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 Revenue Code (the Code).

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

OMB Nos. 1210-0110
1210-0089

2014

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2014 or fiscal plan year beginning 01/01/2014 and ending 12/31/2014

A This return/report is for:
- [X] a single-employer plan
- [ ] a multiple-employer plan (not multiemployer) (Filers checking this box must attach a list of participating employer information in accordance with the form instructions)
- [ ] a one-participant plan
- [ ] a foreign plan

B This return/report is
- [ ] the first return/report
- [ ] the final return/report
- [X] an amended return/report
- [ ] a short plan year return/report (less than 12 months)

C Check box if filing under:
- [X] Form 5558
- [ ] automatic extension
- [ ] DFVC program
- [ ] special extension (enter description)

Part II Basic Plan Information—enter all requested information

1a Name of plan
SULLIVAN ENVIRONMENTAL SERVICES 401K PLAN

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 01/01/2007

2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan)
SULLIVAN ENVIRONMENTAL SERVICES

PO BOX 131486
HOUSTON, TX 77219

2b Employer Identification Number (EIN) 76-0484079

2c Sponsor's telephone number 713-880-9888

2d Business code (see instructions) 561730

3a Plan administrator's name and address [X] Same as Plan Sponsor.

3b Administrator's EIN

3c Administrator's telephone number

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

4b EIN

4c PN

5a Total number of participants at the beginning of the plan year	**5a**	115
b Total number of participants at the end of the plan year	**5b**	125
c Number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item)	**5c**	12
d(1) Total number of active participants at the beginning of the plan year	**5d(1)**	112
d(2) Total number of active participants at the end of the plan year	**5d(2)**	122
e Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	**5e**	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 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.

SIGN HERE	Filed with authorized/valid electronic signature.	02/15/2016	DONNA PUCKLY
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	02/15/2016	DONNA PUCKLY
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor

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

Preparer's telephone number (optional)

6a Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.) ..... [X] Yes [ ] No

b 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)..... [X] Yes [ ] No

If you answered "No" to either line 6a or line 6b, the plan cannot use Form 5500-SF and must instead use Form 5500.

c If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)? ..... [ ] Yes [X] No [ ] Not determined

Part III Financial Information

7 Plan Assets and Liabilities		(a) Beginning of Year	(b) End of Year
a Total plan assets	7a	170010	209344
b Total plan liabilities	7b	0	0
c Net plan assets (subtract line 7b from line 7a)	7c	170010	209344
8 Income, Expenses, and Transfers for this Plan Year		**(a) Amount**	**(b) Total**
a Contributions received or receivable from: (1) Employers	8a(1)	0	
(2) Participants	8a(2)	46304	
(3) Others (including rollovers)	8a(3)	0	
b Other income (loss)	8b	12743	
c Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c		59047
d Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	19613	
e Certain deemed and/or corrective distributions (see instructions)	8e		
f Administrative service providers (salaries, fees, commissions)	8f		
g Other expenses	8g	100	
h Total expenses (add lines 8d, 8e, 8f, and 8g)	8h		19713
i Net income (loss) (subtract line 8h from line 8c)	8i		39334
j Transfers to (from) the plan (see instructions)	8j	0	

Part IV Plan Characteristics

9a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:
2E 2F 2G 2J 2K 2T 3D

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
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)	10a		X	
b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	10b		X	
c Was the plan covered by a fidelity bond?	10c	X		18000
d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	10d		X	
e 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		X	
f Has the plan failed to provide any benefit when due under the plan?	10f		X	
g Did the plan have any participant loans? (If "Yes," enter amount as of year end.)	10g		X	
h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	10h		X	
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	10i		X	

Part VI Pension Funding Compliance

11 Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form 5500) and line 11a below)..... [ ] Yes [X] No

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 [X] No

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

a If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, and enter the date of the letter ruling granting the waiver. ..... Month _____ Day _____ Year _____

