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

For calend	Annual Repor					
1 or calcilu	lar plan year 2014 or	fiscal plan year beginning 01/01/. X a single-employer plan			2/31/2014	
A This re	turn/report is for:) (Filers checking this box must attach a list ordance with the form instructions)				
		a one-participant plan	a foreign plan			
B This ret	urn/report is	the first return/report	X the final return/repo	rt		
		an amended return/report	a short plan year re	turn/report (less than 12 m	nonths)	
C Check	box if filing under:	X Form 5558	automatic extension	n	DFVC prog	ıram
		special extension (enter des	cription)			
Part II	Basic Plan Inf	ormation—enter all requested in	nformation			
1a Name	of plan NC. 401(K) PLAN				1b Three-digit plan number	
1120 021, 11	10. 401(It) I L/III				(PN) ▶	001
					1c Effective date	of plan 01/2000
2a Plan s	ponsor's name and a	ddress; include room or suite num	ber (employer, if for a sing	gle-employer plan)	2b Employer Iden	
H2O JET, IN	Č.					1555688
1145 85TH A	AVENUE SE				2c Sponsor's tele	ephone number 338-4889
	R, WA 98501-5708				2d Business code	e (see instructions)
					339	
3a Plan a	administrator's name a	and address XSame as Plan Spor	nsor.		3b Administrator's	s EIN
					3c Administrator's	s telephone number
4 If the	name and/or EIN of the	he plan sponsor has changed since	e the last return/report file	d for this plan, enter the	4b EIN	
name	e, EIN, and the plan no	he plan sponsor has changed sincoumber from the last return/report.	e the last return/report file	d for this plan, enter the		
name a Spons	e, EIN, and the plan no sor's name	umber from the last return/report.	·		4c PN	
a Spons 5a Total	e, EIN, and the plan no cor's name number of participant	umber from the last return/report.			4c PN 5a	
name a Spons 5a Total b Total	e, EIN, and the plan no cor's name number of participant number of participant	umber from the last return/report. Is at the beginning of the plan year at the end of the plan year			4c PN 5a	
a Spons 5a Total b Total c Numb	e, EIN, and the plan no sor's name number of participant number of participant per of participants with	umber from the last return/report.	f the plan year (defined b	enefit plans do not	4c PN 5a	24
name a Spons 5a Total b Total c Numb compl	e, EIN, and the plan no sor's name number of participant number of participant per of participants with ete this item)	umber from the last return/report. Is at the beginning of the plan year as at the end of the plan year	f the plan year (defined b	enefit plans do not	4c PN 5a 5b	0
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name a Spons 5a Total b Total c Number comple d(1) Total d(2) Total e Number less the Caution: A Under pen	e, EIN, and the plan not cor's name number of participant number of participants with ete this item)	is at the beginning of the plan year is at the end of the plan year	f the plan year (defined bolan yearearplan year with accrued bolan year will be assessuctions, I declare that I ha	enefit plans do not enefits that were ed unless reasonable car ve examined this return/re	4c PN 5a 5b 5c 5d(1) 5d(2) 5e use is established. port, including, if appl	0 0 22 0 0
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name a Spons 5a Total b Total c Number completed (1) Total d(2) Total e Number less the Caution: A Under pen SB or Schebelief, it is SIGN HERE	e, EIN, and the plan not cor's name number of participant number of participants with the ete this item)	is at the beginning of the plan year is at the end of the plan year	f the plan year (defined be plan year	enefit plans do not enefits that were ed unless reasonable can ve examined this return/re version of this return/repor	4c PN 5a 5b 5c 5d(1) 5d(2) 5e use is established. port, including, if applit, and to the best of measurements.	0 0 22 0 0 0 licable, a Schedule hy knowledge and
name a Spons 5a Total b Total c Number completed (1) Total d(1) Total e Number less the Caution: A Under pen SB or Schebelief, it is SIGN HERE SIGN HERE	e, EIN, and the plan not cor's name number of participant number of participants with the et this item)	umber from the last return/report. Is at the beginning of the plan year at the end of the plan year In account balances as of the end of articipants at the beginning of the plan year control of the plan year articipants at the end of the plan year terminated employment during the control of the plan year terminated employment during the control of the plan year terminated employment during the control of the plan year terminated employment during the control of the plan year terminated employment during the control of the plan year. The plan year the plan year articipants at the beginning of the plan year terminated employment during the plan year. The plan year the plan year articipants at the beginning of the plan year. The plan year the plan year articipants at the beginning of the plan year. The plan year the plan ye	f the plan year (defined bottom plan year	enefit plans do not enefits that were ened unless reasonable car ve examined this return/repor energy by the company of the	4c PN 5a 5b 5c 5d(1) 5d(2) 5e use is established. port, including, if applit, and to the best of meaning as plan actions as pl	0 0 22 0 0 0 continued to the second of the
name a Spons 5a Total b Total c Number completed (1) Total d(1) Total e Number less the Caution: A Under pen SB or Schebelief, it is SIGN HERE SIGN HERE	e, EIN, and the plan not cor's name number of participant number of participants with the et this item)	is at the beginning of the plan year is at the end of the plan year	f the plan year (defined bottom plan year	enefit plans do not enefits that were ened unless reasonable car ve examined this return/repor energy by the company of the	4c PN 5a 5b 5c 5d(1) 5d(2) 5e use is established. port, including, if applit, and to the best of meaning as plan actions as pl	0 22 0 0 0 continued to the second of the se

