## 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

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

Revenue Code (the Code).

2014

OMB Nos. 1210-0110

1210-0089

This Form is Open to Public Inspection

| Part I                  | Annual Repor   | t identification informatio  | n                             |  |                                     |                                  |  |
|-------------------------|--|--|-------------------------------|--|-------------------------------------|----------------------------------|--|
| For calend              | lar plan year 2014 or  | fiscal plan year beginning 10/01/  | 2014                          | and ending 09  | /30/2015                            |                                  |  |
| A This re               | turn/report is for:  | X a single-employer plan   |                               | er plan (not multiemployer)<br>ployer information in accor |                                     |                                  |  |
|                         |  | a one-participant plan   | a foreign plan                |  |                                     |                                  |  |
| <b>B</b> This ret       | urn/report is  | the first return/report  | the final return/repo         | ort  |                                     |                                  |  |
|                         |  | an amended return/report   | a short plan year re          | eturn/report (less than 12 m                               | nonths)                             |                                  |  |
| C Check                 | box if filing under:   | Form 5558  | automatic extension           | on   | DFVC pr                             | ogram                            |  |
|                         |  | special extension (enter des   | cription)                     |  |                                     |                                  |  |
| Part II                 | Basic Plan Inf   | ormation—enter all requested i   | nformation                    |  |                                     |                                  |  |
| 1a Name                 |  | '  |                               |  | <b>1b</b> Three-digit               |                                  |  |
| SEVEN SIS               | TERS, INC. 401(K) F  | PROFIT SHARING PLAN  |                               |  | plan numbe                          |                                  |  |
|                         |  |  |                               |  | (PN) •                              | 001                              |  |
|                         |  |  |                               |  | 1c Effective da                     | 5/01/1981                        |  |
| 2a Plan s<br>SEVEN SIST |  | address; include room or suite num   | ber (employer, if for a sin   | gle-employer plan)   |                                     | entification Number<br>1-1133568 |  |
| 612 CLINCE              | T PARK DRIVE   |  |                               |  |                                     | elephone number<br>0-856-0842    |  |
|                         | OLLEY, WA 98284  |  |                               |  |                                     | de (see instructions)            |  |
|                         |  |  |                               |  |                                     | 38210                            |  |
| 3a Plan a               | administrator's name   | and address Same as Plan Spo   | nsor.                         |  | <b>3b</b> Administrate              | or's EIN                         |  |
|                         |  |  |                               |  | 3c Administrate                     | or's telephone number            |  |
|                         |  |  |                               |  |                                     |                                  |  |
|                         |  |  |                               |  |                                     |                                  |  |
|                         |  |  |                               |  |                                     |                                  |  |
|                         |  |  |                               |  |                                     |                                  |  |
|                         |  | he plan sponsor has changed sinc<br>umber from the last return/report.       | e the last return/report file | ed for this plan, enter the                                | 4b EIN                              |                                  |  |
|                         | sor's name   | amber from the last retain, report.  |                               |  | 4c PN                               |                                  |  |
| <b>5a</b> Total         | number of participan   | ts at the beginning of the plan year   |                               |  | 5a                                  | 12                               |  |
| <b>b</b> Total          | number of participan   | ts at the end of the plan year   |                               |  | 5b                                  | 12                               |  |
|                         |  | h account balances as of the end c   |                               |  | 5c                                  | 12                               |  |
|                         | ,  | participants at the beginning of the   | plan year                     |  | 5d(1)                               | 12                               |  |
| d(2) Tot                | tal number of active r   | participants at the end of the plan y  | ear                           |  |                                     | 11                               |  |
|                         |  | terminated employment during the   |                               |  | 5d(2)                               |                                  |  |
|                         |  |  | . ,                           |  | 5e                                  |                                  |  |
|                         |  | e or incomplete filing of this retu  |                               |  |                                     |                                  |  |
|                         |  | other penalties set forth in the instr<br>and signed by an enrolled actuary, |                               |  |                                     |                                  |  |
|                         | true, correct, and cor   | · · · · · · · · · · · · · · · · · · ·  | do wen do the electronic      | version of this retain, repor                              | t, and to the best of               | Thy knowledge dild               |  |
| SIGN                    | Filed with authorize   | d/valid electronic signature.  |                               |  |                                     |                                  |  |
| HERE                    | Signature of plan administrator Date Enter name of individ     |  |                               |  | idual signing as plan administrator |                                  |  |
| SIGN                    |  |  |                               |  |                                     |                                  |  |
| HERE                    | Signature of employer/plan sponsor Date Enter name of individu |  |                               |  |                                     | loyer or plan sponsor            |  |
| Preparer's              |  | name, if applicable) and address (   | (include room or suite nur    |  |                                     | one number (optional)            |  |
|                         |  |  |                               |  | 1                                   |                                  |  |
|                         |  |  |                               |  |                                     |                                  |  |
|                         |  |  |                               |  |                                     |                                  |  |

