## 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).

OMB Nos. 1210-0110 1210-0089

2014

This Form is Open to Public Inspection

Pension E	Benefit Guaranty Corporation	▶ Complete all entries in	accordance with the i	nstructions to the Form 5	500-SF.					
Part I	Annual Repor	t Identification Information								
For calend	dar plan year 2014 or	fiscal plan year beginning 01/01/20	)14	and ending 12	/31/2014					
	eturn/report is for:	a single-employer plan  a one-participant plan  the first return/report		er plan (not multiemployer) nployer information in accor ort						
		an amended return/report	a short plan year re	eturn/report (less than 12 m	months)					
_					DFVC program					
C Check	box if filing under:	Form 5558 special extension (enter descr	automatic extension	on	N DFVC	program				
D 4 !!			· ·							
Part II		ormation—enter all requested inf	ormation		41					
1a Name	e of plan MANAGEMENT 401	(K) PLAN			<b>1b</b> Three-dig plan numb (PN) ▶					
					1c Effective of	date of plan 01/01/2014				
		ddress; include room or suite numbe	er (employer, if for a sin	ngle-employer plan)	<b>2b</b> Employer	Identification Number				
	ANAGEMENT CORP. MANAGEMENT				(EIN)	20-2999076				
10028 MAIN						s telephone number 25-424-3153				
BOTHELL, \					_	code (see instructions)				
3a Plan	administrator's name	and address XSame as Plan Spons	or		<b>3b</b> Administra	541600				
Ja Flail d	aummistrator s name o	and address Same as Fian Spons	ou.		3b Administra	ALOI S LIIN				
		he plan sponsor has changed since umber from the last return/report.	the last return/report file	ed for this plan, enter the	4b EIN					
	sor's name				4c PN					
<b>5a</b> Total	number of participant	s at the beginning of the plan year			5a	C				
<b>b</b> Total	number of participant	s at the end of the plan year			5b	g				
		n account balances as of the end of	' '	•	5c	7				
<b>d(1)</b> To	tal number of active p	articipants at the beginning of the plant	an year		5d(1)	C				
<b>d(2)</b> To	tal number of active p	articipants at the end of the plan yea	ar		5d(2)	g				
		terminated employment during the p	•		5e	C				
		or incomplete filing of this return			ise is establishe					
Under per SB or Sch	nalties of perjury and o	other penalties set forth in the instruction and signed by an enrolled actuary, a	tions, I declare that I ha	ave examined this return/re	port, including, if	applicable, a Schedule				
SIGN	Filed with authorized/valid electronic signature.  Signature of plan administrator  Date  Enter name of individu									
HERE			dual signing as plan administrator							
SIGN										
HERE		loyer/plan sponsor	Date			nployer or plan sponsor				
Preparer's	s name (including firm	name, if applicable) and address (in	clude room or suite nu	mber ) (optional)	Preparer's telep	ohone number (optional)				

