_	rm 5500-SF	Bonofit Plan			oyee		OMB Nos. 1210-0110 1210-0089
	rtment of the Treasury mal Revenue Service	This form is required to be filed under sections 104 and 4065 of the Employee					2014
	epartment of Labor enefits Security Administration	Income Security Act of 1974 (E	57(b) and 6058(a) of the b).	Internal	This F	orm is Open to lic Inspection	
Pension Be	enefit Guaranty Corporation	Complete all entries in acc	cordance with the instr	ructions to the Form 55	500-SF.		IC inspection
Part I		Identification Information	-	and anding 11	120/201	<u>_</u>	
For calenua		cal plan year beginning 01/01/2015			/ <u>30/2015</u> (Eilers c		w must attach a list
	turn/report is for: urn/report is	a one-participant plan the first return/report an amended return/report	of participating employ a foreign plan the final return/report	lan (not multiemployer) (yer information in accord n/report (less than 12 mo	dance w	-	
		□ Form 5558	automatic extension		Г	DFVC progra	m
C Check t	box if filing under:				L		
		special extension (enter descripti	-				
Part II		rmation—enter all requested inforr	nation				
1a Name		REMENT SAVINGS PLAN				Three-digit plan number	
	JUATES 401(IX) IXE TI	CEMENT SAVINGO FLAN				(PN)	002
					· · · · ·	Effective date of	•
	ponsor's name and add	dress; include room or suite number (G ASSOCIATES, INC.	(employer, if for a single-	employer plan)		Employer Identif	fication Number
					2c Sponsor's telephone number		
20300 WOOD RD N.E., SUI	DINVILLE-SNOHOMISH ITE A	đ			2d F	425-41 Business code (See instructions)
	LE, WA 98072				24 -	54136	
3a Plan ad	dministrator's name and	d address XSame as Plan Sponsor.			3b A	Administrator's	EIN
		plan sponsor has changed since the nber from the last return/report.	e last return/report filed fo	or this plan, enter the	4b E	EIN	
	or's name				4c F	PN	
		at the beginning of the plan year			5a		78
		at the end of the plan year			5b	J	0
comple	ete this item)	account balances as of the end of the			5c		0
d(1) Tota	al number of active part	ticipants at the beginning of the plan	year		5d(1))	47
d(2) Tota	al number of active par	ticipants at the end of the plan year			5d(2	2)	0
		rminated employment during the plar			5e		0
		or incomplete filing of this return/re			ise is e	stablished.	
Under pena SB or Sche	alties of perjury and oth	ner penalties set forth in the instruction ad signed by an enrolled actuary, as w	ons, I declare that I have	examined this return/rep	port, incl	cluding, if application	
SIGN	Filed with authorized/v	valid electronic signature.	12/22/2015	JEFFREY L. COX		<u> </u>	
HERE	Signature of plan ad	Iministrator	Date	Enter name of individu	ual sign	ing as plan adn	ninistrator
SIGN HERE	ļ			<u> </u>			
	Signature of employ		Date	Enter name of individu			
Preparers	hame (including inm ha	ame, if applicable) and address (inclu		1) (optional)			number (optional)

6a	6a 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			•	,		X	Yes 🗌	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								NO
C	If the plan is a defined benefit plan, is it covered under the PBGC in					-		t determin	ed
	t III Financial Information			, , .		100			ou
7	Plan Assets and Liabilities	_	(a) Beginning of Yea		_		(b) End of Y	ear 0	
<u>a</u>	Total plan assets	7a	00004	601	_			0	
	Total plan liabilities	7b	56364	105	_			0	
	Net plan assets (subtract line 7b from line 7a)	7c		601	_				
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b) Total		
а	Contributions received or receivable from: (1) Employers	8a(1)	516	600					
	(2) Participants	8a(2)	1647	788					
	(3) Others (including rollovers)	8a(3)							
