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).

OMB Nos. 1210-0110 1210-0089

2014

This Form is Open to Public Inspection

For calenda			n				
1 Of Caleffue	ar plan year 2014 or	fiscal plan year beginning 01/01/2	<u>2014</u>	and ending 12/	/31/20	14	
A This ret	turn/report is for:	a single-employer plan		lan (not multiemployer) (yer information in accord		_	
D		a one-participant plan	님 ''				
B This retu	urn/report is	the first return/report	the final return/report				
		an amended return/report	a short plan year return	n/report (less than 12 m	onths)		
C Check h	box if filing under:	Form 5558 special extension (enter design)	automatic extension			DFVC progra	m
			. ,				
Part II	Basic Plan Inf	formation—enter all requested in	nformation				
1a Name MATRIX CO	•	01(K) PROFIT SHARING PLAN			1b	Three-digit plan number (PN) ▶	001
					1c	Effective date of 01/01	•
2a Plan sp MATRIX CON	ponsor's name and a NSULTING, INC.	address; include room or suite num	ber (employer, if for a single-	employer plan)	2b	Employer Identif (EIN) 68-05	ication Number 52600
300 COLUMI	BIA POINT DRIVE, S	STE C204			2c	Sponsor's teleph 509-430	
RICHLAND, \	WA 99352				2d	Business code (54160	•
3a Plan a	dministrator's name	and address XSame as Plan Spor	nsor.		3b	Administrator's E	ΞIN
		the plan sponsor has changed since	e the last return/report filed fo	or this plan, enter the	4b	EIN	
	, EIN, and the plan n or's name	number from the last return/report.			4.0		
5a Total r	number of participan				4C	PN	
	number of participan	ts at the beginning of the plan year			4C 5		6
b Total r		its at the beginning of the plan year its at the end of the plan year			+	a	6
C Number	number of participan er of participants wit	0 0 1 7	of the plan year (defined bene	efit plans do not	5	a b	
C Number completed (1) Total	number of participan er of participants wit ete this item)al al number of active p	ts at the end of the plan yearh account balances as of the end o	of the plan year (defined bene	efit plans do not	5: 5: 5d(a b c 1)	8 4 5
c Number completed (1) Total d(2) Total	number of participan er of participants wit ete this item)	that at the end of the plan yearh account balances as of the end of the plants at the beginning of the plan year ticipants at the end of the plan year ticipants at the end of the plan year ticipants.	of the plan year (defined bene plan year	efit plans do not	5: 5:	a b c 1)	8
c Number completed (1) Total d(2) Total e Number	number of participan er of participants wit ete this item) al number of active participants that	ts at the end of the plan yearh account balances as of the end o	of the plan year (defined bene plan year earear. with accrued bene	efit plans do not	5: 5: 5d(a b c c 1) (2)	8 4 5 4
c Number completed (1) Total (2) Total (2) Total (2) Total (2) Total (3) Total (4) Tot	number of participan er of participants wit ete this item) al number of active p al number of active p er of participants that an 100% vested A penalty for the lat- alties of perjury and	ts at the end of the plan year h account balances as of the end of the plan year terminated employment during the end of the plan year terminated employment during the end of the plan year terminated employment during the end of this return other penalties set forth in the instruction and signed by an enrolled actuary,	plan year (defined bene plan year eare plan year with accrued bene urn/report will be assessed uctions, I declare that I have	efit plans do not efits that were unless reasonable cau	5d(5d(5de 5duse is	a b c c c c c c c c c c c c c c c c c c	8 4 5 4 2 able, a Schedule
c Number completed (1) Total (2) Total (2) Total (2) Total (2) Total (3) Total (4) Tot	number of participan wite te this item)	ts at the end of the plan year h account balances as of the end of the plan year terminated employment during the end of the plan year terminated employment during the end of the plan year terminated employment during the end of this return other penalties set forth in the instruction and signed by an enrolled actuary,	plan year (defined bene plan year eare plan year with accrued bene urn/report will be assessed uctions, I declare that I have	efit plans do not efits that were unless reasonable cau	5d(5d(5de 5duse is	a b c c c c c c c c c c c c c c c c c c	8 4 5 4 2 able, a Schedule
c Number completed (1) Total (2) Total (2) Total (2) Total (2) Total (3) Total (4) Tot	number of participants wite tee this item)	ts at the end of the plan year	plan year (defined bene plan year eare plan year with accrued bene urn/report will be assessed uctions, I declare that I have	efit plans do not efits that were unless reasonable cau examined this return/report	5d(a b c c c c c c c c c c c c c c c c c c	8 4 5 4 2 able, a Schedule knowledge and
c Number completed (1) Total (2) Tot	number of participan wite te this item)	ts at the end of the plan year	plan year (defined bene- plan year ear plan year with accrued bene- plan year will be assessed uctions, I declare that I have as well as the electronic veri	efit plans do not efits that were unless reasonable cau	5d(a b c c c c c c c c c c c c c c c c c c	8 4 5 4 2 able, a Schedule knowledge and
c Number completed (1) Total (2) Total (2) Total (2) Total (2) Total (3) Total (4) Tot	number of participan er of participants wite this item)	ts at the end of the plan year	plan year (defined beneather) plan year ear plan year with accrued beneather prn/report will be assessed uctions, I declare that I have as well as the electronic ver	efit plans do not efits that were unless reasonable cau examined this return/report Enter name of individe	5d(5d(5d(5d(5d(suse is port, int, and the sign of	a b c c c c c c c c c c c c c c c c c c	able, a Schedule knowledge and
C Number completed (1) Total (2) Tot	number of participan er of participants wit ete this item) al number of active p er of participants that an 100% vested A penalty for the late alties of perjury and edule MB completed true, correct, and cor Filed with authorize Signature of plan	ts at the end of the plan year	plan year (defined beneather) plan year ear plan year with accrued beneather prin/report will be assessed auctions, I declare that I have as well as the electronic versions. Date Date	efit plans do not efits that were unless reasonable cau examined this return/report Enter name of individe	5d(5d(5d(5d(5d(suse is port, int, and the sign of	a b c c c c c c c c c c c c c c c c c c	able, a Schedule knowledge and