Versil of the plan's assets during the plan year invested in eligible assets? (See instructions.)   Versil No.   No.		Form 5500-SF 2014		Page <b>2</b>							
Part III   Financial Information   (a) Beginning of Year	b	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 f you answered "No" to either line 6a or line 6b, the plan cannot	an indepe and condit ot use Fo	ndent qualified public accounta tions.) orm 5500-SF and must instead	nt (IQ	PA)  <b>Form</b>	5500.		X	Yes	□ No
7 Plan Assets and Liabilities			surance p	orogram (see ERISA section 40	)21)? .		Yes	No L	Not	deter	mined
a Total plan assets						-					
To Trata plant liabilities.  The Control plant sesses (subtract tine 7b from tine 7a)	7	Plan Assets and Liabilities		(a) Beginning of Yea		-		(b) End	of Y		140
C Net plan assets (aubmact line 7b from line 7a)	_	<u>'</u>				-				113	
8 Income, Expensese, and Transfers for this Plan Year  8 Contributions received or receivable from: (1) Employers		·								440	
a Contributions received or receivable from: (1) Employers			7c		U	_				113	13
(1) Employers		•		(a) Amount				(b) -	<u> Fotal</u>		
(2) Participants			8a(1)								
(3) Other (including rollovers)		2) Participants	, ,	68	374						
b Other income (loss)		3) Others (including rollovers)	8a(3)	44	106						
Benefits paid (including direct rollovers and insurance premiums to provide benefits), and provide benefits)   Bell			8b		33						
to provide benefits)	C	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							113	313
e Cartain deemed and/or corrective distributions (see instructions)	d	Benefits paid (including direct rollovers and insurance premiums									
f Administrative service providers (salaries, fees, commissions)		,	8d								
g Other expenses		1									
Total expenses (add lines 8d, 8e, 8f, and 8g)	<u>f</u>	Administrative service providers (salaries, fees, commissions)	8f								
i Net income (loss) (subtract line 8h from line 8c)	<u>g</u>	Other expenses	8g								
Transfers to (from) the plan (see instructions)   B		Total expenses (add lines 8d, 8e, 8f, and 8g)	8h								
Part IV   Plan Characteristics   Part IV   Plan Characteristics   Part IV   Plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:		, , ,	8i							113	313
Part V   Compliance Questions	J	ransfers to (from) the plan (see instructions)	8j								
Description   Description											
Part V   Compliance Questions	9a		feature co	odes from the List of Plan Char	acteris	stic Co	des in	the instru	ctions	S:	
Part V   Compliance Questions  10	b		eature coc	les from the List of Plan Chara	rterist	ic Cod	les in t	he instruc	ions:		
10 During the plan year:  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)		in the plant provided wellare benefits, effect the applicable wellare to	Jatare 600	ico nom the List of Flam Onara	otoriot	10 000		no mondo			
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	Part	V Compliance Questions									
b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	10	During the plan year:				Yes	No		Am	ount	
b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	а										
on line 10a.)					10a		Х				
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	, , ,	`	•	10b		Χ				
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?  g Did the plan have any participant loans? (If "Yes," enter amount as of year end.)	С	Was the plan covered by a fidelity bond?			10c		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.)	d				10d		X				
f Has the plan failed to provide any benefit when due under the plan?	е	Were any fees or commissions paid to any brokers, agents, or oth insurance service, or other organization that provides some or all of	er person of the ber	s by an insurance carrier, nefits under the plan? (See			X				
g Did the plan have any participant loans? (If "Yes," enter amount as of year end.)	f	·									
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				·	10g		Х				
exceptions to providing the notice applied under 29 CFR 2520.101-3	n —-	2520.101-3.)			10h		X				
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)	i				10i						
5500) and line 11a below)	Part	VI Pension Funding Compliance									
12 Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA?	11									Yes	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?	11a										
(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.) <b>a</b> 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							302 of	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		-			, and e	enter th Day				ıling

	Form 5500-SF 2014	Page <b>3</b> - 1			
lf :	ou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (For	m 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 negative amount)	-	1 124		
е	Will the minimum funding amount reported on line 12d be met by the funding	g 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	his year	13a		
b	Were all the plan assets distributed to participants or beneficiaries, transferred the PBGC?		inder the control		Yes X No
С	If during this plan year, any assets or liabilities were transferred from this pla which assets or liabilities were transferred. (See instructions.)	an to another plan(s), identify th	e plan(s) to		
1	3c(1) Name of plan(s):		<b>13c(2)</b> EI	N(s)	<b>13c(3)</b> PN(s)

14b Trust's EIN

Part VIII Trust Information (optional)

14a Name of trust

## Form 5500-SF

Department of the Treesury Internet Revenue Service

Department of Labor Employee Benefila Security Administration Penelon Seneffi Guaranty Corporation

## Short Form Annual Return/Report of Small Employee Benefit Plan

This form is required to be filed under sections 104 and 4085 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 5500-8F.

