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).

OMB Nos. 1210-0110 1210-0089

2014

This Form is Open to Public Inspection

Pension I	Benefit Guaranty Corporation	▶ Complete all entries in a	ccordance with the ins	tructions to the Form 5	500-SF.	
Part I	Annual Repor	t Identification Information				
For calen	dar plan year 2014 or	fiscal plan year beginning 01/01/20	14	and ending 12	/31/2014	
A This re	eturn/report is for:	a single-employer plan a one-participant plan		plan (not multiemployer) oyer information in accor		
B This re	eturn/report is	the first return/report	the final return/report		ontho)	
		an amended return/report	a short plan year rett	ırn/report (less than 12 m	ionins)	
C Check	c box if filing under:	Form 5558 special extension (enter descri	automatic extension		DFVC p	orogram
1	_	` `	,			
Part II	•	ormation—enter all requested info	ormation		T	
1a Name		C. DEFINED BENEFIT PENSION PLA	AN		1b Three-digi plan numb (PN) ▶	per 001
					1c Effective of	date of plan 01/01/2006
	sponsor's name and a ENTERPRISES,INC.	ddress; include room or suite numbe	r (employer, if for a singl	e-employer plan)	2b Employer	Identification Number 91-0908700
	S POINT ROAD					telephone number 60-678-8778
GREENBAI	NK, WA 98253					code (see instructions) 114110
3a Plan	administrator's name	and address XSame as Plan Sponso	or.		3b Administra	itor's EIN
nam	e, EIN, and the plan n	he plan sponsor has changed since tl umber from the last return/report.	he last return/report filed	for this plan, enter the	4b EIN	
	sor's name				4c PN	
_		s at the beginning of the plan year			5a	1
	•	s at the end of the plan year			5b	3
comp	olete this item)	n account balances as of the end of the condition account balances as of the end of the condition account balances as of the end of the plants at the beginning of the plants at the beginning of the plants account balances			5c	
u(1) 10	nai number of active p	articipants at the beginning of the pla	iii yeai		5d(1)	1
d(2) ⊤d	otal number of active p	articipants at the end of the plan yea	r		5d(2)	3
		terminated employment during the pl	-		5e	C
Under per SB or Sch	nalties of perjury and o	e or incomplete filing of this return, other penalties set forth in the instruct and signed by an enrolled actuary, as applete.	tions, I declare that I hav	e examined this return/re	port, including, if a	applicable, a Schedule
SIGN	Filed with authorized	d/valid electronic signature.	10/02/2015	RICHARD F. HASTIN	GS	
HERE	Signature of plan	administrator	Date	Enter name of individ	lual signing as pla	ın administrator
SIGN HERE						
		loyer/plan sponsor	Date			nployer or plan sponsor
reparer's	s name (including firm	name, if applicable) and address (inc	Jude room or suite numb	ei) (ορτιοπαί)	Preparer's telep	phone number (optional)

