For	m 5500-SF	-SF Short Form Annual Return/Report of Small Employee Benefit Plan					OMB Nos. 1210-0110 1210-0089		
	rtment of the Treasury nal Revenue Service	This form is required to be file			Retirement	2014			
	Department of Labor ree Benefits Security Administration Income Security Act of 1974 (ERISA), and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).						orm is Open to c Inspection		
	enefit Guaranty Corporation	Complete all entries in	accordance with the i	nstructions to the Form	5500-SF.	r ubii	cinspection		
Part I		Ientification Information	04.4	and anding 1	0/04/0044				
For calenda	ar plan year 2014 or fisca			<u> </u>	2/31/2014				
	urn/report is for:	a single-employer plan a one-participant plan the first return/report		er plan (not multiemployer nployer information in acco		-			
		an amended return/report	H .	eturn/report (less than 12 r	nonths)				
C. Check	box if filing under:	Form 5558	automatic extensi	on		FVC progra	n		
• checki		special extension (enter descr	iption)						
Part II	Basic Plan Inform	mation—enter all requested inf	formation		_				
<b>1a</b> Name GENERAL F		. PROFIT SHARING PLAN			(PN)	number	001		
					1c Effect	tive date of 09/28/			
2a Plan s GENERAL P	ponsor's name and addr UMP MECHANICS INC.	ess; include room or suite numb	er (employer, if for a sir	ngle-employer plan)	2b Emp (EIN)		cation Number		
	LE DEEP CREEK ROAD		ITTLE DEEP CREEK	RD.	2c Spor	nsor's teleph 509-238	one number -3192		
COLBERT, V	VA 99005	COLBER	T, WA 99005		2d Busir	ness code (s 22130	ee instructions)		
3a Plan a	dministrator's name and	address XSame as Plan Spons	sor.		3b Admi	inistrator's E	IN		
		plan sponsor has changed since	the last return/report fil	ed for this plan, enter the	4b EIN				
	, EIN, and the plan numb or's name	per from the last return/report.			<b>4c</b> PN				
<u> </u>		the beginning of the plan year					2		
<b>b</b> Total r	number of participants at	the end of the plan year					2		
C Numb	er of participants with ac	count balances as of the end of	the plan year (defined l	penefit plans do not	50		2		
<b>d(1)</b> Tota	al number of active partic	cipants at the beginning of the pl	an year		5d(1)		2		
<b>d(2)</b> Tot	al number of active partie	cipants at the end of the plan yea	ar		5d(2)		2		
		ninated employment during the p			5e		0		
		incomplete filing of this return			use is estat	lished.			
SB or Sche		r penalties set forth in the instruc signed by an enrolled actuary, a ete.							
SIGN	Filed with authorized/va								
HERE	Signature of plan adr	ninistrator	Date	Enter name of indivi	dual signing	as plan adm	inistrator		
SIGN HERE									
Preparer's JAMES R H SCHOEDEL	ARLESS CPA & SCHOEDEL, CPAS ERSIDE, SUITE 1420	er/plan sponsor ne, if applicable) and address (ir	Date Include room or suite nu	Enter name of indivi mber ) (optional)			number (optional)		
For Paperwe	ork Reduction Act Notice	and OMB Control Numbers, see th	e instructions for Form 5	500-SF.		F	orm 5500-SF (2014)		

6a	Were all of the plan's assets during the plan year invested in eligible	le assets?	(See instructions.)				X Yes No
b	Are you claiming a waiver of the annual examination and report of a						X Yes No
	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						
с	If the plan is a defined benefit plan, is it covered under the PBGC in						No Not determined
-	t III Financial Information			,			
7	Plan Assets and Liabilities		(a) Paginning of Vac				(b) End of Yoor
<u>′</u>	Total plan assets	7a	(a) Beginning of Yea		_		(b) End of Year 62262
	Total plan liabilities	7a 7b					
	Net plan assets (subtract line 7b from line 7a)	70 70	538	327			62262
8	Income, Expenses, and Transfers for this Plan Year	10	(a) Amount				(b) Total
-	Contributions received or receivable from:						
	(1) Employers	8a(1)	36	680			
	(2) Participants	8a(2)					
	(3) Others (including rollovers)	8a(3)					
b	Other income (loss)	8b	47	'55			
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c			_		8435
d	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					
	Other expenses	8g					
	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h					
i	Net income (loss) (subtract line 8h from line 8c)	8i					8435
j	Transfers to (from) the plan (see instructions)	8j					
Par	t IV Plan Characteristics						
