

<b>Form 5500-SF</b>  Department of the Treasury Internal Revenue Service  Department of Labor Employee Benefits Security Administration  Pension Benefit Guaranty Corporation	<b>Short Form Annual Return/Report of Small Employee Benefit Plan</b>  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).  <b>▶ Complete all entries in accordance with the instructions to the Form 5500-SF.</b>	OMB Nos. 1210-0110 1210-0089  <div style="border: 1px solid black; padding: 5px; text-align: center; font-weight: bold;">2014</div> <b>This Form is Open to Public Inspection</b>
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<b>Part I Annual Report Identification Information</b>	
For calendar plan year 2014 or fiscal plan year beginning <u>01/01/2014</u> and ending <u>12/31/2014</u>	
<b>A</b> This return/report is for:	<input checked="" type="checkbox"/> a single-employer plan <input type="checkbox"/> a multiple-employer plan (not multiemployer) (Filers checking this box must attach a list of participating employer information in accordance with the form instructions)
<b>B</b> This return/report is	<input type="checkbox"/> a one-participant plan <input type="checkbox"/> a foreign plan <input type="checkbox"/> the first return/report <input type="checkbox"/> the final return/report <input checked="" type="checkbox"/> an amended return/report <input type="checkbox"/> a short plan year return/report (less than 12 months)
<b>C</b> Check box if filing under:	<input checked="" type="checkbox"/> Form 5558 <input type="checkbox"/> automatic extension <input type="checkbox"/> DFVC program <input type="checkbox"/> special extension (enter description)

<b>Part II Basic Plan Information</b> —enter all requested information													
<b>1a</b> Name of plan <u>HUMMINGBIRD PRECISION MACHINE COMPANY 401K PROFIT</u>	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:60%;"><b>1b</b> Three-digit plan number (PN) ▶</td> <td style="width:40%; text-align: center;"><u>001</u></td> </tr> <tr> <td colspan="2"><b>1c</b> Effective date of plan <u>12/29/2010</u></td> </tr> </table>	<b>1b</b> Three-digit plan number (PN) ▶	<u>001</u>	<b>1c</b> Effective date of plan <u>12/29/2010</u>									
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<b>1c</b> Effective date of plan <u>12/29/2010</u>													
<b>2a</b> Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) <u>HUMMINGBIRD PRECISION MACHINE COMPANY</u>  <u>2610 WILLAMETTE DRIVE NE</u> <u>SUITE A</u> <u>LACEY, WA 98516</u>	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td><b>2b</b> Employer Identification Number (EIN) <u>26-2122444</u></td> </tr> <tr> <td><b>2c</b> Sponsor's telephone number <u>360-252-2737</u></td> </tr> <tr> <td><b>2d</b> Business code (see instructions) <u>541330</u></td> </tr> </table>	<b>2b</b> Employer Identification Number (EIN) <u>26-2122444</u>	<b>2c</b> Sponsor's telephone number <u>360-252-2737</u>	<b>2d</b> Business code (see instructions) <u>541330</u>									
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<b>2d</b> Business code (see instructions) <u>541330</u>													
<b>3a</b> Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor.	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td><b>3b</b> Administrator's EIN</td> </tr> <tr> <td><b>3c</b> Administrator's telephone number</td> </tr> </table>	<b>3b</b> Administrator's EIN	<b>3c</b> Administrator's telephone number										
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<b>3c</b> Administrator's telephone number													
<b>4</b> If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN, and the plan number from the last return/report. <b>a</b> Sponsor's name	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td><b>4b</b> EIN</td> </tr> <tr> <td><b>4c</b> PN</td> </tr> </table>	<b>4b</b> EIN	<b>4c</b> PN										
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<b>4c</b> PN													
<b>5a</b> Total number of participants at the beginning of the plan year .....	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:60%;"><b>5a</b></td> <td style="width:40%; text-align: center;"><u>10</u></td> </tr> <tr> <td><b>5b</b> Total number of participants at the end of the plan year.....</td> <td style="text-align: center;"><u>12</u></td> </tr> <tr> <td><b>5c</b> Number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item) .....</td> <td style="text-align: center;"><u>12</u></td> </tr> <tr> <td><b>5d(1)</b> Total number of active participants at the beginning of the plan year.....</td> <td style="text-align: center;"><u>10</u></td> </tr> <tr> <td><b>5d(2)</b> Total number of active participants at the end of the plan year.....</td> <td style="text-align: center;"><u>12</u></td> </tr> <tr> <td><b>5e</b> Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested.....</td> <td style="text-align: center;"><u>1</u></td> </tr> </table>	<b>5a</b>	<u>10</u>	<b>5b</b> Total number of participants at the end of the plan year.....	<u>12</u>	<b>5c</b> Number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item) .....	<u>12</u>	<b>5d(1)</b> Total number of active participants at the beginning of the plan year.....	<u>10</u>	<b>5d(2)</b> Total number of active participants at the end of the plan year.....	<u>12</u>	<b>5e</b> Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested.....	<u>1</u>
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<b>5e</b> Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested.....	<u>1</u>												

