Fo	m 5500-SF	Short Form Annual		of Small Employ	yee		OMB Nos. 1210-0110 1210-0089	
	rtment of the Treasury nal Revenue Service	This form is required to be fi	Benefit Plan	ad 4065 of the Employe	0		2013	
	epartment of Labor enefits Security Administration	Retirement Income Security Act		ctions 6057(b) and 6058			is Open to Public	
	enefit Guaranty Corporation	Complete all entries in acco		,	0-SF	Ins	spection	
Part I	Annual Report Id	entification Information			0-01.			
For calend	ar plan year 2013 or fisca)13	and ending 1	2/31/2	2013		
A This re	urn/report is for:	a single-employer plan	a multiple-employer pl	an (not multiemployer)		a one-partici	pant plan	
B This re	urn/report is:	the first return/report	the final return/report					
		an amended return/report	a short plan year returr	n/report (less than 12 m	onths)			
C Check	box if filing under:	Form 5558	automatic extension			DFVC progra	am	
	[] []	special extension (enter descrip	tion)					
Part II	Basic Plan Inform	nation—enter all requested infor	,					
1a Name					1b			
	DERSON P.S. 401(K) PR	OFIT SHARING				plan number	001	
					10	、 /		
		ess; include room or suite number	(employer, if for a single-	employer plan)	2b			
WING AN	DERSON, P.S.							
					2c			
POKANE,	ERSIDE, SUITE 800 WA 99201				2d	Business code	(see instructions)	
20 Dian a	durinintente de la rece e red				2h			
	dministrator's name and			Sponsor Address	30			
VING AND	RSON, P.S.				3c	Administrator's	telephone number	
name	, EIN, and the plan numb	lan sponsor has changed since the er from the last return/report.	e last return/report filed fo	or this plan, enter the				
	or's name				-	PN		
		0 0 1 3			5a		20	
					5b		18	
				•	5c		16	
							🗙 Yes 🗌 No	
b Are y	bu claiming a waiver of th	e annual examination and report of	of an independent qualifie	d public accountant (IQ	PA)			
•		· •			_		Not determined	
SB or Sch		signed by an enrolled actuary, as						
SIGN	Filed with authorized/va	lid electronic signature.	05/19/2014	DAVID EASH				
HERE	Signature of plan adn	ninistrator	Date	Enter name of individ	vidual signing as plan administrator			
SIGN								
HERE	Signature of employe	r/plan sponsor	Im a multiple-employer plan (not multiemployer) a one-participant plan in in the final return/report a one-participant plan in in the final return/report in the final return/report in in the final return/report in the final return/report in in the final return/report in the final return/report in in the final return/report in the final return/report inter description) inter description inter description ested information inter description 001 inter description) inter description 001 inter description inter description 001 inter descr					
Preparer's								
601 W. RIV	& HURLEY, INC. ERSIDE AVE., SUITE 16	500				509-83	8-5500	
SPOKANE	wa 99201							

Part III Financial Information									
7 Plan Assets and Liabilities		(a) Beginning of Yea	(a) Beginning of Year			(b) End of Year			
a Total plan assets	. 7a	162548	4			1558522			
b Total plan liabilities	7b								
C Net plan assets (subtract line 7b from line 7a)	7c	162548	4			1558522			
8 Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b) Total			
a Contributions received or receivable from:		4202	0						
(1) Employers	8a(1)	4303							
(2) Participants	8a(2)	5510	1						
(3) Others (including rollovers)	8a(3)	07000	2						
b Other income (loss)	8b	27988	3	_					
c Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c					378028			
d Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	44478	0						
e Certain deemed and/or corrective distributions (see instructions)	8e								
f Administrative service providers (salaries, fees, commissions)	8f	21	0						
g Other expenses	8g								
h Total expenses (add lines 8d, 8e, 8f, and 8g)	8h					444990			
i Net income (loss) (subtract line 8h from line 8c)	8i					-66962			
j Transfers to (from) the plan (see instructions)	8j								
 9a If the plan provides pension benefits, enter the applicable pension 2E 2G 2J 2K 3D 2F 2T b If the plan provides welfare benefits, enter the applicable welfare for the applicable wel									
Part V Compliance Questions									
10 During the plan year:		the time point described in		Yes	No	Amount			
 During the plan year: 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 	uciary Corre	ction Program)	10a	Yes	No X	Amount			
10 During the plan year:a Was there a failure to transmit to the plan any participant contribution	uciary Corre	ction Program) clude transactions reported	10a 10b		-	Amount			
