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).

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

For calend			n			
	lar plan year 2014 or	fiscal plan year beginning 01/01/	<u>/2014</u>	and ending 12	2/31/2014	
A This re	turn/report is for:	X a single-employer plan		an (not multiemployer) yer information in acco	, -	s box must attach a list instructions)
		a one-participant plan	a foreign plan			
B This ret	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 n	nonths)	
C Check	box if filing under:	X Form 5558	automatic extension		DFVC pro	ogram
		special extension (enter des	cription)			
Part II	Basic Plan Inf	ormation—enter all requested i	information			
1a Name DENVER S.	•	/, INC. PROFIT SHARING PLAN			1b Three-digit plan numbe	
					(PN) 1C Effective da	te of plan
						1/01/1991
2a Plan s	sponsor's name and a ANITARY COMPANY	address; include room or suite num , INC.	ber (employer, if for a single-	employer plan)		lentification Number 4-0188210
3161 WALN	UT STREET				•	elephone number 3-295-0331
DENVER, C						ode (see instructions) 62000
3a Plan a	administrator's name	and address XSame as Plan Spo	nsor.		3b Administrate	or's EIN
		ha plan spansor has changed sine				
			e the last return/report filed for	or this plan, enter the	4b EIN	
- Oponic	sor's name	umber from the last return/report.	e the last return/report filed fo	or this plan, enter the	4b EIN 4c PN	
	sor's name				4c PN	7
5a Total	sor's name number of participan	umber from the last return/report.	·		4c PN . 5a	
5a Total b Total c Numb	sor's name number of participan number of participan per of participants wit	umber from the last return/report.	of the plan year (defined bene	fit plans do not	4c PN 5a 5b 5c	6
5a Total b Total c Numb	sor's name number of participan number of participan per of participants wit lete this item)	umber from the last return/report. ts at the beginning of the plan year ts at the end of the plan year h account balances as of the end of	of the plan year (defined bene	fit plans do not	4c PN 5a 5b 5c	6
5a Total b Total c Numb compl d(1) Total	sor's name number of participan number of participan per of participants wit lete this item) tal number of active p	ts at the beginning of the plan year ts at the end of the plan year	of the plan year (defined bene	fit plans do not	4c PN 5a 5b 5c	6
5a Total b Total c Numb compl d(1) Tot d(2) Tot e Numbe	number of participan number of participan number of participants per of participants wit lete this item) tal number of active per er of participants that	ts at the beginning of the plan year ts at the end of the plan year	of the plan year (defined bene plan yearearear.year year with accrued bene	ifit plans do not	4c PN 5a 5b 5c 5d(1)	6 6 8
5a Total b Total c Number completed (1) Total d(2) Total e Number less the Caution: A Under pen SB or School	number of participan number of participan number of participants wit lete this item) tal number of active participants that number of active participants that nan 100% vested	ts at the beginning of the plan year ts at the end of the plan year	plan year (defined beneather) plan yeareareaplan year with accrued beneather) plan year will be assessed uctions, I declare that I have	ofit plans do not ofits that were unless reasonable ca	4c PN 5a 5b 5c 5d(1) 5d(2) 5e susse is established eport, including, if ap	epplicable, a Schedule
5a Total b Total c Number completed (1) Total d(2) Total e Number less the Caution: A Under pen SB or School	number of participan number of participan number of participants wit lete this item) tal number of active per of participants that number of active per of participants that nan 100% vested A penalty for the late latties of perjury and redule MB completed true, correct, and correct, and correct, and corrects.	ts at the beginning of the plan year ts at the end of the plan year	plan year (defined beneather) plan yeareareaplan year with accrued beneather) plan year will be assessed uctions, I declare that I have	ofit plans do not ofits that were unless reasonable ca	4c PN 5a 5b 5c 5d(1) 5d(2) 5e susse is established eport, including, if ap	eplicable, a Schedule
5a Total b Total c Number completed (1) Total d(1) Total d(2) Total e Number less the Caution: A Under pen SB or Schebelief, it is	number of participan number of participan number of participants wit lete this item) tal number of active per of participants that number of active per of participants that nan 100% vested A penalty for the late latties of perjury and redule MB completed true, correct, and correct, and correct, and corrects.	ts at the beginning of the plan year its at the end of the plan year	plan year (defined beneather) plan yeareareaplan year with accrued beneather) plan year will be assessed uctions, I declare that I have	ofit plans do not ofits that were unless reasonable ca	4c PN 5a 5b 5c 5d(1) 5d(2) 5e susse is established export, including, if aprt, and to the best of	. opplicable, a Schedule f my knowledge and
5a Total b Total c Number completed (1) Total d(1) Total d(2) Total e Number less the complete structure of the complete s	number of participan number of participan number of participants wit lete this item)	ts at the beginning of the plan year its at the end of the plan year	plan year (defined beneather) plan year ear plan year with accrued beneather plan year with accrued beneather) plan year will be assessed uctions, I declare that I have has well as the electronic ver	efit plans do not efits that were unless reasonable ca examined this return/repo	4c PN 5a 5b 5c 5d(1) 5d(2) 5e susse is established export, including, if aprt, and to the best of	. opplicable, a Schedule f my knowledge and
5a Total b Total c Number completed (1) Total d(1) Total d(2) Total e Number less the complete structure of the complete s	number of participan number of participan number of participants wit lete this item)	ts at the beginning of the plan year ts at the end of the plan year	plan year (defined beneather) plan year ear plan year with accrued beneather) plan year will be assessed uctions, I declare that I have, as well as the electronic ver	efit plans do not efits that were unless reasonable care examined this return/repo Enter name of individ	4c PN 5a 5b 5c 5d(1) 5d(2) 5e suse is established eport, including, if aprt, and to the best of dual signing as plan	bplicable, a Schedule f my knowledge and
5a Total b Total c Number completed (1) Total d(1) Total d(2) Total e Number less the less th	number of participan number of participan number of participants wit lete this item) tal number of active per of participants that number of active per of participants that nan 100% vested A penalty for the late nalties of perjury and edule MB completed true, correct, and confiled with authorize Signature of plan	ts at the beginning of the plan year its at the end of the plan year	plan year (defined beneather) plan yeare plan year with accrued beneather) plan year will be assessed uctions, I declare that I have, as well as the electronic ver	efit plans do not efits that were unless reasonable ca examined this return/repo Enter name of individent	4c PN 5a 5b 5c 5d(1) 5d(2) 5e suse is established eport, including, if aprt, and to the best of dual signing as plandual signing as emp	oplicable, a Schedule f my knowledge and