	If the plan provides pension benefits, enter the applicable pension	feature co	des from the List of Plan Chara	acteris	stic Co	des in	the instructions:
	2E 2G						
b	If the plan provides welfare benefits, enter the applicable welfare fe	eature cod	es from the List of Plan Charac	cterist	ic Cod	les in th	ne instructions:
Part	V Compliance Questions						
10	During the plan year:				Yes	No	Amount
	Was there a failure to transmit to the plan any participant contribution	tions within	n the time period described in		105	110	Amount
	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu	uciary Corr	ection Program)	10a		Х	
b	Were there any nonexempt transactions with any party-in-interest			404		х	
	on line 10a.)			10b			
<u>с</u>	Was the plan covered by a fidelity bond?			10c		Х	
d	Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?			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.)			10e		Х	
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	nd.)	10g		Х	
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 th exceptions to providing the notice applied under 29 CFR 2520.10			10i		x	
Part	VI Pension Funding Compliance						
11	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)						
11a	Enter the unpaid minimum required contribution for current year fr					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? 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	ng amortize	ed in this plan year, see instruc	ctions	, and e	enter th	e date of the letter ruling

Page 3 - 1

If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.				
<b>b</b> Enter the minimum required contribution for this plan year		12b		
<b>C</b> Enter the amount contributed by the employer to the plan for this plan year		12c		
<b>d</b> Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left onegative amount)	of a	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>b</b> Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought u of the PBGC?	control		Yes 🗙 No	
<b>C</b> If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify th which assets or liabilities were transferred. (See instructions.)	e plan(s)	to		
13c(1) Name of plan(s):	1	3c(2) El	IN(s)	<b>13c(3)</b> PN(s)
Part VIII Trust Information (optional)				
14a Name of trust		<b>14b</b> ⊺⊧	rust's EIN	

Form 5500-SF	Short Form	Annual Return/I Benefit	Report of Small I Plan	Empl	oyee	OMB N	los. 1210-0110 1210-0089
Department of the Treasury Internal Revenue Service			under sections 104 and 4065 of the Employee f 1974 (ERISA), and sections 6057(b) and 6058(a)				
Department of Labor Employee Benefits Security Administration	0	f the Internal Revenu	e Code (the Code).				m is Open
Pension Benefit Guaranty Corporation Part I Annual Report	Complete all entries Identification Information		n the instructions to	the Fo	orm 5500-SF.	to Public	Inspection
For calendar plan year 2014 or fi		01/01/20	14	and e	nding 1	2/31/20	14
A This return/report is for:	X a single-employer		ple-employer plan (not m	ultiem			
		· (***)	cipating employer inform	ation i	n accordance with	n the form instru	ctions)
	a one-participant p		gn plan				
<b>B</b> This return/report is	the first return/rep		al return/report t plan year return/repo	ort (les	s than 12 mont	hs)	
C Check box if filing under:	Form 5558	· []	atic extension	лт (100		DFVC progra	m
<del>_</del>		(enter description)					
human	rmation - enter all requ	uested information					
1a Name of plan GENERAL PUMP MEC	שאאדריפ דארי ז	ססרפידיי פעאם	TNC DLAN	1b	Three-digit plan number (	PN)	001
GENERAL FOMP MEC	IIANICO INC. I	rtofii biirt		1c	Effective date	of plan	
2a Plan sponsor's name and addre	sst include room or suite nu	mber (employer, if for s	ingle-employer plan)	2b	Employer Ider	8/2006	ber (EIN)
GENERAL PUMP MEC		mbor (omproyor, ir ior o	inglo omproyor plany			054601	
				2c	Sponsor's tele		r
9325 E. LITTLE D	EEP CREEK ROA	AD			9-238-31		
COLBERT	WA 990	005		2d	Business code 2213	•	ions)
<b>3a</b> Plan administrator's name a		s Plan Sponsor.	··· <u>,</u>	3b	Administrator'		
	leaved.	·					
				3c	Administrator'	's telephone n	umber
4 If the name and/or EIN of the	plan sponsor has change	ed since the last retu	rn/report filed for this	4b	EIN		
plan, enter the name, EIN, an	d the plan number from t	he last return/report.					