 During the plan year: 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 b Were there any nonexempt transactions with any party-in-interest 	uciary Correct: ? (Do not in	ction Program) clude transactions reported		Yes	Х		500000		
 During the plan year: 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 b Were there any nonexempt transactions with any party-in-interest on line 10a.). 	(Do not in fidelity bond	ction Program) clude transactions reported d, that was caused by fraud	10b		Х		500000		
 10 During the plan year: 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 b Were there any nonexempt transactions with any party-in-interest 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 	iciary Correct ? (Do not in fidelity bond her persons of the benef	ction Program) clude transactions reported d, that was caused by fraud by an insurance carrier, fits under the plan? (See	10b 10c		× ×		500000		
 10 During the plan year: 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 b Were there any nonexempt transactions with any party-in-interest 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 or dishonesty? e Were any fees or commissions paid to any brokers, agents, or oth insurance service, or other organization that provides some or all 	iciary Correct ? (Do not in fidelity bond ner persons of the benef	ction Program) clude transactions reported d, that was caused by fraud by an insurance carrier, fits under the plan? (See	10b 10c 10d		x x x		500000		
 During the plan year: 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 b Were there any nonexempt transactions with any party-in-interest 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 or dishonesty? e Were any fees or commissions paid to any brokers, agents, or oth insurance service, or other organization that provides some or all instructions.) 	iciary Correct ? (Do not in fidelity bond her persons of the benef	ction Program) clude transactions reported d, that was caused by fraud by an insurance carrier, fits under the plan? (See	10b 10c 10d 10e		x x x x		500000		
 10 During the plan year: 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 b Were there any nonexempt transactions with any party-in-interest 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 or dishonesty? e Were any fees or commissions paid to any brokers, agents, or oth insurance service, or other organization that provides some or all 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 a h If this is an individual account plan, was there a blackout period? 	incipacity corrections of year en (See instructions)	ction Program) clude transactions reported 	10b 10c 10d 10e 10f	X	x x x x				
 During the plan year: 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 b Were there any nonexempt transactions with any party-in-interest 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 or dishonesty? e Were any fees or commissions paid to any brokers, agents, or oth insurance service, or other organization that provides some or all 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 a 	iciary Correct ? (Do not in fidelity bond her persons of the benef n? 	ction Program) clude transactions reported 	10b 10c 10d 10e 10f 10g	X	× × × × ×				
 10 During the plan year: 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 b Were there any nonexempt transactions with any party-in-interest on line 10a.) c Was the plan covered by a fidelity bond?	iciary Correct ? (Do not in fidelity bond her persons of the benef n? 	ction Program) clude transactions reported 	10b 10c 10d 10e 10f 10g 10h	X	× × × × ×				
 10 During the plan year: 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 b Were there any nonexempt transactions with any party-in-interest on line 10a.)	incipaction of the beneficiary corrections of the beneficiary bond of the beneficiary bond of the beneficiary corrections of	ction Program) clude transactions reported 	10b 10c 10d 10e 10f 10g 10h 10i	X	X X X X X X	(Form			
