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

Part I		t Identification Informatio	n			
For calend	lar plan year 2014 or	fiscal plan year beginning 01/01	/2014	and ending 12	/31/2014	
A This re	turn/report is for:	X a single-employer plan		r plan (not multiemployer) ployer information in accord	•	
	·	a one-participant plan	a foreign plan	•		,
B This ret	urn/report is	the first return/report	the final return/repo	rt		
	·	an amended return/report	a short plan year re	turn/report (less than 12 m	onths)	
C Check	box if filing under:	Form 5558	automatic extensio	n	DFVC p	rogram
		special extension (enter des	scription)			
Part II	Basic Plan Inf	ormation—enter all requested	information			
1a Name VEMCO INL		INC. 401(K) PROFIT SHARING			1b Three-digit plan numb (PN) ▶	
					1c Effective d	ate of plan 01/01/2013
	sponsor's name and a	nddress; include room or suite num	nber (employer, if for a sing	gle-employer plan)		dentification Number
2020 F TDF	NIT AND				2c Sponsor's	telephone number
3830 E TREI SPOKANE, \					2d Business o	ode (see instructions)
3a Plan a	administrator's name	and address XSame as Plan Spo	nneor		3b Administra	423700 tor's FIN
ou man a		and address Plane as Fian Ope) i i i i i i i i i i i i i i i i i i i		OD Administra	IOI 3 LIIV
					3c Administra	tor's telephone number
4 If the	name and/or FIN of t	he plan sponsor has changed sing	ce the last return/report file	d for this plan, enter the	4h FIN	
name	e, EIN, and the plan n	he plan sponsor has changed sinc umber from the last return/report.	ce the last return/report file	d for this plan, enter the	4b EIN	
name a Spons	e, EIN, and the plan nosor's name	umber from the last return/report.	·	· 	4c PN	
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a Spons 5a Total b Total	e, EIN, and the plan no sor's name number of participant number of participant	umber from the last return/report. Its at the beginning of the plan year Its at the end of the plan year	r		4c PN	8
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b	Were all of the plan's assets during the plan year invested in eligible Are you claiming a waiver of the annual examination and report of a under 29 CFR 2520.104-46? (See instructions on waiver eligibility a figure of you answered "No" to either line 6a or line 6b, the plan cannot be a contracted to the plan cannot be a contracte	an indepe and condit ot use Fo	ndent qualified public accounta tions.) orm 5500-SF and must instead	nt (IQ	PA) Form	5500.	Xes No
	f the plan is a defined benefit plan, is it covered under the PBGC in	surance p	orogram (see ERISA section 40)21)? .		Yes	No Not determined
Par	III Financial Information		ı				
7	Plan Assets and Liabilities		(a) Beginning of Yea				(b) End of Year
	Total plan assets	7a	3721	21			462587
	Total plan liabilities	7b	0704	0.4			400507
	Net plan assets (subtract line 7b from line 7a)	7c	3721	21			462587
	ncome, Expenses, and Transfers for this Plan Year		(a) Amount				(b) Total
	Contributions received or receivable from: 1) Employers	8a(1)	394	146			
	2) Participants	8a(2)	241	10			
	3) Others (including rollovers)	8a(3)					
	Other income (loss)	8b	269	910			
C	Fotal income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c					90466
d i	Benefits paid (including direct rollovers and insurance premiums						
	o provide benefits)	8d					
	Certain deemed and/or corrective distributions (see instructions)	8e					
	Administrative service providers (salaries, fees, commissions)	8f					
	Other expenses	8g					
	Fotal expenses (add lines 8d, 8e, 8f, and 8g)	8h					90466
	Net income (loss) (subtract line 8h from line 8c)	8i					90400
Pari	Fransfers to (from) the plan (see instructions) Plan Characteristics	8j					
b Part	ZE 2F 2G 2J 2K 2T 3D If the plan provides welfare benefits, enter the applicable welfare fe V Compliance Questions	eature coo	les from the List of Plan Charad	cterist	ic Cod	les in t	he instructions:
10	During the plan year:				Yes	No	Amount
a b	Was there a failure to transmit to the plan any participant contribut 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu Were there any nonexempt transactions with any party-in-interest.)	ıciary Cor	rection Program)	10a		X	
	on line 10a.)	`	•	10b		X	
С	Was the plan covered by a fidelity bond?			10c	X		47000
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.)	of the ber	efits under the plan? (See	10e	X		945
f	Has the plan failed to provide any benefit when due under the plan	n?		10f		X	
g	Did the plan have any participant loans? (If "Yes," enter amount as	s of year	end.)	10g		X	
h	If this is an individual account plan, was there a blackout period? (2520.101-3.)	(See instr	uctions and 29 CFR	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 2520.101			10i		X	
Part	VI Pension Funding Compliance						
11	Is this a defined benefit plan subject to minimum funding requirements 5500) and line 11a below)						
11a	Enter the unpaid minimum required contribution for current year from	om Sched	dule SB (Form 5500) line 39			11a	<u> </u>
12	Is this a defined contribution plan subject to the minimum funding			or se	ction	302 of	ERISA? 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.	-			, and 6 	enter th Day	

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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):		13c(2) EI	N(s)	13c(3) PN(s)

14b Trust's EIN

Part VIII Trust Information (optional)

14a Name of trust

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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Pension Benefit Guaranty Corporation Complete all entries in accordance with the instructions to the Form 5500-SF.

OMB Nos. 1210-0110 1210-0089

2014

This Form is Open to Public Inspection

-or calendar nian vear 2014 or tiscal			014	and or		. U I 4	
For calendar plan year 2014 or fiscal A This return/report is for:	a single-employer pl	01/01/2		and er	nding 12/31/3 ployer) (Filers checking this b		
The retain report to ter.	a single-ciripleyer pr				n accordance with the form in		
	a one-participant pla		eign plan			J	
B This return/report is	the first return/repor		nal return/report				
•	an amended return/	н	ort plan year return/re	eport (les	s than 12 months)		
C Check box if filing under:	Form 5558	. Н	matic extension	,	DFVC pro	gram	
	special extension (e						
Part II Basic Plan Informa	ation - enter all reque	ested information					
a Name of plan				1b	Three-digit		
VEMCO INLAND NORTH	WEST, INC.	401(K) PR	OFIT SHARI	N&	plan number (PN)	001	
				1c	Effective date of plan		
1	Line of the Course		State State		01/01/201		
!a Plan sponsor's name and address; in PEMCO INLAND NORTH		ber (employer, if for	single-employer plan)	2b	Employer Identification N 46-160861		
8830 E TRENT AVE				2c 509	Sponsor's telephone nur	nber	
				2d	Business code (see instr	uctions)	
SPOKANE	WA 992	02			423700	4000000	
a Plan administrator's name and a	address X Same as I	Plan Sponsor.		3b	Administrator's EIN		
				3с	Administrator's telephon	e number	
					Administrator's telephon	e number	
If the name and/or EIN of the plan	n sponsor has changed	since the last ret	urn/report filed for th		Administrator's telephon	e number	
If the name and/or EIN of the plar plan, enter the name, EIN, and th				nis 4b	EIN	e number	
·						e number	
plan, enter the name, EIN, and th a Sponsor's name	e plan number from the	e last return/report	t.	his 4b	EIN		
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