|                 | Form 5500-SF 2014   |                          | Page <b>2</b>                   |         |          |                 |                         |          |
|-----------------|---|--------------------------|---------------------------------|---------|----------|-----------------|-------------------------|----------|
| 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 lif you answered "No" to either line 6a or line 6b, the plan cannot be a continuous contraction. | an indeper<br>and condit | ndent qualified public accounta | int (IQ | PA)      |                 | X Yes [] N              | No<br>No |
| С               | f the plan is a defined benefit plan, is it covered under the PBGC in   | surance p                | rogram (see ERISA section 40    | )21)?   |          | Yes             | No Not determined       | I        |
| Par             | t III Financial Information   | 1                        | <u> </u>                        |         |          |                 |                         |          |
|                 | Plan Assets and Liabilities   |                          | (a) Beginning of Yea            |         |          |                 | (b) End of Year         |          |
|                 | Total plan assets   | 7a<br>                   | 43499                           | 951     |          |                 | 4372516                 |          |
|                 | Total plan liabilities  | 7b                       | 43499                           | 951     |          |                 | 4372516                 |          |
|                 | Net plan assets (subtract line 7b from line 7a)   | 7c                       |                                 | 701     | +        |                 |                         | _        |
|                 | Income, Expenses, and Transfers for this Plan Year  Contributions received or receivable from:  |                          | (a) Amount                      |         |          |                 | (b) Total               |          |
|                 | (1) Employers   | 8a(1)                    | 1111                            |         |          |                 |                         |          |
|                 | (2) Participants  | 8a(2)                    | 1106                            | 885     |          |                 |                         |          |
|                 | (3) Others (including rollovers)  | 8a(3)                    | 4000                            |         |          |                 |                         |          |
|                 | Other income (loss)   | 8b                       | -1992                           | 267     |          |                 | 00505                   |          |
|                 | Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)  | 8c                       |                                 |         |          |                 | 22565                   |          |
|                 | to provide benefits)  | 8d                       |                                 |         |          |                 |                         |          |
| е               | Certain deemed and/or corrective distributions (see instructions)   | 8e                       |                                 |         |          |                 |                         |          |
| f               | Administrative service providers (salaries, fees, commissions)  | 8f                       |                                 |         |          |                 |                         |          |
| g               | Other expenses  | 8g                       |                                 |         |          |                 |                         |          |
| <u>h</u>        | Total expenses (add lines 8d, 8e, 8f, and 8g)   | 8h                       |                                 |         |          |                 | 00505                   |          |
|                 | Net income (loss) (subtract line 8h from line 8c)   | 8i                       |                                 |         |          |                 | 22565                   |          |
| Par             | Transfers to (from) the plan (see instructions)  t IV Plan Characteristics  | 8j                       |                                 |         |          |                 |                         |          |
| 9a<br>b<br>Part | If the plan provides pension benefits, enter the applicable pension 2E 2J 2K 3D  If the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare benefits, enter the applicable welfare for   |                          |                                 |         |          |                 |                         |          |
| 10              | During the plan year:   |                          |                                 |         | Yes      | No              | Amount                  |          |
|                 | Was there a failure to transmit to the plan any participant contribut 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidulations)   | iciary Cor               | rection Program)                | 10a     |          | Χ               |                         |          |
|                 | Were there any nonexempt transactions with any party-in-interest on line 10a.)  |                          |                                 | 10b     |          | Χ               |                         |          |
| С               | Was the plan covered by a fidelity bond?  |                          |                                 | 10c     | Χ        |                 | 50000                   | 00       |
| d               | Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?  |                          |                                 | 10d     |          | Χ               |                         |          |
| 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 ben               | efits 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   | s of year e              | end.)                           | 10g     |          | X               |                         |          |
| h               | If this is an individual account plan, was there a blackout period? (2520.101-3.)   | •                        |                                 | 10h     |          | Χ               |                         |          |
| i               | If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10   |                          |                                 | 10i     |          |                 |                         |          |
| Part            | VI Pension Funding Compliance   |                          |                                 |         |          |                 |                         |          |
| 11              | Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)  |                          |                                 |         |          |                 |                         | No       |
| <u>11a</u>      | Enter the unpaid minimum required contribution for current year fr  | om Sched                 | lule SB (Form 5500) line 39     |         |          | 11a             | <u> </u>                |          |
| 12              | Is this a defined contribution plan subject to the minimum funding  |                          |                                 | or se   | ection ( | 302 of          | ERISA? Yes X            | No       |
|                 | (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,   |                          | ·                               | -4!     | 2        |                 | ha data af the letter " |          |
| а               | If a waiver of the minimum funding standard for a prior year is beir granting the waiver.   | -                        |                                 |         | , and e  | enter th<br>Day |                         |          |

