## 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.

For calendar plan, year 2014 of fiscal plan year beginning of 161/2014 and andring 123/102/14  A This return/report is I a single-employer plan   a multiple-employer plan (or multiemployer) (Plans checking this box must attach a list of participating employer information in accordance with the form instructions) a foreign plan   a one-participant plan   a one-participant plan   a foreign plan   a manufact return/report   the first return/report   the first return/report   the first return/report   a short plan year return/report (less than 12 months)    C Check box if tilling under:	Part I		t identification information	on						
A This return/report is for:    a one-participant plan   do foreign plan   do foreig	For calenda	ar plan year 2014 or f	iscal plan year beginning 01/01	01/2014 and ending 12/31/2014						
B This return/report is	A This ret									
C Check box if filling under:    Form 5558			a one-participant plan	a foreign plan						
C Check box if filing under:	<b>B</b> This retu	ırn/report is	the first return/report	the final return/report						
Part II   Basic Plan Information—enter all requested information			an amended return/report	a short plan year return	n/report (less than 12 mc	onths)				
Part II Basic Plan Information—enter all requested information  1a Name of plan LAKESIDE HOLDINGS LL C 401 K PROFIT SHARING PLAN TRUST  2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) AKESIDE HOLDINGS LL C  2b Employer Identification Number (EIN) 20-5421567  2c Sponsor's telephone number 208-292-0250  2d Susiness code (see instructions) 541800  3a Plan administrator's name and address [\$\subseteq\$same as Plan Sponsor.  4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN, and the plan number from the last return/report.  4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN, and the plan number from the last return/report.  4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN, and the plan number from the last return/report.  4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN, and the plan number from the last return/report.  5 Table Inventor of participants at the beginning of the plan year.  5 Table Inventor of participants at the end of the plan year.  5 Table Inventor of participants at the end of the plan year.  5 Table Inventor of participants at the description of the plan year.  5 Table Inventor of participants at the end of the plan year.  5 Table Inventor of participants at the description of the plan year.  5 Table Inventor of participants at the description of the plan year.  5 Table Inventor of participants at the description of the plan year.  5 Table Inventor of participants at the description of the plan year.  5 Table Inventor of participants at the description of the plan year.  5 Table Inventor of participants at the description of the plan year.  5 Table Inventor of participants at the end of the plan year.  5 Table Inventor of participants a	C Check b	oox if filing under:		Ш		DFVC program				
14 Name of plan  LAKESIDE HOLDINGS LL C 401 K PROFIT SHARING PLAN TRUST  2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan)  AKESIDE HOLDINGS LLC  2b Employer Identification Number (EIN) 0 50-8421657  2c Sponsor's telephone number (EIN) 0 5048142637  2d Business code (see instructions)  5a Plan administrator's name and address Same as Plan Sponsor.  4 If the name and/or EIN of the plan sponsor has changed since the last return/report filled for this plan, enter the name, EIN, and the plan number from the last return/report.  3 Sponsor's name  4 If the name and/or EIN of the plan sponsor has changed since the last return/report filled for this plan, enter the name, EIN, and the plan number from the last return/report.  4 If the name and/or EIN of the plan sponsor has changed since the last return/report filled for this plan, enter the name, EIN, and the plan number from the last return/report.  4 Description of the plan sponsor has the beginning of the plan year.  5 The standard of the plan sponsor has changed since the last return/report filled for this plan, enter the name, EIN, and the plan number from the last return/report.  5 The standard of EIN of the plan sponsor has changed since the last return/report filled for this plan, enter the name, EIN, and the plan number from the last return/report.  5 The standard of EIN of the plan sponsor has changed since the last return/report filled for this plan, enter the name, EIN, and the plan number from the last return/report.  5 The standard of EIN of the plan sponsor has changed since the last return/report filled for this plan, enter the name, EIN, and the plan number from the last return/report.  5 The standard of EIN of the plan sponsor has changed since the last return/report filled for this plan, enter the name, EIN, and the plan number from the last return/report.  5 The standard of EIN of the plan sponsor has changed since the last return/report filled for this plan, enter the name, EIN, and the plan			special extension (enter de	escription)						
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208-292-0250	<b>2a</b> Plan sp AKESIDE H	consor's name and a	ddress; include room or suite nur	mber (employer, if for a single-	-employer plan)	2b Employer Ider	ntification Number			
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a Sponsor's name  5a Total number of participants at the beginning of the plan year						<b>3c</b> Administrator'	s telephone number			
