Form	5500-SF	Short Form Annual R	oyee		OMB Nos. 1210-0110 1210-0089						
	Department of the Treasury Internal Revenue Service         Benefit Plan           Department of Labor         This form is required to be filed under sections 104 and 4065 of the Employee Income Security Act of 1974 (ERISA), and sections 6057(b) and 6058(a) of the Revenue Code (the Code).						2014				
							orm is Open to				
Pension Benefit	t Guaranty Corporation	Complete all entries in accor	dance with the instr	uctions to the Form 5	500-SF.	Pub	ic Inspection				
		Ientification Information		and and in a do	124/2044						
For calendar p	an year 2014 or fisc	al plan year beginning 01/01/2014	multiple employer pl	and ending 12 an (not multiemployer)	/ <u>31/2014</u> (Filors cl		w must attach a list				
A This return	report is	of participating employer information in accordance with the form instructions)         a one-participant plan         the first return/report         the final return/report         an amended return/report         a short plan year return/report (less than 12 months)         Form 5558									
C Check box	if filing under:	special extension (enter description)									
	L										
		mation—enter all requested informat	ion		46 -						
<b>1a</b> Name of p EVERGREEN II		ROFIT SHARING 401(K) PLAN			р	hree-digit Ian number PN) ►	002				
					```	ffective date o	f plan /1982				
	sor's name and addr	ess; include room or suite number (em	ployer, if for a single-	employer plan)	2b E	fication Number					
	15 S. 1ST AVENUE				```	ponsor's telep 509-48					
OTHELLO, WAS					2d Business code (see instructions) 453990						
3a Plan admi	nistrator's name and	address Same as Plan Sponsor.			<b>3b</b> Administrator's EIN 91-0815826						
		OTHELLO, WA				509-48	telephone number 8-5222				
	N, and the plan num	blan sponsor has changed since the last per from the last return/report.	st return/report filed fo	or this plan, enter the	4b EIN 4c PN						
· · ·		t the beginning of the plan year			5a		109				
<b>b</b> Total num	ber of participants a	t the end of the plan year			5b		111				
		count balances as of the end of the pla		•	5c	89					
<b>d(1)</b> Total n	umber of active parti	cipants at the beginning of the plan yea	ar		5d(1)	)	89				
<b>d(2)</b> Total n	umber of active parti	cipants at the end of the plan year			5d(2	2)	90				
e Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested					5e		0				
Caution: A pe Under penaltie SB or Schedul	enalty for the late or es of perjury and othe	incomplete filing of this return/report r penalties set forth in the instructions, signed by an enrolled actuary, as well	ort will be assessed I declare that I have	unless reasonable cau examined this return/rep	oort, incl	uding, if applic					
31014											
HERE S	ignature of plan adı	ministrator	Date	Enter name of individ	ual signi	ng as plan adr	ninistrator				
SIGN HERE				<b></b>							
Signature of employer/plan sponsor         Date         Enter name of individ           Preparer's name (including firm name, if applicable) and address (include room or suite number ) (optional)         (optional)							r or plan sponsor number (optional)				
JODI CALHOUN RANDALL & HURLEY, INC. 601 W. RIVERSIDE AVE SPOKANE, WA 99201						509-838	( <b>1</b> )				

	Were all of the plan's assets during the plan year invested in eligibl 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 <b>If you answered "No" to either line 6a or line 6b, the plan canne</b>	an indeper and condit	ident qualified public accountations.)	nt (IQ	(PA)		X Yes 🗌 No		
С	If the plan is a defined benefit plan, is it covered under the PBGC in				_				
Par	t III Financial Information								
7	Plan Assets and Liabilities	ır			(b) End of Year				
а	Total plan assets	7a	69305	522		6439110			
b	Total plan liabilities	7b							
С	Net plan assets (subtract line 7b from line 7a)	7c	69305	522			6439110		
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount			(b) Total			
	Contributions received or receivable from:	- (I)	1124	186					
					_				
	(3) Others (including rollovers)								
	Other income (loss)	8b			_		070004		
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c			_		672601		
	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	11354	33					
-	Certain deemed and/or corrective distributions (see instructions)	8e							
	Administrative service providers (salaries, fees, commissions)	8f	285	580					
	Other expenses	8g							
	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h					1164013		
	Net income (loss) (subtract line 8h from line 8c)	8i			-491412				
	Transfers to (from) the plan (see instructions)	8j							
Par		oj							
9a b Part	If the plan provides pension benefits, enter the applicable pension in 2E 2J 2K 2H 3D 2T If the plan provides welfare benefits, enter the applicable welfare ference of the second s								
10	During the plan year:				Yes	No	Amount		
а	Was there a failure to transmit to the plan any participant contribut 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu			10a		х			
b	Were there any nonexempt transactions with any party-in-interest on line 10a.)	? (Do not i	nclude transactions reported	10b		х			
С	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	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.)					х			
f	Has the plan failed to provide any benefit when due under the plan	n?		10f		Х			
g	g Did the plan have any participant loans? (If "Yes," enter amount as of year end.)								
h	h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)					х			
i	If 10h was answered "Yes," check the box if you either provided th exceptions to providing the notice applied under 29 CFR 2520.101	ne required	d notice or one of the	10h 10i					
Part						i			
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 from			11a					
12	Is this a defined contribution plan subject to the minimum funding	requireme	ents of section 412 of the Code	or se	ection (	302 of	ERISA? Yes X No		
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,	as applica	able.)						