	Form 5500-SF 2014		Page 2				
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	ident qualified public accounta	int (IQ	PA)		X Yes No
C	f the plan is a defined benefit plan, is it covered under the PBGC in	nsurance p	rogram (see ERISA section 40	21)?		Yes	No Not determined
Par	t III Financial Information						
7	Plan Assets and Liabilities		(a) Beginning of Yea	ar			(b) End of Year
a	Total plan assets	. 7a	11022	256			1309612
b	Total plan liabilities	7b		0			0
C	Net plan assets (subtract line 7b from line 7a)	7c	11022	256	_		1309612
	ncome, Expenses, and Transfers for this Plan Year		(a) Amount				(b) Total
	Contributions received or receivable from: (1) Employers	8a(1)		0			
	(2) Participants	8a(2)		0			
	(3) Others (including rollovers)			0			
b	Other income (loss)	. 8b	2082	281			
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c					208281
	Benefits paid (including direct rollovers and insurance premiums			0			
	to provide benefits)	8d		0			
	Certain deemed and/or corrective distributions (see instructions)	8e		925			
	Administrative service providers (salaries, fees, commissions)	8f		0			
	Other expenses	8g 8h					925
	Net income (loss) (subtract line 8h from line 8c)	8i					207356
	Transfers to (from) the plan (see instructions)	8j		0			
Par	IV Plan Characteristics	OJ .					
b	1A 3B 3D If the plan provides welfare benefits, enter the applicable welfare for V Compliance Questions	eature code	es from the List of Plan Chara	cterist	tic Coc	les in t	he instructions:
10	During the plan year:				Yes	No	Amount
	Was there a failure to transmit to the plan any participant contribution 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidulish)	uciary Corr	ection 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	
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 bene	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 e	nd.)	10g		Х	
h	If this is an individual account plan, was there a blackout period? (2520.101-3.)	•		10h			
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)						
11a	Enter the unpaid minimum required contribution for current year fr					11a	0
12	Is this a defined contribution plan subject to the minimum funding					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 beir granting the waiver.	-			, and e	enter th Day	

	Form 5500-SF 2014	Page 3 - 1					
lf :	you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (For	m 5500), and skip to lin	e 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)			12d			
е	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?			Y	es X No		
	If "Yes," enter the amount of any plan assets that reverted to the employer the	nis year		13a			
b	Were all the plan assets distributed to participants or beneficiaries, transferred the PBGC?		•	ontrol		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.)	in to another plan(s), ide	ntify the plan(s) to)			
1	3c(1) Name of plan(s):		130	c(2) EII	V(s)	13c(3)	PN(s)
			1				

14b Trust's EIN

Part VIII Trust Information (optional)

14a Name of trust

SCHEDULE SB (Form 5500)

Department of the Treasury Internal Revenue Service

Pension Benefit Guaranty Corporation

Department of Labor Employee Benefits Security Administration

Single-Employer Defined Benefit Plan **Actuarial Information**

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).

This Form is Open to Public Inspection

OMB No. 1210-0110

2014

File as an attachment to Form 5500 or 5500-SE

			F File as	an allacinnent to Form	3300 OF 3300-3F.			
For	calendar	r plan year 2014 or fiscal plan	year beginning	01/01/2014	and en	ding 12/3	31/2014	
		off amounts to nearest dollar						
		: A penalty of \$1,000 will be as	ssessed for late filing	of this report unless reas	onable cause is establis	hed.		
	lame of p	plan ENTERPRISES, INC. DEFINE	ED RENEEIT DENSIC	NI DI ANI	B Three-o	0		001
HAC	TINGS	LINTERFRISES, INC. DEFINE	LD BENEFIT FENSIC	IN FLAN	plan nu	mber (PN)	•	
C F	lan spon	nsor's name as shown on line	2a of Form 5500 or 5	500-SF	D Employe	r Identifica	tion Number (E	in)
		ENTERPRISES,INC.				91-090		,
Ет	ype of pla	an: X Single Multiple-A	Multiple-B	F Prior year pla	an size: X 100 or fewer	101-5	More th	an 500
Pa	rt I	Basic Information						
1	Enter th	he valuation date:	Month	Day 01 Year 1	2014			
2	Assets:	:						
	a Marke	et value				2a		1095870
	b Actua	arial value				2b		1095870
3	Funding	g target/participant count brea	akdown		(1) Number of participants	,	sted Funding arget	(3) Total Funding Target
	a For re	etired participants and benefic	ciaries receiving paym	nent	()	0	0
	b For te	erminated vested participants			()	0	0
	C For a	active participants				3	471052	471052
	d Total	L			3	3	471052	471052
4		lan is in at-risk status, check t			П			
•		ling target disregarding prescr				4a		
	_	ling target disregarding prescr ding target reflecting at-risk as	•					
		-risk status for fewer than five				4b		
5	Effectiv	e interest rate				5		6.28%
6	Target	normal cost				6		98717
Stat	ement b	y Enrolled Actuary						
		of my knowledge, the information suppli with applicable law and regulations. In I						
		, offer my best estimate of anticipated e					,	
S	IGN							
Н	ERE						10/01/20)15
		Sigr	nature of actuary				Date	
STE	VE CAU	IDLE, MSPA, EA					14-072	19
		Type or p	print name of actuary			Most r	ecent enrollme	nt number
COI	NWAY JO	ONES & ASSOCIATES					206-545	-6826
			Firm name			Telephone	number (includ	ling area code)
		AVENUE, SUITE 623 VA 98101						
JL/	<u></u> , VI							
		Ad	Idress of the firm					
14 .:								
If the	actuary l	has not fully reflected any reg	ulation or ruling prom	ulgated under the statute	in completing this sche	dule, check	the box and s	ee

