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.

2014

OMB Nos. 1210-0110

1210-0089

This Form is Open to **Public Inspection**

Con sales !		rt Identification Information								
For calenda	ar plan year 2014 or	fiscal plan year beginning 01/01/2	014	and ending 12	2/31/2014					
A This ret	urn/report is for:	X a single-employer plan		r plan (not multiemployer) ployer information in accor	•					
		a one-participant plan	a foreign plan							
B This retu	ırn/report is	the first return/report	x the final return/repo	rt						
		an amended return/report	a short plan year re	turn/report (less than 12 m	nonths)					
C Check t	oox if filing under:	X Form 5558	automatic extension	n	DFVC program					
		special extension (enter descr	ription)							
Part II	Basic Plan Inf	formation—enter all requested inf	formation							
1a Name	•				1b Three-digit					
AMERICAN	MANUFACTURING	& ENGINEERING 401K PROFIT SH	HARING PLAN		plan number (PN) ▶	001				
					1c Effective date of					
2a Plan sr	nonsor's name and a	address; include room or suite numb	er (employer if for a sind	ile-employer plan)	2b Employer Ident					
AMERICAN N	MANUFACTURING	& ENGINEERING	or (omployor, in for a only	ne employer plan,		588388				
1513 CENTR	AL AVE S STE B				2c Sponsor's telep	phone number 20-8849				
KENT, WA 98					2d Business code	(see instructions)				
					3329	900				
3a Plan ad	dministrator's name	and address XSame as Plan Spons	sor.		3b Administrator's	EIN				
					3c Administrator's	·				
	FIN and the plan n	the plan sponsor has changed since	the last return/report file	d for this plan, enter the	4b EIN					
a Sponso		the plan sponsor has changed since number from the last return/report.	the last return/report file	d for this plan, enter the	4b EIN 4c PN					
a Sponso	or's name			· 	4c PN	7				
a Sponso	or's name number of participan	number from the last return/report.			4c PN					
a Sponso5a Total nb Total nc Number	or's name number of participan number of participan er of participants wit	ts at the beginning of the plan year	the plan year (defined be	enefit plans do not	4c PN 5a	C				
a Sponso5a Total nb Total nc Number complete	or's name number of participan number of participan er of participants wit ete this item)	ts at the beginning of the plan year ts at the end of the plan year h account balances as of the end of	the plan year (defined be	enefit plans do not	4c PN 5a 5b	C				
a Sponso 5a Total n b Total n c Number completed (1) Total	or's name number of participan number of participan er of participants wit ete this item) al number of active p	ts at the beginning of the plan yearts at the end of the plan yearh account balances as of the end of	the plan year (defined be	enefit plans do not	4c PN 5a 5b 5c	C C				
a Sponso 5a Total n b Total n c Number completed(1) Total d(2) Total e Number	or's name number of participan number of participan er of participants wit ete this item) al number of active p al number of active p r of participants that	ts at the beginning of the plan year ts at the end of the plan year h account balances as of the end of	the plan year (defined be lan yearar	enefit plans do not	4c PN 5a 5b 5c 5d(1)	C 7				
a Sponso 5a Total n b Total n c Number completed (1) Total d(2) Total e Number less that	or's name number of participan number of participan er of participants wit ete this item) al number of active p al number of active p r of participants that an 100% vested	ts at the beginning of the plan year ts at the end of the plan year h account balances as of the end of coarticipants at the beginning of the plan participants at the end of the plan year terminated employment during the p	the plan year (defined be an yeararararararara	enefit plans do not	4c PN 5a 5b 5c 5d(1) 5d(2) 5e	C 7				
a Sponso 5a Total n b Total n c Number completed (1) Total d(2) Total e Number less that Caution: A Under penal SB or Sche	number of participan number of participan er of participants wite tet this item)	ts at the beginning of the plan year ts at the end of the plan year th account balances as of the end of the plan year terminated employment during the plan year termin year terminated employment during the plan year terminated empl	the plan year (defined be an yeararar	enefit plans do not enefits that were ed unless reasonable ca	4c PN 5a 5b 5c 5d(1) 5d(2) 5e use is established. port, including, if applic	7 (cable, a Schedule				
a Sponso 5a Total n b Total n c Number completed (1) Total d(2) Total e Number less that Caution: A Under penal SB or Schebelief, it is t	or's name number of participan number of participan er of participants wit ete this item) al number of active p al number of active p or of participants that an 100% vested penalty for the late alties of perjury and edule MB completed irue, correct, and co	ts at the beginning of the plan year ts at the end of the plan year th account balances as of the end of the plan year terminated employment during the plan year termin year terminated employment during the plan year terminated empl	the plan year (defined be an yeararar	enefit plans do not enefits that were ed unless reasonable ca	4c PN 5a 5b 5c 5d(1) 5d(2) 5e use is established. port, including, if applic	7 (cable, a Schedule				
