For	Form 5500-SF Short Form Annual Return/Report of Small Emp Benefit Plan					OMB Nos. 1210-0 1210-0				
	tment of the Treasury nal Revenue Service	This form is required to be filed u	etirement	2014						
Employee Be	epartment of Labor enefits Security Administration	Income Security Act of 1974 (El R			orm is Open to c Inspection					
	nefit Guaranty Corporation	ructions to the Form 55	00-SF.	1 461						
Part I	Annual Report Ic ar plan year 2014 or fisc	lentification Information al plan year beginning 01/01/2014	1	and ending 12/	31/2014					
		-				king this has	, must attach a list			
	urn/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 one-participant plan a foreign plan the first return/report the final return/report								
B This retu	irn/report is	the first return/report	nonths)							
	Ĺ	an amended return/report]	n/report (less than 12 mo						
C Check box if filing under:					DFVC program					
	L	special extension (enter descripti	•							
Part II		nation—enter all requested inform	nation			T				
1a Name HANFORD (•	401K PROFIT SHARING PLAN			1b Thre plan (PN)	number	001			
					1c Effect	ctive date of 01/01/				
	oonsor's name and addr ONCERNS COUNCIL	ess; include room or suite number (employer, if for a single-	-employer plan)	2b Emp (EIN	mployer Identification Number				
3311 W CI F/	ARWATER AVENUE SL	IITE D200			2c Spor	Sponsor's telephone number 509-783-5695				
SUITE D200	, WA 99336-0000				2d Busi	Business code (see instructions) 561490				
3a Plan ad	dministrator's name and	address XSame as Plan Sponsor.			3b Administrator's EIN					
4 If the r	name and/or EIN of the p	lan sponsor has changed since the	last return/report filed for	or this plan, enter the	4b EIN		elephone number			
name, a Sponso		per from the last return/report.			4c PN					
· · ·		the beginning of the plan year			5a		2			
		the end of the plan year			5b		2			
		count balances as of the end of the			5c		2			
d(1) Tota	al number of active partic	cipants at the beginning of the plan	year		5d(1)		2			
		cipants at the end of the plan year			5d(2)		2			
Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested					5e		0			
		incomplete filing of this return/re			ise is estat	olished.				
Under pena SB or Sche	alties of perjury and othe	r penalties set forth in the instruction signed by an enrolled actuary, as w	ns, I declare that I have	examined this return/rep	ort, includi	ng, if applica	ble, a Schedule knowledge and			
SIGN	Filed with authorized/va									
HERE	Signature of plan adr	dministrator Date Enter name of individu				dual signing as plan administrator				
SIGN HERE										
	Signature of employe	er/plan sponsor ne, if applicable) and address (inclu	Date	Enter name of individu			or plan sponsor number (optional)			
		and OMB Control Numbers, see the in			Freparers		orm 5500-SE (2014)			

