-									
Foi	rm 5500-SF	500-SF Short Form Annual Return/Report of Small Emp Benefit Plan			oyee		OMB Nos. 1210-0110 1210-0089		
	artment of the Treasury rnal Revenue Service	This form is required to be filed under sections 104 and 4065 of the Employee R			etiremer	2014			
	epartment of Labor Benefits Security Administration	Income Security Act of 1974 (ERISA), and sections 6057(b) and 6058(a) of the stration Revenue Code (the Code).				the Internal This Form			
Pension Be	enefit Guaranty Corporation	Complete all entries in ac	ccordance with the instr	uctions to the Form 55	00-SF.	Pub	lic Inspection		
Part I	Annual Report	Identification Information							
		cal plan year beginning 10/01/201	14	and ending 12/	31/2014	4			
		X a single-employer plan	a multiple-employer p	lan (not multiemployer) (Filers c	hecking this bo	ox must attach a list		
	turn/report is for: urn/report is	 a one-participant plan the first return/report an amended return/report 	of participating employ a foreign plan the final return/report	n/report (less than 12 mo	lance w	-			
C Check	box if filing under:	Form 5558 automatic extension DFVC program special extension (enter description) DFVC program							
Part II	Basic Plan Infor	rmation—enter all requested info	rmation						
1a Name					p	Three-digit blan number	001		
					```````````````````````````````````````	PN)  Effective date o			
	ponsor's name and add ARKETING, INC.	dress; include room or suite number	(employer, if for a single-	employer plan)		mployer Identi	fication Number 848768		
2115 E SHEI	2115 E SHERMAN AVE, SUITE 21					2c Sponsor's telephone number 208-661-5056			
COEUR D ALENE, ID 83814					<b>2d</b> ⊟	Business code (see instructions) 812990			
3a Plan a	dministrator's name an	d address XSame as Plan Sponso	۱۳		3h 🗛	dministrator's	FIN		
4 If the	name and/or FIN of the	plan sponsor has changed since th	ne last return/report filed fr	or this plan, enter the	3c A 4b ⊟		telephone number		
name		nber from the last return/report.			40 F				
·		at the beginning of the plan year			5a		2		
-									
		at the end of the plan year			5b		2		
compl	ete this item)	account balances as of the end of th			5c		2		
		ticipants at the beginning of the plan	-		5d(1)		2		
e Numbe	er of participants that ter	ticipants at the end of the plan year rminated employment during the pla	an year with accrued bene	efits that were	5d(2 5e	-	2		
		or incomplete filing of this return/							
SB or Sche		ner penalties set forth in the instructi nd signed by an enrolled actuary, as plete.							
SIGN HERE	Filed with authorized/v	valid electronic signature.	10/13/2015	ROBERT E. DOSS, JF	۶.				
	Signature of plan ac	Iministrator	Date	Enter name of individu	ual signi	ing as plan adr	ninistrator		
SIGN HERE				<b></b> ,					
	Signature of employ		Date	Enter name of individu					
Fiepalei S	name (moruung mitt fi	ame, if applicable) and address (inc		, (opuonai)	гтера		number (optional)		

-	a Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)						
a	b Are 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.						
С	C If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)? Yes No Not determined						
Pa	t III Financial Information						
7	Plan Assets and Liabilities		(a) Beginning of Yea	r			(b) End of Year
а	Total plan assets	7a		0			40800
b	Total plan liabilities	7b					
С	Net plan assets (subtract line 7b from line 7a)	7c		0			40800
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b) Total
	Contributions received or receivable from: (1) Employers	8a(1)	1	41			
	(2) Participants	8a(2)	1	41			
	(3) Others (including rollovers)	8a(3)	405	20			
b	Other income (loss)	8b		-2			
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c					40800
	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d					
е	Certain deemed and/or corrective distributions (see instructions)	8e					
f	Administrative service providers (salaries, fees, commissions)	8f					
g	Other expenses	8g					
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h					0
i	Net income (loss) (subtract line 8h from line 8c)	8i					40800
j	Transfers to (from) the plan (see instructions)	8j					
Par	t IV Plan Characteristics						
9a	<b>9a</b> If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 2E 2F 2G 2J 2K 3D						
b	If the plan provides welfare benefits, enter the applicable welfare fe	eature cod	es from the List of Plan Charac	cterist	ic Cod	es in tł	ne instructions:
Part	V Compliance Questions						
10	During the plan year:				Yes	No	Amount
а	Was there a failure to transmit to the plan any participant contribut 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu			10a		х	
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		Х	
d	Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?			10d		х	
e		ner person	s by an insurance carrier,				
f	instructions.) Has the plan failed to provide any benefit when due under the plan			10e		X	
f				10f		Х	
				10g		Х	
<u> </u>	If this is an individual account plan, was there a blackout period? ( 2520.101-3.)	· ·····		10h		Х	
i	If 10h was answered "Yes," check the box if you either provided th exceptions to providing the notice applied under 29 CFR 2520.101			10i			
Part	VI Pension Funding Compliance						
11	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)						
11a	Enter the unpaid minimum required contribution for current year from					11a	
12	Is this a defined contribution plan subject to the minimum funding	requireme	ents of section 412 of the Code	or se	ection 3	302 of	ERISA? Yes X No
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,	as applic	able.)				
а	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						