b Total number of participants at the end of the plan year					or this plan, enter the		s telephone number			
c Number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item)	name, <b>a</b> Sponso	, EIN, and the plan nu or's name	umber from the last return/report.		·	4b EIN 4c PN	s telephone number			
d(1) Total number of active participants at the beginning of the plan year	name, <b>a</b> Sponso	, EIN, and the plan nu or's name	umber from the last return/report.		·	4b EIN 4c PN				
d(2) Total number of active participants at the end of the plan year	a Sponso	, EIN, and the plan nu or's name number of participant	umber from the last return/report.	ar		4b EIN 4c PN 5a	17			
Possible 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 belief, it is true, correct, and complete.  SIGN HERE  Filed with authorized/valid electronic signature.  O7/31/2015  MELISSA WELLS  Enter name of individual signing as plan administrator  Date  Enter name of individual signing as employer or plan sponsor	name, a Sponso 5a Total r b Total r c Number	EIN, and the plan nu or's name number of participants number of participants er of participants with	s at the beginning of the plan years at the end of the plan years account balances as of the end	arl of the plan year (defined bene	efit plans do not	4b EIN  4c PN  5a  5b	17 25			
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Signature of plan administrator  Date Enter name of individual signing as plan administrator  SIGN HERE Signature of employer/plan sponsor  Date Enter name of individual signing as employer or plan sponsor	name, a Sponsor b Total r c Number completed (1) Total d(2) Total e Number less the Caution: A Under pena	EIN, and the plan nuor's name number of participants number of participants er of participants with ete this item)	s at the beginning of the plan years at the end of the plan years	ar  I of the plan year (defined beneate plan year	efit plans do not  efits that were  unless reasonable causexamined this return/rep	4b EIN  4c PN  5a  5b  5c  5d(1)  5d(2)  5e  use is established. port, including, if appli	17 25 23 15 22 0			
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Preparer's name (including firm name, if applicable) and address (include room or suite number ) (optional)  Preparer's telephone number (optional)	name, a Sponsor b Total r c Number completed (1) Total d(2) Total e Number less the Caution: A Under penass or Schebelief, it is the SIGN HERE	EIN, and the plan nuor's name number of participants number of participants er of participants with ete this item)	s at the beginning of the plan years at the end of the plan years	ar	efit plans do not  efits that were  unless reasonable caue examined this return/report,  MELISSA WELLS	4b EIN  4c PN 5a 5b 5c 5d(1) 5d(2) 5e use is established. port, including, if applic, and to the best of n	17 25 23 15 22 0 licable, a Schedule ny knowledge and			
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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 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 support of the support of the plan c	an indeper and conditi	ndent qualified public accounta	int (IQ	PA)				<u></u>	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	X	lot de	ermir	ned
Par	t III Financial Information	•			1						
7	Plan Assets and Liabilities		(a) Beginning of Yea				(b) E	nd of			
<u>a</u>	Total plan assets	7a	1620						18	4650	
	Total plan liabilities	7b	4006	0					4.0	0	
	Net plan assets (subtract line 7b from line 7a)	7c	1620	)26	-				18	4650	
	Income, Expenses, and Transfers for this Plan Year  Contributions received or receivable from:		(a) Amount				(b	) Tot	al		
	(1) Employers	8a(1)		0							
	(2) Participants	8a(2)	237	715							
	(3) Others (including rollovers)	8a(3)		0							
b	Other income (loss)	8b	91	133							
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							3	2848	
	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	101	159							
	Certain deemed and/or corrective distributions (see instructions)	8e		0							
f	Administrative service providers (salaries, fees, commissions)	8f		65							
g	Other expenses	8g		0							
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							1	0224	
i	Net income (loss) (subtract line 8h from line 8c)	8i							2	2624	
j	Transfers to (from) the plan (see instructions)	8j		0							
b Part	If the plan provides welfare benefits, enter the applicable welfare for V Compliance Questions	eature cod	es from the List of Plan Chara	cterist	tic Cod	les in t	he instru	uction	is:		
10	During the plan year:				Yes	No		Α	moun	t	
	Was there a failure to transmit to the plan any participant contribution 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidure)	ıciary Corr	ection Program)	10a		X					
b	<b>b</b> Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)					Χ					
c	Was the plan covered by a fidelity bond?			10c	X					2	0000
d	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	g Did the plan have any participant loans? (If "Yes," enter amount as of year end.)					X					
h	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)					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	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
<u>11a</u>	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>				
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 _	ruling	]

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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):		<b>13c(2)</b> EI	N(s)	<b>13c(3)</b> PN(s)

14b Trust's EIN

Part VIII Trust Information (optional)

14a Name of trust