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 a negative amount)	**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?	☐ Yes ☒ 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 control of the PBGC?	☐ Yes ☒ No	

c If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)

13c(1) Name of plan(s):	**13c(2)** EIN(s)	**13c(3)** PN(s)

Part VIII Trust Information (optional)

14a Name of trust	**14b** Trust's EIN

SULLIVAN ENVIRONMENTAL SERVICES

February 15, 2016

Department of Labor

RE: 5500 late filing

To Whom It May Concern:

We would like to request a waiver of any penalties or fees associated with the late filing of the company's 2014 form 5500 due to reasonable cause. The 5500 was unsuccessfully transmitted on October 15, 2015 due to an error on the form that caused the total number of participants to be overstated, therefore, requiring an audit by a CPA. We changed record keepers effective July 1, 2015, so we filed an extension on July 30, 2015 to ensure that all of the correct data for the 5500 could be verified. The true and accurate data was sent to the third party record keeper for revision in September after several attempts to find out how to revise the data, but since they were no longer the company's payroll service, they claimed they had to make numerous revisions to correct the error. After continuous follow up on the company's part to try to resolve the issue quickly, we were finally notified on February 4, 2016 that they are unable to complete the changes that we had requested since July 2015. Had the company been notified earlier that they were unable to make the necessary corrections needed to file the 5500 properly, and that we were not required to have the record keeper file the form through their website, we would have filed manually by the October 15th deadline.

We have since contracted a new record keeper and auditor for all future filings, and have updated our payroll vendor to ensure proper filing of future form 5500's. Please contact me if there are any further questions.

Attachments:

Dated emails requesting the data to be corrected timely

Thank you,

Donna Puckly

Donna Puckly
Human Resource Manager/Plan Administrator
Sullivan Environmental Services
713-880-9888
dpuckly@sullivaninterests.com

Donna Puckly

From: Weagle, Beth (ES) <beth.weagle@ADP.com> on behalf of myksupport (ES) <Myksupport@ADP.com>
Sent: Monday, February 15, 2016 9:33 AM
To: Donna Puckly
Subject: RE: Plan 011334

Hello Donna,

I have reached out to a supervisor regarding this issue.

It is not our normal procedure but if you provide the exact information that needs to be updated on the 5500 and the participant detail report, compliance will make those changes on the form/paper only. Nothing can be updated in our systems, as the plan has transferred out.

You will also need to provide the data to your new record keeper, as the figure will not match going forward.

Please let me know if you still need assistance.

Thank you,

Bethany Weagle
Client Service Specialist II
Phone: (800) 929-2170
Fax: (973) 712-7033

ADP
Retirement Services

From: Donna Puckly [mailto:DPuckly@sullivaninterests.com]
Sent: Friday, February 12, 2016 6:09 PM
To: Mykteam (ES)
Cc: Weagle, Beth (ES); Donna Puckly
Subject: RE: Plan 011334

Thank you for these. However, I would like some explanation as to why my form 5500 was revised on November of 2015 if ADP is unable to change the data once the employer changes their record keeper? All I need is an email that states that I was not informed that ADP would be unable to process my request from until 2/4/16.

Please advise.

Thanks,
Donna

From: Garza, Sophia (ES) [mailto:Sophia.Garza@ADP.com] **On Behalf Of** Mykteam (ES)
Sent: Friday, February 12, 2016 4:53 PM
To: Donna Puckly <DPuckly@sullivaninterests.com>
Subject: Plan 011334



Sullivan Environmental Services, INC.

Plan Name: Sullivan Environmental Services, INC.
Plan Number: 011334

Dear Donna Puckly

This is Sophie from ADP with Retirement Services, I reached out with my Manager and was informed that I can provide you with the dates that you call into ADP with questions on the Final 5500 for 2014. So I collected the dates for you as follows:

30, July 2015→ 06, October 2015→ 14, October 2015→ 04, November 2015→ 13, January 2016→ and finally the 12, February 2016.

