-	rm 5500-SF	Short Form Annua	al Return/Report Benefit Plan	of Small Emplo	oyee		OMB Nos. 1210-0110 1210-0089		
	rtment of the Treasury mal Revenue Service	This form is required to be filed		1065 of the Employee Re	etireme	ent	2014		
	epartment of Labor enefits Security Administration	Income Security Act of 1974 (57(b) and 6058(a) of the		This F	Form is Open to		
Pension Be	enefit Guaranty Corporation	 Complete all entries in ad 	Υ.	,	500-SF.		lic Inspection		
Part I		dentification Information							
For calenda	ar plan year 2014 or fisc				/ <u>31/201</u> /				
	turn/report is for: urn/report is	a single-employer plan a one-participant plan the first return/report an amended return/report	of participating employ a foreign plan the final return/report	lan (not multiemployer) (yer information in accord n/report (less than 12 mo	dance w	-			
C Check b	box if filing under:	Form 5558 special extension (enter descrip)	automatic extension			DFVC progra	im		
Part II	Basic Plan Infor	mation—enter all requested info	rmation						
1a Name MICHAEL R	•	FINED BENEFIT PENSIO PLAN			F	Three-digit plan number (PN) ▶	001		
					,	Effective date of	f plan /2014		
	ponsor's name and addr HASTINGS P.S.	-employer plan)		Employer Identi	fication Number				
					2c Sponsor's telephone number 360-681-0608				
718 N. FIFTH SEQUIM, WA			2d F	Business code ((see instructions)				
3a Plan a	dministrator's name and	d address XSame as Plan Sponso			3b /	5411 ² Administrator's I			
		plan sponsor has changed since th	ne last return/report filed fo	or this plan, enter the	4b E				
	or's name				4c	1			
		at the beginning of the plan year			5a		1		
		at the end of the plan year ccount balances as of the end of th			5b 5c		0		
•	,	ticipants at the beginning of the pla							
. ,			-		5d(1		1		
		ticipants at the end of the plan year minated employment during the pla			5d(2		0		
less the	an 100% vested				5e		~		
Under pena SB or Sche	alties of perjury and othe	r incomplete filing of this return/ er penalties set forth in the instructi d signed by an enrolled actuary, as lete.	ions, I declare that I have	examined this return/rep	oort, inc	cluding, if applic	able, a Schedule knowledge and		
SIGN		alid electronic signature.	10/16/2015	MICHAEL HASTINGS					
HERE	Signature of plan ad	ministrator	Date	Enter name of individu	ual sign	ning as plan adn	ninistrator		
SIGN HERE									
	Signature of employe	Enter name of individu			er or plan sponsor number (optional)				
Freparers		ame, if applicable) and address (inc		η) (οριιοπαι)					

6a	a Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)											
b	Are you claiming a waiver of the annual examination and report of a							V Vo	<u>.</u> П	No		
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility a If you answered "No" to either line 6a or line 6b, the plan cann							X Ye	5	INO		
c	If the plan is a defined benefit plan, is it covered under the PBGC in					-		Not dete	rmine	Ч		
			rogram (see ErrioA section 40	,21):	····· [103				<u>а</u>		
- Fa							<i></i>					
	Plan Assets and Liabilities	_	(a) Beginning of Yea				(b) End o	of Year	0			
<u>a</u>	Total plan assets	7a	1002	200					0			
<u>b</u>	Total plan liabilities	7b	1862	206					0			
	Net plan assets (subtract line 7b from line 7a)	7c		-00			<i>4</i>) –		0			
<u>8</u> a	Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from:	1	(a) Amount		_		(b) To	otal				
a	(1) Employers	8a(1)	3	322								
	(2) Participants	8a(2)		0								
	(3) Others (including rollovers)	8a(3)		0								
b	Other income (loss) 8b 1145											
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						1	467			
d	Benefits paid (including direct rollovers and insurance premiums		4070	220								
	to provide benefits)	8d	1876	573								
	Certain deemed and/or corrective distributions (see instructions)	8e										
f	Administrative service providers (salaries, fees, commissions)	8f										
<u> </u>	Other expenses	8g										
<u>h</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h		187								
<u> </u>	Net income (loss) (subtract line 8h from line 8c)	8i			_			-186	206			
	Transfers to (from) the plan (see instructions)	8j										
	t IV Plan Characteristics											
9a	If the plan provides pension benefits, enter the applicable pension $1A 3D$	feature co	des from the List of Plan Char	acteri	stic Co	odes in	the instruct	ions:				
b	If the plan provides welfare benefits, enter the applicable welfare fe	eature cod	es from the List of Plan Chara	cteris	tic Cor	les in t	the instruction	ns.				
	4B			otonio								
Par	t V Compliance Questions											
10	During the plan year:				Yes	No		Amount				
а	Was there a failure to transmit to the plan any participant contribu		•			X						
	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu			10a		X						
a	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				200)00		
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.)			10e		х						
f	,					Х						
				10f								
		-		10g		Х						
<u> </u>	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 required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3											
Part	Part VI Pension Funding Compliance											
11	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)	•		•				X Ye	s	No		
11a	Enter the unpaid minimum required contribution for current year fr	om Sched	lule SB (Form 5500) line 39			11a				0		
12	Is this a defined contribution plan subject to the minimum funding	requireme	ents of section 412 of the Code	e or se	ection	302 of	ERISA?	Ye	s X	No		
-	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,											
					-							

