_	rm 5500-SF	Short Form Annual	of Small Empl	OMB Nos. 121 121						
	rtment of the Treasury mal Revenue Service	This form is required to be filed ur	1065 of the Employee R	etireme	2014					
	epartment of Labor enefits Security Administration	Interna	orm is Open to							
Pension Be	Pub	lic Inspection								
Part I		dentification Information		and and fam. 00	1001004	-				
For calend	ar plan year 2014 or fisc			6	/30/201					
	A This return/report is for:       a single-employer plan       a multiple-employer plan (not multiemployer) (Filers checking this box must attach a li of participating employer information in accordance with the form instructions)         B This return/report is       the first return/report       a foreign plan         B This return/report is       the first return/report       the first return/report									
	box if filing under:	Form 5558			[	DFVC progra	am			
Part II		mation—enter all requested inform	ation							
<b>1a</b> Name LIGHTING (	-	101(K) PROFIT SHARING PL				Three-digit plan number (PN) ▶	001			
						Effective date c	f plan /2003			
	ponsor's name and addr ROUP NORTHWEST, I	ress; include room or suite number (e NC.	mployer, if for a single	-employer plan)		(EIN) 47-08	fication Number			
5700 6TH AV	/E S				2c	Sponsor's telep 206-29	bhone number 8-9000			
STE 215 SEATTLE, W	/A 98108-2511				2d		siness code (see instructions) 425120			
	<b>3c</b> Administrator's telephone number									
		plan sponsor has changed since the l ber from the last return/report.	ast return/report filed for	or this plan, enter the	4b					
· · · ·	or's name				4c					
		t the beginning of the plan year			52		34			
C Numb	er of participants with ac	t the end of the plan year ccount balances as of the end of the p	plan year (defined bene	efit plans do not	5b 5c		32			
		cipants at the beginning of the plan y			5d(1		32			
<b>d(2)</b> Tot	al number of active parti	cipants at the end of the plan year			5d(	-	34			
		minated employment during the plan			5e	•	3			
Caution: A Under pena SB or Sche	A penalty for the late or alties of perjury and othe	r incomplete filing of this return/rep or penalties set forth in the instruction I signed by an enrolled actuary, as we	oort will be assessed s, I declare that I have	unless reasonable cau examined this return/rep	port, ind	cluding, if applic				
SIGN		alid electronic signature.	01/28/2016	CHRISTOPHER BREI	DL					
HERE	Signature of plan ad	ministrator	Date	Enter name of individ	ual sigr	ning as plan adı	ministrator			
SIGN HERE										
	Signature of employe	er/plan sponsor me, if applicable) and address (incluc	Date	Enter name of individ			er or plan sponsor number (optional)			
	name (moloung lift) fla	איז		α γ (ορτιστιαι)						

l

	Were all of the plan's assets during the plan year invested in eligib		, ,				X Yes No			
D	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			`			X Yes No			
	If you answered "No" to either line 6a or line 6b, the plan cann	ot use Fo	rm 5500-SF and must instead	d use	Form	5500.				
С	C If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)? Yes No INO determined									
Pa	rt III Financial Information									
7	Plan Assets and Liabilities		(a) Beginning of Yea	ır			(b) End of Year			
а	Total plan assets	. 7a	28863	818			2689762			
b	Total plan liabilities	. 7b								
С	Net plan assets (subtract line 7b from line 7a)	7c	28863	818			2689762			
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b) Total			
а	Contributions received or receivable from: (1) Employers	. 8a(1)	1165	543						
	(2) Participants	8a(2)	1653	866						
	(2) Tancipants	8a(3)	229	911						
b		8b	529	)44						
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c					357764			
d	Benefits paid (including direct rollovers and insurance premiums	. <del>.</del>			_		001101			
	to provide benefits)	. 8d	1379	921						
е	Certain deemed and/or corrective distributions (see instructions)	8e								
f	Administrative service providers (salaries, fees, commissions)	. 8f	166	64						
g	Other expenses	. 8g								
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h					154585			
i	Net income (loss) (subtract line 8h from line 8c)	8i					203179			
j	Transfers to (from) the plan (see instructions)	8j	-3997	'35						
Pa	Part IV Plan Characteristics									
9a	9a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 2A 2E 2F 2G 2J 2K 2T 3D									
b	If the plan provides welfare benefits, enter the applicable welfare fe	eature cod	les from the List of Plan Charac	cterist	tic Coo	des in t	he instructions:			
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					×				
b	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fide Were there any nonexempt transactions with any party-in-interest	t? (Do not	include transactions reported	10a		~				
	on line 10a.)			10b 10c	Х	X	1000000			
d							100000			
	or dishonesty?					Х				
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 pla	n?		10f		Х				
g	Did the plan have any participant loans? (If "Yes," enter amount a	s of year e	end.)	10g	х		80325			
h	<ul> <li>If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)</li> </ul>									
i	If 10h was answered "Yes," check the box if you either provided the	he require	d notice or one of the	10h 10i	х					
Par	exceptions to providing the notice applied under 29 CFR 2520.101-3									
11										

