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.

2014

OMB Nos. 1210-0110

1210-0089

This Form is Open to **Public Inspection**

	rt I		t Identification Information							
For o	calend	ar plan year 2014 or	fiscal plan year beginning 01/01/2014		and ending 12/	31/2014				
A This return/report is for: a multiple-employer plan (not multiemployer) (Filers checking this box must attach a 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 returi	n/report (less than 12 mo	onths)				
C	Check	box if filing under:	Form 5558	automatic extension		DFVC	program			
			special extension (enter description	•						
Pa	rt II	Basic Plan Inf	ormation—enter all requested informa	tion						
		of plan SUSTOM BUILDING,	INC. 401(K) PROFIT SHARING PLAN			1b Three-diplan num (PN) ▶	~			
						1c Effective	date of plan 01/01/2013			
		ponsor's name and a JSTOM BUILDING, I	address; include room or suite number (en NC.	nployer, if for a single-	employer plan)	2b Employe (EIN)	r Identification Number 42-1569699			
7069 N	IORTH	HEAST 161 STREET					's telephone number 206-940-6902			
		WA 98028				2d Business code (see instructions)				
3a	Plan a	dministrator's name	and address XSame as Plan Sponsor.			3b Administ				
						3c Administ	rator's telephone number			
4			he plan sponsor has changed since the la umber from the last return/report.	st return/report filed fo	or this plan, enter the	4b EIN				
а		or's name	·			4c PN				
5a	Total	number of participant	ts at the beginning of the plan year			5a	C			
b	Total	number of participant	ts at the end of the plan year			5b	3			
			n account balances as of the end of the pl	• (•	5c	3			
d(1) Tot	al number of active p	articipants at the beginning of the plan ye	ar		5d(1)	(
d (2	2) Tot	tal number of active p	participants at the end of the plan year			5d(2)	3			
			terminated employment during the plan y			5e	(
Cau	tion: A	A penalty for the late	e or incomplete filing of this return/rep	ort will be assessed	unless reasonable cau	se is establish	ned.			
Unde SB c	er pen or Sche	alties of perjury and o	other penalties set forth in the instructions and signed by an enrolled actuary, as we	, I declare that I have	examined this return/rep	ort, including, i	f applicable, a Schedule			
SIGN	N	Filed with authorized	d/valid electronic signature.							
HER		Signature of plan	administrator	Date	Enter name of individu	ual signing as p	lan administrator			
SIGN										
HER	E	Signature of emp	loyer/plan sponsor	Date	Enter name of individu	ual signing as e	mployer or plan sponsor			

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

Preparer's telephone number (optional)