Page	2	-	,
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Schedule SB (Form 5500) 2014

Pa	rt II	Begin	ning of Year	Carryov	er and Prefundir	ng Balan	nces							
								(a) (Carryover balance		(b) F	Prefundi	ng balan	ce
		•			cable adjustments (lin		•			0			2	209519
8				-	funding requirement (li					0				0
9	Amount	remainii	ng (line 7 minus li	ne 8)						0			2	209519
10	Interest	on line 9	using prior year's	s actual re	turn of <u>22.35</u> %					0				46827
11	Prior ye	ar's exce	ess contributions t	o be adde	d to prefunding balanc	e:								
	a Prese	nt value	of excess contrib	utions (line	38a from prior year)									38800
b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of6.12 %														8495
	b(2) In	terest or	line 38b from pri	or year Scl	hedule SB, using prior	year's actu	ual							
					oor to odd to profunding									0
			0 0		ear to add to prefunding	-								47295
	d Portio	n of (c)	to be added to pre	efunding ba	alance									0
12	Other re	ductions	s in balances due	to election	s or deemed elections	3				0				0
13	Balance	at begir	nning of current ye	ear (line 9	+ line 10 + line 11d – li	ine 12)				0			2	256346
P	art III	Fun	ding Percenta	ages										
14	Funding	target a	ttainment percent	age								14	178	3.22 %
15	14 Funding target attainment percentage											15	178	3.22 %
16 Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement											16	105	5.52 %	
17	If the cu	rrent val	ue of the assets o	f the plan	is less than 70 percent	t of the fun	iding targe	et, enter s	such percentage			17		%
Pa	art IV	Con	tributions an	d Liquid	lity Shortfalls									
18	Contribu	itions ma	ade to the plan for	the plan y	vear by employer(s) an	nd employe	ees:							
	(a) Date M-DD-Y		(b) Amount p		(c) Amount paid b		(a) Dat MM-DD-Y		(b) Amount pa	-	(0	•	nt paid b	у
(IV	ו -טט-וווו	111)	employer	(5)	employees	(1	IVIIVI-DD-1	111)	employer(s)		empi	oyees	
						To	tals ►	18(b)		0	18(c)			0
19	Discoun	ted emp	lover contributions	s – see ins	tructions for small plar	n with a val	luation da	te after th	ne beginning of the	vear:	Į.			
			-		imum required contrib					19a				0
	_				djusted to valuation da				<u> </u>	19b				0
					uired contribution for cu					19c				0
20														
	a Did th	e plan h	ave a "funding sh	ortfall" for	the prior year?								Yes	No
	b If line	20a is "	Yes," were require	ed quarterl	y installments for the c	current yea	ır made in	a timely	manner?			<u> </u>	Yes	No
					omplete the following to	-		,						
					Liquidity shortfall a			of this pla	n year					
		(1) 19	st		(2) 2nd			(3)	3rd			(4) 4th	1	