 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
 Yes
 No

(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)

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					
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 (enter a minus sign to the left of a negative amount)	12d					
е	Will the minimum funding amount reported on line 12d be met by the funding deadline?		Yes	No	N/A		
Part	/II Plan Terminations and Transfers of Assets						
13a	Has a resolution to terminate the plan been adopted in any plan year?	י 🗌 י	res X 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 under the of the PBGC?	control		Yes	X No		
С	If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) which assets or liabilities were transferred. (See instructions.)	to					
1	Bc(1) Name of plan(s):   1	3 <b>c(2)</b> El	N(s)	13c(3) PN(s)			
MAL	CAR NORTHWEST INC 401K PROFIT SHARING PLAN 83-040	1038		001			
Part	VIII Trust Information (optional)						
14a N	lame of trust	<b>14b</b> ⊺⊧	rust's EIN				

Form 5500-SF	Short Form Annu	al Return/Report Benefit Plan	of Small Empl	oyee	c	OMB Nos. 1210-0110 1210-0089		
Department of the Treasury Internal Revenue Service	This form is required to be file		1065 of the Employee R	etirement	2014			
Department of Labor Employee Benefits Security Administration	Income Security Act of 1974	(ERISA), and sections 605 Revenue Code (the Code		Internal	This Form is Open to			
Pension Benefit Guaranty Corporation	500-SF.	Publi	c Inspection					
	entification Information							
For calendar plan year 2014 or fisca	7	07/01/2014	and ending	06/	/30/201	5		
A This return/report is for:	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 m	dance with th				
C Check box if filing under:	Form 5558 special extension (enter descri	automatic extension			VC program	n		
Part II Basic Plan Inform	nation-enter all requested info	ormation						
1a Name of plan				1b Three	e-digit			
LIGHTING GROUP NORTHW	EST 401(K) PROFIT S	SHARING PL		plan r	number	0.01		
	Lot for (R) filorif b			(PN)	tive date of	001		
					1/2003	plan		
<b>2a</b> Plan sponsor's name and addre LIGHTING GROUP NORTHW		er (employer, if for a single-	employer plan)		oyer Identifi 47-0882	cation Number		
						one number		
5700 6TH AVE S				(206) 298-9000				
STE 215				2d Business code (see instructions)				
SEATTLE <b>3a</b> Plan administrator's name and a	addross Meamo as Plan Shone	WA	98108-2511	425120 3b Administrator's EIN				
		01.			instration 5 L	111		
						lephone number		
<ul> <li>If the name and/or EIN of the plan number</li> <li>a Sponsor's name</li> </ul>	an sponsor has changed since t er from the last return/report.	the last return/report filed fo	or this plan, enter the	4b EIN 4c PN				
5a Total number of participants at	the beginning of the plan year			5a		34		
<b>b</b> Total number of participants at				5b		32		
C Number of participants with acc	count balances as of the end of the	he plan year (defined bene	fit plans do not	5c		32		
d(1) Total number of active partic				5d(1)				
d(2) Total number of active partic	ipants at the end of the plan vea	١٢		5d(2)		34		
e Number of participants that term	fits that were	5e	*****					
				I		3		
Caution: A penalty for the late or i Under penalties of perjury and other SB or Schedule MB completed and belief, it is true, correct, and completed	penalties set forth in the instruct signed by an enrolled actuary, as	tions, I declare that I have e	examined this return/rep	ort, including	g, if applica			
SIGN lee	2El	1-27-2016	CHRISTOPHER BE	REDL				
HERE Signature of plan adm	inistrator	Date	Enter name of individu	al signing a	s plan admi	nistrator		
SIGN								
HERE Signature of employe		Date	Enter name of individu	al signing a	s employer	or plan sponsor		
Preparer's name (including firm nam	e, if applicable) and address (inc	clude room or suite number	r ) (optional)	Preparer's	telephone n	umber (optional)		