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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 considerable with the considerable with th	an indeper and conditi	ndent qualified public accounta	int (IC	PA)				X Ye	_	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		ot det	ermir	ned
Par	t III Financial Information										
7	Plan Assets and Liabilities		(a) Beginning of Yea	ar			(b) Er	nd of	Year		
<u>a</u>	Total plan assets	7a	9313	321						0	
	Total plan liabilities	7b								0	
	Net plan assets (subtract line 7b from line 7a)	7c	9313	321						0	
	Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b) Tot	al		
	Contributions received or receivable from: (1) Employers	8a(1)	816	602							
	(2) Participants	8a(2)	991	159							
	(3) Others (including rollovers)	8a(3)									
b	Other income (loss)	8b	666	695							
C	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							247	7456	
	Benefits paid (including direct rollovers and insurance premiums	0.1	275	584							
	to provide benefits) Certain deemed and/or corrective distributions (see instructions)	8d	210	70 -							
	Administrative service providers (salaries, fees, commissions)	8e 8f	3	352							
	Other expenses	8g									
	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							27	7936	
	Net income (loss) (subtract line 8h from line 8c)	8i								9520	
	Transfers to (from) the plan (see instructions)	8i	-11508	341							
Par	IV Plan Characteristics										
Part	If the plan provides welfare benefits, enter the applicable welfare for V Compliance Questions	eature cou	es from the list of Plan Chara	ciensi	iic Coc	ies in i	ne instru	Cuon	S.		
10	During the plan year:				Yes	No		Α	mount	1	
	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					
	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					50	00000
d	Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?	<u></u>		10d		Χ					
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 ben	efits under the plan? (See	10e	X						38
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	X						0
h	If this is an individual account plan, was there a blackout period? (2520.101-3.)	•		10h	X						
i	If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10			10i	X						
Part	VI Pension Funding Compliance										
11	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)								Υe	es X	No
11a	Enter the unpaid minimum required contribution for current year fr	om Sched	ule SB (Form 5500) line 39			11a					
12	Is this a defined contribution plan subject to the minimum funding	requireme	ents of section 412 of the Code	or se	ection	302 of	ERISA?		Υe	es X	No
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)										
а	If a waiver of the minimum funding standard for a prior year is beir granting the waiver.	-			, and 6	enter tl Day			letter ear	ruling	3

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lf :	you 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)	`	of a 12d			
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?			Yes 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, transferrof the PBGC?	, ,	under the control		X Yes	No
С	If during this plan year, any assets or liabilities were transferred from this play which assets or liabilities were transferred. (See instructions.)	an to another plan(s), identify the	ne plan(s) to			
1	3c(1) Name of plan(s):		13c(2) E	IN(s)	13c(3)	PN(s)
THE	WATERJET COMPANIES' 401(K) PLAN		91-1104842		002	
Dart	VIII Trust Information (ontional)					

14a Name of trust

14b Trust's EIN

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 section 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

► Complete all entries in accordance with the instructions to the Form 5500-SF.

