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.

1210-0089

OMB Nos. 1210-0110

2013

This Form is Open to Public Inspection

Part I		t Identification Information					
For calend	ar plan year 2013 or	fiscal plan year beginning 01/01/201	3	and ending 1	2/31/2	2013	
A This ref	turn/report is for:	X a single-employer plan	a multiple-employer pl	an (not multiemployer)		a one-particip	pant plan
B This ref	turn/report is:	the first return/report	the final return/report				
		an amended return/report	a short plan year returi	n/report (less than 12 m	onths))	
C Check	box if filing under:	Form 5558	automatic extension			DFVC progra	am
		special extension (enter description	on)				
Part II	Basic Plan Inf	ormation—enter all requested inform	nation				
1a Name	•				1b	Three-digit	
INTEGRUS	ARCHITECTURE, P.	S. INCENTIVE SAVINGS PLA				plan number (PN) ▶	002
					1c	Effective date of	
						02/01/	•
	ponsor's name and a ARCHITECTURE, P	address; include room or suite number (6.8.	employer, if for a single-	employer plan)	2b	Employer Identification (EIN) 91-10	
					2c	Sponsor's telep	
10 SOUTH (509-838	
SPOKANE,	WA 99204				2d	Business code (54131	(see instructions)
3a Plan a	dministrator's name a	and address Same as Plan Sponsor I	Name Same as Plar	Sponsor Address	3b	Administrator's I	EIN 033931
NTEGRUS A	RCHITECTURE, P.S	S. 10 SOUTH CE SPOKANE, W			3с	Administrator's t	telephone number
						509-838	3-8681
		he plan sponsor has changed since the	last return/report filed for	or this plan, enter the	4b	EIN	
	, EIN, and the plan no or's name	umber from the last return/report.			4c	DN	
		ts at the beginning of the plan year			5a	FIN	85
_	•	ts at the end of the plan year			5b		101
		n account balances as of the end of the			30		101
			• • •	•	5c		74
		ets during the plan year invested in eligib					X Yes No
		of the annual examination and report of 6? (See instructions on waiver eligibility					X Yes ☐ No
		either line 6a or line 6b, the plan canr					
C If the	plan is a defined bene	efit plan, is it covered under the PBGC in	nsurance program (see	ERISA section 4021)?		Yes No	Not determined
Caution: A	A penalty for the late	e or incomplete filing of this return/re	port will be assessed	unless reasonable cau	ıse is	established.	
Under pena	alties of perjury and o	other penalties set forth in the instruction	ns, I declare that I have	examined this return/rep	port, ir	ncluding, if applic	
	edule MB completed a true, correct, and con	and signed by an enrolled actuary, as w mplete.	ell as the electronic ven	sion of this return/report	t, and	to the best of my	knowledge and
SIGN	Filed with authorized	d/valid electronic signature.	04/24/2014	DENISE L GARCEAU			
HERE	Signature of plan	administrator	Date	Enter name of individ	ual siç	gning as plan adn	ninistrator
SIGN							
HERE	Signature of empl	loyer/plan sponsor	Date	Enter name of individ	ual siç	gning as employe	er or plan sponsor
	, -	name, if applicable) and address; include	de room or suite numbe	r (optional)	Prep	parer's telephone	number (optional)
JODI CALH RANDALL 8	& HURLEY, INC.					509-838	3-5500
601 W. RIV	ERSIDE, SUITE 160	0					
SPOKANE,	VVA 33201						