	Form 5500-SF 2014		Page 2								
b	Were all of the plan's assets during the plan year invested in eligib 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 lf you answered "No" to either line 6a or line 6b, the plan cann lf the plan is a defined benefit plan, is it covered under the PBGC in	an indepe and condi ot use Fo	endent qualified public accounta tions.)orm 5500-SF and must instea	int (IQ d use	PA) Form	5500.			X Yes		10
	t III Financial Information			· ·				<u> </u>			_
	Plan Assets and Liabilities		(a) Beginning of Yea	r			(b) E	nd of	Voor		_
	Total plan assets	. 7a	(a) Deginning of Tea	0			(b) L	ila oi		242	_
	Total plan liabilities	7b									_
	Net plan assets (subtract line 7b from line 7a)	7c		0					67	242	_
	Income, Expenses, and Transfers for this Plan Year		(a) Amount				(t	o) Tota	al		_
	Contributions received or receivable from:		, ,					, , 10 10	<u> </u>		
	(1) Employers	. 8a(1)	320								
	(2) Participants	. 8a(2)	350	000							
	(3) Others (including rollovers)	8a(3)									
<u>b</u>	Other income (loss)	. 8b	2	242							
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	. 8c							67	242	
	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	. 8d									
	Certain deemed and/or corrective distributions (see instructions)	. 8e									
f	Administrative service providers (salaries, fees, commissions)	. 8f									
	Other expenses	. 8g									
	Total expenses (add lines 8d, 8e, 8f, and 8g)								0.7	0.40	_
	Net income (loss) (subtract line 8h from line 8c)								67	242	
	Transfers to (from) the plan (see instructions)	8j									
	t IV Plan Characteristics										_
9a	If the plan provides pension benefits, enter the applicable pension 2E 2F 2G 2J 3D	feature co	odes from the List of Plan Char	acteris	stic Co	odes in	the inst	ruction	ns:		
b	If the plan provides welfare benefits, enter the applicable welfare fe	eature cod	des from the List of Plan Chara	cterist	ic Cod	des in t	he instr	uction	s:		_
Part	Compliance Questions										_
10	During the plan year:				Yes	No		Ar	nount		_
а	Was there a failure to transmit to the plan any participant contribution 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidure)			10a		X					
b		t? (Do not	include transactions reported	10b		X					
С	Was the plan covered by a fidelity bond?			10c		X					_
d	Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?	•		10d		X			_		
е	Were any fees or commissions paid to any brokers, agents, or oth insurance service, or other organization that provides some or all instructions.)	ner persor of the ber	ns by an insurance carrier, nefits under the plan? (See	10e	X					50)0
f	Has the plan failed to provide any benefit when due under the plan	n?		10f		X					
g	Did the plan have any participant loans? (If "Yes," enter amount a	s of year	end.)	10g		X					
h	If this is an individual account plan, was there a blackout period? (2520.101-3.)			10h		Х					
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	he require	ed notice or one of the	10i							
Part	VI Pension Funding Compliance										
11	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)	•					•		Yes	s X N	10
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	, T	Yes	s X N	10
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,			. 51 00	54011	JUL 01					_
a	If a waiver of the minimum funding standard for a prior year is being			ctions	and 4	enter th	ne date	of the	letter r	ulina	_

.. Month

Day

Year

granting the waiver.

	Form 5500-SF 2014 Page 3 - 1							
lf y	you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and sk	kip 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 s 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?			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 pla of the PBGC?				Yes X No			
С								
1	3c(1) Name of plan(s):	1:	3c(2) El	IN(s)	13c(3) PN(s)			
Part	VIII Trust Information (optional)							

14a Name of trust HUBER'S CUSTOM BUILDING, INC. 401(K) PROFIT SHARING PLAN

14b Trust's EIN 464731351

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 section 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