a Sponsor's name				4c	PN		
5a Total number of participant	rs at the beginning of the	plan vear		5a			2
<b>b</b> Total number of participant		• •		5b			2
C Number of participants with	n account balances as of	the end of the plan y	vear (defined				
benefit plans do not compl				5c	. <u>.</u>		2
d (1) Total number of active				5d(1 5d(2			2
<ul> <li>d (2) Total number of active</li> <li>e Number of participants that</li> </ul>		, , .	with accrued	00(2	·/		4
benefits that were less that				5e		•	0
Caution: A penalty for the late	e or incomplete filing of	this return/report w	ill be assessed unles	ss rea	sonable cause	is establishe	<u>d.</u>
Under penalties of perjury and o Schedule SB or Schedule MB or my knowledge and belief, g is tr	mpleted and signed by a complete	an enrolied actuary, a	as well as the electron	ninea ic vers	this return/repo sion of this retur	rn/report, and	to the best of
	Jul	1/5/5	MARKR	]	AUKE	LI	
Signature of plan admi	nistrator 🧹	Date /	Enter name of indiv	vidual	signing as plan	administrator	
SIGN HERE							
Signature of employer	/plan sponsor	Date	Enter name of indiv	vidual	signing as emp	loyer or plan s	ponsor
Preparer's name (including firm	name, if applicable) and	address (include roo	m or suite number) (o	ptiona	I) Preparer's te	lephone numb	oer (optional)
JAMES R HARLESS	CPA				(509)74	7-2158	
SCHOEDEL & SCHOE							
422 W. RIVERSIDE		201					
SPOKANE	WA 991	6 U L					

	Were all of the plan's assets during the plan year invested in eligible assets?	See instri	uctions.)					X Yes		No
	Are you claiming a waiver of the annual examination and report of an indepen									
	(IQPA) under 29 CFR 2520.104-46? (See instructions on waiver eligibility and							X Yes	[	No
	If you answered "No" to either line 6a or line 6b, the plan cannot use Forr							<u> </u>	L.,	
<u> </u>	If the plan is a defined benefit plan, is it covered under the PBGC insurance program (se					es	No	Not	detern	nined
Pa	rt III Financial Information									
7	Plan Assets and Liabilities		(a) Beg	inning	of Ye	ar	(1	o) End o	Year	
a	Total plan assets	7a		5	3,8	27			62,	262
b	Total plan liabilities	. 7b								
c	Net plan assets (subtract line 7b from line 7a)	. 7c		5	3,8	27			62,	262
8	Income, Expenses, and Transfers for this Plan Year		(a)	) Amou	int			(b) To	tal	
а	Contributions received or receivable from:									
	(1) Employers	. 8a(1)			<u>3,6</u>	80				
	(2) Participants	8a(2)								
	(3) Others (including rollovers)	. 8a(3)								
b	Other income (loss)	8b			4,7	55	STA	TEMEI	VT 1	
<u> </u>	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	. 8c							8,	435
d	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)	<u>8f</u>								
g	Other expenses	. 8g								
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	. 8h								
i	Net income (ioss) (subtract line 8h from line 8c)	<u>8i</u>							8,	435
, i	Transfers to (from) the plan (see instructions)	. 8j								
Pa	rt IV Plan Characteristics							•		
Pa	rt V Compliance Questions									
10	During the plan year:									
а					Yes	No		Amou	nt	
	Was there a failure to transmit to the plan any participant contributions within the time	period des	cribed		Yes	No		Amou	nt	
	Was there a failure to transmit to the plan any participant contributions within the time in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correc	,		10a	Yes	No X		Amou	nt	
b		tion Prog		10a	Yes			Amou	nt	
b 	in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correc	tion Prog Include		10a 10b	Yes			Amou	nt	
	in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correct Were there any nonexempt transactions with any party-in-interest? (Do not in	tion Prog Include			Yes	x		Amou	nt	
	in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correct Were there any nonexempt transactions with any party-in-interest? (Do not in transactions reported on line 10a.)	tion Prog		10b	Yes	x x		Amou	nt	
	in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correct Were there any nonexempt transactions with any party-in-interest? (Do not in transactions reported on line 10a.) Was the plan covered by a fidelity bond?	nclude nclude nd, that		10b	Yes	x x		Amou	nt	