	Form 5500-SF 2014		Page 2							
b	Were all of the plan's assets during the plan year invested in eligible. Are you claiming a waiver of the annual examination and report of a under 29 CFR 2520.104-46? (See instructions on waiver eligibility a lift you answered "No" to either line 6a or line 6b, the plan cannot be a second to the plan cannot b	an indepe and condi ot use Fo	ndent qualified public accountations.) prm 5500-SF and must instea	nnt (IQ d d use	PA) Form	5500.			X Yes	□ No
	If the plan is a defined benefit plan, is it covered under the PBGC in	surance p	program (see ERISA section 40)21)?		Yes	No	∐ No	ot deter	mined
Par	t III Financial Information		1							
7	Plan Assets and Liabilities		(a) Beginning of Yea				(b) E	nd of '		
a	Total plan assets	7a	4725	587					5026	82
b	Total plan liabilities	7b								
C	Net plan assets (subtract line 7b from line 7a)	7c	4725	587					5026	82
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b) Tota	ıl	
	Contributions received or receivable from:	90/4)	165	547						
	(1) Employers	8a(1)		259						
	(2) Participants	8a(2)		0						
	(3) Others (including rollovers)	8a(3)	259	305						
	Other income (loss)	8b	200	,00					056	44
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							956	011
	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	635	524						
е	Certain deemed and/or corrective distributions (see instructions)	8e		0						
	Administrative service providers (salaries, fees, commissions)	8f	19	992						
	Other expenses	8g								
	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							655	16
	Net income (loss) (subtract line 8h from line 8c)	8i							300	95
	Transfers to (from) the plan (see instructions)	8i								
Par	t IV Plan Characteristics	o,	1							
9a	If the plan provides pension benefits, enter the applicable pension 2E 2F 2G 2J 2K 2T 3D									
b	If the plan provides welfare benefits, enter the applicable welfare fe	eature coo	les from the List of Plan Chara	cterist	ic Cod	les in t	he instru	uctions	S:	
Part							1			
10	During the plan year:				Yes	No		An	nount	
	Was there a failure to transmit to the plan any participant contribut 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu	ıciary Cor	rection Program)	10a		X				
	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	X					47300
d	Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?			10d		X				
е	Were any fees or commissions paid to any brokers, agents, or oth insurance service, or other organization that provides some or all instructions.)	of the ber	nefits under the plan? (See	10e		X				
f	Has the plan failed to provide any benefit when due under the plan			10f		X				
g	Did the plan have any participant loans? (If "Yes," enter amount as									
<u>9</u>				10g		X				
	2520.101-3.)			10h		X				
i	If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10			10i						
Part	<u> </u>									
11	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)								Yes	X No
_11a	Enter the unpaid minimum required contribution for current year from	om Sched	dule SB (Form 5500) line 39			11a				
12	Is this a defined contribution plan subject to the minimum funding	requirem	ents of section 412 of the Code	or se	ction (302 of	ERISA?	·	Yes	X No
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,	as applic	able.)							
а	If a waiver of the minimum funding standard for a prior year is being	ng amortiz	red in this plan year, see instru	ctions	and e	nter th	ne date i	of the	letter ru	lina

