20,83 | 28 | | | | 21,701 | |
| | let plan assets (subtract line 7b from line 7a) ncome, Expenses, and Transfers for this Plan Year | 10 | (a) Amount | ,,, | | - | (b) To | | |
| | Contributions received or receivable from: | JESSERBEISSE | (4) | | 1100 | | Report to the same | Property of the second | |
| (| 1) Employers | . 8a(1) | | 0 | | | | | |
| - | 2) Participants | . 8a(2) | | 0 | | | | | |
| | 3) Others (including rollovers) | . 8a(3) . 8b | 1,39 | | | | | | 12-1 |
| | Other income (loss) | | 1,33 | ,0 | erica. | | A GOOD GOOD STATE | 1,398 | 7/28 |
| | otal income (add lines 8a(1), 8a(2), 8a(3), and 8b) | . 60 | | | 57453 | 318.3 | | 1,390 | RAS. |
| | p provide benefits) | . 8d | 2 | 21 | Z.E. | 15,43 | | | |
| e (| Certain deemed and/or corrective distributions (see instructions) | . 8e | | | | | | 20300-27-2-2 | |
| f A | dministrative service providers (salaries, fees, commissions) | . 8f | 51 | L 4 | | | | | |
| g | Other expenses | . 8g | | | 276 | | | F.2.F | 100 |
| | otal expenses (add lines 8d. 8e, 8f, and 8g) | | | | | | | 535 | |
| | let income (loss) (subtract line 8h from line 8c) | . 8i | | | | 170 | Section 1 | 863 | |
| | ransfers to (from) the plan (see instructions) | . 8j | | | | | | over Security to be to | |
| | t IV Plan Characteristics | | | | - | | | | |
| 9a | the plan provides pension benefits, enter the applicable pension fe | eature codes | from the List of Plan Characte | eristic | Code | s in th | e instruction | าร: | |
| | 2J 2K 2F 2E 3D | | | | | | | | |
| bı | the plan provides welfare benefits, enter the applicable welfare fe | ature codes fi | om the List of Plan Character | ristic C | odes | in the | instructions | 5 | |
| Par | t V Compliance Questions | | | | | | | | |
| 10 | During the plan year: | | | | Yes | No | Δ | mount | |
| | Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu | ciary Correcti | on Program) | 10a | | х | | | |
| b | Were there any nonexempt transactions with any party-in-interest on line 10a.) | | | 10b | | х | | | |
| С | Was the plan covered by a fidelity bond? | | | 10c | | х | | | |
| d | Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty? | fidelity bond, | lhat was caused by fraud | 10d | | х | | | |
| е | Were any fees or commissions paid to any brokers, agents, or other | ner persons b | y an insurance carrier, | | | | | | |
| | insurance service, or other organization that provides some or all instructions.) | of the benefit | s under the plan? (See | 10e | | х | | | |
| f | Has the plan failed to provide any benefit when due under the pla | | | 10f | | х | | | |
| | Did the plan have any participant loans? (If "Yes," enter amount a | | | 10g | | х | | | |
| g h | If this is an individual account plan, was there a blackout period? | | | | | | | | |
| | 2520.101-3.) | | | 10h | | Х | 1.04L | | |
| i | If 10h was answered "Yes," check the box if you either provided t exceptions to providing the notice applied under 29 CFR 2520.10 | he required n 1-3 | otice or one of the | 10i | | | | | |
| Par | t VI Pension Funding Compliance | | | | | | | r | |
| 11 | Is this a defined benefit plan subject to minimum funding requiren 5500) and line 11a below) | | | | | | | Yes X | No |
| 11a | Enter the unpaid minimum required contribution for current year f | rom Schedule | e SB (Form 5500) line 39 | | | | | | |
| 12 | Is this a defined contribution plan subject to the minimum funding | | | | | 2 of E | RISA? | Yes X | No |
| | (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below | 1300000 - 100000000000000000000000000000 | | | | | | | |
| a | If a waiver of the minimum funding standard for a prior year is bei | ng amortized | in this plan year, see instruct | ions, a | ind er | nter the | e date of the | e letter ruling | |
| ч | granting the waiver | | Moi | nth _ | | _ Da | ıy | Year | _ |

| | Form 5500-SF 2014 P | age 3- | | | | | |
|------|---|----------------------|--|----------|------------|----------|---------|
| If y | ou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), an | nd skip to line 13 | <u>. </u> | — т | | | |
| b | Enter the minimum required contribution for this plan year | | 1 | 12b | | | |
| | | | | 12c | | | |
| C | Enter the amount contributed by the employer to the plan for this plan year | | | 120 | | | |
| d | Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minegative amount) | | | 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? | | | X Ye | es 🔲 I | <u> </u> | |
| | | | | 13a | | | 0 |
| b | Were all the plan assets distributed to participants or beneficiaries, transferred to anoth of the PBGC? | | | ntrol | | Yes | X No |
| С | If during this plan year, any assets or liabilities were transferred from this plan to anothe which assets or liabilities were transferred. (See instructions.) | er plan(s), identify | the plan(s) to | | | | |
| - | 3c(1) Name of plan(s) | | 13c | (2) EIN(| s) | 13c(3 |) PN(s) |
| | | | | | | | |
| | | | | | | | |
| Part | VIII Trust Information (optional) | | | | | | |
| | Name of trust | | | 14b ⊤ | rust's Ell | V | |
| | STARLINE WINDOWS, INC. 401(K) PROFI | | | | 91-21 | 07250 | |