Page 3 - 1

If 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			
C 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 c negative 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?		. X Y	/es No		
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 u of the PBGC?	nder the	control		X Yes 🗌 No	
C 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	3 c(2) El	N(s)	13c(3) PN(s)	
Part VIII Trust Information (optional)					
14a Name of trust		14b Trust's EIN			

	SCH		Single-F	mploy	yer Define	d Ber	nefit Pla	n		OMB	No. 1210-0110	
		orm 5500)			rial Inforn			••			2014	
	Depai	rtment of the Treasury										
		nal Revenue Service	This schedule is Retirement Incom		b be filed under s				,		is Open to F	Public
-		nefits Security Administration			Revenue Code (th			or the	,	In	spection	
		enefit Guaranty Corporation		as an atta	chment to Form	5500 or	5500-SF.					
		plan year 2014 or fiscal p		01/01/20)14		and e	ending	12/31	1/2014		
		ff amounts to nearest de A penalty of \$1,000 will b		a of this r	anart unloss ross	onoblo oo	una ia aatabl	ichod				
-	ame of p		De assesseu for late fill		eport unless reas		B Three					
MIC	HAEL R.	HASTINGS, P. S. DEFIN	NED BENEFIT PENSIO	PLAN				0	er (PN)		001	
										·		
<u> </u>				5500 05						Nharah /F	-15.13	
		sor's name as shown on HASTINGS P.S.	line 2a of Form 5500 or	5500-SF			D Employ		91-1747	on Number (E 110	IN)	
Ет	/pe of pla	ın: 🗙 Single 🗌 Multip	le-A Multiple-B		F Prior year pla	an size: 🔉	100 or fewe	er	101-50	0 More th	an 500	
Pa	rt I	Basic Information					_					
1		e valuation date:	Month _04	Day	30 Year_	2014	_					
2	Assets:											
	a Marke	et value							2a			189368
	b Actua	rial value							2b			189368
3	Funding	g target/participant count l	breakdown			• • •	Number of rticipants	(,	ed Funding Irget	(3) Total F Targ	-
	a For re	etired participants and ber	neficiaries receiving pay	/ment				0		0		0
	b For te	erminated vested participa	ants					0		0		0
	C For a	ctive participants						1		200499		200499
	d Total							1		200499		200499
4	If the pl	an is in at-risk status, che	eck the box and complete	te lines (a)	and (b)			_				
	a Fundi	ing target disregarding pro	escribed at-risk assump	otions					4a			
		ing target reflecting at-risl risk status for fewer than							4b			
5	Effectiv	e interest rate							5			<u>6.51%</u>
6	•	normal cost							6			0
T a	o the best o	y Enrolled Actuary of my knowledge, the information s with applicable law and regulation: offer my best estimate of anticipa	s. In my opinion, each other as	sumption is re								
	IGN ERE									10/15/20	015	
			Signature of actuary							Date		
<u>ST</u> E	<u>PHEN</u> R	. PARKS, MSPA								14-045	77	
		Туре	or print name of actua	ry					Most re	cent enrollme	ent number	
RET	IREMEN	T SYSTEMS OF CALIFC	ORNIA							844-604	I-3163	
	1 VENT E 300	URA BLVD.	Firm name					Tele	phone r	number (inclue	ding area cod	le)
		HILLS, CA 91364					_					
			Address of the firm									
nstru	ctions	nas not fully reflected any		-			-					
For P	aperwoi	k Reduction Act Notice	and OMB Control Nu	mbers, se	e the instruction	ns for For	rm 5500 or 5	500-5	SF.	Schedul	e SB (Form	5500) 2014 v. 140124

