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.

OMB Nos. 1210-0110 1210-0089

2014

This Form is Open to Public Inspection

A This return/report is for: a single-employer plan a multiple-employer plan (not multiemployer) (Filers checking this box must attach a lis of participating employer information in accordance with the form instructions) a one-participant plan a foreign plan a foreign plan a multiple-employer information in accordance with the form instructions) B This return/report the first return/report the final return/report (less than 12 months) C C Check box if filing under: Form 5558 automatic extension DFVC program DFVC program	Part I		Identification Information		and ending 12/3	31/2014		
A This return/report is for: a one-participant plan a foreign plan	FOI Caleriu	ai pian year 2014 or iis			9			
B This return/report is an amended return/report as hort plan year return/report (less than 12 months) C Check box if filing under: Form 5558 automatic extension DEVC program Part II Basic Plan Information—enter all requested information 1a Name of plan ISO-QUIP CORP 401(K) PROFIT SHARING PLAN & TRUST Part II Basic Plan Information—enter all requested information 1a Name of plan ISO-QUIP CORP 401(K) PROFIT SHARING PLAN & TRUST Date The Effective date of plan ISO-QUIP CORP 401(K) PROFIT SHARING PLAN & TRUST Date The Effective date of plan ISO-QUIP CORP 401(K) PROFIT SHARING PLAN & TRUST Date The Effective date of plan ISO-QUIP CORP 401(K) PROFIT SHARING PLAN & TRUST Date The Effective date of plan Difference Difference The Effective date of plan Date The Effective date o								
C Check box if filing under: Forn 5558			a one-participant plan	a foreign plan				
C Check box if filing under: Form 5558 automatic extension DFVC program Part II Basic Plan Information—enter all requested information 1a Name of plan ISO-QUIP CORP 401(K) PROFIT SHARING PLAN & TRUST 2a Plan sponsor's name and address; include room or sulte number (employer, if for a single-employer plan) ISO-QUIP CORP. 2a Plan sponsor's name and address; include room or sulte number (employer, if for a single-employer plan) ISO-QUIP CORP. 2b Employer Identification Number (EIN) 911521643 2c Sponsor's telephone number 3c0-695-4243 2d Business code (see instructions) 2a Plan administrator's name and address Same as Plan Sponsor. 3b Administrator's telephone number 3c Administrator's telephone number 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 for the plan rear 3 Sponsor's name 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 for the plan year. 5a Total number of participants at the beginning of the plan year. 5 D Total number of participants at the end of the plan year. 6 Number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this term) 6 Number of participants at the terminated employment during the plan year with accound benefits that were 6 Number of participants at the terminated employment during the plan year with accound benefits that were 6 Number of participants at the end of the plan year. 6 Number of participants at the end of the plan year. 6 Number of participants at the end of the plan year. 6 Number of participants at the end of the plan year. 6 Number of participants at the end of the plan year. 6 Number of participants at the end of the plan year. 6 Number of participants at the end of the plan year. 6 Number of participants at the end of th	B This ret	urn/report is	the first return/report	the final return/report				
Part II Basic Plan Information			an amended return/report	a short plan year retui	rn/report (less than 12 mo	nths)		
Part II Basic Plan Information—enter all requested information 1a Name of plan ISO-QUIP CORP 401(K) PROFIT SHARING PLAN & TRUST	C Check	box if filing under:	X Form 5558	automatic extension		DFVC pro	ogram	
1a Name of plan ISO-OUIP CORP 401(K) PROFIT SHARING PLAN & TRUST 1c Effective date of plan Out of 1/1999 Out 1c Effective date of plan Out of 1/1999 Out Out of 1/1999 Out Out of 1/1999 Out Out of 1/1999 Out Out of 1/1999			special extension (enter desc	ription)				
Plan number (PN) Dot	Part II	Basic Plan Infor	rmation—enter all requested in	formation				
2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) 13c Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) 2b Employer Identification Number (EIN) 91-1521643 2c Sponsor's telephone number 360-685-4243 2d Business code (see instructions) 236200 3a Plan administrator's name and address Same as Plan Sponsor. 3b Administrator's telephone number name, EIN, and the plan number from the last return/report. a Sponsor's name 5a Total number of participants at the beginning of the plan year. b Total number of participants with account balances as of the end of the plan year. c Number of participants with account balances as of the end of the plan year. d(1) Total number of active participants at the beginning of the plan year. d(2) Total number of active participants at the end of the plan year. e Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested. Caution: A penalty for the late or incomplete filling 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 MB completed and signed by an enrolled actuary, as well as the electronic version of this return/report, including, if applicable, a Schedule Signature of plan administrator Date Enter name of individual signing as plan administrator			SHARING PLAN & TRUST			plan numbe		
So-QUIP CORP. (EIN) 91-1521643 2c Sponsor's telephone number 360-6954-243 2d Business code (see instructions) 236200 3a Plan administrator's name and address Same as Plan Sponsor. 3b Administrator's EIN 3c Administrator's telephone number 3c Administrator's telephone number 3c Administrator's telephone number 3c Administrator's telephone number 3d Administrator's telephone number 3d Administrator's telephone number 3c Administrator's telephone number 3c Administrator's telephone number 3d Administrator 3d							•	
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. 2 Sponsor's name 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. 2 Sponsor's name 5 Total number of participants at the beginning of the plan year	2a Plan s	ponsor's name and add	Iress; include room or suite numb	per (employer, if for a single	-employer plan)			
3a 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 filed for this plan, enter the name, EIN, and the plan number from the last return/report. 3 Sponsor's name 5 Total number of participants at the beginning of the plan year. 5 Number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item). 4 Number of participants at the beginning of the plan year. 5 Number of participants with account balances as of the end of the plan year. 5 Data number of active participants at the beginning of the plan year. 5 Number of participants with account balances as of the end of the plan year. 5 Number of participants at the end of the plan year. 5 Number of participants at the end of the plan year. 5 Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested. 5 Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested. 5 Number of participants and the plan year with accrued benefits that were less than 100% complete filing of this return/report will be assessed unless reasonable cause is established. Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established. Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established. Sign the plan administrator Sign Nere Signature of plan administrator Date Enter name of individual signing as employer or plan sponsor	418 NE REP	ASS RD., STE B-1						
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. 3 Sponsor's name 4 C PN 5a Total number of participants at the beginning of the plan year					-			
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. 3 Sponsor's name 5a Total number of participants at the beginning of the plan year	3a Plan a	dministrator's name an	d address XSame as Plan Spon	sor.		3b Administrate	or's EIN	
name, EIN, and the plan number from the last return/report. a Sponsor's name 5a Total number of participants at the beginning of the plan year						3c Administrato	r's telephone number	
a Sponsor's name 5a Total number of participants at the beginning of the plan year				the last return/report filed f	or this plan, enter the	4b EIN		
b Total number of participants at the end of the plan year		•	ibor nom the fact retain, report.			4c PN		
C Number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item) d(1) Total number of active participants at the beginning of the plan year. d(2) Total number of active participants at the end of the plan year. E Number of participants that terminated employment during the plan year with accrued benefits that were 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 true, correct, and complete. SIGN HERE Signature of plan administrator Date Enter name of individual signing as employer or plan sponsor	5a Total	number of participants	at the beginning of the plan year.			5a	33	
d(1) Total number of active participants at the beginning of the plan year	b Total	number of participants	at the end of the plan year			5b	32	
d(1) Total number of active participants at the beginning of the plan year		•				5c	25	
E Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested		,			-	5d(1)	27	
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 Signature of plan administrator Date Enter name of individual signing as employer or plan sponsor	d(2) Tot	al number of active par	ticipants at the end of the plan ye	ear		5d(2)	28	
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 Signature of plan administrator Date Enter name of individual signing as employer or plan sponsor						5e	0	
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 Filed with authorized/valid electronic signature. 09/23/2015 DAN ODOHERTY						se is established		
SIGN HERE Filed with authorized/valid electronic signature. 09/23/2015 DAN ODOHERTY	Under pen SB or Sche	alties of perjury and oth edule MB completed an	ner penalties set forth in the instru id signed by an enrolled actuary,	ctions, I declare that I have	examined this return/repo	ort, including, if ap	plicable, a Schedule	
HERE 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				09/23/2015	DAN ODOHERTY			
SIGN HERE Signature of employer/plan sponsor Date Enter name of individual signing as employer or plan sponsor		Signature of plan ac		Date	Enter name of individu	al signing as plan	administrator	
Signature of employer/plan sponsor Date Enter name of individual signing as employer or plan sponsor		- ignature or prair as				ar organing at plant	<u>aa</u>	
Preparer's name (including firm name, if applicable) and address (include room or suite number) (optional) Preparer's telephone number (optional)	HERE	Signature of employ	yer/plan sponsor	Date	Enter name of individual signing as employer or pla			
	Preparer's	name (including firm na	ame, if applicable) and address (i	nclude room or suite numbe	er) (optional)	Preparer's teleph	one number (optional)	