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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 under 29 CFR 2520.104-46? (See instructions on waiver eligibility of the plan can	an independ and conditio	lent qualified public accounta	nt (IQ	PA)				□ .	es	No
С	f the plan is a defined benefit plan, is it covered under the PBGC in	nsurance pro	ogram (see ERISA section 40	21)? .		Yes	No		lot de	termi	ned
Par	t III Financial Information										
_7	Plan Assets and Liabilities		(a) Beginning of Yea				(b) E	nd of			
	Total plan assets	. 7a	2551	67					21	2940	1
	Total plan liabilities	. 7b	2551	67					21	2940	<u> </u>
	Net plan assets (subtract line 7b from line 7a)	. 7c		07	-					2940	
	Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from:		(a) Amount				(D) Tot	aı		
	(1) Employers	. 8a(1)		0							
	(2) Participants	. 8a(2)		0							
	(3) Others (including rollovers)	. 8a(3)									
	Other income (loss)	. 8b	34	52							
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	. 8c								3452	!
	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	. 8d	456	79							
е	Certain deemed and/or corrective distributions (see instructions)	. 8e									
f	Administrative service providers (salaries, fees, commissions)	. 8f		0							
g	Other expenses	. 8g		0							
<u>h</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)	. 8h							4	5679)
	Net income (loss) (subtract line 8h from line 8c)	. 8i							-4	2227	,
J	Transfers to (from) the plan (see instructions)	· 8j									
b	If the plan provides welfare benefits, enter the applicable welfare f V Compliance Questions	eature codes	s from the List of Plan Charac	cterist	ic Cod	les in t	:he instru	uctior	ns:		
10	During the plan year:				Yes	No	T	Α	mour	ıt	
а	Was there a failure to transmit to the plan any participant contribution 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fid			10a		X					
b	Were there any nonexempt transactions with any party-in-interes on line 10a.)			10b		X					
С	Was the plan covered by a fidelity bond?			10c	X					Ę	50000
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 other insurance service, or other organization that provides some or all instructions.)	of the benef	fits under the plan? (See	10e	X						1721
f	Has the plan failed to provide any benefit when due under the pla	an?		10f		X					
g	Did the plan have any participant loans? (If "Yes," enter amount a	as of year en	d.)	10g		X					
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 to 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 requiren 5500) and line 11a below)								Y	es	× No
<u>11a</u>	Enter the unpaid minimum required contribution for current year f	rom Schedul	le SB (Form 5500) line 39			11a	<u> </u>			-	
12	Is this a defined contribution plan subject to the minimum funding	g requiremen	ts of section 412 of the Code	or se	ction	302 of	ERISA?	·	Υ	es	X No
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below		•					- (1		
а	If a waiver of the minimum funding standard for a prior year is bei granting the waiver.	-			, and 6 	enter tl Day			e letter 'ear _	rulin	g

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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	(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) EI	N(s)	13c(3) P	N(s)
			1			l	

14b Trust's EIN

Part VIII Trust Information (optional)

14a Name of trust

FRA NO.