ADP appreciates the opportunity to help you with your business needs. If you have any further questions, contact us at 1-800-929-2170, email us at ADP_Retirement_Services_Client_Services@ADP.com, or access your Plan at www.mykplan.com/sponsor.

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99-3813-B-1015

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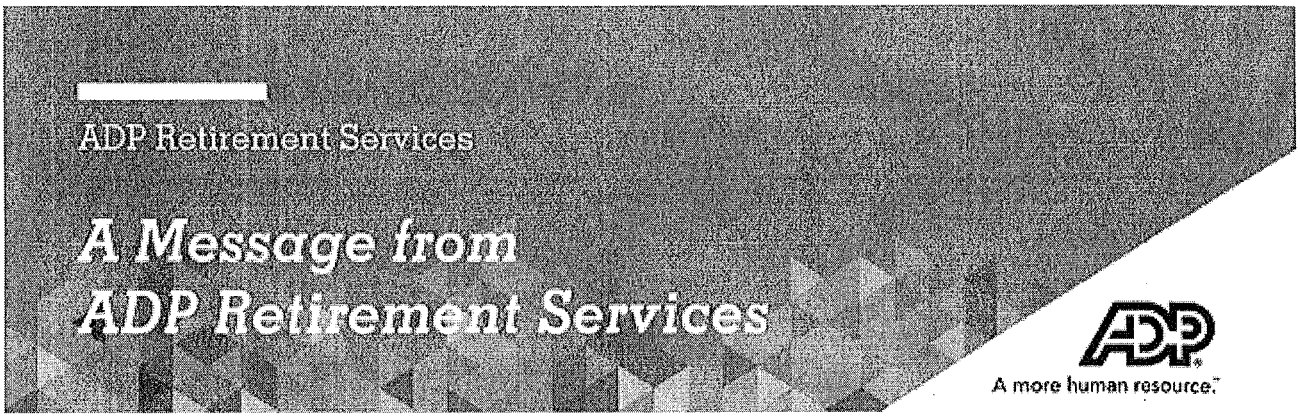
Donna Puckly

From: Weagle, Beth (ES) <beth.weagle@ADP.com> on behalf of myksupport (ES) <Myksupport@ADP.com>
Sent: Thursday, February 04, 2016 7:11 AM
To: Donna Puckly
Subject: 011334



Plan Name: Sullivan Environmental Services Inc.
Plan Number: 011334

Hello,

I am following up on case forwarded to me by Angie Mattingly, who is no longer working in client services. The case is looking to change data for the participant count on the 2014 5500 due to missing term dates. Unfortunately we are unable to accommodate as this plan has transferred to another record keeper.

As far as the 2014 5500, what I would suggest is for you to reach out to the Department of Labor at 866-463-3278. They may suggest you complete the small form by hand, using our figures and calculating & reducing the number of participants manually. Please be sure you work with your new record keeper on this, as they will need the ending participant count for 2014 be the starting count for 2015. You will want to be sure to provide these term dates to your new record keeper so they can update all of the transferred employee records.

I apologize we can't be more help. Unfortunately once the plan and all of the records leaves ADP and goes to another record keeper we cannot make changes. If you have any questions or need any further assistance, please feel free to call 800-929-2170 and/or email us.

Have a Great Day.

Sincerely,

Bethany Weagle

Client Service Specialist II

ADP Retirement Services

800-929-2170

ADP appreciates the opportunity to help you with your business needs. If you have any further questions, contact us at 1-800-929-2170, email us at ADP_Retirement_Services_Client_Services@ADP.com, or access your Plan at www.mykplan.com/sponsor.