|      | Form 5500-SF 2014   | Page <b>3</b> - 1          |                      |         |         |                 |      |
|------|---|----------------------------|----------------------|---------|---------|-----------------|------|
| lf : | you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (For   | m 5500), and skip to lin   | e 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 negative amount)  |                            |                      | 12d     |         |                 |      |
| е    | 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?   |                            |                      | Y       | es X No |                 |      |
|      | If "Yes," 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 the PBGC?  |                            | •                    | ontrol  |         | Yes             | ( No |
| С    | If during this plan year, any assets or liabilities were transferred from this pla<br>which assets or liabilities were transferred. (See instructions.) | in to another plan(s), ide | ntify the plan(s) to | )       |         |                 |      |
| 1    | 3c(1) Name of plan(s):  |                            | 130                  | c(2) EI | N(s)    | <b>13c(3)</b> P | N(s) |
|      |   |                            |                      |         |         |                 |      |
|      |   |                            | 1                    |         |         | l               |      |

14b Trust's EIN

Part VIII Trust Information (optional)

14a Name of trust

## Form 5500-SF

Department of the Treasury

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation

HERE

SIGN

Signature of plan administrator

HERE | Signature of employer/plan sponsor

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 section 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

| F      | Part I Annual R  | eport Id      | entification Information  | 1   |   |  |   |
|--------|--|---------------|---|---|---|--|---|
|        | r calendar plan year 20  |               |   | 10/01/2014  | and ending  | 09/30/20   | 15  |
| A<br>B | This return/report is fo This return/report is: Check box if filing und            | r:            | T 20 20 20 20 20 20 20 20 20 20 20 20 20                            | a multiple-employer of participating emplor a foreign plan the final return/report a short plan year return automatic extension | plan (not multiemployer)<br>byer information in acco  | (Filers checking the rdance with the for             | nis box must attach a list<br>m instructions)           |
| P      | art II Basic Pla   | n Inforn      | nation enter all requested  | Linformation  |   | 1 want   |   |
|        | Name of plan   |               | 401(k) Profit Sharing   |   |   | 1b Three-digiting plan number (PN) ▶ 1c Effective of | oer 001   |
|        |  |               |   |   |   | 05/01/1  |   |
| 2a     | Plan sponsor's name<br>Seven Sisters,  | and addre     | ess; include room or suite numb                                     | per (employer, if for a single  | e-employer plan)                                      | 2b Employer  | Identification Number                                   |
|        | 613 Sunset Park Dr   | rive          |   |   |   | (360) 8  | telephone number<br>156-0842<br>code (see instructions) |
| 2-     | US Sedro-Woolley V   |               | address X Same as Plan Sp   |   |   | 3b Administra  |   |
|        |  |               |   |   |   |  | tor's telephone number                                  |
| 4      |  |               | an sponsor has changed since<br>or from the last return/report.     | the last return/report filed f  | or this plan, enter the                               | 4b EIN   |   |
| a      | Sponsor's name   |               |   |   |   | 4c PN  |   |
| 5a     |  |               | he beginning of the plan year                                       |   |   |  | 12  |
| b      |  |               | he end of the plan year   |   |   | 5b   | 12  |
| С      |  |               | ount balances as of the end of                                      |   |   | 5c   | 12  |
| d(     | (1) Total number of act  | tive particip | pants at the beginning of the plants                                | an year   |   | 5d(1)  | 12  |
| d(     |  |               | pants at the end of the plan year                                   |   |   | 5d(2)  | 11  |
| е      | less than 100% veste   |               | ninated employment during the                                       |   | efits that were                                       | 5e   | 0   |
| Ca     | ution: A penalty for t   | he late or i  | incomplete filing of this retur                                     | n/report will be assessed   | unless reasonable ca                                  | use is establishe                                    | d.  |
| SE     | nder penalties of perjury<br>B or Schedule MB comp<br>lief, it is true, correct, a | leted and     | penalties set forth in the instrusigned by an enrolled actuary, te. | ctions, I declare that I have<br>as well as the electronic ve   | examined this return/re<br>rsion of this return/repor | eport, including, if a<br>rt, and to the best o      | applicable, a Schedule<br>of my knowledge and           |
| S      | IGN Christ   | in /          | 1 Thomas  |   | Christine Thomp                                       | oson   |   |

