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

Part I	Annual Repor	t identification information				
For calend	dar plan year 2014 or	fiscal plan year beginning 01/01/2	014	and ending 12	/31/2014	
A This re	eturn/report is for:	a single-employer plan		er plan (not multiemployer) oployer information in accord		
	•		,			
B This ret	turn/report is	ort				
		an amended return/report	a short plan year re	eturn/report (less than 12 m	onths)	
C Check	box if filing under:	Form 5558	automatic extension	on	DFVC p	program
		special extension (enter desc	ription)			
Part II	Basic Plan Inf	ormation—enter all requested in	formation			
1a Name COLUMBIA		EL INC PROFIT SHARING PLAN			1b Three-digir plan numb	
					1c Effective d	
	sponsor's name and a ASPHALT & GRAVE	nddress; include room or suite numb L INC	er (employer, if for a sin	gle-employer plan)		Identification Number 91-1036466
277 DADKEI	R BRIDGE ROAD					telephone number
	/A 98939-0000					code (see instructions)
						237310
3a Plan a	administrator's name a	and address XSame as Plan Spon	sor.		3b Administra	tor's EIN
					3c Administra	tor's telephone number
						•
4 If the	name and/or FIN of the	ha nian ananaar haa ahangad ainaa	the last voture/report file	ad for this plan anter the	4h FIN	
		he plan sponsor has changed since umber from the last return/report.	the last return/report life	ed for this plan, enter the	4b EIN	
a Spons	sor's name				4c PN	
5a Total	number of participant	ts at the beginning of the plan year.			5a	89
b Total	number of participant	ts at the end of the plan year			5b	67
		n account balances as of the end of		-	5c	59
d(1) To	tal number of active p	articipants at the beginning of the p	lan year		5d(1)	50
d(2) To	tal number of active p	participants at the end of the plan ye	ar		5d(2)	49
		terminated employment during the			5e	3
		e or incomplete filing of this retur			ise is establishe	d
		other penalties set forth in the instru				
	edule MB completed true, correct, and cor	and signed by an enrolled actuary,	as well as the electronic	version of this return/report	t, and to the best	of my knowledge and
		d/valid electronic signature.				
SIGN HERE			Data	Fatanasa a Cadhida		
CION	Signature of plan	administrator	Date	Enter name of individ	uai signing as pla	n administrator
SIGN HERE						
		. , .				
Preparer's		loyer/plan sponsor	Date			ployer or plan sponsor
Preparer's		loyer/plan sponsor name, if applicable) and address (i				ployer or plan sponsor hone number (optional)

	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 lif you answered "No" to either line 6a or line 6b, the plan cannot be a considerable with the considerable with th	an indeper and condit	ndent qualified public accounta ions.)	int (IQ	PA)				□ □	es [No No
C	f the plan is a defined benefit plan, is it covered under the PBGC in	surance p	rogram (see ERISA section 40	21)?		Yes	No	N	ot de	ermir	ned
Par	t III Financial Information	1									
7	Plan Assets and Liabilities		(a) Beginning of Yea				(b) Er	d of			
<u>a</u>	Total plan assets	7a	20614							8624	
	Total plan liabilities	7b	0004	0						6579	
	Net plan assets (subtract line 7b from line 7a)	7c	20614	144					236	2045	
	ncome, Expenses, and Transfers for this Plan Year Contributions received or receivable from:		(a) Amount				(b)	Tota	al		
	(1) Employers	8a(1)	1968	378							
	2) Participants	8a(2)	282	223							
	(3) Others (including rollovers)	8a(3)									
b	Other income (loss)	8b	1150)87							
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							34	0188	
	Benefits paid (including direct rollovers and insurance premiums oprovide benefits)	8d	275	582							
	Certain deemed and/or corrective distributions (see instructions)	8e									
f	Administrative service providers (salaries, fees, commissions)	8f	120	005							
	Other expenses	8g									
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							3	9587	
i	Net income (loss) (subtract line 8h from line 8c)	8i							30	0601	
j	Transfers to (from) the plan (see instructions)	8j									
b Part	If the plan provides welfare benefits, enter the applicable welfare for V Compliance Questions	eature cod	es from the List of Plan Charac	cterist	tic Cod	les in t	the instru	ction	s:		
10	During the plan year:				Yes	No		Aı	moun	t	
	Was there a failure to transmit to the plan any participant contribut 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidulations)	ıciary Corı	rection Program)	10a		X					
	Were there any nonexempt transactions with any party-in-interest on line 10a.)			10b		X					
	Was the plan covered by a fidelity bond?			10c	X					21	10000
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 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 2520.10			10i							
Part	VI Pension Funding Compliance										
11	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)								Υ	es X	No No
11a	Enter the unpaid minimum required contribution for current year fr	om Sched	ule SB (Form 5500) line 39			11a		-			