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b	Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)							X Yes X Yes	No 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 detern	nined
Par	t III Financial Information		1						
	Plan Assets and Liabilities		(a) Beginning of Yea		-		(b) End o		-0
	Total plan assets	7a	6249	112				75055	50
	Total plan liabilities	7b	6249	112				75055	50
	Net plan assets (subtract line 7b from line 7a)	7c		712	+		(b) To		
	Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from:		(a) Amount			(b) Total			
	(1) Employers	8a(1)	409	922					
	(2) Participants	8a(2)	826	539					
	(3) Others (including rollovers)	8a(3)							
	Other income (loss)	8b	343	303					
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						15786	54
	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	193	390					
е	Certain deemed and/or corrective distributions (see instructions)	8e	82	225					
f	Administrative service providers (salaries, fees, commissions)	8f	46	611					
g	Other expenses	8g							
<u>h</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h						3222	26
	Net income (loss) (subtract line 8h from line 8c)	8i						12563	38
J	Transfers to (from) the plan (see instructions)	8j							
9a b Part	If the plan provides pension benefits, enter the applicable pension 2E 2G 2J 2K 2T 3D If the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare benefits, enter the applicable pension 2E 2G 2D 2D 2K 2T 3D								
10	During the plan year:				Yes	No	A	mount	
	Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu	ıciary Cor	rection Program)	10a		X			
b	Were there any nonexempt transactions with any party-in-interest on line 10a.)			10b		X			
С	Was the plan covered by a fidelity bond?			10c		X			
d	Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?			10d		X			
e	Were any fees or commissions paid to any brokers, agents, or oth insurance service, or other organization that provides some or all instructions.)	of the ber	nefits under the plan? (See	10e	X				11
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 a	s of year	end.)	10g	X				21394
h	1 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	VI Pension Funding Compliance								
11	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)							Yes	No
11a	Enter the unpaid minimum required contribution for current year fr	om Sched	dule SB (Form 5500) line 39			11a			
12	2 Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA? Yes 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 beir granting the waiver.	-			, and e	enter th Day		e letter rul /ear	ing