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99-3813-B-1015

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Donna Puckly

From: Donna Puckly
Sent: Wednesday, January 13, 2016 11:08 AM
To: angie.mattingly@adp.com
Subject: FW: PLAN 011334 _ 2014 Detailed Report

Importance: High

From: Donna Puckly
Sent: Monday, December 07, 2015 12:02 PM
To: 'Smith-Contractor, Blanche (ES)'
Cc: compliance@adp.com
Subject: RE: PLAN 011334 _ 2014 Detailed Report
Importance: High

Please advise on the status of the revised 5500. As of today, it has still not been corrected.

Thank *´¨)
¸..´¸..*´¨) ¸..*¨)
(¸..´ (¸..´ * you!

Donna Puckly
Human Resource Manager
Sullivan Environmental Services, Inc.
PO Box 131486
Houston, TX 77219
O: 713.880.9888
F: 713.880.2427
C: 281.736.7538
dpuckly@sullivaninterests.com

From: Donna Puckly
Sent: Friday, November 06, 2015 2:13 PM
To: 'Smith-Contractor, Blanche (ES)'
Cc: compliance@adp.com; Donna Puckly
Subject: RE: PLAN 011334 _ 2014 Detailed Report
Importance: High

Hello,

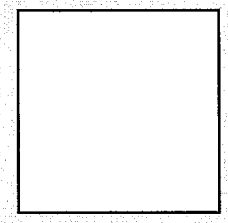
Please find a list attached that contains the termination dates of employees that need to come off the 2014 5500 report. Please revise the 5500 again once these employee are removed/corrected.

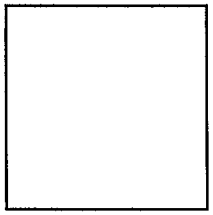
Feel free to call me with any questions.

Thank *´¨)
¸..´¸..*´¨) ¸..*¨)
(¸..´ (¸..´ * you!

Donna Puckly
Human Resource Manager
Sullivan Environmental Services, Inc.
PO Box 131486
Houston, TX 77219
O: 713.880.9888
F: 713.880.2427
C: 281.736.7538
dpuckly@sullivaninterests.com

From: Smith-Contractor, Blanche (ES) [mailto:Blanche.Smith-Contractor@ADP.com]
Sent: Wednesday, November 04, 2015 12:54 PM
To: Donna Puckly
Subject: PLAN 011334 _ 2014 Detailed Report





This is a secure, encrypted message.

To view this secure message:

Open the attachment (message_zdm.html) and follow the instructions.

Need Help?

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Donna Puckly

From: Donna Puckly
Sent: Wednesday, January 13, 2016 11:08 AM
To: angie.mattingly@adp.com
Subject: FW: PLAN 011334 _ 2014 Detailed Report
Attachments: ADP 2014 YE Compliance Data rev1.xlsx

Importance: High

From: Donna Puckly
Sent: Friday, November 06, 2015 2:13 PM
To: 'Smith-Contractor, Blanche (ES)'
Cc: compliance@adp.com; Donna Puckly
Subject: RE: PLAN 011334 _ 2014 Detailed Report
Importance: High

Hello,

Please find a list attached that contains the termination dates of employees that need to come off the 2014 5500 report. Please revise the 5500 again once these employee are removed/corrected.

Feel free to call me with any questions.

Thank *´¨)
¸..´¸..*´¨) ¸..*¨)
(¸..´ (¸..´ * you!

Donna Puckly
Human Resource Manager
Sullivan Environmental Services, Inc.
PO Box 131486
Houston, TX 77219
O: 713.880.9888
F: 713.880.2427
C: 281.736.7538
dpuckly@sullivaninterests.com

From: Smith-Contractor, Blanche (ES) [mailto:Blanche.Smith-Contractor@ADP.com]
Sent: Wednesday, November 04, 2015 12:54 PM
To: Donna Puckly
Subject: PLAN 011334 _ 2014 Detailed Report

dpuckly@sullivaninterests.com Authenticated by adp.com Valid Signature

From: blanche.smith-contractor@adp.com
To: dpuckly@sullivaninterests.com
Sent: Nov 4, 2015 1:53:58 PM EST
Subject: PLAN 011334 _ 2014 Detailed Report
Attached: 011334_DET5500 .txt (29 kb)

Blanche Smith | Client Service Specialist
Retirement Services, Elite Solutions Consultation

1-800-929-2170 *office*
Blanche.Smith-contractor@adp.com
11405 Bluegrass Parkway, Louisville, KY 40299

A more human resource.