Page	2 -	1	
------	-----	---	--

Pa	art II Begi	nning of Year	Carryov	er and Prefunding B	alances									
						(a) (Carryover balance		(b) F	Prefundin	ıg balar	nce		
7	•	• • •		cable adjustments (line 13 f				0				678		
								v				070		
8		•	2	unding requirement (line 35				0				0		
9	• • •							0				678		
10		• •	,	urn of <u>1.98</u> %				0				13		
11				to prefunding balance:										
	-			38a from prior year)				_				157		
				Ba over line 38b from prior y										
	Schedule	SB, using prior ye	ar's effectiv	ve interest rate of6.34	<u>4</u> %							10		
	()	•		nedule SB, using prior year's										
				ear to add to prefunding balar										
		0 0	. ,						167					
	d Portion of (c)	to be added to pre	efunding ba	alance								167		
12	12 Other reductions in balances due to elections or deemed elections							0				0		
13	13 Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)							0				858		
Pa	Part III Funding Percentages													
14	Funding target	attainment percent	age							14	9:	3.99 %		
15	Adjusted fundin	g target attainmen	t percenta	ge						15	9,	4.58 %		
16				of determining whether car				o reduce	е	16				
47										17	8	8.14 %		
				s less than 70 percent of the	e funding targe	et, enter s	such percentage			17		%		
		ntributions and												
18		•	<u> </u>	ear by employer(s) and employer					· ·					
(M	(a) Date 1M-DD-YYYY)	(b) Amount p employer		(c) Amount paid by employees	(a) Dat (MM-DD-Y		(b) Amount pai employer(s		(0	Amour (: emplo	•	ру		
11	1/14/2014		342								-			
					Totals ►	18(b)		342	18(c)			0		
19	Discounted emp	oloyer contribution:	s – see ins	tructions for small plan with	a valuation da	te after tl	he beginning of the	year:						
	a Contributions	allocated toward	unpaid min	imum required contributions	s from prior yea	ars		19a				0		
	b Contributions	made to avoid res	strictions ad	djusted to valuation date				19b				0		
	C Contributions allocated toward minimum required contribution for current year adjusted to valuation date											322		
20	Quarterly contri	butions and liquidit	ty shortfalls	S:										
	a Did the plan	have a "funding sh	ortfall" for t	the prior year?						×	Yes	No		
	b If line 20a is	"Yes," were require	ed quarterly	y installments for the curren	t year made in	a timely	manner?				Yes	X No		
				omplete the following table a	•	,		Γ						
				Liquidity shortfall as of e		of this pla	n year							
	(1) 1	st		(2) 2nd		(3)	3rd			(4) 4th				

Pa	rt V	Assumptio	ns Used to Determine	Funding Target and T	arge	t Normal Cost					
21	Disco	ount rate:									
	a Se	egment rates:	1st segment: 4.99%	2nd segment: 6.32 %		3rd segment: 6.99%		N/A, full	yield c	curve	used
	b Ap	plicable month (enter code)				21b				2
22	Weig	hted average ret	tirement age				22				65
23		ality table(s) (se	_	escribed - combined	-	scribed - separate	Substitu	te			
Ра	rt VI	Miscellane	ous Items								
24	Has a	a change been n	nade in the non-prescribed act	uarial assumptions for the cu	urrent	plan year? If "Yes," see	instructions	s regarding rec	uired		
	attac	hment] `	Yes	X No
25	Has a	a method change	e been made for the current pl	an year? If "Yes," see instru	ctions	regarding required attac	hment		·] `	Yes	X No
26	Is the	e plan required to	provide a Schedule of Active	Participants? If "Yes," see in	nstruc	tions regarding required	attachment]`	Yes	X No
27			o alternative funding rules, en			0 0	27				
Ра	rt VII	Reconcilia	ation of Unpaid Minimu	um Required Contribu	ution	s For Prior Years					
28	Unpa	id minimum requ	uired contributions for all prior	years			28				0
29			contributions allocated toward				29				0
30	Rema	aining amount of	f unpaid minimum required cor	ntributions (line 28 minus line	e 29)		30				0
Ра	rt VIII	Minimum									
31	Targ	et normal cost a	nd excess assets (see instruct	ions):							
	a Tar	get normal cost	(line 6)				31a				0
	b Exc	cess assets, if ap	pplicable, but not greater than	line 31a			31b				0
32	Amor	tization installme	ents:			Outstanding Bala	nce	Ins	stallme	ent	
	a Net	t shortfall amortiz	zation installment				12045				1243
	b Wa	aiver amortizatio	n installment								
33	lf a w (Mon		approved for this plan year, en Day Year				33				
34	Total	funding requirer	ment before reflecting carryove	er/prefunding balances (lines	31a -	31b + 32a + 32b - 33)	34				1243
				Carryover balance		Prefunding balar	nce	Tota	al bala	nce	
35			use to offset funding		0		921				921
36	Addit	ional cash requi	rement (line 34 minus line 35).				36				322
37			ed toward minimum required c		-		37				322
38	Prese	ent value of exce	ess contributions for current ye	ar (see instructions)							
	a Tot	al (excess, if any	y, of line 37 over line 36)				38a				0
	b Por	rtion included in	line 38a attributable to use of	prefunding and funding stand	dard c	arryover balances	38b				0
39	Unpa	id minimum requ	uired contribution for current ye	ear (excess, if any, of line 36	over	line 37)	39				0
40	Unpa	id minimum requ	uired contributions for all years				40				0
Pa	rt IX	Pension I	Funding Relief Under F	Pension Relief Act of	2010	(See Instructions)					
41	lf an e	election was mad	de to use PRA 2010 funding re	elief for this plan:							
	a Sch	nedule elected .						2 plus 7 years	\$	15 y	rears
	b Eliç	gible plan year(s) for which the election in line	41a was made			200	8 2009	2010		2011
42	Amou	int of acceleratio	on adjustment				42				
43	Exces	s installment ac	celeration amount to be carrie	d over to future plan years			43				