	in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correct Were there any nonexempt transactions with any party-in-interest? (Do not in transactions reported 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 fidelity bor	tion Prog nclude 	ram.)	10b 10c	Yes	x x x		Amou	nt	
	in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correct Were there any nonexempt transactions with any party-in-interest? (Do not in transactions reported 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 fidelity bor was caused by fraud or dishonesty?	tion Prog nclude nd, that	ram.)	10b 10c	Yes	x x x x		Amou	nt	
d	<ul> <li>in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correct</li> <li>Were there any nonexempt transactions with any party-in-interest? (Do not in transactions reported on line 10a.)</li> <li>Was the plan covered by a fidelity bond?</li> <li>Did the plan have a loss, whether or not reimbursed by the plan's fidelity bor was caused by fraud or dishonesty?</li> <li>Were any fees or commissions paid to any brokers, agents, or other persons carrier, insurance service, or other organization that provides some or all of t the plan? (See instructions.)</li> </ul>	tion Prog nclude nd, that	ram.)	10b 10c	Yes	x x x x x		Amou	nt	
d	in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correct Were there any nonexempt transactions with any party-in-interest? (Do not in transactions reported 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 fidelity bor was caused by fraud or dishonesty? Were any fees or commissions paid to any brokers, agents, or other persons carrier, insurance service, or other organization that provides some or all of t	tion Prog nclude nd, that	ram.)	10b 10c 10d	Yes	x x x x x x		Amou	nt	
e f	<ul> <li>in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correct</li> <li>Were there any nonexempt transactions with any party-in-interest? (Do not in transactions reported on line 10a.)</li> <li>Was the plan covered by a fidelity bond?</li> <li>Did the plan have a loss, whether or not reimbursed by the plan's fidelity bor was caused by fraud or dishonesty?</li> <li>Were any fees or commissions paid to any brokers, agents, or other persons carrier, insurance service, or other organization that provides some or all of t the plan? (See instructions.)</li> <li>Has the plan failed to provide any benefit when due under the plan?</li> <li>Did the plan have any participant loans? (If "Yes," enter amount as of year enter amount and year enter amount as of year enter amount and year enter amount and year enter amount as o</li></ul>	tion Prog nclude nd, that by an ins he benefit	ram.)	10b 10c 10d	Yes	x x x x x		Amou	nt	
e f	<ul> <li>in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correct</li> <li>Were there any nonexempt transactions with any party-in-interest? (Do not in transactions reported on line 10a.)</li> <li>Was the plan covered by a fidelity bond?</li> <li>Did the plan have a loss, whether or not reimbursed by the plan's fidelity bor was caused by fraud or dishonesty?</li> <li>Were any fees or commissions paid to any brokers, agents, or other persons carrier, insurance service, or other organization that provides some or all of t the plan? (See instructions.)</li> <li>Has the plan failed to provide any benefit when due under the plan?</li> <li>Did the plan have any participant loans? (If "Yes," enter amount as of year e</li> <li>If this is an individual account plan, was there a blackout period? (See instructions)</li> </ul>	tion Prog nclude nd, that by an ins he benefit nd.)	ram.)	10b 10c 10d 10d 10e 10f	Yes	x x x x x x x x x		Amou	nt	
c c f f	<ul> <li>in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correct</li> <li>Were there any nonexempt transactions with any party-in-interest? (Do not in transactions reported on line 10a.)</li> <li>Was the plan covered by a fidelity bond?</li> <li>Did the plan have a loss, whether or not reimbursed by the plan's fidelity bor was caused by fraud or dishonesty?</li> <li>Were any fees or commissions paid to any brokers, agents, or other persons carrier, insurance service, or other organization that provides some or all of t the plan? (See instructions.)</li> <li>Has the plan failed to provide any benefit when due under the plan?</li> <li>Did the plan have any participant loans? (If "Yes," enter amount as of year e</li> <li>If this is an individual account plan, was there a blackout period? (See instruand 29 CFR 2520.101-3.)</li> </ul>	tion Prog nclude d, that by an ins he benefit nd.)	ram.)	10b 10c 10d 10d 10e 10f	Yes	x x x x x x		Amou	<u>nt</u>	