Form 5500-SF 2013 Page **2**

Pa	rt III Financial Information						
7	Plan Assets and Liabilities		(a) Beginning of Yea	ar			(b) End of Year
· a	Total plan assets	7a	567527				7425895
b	Total plan liabilities	7b	276	0			3461
С	Net plan assets (subtract line 7b from line 7a)	7c	567251	9			7422434
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b) Total
	Contributions received or receivable from:		(u) Amount				(b) Total
	(1) Employers	8a(1)	5591	1			
	(2) Participants	8a(2)	47774	2			
	(3) Others (including rollovers)	8a(3)	672	5			
b	Other income (loss)	8b	128064	0			
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c					1821018
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	4043	0			
е	Certain deemed and/or corrective distributions (see instructions)	8e					
f	Administrative service providers (salaries, fees, commissions)	8f	2997	1			
g	Other expenses	8g	70	2			
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h					71103
<u>i</u>	Net income (loss) (subtract line 8h from line 8c)	8i					1749915
j	Transfers to (from) the plan (see instructions)	8j					
Pai	t IV Plan Characteristics						
9a	If the plan provides pension benefits, enter the applicable pension 2E 2G 2J 2K 3D 2F 2T	feature co	des from the List of Plan Char	acteris	stic Co	des in	the instructions:
b	If the plan provides welfare benefits, enter the applicable welfare fe	eature cod	es from the List of Plan Chara	cterist	ic Cod	les in t	he instructions:
Par	V Compliance Questions						
10	During the plan year:				Yes	No	Amount
а	Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu			10a		X	
b	Were there any nonexempt transactions with any party-in-interest on line 10a.)			10b		X	
С				10c	X		500000
d	, , ,	fidelity bo	nd, that was caused by fraud	10d		X	300000
	Were any fees or commissions paid to any brokers, agents, or oth			100			
·	insurance service, or other organization that provides some or all					X	
	instructions.)			10e			
f	Has the plan failed to provide any benefit when due under the pla	n?		10f		X	
g	Did the plan have any participant loans? (If "Yes," enter amount a	s of year e	end.)	10g		X	
h	If this is an individual account plan, was there a blackout period? (2520.101-3.)	•		10h		X	
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							
11	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)						
11:	Enter the unpaid minimum required contribution for current year fr					11a	
	· · · · · · · · · · · · · · · · · · ·		, ,				FRISA? Tyes No
12	Is this a defined contribution plan subject to the minimum funding			or se	ction	ou≥ of	EKIDA! LI TES N NO
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, If a waiver of the minimum funding standard for a prior year is beir			ctions	and 4	enter th	e date of the letter ruling
	granting the waiver.		Mon		, այս (Day	Year
	you completed line 12a, complete lines 3, 9, and 10 of Schedule	,	າກ ວວບບງ, and skip to line 13.		T	12b	
D	Enter the minimum required contribution for this plan year					140	I

Page	3 -		1
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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 sign to the left of a 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 this year	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
С	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.))		
1	3c(1) Name of plan(s):	c(2) Ell	V(s)	13c(3) PN(s)
Part	VIII Trust Information (optional)			
14a	Name of trust	l 4b Tr	ust's EIN	

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

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

OMB Nos. 1210-0110 1210-0089

2013

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Part I		t Identification Information				
For calend	ar plan year 2013 or t	îscal plan year beginning	01/01/2013	and ending	12/31/2013	
A This re	turn/report is for:	X a single-employer plan	a multiple-employer pl	an (not multiemployer)	a one-participant plan	
B This re	turn/report is:	the first return/report	the final return/report		_	
		an amended return/report	a short plan year return	n/report (less than 12 m	onths)	
C Check	box if filing under:	Form 5558	automatic extension		DFVC program	
		special extension (enter desc	ription)			
Part II	Basic Plan Infe	ormation—enter all requested in	<u> </u>			
1a Name		onio un requesta un			1b Three-digit	
		JRE, P.S. INCENTIVE SA	AVINGS PLA		plan number	
					(PN) 002	
					1c Effective date of plan 02/01/1986	
		ddress; include room or suite numb	er (employer, if for a single-	employer plan)	2b Employer Identification Numb	er
INTEGR	US ARCHITECTU	JRE, P.S.			(EIN) 91-1033931	
10 9011	TH CEDAR				2c Sponsor's telephone number	
10 500	III CEDAR				509-838-8681	
SPOKAN	E	WA 99204			2d Business code (see instruction 541310	ns)
3a Plan a	dministrator's name a	and address Same as Plan Spons	sor Name Same as Plan	Sponsor Address	3b Administrator's EIN	
INTEGR	US ARCHITECTU	JRE, P.S.			91-1033931	mbor.
					3c Administrator's telephone nul	mber
10 SOU	TH CEDAR					
SPOKAN	E	WA 99204				
4 If the	name and/or EIN of th	ne plan sponsor has changed since	the last return/report filed for	or this plan, enter the	4b EIN	
		umber from the last return/report.		,,	10 2111	
	or's name				4c PN	
		s at the beginning of the plan year			5a	85
		s at the end of the plan year			5b	101
		account balances as of the end of			5c	74
		ts during the plan year invested in e				No
		of the annual examination and repor				No
		6? (See instructions on waiver eligibet the raine 6a or line 6b, the plan of	-			
		efit plan, is it covered under the PBC				ined
				The same some street of periodical productions of appearance and an an		
		or incomplete filing of this return				
SB or Sche	arties of perjury and o edule MB completed a	itner penaities set forth in the instruc- and signed by an enrolled actuary. a	ctions, I declare that I have on the control of the	examined this return/repsion of this return/report	oort, including, if applicable, a Scheon, and to the best of my knowledge a	dule Ind
	true, correct, and con				, ,	
SIGN	denin	& Ducean	4-23-14	DENISE L GARCI	======================================	
HERE	Signature of plan		Date		ual signing as plan administrator	
CICN	Signature or plant	adililistrator	Date	Enter hame of individ	ual signing as plan auministrator	
SIGN HERE	Signature of accord	over/plan one rece	Dete	Entony	ual alanina ani	
Preparer's	Signature of emplorment	oyer/plan sponsor name, if applicable) and address; ir	Date Clude room or suite numbe		ual signing as employer or plan spor Preparer's telephone number (opti	
Jodi C		,pp		/- h-1	509-838-5500	
Randal:	l & Hurley, I	nc.				
601 W.	Riverside, S	uite 1600				
1622						
Spokan	e	WA 99201				