......Month

Day

Year

granting the waiver.

	Form 5500-SF 2014	Page 3 - 1			
lf :	ou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (For	m 5500), and skip to line 13.			
b	Enter the minimum required contribution for this plan year		12b		
С	Enter the amount contributed by the employer to the plan for this plan year		12c		
d	Subtract the amount in line 12c from the amount in line 12b. Enter the result negative amount)		1 124		
е	Will the minimum funding amount reported on line 12d be met by the funding	g deadline?		Yes	No N/A
Part	VII Plan Terminations and Transfers of Assets				
13a	Has a resolution to terminate the plan been adopted in any plan year?		🔲 Y	′es X No	
	If "Yes," enter the amount of any plan assets that reverted to the employer the	his year	13a		
b	Were all the plan assets distributed to participants or beneficiaries, transferred the PBGC?		inder the control		Yes X No
С	If during this plan year, any assets or liabilities were transferred from this pla which assets or liabilities were transferred. (See instructions.)	an to another plan(s), identify th	e plan(s) to		
1	3c(1) Name of plan(s):		13c(2) EI	N(s)	13c(3) PN(s)

14b Trust's EIN

Part VIII Trust Information (optional)

14a Name of trust

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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

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> Complete all entries in accordance with the instructions to the Form 5500-SF.

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2014

OMB Nos. 1210-0110

1210-0089

This Form is Open to Public Inspection

Annual Report Identification Information For calendar plan year 2014 or fiscal plan year beginning 01/01/2014 and ending 12/31/2014 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 This return/report is for: a one-participant plan a foreign plan the final return/report B This return/report is the first return/report an amended return/report a short plan year return/report (less than 12 months) Form 5558 DFVC program automatic extension C Check box if filing under: special extension (enter description) Part II Basic Plan Information—enter all requested information 1b Three-digit 1a Name of plan plan number Matrix Consulting, Inc. 401(k) Profit Sharing Plan 001 (PN) > 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) 2b Employer Identification Number Matrix Consulting, Inc. (EIN) 68-0552600 2c Sponsor's telephone number (509) 430-8094 300 Columbia Point Drive, Ste C204 2d Business code (see instructions) 541600 Richland, WA 99352 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. 4c PN a Sponsor's name 5a Total number of participants at the beginning of the plan year 5a b Total number of participants at the end of the plan year..... 5b 8 Number of participants with account balances as of the end of the plan year (defined benefit plans do not 5c 4 complete this item) d(1) Total number of active participants at the beginning of the plan year..... 5d(1) 5 d(2) Total number of active participants at the end of the plan year..... 5d(2) 4 e Number of participants that terminated employment during the plan year with accrued benefits that were 2 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. 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

SIGN
HERE
Signature of plan administrator

Signature of employer/plan sponsor

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

Kim DeTienne

Enter name of individual signing as plan administrator

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)