a Sponso 5a Total n b Total n c Number completed (1) Total d(2) Total e Number less that Caution: A Under penal SB or Schebelief, it is t	or's name number of participan number of participan er of participants wit ete this item) al number of active p al number of active p or of participants that an 100% vested penalty for the late alties of perjury and edule MB completed irue, correct, and co	ts at the beginning of the plan year ts at the end of the plan year h account balances as of the end of participants at the beginning of the plan terminated employment during th	the plan year (defined be assessed tions, I declare that I has well as the electronic value of the second of the s	enefit plans do not enefits that were	4c PN 5a 5b 5c 5d(1) 5d(2) 5e use is established. port, including, if applic	cable, a Schedule y knowledge and				
a Sponso 5a Total n b Total n c Number completed (1) Total d(2) Total e Number less that Caution: A Under penal SB or Schebelief, it is t	number of participan number of participan er of participants wite tet this item)	ts at the beginning of the plan year ts at the end of the plan year h account balances as of the end of participants at the beginning of the plan terminated employment during th	the plan year (defined because ar	enefit plans do not enefits that were	4c PN 5a 5b 5c 5d(1) 5d(2) 5e use is established. port, including, if appliet, and to the best of my	cable, a Schedule y knowledge and				
a Sponso 5a Total n b Total n c Number completed (1) Total d(2) Total e Number less that Caution: A Under penal SB or Schebelief, it is t SIGN HERE	number of participan number of participan er of participants wite this item)	ts at the beginning of the plan year ts at the end of the plan year h account balances as of the end of participants at the beginning of the plan terminated employment during th	the plan year (defined because ar	enefit plans do not enefits that were enefits that were ened unless reasonable car we examined this return/repor energy resion of this return/repor R. DEAN SPEARS Enter name of individe	4c PN 5a 5b 5c 5d(1) 5d(2) 5e use is established. port, including, if appliet, and to the best of my	y 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 runder 29 CFR 2520.104-46? (See instructions on waiver eligibility a figure of you answered "No" to either line 6a or line 6b, the plan cannot with the plan cannot want to the pl	an indeper and condit ot use Fo	ndent qualified public accounta ions.) rm 5500-SF and must instead	nt (IQ	PA) Form	5500.	X Yes No
	f the plan is a defined benefit plan, is it covered under the PBGC in	surance p	orogram (see ERISA section 40)21)? .		Yes	No Not determined
Par	III Financial Information		<u> </u>				
7	Plan Assets and Liabilities		(a) Beginning of Yea				(b) End of Year
	Total plan assets	7a	2203				0
	Total plan liabilities	7b		150	_		0
	Net plan assets (subtract line 7b from line 7a)	7c	2178	374	-		0
	ncome, Expenses, and Transfers for this Plan Year		(a) Amount				(b) Total
	Contributions received or receivable from: 1) Employers	8a(1)		0			
	2) Participants	8a(2)		0			
	3) Others (including rollovers)	8a(3)		0			
	Other income (loss)	8b	-2	242			
	Fotal income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c					-242
	Benefits paid (including direct rollovers and insurance premiums						
t	o provide benefits)	8d	2176				
e (Certain deemed and/or corrective distributions (see instructions)	8e		0			
<u>f</u>	Administrative service providers (salaries, fees, commissions)	8f		0			
<u>g</u> (Other expenses	8g		0			
	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h					217632
	Net income (loss) (subtract line 8h from line 8c)	8i					-217874
_ J	Fransfers to (from) the plan (see instructions)	8j		0			
	If the plan provides pension benefits, enter the applicable pension to 2A 2E 2G 2J 2K 3D If the plan provides welfare benefits, enter the applicable welfare fellows Compliance Questions						
10	During the plan year:				Yes	No	Amount
а b	Was there a failure to transmit to the plan any participant contribut 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu Were there any nonexempt transactions with any party-in-interest'	iciary Cor	rection Program)	10a		X	
	on line 10a.)	·····	'	10b		X	
C	Was the plan covered by a fidelity bond?			10c		X	
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	
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 as	s of year e	end.)	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 the exceptions to providing the notice applied under 29 CFR 2520.101			10i			
Part	VI Pension Funding Compliance						
11	Is this a defined benefit plan subject to minimum funding requirements 5500) and line 11a below)						
11a	Enter the unpaid minimum required contribution for current year from					11a	
12	Is this a defined contribution plan subject to the minimum funding					302 of	ERISA? Yes X No
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,						
а	If a waiver of the minimum funding standard for a prior year is bein granting the waiver.	ng amortiz	ed in this plan year, see instruc		, and e	enter th Day	