c c f f	<ul> <li>in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correct</li> <li>Were there any nonexempt transactions with any party-in-interest? (Do not in transactions reported on line 10a.)</li> <li>Was the plan covered by a fidelity bond?</li> <li>Did the plan have a loss, whether or not reimbursed by the plan's fidelity bor was caused by fraud or dishonesty?</li> <li>Were any fees or commissions paid to any brokers, agents, or other persons carrier, insurance service, or other organization that provides some or all of t the plan? (See instructions.)</li> <li>Has the plan failed to provide any benefit when due under the plan?</li> <li>Did the plan have any participant loans? (If "Yes," enter amount as of year e I If this is an individual account plan, was there a blackout period? (See instruand 29 CFR 2520.101-3.)</li> <li>If 10h was answered "Yes," check the box if you either provided the required</li> </ul>	tion Prog nclude hd, that by an ins he benefit nd.) ctions	ram.) surance ts under r one	10b 10c 10d 10e 10f 10g	Yes	x x x x x x x x x x		Amou	nt	
c c f f h i	<ul> <li>in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correct</li> <li>Were there any nonexempt transactions with any party-in-interest? (Do not in transactions reported on line 10a.)</li> <li>Was the plan covered by a fidelity bond?</li> <li>Did the plan have a loss, whether or not reimbursed by the plan's fidelity bor was caused by fraud or dishonesty?</li> <li>Were any fees or commissions paid to any brokers, agents, or other persons carrier, insurance service, or other organization that provides some or all of t the plan? (See instructions.)</li> <li>Has the plan failed to provide any benefit when due under the plan?</li> <li>Did the plan have any participant loans? (If "Yes," enter amount as of year e I if this is an individual account plan, was there a blackout period? (See instructions.)</li> <li>If 10h was answered "Yes," check the box if you either provided the required of the exceptions to providing the notice applied under 29 CFR 2520.101-3</li> </ul>	tion Prog nclude hd, that by an ins he benefit nd.) ctions	ram.) surance ts under r one	10b 10c 10d 10e 10f 10g	Yes	x x x x x x x x x		Amou	nt	
c d e f f h h	in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correct         Were there any nonexempt transactions with any party-in-interest? (Do not in transactions reported 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 fidelity bor was caused by fraud or dishonesty?         Were any fees or commissions paid to any brokers, agents, or other persons carrier, insurance service, or other organization that provides some or all of t the plan? (See instructions.)         Has the plan failed to provide any benefit when due under the plan?         Did the plan have any participant loans? (If "Yes," enter amount as of year e         If this is an individual account plan, was there a blackout period? (See instruand 29 CFR 2520.101-3.)         If 10h was answered "Yes," check the box if you either provided the required of the exceptions to providing the notice applied under 29 CFR 2520.101-3 <b>rt VI Pension Funding Compliance</b>	tion Prog nclude nd, that by an ins he benefit nd.) ctions	ram.) surance ts under r one	10b 10c 10d 10e 10f 10g 10h 10h		x x x x x x x x x x x x x		Amou	nt	