OMB Nos. 1210-0110 1210-0089

2014

This Form is Open to Public Inspection

Part Annual Repo	ort Identification Information	accordance with the instructions to	o ale rolli 5500-a	
For calendar plan year 2014 o	r fiscal plan year beginning	TAR VEG LEGE	dending	12/21/2014
	X a single-employer plan			12/31/2014
A This return/report is for:		of participating employer information	ation in accordance	checking this box must attach a list
	a one-participant plan	a foreign plan	anon in eccordance	with the form (Istructions)
B This return/report is	x the first return/report	The final return/report		
	an amended return/report	a short plan year return/report (le	ess than 12 months	
1 <u>4</u> 144 to 1000	Π-		see then 12 months,	
C Check box if filing under:	☐ Form 5558	automatic extension		X DFVC program
	special extension (enter desc	ription)		
Part II Basic Plan In	formation—enter all requested in	formation		
1a Name of plan	enter an requested in	TOTTHATION		
Compass Management	401(k) Plan		מי	Three-digil plan number 001
				(PN) ▶
			1c	Effective date of plan
2a Plan spansor's name and				01/01/2014
Moore Management C	address; include room or suite numb Oxfo .	er (employer, if for a single-employer	plan) 2b	Employer Identification Number
	Compass Managemen	-	<u> </u>	(EIN) 20-2999076
10028 Main Street			2c	Sponsor's telephone number
			2-	425-424-3153
Bothell	WA 98011		20	Business code (see Instructions) 541600
3a Plan administrator's name	and address XSame as Plan Spons	eor.	3b	Administrator's EIN
			100	A CONTRACTOR OF THE
			20	Administrative
			36	Administrator's telephone number
			36	Administrator's telephone number
			30	Administrator's telephone number
			36	Administrator's telephone number
4 If the name and/or EIN of t	he plan sponsor has changed since	the last return/report filed for this plan		
name, Eliv, and the plan n	he plan sponsor has changed since tumber from the last return/report.	the last return/report filed for this plan.		E(N
a Sponsor's name	umber from the last return/report.		enter the 4b	EIN
a Sponsor's name  Total number of participant	umber from the last return/report.		enter the 4b	EIN PN
Sponsor's name     Total number of participant     Total number of participant	ts at the beginning of the plan years at the end of the plan year		enter the 4b 4c 5t	EIN PN 3 0
Sponsor's name     Total number of participant     Total number of participant     Number of participants with	ts at the beginning of the plan years at the end of the plan year	he plan year (defined benefit plans do	enter the 4b 4c 56	EIN PN 1 0 9
Sponsor's name     Total number of participant     Total number of participant     Number of participants with     complete this item)	ts at the beginning of the plan year ts at the end of the plan year h account balances as of the end of t	he plan year (defined benefit plans do	enter the 4b 4c 56 51 5 not 56	EIN PN 1 0 9
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Sa. Were all of the plan's sestes during the plan year invocated in elligible assess? (See instructions.)  D. Art you chaming a value or the annuel examination and report on in hospendent qualified public accountant (IDPA)  Index 20 (FE-250 10-446) (See instructions on wiser eligible) and conflictions?.)  Wyou answered "Not is alther line is a or line is, the plan cannot use Form 5500-38 and must instead use Form 5500.  A the plan is a defined benefit plan is a covered under the PBGC insurance program (see ERISA section 4021)?  Park IMP   Financial information  D. Total plan section.  D. Total plan section.  C. Net plan section to the plan to the plan Year  C. Net plan section to the plan to the plan Year  C. Net plan section to the plan to the plan Year  C. Net plan section to the plan to the plan Year  C. Net plan section to the plan Year  C. Net plan section to the plan to the plan Year  C. Net plan section to the plan to the plan Year  C. Net plan section to the plan to the plan Year  C. Net plan section to the plan Year  C. Net plan section to the plan to the plan Year  C. Net plan section to the plan to the plan Year  C. Net plan section to the plan to the plan Year  C. Orithicutions called the called from the plan Year  C. Orithicutions called the called from the plan Year  C. Orithicutions called the plan to the plan Year  C. Orithicutions called the plan Year  D. Other (noncining called the year)  D. Other (noncining c		Form 5500-SF 2014		Page 2								
under 28 CFTR 320.11 of the paths in the amounts externation and report of an independent resulted public accountant (GPA)    You amwented The Post of the Post of the St. In th	6a	Were all of the plan's assets during the plan was invested in				_					-	