	F	Form 5500-SF 2014	Page 3 - 1					
lf y	ou c	ompleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Forr	n 5500), and skip to line 13.					
b	Ente	r the minimum required contribution for this plan year			12b			
С	Ente	r the amount contributed by the employer to the plan for this plan year			12c			
d		ract the amount in line 12c from the amount in line 12b. Enter the result ative amount)	`		12d			
е	Will t	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	Yes N	lo	
	If "Ye	es," enter the amount of any plan assets that reverted to the employer th	is year		. 13a			
b		e all the plan assets distributed to participants or beneficiaries, transferre e PBGC?		nder the	control		X Yes	No
С	If du	ring this plan year, any assets or liabilities were transferred from this planth assets or liabilities were transferred. (See instructions.)		e plan(s)	to			
1	3c(1)	Name of plan(s):		1:	3c(2) E	IN(s)	13c(3) 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 Limp cyce 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-c11-1210 606:

2014

This Form is Open to Public Inspection

Part I	Annual Repor	t identification information	<u> </u>		10/01/00	<u> </u>
or calenda	r plan year 2014 or i	fiscal plan year beginning	01/01/2014	and ending	12/31/20	
		X a single-employer plan	a multiple-employer pla	n (not multiemployer) (Filers checking this	box must attach a list
🕽 This retu	irn/report is for:		of participating employe	er information in accord	lance with the form	nstructions)
		a one-participant plan	a foreign plan			
B This return/report is		the first return/report	X the final return/report			
		an amended return/report	a short plan year return/	report (less than 12 mo	onths)	
		₩ e seeo	C sutamatic outagon		DFVC pro	aram
Check b	ox if filing under:	☐ Form 5558	automatic extension			g. u., ,
		special extension (enter desc	cription)			
Part II	Rasic Plan Inf	ormation—enter all requested in	nformation			
la Name d		Office an rogazioa n			1b Three-digit	
merica	n Manufactur	ring & Engineering 40	1K Profit Sharing	Plan	plan number	001
incr red		. 	-		(PN) ▶	
					1c Effective date 12/01/20	
2a Plan sp	onsor's name and a	address; include room or suite numb ring & Engineering	ber (employer, if for a single-e	employer plan)	(EIN) 03-0	entification Number รถถงงถ
america	n Manulactui	ing & Engineering			2c Sponsor's te	
1012 Co	mtral Ara C	C+o B			253-520-	
1213 Ce	entral Ave S	ste b				le (see instructions)
7 o 10 f		WA 98030			332900	io (oco manacharia)
Rent			neor		3b Administrator	's EIN
sa Pian ac	iministrator's name	and address XSame as Plan Spo	11501.			
					3c Administrator	r's telephone number
			a the lest return/report filed fo	rthic plan enter the	4b EIN	<u> </u>
4 If the n	ame and/or EIN of t	he plan sponsor has changed sinc number from the last return/report.	e the last returnmeport filed to	i tilis plati, enter the	4b Liiv	
a Sponso		idilibel from the last retains open.			4c PN	
		ts at the beginning of the plan year			5a	_
		ts at the end of the plan year				
		h account balances as of the end of				
comple	er of participants will ete this item)	III account parances as or the end c			5c	
d(1) Tota	al number of active p	participants at the beginning of the	plan year	(**************************************	5d(1)	
					5d(2)	
		participants at the end of the plan y				
e Numbe	er of participants that	t terminated employment during the	e plan year with accrued bene	nis that were	5e	
					use is established.	
	The second second	e or incomplete filing of this retu other penalties set forth in the instr	ructions. I declare that I have i	examineo inis retuinvie	SDOLL IIICIUUIIIG, II AP	plicable, a deliceate
SB or Sche	attles of perjury and edule MB completed	and signed by an enrolled actuary	, as well as the electronic vers	sion of this return/repor	t, and to the best of	my knowledge and
belief, it is t	true correct, and co	omplete	- 1 - 1 - 1 - 1 -			
SIGN	1 K) De	- Dear	7/29/15	R. Dean Spear	S	
HERE	Signature of plan	n administrator	Date	Enter name of individ	dual signing as plan	administrator
21011	<u> </u>	()				
SIGN HERE	<u> </u>		Data	Enter name of individ	dual signing as emp	loyer or plan sponsor
	Signature of emp	ployer/plan sponsor n name, if applicable) and address	(include room or suite number		Preparer's teleph	one number (optional)
Preparer's	name (including fire	n name, я аррясаріе) and adoress	finding total or auto name	· / /=[//		

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'aq	9	6.