c c f f h i	in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correct         Were there any nonexempt transactions with any party-in-interest? (Do not in transactions reported 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 fidelity bor         was caused by fraud or dishonesty?         Were any fees or commissions paid to any brokers, agents, or other persons carrier, insurance service, or other organization that provides some or all of the plan? (See instructions.)         Has the plan failed to provide any benefit when due under the plan?         Did the plan have any participant loans? (If "Yes," enter amount as of year e         If this is an individual account plan, was there a blackout period? (See instruand 29 CFR 2520.101-3.)         If 10h was answered "Yes," check the box if you either provided the required of the exceptions to providing the notice applied under 29 CFR 2520.101-3         rt VI       Pension Funding Compliance         Is this a defined benefit plan subject to minimum funding requirements? (If "	tion Prog nclude nd, that by an ins he benefit nd.) ctions	ram.) surance ts under r one	10b 10c 10d 10e 10f 10g 10h 10h		x x x x x x x x x x x x x	······································		· · · · · · · · · · · · · · · · · · ·	
ee f 9 h 11	in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correct         Were there any nonexempt transactions with any party-in-interest? (Do not in transactions reported 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 fidelity bor was caused by fraud or dishonesty?         Were any fees or commissions paid to any brokers, agents, or other persons carrier, insurance service, or other organization that provides some or all of the plan? (See instructions.)         Has the plan failed to provide any benefit when due under the plan?         Did the plan have any participant loans? (If "Yes," enter amount as of year e         If this is an individual account plan, was there a blackout period? (See instruation and 29 CFR 2520.101-3.)         If 10h was answered "Yes," check the box if you either provided the required of the exceptions to providing the notice applied under 29 CFR 2520.101-3         rt VI       Pension Funding Compliance         Is this a defined benefit plan subject to minimum funding requirements? (If "Schedule SB (Form 5500) and line 11a below)	tion Prog nclude nd, that by an ins he benefit nd.) ctions d notice o Yes," see	ram.) surance ts under r one instructior	10b 10c 10d 10e 10f 10g 10h 10h 10i	comp	x x x x x x x x x x x x x		Amou	· · · · · · · · · · · · · · · · · · ·	No
d 	in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correct         Were there any nonexempt transactions with any party-in-interest? (Do not in transactions reported 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 fidelity bor was caused by fraud or dishonesty?         Were any fees or commissions paid to any brokers, agents, or other persons carrier, insurance service, or other organization that provides some or all of t the plan? (See instructions.)         Has the plan failed to provide any benefit when due under the plan?         Id the plan have any participant loans? (If "Yes," enter amount as of year e         If this is an individual account plan, was there a blackout period? (See instructions.)         If 10h was answered "Yes," check the box if you either provided the required of the exceptions to providing the notice applied under 29 CFR 2520.101-3.)         If this a defined benefit plan subject to minimum funding requirements? (If "Schedule SB (Form 5500) and line 11a below)         Enter the unpaid minimum required contribution for current year from Schedule	tion Prog nclude d, that by an ins he benefit d notice o Yes," see	ram.) surance ts under r one instructior	10b 10c 10d 10e 10f 10g 10h 10h 10i	comp	X X X X X X X X x x x x x 11a		 ∏ Yes		
ee f 9 h 11	in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correct         Were there any nonexempt transactions with any party-in-interest? (Do not in transactions reported 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 fidelity bor was caused by fraud or dishonesty?         Were any fees or commissions paid to any brokers, agents, or other persons carrier, insurance service, or other organization that provides some or all of t the plan? (See instructions.)         Has the plan failed to provide any benefit when due under the plan?         Did the plan have any participant loans? (If "Yes," enter amount as of year e         If this is an individual account plan, was there a blackout period? (See instruand 29 CFR 2520.101-3.)         If 10h was answered "Yes," check the box if you either provided the required of the exceptions to providing the notice applied under 29 CFR 2520.101-3 <b>rt VI Pension Funding Compliance</b> Is this a defined benefit plan subject to minimum funding requirements? (If "Schedule SB (Form 5500) and line 11a below)         Enter the unpaid minimum required contribution for current year from Sched Is this a defined contribution plan subject to the minimum funding requirements of sec	tion Prog nclude nd, that by an ins he benefit nd.) ctions d notice o Yes," see ule SB (Fo tion 412 or	ram.) surance ts under r one instructior	10b 10c 10d 10e 10f 10g 10h 10h 10i	comp	X X X X X X X X x x x x x 11a	Δ?			No