OMB Nos. 1210-0110 1210-0089

2014

This Form is Open to Public Inspection

	Pension Benefit Guaranty Corporation	► Complete all entries in a		h the instru	ctions to the Form 550)0-SF.	
1		Identification Information			 		
<u> For</u>	calendar plan year 2014 or fis			1/2014	and ending	12/31	
_	This return/report is for: This return/report is:	 a single-employer plan a one-participant plan the first return/report an amended return/report 	of particip a foreign the final re	pating employ plan eturn/report	lan (not multiemployer) yer information in accor rn/report (less than 12 n	dance with th	ing this box must attach a list se form instructions)
C	Check box if filing under:	Form 5558 special extension (enter desc	_	extension		DF	FVC program
٦p,	art II Basic Plan Info	ormation enter all requested	<u>'</u>				·
	Name of plan	Miliativii enter an requested	Imomation			1b Three	a-digit
	·	lding, Inc. 401(k) Prof	fit Sharinc	r Plan		plan ı	number
			· · · · · · · · · · · · · · · · · · ·				tive date of plan
2a	Plan sponsor's name and ad Huber's Custom Buil	ddress; include room or suite numb lding, Inc.	per (employer, if	for a single-	employer plan)		oyer Identification Number 42-1569699
	7069 Northeast 161 Stree	et				(206	sor's telephone number 6) 940-6902
	00000					2d Busin 2361	ness code (see instructions)
<u>За</u>	US Kenmore WA 98028 Plan administrator's name a	nd address X Same as Plan Sp	onsor Name				nistrator's EIN
•			011001 1101110			OD / (dr	Histiator 5 Liiv
4		e plan sponsor has changed since mber from the last return/report.	the last return/r	report filed fo	or this plan, enter the	4b EIN	
_a	Sponsor's name	<u> </u>				4c PN	
5a	Total number of participants	at the beginning of the plan year	***************************************		***************************************		0
b		at the end of the plan year				5b	3
C	complete this item)	account balances as of the end of	••••••			5c	3
αţ	Total number of active par	rticipants at the beginning of the pla	an year	.44=>=>=	***************************************	5d(1)	0
d(•	rticipants at the end of the plan yea				5d(2)	3
е —	less than 100% vested	terminated employment during the	***************************************		***************************************	5e	0
		or incomplete filing of this retu					· · · · · · · · · · · · · · · · · · ·
SB	nder penalties of perjury and of B or Schedule MB completed a lief, it is true, confect, and com	other penalties set forth in the instruand signed by an enrolled actuary, nplete.	actions, I declare as well as the e	e that I have electronic ver	examined this return/re	port, includin rt, and to the	g, if applicable, a Schedule best of my knowledge and
S	IGN ///oll/y				Mark Huber		
000000000000000000000000000000000000000	ERE Signature of glan adm	ninistrator	Date	8-25-16	Enter name of individu	ıal signing as	plan administrator
S	IGN Mold						
300000000	ERE Signature of employer	r/plan sponsor	Date (3-25-16	Enter name of individu	ıal signing as	employer or plan sponsor
Pre	parer's name (including firm r	name, if applicable) and address; i				_,	telephone number (optional)
							har experience

	Form 5500-SF 2014		Page 2				
6a	Were all of the plan's assets during the plan year invested in eligible	accete? (See instructions)				X Yes No
	Are you claiming a waiver of the annual examination and report of a	•	•			*********	
			•		-		X Yes \(\text{No} \)
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility ar If you answered "No" to either line 6a or line 6b, the plan canno	t use Forr	3NS.)				
С	If the plan is a defined benefit plan, is it covered under the PBGC ins						No Not determined
P	rt III Financial Information						
7	Plan Assets and Liabilities		(a) Beginning of Year		T		(b) End of Year
<u>.</u>	Total plan assets	7a	(a) Boginning or roan	0	+		· · · · · · · · · · · · · · · · · · ·
b	Total plan liabilities	7b		<u> </u>	1		67,242
	Net plan assets (subtract line 7b from line 7a)	7c		0	+		67,242
	Income, Expenses, and Transfers for this Plan Year	70	(a) Amount		-		(b) Total
	Contributions received or receivable from:		(4)7				(2) 10(2)
	(1) Employers	8a(1)	32,00				
	(2) Participants	8a(2)	35,00	00			
_	(3) Others (including rollovers)	8a(3)					\$1,000 day
	Other income (loss)	8b	24	12			
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c				Attended (MGPG-)	67,242
a	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d					
e	Certain deemed and/or corrective distributions (see instructions)	8e					
f	Administrative service providers (salaries, fees, commissions)	8f					
g	Other expenses	8g					
	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h					
	Net income (loss) (subtract line 8h from line 8c)	8i					67,242
j	Transfers to (from) the plan (see instructions)	8j					
Pa	rt IV Plan Characteristics		<u> </u>				
9a	If the plan provides pension benefits, enter the applicable pension fe	ature code	es from the List of Plan Characte	eristic	Code	s in th	e instructions:
	2E 2F 2G 2J 3D						
b	If the plan provides welfare benefits, enter the applicable welfare fea	ture codes	s from the List of Plan Character	istic (Codes	in the	instructions.
Pa	rt V Compliance Questions				-		
10	During the plan year:				Yes	No	Amount
а							
	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduc			10a		х	
b	Were there any nonexempt transactions with any party-in-interest? on line 10a.)			10h		x	
				10b		x	
d				100			
	or dishonesty?			10d		x	•
е	, , , , , , , , , , , , , , , , , , , ,						
	insurance service, or other organization that provides some or all or			40.	v		500
f	instructions.)			10e	Х		500
	Has the plan failed to provide any benefit when due under the plan	1?		10f		x	
<u>g</u>	Did the plan have any participant loans? (If "Yes," enter amount as	of year e	nd.)	10g		х	
h	, , , , , , , , , , , , , , , , , , ,						
	2520.101-3.)			10h		x	
ı	If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.101			10:			
D-			***************************************	10i		<u> </u>	
	rt VI Pension Funding Compliance						
11	Is this a defined benefit plan subject to minimum funding requireme 5500) and line 11a below)						(Form
44				*********			Yes X No
	a Enter the unpaid minimum required contribution for current year fro			•••••			
12				r sect	ion 30	2 of E	RISA? Yes X No
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,						
а	If a waiver of the minimum funding standard for a prior year is bein granting the waiver	g amortize	ed in this plan year, see instructi	ons, nth	and er	nter th ⊃∩	e date of the letter ruling
-			1/101				., roar