6a	6a Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)								
b	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.) X Yes No								
•	If you answered "No" to either line 6a or line 6b, the plan cannot use Form 5500-SF and must instead use Form 5500.								
		isurance p	rogram (see ERISA section 40)21)?		res	No Not determined		
Pa	rt III Financial Information								
7	Plan Assets and Liabilities		(a) Beginning of Yea		_		(b) End of Year		
<u>a</u>	Total plan assets	7a	2108		_		247999		
b	Total plan liabilities	7b		0		0			
C	Net plan assets (subtract line 7b from line 7a)	7c	2108	326			247999		
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b) Total		
а	Contributions received or receivable from:	8a(1)	138	374					
	 (1) Employers (2) Participants 	8a(2)	102						
	(2) Others (including rollovers)	8a(3)	1	12					
b	Other income (loss)		129						
		8b					37173		
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) Benefits paid (including direct rollovers and insurance premiums	8c			_		51115		
u	to provide benefits)	8d							
е	Certain deemed and/or corrective distributions (see instructions)	8e							
f	Administrative service providers (salaries, fees, commissions)	8f							
g	Other expenses	8g							
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							
i	Net income (loss) (subtract line 8h from line 8c)	8i					37173		
j	Transfers to (from) the plan (see instructions)	8j							
Pa	t IV Plan Characteristics	IJ							
9a	If the plan provides pension benefits, enter the applicable pension	feature co	des from the List of Plan Char	acteris	stic Co	des in	the instructions:		
	2E 2G 2J 3D								
b	If the plan provides welfare benefits, enter the applicable welfare fe	eature cod	es from the List of Plan Chara	cterist	ic Coc	les in tl	he instructions:		
Par									
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 Fidu			10a		х			
b	Were there any nonexempt transactions with any party-in-interest	-		TVa					
	on line 10a.)		-	10b		Х			
С	Was the plan covered by a fidelity bond?			10c	х		50000		
d	d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud								
	or dishonesty?			10d		Х			
е									
	insurance service, or other organization that provides some or all instructions.)		• •	10e		Х			
f	-					х			
	g Did the plan have any participant loans? (If "Yes," enter amount as of year end.)					Х			
	h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)					Х			
i	If 10h was answered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3								
Part	Part VI Pension Funding Compliance								
11	11 Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form 5500) and line 11a below).								
11a	a Enter the unpaid minimum required contribution for current year from Schedule SB (Form 5500) line 39 11a								
12	2 Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA?								
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)								
2	If a waiver of the minimum funding standard for a prior year is being			ctions	and	ontor th	Le date of the letter ruling		

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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)	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?	control		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) to which assets or liabilities were transferred. (See instructions.)								
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 Trust's EIN					

Form 5500-SF Short Form Annual Return/Report of Small Employee Benefit Plan						OMB Nos. 1210-0110 1210-0089			
Internal Revenue Service	This form is required to b	ee		2014					
Department of Labor Employee Benefits Security Administration	8(a) of) of This Form is Open to Public							
Pension Benefit Guaranty Corporation	Complete all entries in a	ccordance with the inst	uctions to the Form 55	00-SF.	Ir	spection			
Part I Annual Report Ic For calendar plan year 2014 or fisca	entification Information	01/01/2014	and ending	10/	21 /2014				
	a single-employer plan	the second s	plan (not multiemployer)		31/2014	x must attach a list			
A This return/report is for:	a one-participant plan the first return/report an amended return/report	of participating emp a foreign plan the final return/repo	oyer information in accor	rdance with	h the form ins	tructions)			
C Check box if filing under:	Form 5558	automatic extension		DFVC program					
	special extension (enter desc								
Part II Basic Plan Inform	mation enter all requested	information							
1a Name of plan					nree-digit an number				
HANFORD CONCERNS COU	NCIL 401K PROFIT SHAF	RING PLAN		(P	N) ►	001			
					fective date o L/01/1998	f plan			
2a Plan sponsor's name and addr HANFORD CONCERNS COUL	ess; include room or suite numb NCIL	eer (employer, if for a sing	e-employer plan)	2b Employer Identification Number (EIN) 20-2912450					
3311 W CLEARWATER AVENUE				2c Sponsor's telephone number (509) 783–5695					
SUITE D200 US KENNEWICK WA 99336-0000		2d Business code (see instructions) 561490							
3a Plan administrator's name and	address X Same as Plan Sp	onsor Name		3b Administrator's EIN					
If the name and/or EIN of the pl name, EIN, and the plan number	an sponsor has changed since er from the last return/report.	the last return/report filed	for this plan, enter the	4b EI	N				
a Sponsor's name	•			4c PN	1				
5a Total number of participants at	the beginning of the plan year			5a		2			
 b Total number of participants at i c Number of participants with acc 	the end of the plan year			5b		2			
C Number of participants with acc complete this item)	ount balances as of the end of t	ne plan year (defined ben	efit plans do not	5c		2			
d(1) Total number of active particip				5d(1)		2			
d(2) Total number of active particip				5d(2)		2			
e Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested						0			
Caution: A penalty for the late or	incomplete filing of this return	n/report will be assessed	l unless reasonable cau	use is esta	ablished.				
Under penalties of perjury and other SB or Schedule MB completed and belief, it is true, correct, and completed	penalties set forth in the instruction signed by an enrolled actuary, a	ctions. I declare that I have	examined this return/re	port inclus	ling if oppling	ble, a Schedule knowledge and			
HERE Signature of plan administ	strator	//_/ Date	Enter name of in divid	al aicesi					
SIGN Super		7/22/15	Enter name of individua	ai signing a	as plan admini	Istrator			
HERE Signature of employer/pla	al signing a	omployer o							
Preparer's name (including firm name, if applicable) and address; include room or suite number (optional)				1 ····		umber (optional)			
For Paperwork Reduction Act Not	ice and OMB Control Number	s, see the instructions fo	or Form 5500-SF.		Fo	rm 5500-SF (2014)			

