-	rm 5500-SF	Short Form Annua	al Return/Report Benefit Plan	of Small Emplo	oyee	OMB Nos. 1210-0110 1210-0089
	artment of the Treasury ernal Revenue Service	This form is required to be filed	under sections 104 and 4			2014
	Department of Labor Benefits Security Administration	Income Security Act of 1974 ((ERISA), and sections 605 Revenue Code (the Code)		Internal	This Form is Open to
Pension B	Benefit Guaranty Corporation	Complete all entries in a	ccordance with the instru	uctions to the Form 55	500-SF.	Public Inspection
Part I		Identification Information	1.4	and anding OC	120/2015	
For calend	dar plan year 2014 or fis		-	H	/30/2015	line this have such attach a list
	eturn/report is for: turn/report is	 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	an (not multiemployer) (yer information in accord n/report (less than 12 mo	dance with	cking this box must attach a list the form instructions)
C Check	box if filing under:	Form 5558	automatic extension)FVC program
Part II	Basic Plan Infor	rmation—enter all requested info	ormation			
1a Name LINCOLN M					(PN	number
	sponsor's name and add	dress; include room or suite number O., INC.	r (employer, if for a single-	employer plan)	-	oloyer Identification Number
8420 S 190	LN MOVING & STORAGE CO., INC. (EIN) 91-0295590 2c Sponsor's telephone number 425-251-5900 425-251-5900					
KENT, WA 9				2d Busi	iness code (see instructions) 493100	
3a Plan a	administrator's name an	d address XSame as Plan Sponso	 nr		3b Adm	ninistrator's EIN
4 If the	name and/or EIN of the	plan sponsor has changed since th	he last return/report filed fc	or this plan, enter the	4b EIN	iinistrator's telephone number
	e, EIN, and the plan num sor's name	nber from the last return/report.		·	4c PN	
		at the beginning of the plan year			5a	109
		at the end of the plan year			5b	93
		account balances as of the end of th		-	5c	48
d(1) Tot	tal number of active part	ticipants at the beginning of the plan	n year		5d(1)	92
		ticipants at the end of the plan year			5d(2)	87
		rminated employment during the pla			5e	2
		or incomplete filing of this return/				
SB or Sche		ner penalties set forth in the instructi nd signed by an enrolled actuary, as plete.				
SIGN		valid electronic signature.	01/29/2016	RICK BROOME		
HERE	Signature of plan ac	Iministrator	Date	Enter name of individu	ual signing	as plan administrator
SIGN HERE	Signature of employ	ver/plan sponsor	Date	Enter name of individ	ual signing	as employer or plan sponsor
Preparer's		ame, if applicable) and address (inc				s telephone number (optional)

-	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 an independent qualified public accountant (IQPA) under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.)								
	you answered "No" to either line 6a or line 6b, the plan cannot use Form 5500-SF and must instead use Form 5500.								
С	If the plan is a defined benefit plan, is it covered under the PBGC in	isurance p	rogram (see ERISA section 40	21)?		Yes	No Not determined		
Pa	t III Financial Information								
7	Plan Assets and Liabilities		(a) Beginning of Yea	ır			(b) End of Year		
а	Total plan assets	7a	9756				1019769		
b	Total plan liabilities	7b							
С	Net plan assets (subtract line 7b from line 7a)	7c	9756	654			1019769		
8	Income, Expenses, and Transfers for this Plan Year				(b) Total				
	Contributions received or receivable from:	0-(4)	19956						
	(1) Employers	8a(1)	1056		-				
	(2) Participants	8a(2)	1000						
	(3) Others (including rollovers)	8a(3)	181	22					
	Other income (loss)	8b			_		143685		
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) Benefits paid (including direct rollovers and insurance premiums	8c			_		143003		
	to provide benefits)	8d	992	282					
е	Certain deemed and/or corrective distributions (see instructions)	8e							
f	Administrative service providers (salaries, fees, commissions)	8f							
g	Other expenses	8g	2	288					
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h					99570		
i	Net income (loss) (subtract line 8h from line 8c)	8i					44115		
j	Transfers to (from) the plan (see instructions)	8j							
Par	t IV Plan Characteristics	(from) the plan (see instructions)							
9a									
	2E 2H 2J 2K 3D 2T								
D	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		
а	Was there a failure to transmit to the plan any participant contribu	tions withi	n the time period described in						
	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			
С	Was the plan covered by a fidelity bond?			10c	x		100000		
d				40.1		х			
	or dishonesty? Were any fees or commissions paid to any brokers, agents, or oth			10d		~			
е	insurance service, or other organization that provides some or all instructions.)	of the ben	efits under the plan? (See	10e	×		163		
f	Has the plan failed to provide any benefit when due under the plan			10e	~	Х			
						X			
	g Did the plan have any participant loans? (If "Yes," enter amount as of year end.)					~			
	h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)					Х			
	i 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								
Part	VI Pension Funding Compliance								
11	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)								
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? Yes X No		
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,			2. 00					
	If a waiver of the minimum funding standard for a prior year is being			otiono	and	ntor th	a data of the latter ruling		