10-14-15;15:22	;From:MichaelRHastings	sPS To:157	49365599	;3606834875	# 3∕ ⊡∕⊡
Form 5500-SF	Short Form Annua	l Return/Repor Benefit Plan	t of Small E	mployee	OMB Nos. 1210-0110 1210-0089
Department of the Treasury Internal Revenue Servico	This form is required to be filed	under sections 104 and	4065 of the Empl	ovee Retirement	2014
Department of Labor Employee Bonofits Security Administration	Income Security Act of 1974 (I	ERISA), and sections 60 Revenue Code (the Cod	57(b) and 6058(a) of the Internal	This Form is Open to
Pension Benefit Guaranty Corporation	Complete all entries in ac	•	,	Form 5500-SE	Public Inspection
Part Annual Report	Identification Information				
For calendar plan year 2014 or fis	_	01/01/2014	and endin		31/2014
A This return/report is for;	X a single-employer plan	of participating employer			ing this box must attach a list a form instructions)
	a one-participant plan	a foreign plan			a torrit monitorionoy
${f B}$ This return/report is	the first return/report	X the final return/report			
	an amended return/report	🔲 a short plan year retu	rn/report (less tha	an 12 months)	
C Check box if filing under:	🕅 Form 5558	automatic extension			VC program
o oncor box it lining throat.	special extension (enter descrip				
Part II					
1a Name of plan	rmation—enter all requested infor			1b Three	-diait
·	P. S. Defined Benefi	+ Poncio		pian n	umber
Plan	I. D. Delinge Denels			(PN)	▶ 001 Ne date of plan
					1/2014
2a Plan sponsor's name and add Michael R. Hastings	iress; include room or suite number P.S.	(employer, if for a single	-employer plan)		yer Identification Number 91-1747110
					sor's telephone number
718 N. Fifth Avenue) 681-0608 ess code (see Instructions)
Secuim		WA	98382	20 Busine 5411	-
	d address 🛛 Same as Plan Sponsol			3b Admin	Istrator's EIN
4 If the name and/or EIN of the	pipe appage has shaped sizes th	a last stum/mast filed			
	plan sponsor has changed since th ber from the last return/report.	e last returniteport lied l	or this plan, enter		
a Sponsor's name				4C PN	
	at the beginning of the plan year				1
	at the end of the plan year account balances as of the end of th				0
complete this item)				<u>5</u> c	
d(1) Total number of active par	ticipants at the beginning of the plar	n year	••••••	5d(1)	1
	ticipants at the end of the plan year.			5d(2)	0
e Number of participants that te less than 100% vested	rminated employment during the pla	in year with accrued ben	efits that were	5e	0
Caution: A penalt for the late of	incomplete filing of this return/	report will be assessed	uniess reasona	ble cause is establ	lshed.
	er penalties set forth in the instructl d signed by an enrolled actuary, as lete.				
SIGN ////X//		10/14/15	Michael H		
HERE Signature of plan a	Iministrator	Date	Enter name of	individual signing a	s plan administrator
SIGN					
HERE Signature of employ		Date			s employer or plan sponsor
Preparer's name (including firm na	ame, if applicable) and address (incl	lude room or suite numb	er) (optional)	Preparer's	telephone number (optional)
For Panagualy DeviceMan Act Mater	e and OMB Control Numbers, see the I	netuctions for Earn FFA	25		Form 5500-SF (2014)
For Faperwork Reduction Act NOTIC	a and while control Numbers, see the l	anad uctions for Porm 6600	-96.		v. 140124