12	Is this a defined contribution plan subject to the minimum funding	requireme	ents of section 412 of the Code	or se	ection	302 of	ERISA?		Υ	es X	No
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,						<u> </u>		1		
а	If a waiver of the minimum funding standard for a prior year is beir granting the waiver.	-			, and 6 	enter th Day			letter ear _	rulin	g

	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

Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Report Identification Information

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

For	calendar plan year 2014 or	fiscal plan year beginning	01/01/2014	and ending	12/31/201	4
A	This return/report is for:	a single-employer plan a one-participant plan	a multiple-employer pof participating emplo	olan (not multiemployer) oyer information in accor	(Filers checking thi	s box must attach a list
В	This return/report is:	the first return/report	the final return/report			
		an amended return/report	a short plan year retu	rn/report (less than 12 n	nonths)	
С	Check box if filing under:	Form 5558 special extension (enter descri	automatic extension		DFVC pr	ogram
P	art II Basic Plan In	formation enter all requested				
1a	Name of plan	& GRAVEL INC PROFIT SHAR.			1b Three-digit plan number (PN) ▶	
					1c Effective da 05/01/1	
2a	Plan sponsor's name and	address; include room or suite number	er (employer, if for a single	e-employer plan)		dentification Number
	COLUMBIA ASPHALT	& GRAVEL INC			(EIN) 91	-1036466 elephone number
	377 PARKER BRIDGE ROAD					ode (see instructions)
	US PARKER WA 98939-000				237310	(000 111011 00110110)
3a	Plan administrator's name	and address X Same as Plan Spo	onsor Name		3b Administrat	or's EIN
					3c Administrat	or's telephone number
4		the plan sponsor has changed since tumber from the last return/report.	the last return/report filed t	or this plan, enter the	4b EIN	
a	Sponsor's name				4c PN	
5a	Total number of participan	its at the beginning of the plan year	•••••		5a	89
b		its at the end of the plan year			5b	67
С		th account balances as of the end of t		The state of the s	5c	59
d(1) Total number of active p	participants at the beginning of the pla	an year		5d(1)	50
d(2) Total number of active p	participants at the end of the plan year	r	***************************************	5d(2)	49
е	Number of participants that less than 100% vested	at terminated employment during the			5e	3
Ca	aution: A penalty for the la	te or incomplete filing of this retur	n/report will be assessed	d unless reasonable ca	use is established	d
SE		d other penalties set forth in the instru d and signed by an enrolled actuary, a complete.				
S	IGN /	anto Oal.	7-72-15	Gryle SHIE		
H	IERE Signature of plan a	drainistrator	Date	Enter name of individu	ual signing as plan	administrator
S	IGN	anto 000:	7-72-15	GAYLE SAID		
	IERE Signature of emplo		Date	Enter name of individu		
Pr	eparer's name (including firi	m name, if applicable) and address; in	nclude room or suite numb	er (optional)	Preparer's telept	none number (optional)

Were all of the plan's assets during the plan year invested in eligible						Х	es No
b Are you claiming a waiver of the annual examination and report of a	n independen	t qualified public accountant (l	QPA)				
under 29 CFR 2520.104-46? (See instructions on waiver eligibility at If you answered "No" to either line 6a or line 6b, the plan cannot If the plan is a defined benefit plan, is it covered under the PBGC instruction.	t use Form 5	500-SF and must instead us	e Fo	rm 55	00.		es No
	surance progr	am (see Litton section 4021)	: ••		lies	∐No ∐N	ot determine
Part III Financial Information		(1) 5					
7 Plan Assets and Liabilities		(a) Beginning of Year			(k	o) End of Yea	
a Total plan assets	7a	2,061,444				2,3	68,624
b Total plan liabilities	7b)	J) -			6,579
Net plan assets (subtract line 7b from line 7a) Income, Expenses, and Transfers for this Plan Year	7c	2 , 061 , 444 (a) Amount	1				62,045
a Contributions received or receivable from:	11	(a) Amount				(b) Total	
(1) Employers	8a(1)	196,878	3				
(2) Participants	8a(2)	28,22	3				
(3) Others (including rollovers)	8a(3)						
b Other income (loss)	8b	115,08	7				
Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c					3	40,188
d Benefits paid (including direct rollovers and insurance premiums to provide benefits)	. 8d	27,582	2				
Certain deemed and/or corrective distributions (see instructions)	8e						
Administrative service providers (salaries, fees, commissions)	. 8f	12,00	5			***************************************	
g Other expenses	. 8g			-			
h Total expenses (add lines 8d, 8e, 8f, and 8g)	8h				-		39,587
Net income (loss) (subtract line 8h from line 8c)	8i					3	00,601
Transfers to (from) the plan (see instructions)	. 8j	and the same of th					
2A 2D 2E 2G 2J 2K 3D 3H							
b If the plan provides welfare benefits, enter the applicable welfare feature.							