 10 During the plan year: 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 b Were there any nonexempt transactions with any party-in-interest 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 or dishonesty? e Were any fees or commissions paid to any brokers, agents, or oth insurance service, or other organization that provides some or all instructions.) f Has the plan failed to provide any benefit when due under the pla g Did the plan have any participant loans? (If "Yes," enter amount a lif this is an individual account plan, was there a blackout period? 2520.101-3.) 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 Part VI Pension Funding Compliance 11 Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below) 	iciary Correct ? (Do not in fidelity bond her persons of the benef n? s of year en (See instruc he required in 1-3	ction Program) clude transactions reported 	10b 10c 10d 10e 10f 10g 10h 10i	X	X X X X X X	(Form	31986		
 10 During the plan year: 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 b Were there any nonexempt transactions with any party-in-interest 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 or dishonesty? e Were any fees or commissions paid to any brokers, agents, or oth insurance service, or other organization that provides some or all instructions.) f Has the plan failed to provide any benefit when due under the pla g Did the plan have any participant loans? (If "Yes," enter amount a h If this is an individual account plan, was there a blackout period? 2520.101-3.) i If 10h was answered "Yes," check the box if you either provided th exceptions to providing the notice applied under 29 CFR 2520.10 Part VI Pension Funding Compliance 11 Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below) 	incipacity corrections of the benefity bond in the	ction Program) clude transactions reported d, that was caused by fraud by an insurance carrier, fits under the plan? (See d.) d.) tions and 29 CFR notice or one of the es," see instructions and com	10b 10c 10d 10e 10f 10g 10h 10i	X	X X X X X Iule SB	8 (Form	31986		
 10 During the plan year: a Was there a failure to transmit to the plan any participant contribut 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fide b Were there any nonexempt transactions with any party-in-interest 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 or dishonesty? e Were any fees or commissions paid to any brokers, agents, or oth insurance service, or other organization that provides some or all instructions.) f Has the plan failed to provide any benefit when due under the pla g Did the plan have any participant loans? (If "Yes," enter amount a h If this is an individual account plan, was there a blackout period? 2520.101-3.) 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 Part VI Pension Funding Compliance 11 Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below) 	iciary Correct ? (Do not in fidelity bond her persons of the benef n? is of year en (See instruc he required in 1-3	ction Program) clude transactions reported 	10b 10c 10d 10e 10f 10g 10h 10i	X	X X X X X Iule SB	8 (Form	31986		
 10 During the plan year: 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 b Were there any nonexempt transactions with any party-in-interest 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 or dishonesty? e Were any fees or commissions paid to any brokers, agents, or oth insurance service, or other organization that provides some or all instructions.) f Has the plan failed to provide any benefit when due under the pla g Did the plan have any participant loans? (If "Yes," enter amount a h If this is an individual account plan, was there a blackout period? 2520.101-3.) i If 10h was answered "Yes," check the box if you either provided th exceptions to providing the notice applied under 29 CFR 2520.10 Part VI Pension Funding Compliance 11 Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below). 	iciary Correct ? (Do not in fidelity bond her persons of the benef n? s of year en (See instruc he required in 1-3 hents? (If "Ye rom Schedul requirement , as applicating amortized	ction Program) clude transactions reported 	10b 10c 10d 10e 10f 10g 10h 10i e or see	X X Scheo	X X X X X X Iule SB	8 (Form Yes ERISA? Yes	31986		