Form 8500-SF	Short Form Annual	OMB Nos. 1210-0110 5210-0009						
Bosenmani aliku Tredsury Istornoi Roverno Benvice	This form is required to Be	Benefit Plan files under sections 104 and a	1008 of the Employee	2014				
Separation of Lebor Simpleyee Barresis Beduny Astrophytoples	Reliement income Beautity A	on 6057(b) and 60(19(a) of io).	(IS(a) of This Form to Open to Publinguestion					
Panalon Sensell Gueranty Corporation	Complete all entrice in ac	corcence with the instruction	nu to the Form 8000-85.		, } 			
Part I Annual Report le or celender plan year 2014 or flec	dantification information	01/01/2014	god anding 1	2/31/2014) militar triple (#L			
	k a eingle-employer plan	a multiple-employer plan		•	el ellach a liet			
A This return/report is for:	a one-participant plen	of perilolpating employer	information in accordance	with the form knatruct	ions)			
B. This rejurn/roport lat	the first return/teport	the final returriveport						
·	noqwivrete bebreme na	a short plan year return/re	apart (leas them 12 months)	•			
Check box if flling under:	🙀 Form 5586	🔲 eutomako extension		DFVO program				
	appolal extension (enter desor	ip(lon)						
Part II Basic Plan Info	Mation ania: all repusated	Information						
n Name of plan			10	Three-digit plan number				
Denver sanitary com	Pany, Inc. Profit Shar	ing biya	4:	(PN) ► 00	01			
			10	Effective data of pla 01/01/1991	n			
18 Plan sponsor's name and ad DENVER SANITARY COM	dress; include room of suits numb	per (employer, if for a single-or	nployer plan) 2b	Employer identificat (EIN) 64-01-982				
/	•		20	Sponsor's telephone (303) 295-033	number			
THE PARTY SURET			28	2d Business code (see inel/sotions) 562000				
US DEPVER OD 80208	nd eddress 🔞 Same as Plan Sp	oned Nema	31	Administratora BIN	<u></u>			
	•		30	Administratore tele	phone number			
·					<u> </u>			
If the name and/or EIN of the name, EIN, and the plan nu	a plan aponsor has changed alnow mber from the last return/report.	o the last return/seport filed for	, ,	EIN	· · · · · · · · · · · · · · · · · · ·			
a Sponsor's name				PN				
in Total number of participants	at the beginning of the plan Year	. Bet ofretriengen aus ein sem iegel firfrere er erreitt	A191111941-cap()-colbeditective	ia	7			
b Total number of participants	el the end of the plan year account balances as of the end o	iiitiinkiiskiimmeenkiikiikiikiinkii Jakai bardabb vaav kale aal l	,.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	·····				
manuse (thati siri) stalemen	CALIFEC A LIGHT COMPANY OF A CONTRACT OF A C	19309 43 9 6 6 7 1941 97905 3666 6 7 194 9 1 19 1 2 2 2 1 1 1 1 2 2 2 2 2 2 2 2	CS14)4993411-C4CHCHCT-carminoldid	Bo				
#(1) reter number of active pa	this paper at the booklaha of the	Haisyddi innewerennine	***************************************	d(1)				
d(2) Yotal number of active pe	rticipants at the end of the plan ye	миниминимини 186		d(2)	5			
a Number of participants that leas then 100% vested	ienninated employment during the	e bjiu kest mjiu sconeg peus	Administration leaders	50	0			
Caution: A panalty for the late	or incomplete filling of this reb	umireport will be seeseed i	inless retsonable pause	is established.				
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	lent eit find tee estfanaq tenlo neutos bellette ne yd bangla na	annatana I daadara (bat I kata)	avamment this minimisent	i koczitalna it nadacej	ole, a Schadule Inculedge and			
NON / Gamo	L. Smith	6-110CT		<u> </u>				
HERE Signature of plan ad	mindeirator		Enter name of Individual s	gning as plan adminis	stretor			
Sign Jane	I. Smith		Jane Gmith					
"LIBERT ANIANTA OF ARREST	er/plan appneor		Enter name of Individual s	igning as employet or reparer's telephone n	blan sponsor umber (aptional)			
Preparer's name (including firm	n name, if epolicable) and address	al turando tectul di Sause umina	a fabration 1.	isherai a talohitatin (i.	· Halistan Juliananien			

