Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation

SIGN **HERE**

BRIAN NEWHOUSE

ALEGRIA & COMPANY, P.S. 718 6TH STREET PROSSER, WA 99350

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).

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

2014

OMB Nos. 1210-0110

1210-0089

This Form is Open to **Public Inspection**

Annual Report Identification Information For calendar plan year 2014 or fiscal plan year beginning and ending 12/31/2014 X a single-employer plan a multiple-employer plan (not multiemployer) (Filers checking this box must attach a list A This return/report is for: of participating employer information in accordance with the form instructions) a one-participant plan a foreign plan the first return/report the final return/report **B** This return/report is an amended return/report a short plan year return/report (less than 12 months) Form 5558 automatic extension DFVC program C Check box if filing under: special extension (enter description) Basic Plan Information—enter all requested information Part II 1a Name of plan **1b** Three-digit LARSEN TRANSFER COMPANY 401 (K) PLAN plan number (PN) ▶ 001 1c Effective date of plan 01/01/1996 2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) 2b Employer Identification Number TRI CITY UNITED INC. (EIN) 91-1087817 Sponsor's telephone number 509-943-9139 220 WELLHOUSE LOOP 220 WELLHOUSE LOOP RICHLAND, WA 99352 RICHLAND, WA 99352 Business code (see instructions) 484120 **3a** Plan administrator's name and address XSame as Plan Sponsor. Administrator's EIN **3c** Administrator's telephone number 4b EIN 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. 4c PN a Sponsor's name Total number of participants at the beginning of the plan year 5a **b** Total number of participants at the end of the plan year..... 5b Number of participants with account balances as of the end of the plan year (defined benefit plans do not 5c complete this item) d(1) Total number of active participants at the beginning of the plan year..... 5d(1) d(2) Total number of active participants at the end of the plan year..... 5d(2) e Number of participants that terminated employment during the plan year with accrued benefits that were 5e less than 100% vested... 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 Filed with authorized/valid electronic signature **SIGN HERE** Signature of plan administrator Date Enter name of individual signing as plan administrator

For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500-SF.

Preparer's name (including firm name, if applicable) and address (include room or suite number) (optional)

Signature of employer/plan sponsor

Enter name of individual signing as employer or plan sponsor

Preparer's telephone number (optional)

509-786-2404

	Form 5500-SF 2014		Page 2							
b	Were all of the plan's assets during the plan year invested in eligible. Are you claiming a waiver of the annual examination and report of a under 29 CFR 2520.104-46? (See instructions on waiver eligibility a lift you answered "No" to either line 6a or line 6b, the plan cannot the plan is a defined benefit plan, is it covered under the PBGC in	an indepe and condit ot use Fo	ndent qualified public accounta tions.) orm 5500-SF and must instead	int (IQ d d use	PA) Form	5500.		 ∏ N	Yes Yes	□ S □ No
Pai	t III Financial Information									
	Plan Assets and Liabilities		(a) Beginning of Yea	r			(b) E	nd of	Voor	
	Total plan assets	7a	(a) Beginning of Tea				(6) E	iia oi	2376	663
	Total plan liabilities	7b								
	Net plan assets (subtract line 7b from line 7a)	7c	2625	577					2376	663
8	Income, Expenses, and Transfers for this Plan Year	70	(a) Amount				(b) Total			
	Contributions received or receivable from:		(a) Amount				(,) 10ta	aı	
	(1) Employers	8a(1)								
	(2) Participants	8a(2)	133	320						
	(3) Others (including rollovers)	8a(3)								
b	Other income (loss)	8b	298	350						
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c			431					170
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	674	134						
<u>e</u>	Certain deemed and/or corrective distributions (see instructions)	8e								
f	Administrative service providers (salaries, fees, commissions)	8f	6	650						
g	Other expenses	8g								
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							680	084
<u>i</u>	Net income (loss) (subtract line 8h from line 8c)	8i							-249	914
j	Transfers to (from) the plan (see instructions)	8j								
Par	t IV Plan Characteristics									
9a	If the plan provides pension benefits, enter the applicable pension 2E 2F 2G 2K	feature co	odes from the List of Plan Char	acteris	stic Co	des in	the inst	tructio	ns:	
b	If the plan provides welfare benefits, enter the applicable welfare fe	eature cod	des from the List of Plan Charac	cterist	ic Cod	les in t	he instr	uction	s:	
Part	V Compliance Questions									
10	During the plan year:				Yes	No		Aı	mount	
	Was there a failure to transmit to the plan any participant contribute 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidure)			10a		X				
b	Were there any nonexempt transactions with any party-in-interest on line 10a.)	? (Do not	include transactions reported	10b		X				
c	Was the plan covered by a fidelity bond?			10c		X				
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.)	of the ber	nefits 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 of year end.)					X				
— h				10g						
	2520.101-3.)			10h		X				
i		10h was answered "Yes," check the box if you either provided the required notice or one of the ceptions to providing the notice applied under 29 CFR 2520.101-3				X				
Part	VI Pension Funding Compliance									
11	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)	•					•		Yes	x No
11a	Enter the unpaid minimum required contribution for current year fr					11a				
12	Is this a defined contribution plan subject to the minimum funding		,		-		ERISA	2	X Yes	s No
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,			. 5, 50	5					
a	If a waiver of the minimum funding standard for a prior year is being			ctions	and e	enter th	ne date	of the	letter ri	ılina

.. Month

Day

Year

granting the waiver.