To:15749365599	;36068348
	,

875 # 4/**₽↗₽**

	Form 5500-SF 2014		Page 2							
b	Were all of the plan's assets during the plan year invested in eligit Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility if you answered "No" to either line 6a or line 6b, the plan cann If the plan is a defined benefit plan, is it covered under the PBGC in	an indepe and condi lot use Fo	ndent qualified public accounta tions.) rm 5590-SF and must instea	ant (IC d use	PA) Form	5500,		Ξ X	es []	No
Par		nourumoe j		021)1		165	Mun f	Inordea	autu iei	
7	Plan Assets and Liabilities	gerjasje.			-					
			(a) Beginning of Yes				(b) End	of Year		0
	Total plan assets	. 7 <u>a</u> 75	1	5,20	0					
	Net plan assets (subtract line 7b from line 7a)	. 70 . 7c	10,	5,20	6					0
	Income, Expenses, and Transfers for this Plan Year			5,20	-		(1.)			
100.0	Contributions received or receivable from:	ana na kataran I	(a) Amount		1997	uggang (1)	(P) 49,0005:20070	<u>Fotal</u>		
	(1) Employers	. 8a(1)		32	2					
	(2) Participants	8a(2)			0		us și de la c			
	(3) Others (including rollovers)	. 8a(3)			0 [888]				966 - S.	<u> - 1997</u>
-	Other income (loss)	. 8b		L,14	5 🕬	20x5233			hoseccó.	este i
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	. 8c							1,4	167
	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	. 8d	18-	7,67	3					
е	Certain deemed and/or corrective distributions (see instructions)	. 8e							er (2000) en en er Generalen er	
f	Administrative service providers (salaries, fees, commissions)	. 8f								ing in
g	Other expenses	. 8g			203057 1997-99					
	Total expenses (add lines 8d, 8e, 8f, and 8g)	. 8h	oran en anterna de la companya	di Qentra	9.5]	.87,6	573
	Net income (loss) (subtract line 8h from line 8c)	. 8i							.86,2	206
j	Transfers to (from) the plan (see instructions)	· 8j								5
Par										
9a	If the plan provides pension benefits, enter the applicable pension 1A 3D	feature co	des from the List of Plan Char	acteris	stic Ca	ides in	the instru	ctions:		
þ	If the plan provides welfare benefits, enter the applicable welfare for 4B	eature cod	les from the List of Plan Chara	cterist	ic Cod	les in t	he instruc	ions:		
Part	V Compliance Questions									
10	During the plan year:				Yes	No		Amount		
a	Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fide			10a		x				
b	Were there any nonexempt transactions with any party-in-interest on line 10a.)			10Ь		x				
с	Was the plan covered by a fidelity bond?			10c	х				20,0	000
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	her person	s by an insurance carrier,							
	insurance service, or other organization that provides some or all	of the ber	efits under the plan? (See	10e		x				
f	instructions.)					x				
				10f						
	Did the plan have any participant loans? (If "Yes," enter amount a If this is an individual account plan, was there a blackout period?			10g		х	National and	1		
	2520.101-3.)			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 1-3	d notice or one of the	101						•
Part	VI Pension Funding Compliance									
11	Is this a defined benefit plan subject to minimum funding requirem 5500 and line 11a below)							X Ye	s []	No
11a	Enter the unpaid minimum required contribution for current year fi	rom Scheo	iule SB (Form 5500) line 39			11a -	0			
12	is this a defined contribution plan subject to the minimum funding					302 of	ERISA?	Ye:	s Kl	No
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below									
a	If a waiver of the minimum funding standard for a prior year is being ranting the waiver.	ng amortiz	ed in this plan year, see instru	ctions	, and e	enter ti Day		the letter Year	gnílur	
	• • • • • • • • • • • • • • • •									

10-14-15;15:22 ;From:MichaelRHastingsPS To:15749365599 ;3606834875 # 5/D>D

	Form 5500-SF 2014		Page 3 -					
lf	you completed line 12a, complete lines 3, 9, and 10 of	Schedule MB (Form	5500), and skip to lin	e 13.				
	Enter the minimum required contribution for this plan year				12b			
	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 1 negative amount)	2b. Enter the result (e	enter a minus sign to the	eleft of a	12d			
12412-044	Will the minimum funding amount reported on line 12d be	e met by the funding				Yes	No	N/A
Part	VII Plan Terminations and Transfers of A	ssets						
13a	Has a resolution to terminate the plan been adopted in any	plan year?			XΥ	68 🗌 N	lo	
	if "Yes," enter the amount of any plan assets that reverted				13a			
b	Were all the plan assets distributed to participants or ben of the PBGC?	eficiaries, transferred	to another plan, or bro	ught under the d	control		X Yes	∏ No
C	If during this plan year, any assets or liabilities were trans which assets or liabilities were transferred, (See Instruction	sferred from this plan			to			
	I3c(1) Name of plan(s):			1:	3c(2) El	N(s)	13c(3) PN(s)
Part	VIII Trust Information (optional)							
	Name of trust				1/h T/	ust's EIN		
1.44					140 11	USLO CIN		
				i				

MICHAEL R. HASTINGS, P.S. DEFINED BENEFIT PENSION PLAN EMPLOYER ID#: 91-1747110: PLAN NO. 001 PLAN YEAR ENDING: 12/31/2014

SCHEDULE SB, LINE 22 – DESCRIPTION OF WEIGHTED AVERAGE RETIREMENT AGE

The method for determining the Weighted Average Retirement Age is as follows:

A weighting factor is determined for each active participant by multiplying their assumed Retirement Age by the Present Value of their Accrued Benefit (PVAB). The sum of these factors is then divided by the sum of the PVAB's to determine the Weighted Average Retirement Age.