 d  f  f  f  h  i  i  f  h  11  12	in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correct         Were there any nonexempt transactions with any party-in-interest? (Do not in transactions reported 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 fidelity bor was caused by fraud or dishonesty?         Were any fees or commissions paid to any brokers, agents, or other persons carrier, insurance service, or other organization that provides some or all of t the plan? (See instructions.)         Has the plan failed to provide any benefit when due under the plan?         Id the plan have any participant loans? (If "Yes," enter amount as of year e         If this is an individual account plan, was there a blackout period? (See instructions.)         If 10h was answered "Yes," check the box if you either provided the required of the exceptions to providing the notice applied under 29 CFR 2520.101-3.)         If this a defined benefit plan subject to minimum funding requirements? (If "Schedule SB (Form 5500) and line 11a below)         Enter the unpaid minimum required contribution for current year from Schedule	tion Prog nclude nd, that by an ins he benefit nd.) ctions d notice o Yes," see ule SB (Fo tion 412 o able.)	ram.) surance ts under r one instructior prm 5500) f the Code o	10b 10c 10d 10e 10f 10g 10h 10g 10h 10i s and line 39 r sectio	comp n 302 c	X X X X X X X X X X X 11a		☐ Yes		No

Form 5500-SF 2014	Page <b>3-</b>			
If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and ski	p 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 s	ign to			
the left of a negative 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?		Yes	X No	
If "Yes," enter the amount of any plan assets that reverted to the employer this year		13a		
<b>b</b> Were all the plan assets distributed to participants or beneficiaries, transferred to another pla under the control of the PBGC?	an, or brought		☐ Yes	X No
<b>C</b> If during this plan year, any assets or liabilities were transferred from this plan to another plan liabilities were transferred. (See instructions.)	n(s), identify the	plan(s) to	which assets o	r
13c(1) Name of plan(s):	13c(2	) EIN(s)	13c(3	) PN(s)
Part VIII Trust Information (optional)			L	<u> </u>
14a Name of trust	14b -	Trust's ElN	N	

FORM 5500-SF	OTHER INCOME (LOSS)	STATEMENT	1
DESCRIPTION		AMOUNT	
NET INVESTMENT GAIN (LOSS	) FROM COMMON / COLLECTIVE TRUSTS	4,75	5.
TOTAL TO FORM 5500-SF, LI	NE 8B	4,75	5.

## Service Provider Affidavit

I certify that I have been specifically authorized in writing by the plan administrator/employer, as applicable, to enter my EFAST2 PIN on this return/report in order to electronically submit this return/report. I further certify that: (1) I will retain a copy of the administrator's/employer's specific written authorization in my records; (2) I have attached to this electronic filing, in addition to any other required schedules or attachments, a true and correct PDF copy of the first two pages of the completed Form 5500 or Form 5500-SF return/report bearing the manual signature of the plan administrator/employer under penalty of perjury; (3) I advised the plan administrator/employer that by selecting this electronic signature option the PDF image of that manual signature will be included with the rest of the return/report posted by the Department of Labor (DOL) on the Internet for public disclosure; and (4) I will communicate to the plan administrator/employer any inquiries and information that I receive from EFAST2, DOL, IRS or PBGC regarding this annual return/report.

Signature of service provider (optional)

06/15/2015 JAMES HARLESS Date Enter name of individual size

Enter name of individual signing as service provider