Form	KKOO.	12.61	2014	
1 111111	DOMESTICAL STREET	- 102	Z.U 19	

							[] v ₂₂ [] No
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 If you answered "No" to either line 6a or line 6b, the plan canno	n independ and conditio	lent qualified public accountan	t (IQF	'A)		ST van Ei No
_	If you answered "No" to either line 6a or line 6b, the plan calling f the plan is a defined benefit plan, is it covered under the PBGC in	ot use ron	orram (see ERISA section 402	112		Yes [No. ☐ Not determined
		Surance pro	ogram (see LINGA section 402		11		
Par	t III Financial Information				Т		
7	Plan Assets and Liabilities		(a) Beginning of Year		-		(b) End of Year
<u>a</u>	Total plan assets	7a		0324	+		
b	Total plan liabilities	7b		2450	+		
	Net plan assets (subtract line 7b from line 7a)	7c	<u> </u>	787	± -		<u>V</u>
	Income, Expenses, and Transfers for this Plan Year		(a) Amount		+		(b) Total
	Contributions received or receivable from:	8a(1)		(0		
	(1) Employers	8a(2)					
	(2) Participants	8a(3)	· · · · · · · · · · · · · · · · · · ·				
	(3) Others (including rollovers)	8b		-24	2		
	Other income (loss)				+		-242
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) Benefits paid (including direct rollovers and insurance premiums	8c	<u></u>		+		
	to provide benefits)	8d _	21	763	2		
	Certain deemed and/or corrective distributions (see instructions)	8e			0		
	Administrative service providers (salaries, fees, commissions)	8f			0		<u>,</u>
	Other expenses	8g			0		
	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h					217632
	Net income (loss) (subtract line 8h from line 8c)	8i					-217874
_ <u></u>	Transfers to (from) the plan (see instructions)	8j			0		
, D-:	t IV Plan Characteristics						
9a	If the plan provides pension benefits, enter the applicable pension 2A 2E 2G 2J 2K 3D						
b	If the plan provides welfare benefits, enter the applicable welfare for	eature code	es from the List of Plan Charac	teristi	c Cod	es in th	ne instructions:
Par	t V Compliance Questions						
10	During the plan year:				Yes	No	Amount
а	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fid	uciary Corr	ection Program)	10a		Х	
b	Were there any nonexempt transactions with any party-in-interes on line 10a.)	t? (Do not i	nclude transactions reported	10b		Х	
	Was the plan covered by a fidelity bond?			10c		X	
	Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?	fidelity bo	nd, that was caused by fraud	10d	_	Х	
•	Were any fees or commissions paid to any brokers, agents, or of	her persons I of the ben	s by an insurance carrier, efits under the plan? (See			X	
	instructions.)			10e		 -	
f	Has the plan failed to provide any benefit when due under the pla	an?		10f		Х	
	Did the plan have any participant loans? (If "Yes," enter amount	as of year e	end.)	10g		Х	
	If this is an individual account plan, was there a blackout period? 2520.101-3.)	(See instru	ictions and 29 CFR	10h		X	
i	If 10h was answered "Yes," check the box if you either provided exceptions to providing the notice applied under 29 CFR 2520.10	the require	d notice or one of the	10i			
D							
11	t wis a defined banefit plan subject to minimum funding requirer	ments? (If "	Yes," see instructions and con	plete	Sche	dule St	3 (Form Yes No
	5500) and line 11a below)	from Scher	tule SB (Form 5500) line 39			11a	
	Enter the unpaid minimum required contribution for current year	nom sonet	ents of section 412 of the Code	e or s	ection		ERISA? Yes X No
12		y os sania	ente or section 412 or the cour	J. J.			
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below a lf a waiver of the minimum funding standard for a prior year is be	eing amortiz	ed in this plan year, see instru	ctions	s, and	enter t Day	he date of the letter ruling Year
	granting the waiver		IVIOI			Day	

	Fo	orm 5500-SF 2014	Page 3 -			,			·		
lf y	ou co	ompleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form	5500), and	ski	tip to line 13.			т			
b	Enter	the minimum required contribution for this plan year					12b				
			<u></u>					1			
С		the amount contributed by the employer to the plan for this plan year					12c	 			
d	Subtr negat	act the amount in line 12c from the amount in line 12b. Enter the result (c tive amount)	enter a mint	us s	sign to the left of	а	12d				
е	Will th	he minimum funding amount reported on line 12d be met by the funding o	deadline?					L Y	es	No	N/A
Part	VII	Plan Terminations and Transfers of Assets									
13a	Has a	a resolution to terminate the plan been adopted in any plan year?					X.	Yes	No		
	If "Ye	es," enter the amount of any plan assets that reverted to the employer this	s year		.,,		13a				Ç
b		e all the plan assets distributed to participants or beneficiaries, transferred				der the c	control			X Yes	No
С	If dur	ring this plan year, any assets or liabilities were transferred from this plan hassets or liabilities were transferred. (See instructions.)	to another	plar	n(s), identify the	plan(s) t	to				
,		Name of plan(s):	-			1:	3c(2) E	IN(s)		13c(3)	PN(s)
Part	VIII	Trust Information (optional)									
14a Name of trust						14b Trust's EIN					