Wyee in newword "No" to other in 62 or line is, the plan cannot use form 5000-6F and must instead use Form 5000.  If the plans is a defined benefit plan, is it convered under the PDGC insurance program (see ERISA section 4021)? Ver No Not determined the PDGC insurance program (see ERISA section 4021)? Ver No Not determined the PDGC insurance program (see ERISA section 4021)? Ver No Not determined the PDGC insurance program (see ERISA section 4021)? Ver No Not determined the PDGC insurance program (see ERISA section 4021)? Ver No Not determined the PDGC insurance program (see ERISA section 4021)? Ver No Not determined the PDGC insurance program (see ERISA section 4021)? Ver No Not determined the PDGC insurance program (see ERISA section 4021)? Ver No Not determined the PDGC insurance program (see ERISA section 4021)? Ver No Not determined the PDGC insurance program (see ERISA section 4021)? Ver No Not determined the PDGC insurance program (see ERISA section 4021)? Ver No Not determined the PDGC insurance program (see ERISA section 4021)? Ver No Not Not determined the PDGC insurance program (see ERISA section 4021)? Ver No Not Not Not Not Not Not Not Not Not	b	Are you claiming a waiver of the annual examination and report of	ole assets?	(See instructions.)				***********	X	Yes	· 📙	No
A if the plan is a defined benefit pair, bit (overed under the PBGC insurance program (see ERISA section 4021)?		under 25 CFR 2520. 104-46? (See Instructions on waiver eligibility	and condit	ions )					x	Yes	П	Nο
Pair All   Financial Information   Pair Assists and Labilities   Pair Assists		" you allawelde Ho to either line ca or line eb, the plan cann	tot use Fo	rm 5500-SF and must Insta	ad us	a Form	n 5500	i i	==	,	Ш	
Pair All   Financial Information   Pair Assists and Liabilities   Pair Assists and Liabilities   Pair Assists and Liabilities   Pair Assists and Liabilities   Pair Assists   Pair Assis	C	If the plan is a defined benefit plan, is it covered under the PBGC in	nsurance p	rogram (see ERISA section 4	021)1	' [	Yes	□No	No	t deter	mine	d
a Total plan absets. 7a	Pa	rt III   Financial Information		· · · · · · · · · · · · · · · · · · ·					<del>-</del>			-
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D icel plan abbilled.  O Net plan sebel (authuric line 7o from line 7a).  7			7a			0		34/4			11.3	31:
8 Income, Expenses, and Transfers for this Plan Year  (a) Amount  (b) Total  (b) Total  (c) Participants (c) Participants (d) Employers (d) Participants (d) Pa	b		. 7b			0						
8 income, Expenses, and Transfers for this Plan Year  8 Contribution meached or receivable from:  (1) Employers  8a(1)  (2) Participants  8a(2)  (3) Others (including rollovers)  8a(3)  (4, 406  D Other income (loss)  8a(3)  4, 406  D Other income (loss)  8a(3)  8a(3)  9a(3)  9a(3)  9a(4)  9a			7c			0				:	11,3	113
a Control John Received or receivable from:  (1) Employers  (2) Participants  (3) Participants  (3) Other income (loss)  (4) Sal (including relovers)  (5) Other income (loss)  (6) Other income (loss)  (6) Other income (loss)  (6) Other income (loss)  (7) Sal (including relovers)  (8) Sal (1) Sal (including relovers)  (8) Other income (loss)  (8) Sal (including relovers)  (8) Sal (including relovers)  (8) Sal (including relovers)  (9) Carlian desemble and/or corrective distributions (see instructions)  (9) Sal (including relovers)  (1) Rel income (loss) (subtract line 8 h from line \$c)  (1) Net income (loss) (subtract line 8 h from line \$c)  (2) Sal (including relovers)  (3) Other excenses  (4) Including relovers (loss) (subtract line 8 h from line \$c)  (5) Bill (1) The plan provides pension benefits, anter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:  (2) Sal (including relovers)  (3) Therefore (loss) (subtract line 8 h from line \$c)  (4) If the plan provides pension benefits, anter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:  (2) Sal (including relovers)  (3) The plan provides pension benefits, anter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:  (2) Sal (including relovers)  (3) During the plan year:  (4) Was there is failure to transmit to the plan any participant contributions within the line period described in 10 A A Amount  (4) Was there is failure to transmit to the plan any participant contributions within the line period described in 10 A A Amount  (5) During the plan year:  (6) Was the plan covered by a fidelity bond?  (7) Was the plan covered by a fidelity bond?  (8) During the plan year of the plan (loss)  (9) Was the plan covered by a fidelity bond?  (9) Was the plan covered by a fidelity bond?  (10) Was the plan fave a loss, whether				(a) Amount	10000			(b)	Total			
(2) Participants	a				10-30	7	٠.		4 6	11	7	7
33 Others (neturing relovers)   8e(3)   4, 4 0 6	-				_	_	ı		( 10°			
b Other income ((css))										do de	( V )	
C Total income (add lines 8a(1), 6a(2), 8a(3), and 8b)	ь						<del>'</del>		7	iii.		,
d Benefits paid (including direct rollovers and insurance premiums to provide benefits).  e Cartain deamed and/or corrective distributions (see instructions)		Total income (add lines 8e/1), 8e/2), 8e/3), and 8h)				33 .				e .		
Corposide benefits		Benefits paid (including direct rollovers and insurance premiums	вс			-		, -			11,3	13