b	Other income (loss)	8b	-453	331					
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						171057	
	Benefits paid (including direct rollovers and insurance premiums								
	to provide benefits)	8d	57900)53					
е	Certain deemed and/or corrective distributions (see instructions)	8e	146	680					
f	Administrative service providers (salaries, fees, commissions)	8f							
g	Other expenses	8g	28	309					
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h						5807542	
i	Net income (loss) (subtract line 8h from line 8c)	8i						5636485	
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	feature co	des from the List of Plan Chara	acteris	stic Co	odes in	the instruction	s:	
	2E 2G 2J 2T 3D								
b	If the plan provides welfare benefits, enter the applicable welfare fe	eature cod	es from the List of Plan Chara	cterist	ic Coc	des in t	he instructions:		
Par	V Compliance Questions								
10	During the plan year:				Yes	No	۸۳	ount	
	Was there a failure to transmit to the plan any participant contribu	tions withi	a the time period described in		103	NO	Am	ount	
u	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu			10a		Х			
b	Were there any nonexempt transactions with any party-in-interest		-						
	on line 10a.)			10b		Х			
C	Was the plan covered by a fidelity bond?			10c	Х			500	0000
d						×			
	or dishonesty?			10d		Х			
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			5	5971
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 a	s of year e	nd.)	10g	Х				0
h	If this is an individual account plan, was there a blackout period?	(See instru	ctions and 29 CFR			X			
	2520.101-3.)			10h		X			
i	If 10h was answered "Yes," check the box if you either provided th			401					
	exceptions to providing the notice applied under 29 CFR 2520.101-3								
Part			× • • • • • •		<u> </u>				
11	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)							Yes	No
	Enter the unpaid minimum required contribution for current year fr	om Sched	ule SB (Form 5500) line 39			11a	_	, <u> </u>	
12	Is this a defined contribution plan subject to the minimum funding	•		e or se	ction	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 tl Day		-	

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 of negative amount)	a 	12d				
e Will the minimum funding amount reported on line 12d be met by the funding deadline?			Ye	s	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?		XY	res 🗌	No		
If "Yes," enter the amount of any plan assets that reverted to the employer this year		13a				0
b Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought uno of the PBGC?	der the co	ontrol			X Yes	No
C If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the which assets or liabilities were transferred. (See instructions.)	plan(s) to	D				
13c(1) Name of plan(s):	13	c(2) El	IN(s)		13c(3)	PN(s)
Part VIII Trust Information (optional)				I		
14a Name of trust	1	4b ⊺	rust's E	IN		

Form 5500-SF	Short Form Annu	/ee	OMB Nos. 1210-0110 1210-0089					
Department of the Treasury Internal Revenue Service	This form is required to be file	amant .	2014					
Department of Labor Employee Benefits Security Administration	Income Security Act of 1974	This form is required to be filed under sections 104 and 4065 of the Employee Retiremen Income Security Act of 1974 (ERISA), and sections 6057(b) and 6058(a) of the Internal						
Pension Benefit Guaranty Corporation	- b Complete all entries in	Revenue Code (the Code). Complete all entries in accordance with the instructions to the Form 5500-SF.						
Part I Annual Report	Identification Information	accordance with the institut	cuons to the Form 5500	Por.				