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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

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.

ne Internal

2014

OMB Nos. 1210-0110

1210-0089

This Form is Open to Public Inspection

	t Identification Information	1	12/31/2	014
For calendar plan year 2014 or	fiscal plan year beginning	01/01/2014 and ending		
A This return/report is for: B This return/report is		a multiple-employer plan (not multiemployer) of participating employer information in accordance a foreign plan the final return/report	dance with the form	s box must attach a list instructions)
	an amended return/report	a short plan year return/report (less than 12 m	onths)	
C Check box if filing under:	X Form 5558	automatic extension	DFVC pro	ogram
•	special extension (enter desc	eription)		
Part II Basic Plan In	formation—enter all requested in	formation		
1a Name of plan	K) PROFIT SHARING PLA		1b Three-digit plan numbe (PN) ▶	001
			1c Effective da 01/01/1	
2a Plan sponsor's name and Iso-Quip Corp.	address; include room or suite numb	per (employer, if for a single-employer plan)	2b Employer Id (EIN) 91-3	entification Number L521643
ISO-Quip coip.				elephone number
418 NE Repass Rd.,	Ste B-1		360-695	-4243
Vancouver	WA 98665		2d Business co 236200	de (see instructions)
	and address XSame as Plan Spor	nsor.	3b Administrato	or's EIN
			3c Administrato	or's telephone number
			41	
4 If the name and/or EIN of name, EIN, and the plan is	the plan sponsor has changed since number from the last return/report.	e the last return/report filed for this plan, enter the	4b EIN	
a Sponsor's name			4c PN	
				33
			. 5b	32
C Number of participants wi complete this item)	th account balances as of the end o	f the plan year (defined benefit plans do not	5c	25
d(1) Total number of active	participants at the beginning of the	plan year	5d(1)	27
d(2) Total number of active	participants at the end of the plan ye	ear	5d(2)	28
e Number of participants that less than 100% vested	t terminated employment during the	plan year with accrued benefits that were	5e	C
		rn/report will be assessed unless reasonable ca	use is established	

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	David Pre P.	9/22/14	David Reinhardt				
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator				
	Signature of pian auministrator						
SIGN							
HERE	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor				
Preparer's	name (including firm name, if applicable) and address (includ	er) (optional) Preparer's telephone number (optional)					