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Donna Puckly

From: Justice-Contractor, Hannah (ES) <Hannah.A.Justice-Contractor@ADP.com> on behalf of Mykteam (ES) <Mykteam@ADP.com>
Sent: Monday, November 09, 2015 2:07 PM
To: Donna Puckly
Subject: Amended 2014 5500 Form Available (Plan # 011334)



Plan # 011334: Sullivan Environmental Services Inc.

Hello, Donna,

Your 2014 5500 Form has been revised and uploaded to the Plan Resource Center website (www.mykplan.com/sponsor). Please log on and go through the 2014 5500 Efiling Checklist to file the form on the Relius website.

For the 5500 to go through successfully, please assure that the Accountant's Opinion Letter is attached under Schedule H, Part 3, Accountant's Opinion.

If you need assistance or having any questions about your 2014 5500 form, please call 1-800-929-2170 and our client service team will assist you.

Thank you,

Your Client Service Team
ADP Retirement Services

1-800-929-2170 *office*
11405 Bluegrass Parkway, Louisville, KY 40299

A more human resource.

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Donna Puckly

From: RS-Plan-Admin@adp.com
Sent: Wednesday, November 04, 2015 8:11 AM
To: Patrick Puckly; Donna Puckly
Subject: Revised 2014 Form 5500 is ready for Review and Filing – Your action is required.

(Please do not respond to this message...it comes from an unattended mailbox.)

Plan Name: SULLIVAN ENVIRONMENTAL SERVICES 401K PLAN

Plan Number: 011334

Your retirement plan's revised 2014 Form 5500 and Related Schedules are ready for review and filing via the Plan Resource Center Website (PRC).

To view, file and get the status of your 2014 Form 5500:
- Log into the Plan Resource Center at mykplan.com/sponsor with your user ID and password.
- Go to "Tasks" on the home page, or
- Click on the Compliance tab, then Form 5500 eFiling Checklist.

If you have any questions regarding your Form 5500, online access to the Plan Resource Center or your Retirement Plan, please contact your Client Service team.

ADP Retirement Services

Donna Puckly

From: Donna Puckly
Sent: Monday, October 19, 2015 4:52 PM
To: Mykteam (ES)
Subject: RE: Plan 011334--Sullivan Environmental Services Inc.

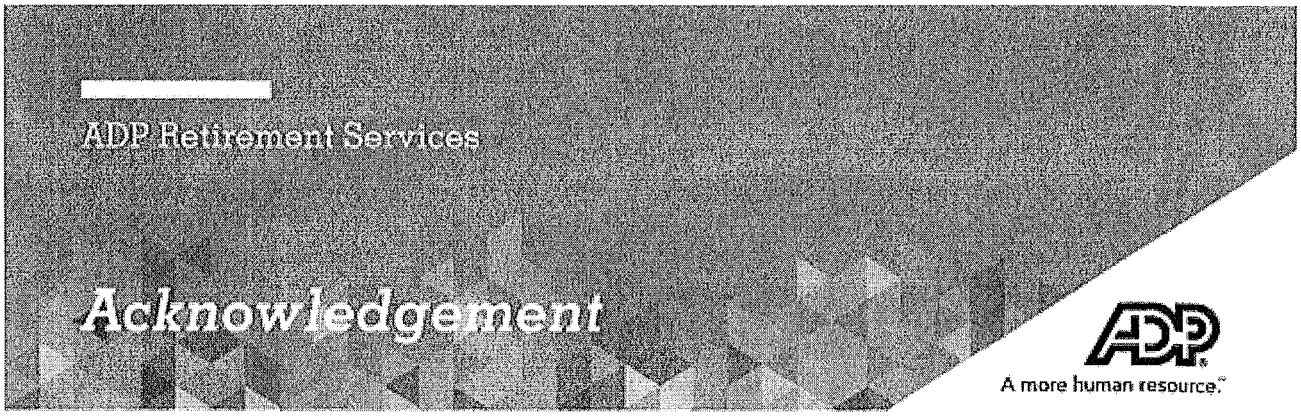
I've spoken to several different folks regarding my need to get my 5500 amended. I would appreciate someone looking over the several calls and notes on my account, and then call me with a solution.