Form 5500-SF 2014 Page **2**

	Were all of the plan's assets during the plan year invested in eligib Are you claiming a waiver of the annual examination and report of	an indepen	dent qualified public accounta	nt (IQ	PA)			X Yes	□ No
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility							X Yes	∐ No
•	If you answered "No" to either line 6a or line 6b, the plan cann If the plan is a defined benefit plan, is it covered under the PBGC in							Not detern	ninod
	A MARAMATA PARA MARANA A MARANA M	isurarice pr	ogram (see ENISA section 40	21)!		165	Пио П	Not detern	imieu
	rt III Financial Information						VARIABLE PORTER	WAR TO STATE OF	
7	Plan Assets and Liabilities		(a) Beginning of Yea		+	_	(b) End o	2007 (Control 1960 (CONT	
	Total plan assets	. 7a	47258		+			502682	
-	Total plan liabilities	7b	47050	7	-			500000	
-	Net plan assets (subtract line 7b from line 7a)	7c	47258					502682	
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount		350	2014	(b) To	tal	
а	Contributions received or receivable from: (1) Employers	8a(1)	16547	7					
	(2) Participants	8a(2)	5325	9					
	(3) Others (including rollovers)	8a(3)		0					
b	Other income (loss)	. 8b	2580	5		687.			
c	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						95611	
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	. 8d	63524	1					
e	Certain deemed and/or corrective distributions (see instructions)	. 8e)		100		PERM	
f	Administrative service providers (salaries, fees, commissions)	. 8f	1992	2					
g	Other expenses	. 8g			811				
h	Total expenses (add lines 8d, 8e, 8f, and 8g)							65516	
i	Net income (loss) (subtract line 8h from line 8c)	. 8i						30095	
j	Transfers to (from) the plan (see instructions)	. 8i							
Pa	rt IV Plan Characteristics	<u> </u>							
Par	If the plan provides welfare benefits, enter the applicable welfare for the specific to 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 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 p	eature code	es nom the List of Flan Gharat				ne mandene	113.	
10	During the plan year:				Yes	No		Amount	
a	Was there a failure to transmit to the plan any participant contribution 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fide			10a		Х			
b	Were there any nonexempt transactions with any party-in-interest on line 10a.)		HARRING TO SEE AND THE PROPERTY OF THE PROPERT	10b		Х			
	Was the plan covered by a fidelity bond?			10c	Х				47300
d	Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?	A LOCAL DATE OF THE STATE OF THE PARTY OF	CENTRAL CONTROL CONTRO	10d		Х			
е	Were any fees or commissions paid to any brokers, agents, or oth insurance service, or other organization that provides some or all instructions.)	ner persons of the bene	s by an insurance carrier, efits under the plan? (See	10e		x			
f	Has the plan failed to provide any benefit when due under the pla	in?		10f		Х			
		•	The state of the s	10g		Х			
h	If this is an individual account plan, was there a blackout period? 2520.101-3.)	(#0500000 NOVE CTREETAY	CONTRACTOR CONTRACTOR STATE CONTRACTOR CONTR	10h		х			
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			10i					
Par	t VI Pension Funding Compliance								
11	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)	571		21			3230	Yes	X No
11a	Enter the unpaid minimum required contribution for current year f	rom Schedi	ule SB (Form 5500) line 39			11a			
12	Is this a defined contribution plan subject to the minimum funding	requireme	nts of section 412 of the Code	or se	ection	302 of	ERISA?	Yes	X No
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below	, as applica	able.)						
а	If a waiver of the minimum funding standard for a prior year is bei granting the waiver.		1202		, and e	enter th Day		e letter rul Year	ing

	Form 5500-SF 2014	Page 3 - 1					
lf	you completed line 12a, complete lines 3, 9, and 10 of Schee	dule MB (Form 5500), and skip to line 13.					
b	Enter the minimum required contribution for this plan year		121)			
С	Enter the amount contributed by the employer to the plan for the	nis plan year	120	;			
d	Subtract the amount in line 12c from the amount in line 12b. Enegative amount)	성 (Modern Contributed Contributed Marting Contributed Antonion (Modern Modern Antonion) (Modern Antonion) (Modern Contributed Antonion)	1 120	1			
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 Asset	s					
13a	Has a resolution to terminate the plan been adopted in any plan year	ar?		Yes X	No		
	If "Yes," enter the amount of any plan assets that reverted to the	he employer this year	13a	i			
b	Were all the plan assets distributed to participants or beneficia of the PBGC?			ol	Yes X No		
С	If during this plan year, any assets or liabilities were transferred which assets or liabilities were transferred. (See instructions.)	d from this plan to another plan(s), identify the p	olan(s) to				
	13c(1) Name of plan(s):		13c(2)	EIN(s)	13c(3) PN(s)		
Part	VIII Trust Information (optional)						
14a Name of trust				14b Trust's EIN			
			10				