For calendar plan year 2014 or fis	scal plan year beginning 01/01	1/2015	and ending 11/3	30/2015				
A This return/report is for:	a single-employer plan a one-participant plan		n (not multiemployer) (Fil r information in accordan					
B This return/report is	the first return/report	X the final return/report						
	an amended return/report	a short plan year return/	report (less than 12 mont	ths)				
C Check box if filing under:	ax if filing under: Form 5558 automatic extension							
	special extension (enter desc	ription)		6				
Part II Basic Plan Info	mation-enter all requested in	formation						
1a Name of plan	rination-enter an requested in			b Three	finit			
TRIAD ASSOCIATES 401(k) RETI	IREMENT SAVINGS PLAN		1		number	002		
			1		live date of /1991	plan		
2a Plan sponsor's name and add IRIAD ENGINEERING & PLANNIN	dress; Include room or suite numb NG ASSOCIATES, INC.	er (employer, if for a single-e	mployer plan) 2	2b Emplo		ication Number 31		
			2	2c Spon		hone number		
0300 WOODINVILLE-SNOHOMIS	SH RD. N.E.			2d Busin	we will be a set of the	415-2043 see instructions)		
SUITE A				au bushi		aga manocaona)		
VOODINVILLE, WA 98072				54136	0			
NOODINVILLE, WA 98072 3a Plan administrator's name an	id address XSame as Plan Spon	sor.		3b Admir	nistrator's f	EIN elephone number		
3a Plan administrator's name an			3	3b Admir 3C Admir	nistrator's f			
 3a Plan administrator's name an 4 If the name and/or EIN of the name, EIN, and the plan num 	ad address Same as Plan Spon plan sponsor has changed since other from the last return/report.		this plan, enter the	3b Admir 3C Admir 4b EIN	nistrator's f			
 3a Plan administrator's name an 4 If the name and/or EIN of the name, EIN, and the plan num a Sponsor's name 	e plan sponsor has changed since nber from the last return/report.	the last return/report filed for	this plan, enter the	3b Admir 3c Admir 4b EIN 4c PN	nistrator's f	elephone number		
 3a Plan administrator's name an 4 If the name and/or EIN of the name, EIN, and the plan num a Sponsor's name 5a Total number of participants and the plan number of participan	plan sponsor has changed since nber from the last return/report. at the beginning of the plan year .	the last return/report filed for	this plan, enter the 4	3b Admir 3c Admir 4b EIN 4c PN 5a	nistrator's f	elephone number 78		
 3a Plan administrator's name an 4 If the name and/or EIN of the name, EIN, and the plan num a Sponsor's name 5a Total number of participants and the plan number of participants with a second second	a plan sponsor has changed since ober from the last return/report. at the beginning of the plan year at the end of the plan year	the last return/report filed for	this plan, enter the 4	3b Admir 3c Admir 4b EIN 4c PN 5a 5b	nistrator's f	elephone number 78 0		
 3a Plan administrator's name and 4 If the name and/or EIN of the name, EIN, and the plan num a Sponsor's name 5a Total number of participants is b Total number of participants with a complete this item) 	a plan sponsor has changed since mber from the last return/report. at the beginning of the plan year at the end of the plan year	the last return/report filed for the plan year (defined benefi	this plan, enter the 4	3b Admir 3c Admir 4b EIN 4c PN 5a 5b 5c	nistrator's f	elephone number 78 0 0		
 3a Plan administrator's name an 4 If the name and/or EIN of the name, EIN, and the plan num a Sponsor's name 5a Total number of participants at the transment of participants with a complete this item) d(1) Total number of active participants 	e plan sponsor has changed since nber from the last return/report. at the beginning of the plan year at the end of the plan year account balances as of the end of tricipants at the beginning of the plan	the last return/report filed for the plan year (delined benefi lan year	this plan, enter the 4	3b Admir 3c Admir 4b EIN 4c PN 5a 5b 5c 5c 5d(1)	nistrator's f	elephone number 78 0 0 47		
 3a Plan administrator's name and 4 If the name and/or EIN of the name, EIN, and the plan num a Sponsor's name 5a Total number of participants is b Total number of participants with a complete this item) d(1) Total number of active participants d(2) Total number of active participants 	a plan sponsor has changed since ober from the last return/report. at the beginning of the plan year at the end of the plan year account balances as of the end of dicipants at the beginning of the plan year	the last return/report filed for the plan year (defined benefi lan year	this plan, enter the 4	3b Admir 3c Admir 3c Admir 4b EIN 4c PN 5a 5b 5c 5c 5d(1) 5d(2)	nistrator's f	2000 1000 1000 1000 1000 1000 1000 1000		