 10 During the plan year: a Was there a failure to transmit to the plan any participant contribut 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fide b Were there any nonexempt transactions with any party-in-interest 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 or dishonesty? e Were any fees or commissions paid to any brokers, agents, or oth insurance service, or other organization that provides some or all 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 a h If this is an individual account plan, was there a blackout period? 2520.101-3.) 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 Part VI Pension Funding Compliance 11 Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below) 11a Enter the unpaid minimum required contribution for current year fi a waiver of the minimum funding standard for a prior year is bein 	iciary Correct ? (Do not in fidelity bond ner persons of the benef n? s of year en (See instruc he required in 1-3 hents? (If "Ye rom Schedul requiremen , as application ng amortized	ction Program) clude transactions reported 	10b 10c 10d 10e 10f 10g 10h 10i e or see	X X Scheo	X X X X X X Iule SB 11a 302 of I enter th	3 (Form Yes B (Form Yes ERISA? Yes be date of the letter ruli	31986		
 10 During the plan year: 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 b Were there any nonexempt transactions with any party-in-interest on line 10a.) c Was the plan covered by a fidelity bond?	iciary Correct ? (Do not in fidelity bond ner persons of the benef n? is of year en (See instruc he required in 1-3 her required in 1-3 nents? (If "Year room Schedul in requirement , as applicat ing amortized e MB (Form	ction Program) clude transactions reported 	10b 10c 10d 10e 10f 10g 10h 10i 	X X Schec	X X X X X X Iule SB 11a 302 of I enter th	3 (Form Yes B (Form Yes ERISA? Yes be date of the letter ruli	31986		

C	Enter the amount contributed by the employer to the plan for this plan year	12c		
d	Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a negative amount)	12d		
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?	Ye	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 c of 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) t which assets or liabilities were transferred. (See instructions.)	0		
1	3c(1) Name of plan(s): 13	8 c(2) EIN	l(s)	13c(3) PN(s)
Part	VIII Trust Information (optional)		1	
14a	lame of trust	14b Tru	ust's EIN	

Fo	orm 5500-SF	Short Form Annual		of Small Emplo	oyee	OMB Nos. 1210-0110 1210-0089	
Department of the Treasury Internal Revenue Service This form is required to be filed under sections 104 and 4065 of the Employ					ee	2013	
Department of Labor Employee Benefits Security Administration Retirement Income Security Act of 1974 (ERISA), and sections 6057(b) and 605 the Internal Revenue Code (the Code).					58(a) of This Form is Open to Publ		
Pension Benefit Guaranty Corporation Complete all entries in accordance with the instructions to the Form 55						Inspection	
Part I		lentification Information					
	dar plan year 2013 or fisca		01/01/2013	and ending		12/31/2013	
		a single-employer plan	a multiple-employer	plan (not multiemployer)	l	🔲 a one-participant plan	
B This re	eturn/report is:	the first return/report	the final return/report				
_	Ĺ	an amended return/report	a short plan year retu	rn/report (less than 12 n	nonths)		
C Check	box if filing under:	Form 5558	automatic extension			DFVC program	
		special extension (enter descrip					
Part II		nation—enter all requested info	rmation				
1a Name EWING		01(K) PROFIT SHARING	3		115	Three-digit plan number (PN) 001	
					1c	Effective date of plan 01/01/1991	
2a Plans EWING	sponsor's name and addre ANDERSON, P.S.	ess; include room or suite number	employer, if for a single	-employer plan)	2b	Employer Identification Number (EIN) 91-0928757	
522 W.	RIVERSIDE, SUI	TE 800				Sponsor's telephone number 509-838-4261	
						Business code (see instructions)	
SPOKAN		WA 99201				541110	
	administrator's name and a ANDERSON, P.S.	address Same as Plan Sponso	r Name Same as Pla	n Sponsor Address	3b	Administrator's EIN 91-0928757	
522 W. SPOKAN	RIVERSIDE, SUI	TE 800 WA 99201				Administrator's telephone number 509 - 838 - 4261	
4 If the name	name and/or EIN of the pla , EIN, and the plan numbe	an sponsor has changed since th er from the last return/report.	e last return/report filed f	or this plan, enter the	4b	EIN	
<u> </u>	or's name				4c	PN	
		the beginning of the plan year			5a	20	
		the end of the plan year			5b	18	
C Numb	er of participants with acc lete this item)	ount balances as of the end of the	e plan year (defined bene	efit plans do not	5c	16	
6a Were	all of the plan's assets du	uring the plan year invested in elig	ible assets? (See instruc	tions.)		X Yes No	
D Are yo under	ou claiming a waiver of the 29 CFR 2520 104-462 (S	e annual examination and report of See instructions on waiver eligibilit	of an independent qualifie	ed public accountant (IQ	PA)		
lf you	answered "No" to eithe	er line 6a or line 6b, the plan ca	nnot use Form 5500-SF	and must instead use	Form	XIYes [] No 5500.	
