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**

Annual Report Identification Information For calendar plan year 2014 or fiscal plan year beginning and ending X a single-employer plan a multiple-employer plan (not multiemployer) (Filers checking this box must attach a list A This return/report is for: of participating employer information in accordance with the form instructions) a one-participant plan a foreign plan the final return/report **B** This return/report is the first return/report an amended return/report a short plan year return/report (less than 12 months) Form 5558 DFVC program automatic extension C Check box if filing under: special extension (enter description) Part II Basic Plan Information—enter all requested information 1a Name of plan **1b** Three-digit MILLIGAN & ASSOCIATES, LLC DBA ILLUMINATING RESOURCE, LLC 401(K) PLAN plan number (PN) ▶ 001 Effective date of plan 02/01/1997 2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) 2b Employer Identification Number MILLIGAN & ASSOCIATES, LLC (EIN) 91-1745325 Sponsor's telephone number ILLUMINATING RESOURCE, LLC 206-382-7226 922 SW 151ST STREET BURIEN, WA 98166 Business code (see instructions) 425120 **3a** Plan administrator's name and address XSame as Plan Sponsor. Administrator's EIN **3c** Administrator's telephone number 4b EIN 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. 4c PN a Sponsor's name Total number of participants at the beginning of the plan year 5a 23 **b** Total number of participants at the end of the plan year..... 5b Number of participants with account balances as of the end of the plan year (defined benefit plans do not 5c complete this item) d(1) Total number of active participants at the beginning of the plan year..... 5d(1) 16 d(2) Total number of active participants at the end of the plan year..... 5d(2) 12 e Number of participants that terminated employment during the plan year with accrued benefits that were 0 5e less than 100% vested. 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 t	rue, correct, and complete.						
SIGN HERE	Filed with authorized/valid electronic signature.	09/08/2015	JAMES FRENCH				
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator				
SIGN							
HERE	Signature of employer/plan sponsor	Date	Enter name of individ	ual signing as employer or plan sponsor			
Preparer's name (including firm name, if applicable) and address (include r		oom or suite number	r) (optional)	Preparer's telephone number (optional)			

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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 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 indepe and condi ot use Fo	ndent qualified public accounta tions.) orm 5500-SF and must instead	nt (IQ	PA) Form	5500.	Yes No
	f the plan is a defined benefit plan, is it covered under the PBGC in	surance p	program (see ERISA section 40)21)? .		Yes	No Not determined
Par	III Financial Information						
7	Plan Assets and Liabilities		(a) Beginning of Yea		_		(b) End of Year
	Fotal plan assets	7a	31703	305	_		3265306
0	Total plan liabilities	7b	0.4700		_		2025020
	Net plan assets (subtract line 7b from line 7a)	7c	31703	305	-		3265306
	ncome, Expenses, and Transfers for this Plan Year		(a) Amount				(b) Total
	Contributions received or receivable from: 1) Employers	8a(1)	338	346			
	2) Participants	8a(2)	886	664			
	3) Others (including rollovers)	8a(3)					
-	Other income (loss)	8b	2367	' 90			
	Fotal income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c					359300
	Benefits paid (including direct rollovers and insurance premiums						
	o provide benefits)	8d	2642	299			
e (Certain deemed and/or corrective distributions (see instructions)	8e					
<u>f</u>	Administrative service providers (salaries, fees, commissions)	8f					
<u>g</u> (Other expenses	8g					
	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h					264299
	Net income (loss) (subtract line 8h from line 8c)	8i					95001
_ J	Fransfers to (from) the plan (see instructions)	8j					
b Part	2E 2F 2G 2J 2K 3D 2T 2R 2A If the plan provides welfare benefits, enter the applicable welfare fe V Compliance Questions	eature cod	les from the List of Plan Charac	cterist	ic Cod	les in t	he instructions:
10	During the plan year:				Yes	No	Amount
a 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'	ıciary Cor	rection Program)	10a		X	
D	on line 10a.)	`	•	10b		X	
С	Was the plan covered by a fidelity bond?			10c	Χ		350000
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 ber	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	end.)	10g	Χ		3070
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	om Sched	dule SB (Form 5500) line 39			11a	
12	Is this a defined contribution plan subject to the minimum funding	requirem	ents of section 412 of the Code	or se	ction	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.	-			, and 6	enter th Day	

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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):		13c(2) EI	N(s)	13c(3) PN(s)

14b Trust's EIN

Part VIII Trust Information (optional)

14a Name of trust

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Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation Short Form Annual Return/Report of Small Employee Benefit Plan

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▶ 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