 3a Plan administrator's name and 4 If the name and/or EIN of the name, EIN, and the plan num a Sponsor's name 5a Total number of participants is b Total number of participants with a complete this item) d(1) Total number of active participants that the less than 100% vested 	a plan sponsor has changed since other from the last return/report. at the beginning of the plan year at the end of the plan year account balances as of the end of tricipants at the beginning of the plan year minated employment during the plan	the last retum/report filed for the plan year (defined benefi lan year plan year with accrued benefi	this plan, enter the 4 t plans do not t st hal were	3b Admir 3c Admir 3c Admir 4b EIN 4c PN 5a 5b 5c 5c 5d(1) 5e	histrator's t	elephone number 78 0 0 47		
 3a Plan administrator's name and 4 If the name and/or EIN of the name, EIN, and the plan num a Sponsor's name 5a Total number of participants is b Total number of participants with a complete this item) d(1) Total number of active participants of the participants are number of active participants are number of active participants and the plan number of active participants are number of participants that ten less than 100% vested	a plan sponsor has changed since mber from the last return/report. at the beginning of the plan year at the end of the plan year account balances as of the end of dicipants at the beginning of the plan rticipants at the beginning of the plan year minated employment during the plan por incomplete filling of this return	the last return/report filed for the plan year (defined benefi lan year plan year with accrued benefi in/report will be assessed u	this plan, enter the 4 t plans do not t plans do not t s that were	3bAdmin3cAdmin3cAdmin4bEIN4cPN5a5b5c5b5c5d(1)5d(2)5ee is estab	histrator's f	elephone number 78 0 0 47 0 0		
 3a Plan administrator's name and/or ElN of the name, ElN, and the plan num a Sponsor's name 5a Total number of participants is b Total number of participants with a complete this item) d(1) Total number of active part d(2) Total number of active part e Number of participants that ten less than 100% vested	e plan sponsor has changed since nber from the last return/report. at the beginning of the plan year at the end of the plan year account balances as of the end of dicipants at the beginning of the plan dicipants at the beginning of the plan year minated employment during the plan per incomplete filing of this return the penalties set forth in the instru- dicipants at uncertained sciency, a	the last retum/report filed for the plan year (defined benefi lan year plan year with accrued benefi <u>n/report will be assessed u</u> clions. I declare that I have	this plan, enter the 4 this plan, enter the 4 t plans do not ts that were nless reasonable cause xamined this return/report	3b Admin 3c Admin 4b EIN 4c PN 5a 5b 5c 5d(1) 5d(2) 5e e is estab rt. includin	lished.	elephone number 78 0 0 47 0 0 0 able, a Schedule		
 3a Plan administrator's name and 4 If the name and/or EIN of the name, EIN, and the plan num a Sponsor's name 5a Total number of participants is b Total number of participants with a complete this item) d(1) Total number of active participants of the late of participants that the less than 100% vested	e plan sponsor has changed since nber from the last return/report. at the beginning of the plan year at the end of the plan year account balances as of the end of dicipants at the beginning of the plan dicipants at the beginning of the plan year minated employment during the plan per incomplete filing of this return the penalties set forth in the instru- dicipants at uncertained sciency, a	the last retum/report filed for the plan year (defined benefi lan year plan year with accrued benefi <u>n/report will be assessed u</u> clions. I declare that I have	this plan, enter the 4 this plan, enter the 4 t plans do not ts that were nless reasonable cause xamined this return/report	3b Admin 3c Admin 4b EIN 4c PN 5a 5b 5c 5d(1) 5d(2) 5e e is estab rt. includin	lished.	elephone number 78 0 0 47 0 0 0 able, a Schedule		