2A 2D 2E 2G 2J 2K 3D 3H b If the plan provides welfare benefits, enter the applicable welfare feat Part V Compliance Questions			stic C				unt
During the plan year: 2A 2D 2E 2G 2J 2K 3D 3H b If the plan provides welfare benefits, enter the applicable welfare feat Part V Compliance Questions During the plan year: Was there a failure to transmit to the plan any participant contribut	ature codes fr	om the List of Plan Characteris	stic C	odes	in the in	structions:	unt
b If the plan provides welfare benefits, enter the applicable welfare feature. Part V Compliance Questions During the plan year: Was there a failure to transmit to the plan any participant contribution 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidure)	ature codes fr tions within the	om the List of Plan Characteris	stic C	odes	in the in	structions:	unt
b If the plan provides welfare benefits, enter the applicable welfare feat Part V Compliance Questions During the plan year: Was there a failure to transmit to the plan any participant contribut	ature codes from the	om the List of Plan Characteris	stic C	odes	in the in	structions:	unt
b If the plan provides welfare benefits, enter the applicable welfare feature. Compliance Questions During the plan year: Was there a failure to transmit to the plan any participant contribution 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduce) Were there any nonexempt transactions with any party-in-interest	ature codes from the codes from the codes within the code of the c	om the List of Plan Characteris	stic C	odes	No X	structions:	
b If the plan provides welfare benefits, enter the applicable welfare feature. Compliance Questions During the plan year: Was there a failure to transmit to the plan any participant contribution 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidulian Were there any nonexempt transactions with any party-in-interest on line 10a.)	ature codes from the code of t	om the List of Plan Characteris	10a	Yes	No X	structions:	
b If the plan provides welfare benefits, enter the applicable welfare feature. Part V Compliance Questions During the plan year: Was there a failure to transmit to the plan any participant contribut 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidure). Were there any nonexempt transactions with any party-in-interest on line 10a.) Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?	tions within the ciary Correction (Do not incomplete the ciary bond,	om the List of Plan Characteriste time period described in on Program)	10a	Yes	No X	structions:	
During the plan year: Was there any nonexempt transactions with any party-in-interest on line 10a.) Was the plan covered by a fidelity bond? Was the plan have a loss, whether or not reimbursed by the plan's or dishonesty?	tions within the ciary Correction? (Do not incompletely bond, mer persons between the control of the ciary control	om the List of Plan Characteristee time period described in on Program) ude transactions reported that was caused by fraud	10a 10b	Yes	No X	structions:	
b If the plan provides welfare benefits, enter the applicable welfare feat Part V Compliance Questions During the plan year: Was there a failure to transmit to the plan any participant contribut 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidure) Were there any nonexempt transactions with any party-in-interest on line 10a.) Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty? Were any fees or commissions paid to any brokers, agents, or oth insurance service, or other organization that provides some or all	tions within the ciary Correction (Do not incomplete the complete the	om the List of Plan Characteristee time period described in on Program) ude transactions reported that was caused by fraud y an insurance carrier, s under the plan? (See	10a 10b	Yes	No X	structions:	
b If the plan provides welfare benefits, enter the applicable welfare feat Part V Compliance Questions During the plan year: Was there a failure to transmit to the plan any participant contribution 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidure book Were there any nonexempt transactions with any party-in-interest on line 10a.) Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty? Were any fees or commissions paid to any brokers, agents, or oth insurance service, or other organization that provides some or all instructions.)	tions within the ciary Correction of the benefit	that was caused by fraud y an insurance carrier, s under the plan? (See	10a 10b 10c	Yes	No X X	structions:	
During the plan year: Was there a failure to transmit to the plan any participant contributions on line 10a.) Was the plan covered by a fidelity bond? Was the plan have a loss, whether or not reimbursed by the plan's or dishonesty? Were any fees or commissions paid to any brokers, agents, or oth insurance service, or other organization that provides some or all instructions.)	tions within the ciary Correction (Do not incomplete persons boof the benefit in?	om the List of Plan Characteristee time period described in program) ude transactions reported that was caused by fraud y an insurance carrier, s under the plan? (See	10a 10b 10c 10d	Yes	No X X X X	structions:	