Pa	rt III Financial Information							
7	Plan Assets and Liabilities	* : " :	(a) Beginning of Yea	ır			(b) End of	Year
а	Total plan assets	. 7a		7527	9			7425895
b	Total plan liabilities	. 7b		276	0			3463
С	Net plan assets (subtract line 7b from line 7a)	. 7c	56	7251	.9			7422434
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b) Tot	al
а	Contributions received or receivable from: (1) Employers	. 8a(1)	Ī	5591	.1			
	(2) Participants	8a(2)	4	7774	2			
	(3) Others (including rollovers)	8a(3)		672	5			
b	Other income (loss)	. 8b	128	8064	: 0	7 15		MARKET BOYER
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	. 8c						1821018
d	Benefits paid (including direct rollovers and insurance premiums	120 700		4043				
-	to provide benefits)	. 8d		4043				
	Certain deemed and/or corrective distributions (see instructions)	. 8e						
f	Administrative service providers (salaries, fees, commissions)	. 8f		2997	_			
<u>g</u>	Other expenses			70)2			
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	. 8h						71103
_ <u>i</u>	Net income (loss) (subtract line 8h from line 8c)	. 8i						174991
j	Transfers to (from) the plan (see instructions)	· 8j						
9a b	If the plan provides pension benefits, enter the applicable pension 2E 2G 2J 2K 3D 2F 2T If the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare benefits.							
Par	t V Compliance Questions							
	5 / 0 /				1/	NI.		
10	During the plan year:	41	All a disconnected described to		Yes	No	А	mount
a	Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu	uciary Corr	ection Program)	10a	Yes	No X	А	mount
a	Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fide Were there any nonexempt transactions with any party-in-interest on line 10a.)	uciary Corr t? (Do not i	ection Program)nclude transactions reported	10a 10b	Yes		A	mount
a	Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fide Were there any nonexempt transactions with any party-in-interest on line 10a.)	uciary Corr t? (Do not i	ection Program)nclude transactions reported		Yes	Х	A	mount 50000
b	Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fide Were there any nonexempt transactions with any party-in-interest on line 10a.) Was the plan covered by a fidelity bond?	telegrate discussion of the control	nclude transactions reported	10b		Х	A	
b	Was there a failure to transmit to the plan any participant contribution 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fide Were there any nonexempt transactions with any party-in-interest on line 10a.) Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?	fidelity bor	nclude transactions reported and, that was caused by fraud s by an insurance carrier, efits under the plan? (See	10b 10c		Х	A	
b C	Was there a failure to transmit to the plan any participant contribution 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fide Were there any nonexempt transactions with any party-in-interest on line 10a.) Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty? Were any fees or commissions paid to any brokers, agents, or other insurance service, or other organization that provides some or all	fidelity borner persons of the bendance	nclude transactions reported	10b 10c 10d		X X	A	
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6	Was there a failure to transmit to the plan any participant contribution 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fide Were there any nonexempt transactions with any party-in-interest on line 10a.) Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty? Were any fees or commissions paid to any brokers, agents, or other insurance service, or other organization that provides some or all instructions.) Has the plan failed to provide any benefit when due under the plan Did the plan have any participant loans? (If "Yes," enter amount a lifthis is an individual account plan, was there a blackout period? 2520.101-3.) If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10 to I Pension Funding Compliance Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)	fidelity borner persons of the benchmar (See instruments? (If "Ventures")	action Program)	10b 10c 10d 10e 10f 10g 10h 10i	X	X X X X X Aulule SE	3 (Form	500000
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