OMB Nos. 1210-0110 1210-0089

2014

This Form is Open to Public Inspection

		t Identification Information								
For	calendar plan year 2014 or f	iscal plan year beginning	01/01/2014	and ending	12/31/201	.4				
	This return/report is for:	a single-employer plan a multiple-employer plan (not multiemployer) (Filers checking this box must attach a list of participating employer information in accordance with the form instructions) a one-participant plan								
В	This return/report is:	the first return/report	the final return/report							
		onths)								
С	Check box if filing under:	x Form 5558	automatic extension		DFVC p	rogram				
Б	4 mil - D 1 - D1 - 1 - 6	<u> </u>								
		ormation enter all requested in	nformation		dh Theodolic					
1a Name of plan H2O Jet, Inc. 401(k) Plan					1b Three-digit plan number (PN) ► 001					
					1c Effective date of plan 01/01/2000					
2a	Plan sponsor's name and a H2O Jet, Inc.	address; include room or suite numbe	er (employer, if for a single	-employer plan)	2b Employer Identification Number (EIN) 91-1555688					
	1145 85th Avenue, SE				2c Sponsor's telephone number (360) 338-4889					
	US Tumwater WA 98501-57	708			2d Business of 339900	code (see instructions)				
3a		and address X Same as Plan Spo	nsor Name		3b Administra	ntor's EIN				
4	If the name and/or EIN of t	the plan sponsor has changed since	the last return/report filed f	or this plan, enter the	4b EIN	ator's telephone number				
	name, EIN, and the plan n	umber from the last return/report.	,							
	Sponsor's name			m.	4c PN					
		ts at the beginning of the plan year			5a	24				
b	Number of participants with	ts at the end of the plan yearh h account balances as of the end of t			5b	1				
С	complete this item)	n account balances as of the end of t	ne pian year (defined beno	ent plans do not	5c	1				
d(1) Total number of active p	articipants at the beginning of the pla	ın year	***************************************	5d(1)	22				
d(articipants at the end of the plan yea			5d(2)	1				
е 	Number of participants that less than 100% vested	t terminated employment during the	plan year with accrued ber	nefits that were	5e	0				
Ca	ution: A penalty for the lat	te or incomplete filing of this retur	n/report will be assessed	l unless reasonable ca	iuse is establish	ed.				
SE	nder penalties of perjury and 3 or Schedule MB completed lief, it is true, correct, and co	other penalties set forth in the instru I and signed by an enrolled actuary, implete	ctions, I declare that I have as well as the electronic ve	e examined this return/re ersion of this return/repo	eport, including, if rt, and to the bes	f applicable, a Schedule t of my knowledge and				
# S	IGN / Laler	1 mill	19/25/15	1 HACHN	NAZNI	021)				
200000000000000000000000000000000000000	ERE Signature of plan at	mipletrator (Date	Enter na/ne of individu	el-signing as plan	administrator				
		Chrocker	19/25/15	+ min	Haro					
	IGN Signature of employ		Date	Enter name of individu	*					
		n name, if applicable) and address; i			1	phone number (optional)				
		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		or Copiestally						

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	Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)								
	re you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA)								
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.) If you answered "No" to either line 6a or line 6b, the plan cannot use Form 5500-SF and must instead use Form 5500. If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)?								
Pa	rtill Financial Information								
7_	Plan Assets and Liabilities (a) Beginning of Year						(b) End of Year		
	Total plan assets	7a	931,32	1			10,674		
<u>b</u>	Total plan liabilities								
	Net plan assets (subtract line 7b from line 7a)	7c	931,32	1		10 , 674 (b) Total			
a	Contributions received or receivable from:		(a) Amount			(D) Total			
	(1) Employers	8a(1)	81,60		er Ser				
	(2) Participants	8a(2)	99,15	9					
	(3) Others (including rollovers)	8a(3)		-					
	Other income (loss)	8b 8c	66,69	5					
	Benefits paid (including direct rollovers and insurance premiums	80					247,456		
	to provide benefits)	8d	27,58	4					
e	Certain deemed and/or corrective distributions (see instructions)	8e			34				
<u>-</u>	Administrative service providers (salaries, fees, commissions)	8f	35	2	C-rive:	Signal Signal			
_ <u>g</u> _	Other expenses (add lines 8d, 8e, 8f, and 8g)	8g 8h		by like			27,936		
" -	Net income (loss) (subtract line 8h from line 8c)	8i		ú			219,520		
İ	Transfers to (from) the plan (see instructions)	8j	(1,140,167	')					
Pa	irt IV Plan Characteristics	· · · · · · · · · · · · · · · · · · ·	<u> </u>		1.72				
9a	If the plan provides pension benefits, enter the applicable pension for	eature cod	es from the List of Plan Charact	eristi	c Code	es in t	he instructions:		
	2A 2E 2F 2G 2J 2K 2T 3D 3H								
b	If the plan provides welfare benefits, enter the applicable welfare fee	ature code	s from the List of Plan Characte	ristic	Code	s in th	e instructions:		
Pa	rtV Compliance Questions								
<u>10</u>	During the plan year:				Yes	No	Amount		
	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu	ciary Corre	ection Program)	10a		х			
<u></u>	Were there any nonexempt transactions with any party-in-interest on line 10a.)			10b		х			
				10c	х		500,000		
	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 ot insurance service, or other organization that provides some or all 				ĺ				
	instructions.)			10e	х		38		
f	Has the plan failed to provide any benefit when due under the pla	n?	***************************************	10f		х			
	Did the plan have any participant loans? (If "Yes," enter amount a	as of year (end,)	10g	ж		0		
H		(See instr	uctions and 29 CFR	10h					
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	he require	d notice or one of the	101	x				
Pa	rt VI Pension Funding Compliance			1			1. 对其并不是自然在于自然的对称。		
11				•			·		
11	a Enter the unpaid minimum required contribution for current year f		· · ·				·		
12									
_	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below								
a	a 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								
	granting the waiver	**************	Mo	nth .		Di	ay Year		