_	Form 5500-SF 2014		Page 2		_				
6a	Were all of the plan's assets during the plan year invested in eligible	assate2 (S	on instructions)						
b						•••••		X Yes	No
	y - a sum of a water of the annual overmination and report of an independent qualined public accountant (IQEA)						X Yes	No	
	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.						*****	M 103	
С	If the plan is a defined benefit plan, is it covered under the PBGC ins	surance pro	gram (see ERISA section 402	1)?		TYe	s 🗌 No	Not de	etermined
P	art III Financial Information	and an							stermined
7	Plan Assets and Liabilities		(a) Paginning of Vag						
a	Total plan assets	7-	(a) Beginning of Yea		-		(b) End		
b	Total plan liabilities	7a 7b	210,8	0	-			247,	
c	Net plan assets (subtract line 7b from line 7a)	7b						121 202	0
8	Income, Expenses, and Transfers for this Plan Year	7c	210 , 8 (a) Amount			(b) 7	247,999		
а	Contributions received or receivable from:		(a) Amount				(b) T	otai	
8	(1) Employers	8a(1)	13,8	74					
	(2) Participants	8a(2)	3a(2) 10,2						
-	(3) Others (including rollovers)	8a(3)	1	12					
<u>b</u>	Other income (loss)	8b	12,9	87					
c d	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						37,	173
a	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d							
е	Certain deemed and/or corrective distributions (see instructions)	8e							
f	Administrative service providers (salaries, fees, commissions)	8f			-		-	-	
g	Other expenses	8g	-						
10000	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							
i	Net income (loss) (subtract line 8h from line 8c)	8i						37,	173
j	Transfers to (from) the plan (see instructions)	8j						57,	175
Pa	rt IV Plan Characteristics								
	If the plan provides welfare benefits, enter the applicable welfare feat rt V Compliance Questions								
10	During the plan year:				120 M				
a	Was there a failure to transmit to the plan any participant contribution	one within t			Yes	No		Amount	
	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduci	ary Correcti	on Program)	10a		x			
u	Were there any nonexempt transactions with any party-in-interest? on line 10a.)	(Do not inc	lude transactions reported	10b		x			
С				10c	х			5	0,000
d	Did the plan have a loss, whether or not reimbursed by the plan's fi	delity bond	that was caused by fraud						
	or dishonesty?			10d		х			
е	Were any fees or commissions paid to any brokers, agents, or othe insurance service, or other organization that provides some or all or instructions.)	f the benefit	s under the plan? (See	10e		v			
f	instructions.)					x x			
g						x			
h	If this is an individual account plan, was there a blackout period? (S			10g		~			
	2520.101-3.)			10h		x			
-	i If 10h was answered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3								
Par	t VI Pension Funding Compliance								
11	Is this a defined benefit plan subject to minimum funding requirement 5500) and line 11a below)	nts? (If "Yes	s," see instructions and compl	ete So	chedu	le SB (Form		X No
11a	Enter the unpaid minimum required contribution for current year fror		00/5						
12	Is this a defined contribution plan subject to the minimum funding re					2 of EF	RISA?	Yes	X No
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, a	is applicable	e.)						
а	If a waiver of the minimum funding standard for a prior year is being granting the waiver	amortized	in this plan year, see instruction Mon	ons, a th	nd en	ter the Day	date of the	e letter rulir Year	ng

Form 5500-SF 2014