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	Form 5500-SF 2014	Page 3-					
If y	ou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to lin	e 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 negative amount)	a minus sign to th	ne left of a	12d			
е	Will the minimum funding amount reported on line 12d be met by the funding dead	line?	••••••	🗀	Yes 🗀	No □ N/A	
Part	VII Plan Terminations and Transfers of Assets					·	
<u>13a</u>	Has a resolution to terminate the plan been adopted in any plan year?	••••••	***************************************	☐ Ye	es 🗓 No	0	
	If "Yes," enter the amount of any plan assets that reverted to the employer this year	r	***************************************	13a			
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		
	If during this plan year, any assets or liabilities were transferred from this plan to ar which assets or liabilities were transferred. (See instructions.)						
1	3c(1) Name of plan(s):		130	(2) EIN(s)	13c(3) PN(s)	
Part	VIII Trust Information (optional)						
14a I	Name of trust			14b ⊤	rust's EIN		
F	Huber's Custom Building, Inc. 401(k) Profit Sharing Plan				46-4731351		

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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 section 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

the internal Revenue Gode (the Code).

OMB Nos. 1210-0110 1210-0089

2014

This Form is Open to Public Inspection

Pension Benefit Guaranty Corporation	► Complete all entries in	accordance with the instru	ctions to the Form 5500-	SF.	mapeotion
	Identification Informatio	n			
For calendar plan year 2014 or fis	scal plan year beginning	01/01/2014	and ending	12/31/	2014
A This return/report is for: B This return/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) (Fi yer information in accordar in/report (less than 12 mor	nce with the	g this box must attach a list form instructions)
C Check box if filing under:	Form 5558 special extension (enter des	automatic extension		_	C program
Part II Basic Plan Info	ormation enter all requeste	d information	······································		
1a Name of plan	Spins gar rodgoods	a amogradion		1b Three-	digit
Huber's Custom Buil	lding, Inc. 401(k) Pro	fit Sharing Plan	L	plan nu (PN) ▶	001
		. , , ,			ve date of plan L/2013
2a Plan sponsor's name and ad Huber's Custom Buil		ber (employer, if for a single-	employer plan)		yer Identification Number 42-1569699
7069 Northeast 161 Stree	et.		-	(206)	or's telephone number 940-6902
				2d Busine 23611	ss code (see instructions)
3a Plan administrator's name a	nd address X Same as Plan S	nonces Name			
Ja Fian administrators name ar	nu address [X] Same as Plan S	ponsor Name		30 Admini	strator's EIN
	e plan sponsor has changed since	e the last return/report filed fo	or this plan, enter the	4b EIN	
a Sponsor's name	mer from the last return report.			Ac DN	· •
5a Total number of participants	at the beginning of the plan year			4c PN 5a	0
	at the end of the plan year		i=-	5b	3
C Number of participants with a	account balances as of the end of	f the plan year (defined bene	fit plans do not	5c	3
	ticipants at the beginning of the p		***************************************	5d(1)	0
d(2) Total number of active par	ticipants at the end of the plan ye	ear		5d(2)	3
e Number of participants that t	terminated employment during the	e plan year with accrued ben	efits that were	5e	0
Caution: A penalty for the late	or incomplete filing of this retu	ırn/report will be assessed	unless reasonable caus	e is establi	shed.
Under penalties of perjury and pl	ther penalties set forth in the instr and signed by an enrolled actuary	ructions, I declare that I have	examined this return/repo	ort, including	, if applicable, a Schedule
SIGN MM			MARK HUBIE	e P	es
HERE Signature of plan adm	inistrator	Date /0-5-/5	Enter name of individual	signing as p	lan administrator
SIGN ///			MARK HUB		res
HERE Signature of employe	r/plan sponsor	Date /0-5-/5	Enter name of individual		
Preparer's name (including firm r	name, if applicable) and address;				elephone number (optional)