Michael R. Hastings, P.S. Defined Benefit Pension Plan Employer ID# 91-1747110: Plan No. 001 Quarterly Installment Payment: \$282.00

Schedule SB, line 19 - Discounted Employer Contributions

Valuation Date: April 30, 2014

Discounted Contributions

Date	Amount	Year	Rate	Period	Adj. Ctb
11/14/2014	282.00	2014	11.51%	11-14-2014 to 4-15-2014	
			6.51%	4-15-2014 to 4-30-2014	265.39
	60.00	2014	11.51%	11-14-2014 to 5-15-2014	
			6.51%	5-15-2014 to 4-30-2014	56.68
Totals:	342.00				322.07

Balances Applied

Date	Amount	Year		Rate	Period	Adj. Ctb
3/1/201	.5 222.00		2014	11.51%	3-1-2015 to 5-15-2014	
				6.51%	5-15-2014 to 4-30-2014	203.01
	756.92	-	2014	6.51%	3-1-2015 to 4-30-2014	717.92
Totals:	978.92					920.93
Grand Totals:	1,320.92					1,243.00

Shortfall Amortization Plan Year: 1/1/2014 to 4/30/2014 Valuation Date: 4/30/2014

If the plan has a funded status below 100%, the plan may require additional payments in the form of shortfall amortization payments. A plan's amortization payments are calculated to pay down the plan's underfunding over a seven year period (unless a plan sponsor has elected to use allowable relief, in which case the payment period will be longer).

	A	Number of		Value of
Valuation Date	Amortization <u>Method</u>	Future <u>Installments</u>	<u>Installment</u>	Future <u>Installments</u>
12/31/2011	7-year	4	\$5,356	\$19,945
12/31/2012	7-year	5	\$(421)	\$(1,916)
12/31/2013	7-year	6	\$(1,768)	\$(9,338)
04/30/2014	7-year	7	<u>\$562</u>	\$3,356
Total			\$3,729	\$12,047

Pro-rated for short plan year: $3,729^{*}(4/12) = 1,243$

Statement of Actuarial Assumptions and Method Plan Year: 1/1/2014 to 4/30/2014 Valuation Date: 4/30/2014

	<u>For Funding</u> <u>Min Max</u>	<u>For 417(e)</u>	<u>For Actuarial Equiv.</u>		
Interest Rates	Seg 1 4.99% 1.22%	Seg 1 1.19%	Pre-Retirement 5.00%		
	Seg 2 6.32% 4.06%	Seg 2 4.53%	Post-Retirement 5.00%		
	Seg 3 6.99% 5.09%	Seg 3 5.66%			
Pre-Retirement					
Turnover	None	None	None		
Mortality	None	None	None		
Assumed Ret Age	Normal retirement age 65 and 5 years of participation	Normal retirement age 65 and 5 years of participation	Normal retirement age 65 and 5 years of participation		
Future Salary Incr	4% salary increase per year	None	None		
Post-Retirement					
Mortality	Male-modified RP2000 combined healthy male projected 29 & 21 years Female-modified RP2000 combined healthy female projected 29 & 21 year	2014 Applicable Mortality Table from Notice 2013-49	2014 Applicable Mortality Table from Notice 2013-49		
Assumed Benefit Form	For Funding	Normal Form			
Calculated Effective Int	erest Rate	6.51%			
Actuarial Cost Method		The Unit Credit funding method was used as prescribed by the Pension Protection Act. This method sets the funding target equal to the presen value of accrued benefits, and sets the normal cos equal to the present value of the benefit accrued in the current year.			

An actuarial value of assets is used for funding purposes. This year the actuarial value of assets is 100.0% of the market value of assets.

Summary of Plan Provisions Plan Year: 1/1/2014 to 4/30/2014 Valuation Date: 4/30/2014

Plan Effective Date	January 1, 2007
Plan Year	From January 1 to April 30
Eligibility	All employees not excluded by class are eligible to enter on the January 1 or July 1 coincident with or following the completion of the following requirements:
	1 year of service Minimum age 21
	Union employees and non-resident aliens are excluded.
Normal Retirement Age	All participants are eligible to retire with their full retirement benefit on the later of the following:
	Attainment of age 65 Completion of 5 years of participation from beginning of entry year
Normal Retirement Benefit	Upon normal retirement each participant will be entitled to a benefit payable in the normal form equal to the following:
	0 percent of compensation
	Maximum benefit is \$17,500 per month Maximum percent of salary is 100%
	Benefit is based on average salary during the highest 3 consecutive years of employment
Normal Form of Benefit	A benefit payable for the life of the participant
Accrued Benefit	A fraction of the normal retirement benefit, calculated based on average salary on the calculation date. The numerator of the fraction is equal to the participant's credited years earned on the calculation date, and the denominator is equal to the participant's total projected credited years at normal retirement.
	Credited years are plan years commencing with the year of entry and ending with the retirement year excluding the following:
	Years with less than 1,000 hours

Summary of Plan Provisions Plan Year: 1/1/2014 to 4/30/2014 Valuation Date: 4/30/2014