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	Were all of the plan's assets during the plan year invested in eligible	accetc? (S	See instructions)					X Yes No	
6a		n independ	ent qualified bublic accountait	t (loci	\sim		- 1	yos ∏ No	
D	. ac ord area 404 462 (Can instructions on waiver eligibility a	na conditioi	15.)				Ł	X Yes No	
	My answered "No" to either line 6a or line 6b, the plan cannot	t use Form	1 5500-5F and must misteau	use	01111			ot determined	
С	If the plan is a defined benefit plan, is it covered under the PBGC ins	surance pro	gram (see ERISA section 402	1)?	∐	res []140 🗆 140	or determined	
Pa	rt III Financial Information				т—				
7	Plan Assets and Liabilities		(a) Beginning of Year		_		(b) End of		
	Total plan assets	7a	62	491	2			750550	
	Total plan liabilities	7b			_				
	Net plan assets (subtract line 7b from line 7a)	7c	62	491	2			750550	
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b) Tota	al	
	Contributions received or receivable from:			092	2				
	(1) Employers	8a(1)		263					
	(2) Participants	8a(2)	8	263	9				
	(3) Others (including rollovers)	8a(3)		120	2				
	Other income (loss)	8b	3	430	3			157864	
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c			+			137804	
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	19390						
е	Certain deemed and/or corrective distributions (see instructions)	8e		822	_				
f	Administrative service providers (salaries, fees, commissions)	8f		461	1				
g		8g			500			32226	
	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							
	Net income (loss) (subtract line 8h from line 8c)	8i			12				
÷	Transfers to (from) the plan (see instructions)	8j							
D	HIV Blon Characteristics								
9a	If the plan provides pension benefits, enter the applicable pension								
b		eature code	s from the List of Plan Charac	teristi	ic Cod	es in th	e instruction	is:	
~	in the plan provided vessus a								
Pa	rt V Compliance Questions								
10	During the plan year:				Yes	No	A	mount	
	Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510 3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)					Х			
	b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)					Х			
	C 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?	fidelity bor	d, that was caused by fraud	10d		х			
-	Were any fees or commissions paid to any brokers, agents, or ot	her persons	by an insurance carrier,						

f Administrative service providers (salaries, fees, commissions)...... 8g g Other expenses..... h Total expenses (add lines 8d, 8e, 8f, and 8g) 8h Net income (loss) (subtract line 8h from line 8c) 8i Transfers to (from) the plan (see instructions)..... Plan Characteristics Part IV If the plan provides pension benefits, enter the applicable pension feature codes fr 2E 2G 2J 2K 2T 3D If the plan provides welfare benefits, enter the applicable welfare feature codes fro Part V **Compliance Questions** During the plan year: Was there a failure to transmit to the plan any participant contributions within the 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Were there any nonexempt transactions with any party-in-interest? (Do not include Was the plan covered by a fidelity bond?.... d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, th Were any fees or commissions paid to any brokers, agents, or other persons by a insurance service, or other organization that provides some or all of the benefits under the plan? (See 11 instructions.) X f Has the plan failed to provide any benefit when due under the plan? 10f 21394 X g Did the plan have any participant loans? (If "Yes," enter amount as of year end.)..... 10g h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR X If 10h was answered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3 **Pension Funding Compliance** Part VI Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form Yes \square 5500) and line 11a below). 11a Enter the unpaid minimum required contribution for current year from Schedule SB (Form 5500) line 39...... Yes X Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA? (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.) If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, and enter the date of the letter ruling Day

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	you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.					
<u>If)</u>	Enter the minimum required contribution for this plan year		12b			
	Enter the minimum required contribution for this plan year.					
			12c			
C	Enter the amount contributed by the employer to the plan for this plan year	of a				
d	Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left negative amount)		12d			
	negative amount)			Yes	No 📗	N/A
Part	VII Plan Terminations and Transfers of Assets			Yes X No		
13a	Has a resolution to terminate the plan been adopted in any plan year?					
	If "Yes," enter the amount of any plan assets that reverted to the employer this year		13a			
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought	under the c	control	1	Yes 2	X No
	of the PBGC?					
С	If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the during this plan to another plan(s), identify the during this plan to another plan(s), identify the plan to another plan(s), identify the plan to another plan(s).	ne plants)				
	which assets or liabilities were transferred. (See instructions.)	1:	3c(2) E	IN(s)	13c(3) F	PN(s)
	13c(1) Name of plan(s):					
					1	
		1				
	Tweet Information (optional)					
	t VIII Trust Information (optional)		14b T	rust's EIN		
14a	Name of trust					

2 [



Authorization to Electronically Sign and File 5500

I hereby authorize any employees of Compensation Systems Northwest, Inc. to electronically sign and file 5500 forms on my behalf.

I further understand the following:

- I must sign a paper copy of the completed 5500 form
- An image of my signature will be included with the rest of the return/report posted by the Department of Labor on the internet for public disclosure
- I may revoke or change this authorization at any time by written notification to Compensation Systems Northwest, Inc.

Dated: 9/23/15 By: By:

David Reinhardt, Trustee ISO Quip Corp