<b>Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.</b>			
Under penalties 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 signed by an enrolled actuary, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.			
<b>SIGN HERE</b>	Filed with authorized/valid electronic signature.	10/19/2015	NORMAN J SALMON
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
<b>SIGN HERE</b>	Filed with authorized/valid electronic signature.	10/19/2015	NORMAN J SALMON
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
Preparer's name (including firm name, if applicable) and address (include room or suite number ) (optional)  <u>PATRICIA PICH, CPA</u> <u>300 DESCHUTES WAY, SW SUITE 209</u> <u>TUMWATER, WA 98501-7719</u>			Preparer's telephone number (optional)  <u>360-339-7867</u>

- 6a** Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.) ..... ☒ Yes ☐ No
- 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.) ..... ☒ Yes ☐ No
- If you answered "No" to either line 6a or line 6b, the plan cannot use Form 5500-SF and must instead use Form 5500.**
- 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

**Part III Financial Information**

7 Plan Assets and Liabilities		(a) Beginning of Year	(b) End of Year
<b>a</b> Total plan assets .....	<b>7a</b>	467344	600339
<b>b</b> Total plan liabilities .....	<b>7b</b>		
<b>c</b> Net plan assets (subtract line 7b from line 7a) .....	<b>7c</b>	467344	600339
8 Income, Expenses, and Transfers for this Plan Year		(a) Amount	(b) Total
<b>a</b> Contributions received or receivable from:			
<b>(1)</b> Employers .....	<b>8a(1)</b>	65591	
<b>(2)</b> Participants .....	<b>8a(2)</b>	64061	
<b>(3)</b> Others (including rollovers) .....	<b>8a(3)</b>		
<b>b</b> Other income (loss) .....	<b>8b</b>	8488	
<b>c</b> Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) .....	<b>8c</b>		138140
<b>d</b> Benefits paid (including direct rollovers and insurance premiums to provide benefits) .....	<b>8d</b>		
<b>e</b> Certain deemed and/or corrective distributions (see instructions) ....	<b>8e</b>		
<b>f</b> Administrative service providers (salaries, fees, commissions) .....	<b>8f</b>	5145	
<b>g</b> Other expenses .....	<b>8g</b>		
<b>h</b> Total expenses (add lines 8d, 8e, 8f, and 8g) .....	<b>8h</b>		5145
<b>i</b> Net income (loss) (subtract line 8h from line 8c) .....	<b>8i</b>		132995
<b>j</b> Transfers to (from) the plan (see instructions) .....	<b>8j</b>		

**Part IV Plan Characteristics**

- 9a** If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:  
2E 2J 2R
- b** If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:

**Part V Compliance Questions**

10 During the plan year:		Yes	No	Amount
<b>a</b> Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program) .....	<b>10a</b>		X	
<b>b</b> Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.) .....	<b>10b</b>		X	
<b>c</b> Was the plan covered by a fidelity bond? .....	<b>10c</b>	X		30000
<b>d</b> Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? .....	<b>10d</b>		X	
<b>e</b> Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service, or other organization that provides some or all of the benefits under the plan? (See instructions.) .....	<b>10e</b>		X	
<b>f</b> Has the plan failed to provide any benefit when due under the plan? .....	<b>10f</b>		X	
<b>g</b> Did the plan have any participant loans? (If "Yes," enter amount as of year end.) .....	<b>10g</b>		X	
<b>h</b> If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) .....	<b>10h</b>		X	
<b>i</b> 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 .....	<b>10i</b>			

**Part VI Pension Funding Compliance**

- 11** Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form 5500) and line 11a below) ..... ☐ Yes ☐ No
- 11a** Enter the unpaid minimum required contribution for current year from Schedule SB (Form 5500) line 39 ..... **11a**
- 12** Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA? .. ☐ Yes ☒ No  
(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)
- a** If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, and enter the date of the letter ruling granting the waiver. .... Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