e Cartain deemed and/or corrective distributions (see instructions).  9 Administrative service providers (salaries, fees, commissions).  8 Bg  1 Total expenses (add lines &d, 8e, 8f, and 9g).  9 h  1 Total expenses (add lines &d, 8e, 8f, and 9g).  9 h  1 Net income (loss) (subtract line 8h from line &c).  9 a li Net income (loss) (subtract line 8h from line &c).  9 a lif the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions.  2 B 2F 2G 2J 2K 2T 3D 3H  1 if the plan provides pension benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions.  2 B 2F 2G 2J 2K 2T 3D 3H  2 Compliance Questions  10 During the plan year:  4 Was there a fallure 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).  10 West there any nonexempli transactions with any party-in-interest? (Do not include transactions reported on line 10a).  10 West there any nonexempli transactions with any party-in-interest? (Do not include transactions reported on line 10a).  10 West there any nonexempli transactions with any party-in-interest? (Do not include transactions reported on line 10a).  10 West the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?  10 West any fees or commissions paid to any brokers, agents, or other persons by an insurance corriers. Insurance service, or other organization that provides some or all of the benefits under the plan? (See Instructions).  10 Judy A		to provide benefits)	8d				, 4,			33	31	i
g. Other exponses (add lines 8d, 8e, 8f, and 8g)			8e			7		71.000		<del>'</del> ,	,	
h. Total expenses (add linee &d. 8e, 6f, and 8g)	f	Administrative service providers (salaries, fees, commissions)	8f				1,11	, (1) ( iii	5.0		<del></del> -	н
Total expenses (add lines 8d, 8e, 6f, and 8g)	g	Other expenses	8g			20	. ()	11 11 11 11 11 11 11 11 11 11 11 11 11		<del></del>	7 9	7.1
In the income (loss) (spbtract line 8 in from line 8c)	<u>h</u>	Total expenses (add linee 8d, 8e, 8f, and 8g)			· '.	,			-	<u> </u>		
Part IV   Plan Characteristics   Plan Characteristics   Plan Characteristics   Plan Characteristics   Plan Characteristics   Plan Characteristic   Plan Ch	i_	Net income (loss) (subtract line 8h from line 8c)	81	to all officers of the	1	1				1	1.3	_
Part VI   Plan Characteristics	J	Transfers to (from) the plan (see instructions)	BI			7			(a)	<del></del>	,-	
2E 2F 2G 2J 2K 2T 3D 3H	-	t IV Plan Characteristics	-7	, <u> </u>					1 /	* *		7.1
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	9a	If the plan provides pension benefits, enter the applicable pension t	feature cod	les from the List of Plan Char	acteri	stic Co	des in	the instru	ctions:			_
Part V: Compliance Questions  10 During the plan year:  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).  b Ware there any nonexempl transactions with any peny-in-interest? (Do not include transactions reported on line 10a).  c Was the plan covered by a fidelity bond?  d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?  e Were any fees or commissions paid to any brokers, agents, or other persons by an insurance cerrier, 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?  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.  10 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.  10 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.  10 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 to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form S500) and line 11a below).  11 Is this a defined benefit plan subject to minimum funding requirements of section 412 of the Code or section 302 of ERISA?.  12 Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Cod		ZE ZF ZG ZD ZK ZT 3D 3H										
Amount  Was there a failure to tranemit to the plan any participant contributions within the lime period described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)	U	iff the plan provides welfare benefits, enter the applicable welfare fe	ature code	s from the List of Plan Charac	terist	ic Cod	es in t	he instruc	tions:			
Amount  Was there a failure to tranemit to the plan any participant contributions within the lime period described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)	Рап	V Compliance Questions									- Andrew	
Was there a fallure to tranemit 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)												
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?			ione within	the time period department in	-	Yes	No		Amo	unt		
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?  d Did the plan have a losa, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?  e Were any fees or commissions paid to any brokers, agents, or other persons by an insurance cerrier, 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?  g Did the plan have any participant loans? (if "Yes," enter amount as of year end.).  h if this is an inclividual 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.  10		29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu-	ciary Corre	ection Program)			Х					
C Was the plan covered by a fidelity bond?	b	Were there any nonexempt transactions with any party-in-interest?	(Do not in	clude transactions reported			х				TV. /	_
Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?  Were any fees or commissions paid to any brokers, agents, or other persons by an insurance cerrier, insurance service, or other organization that provides some or all of the benefits under the plan? (See instructions).  10e X  Insurance service, or other organization that provides some or all of the benefits under the plan? (See instructions).  Insurance service, or other organization that provides some or all of the benefits under the plan? (See instructions).  Insurance service, or other organization that provides some or all of the benefits under the plan? (See instructions).  Insurance service, or other organization that provides some or all of the benefits under the plan? (See instructions and 29 CFR 2520.101-3).  In this is an individual account plan, was there a blackout period? (See Instructions and 29 CFR 2520.101-3).  In this 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.  In this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form S500) and line 11a below).  In 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.)  In this plan were see instructions and other the detect	C	Was the plan anyoned by a fiscally, have all			10b			~~			_	