Termination Benefit

Upon termination for any reason other than death or retirement a participant shall be entitled to a portion of the actuarial equivalent of his accrued benefit in accordance with the following vesting schedule:

	Credited Years	Vested Percent
	1	0
	2	20
	3	40
	4	60
	5	80
	6	100
	Credited years are plan years commencing with ending with the retirement year excluding the f Years before the effective date Years with less than 1,000 hours	-
Top-Heavy Minimum Benefit	Top-heavy minimum benefits are provided und employer.	ler another plan of the
Top-Heavy Status	A plan is top-heavy if over 60% of the value of in all of the employer's plans are for the benefi key employee is generally an officer or owner plan is currently top-heavy.	t of key employees. A
Death Benefit	Actuarial Equivalent of the accrued benefit ear	rned to date of death

SCHEDULE SB	Single-E	mployer Define	ed Ber	nefit Plan		ÓŇB I	Nõ. 1210-0110
(Form 5500)		Actuarial Inform			2014		
Department of the Treasury Internal Revenue Service						4	2014
Department of Labor		equired to be filed under Security Act of 1974 (EF				This Form	is Open to Public
Employee Benefits Security Administration Pension Benefit Guaranty Corporation		Internal Revenue Code (I	he Ćode).				spection
		s an attachment to Fom				10/0	1 10 01 1
For calendar plan year 2014 or fiscal pl		01/01/2014	£	and endir	19	12/3	1/2014
Caution: A penalty of \$1,000 will be		of this report unless reas	sonable ca	use is establishe	d.		
A Name of plan		,		B Three-dig	it		· · · · · · · · · · · · · · · · · · ·
				pian numi	per (PN) 🕨	001
Michael R. Hastings, P.S	S. Defined Ben	efit Pension Pi	lan				
C Plan sponsor's name as shown on lir	ne 2a of Form 5500 or 5	5500-SF		D Employer I	dentifica	ation Number (E	IN)
Michael R. Hastings P.S.				91-1747	110		
		E pitter					
E Type of plan: 🛛 Single 🗌 Multiple	e-A Multiple-B	F Prior year p	lian size: p	100 or fewer	101-	500 More th	ian 500
Part I Basic Information		Dav 30 Year	2014				
Enter the valuation date: Assets:	Month4	Day <u>30</u> Year	2014				
a Market value					2 a		189,368
b Actuariai value					2b		189,368
3 Funding target/participant count br			(1) 1	Number of	(2) Ve	sted Funding	(3) Total Funding
				rticipants		larget	Target
a For retired participants and bene	0			0		0	(
b For terminated vested participan				0		0	(
C For active participants				1		200,499	200,499
d ∏otal				1		200,499	200,499
4 If the plan is in af-risk status, check	•						
 a Funding target disregarding pres b Funding target reflecting at-risk a 					<u>4a</u>		
at-risk status for fewer than fiv	ve consecutive years ar	nd disregarding loading fa	ictor	ilave peeli III	4b		
5 Effective interest rate					5		6.51 %
6 Target normal cost					6		С
Statement by Enrolled Actuary To the best of my knowledge, the information sup accordance with applicable law and regulations. I combination, offer my best estimate of anticipated	in my opinion, each other assur	ompanying schedules, statements mption is reasonable (taking into a	and attachm account the e	ents, if any, is complete xperience of the plan a	e and acci nd reason	urate. Each prescribe able expectations) ar	d assumption was applied in nd such other assumptions, in
SIGN HERE	N				,	1-1-	
	gnature of actuary			_		<u> </u>	
tephen R. Parks, MSPA	grature of actuary					14-0457	7
	r print name of actuary			-	Mösti	ecent enrollmer	
etirement Systems of Cal						844) 604-	
	Firm name			Tel	ephone	number (includ	ing area code)
1021 Ventura Blvd. 1ite 300							
odland Hills		CA 91364					
Α	ddress of the firm			-			
the actuary has not fully reflected any re	gulation or ruling prom	ulgated under the statute	in comple	ting this schedule	, check	the box and se	e 🗍
structions							