6a	Were all of the plan's assets during the plan year invested in eligit	le assets?	' (See instructions.)					X Ye	s 🗌 No
b	Are you claiming a waiver of the annual examination and report of							<b>.</b>	<u>п</u>
	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							X Ye	s 🗌 No
С	If the plan is a defined benefit plan, is it covered under the PBGC in							Not dete	rmined
phone i a prime i a p	rt III Financial Information				L	1.00		Thor doce	
7	Plan Assets and Liabilities	Γ	(a) Beginning of Ye			aliya manga kanana	(b) End	of Voor	
(ministration)	Total plan assets	7a	2,88		1.8	Notes and an a second			89,762
	Total plan liabilities	7b	2,00	0,01	<u> </u>	to anti-metri anno anglet		270	00,102
	Net plan assets (subtract line 7b from line 7a)	7c	2,88	6.31	18	indosta Gószandon		2.6	89,762
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount		interference gegeneren ten	(b) T			
а	Contributions received or receivable from:	İ	ระสารารารระบาทการการการการการการที่สารที่สี่สารการการการการการการการการการการการการกา						i Contracto de Calence de
gelasti filo dej mistar	(1) Employers	8a(1)		6,54		anteratoriane a	ana ang kaling tang kalang		
nonas qubratum	(2) Participants	8a(2)		5,36		transie de colorie de colorie		nietienen maarko anvera	
	(3) Others (including rollovers)	8a(3)		2,91		an a			
patrophotologistication	Other income (loss)	8b	5	2,94	14	testamontostost	andergeniterinen sin Seinen sein	Normal Contract of Contracting Street	
lenteren begeneteren an	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c				ada di paranci qui a		3	57,764
a	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	13	7,92	21				
е	Certain deemed and/or corrective distributions (see instructions)	8e				genzenstiyetninisidete	an this and a state of the particular	al de recte de la constant de la co	
f	Administrative service providers (salaries, fees, commissions)	8f	1	6,66	54	sinterina kinenpro	****	and the second secon	
q	Other expenses	8g					analahan dalah karang dalam dalam sebahan sebahan sebahan karang dalam karang dalam sebahan sebahan sebahan se		
AND DESCRIPTION OF THE OWNER	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h		alla segunak daga kere	+	ininoistan page	inionistamanisti anninteensi	1	54,585
i	Net income (loss) (subtract line 8h from line 8c)	8i			十	dentan ing second and and	****		03,179
j	Transfers to (from) the plan (see instructions)	8j	-39	9.73	35		nanan ing kananan kananan kanang		
Par	t IV Plan Characteristics	ĭ							
9a	If the plan provides pension benefits, enter the applicable pension 2A 2E 2F 2G 2J 2K 2T 3D	feature co	des from the List of Plan Char	acteri	stic Co	odes in	the instruc	tions:	
b	If the plan provides welfare benefits, enter the applicable welfare fe	eature code	es from the List of Plan Chara	cterist	tic Coo	des in t	he instructi	ons:	the dop of a lot of a subject to
Parl	V Compliance Questions	adı da anış yarak da anış da a	gennes sen andere generationen dat versen er andere geden en er andere er andere er andere er andere er andere	iya ya ku		and a state of the state of the			
10	During the plan year:	and the support of the	nterna heli manterna manterna de contra m	ana ana ang ang ang ang ang ang ang ang	Yes	No	T	A	*****
part can be de la companya de la comp	Was there a failure to transmit to the plan any participant contribut	tions withir	the time period described in	<b></b>	103		+	Amount	
	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			1,0	00,000
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	and the second state in the second state of th						Designation and a second s	iggijaatterintystelen onterpetistelen.
taaning takan kanaga sa	insurance service, or other organization that provides some or all of the benefits under the plan? (See instructions.)					х		***	und the manufacture state of the second
f	Has the plan failed to provide any benefit when due under the plan?					Х			
g	g Did the plan have any participant loans? (If "Yes," enter amount as of year end.)								80,325
h	h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)								
I	If 10h was answered "Yes," check the box if you either provided th exceptions to providing the notice applied under 29 CFR 2520.101	ne required	notice or one of the	10i	X				
Part	VI Pension Funding Compliance	dejetetetetetetetetetete	da mini kina dan di kina di kata mangan da kan ng kina kan ng kina kan kata kata kan kan kan kan kan kan kan k		lation proposition				nter for any send that yes all the balances
11	Is this a defined benefit plan subject to minimum funding requireme 5500 and line 11a below)	ents? (If "\	es," see instructions and com	plete	Schedi	ule SB	(Form	∏ Yes	🕅 No
11a	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 r						ERISA?	Yes	X No
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,			a an				needittellasponnessone	
а	If a waiver of the minimum funding standard for a prior year is bein granting the waiver				, and e	enter th		ne letter ru Vear	ling