21 Descount rate: 1st segment 1st segment 2rd segment 3rd segment 5.89 % N/A, full yield curve used b Applicable month (onter code)	Pa	rt V Assumptio	ns Used to Determine	Funding Target and Targe	et Normal Cost					
b Applicable month (enter code)	21									
22 Waighted average retirement age. 22		a Segment rates:		_			N/A, ful	l yield cu	rve u	sed
Personation Presented Presented Presented Substitute		b Applicable month (enter code)			21b				1
Part VI Miscellaneous Items 24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment.	22	Weighted average ret	tirement age			22				67
Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment.	23	Mortality table(s) (see	e instructions)	escribed - combined Pre	scribed - separate	Substitute)			
Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment.	Pa	rt VI Miscellane	ous Items							
25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment	24	Has a change been m	nade in the non-prescribed ac	· ·	•				oc [v	
26 Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment.	25									1
27 If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment. 28			<u> </u>		0 0 1					1
Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years						attacriment.			es ^	INO
28 Unpaid minimum required contributions for all prior years		.'	•			27				
29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (ine 19a)	Pa	rt VII Reconcilia	ation of Unpaid Minim	um Required Contribution	s For Prior Years					
(line 19a)	28	Unpaid minimum requ	uired contributions for all prior	years		28				0
Part VIII	29					29				0
31 Target normal cost and excess assets (see instructions): a Target normal cost (line 6)	30	Remaining amount of	funpaid minimum required co	ntributions (line 28 minus line 29)		30				0
a Target normal cost (line 6)	Pa	rt VIII Minimum	Required Contribution	For Current Year						
b Excess assets, if applicable, but not greater than line 31a	31	Target normal cost a	nd excess assets (see instruc	tions):						
Amortization installments: a Net shortfall amortization installment		a Target normal cost	(line 6)			31a				98717
a Net shortfall amortization installment	-	b Excess assets, if ap	oplicable, but not greater than	line 31a		31b				98717
b Waiver amortization installment	32	Amortization installme	ents:		Outstanding Bala	ince	In	stallmen	t	
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month		a Net shortfall amortiz	zation installment			0				0
Month Day Year) and the waived amount 33		b Waiver amortization	n installment			0				0
Carryover balance Prefunding balance Total balance 35 Balances elected for use to offset funding requirement	33					33				
35 Balances elected for use to offset funding requirement	34	Total funding requirer	ment before reflecting carryov	er/prefunding balances (lines 31a -	31b + 32a + 32b - 33)	34				0
35 Balances elected for use to offset funding requirement		<u> </u>		Carryover balance	Prefunding bala	nce	Tot	al baland	ce	
36 Additional cash requirement (line 34 minus line 35)	35		•	0		0				0
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	36	· · · · · · · · · · · · · · · · · · ·				36				0
38 Present value of excess contributions for current year (see instructions) a Total (excess, if any, of line 37 over line 36)	-	Contributions allocate	ed toward minimum required o	ontribution for current year adjuste	d to valuation date					
a Total (excess, if any, of line 37 over line 36)	38	,								
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances			•			38a				0
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)										
40 Unpaid minimum required contributions for all years 40 Part IX Pension Funding Relief Under Pension Relief Act of 2010 (See Instructions) 41 If an election was made to use PRA 2010 funding relief for this plan: a Schedule elected 2 plus 7 years 15 years b Eligible plan year(s) for which the election in line 41a was made 2010 2010 2011 42 Amount of acceleration adjustment 42	39					-				
Part IX Pension Funding Relief Under Pension Relief Act of 2010 (See Instructions) 41 If an election was made to use PRA 2010 funding relief for this plan: a Schedule elected										
41 If an election was made to use PRA 2010 funding relief for this plan: a Schedule elected			•							
a Schedule elected					(Occ man donons)	<u></u>				
b Eligible plan year(s) for which the election in line 41a was made 2008 2009 2010 2011 42 Amount of acceleration adjustment 42	<u>-</u>			<u>-</u>		П:	2 plus 7 vear	<u>s</u> П1	5 ve	ars
42 Amount of acceleration adjustment									_	
	42									
			•			42				