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6a '	Were all of the plan's assets during the plan year invested in eligible	a seedte?	(See instructions)						Yes □No
	Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA)						********	ĺΨ.	162 []140
1	under 29 CFR 2520.104-46? (See instructions on waiver eligibility a f you answered "No" to either line 6a or line 6b, the plan canno	nd conditi	ons)	******	********		*********	X	Yes □No
	f the plan is a defined benefit plan, is it covered under the PBGC in						s ПNo		lot determined
12.3	rt III Financial Information			.,-				<u> </u>	
_	Plan Assets and Liabilities		(a) Beginning of Year		т-		(b) End	of Vo	
		7.0		_	1		(D) Ella		
	Total plan assetsFotal plan liabilities	7a 7b	255,10	o /	-				212,940
	Net plan assets (subtract line 7b from line 7a)	7.D 7.C	255 17	577	 				12 040
	ncome, Expenses, and Transfers for this Plan Year	7 C	(a) Amount	2 /	 		(b) T		12,940
	Contributions received or receivable from:	167789153A)	(a) Amount		dala.		(D) I	Viai Viai	rustation
	1) Employers	8a(1)		0			3.1.2.1.3		Charles 18 h
	2) Participants	8a(2)		0	(A)				
	3) Others (including rollovers)	8a(3)							SPI AW
	Other income (loss)	8b	3,4!				10.50		
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c		10 15 kg					3,452
	Benefits paid (including direct rollovers and insurance premiums o provide benefits)	8d	45,6	79	0/13%	7	1000		
	Certain deemed and/or corrective distributions (see instructions)	8e	-25/0			e a za sa n Najvija da da	TAT LOLA	CARCO S	
_	Administrative service providers (salaries, fees, commissions)	8f		0		2 (20)			
	Other expenses	8g		0	24,770	3 MAN	415.41		er en
1	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h			\$ 77 XX	ERHITERS.		The State of	45,679
-	Net income (loss) (subtract line 8h from line 8c)	8i	44.34.4	10 Maria					(2,227)
	Fransfers to (from) the plan (see instructions)	8j	Professional Commence of Children Commence	-25-5-5-27	75/EK	in King	(1974)	A . A . A . A . A . A . A . A . A . A .	or every
1 2 2 1 1 1 1	t V Plan Characteristics	1 0)	<u> </u>		13 23 5	াই ক্রেক্ট্	ACCOUNT NAME OF	144 7 F	
	f the plan provides pension benefits, enter the applicable pension for 2E 2F 2G 2R 3D f the plan provides welfare benefits, enter the applicable welfare fea								
Pai	t V Compliance Questions								. <u></u>
10	During the plan year:				Yes	No		Amoi	unt
a	Was there a failure to transmit to the plan any participant contribu	tions withi	n the time period described in						
b	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduc Were there any nonexempt transactions with any party-in-interest	? (Do not	include transactions reported	10a		х			
	on line 10a.)			10b		Х			
<u>C</u>	Was the plan covered by a fidelity bond?			10c	X	<u> </u>			50,000
d	Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?		***************************************	10d		х			
е	Were any fees or commissions paid to any brokers, agents, or off insurance service, or other organization that provides some or all instructions.)	of the ben	efits under the plan? (See	10e	х				1,721
f	Has the plan failed to provide any benefit when due under the plan			10f		х			
g	Did the plan have any participant loans? (If "Yes," enter amount a			10g		х			
h	If this is an individual account plan, was there a blackout period?	(See instri	uctions and 29 CFR	- -				K. (14)	CALC NO AM
	2520.101-3.)			10h		х			
-	exceptions to providing the notice applied under 29 CFR 2520.10			10i		<u></u>	1		
Par								1	
11	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)								Yes X No
11a	Enter the unpaid minimum required contribution for current year fr	rom Sched	tule SB (Form 5500) line 39	•••••					
12	Is this a defined contribution plan subject to the minimum funding	requireme	ents of section 412 of the Code	or se	ction 3	02 of	ERISA?		Yes X No
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below	, as applic	able.)						
а	If a walver of the minimum funding standard for a prior year is bei granting the walver								

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If y	ou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500	0), and skip to lin	e 13.		· · ·				
b	Enter the minimum required contribution for this plan year	***************************************	***************************************	12b					
<u>c</u>	Enter the amount contributed by the employer to the plan for this plan year		****************	12c					
d	Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter negative amount)			12d					
е	Will the minimum funding amount reported on line 12d be met by the funding dead				Yes 🗀	No □ N/A			
Part	3 34 34 5				-				
<u>1</u> 3a	Has a resolution to terminate the plan been adopted in any plan year?		1.0000000000000000000000000000000000000	☐ Ye	s X No	o			
	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 a of the PBGC?			Yes 🗓 No					
С	If during this plan year, any assets or liabilities were transferred from this plan to at which assets or liabilities were transferred. (See instructions.)								
1	3c(1) Name of plan(s):		130	(2) EIN(s)	13c(3) PN(s)			
Part	VIII Trust Information (optional)								
14a Name of trust						14b Trust's EIN			