	Form 5500-SF 2014	Page 3 -							
lf y	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					
	Subtract the amount in line 12c from the amount in line 12b. Enter the result ( negative amount)		ofa	12d					
e	Will the minimum funding amount reported on line 12d be met by the funding	deadline?			Yes	No	N/A		
Part \	/II Plan Terminations and Transfers of Assets								
13a ⊦	las a resolution to terminate the plan been adopted in any plan year?			Υ	'es 🛛 N	lo	dan da martinga sa karanga kara		
provide and a second	If "Yes," enter the amount of any plan assets that reverted to the employer thi	s year		13a					
	Were all the plan assets distributed to participants or beneficiaries, transferred of the PBGC?		under the o	control		] Yes	No No		
	If during this plan year, any assets or liabilities were transferred from this plan which assets or liabilities were transferred. (See instructions.)	n to another plan(s), identify t	he plan(s)	o					
13	Sc(1) Name of plan(s):		1	3c(2) El	N(s)	13c(3)	PN(s)		
MALCA	AR NORTHWEST INC 401K PROFIT SHARING PLAN								
	-		83	-0401	.038	00	)1		
Part \	/III Trust Information (optional)								
<b>14a</b> N	ame of trust			14b Tr	ust's EIN				

## Attachment to 2014 Form 5500 Form 5500-SF Multiple Employer Plan Participating Employer Information

Plan Name	LIGHTING	GROUP	NORTHWEST	401(K)	PROFIT	SHARING	PL	EIN:	47-0882730
Plan Sponso	or's Name	LIGHT	ING GROUP	NORTHWE	EST, INC	4 / •		PN:	001

Name of participating employer	EIN	Percent of Total Contributions
ALCAR NORTHWEST, INC	83-0401038	7.4
		anatorisk han sa den se den se den se den se seriet se ter beser betre se betre seriet se se
		n je na poslavni konstru na konstru do na konstrukcio na konstrukcio de sporovane possa post
		n en neu an de communal de processe de processe de communation de communation de la proper de processes de la m
		an hy Domine any official in the Control of C
		al fan dy de fan yn Sinn fryf fan i'r anwr effin fan yn yr yn fan yn yn yr fan nyf fan syfar yn yn yn yn yn yn
		nt in man de angel de mession de state innen de politicie de la de la de man de ser anno presidente constante p
		alazar dinaz mallanen personan anterneti nue erekon del nen orteken eta seko kapan ana anterneti seko anterneti
		nie de service de la constant de viere en propriet de la constant a constant de la constant de la constant de s
		er med han heften Mardel, fra út fan an fan Skillen Spiner (benen hefter in sener se en sener se sener se fers
		nt for all a constant of the framework and an and the group of the second state of the
	1991 - 1992 -	nen gehann a deir an
		n da kan manangan kanangan kan kan kan kan kan kan kan kan kan k
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		na ing mina pangkanan na panangkanan na panangkanan pangkanan na pangkanan pangkanan panangkanan pangkanan pan Na na pangkanangkanangkanangkanangkanangkanangkanangkanangkanangkanangkanangkanangkanangkanangkanangkanangkanang
		alan ya Malana ya Kata
		terna ang menakakan merupakan merupakan merupakan merupakan merupakan merupakan merupakan merupakan merupakan m
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## Attachment to 2014 Form 5500 Form 5500-SF Multiple Employer Plan Participating Employer Information

Plan NameLIGHTING GROUP NORTHWEST 401(K) PROFIT SHARING PLEIN: 47-0882730Plan Sponsor's NameLIGHTING GROUP NORTHWEST, INC.PN: 001

Name of participating employer	EIN	Percent of Total Contributions
MALCAR NORTHWEST, INC	83-0401038	7.40