Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation

Part I Annual Report Identification Information

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

▶ Complete all entries in accordance with the instructions to the Form 5500-SF.

Revenue Code (the Code).

2014

OMB Nos. 1210-0110

1210-0089

This Form is Open to **Public Inspection**

For calendar plan year 2014 or fiscal plan year beginning 07/01/2014 and ending 06												
A This re	eturn/report is for:		r) (Filers checking this box must attach a lis ordance with the form instructions)									
		a one-participant plan	a foreign plan									
B This ret	turn/report is	t										
		an amended return/report	a short plan year ret	urn/report (less than 12 m	nonths)							
C Check	box if filing under:	1	DFVC program									
		special extension (enter desc	ription)									
Part II	Basic Plan Info	ormation—enter all requested in	formation									
1a Name					1b Three-digit							
RICHMONE	D SYSTEMS, INC. 401	(K) PLAN			plan numbe (PN) ▶	er 001						
					1c Effective da							
						12/01/1993						
2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) RICHMOND SYSTEMS, INC.			le-employer plan)	2b Employer Identification Number								
KICHIVIOND	73151EM3, INC.				(EIN) 91-1652324							
9365 HOGH	JM BAY LN. N.E.				2c Sponsor's telephone number 360-956-0384							
OLYMPIA, V					2d Business code (see instructions)							
				332900								
3a Plan administrator's name and address Same as Plan Sponsor.			3b Administrator's EIN									
				3c Administrator's telephone number								
					ior o toropriorio riambor							
4 If the	name and/or FIN of th	e plan sponsor has changed since	the last return/report filed	I for this plan, enter the	4b EIN							
		imber from the last return/report.	and last rotally roport mod	Tor the plan, enter the	TO LIN							
	sor's name				4c PN							
_		s at the beginning of the plan year.			5a	19						
		s at the end of the plan year			5b	6						
		account balances as of the end of			5c	6						
• • •	•	articipants at the beginning of the p	•		5d(1)	15						
		articipants at the end of the plan ye			5d(2)							
Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested												
		, ,	,	ments that were	5e	(
	han 100% vested	, ,	······································			<u></u>						
Caution: //	han 100% vested A penalty for the late nalties of perjury and o	or incomplete filing of this retur	n/report will be assesse	d unless reasonable cau	use is established port, including, if a	pplicable, a Schedule						
Caution: A Under pen SB or Sch	han 100% vested A penalty for the late nalties of perjury and o	or incomplete filing of this retur ther penalties set forth in the instru and signed by an enrolled actuary,	n/report will be assesse	d unless reasonable cau	use is established port, including, if a	pplicable, a Schedule						
Caution: A Under pen SB or Sch	han 100% vested A penalty for the late nalties of perjury and o ledule MB completed a true, correct, and com	or incomplete filing of this retur ther penalties set forth in the instru and signed by an enrolled actuary,	n/report will be assesse	d unless reasonable cau	use is established port, including, if a t, and to the best o	pplicable, a Schedule						
Caution: A Under pen SB or Sch belief, it is	han 100% vested A penalty for the late nalties of perjury and o ledule MB completed a true, correct, and com	or incomplete filing of this retur ther penalties set forth in the instru and signed by an enrolled actuary, a uplete. /valid electronic signature.	n/report will be assesse ctions, I declare that I hav as well as the electronic v	d unless reasonable car re examined this return/re ersion of this return/repor	use is established port, including, if a t, and to the best o	pplicable, a Schedule of my knowledge and						
Caution: A Under pen SB or Sch- belief, it is	A penalty for the late nalties of perjury and o nedule MB completed a true, correct, and completed with authorized	or incomplete filing of this retur ther penalties set forth in the instru and signed by an enrolled actuary, a uplete. /valid electronic signature.	n/report will be assesse ctions, I declare that I have as well as the electronic v	d unless reasonable car re examined this return/re ersion of this return/repor	use is established port, including, if a t, and to the best o	pplicable, a Schedule of my knowledge and						
Caution: A Under pen SB or Sch belief, it is SIGN HERE	A penalty for the late nalties of perjury and o nedule MB completed a true, correct, and completed with authorized	or incomplete filing of this retur ther penalties set forth in the instru and signed by an enrolled actuary, a uplete. /valid electronic signature.	n/report will be assesse ctions, I declare that I have as well as the electronic v	d unless reasonable can re examined this return/re ersion of this return/repor GEORGE M. RICHMO Enter name of individ	use is established port, including, if a t, and to the best of DND lual signing as plar	pplicable, a Schedule of my knowledge and						
Caution: A Under pen SB or Sch belief, it is SIGN HERE SIGN HERE	han 100% vested A penalty for the late nalties of perjury and cedule MB completed at true, correct, and completed with authorized Signature of plan at Signature of employed.	or incomplete filing of this retur ther penalties set forth in the instru and signed by an enrolled actuary, a uplete. /valid electronic signature.	n/report will be assesse ctions, I declare that I have as well as the electronic version of the control of the	d unless reasonable cause examined this return/resersion of this return/reportent GEORGE M. RICHMO Enter name of individent Enter name of individent Enter name of individent Enter name of individent Enter name of individ	use is established port, including, if a t, and to the best of DND lual signing as plar	pplicable, a Schedule of my knowledge and n administrator						