Schedule SB (Form 5500) 2014

Page	2	-	
			1

Pa	art II 🛛 🛛 🖪	eginning of Year	Carryov	er and Prefunding E	Balances							
<u></u>						(a) C	arryover balance		(b)	Prefundi	ng balance	
7				cable adjustments (line 13				o			678	
											070	
8				unding requirement (line 3				0			0	
9	<u> </u>							0			678	
10			-	urn of <u>1.98</u> %				0			13	
11												
	•			38a from prior year)				\$1			157	
	b(1) Inter	est on the excess. if an	v. of line 38	a over line 38b from prior	vear							
	Sche	dule SB, using prior ye	ar's effectiv	e interest rate of 6.34%							10	
	b(2) Inter	est on line 38b from pri	or year Sch	edule SB, using prior year	r's actual							
				and a state in for the last								
				ear to add to prefunding bala	ļ						167	
	d Portion of	of (c) to be added to pro	əfundinğ ba	lance							167	
12	Other redu	ctions in balances due	to elections	or deemed elections				0			0	
13	Balance at	beginning of current ye	ear (line 9 +	· line 10 + line 11d – line 1	2)			0			858	
P	art III	Funding Percenta	ades									
14	1									14	93.99 %	
15	~	Inding target attainmen								15	94.58 %	
			•	of determining whether ca						16		
				_							88.14 %	
17	If the curre	nt value of the assets o	f the plan k	s less than 70 percent of th	he funding tar	ğet, enter sı	ich percentagel	•••••	•••••	17	%	
Pa	art IV	Contributions and	d Liquidi	ty Shortfalls								
18				ear by employer(s) and en								
¥K.A	(a) Date IM-DD-YYY	(b) Amount p employer		(c) Amount paid by employees	(a) D (MM-DD		(b) Amount pai employer(s		((c) Amount paid by employees		
	/14/201		342	employees	(((((()))))))))))))))))))))))))))))))))	1111/	employer(e			ompre		
	./14/201		542									
				· · · · · ·								
					-							
ultait.					Totals ►	18(b)		342	2 18(c)		0	
10	Disessing and a			- units an fax annull istem with			- hožinninž ofikoj		10(0)			
19		• •		ructions for small plan with							0	
			•	mum required contribution				19a 19b				
				justed to valuation date							0	
			•	ired contribution for current	year adjusted	to valuation	date	19c			322	
20	•	ontributions and liquidit	-							anti de la F	38835888888939 ₩ □ ₩	
				he prior year?							Yes No	
				r installments for the curre			manner?	г	•••••		Yes X No	
	c If line 20	a is "Yes," see instructi	ons and co	mplete the following table								
)1st		Liquidity shortfall as of ((2) 2nd	end of quarte		year 3rd	1		(4) 4th		
		/ 101					~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~	 		עד דיו		

Pağe 3

Pa	rt V Assumpti	ons Used to Determine	Funding Target and Targ	et Normal Cost						
21	Discount rate:					-				
	a Segment rates:	1st segment: 4.99 %	2nd segment: 6.32 %	3rd segment 6.99 %		N/A, full yield curve used				
	b Applicable month	(enter code)			21b				2	
22	Weighted average r	etirement aĝe			22				65	
23	Mortality table(s) (s	ee instructions) X Pre	escribed - combined Pr	escribed - separate	Sübštiti	ütē				
Pa	art VI Miscellaneous Items									
24			uarial assumptions for the currer					Yes	No No	
-25	Has a method chan	ge been made for the current pl	an year? If "Yes," see instruction	ns regarding required atta	chment			Yes	X No	
26	Is the plan required	to provide a Schedule of Active	Participants? If "Yes," see instru	ictions regarding required	l attachme	nt		Yes	🛛 No	
27			er applicable code and see instru		27					
Pa	rt VII Reconcil	iation of Unpaid Minimu	m Required Contributio	ns For Prior Years						
28	Unpaid minimum rec	juired contributions for all prior	years		28				0	
29			l unpaid minimum required contri		29				0	
30	Remaining amount of		30				0			
Pa	rt VIII Minimum	Required Contribution	For Current Year							
31	Target normal cost	and excess assets (see instruct	ions):							
	a Target normal cost	: (line 6)			31a		0			
	b Excess assets, if a	ipplicable, but not greater than	line 31ā		31b					
32	Amortization Installm	nents:		Outstanding Bala		ce Installment				
	a Net shortfall amor	lization installment			12,045	045 1,24				
33	If a waiver has been (Month		ter the date of the ruling letter gra)_and the waived amount .		33					
34	Total funding require	ement before reflecting carryove	r/prefunding balances (lines 31a	- 31b + 32a + 32b - 33)	34				1,243	
			Carryover balance	Prefunding balar	nce	•	fotal bai	ance		
35		use to offset funding	ſ)	921				921	
36	Additional cash requ	irement (line 34 minus line 35)			36				322	
37		•	ontribution for current year adjust		37		322			
38	Present value of exc	ess contributions for current ye	ar (see instructions)							
	a Total (excess, if ar	iý, of line 37 over line 36)			<u>38a</u>				0	
	b Portion included in	line 38a attributable to use of p	prefunding and funding standard	carryover balances	38b				0	
39	Unpaid minimum rec	uired contribution for current ye	ar (excess, if any, of line 36 over	line 37)	39					
40					40				0	
Pa	rt IX Pension	Eunding Relief Under P	ension Relief Act of 201) (See Instructions))					
41	If an election was ma	ide to use PRA 2010 funding re	lief for this plan:							
	a Schedule elected					2 plus 7 y	ears []15 y	ears	
	b Eliğible plan year(s) for which the election in line A	11a was made				2010	2	011	
42	Amount of accelerati	on adjustment			42					
		-	d over to future plan years		43					