or dishonesty?  Were any fees or commissions paid to any brokers, agents, or other persons by an insurance certler, insurance service, or other organization that provides some or all of the benefits under the plan? (See Instructions.)					10c		Х					
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	u	or dishonesty?	idelity bond	d, that was caused by fraud	104		х				3	
Insurance service, or other organization that provides some or all of the benefits under the plan? (See Instructions.)  It has the plan failed to provide any benefit when due under the plan?  Did the plan have any participant loans? (If "Yes," enter amount as of year end.)  If this is an individual account plan, was there a blackout period? (See Instructions and 29 CFR 2520.101-3.)  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.  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.  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.  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.  If 20h 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.  If 30h x if you either provided the required notice or one of the exceptions and complete Schedule SB (Form yes) are instructions and complete Schedule SB (Form yes) No.  It a better the unpaid minimum required contribution for current year from Schedule SB (Form 5500) line 39.  It a better the unpaid minimum required contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA? Yes k No. (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)  If a waiver of the minimum funding standard for a orlor year is being amortized in this plan year see instructions and complete the date of the line in the funding in this plan year see instructions and complete in the funding instructions and complete in the funding in the funding in the fun	0	Were any fees or commissions paid to any brokers, agents, or other	er persons	hy an insurance carrier	100	$\vdash$						_
Has the plan failed to provide any benefit when due under the plan?  10f X  Did the plan have any participant loans? (If "Yes," enter amount as of year end.)  10g X  If this is an individual account plan, was there a blackout period? (See Instructions and 29 CFR 2520.101-3.)  10h X  11h 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.  10h 2  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).  11a Enter the unpaid minimum required contribution for current year from Schedule SB (Form 5500) line 39.  11a 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.)  11 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and object the date of the letter of the letter in the order of the letter in the order of the letter of		insurance service, or other organization that provides some or all of	of the benef	fits under the plan? (See			¥					
Did the plan have any participant loans? (If "Yes," enter amount as of year end.)	f	Hee the plan failed to provide any hearth.			10e	$\vdash$						
If this is an individual account plan, was there a blackout period? (See Instructions and 29 CFR 2520.101-3.)  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					10f		Х					
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					10g		Х		olik.			
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	n	If this is an individual account plan, was there a blackout period? (\$ 2520.101-3.)	See Instruc	tions and 29 CFR	10h		х	1 1	1.	85		
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)	í	I If 10h was answered "Yes," check the box if you either provided the required notice or one of the										1,
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)	Part	VI Pension Funding Compliance			101			- C				
11a Enter the unpaid minimum required contribution for current year from Schedule SB (Form 5500) line 39		is this a defined benefit plan subject to minimum funding regulareme	ints? (If "Ye	es," see instructions and com	plete	Sched	ule SB	(Form	Τп	Vee	Пм	_
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 extent to detect the detect the letter of the letter	11a	Enter the unpaid minimum required contribution for current year fro	m Schedul	le SB (Form 5500) line 39		<u> </u>		11)1177777444	<b>-</b>	100		<u>~</u>
(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)  If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, and extent he date of the letter in th								-RISA2	ПП	Yes	K N	<u> </u>
a If a waiver of the minimum funding standard for a prior year is being amortized in this plan year see instructions, and extent to date of the letter to		(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,	as applicab	ole.)								_
	а	If a waiver of the minimum funding standard for a prior year is being	amortized	in this plan yeer, see instruc	tions,	and e	nter th	e date of	the lett	er ruli	no	_