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b	under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.)					5500.		X Yes	s No
	If the plan is a defined benefit plan, is it covered under the PBGC in	surance p	rogram (see ERISA section 40)21)?		Yes	No	Not dete	rmined
Par									
	Plan Assets and Liabilities	_	(a) Beginning of Yea				(b) End c	of Year 288	224
	Total plan assets	7a	3140	009	-			200	231
	Total plan liabilities	7b	3140	189				288	231
	Net plan assets (subtract line 7b from line 7a)	7c	(a) Amount				(b) To		
	Contributions received or receivable from:		(a) Amount				(b) To	<u>riai</u>	
	(1) Employers	8a(1)							
	(2) Participants	8a(2)	493	398					
	(3) Others (including rollovers)	8a(3)							
<u>b</u>	Other income (loss)	8b	84	161					
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						57	859
	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	837	717					
	Certain deemed and/or corrective distributions (see instructions)	8e							
f	Administrative service providers (salaries, fees, commissions)	8f							
	Other expenses	8g							
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h						83	717
i	Net income (loss) (subtract line 8h from line 8c)	8i						-25	858
j	Transfers to (from) the plan (see instructions)	8j							
Par	t IV Plan Characteristics								
b		eature cod	es from the List of Plan Charac	cterist			the instruction	ons:	
10	During the plan year:				Yes	No	,	Amount	
	Was there a failure to transmit to the plan any participant contribut 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidure)	iciary Cor	rection Program)	10a		Χ			
	Were there any nonexempt transactions with any party-in-interest on line 10a.)	·····		10b		Χ			
c	Was the plan covered by a fidelity bond?			10c	X				75000
d	Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?			10d		Χ			
e	Were any fees or commissions paid to any brokers, agents, or oth insurance service, or other organization that provides some or all instructions.)	of the ben	efits under the plan? (See	10e		X			
f	Has the plan failed to provide any benefit when due under the plan	n?		10f		X			
g	Did the plan have any participant loans? (If "Yes," enter amount as	s of year e	end.)	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 the exceptions to providing the notice applied under 29 CFR 2520.10			10i					
Part	VI Pension Funding Compliance								
11	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)							Yes	s No
11a	Enter the unpaid minimum required contribution for current year fr	om Sched	lule SB (Form 5500) line 39			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,		·						
а	If a waiver of the minimum funding standard for a prior year is beir granting the waiver.	-			, and e	enter th Day		e letter r Year	uling

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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

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

2014

OMB Nos. 1210-0110 1210-0089

This Form is Open to **Public Inspection**

Revenue Code (the Code). ▶ Complete all entries in accordance with the instructions to the Form 5500-SF.

For calendar plan year 2014 or fiscal plan year beginning 07/01/2014 and ending 06/30/2015	a list
A This return/report is for: a one-participant plan a foreign plan B This return/report is the first return/report the final 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 Basic Plan Information—enter all requested information 1a Name of plan RICHMOND SYSTEMS, INC. 401(k) PLAN Onter the first return/report the final return/report the final return/report (less than 12 months) a short plan year return/report (less than 12 months) DFVC program DFVC progr	a list
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 1a Name of plan RICHMOND SYSTEMS, INC. 401(k) PLAN	
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 1a Name of plan RICHMOND SYSTEMS, INC. 401(k) PLAN	
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 1a Name of plan RICHMOND SYSTEMS, INC. 401(k) PLAN DFVC program DFVC program	
special extension (enter description) Part II Basic Plan Information—enter all requested information 1a Name of plan RICHMOND SYSTEMS, INC. 401(k) PLAN 1b Three-digit plan number	
Part II Basic Plan Information—enter all requested information 1a Name of plan RICHMOND SYSTEMS, INC. 401(k) PLAN 1b Three-digit plan number	
1a Name of plan RICHMOND SYSTEMS, INC. 401(k) PLAN 1b Three-digit plan number	
1a Name of plan RICHMOND SYSTEMS, INC. 401(k) PLAN 1b Three-digit plan number	
RICHMOND SYSTEMS, INC. 401(k) PLAN plan number	
! (DAN A 001	
(PN) P	
1c Effective date of plan 12/01/1993	
2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) RICHMOND SYSTEMS, INC. 2b Employer Identification Num (EIN) 91-1652324	er
8365 HOGUM BAY LN, N.E. Sponsor's telephone number (360) 956-0384	
2d Business code (see instructi OLYMPIA. WA 98516	ns)
3a Plan administrator's name and address Same as Plan Sponsor. 3b Administrator's EIN	
3c Administrator's telephone nu	nber
4 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 4c PN	
5a Total number of participants at the beginning of the plan year	19
b Total number of participants at the end of the plan year	6
C Number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item)	6
d(1) Total number of active participants at the beginning of the plan year	15
d(2) Total number of active participants at the end of the plan year	4
Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	
	0
Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.	0
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 Sche 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 a belief, it is true, correct, and complete.	0
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 Sche 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 a belief, it is true, correct, and complete. SIGN HERE	0
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 Sche 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 a belief, it is true, correct, and complete.	0
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 Sche 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 abelief, it is true, correct, and complete. SIGN HERE Signature of plan administrator Date Enter name of individual signing as plan administrator SIGN HERE	0 ule nd
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 Sche 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 abelief, it is true, correct, and complete. SIGN HERE Signature of plan administrator Date Enter name of individual signing as employer or plan sponsor Date Enter name of individual signing as employer or plan sponsor	0 ule nd
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 Sche 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 abelief, it is true, correct, and complete. SIGN HERE Signature of plan administrator Date Enter name of individual signing as plan administrator SIGN HERE	0 ule nd