Thank you so much for your response.

Thank *´¨)
¸..´¸..*´¨) ¸..*¨)
(¸..´ (¸..´ * you!

Donna Puckly
Human Resource Manager
Sullivan Environmental Services, Inc.
PO Box 131486
Houston, TX 77219
O: 713.880.9888
F: 713.880.2427
dpuckly@sullivaninterests.com

From: Zirnheld, Pam (ES) [mailto:Pam.Zirnheld@adp.com] **On Behalf Of** Mykteam (ES)
Sent: Monday, October 19, 2015 4:50 PM
To: Donna Puckly
Subject: Plan 011334--Sullivan Environmental Services Inc.



Plan Name: Sullivan Environmental Services Inc.
Plan Number: 011334

Dear Donna Puckly:

Thank you for your email. At this time I do not see an amended 5500. Please call Client Services at 1 800 929 2170 to discuss the changes needed to your 5500.

Thank You:

ADP appreciates the opportunity to help you with your business needs. If you have any further questions, contact us at 1-800-929-2170, email us at ADP_Retirement_Services_Client_Services@ADP.com, or access your Plan at www.mykplan.com/sponsor.

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99-3813-G-0915

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Donna Puckly

From: Donna Puckly
Sent: Friday, October 16, 2015 6:44 AM
To: compliance@adp.com
Subject: Fwd: 2014 Form 5500 Filing was Unsuccessful

Please complete the revision of the 5500 do I can file properly.

Thank you,
Donna Puckly

-------- Original message --------
From: RS-Plan-Admin@adp.com
Date: 10/16/2015 6:21 AM (GMT-06:00)
To: Patrick Puckly <ppuckly@sullivaninterests.com>, Donna Puckly <DPuckly@sullivaninterests.com>
Subject: 2014 Form 5500 Filing was Unsuccessful

(Please do not respond to this message...it comes from an unattended mailbox.)

Plan Name: SULLIVAN ENVIRONMENTAL SERVICES 401K PLAN

Plan Number: 011334

Your retirement plan's 2014 Form 5500 and Related Schedules have not been successfully filed with the Department of Labor.

Your Form 8955-SSA Filing Status will come in a separate email.

For further information regarding the status of your 2014 Form 5500:
- Log into the Plan Resource Center at mykplan.com/sponsor with your user ID and password.
- Go to "Tasks" on the home page, or
- Click on the Compliance tab, then Form 5500 eFiling Checklist

If you have any questions, please contact your Client Service team.

ADP Retirement Services

Donna Puckly

From: Donna Puckly
Sent: Monday, September 21, 2015 2:11 PM
To: compliance@adp.com
Cc: Donna Puckly
Subject: 2014 Compliance Data/Plan 011334
Attachments: ADP 2014 YE Compliance Data.xlsx

Hello,

Please find the compliance data requested attached. Please advise when testing is complete in order to file the 5500.

Thank *´¨)
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(¸..´ (¸..´ * you!

Donna Puckly
Human Resource Manager
Sullivan Environmental Services, Inc.
PO Box 131486
Houston, TX 77219
O: 713.880.9888
F: 713.880.2427
C: 281.736.7538
dpuckly@sullivaninterests.com

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