Date 4

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

Enter name of individual signing as plan administrator

Enter name of individual signing as employer or plan sponsor

Preparer's telephone number (optional)

| Were all of the plan's assisted using the plan's assisted during the plan's assisted design the plan's assisted of the annual examination and report of an independent qualified public accountant (IQPA)    Ver  |              | Form 5500-SF 2014   |              | Page <b>2</b>                           |          |        |        |                |               |       |
|---|--------------|---|--------------|---|----------|--------|--------|----------------|---------------|-------|
| b. Are you claiming a valency of the annual examination and report of an independent qualified pouls accounted (ICPA)    Vers   No   Vers   No   Vers   No  | 6a           | Were all of the plan's assets during the plan year invested in eligible | assets? (S   | See instructions.)                      |          |        |        |                | X Yes         | No    |
| must 20 CER 2020 (34-467) (for instructions on various dipolitish and conditions)   |              |   | ,            | ,                                       |          |        |        |                |               |       |
| If you answerd "No" to either line 6 or infe 6b, the plan cannot use Form 5500-SF and must instead use Form 5500.  If the plan is a defined benefit plan, is it covered under the PRGC insurance program (see ERISA section 4027)?  |              | , ,   | •            |   | `        | ,      | •••••  | •••••          | X Yes !       | No    |
| Part III Financial Information 7 Plan Assets and Liabilities 8 1 Tab Jan Assets and Liabilities 9 1 4,349,951 4,372,516 9 1 Tab Jan Assets southard Line 72 from line 7a 7b 4,349,951 4,372,516 9 1 Tab Jan Assets (subtract line 72 from line 7a) 7c 4,349,951 4,372,516 9 1 Contributions received or received processor (a) Employers (a) Employers (a) Employers (a) Employers (a) Employers (a) Employers (b) Total 9 11,1,147 (c) Participants (a) Employers (a) Employers (a) Employers (b) Christ (including rollovers) (b) Christ (including rollovers) (c) Employers (d) Employers (d) Employers (e) Employers (d) Employers (e) Employers (e |              | If you answered "No" to either line 6a or line 6b, the plan canno       | t use Forn   | n 5500-SF and must instead u            | se Fo    | orm 5  | 500.   |                |               |       |
| Tellar Assets and Liabillities  | С            | If the plan is a defined benefit plan, is it covered under the PBGC ins | surance pro  | ogram (see ERISA section 402            | 1)? .    |        | Ye     | s No           | Not detern    | nined |
| Total plan assets   | Pa           | rt III Financial Information  |              |   |          |        |        |                |               |       |
| to Net plan assets (subtract line?) from line? 8) 7c 4,349,951 4,372,516  Net plan assets (subtract line?) from line? 8) 7c 4,349,951 4,372,516  Net plan assets (subtract line?) from line? 8) 7c 4,349,951 4,372,516  Net plan assets (subtract line?) from line? 8) 7c 4,349,951 4,372,516  Net plan assets (subtract line?) from line? 8) 7c 4,349,951 11,147  Net plan assets (subtract line?) from line? 8) 8e(1) 111,147  Net plan (subtract line?) from line? 8) 8e(1) 111,147  Net plan (subtract line?) from line? 8) 8e(1) 111,147  Net plan (subtract line?) from line? 8) 8e(1) 110,685  Net plan (subtract line?) from line? 8) 8e(1) 110,685  Net plan (subtract line?) from line? 8) 8e(1) 110,685  Net plan (subtract line?) from line? 8) 8e(1) 110,685  Net plan (subtract line?) from line? 8) 8e(1) 110,685  Net plan (subtract line?) from line? 8) 8e(1) 110,685  Net plan (subtract line?) from line? 8e(1) 8e(2) 8e(3) and 8e(3) 8 | 7            | Plan Assets and Liabilities   |              | (a) Beginning of Year                   |          |        |        | (b) End of     | f <b>Year</b> |       |
| E Net plan assets (subtract ine 7b from line 7a)  | а            | Total plan assets   | 7a           | 4,349,9                                 | 51       |        |        |                | 4,372,516     | 5     |
| 8 income. Expenses and Transfers for this Plan Year 4 Contribution received or receivable from: (1) Employers (2) Participation received or receivable from: (2) Participation received or receivable from: (3) Others (including rollovers) (3) Others (including rollovers) (4) Others (including rollovers) (5) Others (including rollovers) (6) Other income (loss) (7) Others (including rollovers) (8) Others (including rollovers) (8) Others (including rollovers) (8) Other income (loss) (8) Other expenses (8) | b            | Total plan liabilities  | 7b           |   |          |        |        |                |               |       |
| a Contributions received or receivable from: (1) Employers  | С            | Net plan assets (subtract line 7b from line 7a)                         | 7c           | 4,349,9                                 | 51       |        |        |                | 4,372,516     | 5     |
| (1) Employers   |              | · · · · · · · · · · · · · · · · · · ·                                   |              | (a) Amount                              |          |        |        | (b) To         | tal           |       |
| (2) Participants  | а            |   | 8a(1)        | 111.14                                  | 47       |        |        |                |               |       |
| Sa(3)   |              | · · · · · · · ·   | ` ′          |   |          |        |        |                |               |       |
| Bother income (loss)  |              |   |              | ·                                       |          |        |        |                |               |       |
| d Benefits paid (including direct rollovers and insurance premiums to provide benefits)   | b            | . , , , , , , , , , , , , , , , , , , ,                                 | ` '          | (199,26                                 | 7)       |        |        |                |               |       |