During the plan year: Was there a failure to transmit to the plan any participant contribution 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidure to line 10a.) Was the plan covered by a fidelity bond? Was the plan have a loss, whether or not reimbursed by the plan's or dishonesty? Were any fees or commissions paid to any brokers, agents, or oth insurance service, or other organization that provides some or all instructions.) But the plan have any participant loans? (If "Yes," enter amount as point to any brokers, agents, or other organization that provides some or all instructions.)	tions within the ciary Correction (Do not incomplete persons before persons befor	om the List of Plan Characteristee time period described in on Program) ude transactions reported that was caused by fraud y an insurance carrier, s under the plan? (See	10a 10b 10c 10d	Yes	No X X X X	structions:	
During the plan year: Was there a failure to transmit to the plan any participant contributions there are any nonexempt transactions with any party-in-interest on line 10a.) Was the plan covered by a fidelity bond? Was the plan have a loss, whether or not reimbursed by the plan's or dishonesty? Were any fees or commissions paid to any brokers, agents, or oth insurance service, or other organization that provides some or all instructions.)	tions within the ciary Correction of the benefit of the benefit of the ciary correction of the benefit of the benefit of the ciary correction of the benefit of the benefit of the ciary correction of the benefit of the benefit of the ciary correction of ciary correction of the ciary correction of the ciary correction	that was caused by fraud y an insurance carrier, s under the plan? (See	10a 10b 10c 10d	Yes	No X X X X	structions:	
b If the plan provides welfare benefits, enter the applicable welfare feat Part V Compliance Questions During the plan year: Was there a failure to transmit to the plan any participant contribution 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidure by Were there any nonexempt transactions with any party-in-interest on line 10a.) Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty? Were any fees or commissions paid to any brokers, agents, or oth insurance service, or other organization that provides some or all instructions.) Has the plan failed to provide any benefit when due under the planged by the plan have any participant loans? (If "Yes," enter amount at the lift this is an individual account plan, was there a blackout period?	tions within the ciary Corrections (Do not incomplete benefit in a soft year end (See instructions).	that was caused by fraud y an insurance carrier, s under the plan? (See	10a 10b 10c 10d 10e 10f	Yes	No X X X X X X X X	structions:	
During the plan year: Was there a failure to transmit to the plan any participant contributing 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidure to line 10a.) Was the plan covered by a fidelity bond? Was the plan have a loss, whether or not reimbursed by the plan's or dishonesty? Were any fees or commissions paid to any brokers, agents, or oth insurance service, or other organization that provides some or all instructions.) But the plan have any participant loans? (If "Yes," enter amount a lift this is an individual account plan, was there a blackout period? 2520.101-3.) If 10h was answered "Yes," check the box if you either provided to exceptions to providing the notice applied under 29 CFR 2520.10	tions within the ciary Corrections (Do not incomplete benefit in a soft year end (See instructions).	that was caused by fraud y an insurance carrier, s under the plan? (See	10a 10b 10c 10d 10e 10f 10g	Yes	No X X X X X X X X	structions:	
b If the plan provides welfare benefits, enter the applicable welfare feat Part V Compliance Questions During the plan year: Was there a failure to transmit to the plan any participant contribut 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidure to make the plan any participant contribut 29 CFR 2510.3-102? (See instructions with any party-in-interest on line 10a.) Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty? Were any fees or commissions paid to any brokers, agents, or oth insurance service, or other organization that provides some or all instructions.) Has the plan failed to provide any benefit when due under the planged by the plan failed to provide any benefit when due under the planged by the plan have any participant loans? (If "Yes," enter amount and if this is an individual account plan, was there a blackout period? 2520.101-3.) If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10	tions within the ciary Correction of the benefit of the benefit of the persons benefit of the person of the of the pe	om the List of Plan Characteristics of Plan Program) ude transactions reported that was caused by fraud y an insurance carrier, s under the plan? (See	10a 10b 10c 10d 10e 10f 10g 10h	Yes	No X X X X X X X X X X X X X X X X X X X	structions: Amou	210,000
b If the plan provides welfare benefits, enter the applicable welfare feat Part V Compliance Questions During the plan year: Was there a failure to transmit to the plan any participant contribution 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduse) Were there any nonexempt transactions with any party-in-interest on line 10a.) Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty? Were any fees or commissions paid to any brokers, agents, or oth insurance service, or other organization that provides some or all instructions.) Has the plan failed to provide any benefit when due under the plan of the plan have any participant loans? (If "Yes," enter amount and if this is an individual account plan, was there a blackout period? 2520.101-3.) If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10 Part VI Pension Funding Compliance 11 Is this a defined benefit plan subject to minimum funding requirements 5500) and line 11a below)	tions within the ciary Correction? (Do not incomplete fidelity bond, the persons because of the benefit of the benefit of the persons because of the benefit of the persons because of the benefit of the persons because of the persons because of the persons because of the persons of the perso	om the List of Plan Characteristics of Plan Characteristics of Plan Characteristics of Plan Characteristics of Program) ude transactions reported that was caused by fraud y an insurance carrier, sunder the plan? (See	10a 10b 10c 10d 10e 10f 10g 10h	Yes	No X X X X X X X X X X X X X X X X X X X	structions: Amou	210,000