CONWAY JONES

P. 1/1

PAGE 02/04

QMS Nos. 1210-0110 Short Form Annual Return/Report of Small Employee Form 5500-SF 1210-0089 Benefit Plan Department of the Treesury Internal Revenue Service 2014 This form is required to be filed under sections 104 and 4065 of the Employee Retirement Income Socurity Act of 1074 (ERISA), and sections 6057(b) and 6056(b) of the Internal Department or Labor Employee Beneits Security Administration This Form is Open to Revenue Code (the Code). Public Inspection Pontion Sensili Guaranty Corporation > Complete all entries in secondaries with the instructions to the Form 5500-SF Part | Annual Report Identification Information and ending 12/31/2014 01/01/2014 For calendar plan year 2014 or fincal plan year beginning a multiple-employer plan (not multiamployer) (Filers checking this box must attach a list X a single-employer plan of participating employer information in accordance with the form instructions) A This return/report is for: one-participant plan a foreign plan the first return/report the final return/report B This return/report is e ahort plan year return/report (less than 12 months) an amanded refurn/report Form 5558 ☐ DFVC program autometic extension C Check box if filing under: special extension (enter description) Part II | Basic Plan Information -- enter all requested information 10 Three-digit 1a Name of plan plan number HASTINGS ENTERPRISES, INC. DEPINED BENEFIT PENSION PLAN (PN) > 1C Effective date of plan 01/01/2006 25 Employer Identification Number 29 Plan sponsor's name and address: include fourn or multi number (amployer, if for a single-employer plan) HASTINGS ENTERPRISES, INC. (EIN) 91-0508700 2c Sponsor's telephone number 1308 DINES POINT ROAD 360-678<u>-8778</u> 2d Business ande (see instructions) 114110 GREENBANK 98253 38 Plan administrator's name and address XiSame as Pien Sponsor. 3b Administrator's EIN 3c Administrator's telephone number If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the 4b EN name, EIN, and the plan number from the lest return/report. A Sponsore name 1 30 De Total number of participants of the end of the plan year. 5b 3 C. Number of participants with account belances as of the end of the plan year (defined benefit plans do not Sc. complete this (tem) 5d(1) 1 O(2) Total number of equive perticipants at the end of the plan year..... 5d(2) 3 Number of participants that terminated employment during the plan year with secrued benefits that ware 5e 0 less than 100% vested..... Caution: A penalty for the late or irroomplete filing of this return/report will be assessed unless resoonable cause is established. Under paralities 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 aigned by an encolled archiery, so well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete 10/2/ Richard F. Hastings 8fGhi HERE, នីរំពូកដារស្ដេក of plan administrator Date Enter name of individual signing as plan administrator SIGN HERE Signature of employamples aponeor Dere Enter name of individual signing as employer or plan sponsor Preparer's name (including firm name, if applicable) and address (include room or suits number) (optional) Preparer's telephone number (optional)

SCHEDULE SB (Form 5500)

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Single-Employer Defined Benefit Plan Actuarial Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).