| d Benefits paid (including direct rollovers and insurance premiums to provide benefits).  e Certain deemed and/or corrective distributions (see instructions)   | С            | Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)                    | 8c           |   |          |        |        |                | 22,565        | <br>5 |
| e Certain deemed and/or corrective distributions (see instructions)   | d            |   |              |   |          |        |        |                |               |       |
| F Administrative service providers (salaries, fees, commissions)  |              |   |              |   |          |        |        |                |               |       |
| g Other expenses (add lines 8d. 8e, 8f, and 8g)   |              | ,   |              |   |          |        |        |                |               |       |
| Total expenses (add lines 8d, 8e, 8f, and 8g)   8h   Net Income (loss) (subtract line 8h from line 8c)   8i   22,565     Transfers to (from) the plan (see instructions)   8j     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 2J 2K 3D   If the plan provides pension benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:    Part IV   Compliance Questions   |              |   |              |   |          |        |        |                |               |       |
| I Net income (loss) (subtract line 8h from line 8c)   |              | ·   |              |   |          |        |        |                |               |       |
| Transfers to (from) the plan (see instructions)   | <del>"</del> |   |              |   |          |        |        |                | 22.565        |       |
| Part IV   Plan Characteristics  | ÷            | , , ,   |              |   |          |        |        |                | 22,500        |       |
| Section   Sect  | Da           |   | , oj         |   |          |        |        |                |               |       |
| 10 During the plan year:  | $\Box$       |   | ture codes   | from the List of Plan Character         | ristic ( | Codes  | in the | e instructions | <b></b>       |       |
| 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 500,000  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  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)  |              |   |              |   |          |        | Γ      | 1              |               |       |
| D Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)  C Was the plan covered by a fidelity bond?   |              |   | ione within  | the time period described in            |          | Yes    | NO     | <i>'</i>       | mount         |       |
| b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)  c Was the plan covered by a fidelity bond?   | a            |   |              |   | 10a      |        | x      |                |               |       |
| d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?  | b            | Were there any nonexempt transactions with any party-in-interest?       | ? (Do not ir | nclude transactions reported            |          |        | х      |                |               |       |
| 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.)  f Has the plan failed to provide any benefit when due under the plan?   | С            | Was the plan covered by a fidelity bond?                                | ••••••       | *************************************** | 10c      | x      |        |                | 500,          | 000   |
| insurance service, or other organization that provides some or all of the benefits under the plan? (See instructions.)  f Has the plan failed to provide any benefit when due under the plan?   | d            | ·   | -            | -                                       | 10d      |        | х      |                |               |       |
| instructions.)  | е            |   |              |   |          |        |        |                |               |       |
| f Has the plan failed to provide any benefit when due under the plan?   |              |   |              |   | 100      |        | ×      |                |               |       |
| 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.)  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 requirements? (If "Yes," see instructions and complete Schedule SB (Form 5500) and line 11a below)   |              |   |              |   |          |        |        |                |               |       |
| 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 the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3  | <u>-</u> -   |   |              |   | 10g      |        | 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 Yes X No  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 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   |              | 2520.101-3.)  | ••••••       | ••••••••••••••••••••••••••••••••••••••• | 10h      |        | х      |                |               |       |
| 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)  11a Enter the unpaid minimum required contribution for current year from Schedule SB (Form 5500) line 39  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.)  13 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  | i            |   |              |   | 10i      |        |        |                |               |       |
| 5500) and line 11a below)   | Pa           | rt VI Pension Funding Compliance  |              |   |          |        |        |                |               |       |
| 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  | 11           |   |              |   |          |        |        |                | Yes X         | ] No  |
| 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  | 11           |   |              |   |          |        |        |                |               |       |
| (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   |              |   |              |   | r sect   | ion 30 | 2 of E | ERISA?         | Yes X         | No    |
| 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  |              |   |              |   |          |        |        |                |               |       |
|   | а            | If a waiver of the minimum funding standard for a prior year is bein    | ng amortize  | ed in this plan year, see instruct      |          |        |        |                |               |       |