Part	Annual Repor				a c / c - / -	014			
For calend	ar plan year 2014 or	fiscal plan year beginning	01/01/2014	and ending	12/31/2				
		x a single-employer plan		lan (not multiemployer) (l					
A This ref	turn/report is for:		' ' ' ' '	yer information in accord	ance with the forn	n instructions)			
		a one-participant plan	a foreign plan						
B This retu	urn/report is	the first return/report	the final return/report						
		an amended return/report	a short plan year returi	n/report (less than 12 mo	nths)				
		— —				caram			
C Check	box if filing under:	X Form 5558	automatic extension		☐ DFVC pr	ogram			
		special extension (enter des	cription)						
D= -4 II	Dania Blanda								
Part II		formation—enter all requested in	ntormation		1b Three-digit				
1a Name		tes, LLC dba illumina	ting Pogourge II	C 401(k) Plan	plan numbe	er 001			
MIIIII	an & Associa	tes, LLC aba IIIumina	cing kesource, ni	IC 401(K) FIGH	(PN) >	001			
					1c Effective da	ite of plan			
					02/01/1	997			
2a Plan s	ponsor's name and	address; include room or suite num	ber (employer, if for a single-	-employer plan)	2b Employer lo	lentification Number			
	an & Associa				(EIN) 91-	1745325			
illumin	ating Resource	, LLC			2c Sponsor's t	elephone number			
922 SW	151st Stree	t			206-382				
					2d Business co	ode (see instructions)			
Burien		WA 98166			425120				
3a Plan a	dministrator's name	and address XSame as Plan Spor	nsor.		3b Administrator's EIN				
						or's telephone number			
					41.				
		the plan sponsor has changed sinc	e the last return/report filed fo	or this plan, enter the	4b EIN				
name	e, EIN, and the plan r	the plan sponsor has changed sinc number from the last return/report.	e the last return/report filed fo	or this plan, enter the					
name a Spons	e, EIN, and the plan r sor's name	number from the last return/report.			4c PN	25			
a Spons 5a Total	e, EIN, and the plan r sor's name number of participan	number from the last return/report. Its at the beginning of the plan year			4c PN 5a				
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For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500-SF.

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	Were all of the plan's assets during the plan year invested in eligit Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility If you answered "No" to either line 6a or line 6b, the plan can	an independ and condition	lent qualified public accounta	nt (IC	(PA)				X Y	نـ -		No No
С	If the plan is a defined benefit plan, is it covered under the PBGC in	nsurance pro	ogram (see ERISA section 40	21)?		Yes	No [N/	ot det	termi	nec	Ŀ
Pa	rt III Financial Information	1										
7	Plan Assets and Liabilities		(a) Beginning of Yea				(b) End	of `				
	Total plan assets	. 7a	31.	7030)5					326	53	.06
	Total plan liabilities		311	7030	15					326	53	
	Income, Expenses, and Transfers for this Plan Year	1 1	(a) Amount	7030	7		(b) 1			<u> </u>		
	Contributions received or receivable from: (1) Employers	. 8a(1)		3384	16		(6)	010				
	(2) Participants	. 8a(2)	{	8866	54							
	(3) Others (including rollovers)	. 8a(3)										
b	Other income (loss)	. 8b	23	3679	90							
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) Benefits paid (including direct rollovers and insurance premiums to provide benefits)		26	6429	9		· ·			35	93	.00
e	Certain deemed and/or corrective distributions (see instructions)	. 8e										_
f	Administrative service providers (salaries, fees, commissions)	. 8f										
g	Other expenses	. 8g										
<u>h</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)	. 8h								26	42	99
	Net income (loss) (subtract line 8h from line 8c)	 								9	50	01
	Transfers to (from) the plan (see instructions)	- 8j										
b	If the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare benefits.	eature codes	s from the List of Plan Charac	cterist	ic Cod	es in t	the instruct	ions	<u> </u>			_
10	During the plan year:				Yes	No			noun	+		_
a		utions within	the time period described in						ioun			_
b	, , , , , , , , , , , , , , , , , , , ,	t? (Do not in	clude transactions reported	10a		X						
	on line 10a.)			10b	7,7		1					
C				10c	Х					35	00	00
	or dishonesty?			10d		Х						
	insurance service, or other organization that provides some or all instructions.)	of the benef	its under the plan? (See	10e		Х						
f	Has the plan failed to provide any benefit when due under the pla	an?		10f		Х						
g	Did the plan have any participant loans? (If "Yes," enter amount a	as of year en	d.)	10g	Х						30	70
h	h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)			10h		Х						
i	If 10h was answered "Yes," check the box if you either provided t exceptions to providing the notice applied under 29 CFR 2520.10			10i								
Part								_				
11	Is this a defined benefit plan subject to minimum funding requiren 5500) and line 11a below)			· 					Υє	es	1	Νo
	Enter the unpaid minimum required contribution for current year f					11a		 			_	
_12	Is this a defined contribution plan subject to the minimum funding			or se	ection (302 of	ERISA?	\prod	Υe	es X	1	Vο
a	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below If a waiver of the minimum funding standard for a prior year is bei			ctions	and e	nter th	l ne date of t	he i	etter	rulin	n	
	granting the waiver.				. and E	Day		Ye		rum l	9	

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If you cor	npleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form	5500), and skip to line 13.			-	
b Enter t	he minimum required contribution for this plan year		12b			
	he amount contributed by the employer to the plan for this plan year		12c			
	ct the amount in line 12c from the amount in line 12b. Enter the result (e		12d			
e Will the	e minimum funding amount reported on line 12d be met by the funding o	leadline?		Yes	No N/	'A
Part VII	Plan Terminations and Transfers of Assets					
13a Hasar	resolution to terminate the plan been adopted in any plan year?			res X No		
If "Yes	," enter the amount of any plan assets that reverted to the employer this	year	. 13a			
	all the plan assets distributed to participants or beneficiaries, transferred PBGC?		control		Yes X	No
	g this plan year, any assets or liabilities were transferred from this plan assets or liabilities were transferred. (See instructions.)	to another plan(s), identify the plan(s)	to			
13c(1) N	ame of plan(s):		13c(2) El	N(s)	13c(3) PN(s	s)
Part VIII 1	Frust Information (optional)					
14a Name of			14h T	rust's EIN		—
				GOLO LIIV		