	Form 5500-SF 2014		Page 2						
<u>—</u>	Were all of the plan's assets during the plan year invested in eligible	accete? (See instructions \		-			X Yes	Пма
b	Are you claiming a waiver of the annual examination and report of a		•				09044110	[A] TeS	<u> </u>
	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 cannot	na conanc ot use For	າດຣ. <i>)</i> ຠ 5500-SF and must instead ພ						
c	If the plan is a defined benefit plan, is it covered under the PBGC in						☐ No	☐ Not de	etermined
P	int III Financial Information	-							
7	Plan Assets and Liabilities	Market W	(a) Beginning of Year		T		(b) End o	f Year	
a	Total plan assets	. 7a	()	0			(-,	50,	242
b	Total plan liabilities	. 7b			1				
С	Net plan assets (subtract line 7b from line 7a)	7c		0				50,	242
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount			· · · · · ·	(b) To		
а	Contributions received or receivable from:	90/41	15,00	۱۸	90.WZ4	#W	i de la Propie	CALINE	
_	(1) Employers	8a(1) 8a(2)	35,00	_	#11854 Princes	nik di pa	anni angga Malaman	C. Den staaten Vanadatuur	10 m 1 m 1 m 1 m 1 m 1 m 1 m 1 m 1 m 1 m
	(3) Others (including rollovers)	8a(3)	33,00		A-10			ir il violet	
b	Other income (loss)	8b	2/	12				2	Action of
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c			i seesaa	dev on ve	444	an disaria ana ana	242
d	Benefits paid (including direct rollovers and insurance premiums	1	to the state of th	(,7g),(79),	科 ·谢	iar.	entral services	ar shar as a	S. S
_	to provide benefits)	. 8d					14.11.2.11.44	- 7 % % v	
<u>e</u>	Certain deemed and/or corrective distributions (see instructions)	8e_			2365	e de la composition della comp			Marie Sa
1	Administrative service providers (salaries, fees, commissions)	8f			Sept.		en de la gradia. Onde la gradia		
h h	Other expenses	8g 8h		243.55	25.00 ·		1880年5日春年	erin Lister	
- <u></u> -	Notice and Beach to blood For the Co.	8i			<u> </u>			50,	242
÷	Transfers to (from) the plan (see instructions)	8i				do Asta		JU,	242
P	nt IV Plan Characteristics	1 0				WAR WAS			
	If the plan provides pension benefits, enter the applicable pension fe	natura code	or from the List of Dian Channel		· · · · ·	- 1- 1-			
	2E 2F 2G 2J 3D	adia code	so noth the cist of Fight Officiacti	5118110	Code	5 III LIIE	HISHUCHO	ms.	
ᆔ	If the plan provides welfare benefits, enter the applicable welfare fea	turo codos	from the List of Class Character	1-41-4		:- 0			
	it the plant provides wellare besieffles, effici the applicable wellare les	Rure codes	stront the List of Plan Character	ISUC	Jodes	in the	Instruction	IS:	
Pa	rt V Compliance Questions								
10	During the plan year:				Yes	No		Amount	
a	Was there a failure to transmit to the plan any participant contribut	ions within	the time period described in		103	110		Amount	· · ·
	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduc			10a		х			
b	Were there any nonexempt transactions with any party-in-interest on line 10a.)			106		x			
			 	10b		x	,		
d	Did the plan have a loss, whether or not reimbursed by the plan's			100	-	-	·		
	or dishonesty?	*************		10d		x			
е	y p p y ag y	er persons	by an insurance carrier,						-
	insurance service, or other organization that provides some or all of instructions.)	of the bene	efits under the plan? (See	10e	x				500
f	Has the plan failed to provide any benefit when due under the plan			10f		x	· · · · · · ·		· · ·
	· · · · · · · · · · · · · · · · · · ·		· - · · · · · · · · · · · · · · · · · ·	\vdash					
<u>g</u>	Did the plan have any participant loans? (If "Yes," enter amount as			10g	<u> </u>	X	Kabupat Ar	2627452200	Stanfelt salva and
h	If this is an individual account plan, was there a blackout period? (2520.101-3.)			10h		$ \mathbf{x} $	10/4-35		
	If 10h was answered "Yes," check the box if you either provided the			1011		-		er egyerig i 2000. Sentit i 2000 i 18.	er were en
	exceptions to providing the notice applied under 29 CFR 2520.101			10i					0.148.0
Pa	t VI Pension Funding Compliance					<u></u>			
11	ls this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)	ents? (If "Y	es," see instructions and comp	lete S	ichedu	ıle SB	(Form	Пуе	s X No
11	Enter the unpaid minimum required contribution for current year from								- 140
12	Is this a defined contribution plan subject to the minimum funding					2 of F	RISA?	T Tv.	x No
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,			. 300		. 2 31 1	10/1 m	1 = 1 18;	3 [22] 190
a				ione	and e	nter the	date of th	e letter ru	lina
_	granting the waiver	J =	Mor	nth	UI	Day	/ JUIG OF II	Voor	9