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.....	<b>12b</b>	
<b>c</b> Enter the amount contributed by the employer to the plan for this plan year .....	<b>12c</b>	
<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 of a negative amount).....	<b>12d</b>	
<b>e</b> Will the minimum funding amount reported on line 12d be met by the funding deadline?.....	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	

**Part VII Plan Terminations and Transfers of Assets**

<b>13a</b> Has a resolution to terminate the plan been adopted in any plan year? .....		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
If "Yes," enter the amount of any plan assets that reverted to the employer this year .....	<b>13a</b>	
<b>b</b> Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC? .....	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<b>c</b> If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)		
<b>13c(1)</b> Name of plan(s):	<b>13c(2)</b> EIN(s)	<b>13c(3)</b> PN(s)

**Part VIII Trust Information (optional)**

<b>14a</b> Name of trust	<b>14b</b> Trust's EIN

## 2014 Form 5500-SF *e-file* Signature Authorization

Hummingbird Precision Machine Comp  
Hummingbird Precision Machine Company  
2610 Willamette Drive NE  
Lacey, WA 98516

401K Profit Sharing P 001

Employer Identification Number: 26-2122444

Client Identification Number: 10895

You, as plan administrator, are authorizing that Patricia Pich, CPA electronically file the 2014 Form 5500-SF for Hummingbird Precision Machine Company as an EFAST2 Service Provider.

### Authorization

As plan administrator for Hummingbird Precision Machine Company, I authorize Patricia Pich, CPA to electronically file Form 5500-SF for the tax year 2014. I understand that a PDF copy of the first two pages of the manually signed form will be submitted to EFAST2 with the electronic file, and that the image of my signature will be included with the rest of the return / report posted by the Department of Labor on the internet for public disclosure.

Please sign and date below:

Plan Administrator Authorization

Date:

10/15/2015





**Form 5500-SF**Department of the Treasury  
Internal Revenue ServiceDepartment 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**▶ **Complete all entries in accordance with the instructions to the Form 5500-SF.****Part I Annual Report Identification Information**

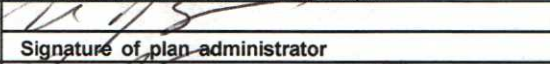
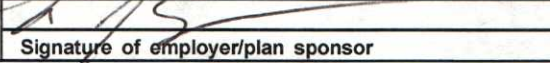
For calendar plan year 2014 or fiscal plan year beginning \_\_\_\_\_ and ending \_\_\_\_\_

**A** This return/report is for: ☒ a single-employer plan ☐ a multiple-employer plan (not multiemployer)  
☐ a one-participant plan ☐ a foreign plan**B** This return/report is: ☐ the first return/report ☐ the final return/report  
☐ an amended return/report ☐ a short plan year return/report (less than 12 months)**C** Check box if filing under: ☒ Form 5558 ☐ automatic extension ☐ DFVC program  
☐ special extension (enter description) \_\_\_\_\_**Part II Basic Plan Information—enter all requested information**

<b>1a</b> Name of plan Hummingbird Precision Machine Company 401K Profit Sharing Plan	<b>1b</b> Three-digit plan number (PN) ▶ 001
	<b>1c</b> Effective date of plan 12/29/2010
<b>2a</b> Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) Hummingbird Precision Machine Comp  2610 Willamette Drive NE Suite A Lacey WA 98516	<b>2b</b> Employer Identification No. (EIN) 26-2122444
	<b>2c</b> Sponsor's telephone number 360-252-2737
	<b>2d</b> Business code (see instr.)  541330
<b>3a</b> Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor.	<b>3b</b> Administrator's EIN
	<b>3c</b> Administrator's telephone number
<b>4</b> If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN, and the plan number from the last return/report. a Sponsor's name	<b>4b</b> EIN
	<b>4c</b> PN
<b>5a</b> Total number of participants at the beginning of the plan year	<b>5a</b> 10
<b>b</b> Total number of participants at the end of the plan year	<b>5b</b> 12
<b>c</b> Number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item)	<b>5c</b> 12
<b>d(1)</b> Total number of active participants at the beginning of the plan year	<b>5d(1)</b> 10
<b>d(2)</b> Total number of active participants at the end of the plan year	<b>5d(2)</b> 12
<b>e</b> Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	<b>5e</b> 1

**Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.**

Under penalties 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 signed by an enrolled actuary, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.