b If the plan provides welfare benefits, enter the applicable welfare feat Part V Compliance Questions During the plan year: Was there a failure to transmit to the plan any participant contribution 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidure) Were there any nonexempt transactions with any party-in-interest on line 10a.) Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty? Were any fees or commissions paid to any brokers, agents, or other insurance service, or other organization that provides some or all instructions.) Has the plan failed to provide any benefit when due under the plan g Did the plan have any participant loans? (If "Yes," enter amount at h If this is an individual account plan, was there a blackout period? 2520.101-3.) If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10 Part VI Pension Funding Compliance 11 Is this a defined benefit plan subject to minimum funding required 5500) and line 11a below)	tions within the ciary Corrections (Do not incomplete the persons because of the benefit of the persons because of the benefit of the persons because of the per	that was caused by fraud y an insurance carrier, s under the plan? (See	10a 10b 10c 10d 10e 10f 10g 10h	Yes	No X X X X X X X X X X X X X X X X X X X	structions: Amou	210,000 Yes X N
b If the plan provides welfare benefits, enter the applicable welfare feature. O During the plan year: a Was there a failure to transmit to the plan any participant contribut 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidure 10a.) C Was the plan covered by a fidelity bond? d Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty? e Were any fees or commissions paid to any brokers, agents, or oth insurance service, or other organization that provides some or all instructions.) f Has the plan have any participant loans? (If "Yes," enter amount a lif this is an individual account plan, was there a blackout period? 2520.101-3.) 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 Part VI Pension Funding Compliance 11 Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below) 12 Is this a defined contribution plan subject to the minimum funding	tions within the ciary Corrections (Do not incomplete persons because of the benefit of the persons because of the benefit of the persons because of the persons of the p	om the List of Plan Characteristics of the List of the	10a 10b 10c 10d 10e 10f 10g 10h	Yes	No X X X X X X X X X X X X X X X X X X X	structions: Amou	210,000
b If the plan provides welfare benefits, enter the applicable welfare feat Part V Compliance Questions During the plan year: Was there a failure to transmit to the plan any participant contribution 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidure) Were there any nonexempt transactions with any party-in-interest on line 10a.) Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty? Were any fees or commissions paid to any brokers, agents, or other insurance service, or other organization that provides some or all instructions.) Has the plan failed to provide any benefit when due under the plan g Did the plan have any participant loans? (If "Yes," enter amount at h If this is an individual account plan, was there a blackout period? 2520.101-3.) If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10 Part VI Pension Funding Compliance 11 Is this a defined benefit plan subject to minimum funding required 5500) and line 11a below)	tions within the ciary Corrections (Do not incomplete persons because of the benefit of the persons because of the benefit of the persons because of the benefit of the persons because of the persons because of the persons because of the persons because of the persons of the p	om the List of Plan Characteristics of the List of Plan Characteristics of Plan Characteristics of Plan Characteristics of Program) ude transactions reported that was caused by fraud y an insurance carrier, sunder the plan? (See) ons and 29 CFR otice or one of the s," see instructions and complete SB (Form 5500) line 39 s of section 412 of the Code or lie.)	10a 10b 10c 10d 10e 10f 10g 10h 10i	Yes X	No X X X X X X X X X X X X X X X X X X X	Structions: Amou	210,00 Yes X

Form 5500-SF 2014	Page 3-		
If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form	m 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 negative amount)	,	12d	
e 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?		I D	es X No
If "Yes," enter the amount of any plan assets that reverted to the employer to	his year	13a	
b Were all the plan assets distributed to participants or beneficiaries, transferr of the PBGC?			Yes X No
C 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) t	0	
13c(1) Name of plan(s):	1:	3c(2) EIN	1(s) 13c(3) PN(s)
Part VIII Trust Information (optional)			
14a Name of trust		14b	Trust's EIN