Page 3 - 1

If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.					
<b>b</b> Enter the minimum required contribution for this plan year		12b			
<b>C</b> Enter the amount contributed by the employer to the plan for this plan year		12c			
<b>d</b> Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left onegative amount)	of a	12d			
e 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?		· 🗆 ۲	Yes X No		
If "Yes," enter the amount of any plan assets that reverted to the employer this year		. 13a			
<b>b</b> Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought u of the PBGC?	control		Yes 🗙 No		
<b>C</b> If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify th which assets or liabilities were transferred. (See instructions.)	e plan(s)	to			
13c(1) Name of plan(s):	1	3c(2) El	IN(s)	<b>13c(3)</b> PN(s)	
Part VIII Trust Information (optional)					
14a Name of trust	14b Trust's EIN				

Form 5500-		Short Form Annu	loyee		OMB Nos. 1210-0110 1210-0089					
Department of the Treasury Internal Revenue Service		Benefit Plan This form is required to be filed under sections 104 and 4065 of the Employee						2014		
Department of Labor Employee Benefits Security Adm	inistration	Income Security Act of 1974 (ERISA), and sections 6057(b) and 6058(a) of the Revenue Code (the Code).					This For			
Pension Benefit Guaranty Con	poration	Complete all entries in a second s	accord	ance with the inst	ructions to the Form	5500-SF.	- rub	lic Inspection		
Part I Annual R	eport lo	entification Information								
For calendar plan year 20	14 or fisc	al plan year beginning	01/	01/2014	and ending	12	/31/201	4		
A This return/report is for		a single-employer plan	of	participating emplo	lan (not multiemployer yer information in acco					
	L	a one-participant plan	af	foreign plan						
B This return/report is	[	the first return/report	the	final return/report						
	Ē	an amended return/report	a short plan year return/report (less than 12 months)							
C Check box if filing und	er:	Form 5558	au	tomatic extension			FVC progra	m		
		special extension (enter descr	ription)							
Part II Basic Pla	n Inform	nation-enter all requested inf	formatio	n	4.00					
1a Name of plan						1b Thre	e-diait			
France	ment,	Inc. Profit Sharing	<b>y</b> 401	(k) Plan			number	002		
						1c Effect	ctive date of			
2a Plan sponsor's name	and addre	ess; include room or suite numbe	er (empl	loyer, if for a single-	employer plan)		01/1982			
Evergreen Imple	ment,	Inc.				2b Employer Identification Number (EIN) 91-0815826				
PO Box 548 1415	S. 1s	t Avenue				<b>2c</b> Sponsor's telephone number 509-488-5222				
Othello		WA 99344				2d Business code (see instructions) 453990				
3a Plan administrator's n	ame and a	address Same as Plan Spons	sor.			3b Administrator's EIN				
Evergreen Imple	ment,	Inc.				91-0815826 <b>3c</b> Administrator's telephone number				
PO Box 548 1415	S. 1s	t Avenue					-488-522			
Othello		WA 99344								
4 If the name and/or Ell	N of the pl	an sponsor has changed since th	the last r	return/report filed fo	r this plan enter the	4b EIN				
		er from the last return/report.				4C PN				
	cipants at t	the beginning of the plan year								
		the end of the plan year						109		
		ount balances as of the end of th						111		
complete this item)		pants at the beginning of the pla						89		
		pants at the end of the plan year				5d(1)		89		
		inated employment during the plan				5d(2)		90		
						5e	212 (A. 19)	0		
Under penalties of perjury	and other eted and s	ncomplete filing of this return/ penalties set forth in the instruct igned by an enrolled actuary, as	tions, I d	eclare that I have e	examined this return/re	port includin	g if applica	ble, a Schedule nowledge and		
SIGN COL	M	Jatheni			GAYLE LATHIM					
HERE Signature of	plan adm	inistrator		Date 2515	Enter name of individ	ual signing a	s plan admi	nistrator		
SIGN HERE										
Signature of		/plan sponsor		Date	Enter name of individ	ual signing a	s employer	or plan sponsor		
Preparer's name (including Jodi Calhoun	firm name	e, if applicable) and address (inc	clude roo	om or suite number	) (optional)	Preparer's telephone number (optional)				
Randall & Hurley	, Inc.					5	09-838-	5500		
601 W. Riverside	Ave									