 3a Plan administrator's name and 4 If the name and/or EIN of the name, EIN, and the plan num a Sponsor's name 5a Total number of participants is b Total number of participants with a complete this item) d(1) Total number of active participants of the late of participants that the less than 100% vested	a plan sponsor has changed since nber from the last return/report. at the beginning of the plan year at the end of the plan year account balances as of the end of rticipants at the beginning of the plan year minimated employment during the plan or incomplate filling of this return her penalties set forth in the instru- ner penalties set forth in the instru- d signed by an enrolled actuary, a plate	the last retum/report filed for the plan year (defined benefi lan year plan year with accrued benefi <u>n/report will be assessed u</u> clions. I declare that I have	this plan, enter the 4 this plan, enter the 4 t plans do not its that were nless reasonable cause xamined this return/report, a x Jerr name of individua	3b Admin 3c Admin 3c Admin 4b EIN 4c PN 5a 5b 5c 5d(1) 5d(2) 5e e is estab rt, includin and to the 7	lished. g, if applic best of my	relephone number 78 0 0 47 0 0 47 0 0 0 able, a Schedule knowledge and		
 3a Plan administrator's name and 4 If the name and/or EIN of the name, EIN, and the plan num a Sponsor's name 5a Total number of participants is b Total number of participants with a complete this item) d(1) Total number of active participants that ten less than 100% vested. Caution: A penalty for the late of Under penalties of perjury and oth SB or Schedule MB completed and belief, it is true, correct, and complete SIGN HERE 	a plan sponsor has changed since mber from the last return/report. at the beginning of the plan year at the end of the plan year account balances as of the end of ficipants at the beginning of the plan year minated employment during the plan or incomplete filing of this return the penalties set forth in the instru- the signed by an enrolled actuary, a alloc	the last return/report filed for the plan year (defined benefit lan year ar	this plan, enter the 4 this plan, enter the 4 t plans do not its that were nless reasonable cause xamined this return/report, a X SPILAE Enter name of individua	3b Admin 3c Admin 3c Admin 4b EIN 4c PN 5a 5b 5c 5d(1) 5d(2) 5e e is estab rt, includin and to the and to the	lished.	relephone number 78 0 0 47 0 0 47 0 0 0 able, a Schedule knowledge and 0 0		
 3a Plan administrator's name and 4 If the name and/or EIN of the name, EIN, and the plan num a Sponsor's name 5a Total number of participants at complete this item) d(1) Total number of active part d(2) Total number of active part e Number of participants that tem less than 100% vested. Caution: A penalty for the late of Under penalties of perjury and oth SB or Schedule MB completed an belief, it is true, correct, and complete the Signature of planate 	e plan sponsor has changed since nber from the last return/report. at the beginning of the plan year	the last return/report filed for the plan year (defined benefi lan year	this plan, enter the	3b Admin 3c Admin 3c Admin 4b EIN 4c PN 5a 5b 5c 5d(1) 5d(2) 5e e is estab rt, includin and to the and to the and to the and signing a	lished.	relephone number		
 3a Plan administrator's name and/or EIN of the name, EIN, and the plan num a Sponsor's name 5a Total number of participants is b Total number of participants with a complete this item) d(1) Total number of active participants that templete this item) d(1) Total number of active participants are a number of participants that templetes than 100% vested. Caution: A penalty for the late of under penalties of perjury and oth SB or Schedule MB completed an belief, it is true, correct, and complete Signature of planates of perjury and oth SB or Schedule MB completed and belief. It is true, correct, and complete signature of planates of perjury and oth SB or Schedule MB completed and belief. 	a plan sponsor has changed since mber from the last return/report. at the beginning of the plan year at the end of the plan year account balances as of the end of ficipants at the beginning of the plan year minated employment during the plan or incomplete filing of this return the penalties set forth in the instru- the signed by an enrolled actuary, a alloc	the last return/report filed for the plan year (defined benefi lan year	this plan, enter the	3b Admin 3c Admin 3c Admin 4b EIN 4c PN 5a 5b 5c 5d(1) 5d(2) 5e e is estab rt, includin and to the and to the and to the and signing a	lished.	relephone number 78 0 0 47 0 0 0 able, a Schedule knowledge and 0 0		

Form 5500-SF 2014

Pa	œ	2

6a	Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)	X Yes No
Þ	Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.)	
	If you answered "No" to either line 6a or line 6b, the plan cannot use Form 5500-SF and must instead use Form 5500.	