|  | Form 5500-SF 2014  | Page <b>3-</b>        | ]                    |          |                 |                     |  |  |  |
|--|--|-----------------------|----------------------|----------|-----------------|---------------------|--|--|--|
| If 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      |                 |                     |  |  |  |
|  |  |                       |                      |          |                 |                     |  |  |  |
| 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 (entengative amount)   | •                     |                      | 12d      |                 |                     |  |  |  |
| е  | Will the minimum funding amount reported on line 12d be met by the funding dead  | dline?                | •••••                | 🗀        | 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?  | •••••                 | ••••••               | ☐ Ye     | es X No         | 0                   |  |  |  |
|  | If "Yes," enter the amount of any plan assets that reverted to the employer this year  | ar                    | ••••••               | 13a      |                 |                     |  |  |  |
| <b>b</b> Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the coof the PBGC? |  |                       |                      |          | ontrol Yes X No |                     |  |  |  |
| С  | If during this plan year, any assets or liabilities were transferred from this plan to a which assets or liabilities were transferred. (See instructions.) | another plan(s), ider | ntify the plan(s) to |          |                 |                     |  |  |  |
| 1  | 3c(1) Name of plan(s):   |                       | 13c                  | (2) EIN( | s)              | <b>13c(3)</b> PN(s) |  |  |  |
|  |  |                       |                      |          |                 |                     |  |  |  |
| Part   | VIII Trust Information (optional)  |                       |                      |          |                 |                     |  |  |  |
| 14a Name of trust  |  |                       |                      |          |                 | 14b Trust's EIN     |  |  |  |
|  |  |                       |                      |          |                 |                     |  |  |  |
|  |  |                       |                      |          |                 |                     |  |  |  |