2014

OMB No. 1210-0110

This Form is Open to Public Inspection

▶ File as an attachment to Form 5500 or	r 5500-SF.		
For calendar plan year 2014 or fiscal plan year beginning 01/01/2014	and ending	12/31/2	2014
Round off amounts to nearest dollar.			
▶ Caution: A penalty of \$1,000 will be assessed for late filing of this report unless reasonable c	ause is established		
A Name of plan HASTINGS ENTERPRISES, INC. DEFINED BENEFIT PENSION PLAN	B Three-digit plan number		001
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF	D Employer Id	entification Number (
	Employeria	onunounon rumber (_n <i>1)</i>
HASTINGS ENTERPRISES, INC.	91-0908700	ı	
E Type of plan: X Single Multiple-A Multiple-B F Prior year plan size:	X 100 or fewer	101-500 More t	nan 500
Part I Basic Information			
1 Enter the valuation date: Month 01 Day 01 Year 2014			<u> </u>
2 Assets:			terzija.
a Market value		2a	1095870
b Actuarial value		2b	1095870
	Number of (articipants	(2) Vested Funding Target	(3) Total Funding Target
a For retired participants and beneficiaries receiving payment	0	0	0
b For terminated vested participants	o	0	0
C For active participants	3	471052	471052
d Total	3	471052	471052
4 If the plan is in at-risk status, check the box and complete lines (a) and (b)	П		
a Funding target disregarding prescribed at-risk assumptions	ш,	4a	
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that at-risk status for fewer than five consecutive years and disregarding loading factor	have been in	4b	
5 Effective interest rate		5	6.28%
6 Target normal cost		6	98717
Statement by Enrolled Actuary To the best of my knowledge, the information supplied in this schedule and accompanying schedules, statements and attachn accordance with applicable law and regulations. In my opinion, each other assumption is reasonable (taking into account the combination, offer my best estimate of anticipated experience under the plan.	nents, if any, is complete a experience of the plan and	and accurate. Each prescrib d reasonable expectations) a	ed assumption was applied in and such other assumptions, in
SIGN Level Canall		10/01/20	15
Signature of actuary		Date	
Steve Caudle, MSPA, EA	_	140721	9
Type or print name of actuary		Most recent enrollme	
Conway Jones & Associates	_	206-545-6	826
Firm name	Tele	phone number (includ	fing area code)
1511 Third Avenue, Suite 623			
Seattle WA 98101	_		
Address of the firm			
f the actuary has not fully reflected any regulation or ruling promulgated under the statute in comple astructions	eting this schedule,	check the box and s	ee ·

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Schedule S	B (Form	5500)	2014
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Pa	art II Beginn	ning of Year	Carryo	ver and Prefunding B	lalances						
7	5.1					(a)	Carryover balance		(b)	Prefund	ing balance
7	-			licable adjustments (line 13	•			o			209519
8				funding requirement (line 35							
		-	_					0			0
9	Amount remaining	g (line 7 minus lir	ne 8)					0			209519
10	Interest on line 9	using prior year's	s actual re	turn of 22.35%			- to 1/4	0			46827
11	Prior year's exces	s contributions t	o be adde	d to prefunding balance:						<u> 1840)</u>	
			•	e 38a from prior year)		<u> </u>					138800
				8a over line 38b from prior yve interest rate of $6 \cdot 12\%$.							8495
				hedule SB, using prior year							
		•	•								. 0
	C Total available at	t beginning of cur	rent plan y	ear to add to prefunding balar	1ce						147295
	d Portion of (c) to	be added to pre	funding b	alance							0
12	Other reductions i	n balances due t	to election	s or deemed elections			·	0			0
				+ line 10 + line 11d – line 12				0			256346
		ing Percenta			<u>, </u>			1			
										14	178.22%
	Adjusted funding t									15	178.22%
				of determining whether car						16	105.52%
47											
	Note that I	***************************************		is less than 70 percent of the	e funding ta	rget, enter	such percentage			17	<u>%</u>
				lity Shortfalls							
18				rear by employer(s) and emp			I (1) A (1)	4.6	1		
(M	(a) Date M-DD-YYYY)	(b) Amount pa employer(s		(c) Amount paid by employees		Date D-YYYY)	(b) Amount paid employer(s)		"		nt paid by oyees
											