b b	Were all of the plan's assets during the plan year invested in eligib Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility	an independ and condition	lent qualified public accounta ns.)	nt (IC	PA)		Yes No				
c	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 the plan is a defined benefit plan, is it covered under the PBGC in the plan is a defined benefit plan, is it covered under the PBGC in the plan is a defined benefit plan, is it covered under the PBGC in the plan is a defined benefit plan, is it covered under the PBGC in the plan is a defined benefit plan, is it covered under the PBGC in the plan is a defined benefit plan, is it covered under the PBGC in the plan is a defined benefit plan, is it covered under the PBGC in the plan is a defined benefit plan, is it covered under the PBGC in the plan is a defined benefit plan.	nsurance pro	ogram (see ERISA section 40	21)?		Yes	No Not determined				
7											
	Plan Assets and Liabilities		(a) Beginning of Yea		4-		(b) End of Year				
	Total plan assets	. 7a	31408	9	\bot		288231				
	Total plan liabilities	. 7b									
	Net plan assets (subtract line 7b from line 7a)	. 7c	314089	9	_		288231				
	Income, Expenses, and Transfers for this Plan Year	**************************************	(a) Amount				(b) Total				
а	Contributions received or receivable from: (1) Employers	8a(1)									
	(2) Participants	. 8a(2)	4939	Α							
	(3) Others (including rollovers)		4000								
	Other income (loss)		846	1	-						
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)		040								
	Benefits paid (including direct rollovers and insurance premiums	8c			133	1.0	57859				
	to provide benefits)	. 8d	83717	7	- 60						
	Certain deemed and/or corrective distributions (see instructions)	. 8e			81						
	Administrative service providers (salaries, fees, commissions)	. 8f				······································					
	Other expenses	. 8g	<u></u>	_							
	Total expenses (add lines 8d, 8e, 8f, and 8g)						83717				
	Net income (loss) (subtract line 8h from line 8c)						-25858				
	Transfers to (from) the plan (see instructions)				-	*	-23000				
Par		1_0_1	<u> </u>								
Part	If the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare for the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare for the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare for the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare for						e instructions:				
10	During the plan year:				Yes	No	A				
а	Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fide	itions within	the time period described in	10a	103	Х	Amount				
b	Were there any nonexempt transactions with any party-in-interest on line 10a.)	? (Do not in	clude transactions reported	10b		х					
С	Was the plan covered by a fidelity bond?			400	х		75000				
d	Did the plan have a loss, whether or not reimbursed by the plan's	fidelity bond	I, that was caused by fraud	10c		х	75000				
е	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.)			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			10g		х					
h	If this is an individual account plan, was there a blackout period? 2520.101-3.)	(See instruc	tions and 29 CFR	10g		x					
ī	If 10h was answered "Yes," check the box if you either provided to exceptions to providing the notice applied under 29 CFR 2520.10	he required i	notice or one of the	10i							
Part	13 000						<u> </u>				
11	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)	nents? (if "Ye	es," see instructions and com	plete	Scheo	ule SB	(Form Yes No				
<u>11a</u>	Enter the unpaid minimum required contribution for current year fr					11a					
12	Is this a defined contribution plan subject to the minimum funding			_			ERISA? Yes X No				
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,				20011						
а	If a waiver of the minimum funding standard for a prior year is beir granting the waiver.	ng amortized	in this plan year, see instruc	ctions th	, and e	enter th Day					

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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.		_			_			
	Enter the minimum required contribution for this plan year		12i	, Т						
C Enter the amount contributed by the employer to the plan for this plan year										
d 	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)									
<u>e</u>	e Will the minimum funding amount reported on line 12d be met by the funding deadline?						П	No	□ N	/A
Part				_			<u> </u>			
13a	13a Has a resolution to terminate the plan been adopted in any plan year?					ΧN	lo		_	
If "Yes," enter the amount of any plan assets that reverted to the employer this year										
b								Yes		No
	If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), ident which assets or liabilities were transferred. (See instructions.)	ify the plan(s)	o						<u> </u>	
1	3c(1) Name of plan(s):	1:	3c(2)	EIN	V(s)		Т	13c(3) PN(s)
				_			1		<u>, , , , , , , , , , , , , , , , , , , </u>	 -
Part	VIII Trust Information (optional)									
14a I	Name of trust		14b Trust's EIN							