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If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.				
<b>b</b> Enter the minimum required contribution for this plan year		12b		
<b>C</b> Enter the amount contributed by the employer to the plan for this plan year		12c		
<b>d</b> Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left onegative amount)	of a	12d		
e 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?		· 🗆 ۲	Yes X No	
If "Yes," enter the amount of any plan assets that reverted to the employer this year		. 13a		
<b>b</b> Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought u of the PBGC?	inder the	control		Yes 🗙 No
<b>C</b> If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify th which assets or liabilities were transferred. (See instructions.)	e plan(s)	to		
13c(1) Name of plan(s):	1	3c(2) El	IN(s)	<b>13c(3)</b> PN(s)
Part VIII Trust Information (optional)				
14a Name of trust		<b>14b</b> ⊺⊧	rust's EIN	

For	n 5500-SF	Short Form Annual R		f Small Emplo	yee		OMB Nos. 1210-0110 1210-0089		
	rtment of the Treasury mal Revenue Service This form is required to be filed under sections 104 and 4065 of the Employee Retirement						2014		
Dep	al Revenue Service partment of Labor mefits Security Administration	Income Security Act of 1974 (ERIS Rev	SA), and sections 6057( enue Code (the Code).	b) and 6058(a) of the I	nterna	This For Publ	orm is Open to ic Inspection		
Pension Be	nefit Guaranty Corporation	Complete all entries in accor	dance with the instruc	tions to the Form 55	00-SF				
Part I	Annual Report lo	Ientification Information	/01/2014	and ending		12/31/201	4		
or calenda	ar plan year 2014 or fisc		a multiple-employer plar		Filers				
	urn/report is for: [ urn/report is	a one-participant plan	of participating employe a foreign plan ne final return/report a short plan year return/r	r information in accord	ance	with the form ins	tructions)		
	[		automatic extension				am		
C Check b	box if filing under:								
		special extension (enter description	)						
Part II	Basic Plan Infor	mation—enter all requested informa	tion		41		T		
<b>1a</b> Name	of plan Marketing Inc	401k Plan			10	Three-digit plan number	001		
110/10/110					10	(PN) Fifective date of	l		
				6		10/01/201	4		
<b>2a Plans</b> Kokomo	ponsor's name and add Marketing, In	ress; include room or suite number (er C.	nployer, if for a single-e	mployer plan)	2b		nployer Identification Number IN) 46-4348768		
					<b>2c</b> Sponsor's telephone number				
2115 E	Sherman Ave,	Suite 21			2d	208-661-5056 2d Business code (see instructions)			
Coour	d Alene	ID 83814				812990	(000)		
		d address XSame as Plan Sponsor.			3b	Administrator's	EIN		
4 If the	name and/or EIN of the	plan sponsor has changed since the l nber from the last return/report.	ast return/report filed fo	r this plan, enter the	40	EIN			
a Spons	sor's name				-	PN			
5a Total	number of participants	at the beginning of the plan year				5a			
		at the end of the plan year			. 5	5b			
<b>c</b> Numl	ber of participants with a	account balances as of the end of the p	blan year (defined bene	fit plans do not	5	ōc			
сотр <b>d(1)</b> То	tal number of active par	ticipants at the beginning of the plan y	ear		5d	(1)			
		ticipants at the end of the plan year			50	1(2)			
e Numb	er of participants that te	rminated employment during the plan	year with accrued bene	fits that were		5e			
less t	han 100% vested	or incomplete filing of this return/re	ort will be accessed i	inless reasonable ca	use is	s established.			
Under per SB or Sch	nalties of perjury and oth nedule MB completed ar	ner penalties set forth in the instruction of signed by an enrolled actuary, as w	s I declare that I have a	examined this return/re	eport, i	including, il appl	icable, a Schedule ny knowledge and		
	s true, correct, and comp	JIGEG.		Robert E. Dos	ss,	Jr.			
HERE	SIGN WILL VY			dual s	igning as plan ad	dministrator			
RICH	Signature of plan a								
SIGN HERE	Signature of emplo	ver/plan sponsor	Date	Enter name of indivi	dual s	igning as emplo	yer or plan sponsor		
Preparer	s name (including firm n	ame, if applicable) and address (inclu	de room or suite numbe		Pre	eparer's telephor	ne number (optiona		
			too for Form FEOD	9E			Form 5500-SF (201		