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

99201

WA

Spokane

Form 5500-SF 2014

b	Were all of the plan's assets during the plan year invested in eligit Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility <b>If you answered "No" to either line 6a or line 6b, the plan cann</b> If the plan is a defined benefit plan, is it covered under the PBGC in	an independ and conditio lot use Form	dent qualified public accountains.)	ant (IC I <b>d us</b> e	QPA) e Form	n 5500.		X X Not	Yes Yes deterr	No No
Pa	rt III Financial Information									
7	Plan Assets and Liabilities	1000	(a) Beginning of Yea	ar			(b) End	of Ye	ar	
а	Total plan assets	7a		3052	22	643				
b	Total plan liabilities	7b				1011023				
с	Net plan assets (subtract line 7b from line 7a)	7c	69	3052	22	64				39110
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount			(b) Total				
а	Contributions received or receivable from:						1.07 .	orui		
	(1) Employers	8a(1)	112486							
	(2) Participants	8a(2)	3	0029	94					
	(3) Others (including rollovers)	8a(3)	2	5982	21		1.1			
b	Other income (loss)	8b		_	1.5				1.1	
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						Restored State	6	72601
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	11:	3543	33					
е	Certain deemed and/or corrective distributions (see instructions)	8e								
f	Administrative service providers (salaries, fees, commissions)	8f		2858	30					
g	Other expenses	8g								
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h				1164				54013
i	Net income (loss) (subtract line 8h from line 8c)	8i				-491412				91412
j	Transfers to (from) the plan (see instructions)	8j								
Par	t IV Plan Characteristics									
9a	If the plan provides pension benefits, enter the applicable pension $2E$ $2J$ $2K$ $2H$ $3D$ $2T$	feature code	es from the List of Plan Chara	acteris	stic Co	des in the	e instruct	tions:		
b	If the plan provides welfare benefits, enter the applicable welfare fe	ature codes	from the List of Plan Charac	cterist	ic Cod	es in the	instructio	ons:		
Part	t V Compliance Questions									
10	During the plan year:									
а	<ul> <li>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)</li> </ul>							Amo	unt	
110000-000			and have a state of the second	10a	Yes	No X		Amo	unt	
b		ciary Correc ? (Do not inc	tion Program)	10a 10b	Yes			Amo	unt	
b	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu Were there any nonexempt transactions with any party-in-interest on line 10a.)	ciary Correc ? (Do not inc	tion Program)	10b		X		Amo		00000
	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu 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	ciary Correc ? (Do not inc fidelity bond	tion Program) clude transactions reported , that was caused by fraud	10b 10c	Yes	X		Amo		0000
c d	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu Were there any nonexempt transactions with any party-in-interest on line 10a.) Was the plan covered by a fidelity bond?	ciary Correc ? (Do not inc fidelity bond er persons b of the benefit	tion Program) clude transactions reported , that was caused by fraud by an insurance carrier, ts under the plan? (See	10b		x x		Amo		00000
c d	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu 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 oth insurance service, or other organization that provides some or all	ciary Correc ? (Do not inc fidelity bond er persons b of the benefi	tion Program) clude transactions reported , that was caused by fraud by an insurance carrier, ts under the plan? (See	10b 10c 10d 10e		x x x		Amo		00000
c d	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu 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 oth insurance service, or other organization that provides some or all o instructions.) Has the plan failed to provide any benefit when due under the plan	ciary Correc ? (Do not inc fidelity bond, er persons b of the benefi	tion Program) clude transactions reported , that was caused by fraud by an insurance carrier, ts under the plan? (See	10b 10c 10d 10e 10f		x x x x x		Amo		00000
c d e f g	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu 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 oth 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 as If this is an individual account plan, was there a blackout period? (	ciary Correc ? (Do not inc fidelity bond, er persons b of the benefit n? s of year end See instructi	tion Program) clude transactions reported , that was caused by fraud by an insurance carrier, ts under the plan? (See 	10b 10c 10d 10e 10f 10g		x x x x		Amo		00000
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c d e f g h	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu         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 oth insurance service, or other organization that provides some or all or 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 as If this 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 th exceptions to providing the notice applied under 29 CFR 2520.101         VI       Pension Funding Compliance         Is this a defined benefit plan subject to minimum funding requirement	ciary Correc ? (Do not inc fidelity bond, er persons b of the benefit n? s of year end See instructi e required n -3	tion Program) clude transactions reported , that was caused by fraud by an insurance carrier, ts under the plan? (See 	10b 10c 10d 10e 10f 10g 10h 10i	X	X X X X X X X X	orm			)00000
c d e f h i Part	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu         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 oth 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 as If this 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 th exceptions to providing the notice applied under 29 CFR 2520.101         VI       Pension Funding Compliance	ciary Correc ? (Do not inc fidelity bond, er persons b of the benefit n? s of year end See instructi e required n -3	tion Program) clude transactions reported , that was caused by fraud by an insurance carrier, ts under the plan? (See 	10b 10c 10d 10e 10f 10g 10h 10i	X	X X X X X X X X	orm		50	

(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)