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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.				
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 onegative amount)	of a	12d		
e 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?		· 🗆 ۲	Yes 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 u of the PBGC?	inder the	control		Yes 🗙 No
C If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify th which assets or liabilities were transferred. (See instructions.)	e plan(s)	to		
13c(1) Name of plan(s):	1	3c(2) El	IN(s)	13c(3) PN(s)
Part VIII Trust Information (optional)				
14a Name of trust		14b ⊺⊧	rust's EIN	

Depa	m 5500-SF	oyee	OMB Nos. 1210-0110 1210-0089							
inter	nal Revenue Service	This form is required to be filed	etirement	2014						
Employee S	anefits Security Administration	Income Security Act of 1974 (Internal	This Form is Open to						
	anefit Gueranty Corporation	+ Complete all entries in a	ccordance with the instr	uctions to the Form 55	00-SF.	Publ	ic Inspection			
For calenda	ar plan year 2014 or fis	dentification Information cel plan year beginning 07/01/2	2014	and ending 0	6/30/2015					
		X a single-employer plan		an (not multiemployer) (kinn this ha	x must attach a list			
A This ret	um/report is for;		of participating employ	er information in accord	iance with t	he form ins	fructions}			
		a one-participant plan	a foreign plan							
	im/report is	the first return/report	the final return/report	1						
		-	a short plan year return	hreport (less than 12 mi	onths)					
C Check I	box if filing under:	U Form 5558								
special extension (enter description)										
Part II	Basic Plan Info	mationenter all requested info	mation	11-1-1-1						
18 Name	of plan IOVING & STORAGE 4	104/03/00 1331			1b Thre	e-digit				
CINCOLIN	OTING & STORAGE *				plan (PN)	number	001			
					1c Effe	tive date of	f plan			
2a Plan s	ponsor's name and add	fress; include room or suite numbe	r (emolover, if for a single,			1/1991				
LINCOLN M	OVING & STORAGE (CO., INC.	completer in tor a single-	employer plany	(EIN	91-02955	the second se			
8420 S. 190	THIST				2C Spo		hone number 251-5900			
						ness code (see instructions)			
3a Plan a		d address X Same as Plan Spons			493100 3b Administrator's EIN					
		Canalogo Donne as Lian oponsi	JI.		JU Adm	misirators	EIN			
4 lither	ame and/or EIN of the	plan sponsor has changed since th	he last return/report filed fo	or this plan, enter the	4b EIN		elephone number			
name. a Sponse	Elly, and the plan nun	ber from the last return/report.					· · · · · · · · · · · · · · · · · · ·			
		at the beginning of the plan year		······	4c PN 5a					
b Total r	umber of participants	at the end of the plan year		*********************************	5b	109				
C Numb	er of participents with a	iccount balances as of the end of t	ne plan vear (defined bene	fit plans do not	[93			
сотри	10 Ins ((em)				5c		48			
		ticipants at the beginning of the pla			5d(1)		92			
a(2) ioti 0 Numbr	al number of active par	ticipants at the end of the plan yea	Г		5d(2)		87			
less th	an 100% vested	minated employment during the pl	an year with accrued bene	fits that were	5e		2			
Caution: A	penalty for the late c	r incomplete filing of this return	report will be assessed	uniess researchie cau	ise is estal	lished.				
SB or Sche	Mues of Delinia Star Oll	d signed by an eprojed actuary as	aved I tertiare that I have	evenined this returning	السياسين اسما		able, a Schedule knowledge and			
SIGN	Matary		1/28/16	* RICK BRO	nne -	* = ~				
HERE Signature of plan administrator Date Enter name of individual signing as plan administrator										
SIGN	1					- a priori GQE				
HERE	Signature of employ	/er/plan sponsor	Date	Enter name of individ	ual signing	as employe	er of plan sonnsor			
Preparer's	Preparer's name (including firm name, if applicable) and address (include room or suite number) (optional) Preparer's telephone number (optional)									
For Paperw	ork Reduction Act Notice	a and OME Control Numbers, see the	instructions for Form 5500-	SF.			Form 5500-SF (2014)			
e 11 i	1999 - 1998 - 1998 - 1998 - 1998 - 1998 - 1998 - 1998 - 1998 - 1998 - 1998 - 1998 - 1998 - 1998 - 1998 - 1998 -						v 140494			