											
					······································						
					Totals ►	18(b)		n	18(c)		
19	Discounted employ	er contributions	– see inst	tructions for small plan with	a valuation	date after ti	ne beginning of the v	/ear:			
				imum required contributions			· · · ·	19a			0
	b Contributions ma	ide to avoid rest	rictions ad	ljusted to valuation date				19b			. 0
	C Contributions allo	cated toward min	ıimum requ	uired contribution for current y	ear adjusted	f to valuation	n date	19c			0
20	Quarterly contributi	ons and liquidity	shortfalls	:	-		•				1
	a Did the plan have	e a "funding sho	rtfall" for t	he prior year?	·····			_			Yes X No
	b If line 20a is "Yes	s," were required	d quarterly	installments for the current	year made	in a timely	manner?			П	Yes No
				mplete the following table as				F. 13 E. 13			
				· · · · · · · · · · · · · · · · · · ·							
				Liquidity shortfall as of er	id of quarte	r of this pla	n year	,			
	(1) 1st			(2) 2nd	or quarte	r of this pla (3)	n year 3rd		((4) 4th	

Pa	art V Assumptio	ns Used to Determine	Funding Target and	Target Normal Cos	t	
21	Discount rate:					
	a Segment rates:	1st segment: 4 . 99%	2nd segment: 6.32%	3rd seç 6	ment: 99%	N/A, full yield curve used
	b Applicable month (e	enter code)			21b	
_22	Weighted average ret	irement age			22	6'
23	Mortality table(s) (see	e instructions) X P	rescribed - combined	Prescribed - separate	Substi	ute
Pa	rt VI Miscellane	ous Items				
24		nade in the non-prescribed ac				
25	Has a method change	been made for the current p	lan year? If "Yes," see instr	uctions regarding required	attachment	Yes X No
26	Is the plan required to	provide a Schedule of Active	e Participants? If "Yes," see	instructions regarding rec	uired attachme	ntYes X No
27		alternative funding rules, en			27	
Pa	rt VII Reconcilia	ation of Unpaid Minim	um Required Contrib	utions For Prior Ye	ars	· · · · · · · · · · · · · · · · · · ·
28	Unpaid minimum requi	ired contributions for all prior	years		28	C
29	Discounted employer of (line 19a)	contributions allocated towar	d unpaid minimum required	contributions from prior ye	ears 29	C
30	Remaining amount of	unpaid minimum required co	ntributions (line 28 minus lin	e 29)	30	C
Pa	rt VIII Minimum I	Required Contribution	n For Current Year			
31	Target normal cost an	d excess assets (see instruc	tions):			
	a Target normal cost (I	line 6)			31a	98717
	b Excess assets, if app	plicable, but not greater than	line 31a		31b	98717
32	Amortization installmen	nts:		Outstanding	g Balance	Installment
	a Net shortfall amortiza	ation installment			C	C
	b Waiver amortization	installment			C	C
33		pproved for this plan year, er Day Year			33	
34	Total funding requirem	ent before reflecting carryove	er/prefunding balances (line	31a - 31b + 32a + 32b -	33) 34	0
			Carryover balance	Prefunding	balance	Total balance
35	Balances elected for us requirement	se to offset funding		0	0	0
36	Additional cash require	ement (line 34 minus line 35)			36	0
	Contributions allocated	I toward minimum required c	ontribution for current year a	djusted to valuation date	37	0
38	Present value of exces	s contributions for current ye	ar (see instructions)			
	a Total (excess, if any,	of line 37 over line 36)			38a	0
	b Portion included in fir	ne 38a attributable to use of	prefunding and funding stan	dard carryover balances	38b	0
39	Unpaid minimum requir	red contribution for current ye	ear (excess, if any, of line 36	over line 37)	39	0
40	Unpaid minimum requir	red contributions for all years	j	***************************************	40	0
Par	t IX Pension F	unding Relief Under F	Pension Relief Act of	2010 (See Instructi	ons)	
41	If an election was made	to use PRA 2010 funding re	lief for this plan:			
	a Schedule elected					2 plus 7 years 15 years
	b Eligible plan year(s) f	for which the election in line	41a was made			
		adjustment			<u> </u>	
	*****	eleration amount to be carried				· ·