		an, is it covered under the PBGC					
		ncomplete filing of this return/r					
Under pena SB or Sche	alties of perjury and other	penalties set forth in the instruction signed by an enrolled actuary, as	ons. I declare that I have	examined this return/rer	ort ind	luding if applicable a Schodulo	
SIGN	All	UP	5/15/14	David Eash			
HERE	Signature of plan admi	inistrator	Date	Enter name of individ	ual sior	ing as plan administrator	
SIGN							
HERE	Signature of employer	/plan sponsor	Date	Enter name of individu	ual sior	ing as employer or plan sponsor	
Jodi Ca Randall	alhoun & Hurley, Inc.		ude room or suite numbe	r (optional)	Prepa	rer's telephone number (optional) 509 - 838 - 5500	
601 W.	Riverside Ave.,	Suite 1600					
Spokane	2	WA 99201					

For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500-SF.

Page 2

Part III Financial Information							
7 Plan Assets and Liabilities		(a) Beginning of Ye	ar –			(b) End	of Year
a Total plan assets	. 7a		254	84		(~) ===	1558522
b Total plan liabilities	. 7b	· · · · · · · · · · · · · · · · · · ·	_				
C Net plan assets (subtract line 7b from line 7a)	. 7c	16	254	84			1558522
8 Income, Expenses, and Transfers for this Plan Year		(a) Amount		┢		(b) '	Fotal
a Contributions received or receivable from:				+		(6)	
(1) Employers	. 8a(1)		430	38			
(2) Participants	8a(2)		551	57			
(3) Others (including rollovers)	8a(3)						
b Other income (loss)	. 8b	2	798	33			
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	. 8c						378028
d Benefits paid (including direct rollovers and insurance premiums to provide benefits)	. 8d	4	444780				
e Certain deemed and/or corrective distributions (see instructions)	. 8e						
f Administrative service providers (salaries, fees, commissions)	8f		2:	10			
g Other expenses	- 8g						
h Total expenses (add lines 8d, 8e, 8f, and 8g)	8h						444990
i Net income (loss) (subtract line 8h from line 8c)	- 8i						-66962
j Transfers to (from) the plan (see instructions)	- 8j						
Part 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	acteri	stic C	odes ir	the instruc	ctions:
b If the plan provides welfare benefits, enter the applicable welfare f	eature cod	es from the List of Plan Chara	cteris	tic Co	des in t	the instruct	ions:
Part V Compliance Questions							
10 During the plan year:				Yes	No		Amount
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	uciary Corr	ection Program)	10a		x		
b Were there any nonexempt transactions with any party-in-interest on line 10a.)			10b		x		
C Was the plan covered by a fidelity bond?			10c	х			500000
d Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?			10d		х		
e Were any fees or commissions paid to any brokers, agents, or oth						ł — —	
insurance service, or other organization that provides some or all instructions.)	of the bene	efits under the plan? (See	10e		х		
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	nd.)	10g	х	1	1	31986
h If this is an individual account plan, was there a blackout period? 2520.101-3.)			10h		x		
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 required	notice or one of the	101				
Part VI Pension Funding Compliance							
11 Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)	ients? (If "Y	es," see instructions and corr	plete	Sche	dule SE	B (Form	∏ Yes ∏ No
11a Enter the unpaid minimum required contribution for current year fr					<u>11a</u>		
12 Is this a defined contribution plan subject to the minimum funding	requireme	nts of section 412 of the Code	or se	ction	302 of	ERISA?	Yes X No
(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below							
a If a waiver of the minimum funding standard for a prior year is bein granting the waiver.		Mon	ctions, th	and	enter th Day	ne date of t	he letter ruling Year
If you completed line 12a, complete lines 3, 9, and 10 of Schedul	e MB (Forr	m 5500), and skip to line 13.					
b Enter the minimum required contribution for this plan year				[12b		