		Form 5500-SF 2014	Page 3 - 1						
lf y	you	completed line 12a, complete lines 3, 9, and 10 of Schedule MB (For	m 5500), and skip to line 13.						
b	Ent	er the minimum required contribution for this plan year			12b				
С	Ent	er the amount contributed by the employer to the plan for this plan year			12c				
d		otract the amount in line 12c from the amount in line 12b. Enter the result pative amount)	`	of a	12d				
е		the minimum funding amount reported on line 12d be met by the funding					⁄es >	No	N/A
Part	VII	Plan Terminations and Transfers of Assets							
13a	Has	s a resolution to terminate the plan been adopted in any plan year?				Yes	X No		
	If "	es," 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 to another plan, or brought under the of the PBGC?					contro	Yes X N			
С		uring this plan year, any assets or liabilities were transferred from this pla ch assets or liabilities were transferred. (See instructions.)	n to another plan(s), identify the	ne plan(s) t	to				
1	3c(1) Name of plan(s):		1;	3c(2)	EIN(s)		13c(3) PN(s)

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

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).

2014

OMB Nos. 1210-0110

1210-0089

This Form is Open

	n Benefit Guaranty Corporation			ance with	the man actions to	tile i v	orm 5500-Sr. to Publ	c inspection					
Part	Annual Report Ide	ntification Inforr											
For cale	endar plan year 2014 or fisca	plan year beginning	01/	01/201	4	and e	nding $12/31/2$	014					
A Thi	s return/report is for:	X a single-employer	olan	a multiple	e-employer plan (not m	ultiem	ployer) (Filers checking this box	must attach a list					
				of particip	oating employer inform	ation i	n accordance with the form inst	ructions)					
		a one-participant p	lan	a foreigr	n plan								
B This return/report is the first return/report the final return/report													
		an amended return	n/report	a short p	ort plan year return/report (less than 12 months)								
C Check box if filing under: Form 5558 automatic extension							☐ DFVC prog	ram					
		special extension											
Part	II Basic Plan Inform	ation - enter all requ	ested infor	rmation									
1a Name of plan							Three-digit						
LARSEN TRANSFER COMPANY							plan number (PN)	001					
401	(K) PLAN					1c	Effective date of plan						
						01/01/1996							
2a Plar	n sponsor's name and address; i	nclude room or suite nur	nber (employ	yer, if for sing	gle-employer plan)	2b Employer Identification Number (EIN)							
TRI	CITY UNITED IN	C.					91-1087817						
						2c							
220	WELLHOUSE LOOP					509	9 943 9139						
						2d	Business code (see instruc	ctions)					
RICH	HLAND	<u>W</u> A 993	352				484120						
3a Pla	n administrator's name and a	address X Same as	Plan Spor	nsor.		3b	Administrator's EIN						
						3с	3c Administrator's telephone number						
							Administrator's telephone	number					
4 If the	e name and/or EIN of the pla	n sponsor has change	ed since the	e last return	/report filed for this	4b	EIN						
plan, enter the name, EIN, and the plan number from the last return/report.													
a Sp	oonsor's name					4c	PN						
_													
5a To	otal number of participants at	the beginning of the	olan year			5a							
b To	otal number of participants at	the end of the plan y	ear			5b							
C No	umber of participants with ac	count balances as of	the end of	the plan yea	ar (defined								
be	enefit plans do not complete	this item)				5c							
d (1)	Total number of active part	cicipants at the beginn	ing of the p	olan year .		5d(1		7					
d (2)	Total number of active part	cicipants at the end of	the plan ye	ear		5d(2	2)	4					
e No	umber of participants that ter	minated employment	during the	plan year w	vith accrued								
	enefits that were less than 10					5e							
Cautio	on: A penalty for the late or	incomplete filing of	this return	/report will	be assessed unles	ss rea	sonable cause is establish	ed.					
Under	penalties of perjury and other ule SB or Schedule MB comp	r penalties set forth in pleted and signed by a	the instruc in enrolled	tions, I dec actuarv. as	well as the electron	nıned ic vers	this return/report, including sion of this return/report, an	d to the best of					
my kno	wledge and belief, it is true, o	correct, and complete		,,									
a.a.ı													
SIGN													
	Signature of plan administ	rator	Date	_	Enter name of indiv	/idual	signing as plan administrato	or					
01011													
SIGN													
Signature of employer/plan sponsor Date Ente				dividual signing as employer or plan sponsor									
Prepa	rer's name (including firm nar	me, if applicable) and	address (in	clude room	or suite number) (o	ptiona	ll) Preparer's telephone nur	nber (optional)					
L							(509) 786-2404						
BRIAN NEWHOUSE						(303) /00-240	-						
	GRIA & COMPANY,	P.S.											
	6TH STREET		250										
PROS	SSER	WA 993	350										