6a 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 at from any approximation of the plane line of the second second second second second second second second second	n indepe nd condi	ndent qualified public accounta- ions.)	nt (iQ	PA)		X Yes I No		
с	If you answered "No" to either line 6a or line 6b, the plan canno If the plan is a defined benefit plan, is it opposed under the PROC in	t use Fo	rm 5500-SF and must instead	t use	Form	5500,	— —		
Pa	If the plan is a defined benefit plan, is it covered under the PBGC ins	surance p	rogram (see ERISA section 40	21)?		Yes	No Not determined		
7			T						
	Plan Assets and Liabilities		(a) Beginning of Yea				(b) End of Year		
 	Total plan assets	78	975654	<u>+</u>			1019769		
	Total plan liabilities	7b							
8	Net plan assets (subtract line 7b from line 7a) Income, Expenses, and Transfers for this Plan Year	7c	975654	4			1019769		
	Contributions received or receivable from:		(a) Amount				(b) Total		
	(1) Employers	8a(1)	19956	3					
	(2) Participants.	8a(2)	105601	7					
	(3) Others (including rollovers)	8a(3)				-	······································		
b	Other income (loss)	8b	18122	7	-	:			
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c					440005		
d	Benefits paid (including direct rollovers and insurance premiums						143685		
	to provide benefits)	8d	99282	2		• • • •			
	Certain deemed and/or corrective distributions (see instructions)	8e							
f	Administrative service providers (salaries, fees, commissions)	8f							
<u> </u>	Other expenses	8g	280	3					
<u>h</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h					99570		
<u>i</u>	Net income (loss) (subtract line 8h from line 8c)	81	in el contra en substantista p	1.144		44115			
j	Net income (loss) (subtract line 8h from line 8c) Transfers to (from) the plan (see instructions) Si								
Pa	t IV Plan Characteristics								
b	If the plan provides pension benefits, enter the applicable pension for 2E 2H 2J 2K 3D 2T If the plan provides welfare benefits, enter the applicable welfare fea								
	V Compliance Questions			1 <i>4</i>					
10	During the plan year:				Yes	No	Amount		
	Was there a failure to transmit to the plan any participant contributi 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidure	ciary Cor	rection Program)	10a		х			
	Were there any nonexempt transactions with any party-in-interest? on line 10a.)			10b		x			
C	Was the plan covered by a fidelity bond?			10c	X		100000		
d	Did the plan have a loss, whether or not reimbursed by the plan's fi or dishonesiy?	idelity bo	nd, that was caused by fraud	10d		x			
e	Were any fees or commissions paid to any brokers, agents, or other insurance service, or other organization that provides some or all o instructions.)	er person of the ben	s by an insurance carrier, lefits under the plan? (See	10e	x		163		
f	Has the plan failed to provide any benefit when due under the plan	is the plan failed to provide any benefit when due under the plan?				х			
9	Did the plan have any participant loans? (If "Yes," enter amount as	of year (end.)	10f 10g		х			
h	If this is an individual account plan, was there a blackout period? (\$ 2520.101-3.)	See instri	actions and 29 CFR	10h		х			
1	If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.101	ariunar e	f Bolice or one of the	101					
Par					L		I		
11	Is this a defined benefit plan subject to minimum funding requireme 5500) and line 11a below)					lule St	3 (Form		
112	Enter the unpaid minimum required contribution for current year fro	m Scheo	ule SB (Form 5500) line 39			11a			
12	Is this a defined contribution plan subject to the minimum funding r	requirem	ents of section 412 of the Code	orse	ction (302 of	ERISA? Yes X No		
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, a	as applic	able.)						

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	Form 5500-SF 2014		Page 3 - 1				
<u> </u>	you completed line 12a, complete lines 3, 9, and 10 of Sc	hedule MB (Form	5600), and skip to	line 13.			
b	Enter the minimum required contribution for this plan year				125		
			**************************************		·		
<u> </u>	Enter the amount contributed by the employer to the plan fo	r this plan year			12c		
d.	Subtract the amount in line 12c from the amount in line 12b, negative amount)	. Enter the result (a	nter a minus sign	n the left of a	12d		
Ð	Will the minimum funding amount reported on line 12d be m	net by the funding o	leadline?			Yes	
Part	VII Plan Terminations and Transfers of Ass	ets				Lat	
13a	Has a resolution to terminate the plan been adopted in any plan	year?				es X No	>
	If "Yes," enter the amount of any plan assets that reverted to	o the employer this	; year		13a		
b	Were all the plan assets distributed to participants or benefit of the PBGC?	ciaries transformed	in another plan				Yes X No
c	If during this plan year, any assets or liabilities were transfe which assets or liabilities were transferred. (See instructions	rred from this plan	to another plan(s),	identify the plan(s)	to	I	
1	3c(1) Name of plan(s):			1	3c(2) El	N(s)	13c(3) PN(s)
Part	VIII Trust Information (optional)			I			
	142 Name of inst				14b Trust's EIN		

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