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	Form 5500-SF 2014	Page 3-			
lf y	ou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500	, and skip to line 13.		·	
<u>b</u>	Enter the minimum required contribution for this plan year	*************************************	12	b	· · · · · · · · · · · · · · · · · · ·
<u>c</u>	Enter the amount contributed by the employer to the plan for this plan year	***********************************	12	c	
d 	Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter negative amount)	a minus sign to the left of a	12	d	
е	Will the minimum funding amount reported on line 12d be met by the funding deadl	ne?	****	Yes	□ No □ N/A
Part	VII Plan Terminations and Transfers of Assets				
<u>13a</u>	Has a resolution to terminate the plan been adopted in any plan year?	14	🗆	Yes X] No
	If "Yes," enter the amount of any plan assets that reverted to the employer this year	*******************************	13	a	,
b	Were all the plan assets distributed to participants or beneficiaries, transferred to at of the PBGC?	control		☐ Yes 🗓 No	
	If during this plan year, any assets or liabilities were transferred from this plan to an which assets or liabilities were transferred. (See instructions.)				
1	3c(1) Name of plan(s):		13c(2) E	IN(s)	13c(3) PN(s)
		•			
Part	VIII Trust Information (optional)				
14a N	lame of trust		14	7 Trust's	EIN
Ħ	uber's Custom Building, Inc. 401(k) Profit Sharing Plan	ı		46-4	731351

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