For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500-SF. 418571 10-13-14

Form 5500-SF (2014) v.140124

	Were all of the plan's assets during the plan year invested in eligible assets? (X Yes	☐ No	
	Are you claiming a waiver of the annual examination and report of an independent									
	(IQPA) under 29 CFR 2520.104-46? (See instructions on waiver eligibility and							X Yes	No	
	If you answered "No" to either line 6a or line 6b, the plan cannot use Forn					e Form	<u>1</u> 5500.			
	If the plan is a defined benefit plan, is it covered under the PBGC insurance program (se	e ERISA se	ection 4021)?	?	Y	es	No	Not de	termined	
_	rt III Financial Information									
7	Plan Assets and Liabilities		(a) Begi				(b	End of Ye		
<u>a</u>	Total plan assets	. 7a		26	<u>2,5</u>	77		23	7,663	
	Total plan liabilities	. 7b				+				
	Net plan assets (subtract line 7b from line 7a)	. 7c		262,577				237		
	Income, Expenses, and Transfers for this Plan Year		(a)	Amou	ınt			(b) Total		
	Contributions received or receivable from:									
	(1) Employers	8a(1)								
	(2) Participants	8a(2)		1	3,3	20				
_	(3) Others (including rollovers)	8a(3)								
	Other income (loss)	. 8b		2	9,8	50	STAT	EMENT		
<u>c</u>	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	. 8c						4	3,170	
d	Benefits paid (including direct rollovers and insurance premiums to provide								973/7	
	benefits)	. 8d		6	7,4	34	STAT	EMENT	2	
<u>e</u>	Certain deemed and/or corrective distributions (see instructions)	. 8e								
f	Administrative service providers (salaries, fees, commissions)	. 8f			6	50	STAT	EMENT	3	
g	Other expenses	. 8g								
<u>h</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)	. 8h							8,084	
<u>_i</u> _	Net income (loss) (subtract line 8h from line 8c)					4,914				
	Transfers to (from) the plan (see instructions)	. 8j								
	rt V Compliance Questions									
10	During the plan year:				Yes	No		Amount		
а	Was there a failure to transmit to the plan any participant contributions within the time			1						
	in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correc		ram.)	10a		Х				
b	Were there any nonexempt transactions with any party-in-interest? (Do not in	nclude								
	transactions reported on line 10a.)			10b		X				
	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 fidelity bor									
_	was caused by fraud or dishonesty?			10d		Х				
е	Were any fees or commissions paid to any brokers, agents, or other persons									
	carrier, insurance service, or other organization that provides some or all of the			10e		х				
	the plan? (See instructions.)					X				
	Has the plan failed to provide any benefit when due under the plan?			10f		X				
	Did the plan have any participant loans? (If "Yes," enter amount as of year en			10g		^	7544			
n	If this is an individual account plan, was there a blackout period? (See instru	ctions		401		v				
	and 29 CFR 2520.101-3.)			10h		X			· Marie	
i	If 10h was answered "Yes," check the box if you either provided the required			40:		х				
De	of the exceptions to providing the notice applied under 29 CFR 2520.101-3			10i		Λ				
	rt VI Pension Funding Compliance	Vac " 222	inetruction	o and	comp	loto				
11	Is this a defined benefit plan subject to minimum funding requirements? (If	res, see	Instruction	is allu	comp	iete		Yes	X No	
446	Schedule SB (Form 5500) and line 11a below)	ulo SD /F	orm 5500\ I	ine 30		11a		1 1 1 6 5	praj 140	
	Enter the unpaid minimum required contribution for current year from Sched	etion 412 a	of the Code or	r section	n 302		42	X Yes	No	
<u>12</u>	Is this a defined contribution plan subject to the minimum funding requirements of sec		i ilio ooue oi	360110	11 002	1	1	F4 100	1110	
_	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicated a waiver of the minimum funding standard for a prior year is being amortized.	ad in this	nlan vear s	see ins	tructio	ons, an	d enter t	ne date of	the letter	
a			Month	.55 ///6	Da			Year		
_	ruling granting the waiver.									