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								Х	Yes	Π	No
6a v	Vere all of the plan's assets during the plan year invested in eligible	e assets? (	(See instructions.)	I (IQP	 РА)			_			
b A	Are you claiming a waiver of the annual examination and report of a Inder 29 CFR 2520.104-46? (See instructions on waiver eligibility a	ind condition	ons.)		· · · ·			Х	Yes	$\Box$	No
ŀ	f you answered "No" to either line 6a or line 6b, the plan canno	ot use For	m 5500-SF and must instead	use l	-orm (	5500.					
C If	the plan is a defined benefit plan, is it covered under the PBGC ins	surance pr	ogram (see ERISA section 402	1)?		Yes	No 🗌	Not	deteri	nine	d
Part											
	Plan Assets and Liabilities		(a) Beginning of Year				(b) End	ofY∉	ar		
	otal plan assets	7a		(	0					40	800
Card and a local division of the	otal plan liabilities	7b									
And in case of the local division of the loc	Net plan assets (subtract line 7b from line 7a)	7c			0					40	800
	ncome, Expenses, and Transfers for this Plan Year		(a) Amount				(b) T	otal			
	Contributions received or receivable from:			14	1						
	1) Employers	8a(1)									
(	2) Participants	8a(2)	1	14 052	-						
(	3) Others (including rollovers)	8a(3)	4	- 052	-						
The local division in	Other income (loss)	8b			2					10	800
	Fotal income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c			-					40	000
	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d									
	Certain deemed and/or corrective distributions (see instructions)	8e									
The second s	Administrative service providers (salaries, fees, commissions)	8f									
Contraction of the local division of the loc	Other expenses	8g			der e						
	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h									0
the second se	Net income (loss) (subtract line 8h from line 8c)	8i								40	800
	Transfers to (from) the plan (see instructions)	8j									
Par											
9a	If the plan provides pension benefits, enter the applicable pension	feature co	odes from the List of Plan Chara	cteris	stic Co	des in	the instruc	tions	S:		
	2E 2F 2G 2J 2K 3D										
b	If the plan provides welfare benefits, enter the applicable welfare for	eature cod	les from the List of Plan Charac	teristi	ic Cod	es in th	ne instruct	ions			
Part					Yes	No		Am	ount		
10	During the plan year: Was there a failure to transmit to the plan any participant contribu	utions with	in the time period described in					7.111	oune		
	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fid	uciary Cor	rection Program)	10a		Х					
b	Were there any nonexempt transactions with any party-in-interes on line 10a.)	t? (Do not	include transactions reported	10b		Х					
	On line T0a.) Was the plan covered by a fidelity bond?					Х					
C				10c							
d	or dishonesty?			10d		Х					
е	Were any fees or commissions paid to any brokers, agents, or ot	her persor	ns by an insurance carrier,								
	insurance service, or other organization that provides some or all instructions.)	of the ber	Tents under the plan? (See	10e		Х					
f	Has the plan failed to provide any benefit when due under the pla			10f		Х					
g	Did the plan have any participant loans? (If "Yes," enter amount a	as of year	end.)	10g		Х					
h	If this is an individual account plan, was there a blackout period? 2520.101-3.)	(See instr	ructions and 29 CFR	10h		Х					
i	If 10h was answered "Yes," check the box if you either provided exceptions to providing the notice applied under 29 CFR 2520.10	the require	ed notice or one of the	10i							
Dor											
Part 11	Is this a defined benefit plan subject to minimum funding requirer	ments? (If	"Yes," see instructions and com	plete	Sche	dule SE	3 (Form	Г	] Ye	sГ	No
	5500) and line 11a below)					11a					
	Is this a defined contribution plan subject to the minimum funding						ERISA?		Ye	s k	No
12	is this a defined contribution plan subject to the minimum funding	groquiell					-				-

(If "Yes." complete line 12a or lines 12b	o, 12c, 12d, and 12e below, as applicable.)	

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lf	you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 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 (enter a minus sign to the left of a 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?			Yes X N	0			
	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 und of the PBGC?	ler the o	control		Yes	s 🛛 No		
С	If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the which assets or liabilities were transferred. (See instructions.)	olan(s)	to					
	I3c(1) Name of plan(s):	1	<b>3c(2)</b> ⊟	EIN(s)	13c(3	8) PN(s)		
					-			

## Part VIII Trust Information (optional)

Tart vin Trust monitation (optional)							
14a Name of trust	14b Trust's EIN						