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you completed line 12s, complete lines 3, 9, and 10 of Schedule MI	B (Form 5500), and skip to line 1	3.			No.	
Enter the minimum required contribution for this plan year			12b		"	
Enter the amount contributed by the employer to the plan for this plan	year		12c		***	
Subtract the amount in line 12c from the amount in line 12b. Enter the	result (enter a minus sign to the le	oft of a	12d			
Will the minimum funding amount reported on line 12d be met by the f	unding deadline?			Yes	No □	N/A
VIII Plan Terminations and Transfers of Assets	•					
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 emplo	oyer this year			1		
Were all the plan assets distributed to participants or beneficiaries, tran	sferred to another plan, or brough	t under the c	ontrol		Пуев	X No
If during this plan year, any assets or liabilities were transferred from the	nis plan to another plan(s), identify	the plan(s) t	0		11 .00	
13c(1) Name of plan(s):		13	3c(2) El	N(s)	13c(3)	PN/e)
Mill Trust Information (optional)	•		0.000		<u> </u>	
Name of trust			14b Tr	ust's EIN		
	Enter the minimum required contribution for this plan year.  Enter the amount contributed by the employer to the plan for this plan Subtract the amount in line 12c from the amount in line 12b. Enter the negative amount).  Will the minimum funding amount reported on line 12d be met by the finance amount in the management of the plan assets.  Has a resolution to terminate the plan been adopted in any plan year?  If "Yes," enter the amount of any plan assets that reverted to the employer all the plan assets distributed to participants or beneficiaries, transfer the PBGC?  If during this plan year, any assets or liabilities were transferred from the which assets or liabilities were transferred. (See Instructions.)  13c(1) Name of plan(s):	you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 1  Enter the minimum required contribution for this plan year.  Enter the amount contributed by the employer to the plan for this plan year.  Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the lengative amount).  Will the minimum funding amount reported on line 12d be met by the funding deadline?  Plan Terminations and Transfers of Assets  Has a resolution to terminate the plan been adopted in any plan year?  If "Yes," enter the amount of any plan assets that reverted to the employer this year.  Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brough of the PBGC?  If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify which essets or liabilities were transferred. (See Instructions.)  13c(1) Name of plan(s):	Enter the minimum required contribution for this plan year.  Enter the amount contributed by the employer to the plan for this plan year.  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).  Will the minimum funding amount reported on line 12d be met by the funding deadline?  Will the minimum funding amount reported on line 12d be met by the funding deadline?  If "Yes," enter the amount of any plan assets that reverted to the employer this year.  Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the of the PBGC?.  If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) which easets or liabilities were transferred. (See Instructions.)  Trust Information (optional)	Enter the minimum required contribution for this plan year	Enter the minimum required contribution for this plan year	Enter the minimum required contribution for this plan year.  Enter the amount contributed by the employer to the plan for this plan yeer.  Enter 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).  Will the minimum funding amount reported on line 12d be met by the funding deadline?  Will the minimum funding amount reported on line 12d be met by the funding deadline?  Will Plan Terminations and Transfers of Assets  Has a resolution to terminate the plan been adopted in any plan year?  If "Yes," enter the amount of any plan assets that reverted to the employer this year.  Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?.  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.)  Trust Information (optional)