<b>SIGN HERE</b> 	10/15/2015	Norman J Salmon
Signature of plan administrator	Date	Enter name of individual signing as plan administrator
<b>SIGN HERE</b> 	10/15/2015	Norman J Salmon
Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
Preparer's name (including firm name, if applicable) and address; include room or suite number (optional)  Patricia Pich, CPA 300 Deschutes Way, SW Suite 209  Tumwater WA 98501-7719		Preparer's telephone number (optional)  360-339-7867



*Patricia Pich, CPA Accounting & Consulting Services*

300 Deschutes Way SW  
Suite 209  
Tumwater, WA 98501

Office: 360-339-7867  
Fax: 360-339-8604  
Website: [pichcpa.com](http://pichcpa.com)



To Whom it May concern:

Please accept this return as timely filed, as you can see from the attached elf history report it was submitted on October 15, 2015 and was rejected. I have work to correct the error in that caused the rejection.

My understanding due to Form 5500-SF not being able to be paper filed that there is an unlimited grace period for e-file submission.

If you have further questions of me please contact me at 360-339-7867.

Sincerely,

Patricia Pich, CPA



**Client ID:** 10895**Name:** Hummingbird Precision Machine**TIN:** 26-2122444**SubID/AckId/RIN:****Return Type:** 5500 US

Elf Event	Date/Time	User ID	Comment
ELF file deleted	10/12/15 05:26PM	Patty	
ELF Error(s) found, no e-file created	10/12/15 05:26PM	Patty	
ELF file deleted	10/15/15 03:21PM	Patty	
ELF Error(s) found, no e-file created	10/15/15 03:21PM	Patty	
ELF file deleted	10/15/15 03:23PM	Patty	
ELF Error(s) found, no e-file created	10/15/15 03:23PM	Patty	
ELF file created	10/15/15 03:25PM	Patty	
ELF file selected for transmission	10/15/15 03:25PM	Patty	
ELF file transmitted to CS	10/15/15 03:26PM	Patty	
ELF ACK received, return rejected	10/15/15 04:33PM	Patty	Rejected
			AckId=20151015181514P040052114913011 X-002SF
			Error
			Sponsor signed name or signature date in the Filing Header does not match the Sponsor signed name or signature date elements on the Form 5500-SF.
ELF file created	10/15/15 04:49PM	Patty	
ELF file selected for transmission	10/15/15 04:50PM	Patty	
ELF file transmitted to CS	10/15/15 04:51PM	Patty	
ELF ACK received, return rejected	10/16/15 10:39AM	Patty	Rejected
			AckId=20151015193033P030035895901001 X-002SF
			Error
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ELF file created	10/16/15 01:22PM	Patty	
ELF file selected for transmission	10/16/15 01:22PM	Patty	
ELF file transmitted to CS	10/16/15 01:23PM	Patty	
ELF ACK received, return rejected	10/16/15 02:38PM	Patty	Rejected
			AckId=20151016160005P030053088497001 X-002SF

Client ID: 10895

Name: Hummingbird Precision Machine

TIN: 26-2122444

SubID/AckId/RIN:

Return Type: 5500 US

Elf Event	Date/Time	User ID	Comment
			Error
			Sponsor signed name or signature date in the Filing Header does not match the Sponsor signed name or signature date elements on the Form 5500-SF.
ELF file created	10/16/15 02:41PM	Patty	
ELF file selected for transmission	10/16/15 02:41PM	Patty	
ELF file transmitted to CS	10/16/15 02:41PM	Patty	
ELF ACK received, return rejected	10/16/15 03:32PM	Patty	Rejected
			AckId=20151016171512P040048820183002 X-002SF
			Error
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ELF file created	10/16/15 03:38PM	Patty	
ELF file selected for transmission	10/16/15 03:38PM	Patty	
ELF file transmitted to CS	10/16/15 03:39PM	Patty	
ELF ACK received, return rejected	10/16/15 04:33PM	Patty	Rejected
			AckId=20151016181505P040048841607001 X-002SF
			Error
			Sponsor signed name or signature date in the Filing Header does not match the Sponsor signed name or signature date elements on the Form 5500-SF.
ELF file deleted	10/19/15 10:33AM	Patty	
ELF Error(s) found, no e-file created	10/19/15 10:33AM	Patty	
ELF file deleted	10/19/15 10:37AM	Patty	
ELF Error(s) found, no e-file created	10/19/15 10:37AM	Patty	