Pa	rt III Financial Information								
7	Plan Assets and Liabilities		(a) Beginning of Yea	r	(b) End of Year			of Year	
a	Total plan assets	7a	563648		0)	
	Total plan liabilities	7b							
	Net plan assets (subtract line 7b from line 7a)	7c	563648	5	0)	
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount		(b) Total				
а	Contributions received or receivable from:		5400						
	(1) Employers	89(1)	51600					_	
	(2) Participants	8a(2)	104/0						
	(3) Others (including rollovers) Other income (loss)	8a(3)	-4533		+				
	Total Income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8b			+	-		171057	
	Benafits paid (including direct rollovers and insurance premiums to provide benafits)	8ç8d	579005	2			<u> </u>	17 1007	
	Certain deemed and/or corrective distributions (see instructions)	80 80	1468		+				
Ť	Administrative service providers (selaries, fees, commissions)	81			+	_			
ā	Other expenses	8g	280	9	+				
	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h		<u> </u>				580754	2
<u> </u>	Net income (loss) (subtract line 8h from line 8c)	81						-563648	
Ť	Transfers to (from) the plan (see instructions)	81			+-				
Pa	t IV Plan Characteristics		i						
_	If the plan provides pension benefits, enter the applicable pension 2E 2G 2J 2T 3D	feature co	des from the List of Plan Char	acteria	stic Co	des In	the instruc	tions:	
b	If the plan provides welfare benefits, enter the applicable welfare fe	eature cod	es from the List of Plan Chara	cterist	ic Cod	es in ti	he instructi	ons:	
Par									
								<u> </u>	
10	During the plan year.	At	- 44 - 45		Yes	No		Amount	
	Was there a failure to transmit to the plan any participant contribut 29 CFR 2510.3-1027 (See Instructions and DOL's Voluntary Fidu	iciary Con	rection Program)	10a		x			
	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?	150100000000000000000000000000000000000	**************************************	10c	x				500000
d	Did the plan have a loss, whether or not reimbursed by the plan's or dishenesly?	fidelity bo	nd, that was caused by fraud	10d		x			
e	Were any fees or commissions paid to any brokers, agents, or oth	er person	s by an insurance carrier,						
	insurance service, or other organization that provides some or all instructions.)	of the ben	efits under the plan? (See	10e	x				5971
f	Has the plan failed to provide any benefit when due under the plan			101		x			
<u> </u>	Did the plan have any participant loans? (If "Yes," enter amount a	s of year e	nd.)	10g	х				0
h	If this is an individual account plan, was there a blackout period? 2520.101-3.)	(See instri	ictions and 29 CFR	tOh		×			
i		he require	d notice or one of the	101					
Part					<u> </u>				
11	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)	ents? (If "	Yes," see instructions and con	nplete	Sche	dule Sl	3 (Form	1 Yes	5 🗌 No
11a	Enter the unpaid minimum required contribution for current year fr	rom Schec	lule SB (Form 5500) line 39			11a			
12	Is this a defined contribution plan subject to the minimum funding	requirem	ents of section 412 of the Cod	e or s	ection	<u>302 of</u>	ERISA?	Yea	No X
	(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 amontiz	ed in this plan year, see instru	nth	, and	enter ti Day		the letter n Year	uling

	Form 5500-SF 2014	Page 3 - 1		
H	you completed line 122, complete lines 3, 9, and 10 of Schedule MB (For	m 6500), and skip to line 13.		
	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 negative amount)	t (enter a minus sign to the left o	fa dad	
	Will the minimum funding amount reported on line 12d be met by the funding			Yes No N/A
Part	VII Plan Terminations and Transfers of Assets			
1 3a	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 t			0
b	Were all the plan assets distributed to participants or beneficiaries, transferr of the PBGC?	ed to another plan, or brought u	nder the control	X Yes No
¢	if during this plan year, any assets or liabilities were transferred from this pla which assets or liabilities were transferred. (See instructions.)			
1	3c(1) Name of plan(s):		13c(2) El	N(s) 13c(3) PN(s)
Part	VIII Trust Information (optional)	I		
14a I	Name of trust		14b T	rust's EIN
			1	