Form 5500-SF		Short Form Annual I	OMB Nos. 1210-0110 1210-0089							
Department of the Treasury Internal Revenue Service		Benefit Plan				2	2013			
Department of Labor Employee Benefits Security Administration		This form is required to be filed under sections 104 and 4065 of the Employe Retirement Income Security Act of 1974 (ERISA), and sections 6057(b) and 6058 the Internal Revenue Code (the Code).								
Pension Benefit Guaranty Corporation Complete all entries in accordance with the instructions to the Form 550						500-SF.				
Part I		entification Information								
For calend	dar plan year 2013 or fisca		13	and ending 0	9/30/2	2014				
A This return/report is for:					a one-participant plan					
B This return/report is:										
an amended return/report a short plan year return/report (less than 12 mo)				
C Check box if filing under:				DFVC program						
		special extension (enter descript	ion)							
Part II	Basic Plan Inform	nation—enter all requested inforr	mation		1		1			
1a Name	•				1b	Three-digit plan number				
FISHER CC	MPANIES 401K PROFIT	SHARING PLAN				(PN) ►	001			
					1c	Effective date o				
						03/01	•			
	sponsor's name and addred of DMPANIES, INC.	ess; include room or suite number ((employer, if for a singl	e-employer plan)	2b	Employer Identification Number (EIN) 91-0938407				
625 FISHE	R LANE				2c	hone number 7-4094				
	ON, WA 98233-3431				2d	2d Business code (see instructions) 236200				
3a Plana	administrator's name and	address Same as Plan Sponsor	Name Same as Pl	an Sponsor Address	3b	Administrator's				
ISHER COM	MPANIES, INC.	625 FISHER	LANE N, WA 98233-3431		91-0938407 3c Administrator's telephone number					
		lan sponsor has changed since the er from the last return/report.	last return/report filed	for this plan, enter the		EIN				
	sor's name				4c PN					
		the beginning of the plan year			5a		109			
		the end of the plan year			5b		113			
com	plete this item)	count balances as of the end of the		-	5c					
		uring the plan year invested in elig	•	,			X Yes No			
		e annual examination and report o See instructions on waiver eligibility					🗙 Yes 🗌 No			
	,	er line 6a or line 6b, the plan can	· ,							
-		blan, is it covered under the PBGC					Not determined			
				,			1			
	· · · ·	incomplete filing of this return/re r penalties set forth in the instructio	•				abla a Schodula			
SB or Sch		signed by an enrolled actuary, as w								
SIGN Filed with authorized/valid electronic signature. 03/10/2015 STEPHANIE WOOD				D						
HERE	Signature of plan adm	ninistrator	idual signing as plan administrator							
SIGN										
HERE	Signature of employe	r/plan sponsor	Date	Enter name of individ	ual sic	ning as employe	r or plan sponsor			
	name (including firm nar	ne, if applicable) and address; inclu					number (optional)			
601 W. RI	& HURLEY, INC. /ERSIDE, SUITE 1600					509-838	3-5500			
SPUKANE	, WA 99201									

7 Plan Assets and Liabilities		(a) Beginning of Yea	ır			(b) End of Year			
a Total plan assets	7a	677205	6			7439328			
b Total plan liabilities	7b								
C Net plan assets (subtract line 7b from line 7a)	7c	677205	6	7439328					
8 Income, Expenses, and Transfers for this Plan Year		(a) Amount		(b) Total					
a Contributions received or receivable from:		26400	F						
(1) Employers	8a(1)	36400							
(2) Participants	8a(2)	45385	8	_					
(3) Others (including rollovers)	8a(3)	70704		_					
b Other income (loss)	8b	797810							
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c				1615673				
d Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	94820	1						
e Certain deemed and/or corrective distributions (see instructions)	8e								
f Administrative service providers (salaries, fees, commissions)	8f	20	0						
g Other expenses	8g								
h Total expenses (add lines 8d, 8e, 8f, and 8g)	8h					948401			
i Net income (loss) (subtract line 8h from line 8c)	8i					667272			
j Transfers to (from) the plan (see instructions)	8j								
Part IV Plan Characteristics	IJ								
b If the plan provides welfare benefits, enter the applicable welfare fe Part V Compliance Questions	ature codes	from the List of Plan Chara	cterist	ic Cod	es in th	ne instructions:			
10 During the plan year:				Yes	No	Amount			
 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) 					X	Anoun			
b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)					Х				
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?	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud				Х				
insurance service, or other organization that provides some or all	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.)				x				
f Has the plan failed to provide any benefit when due under the plan			10f		Х				
U Uld the blan have any participant loans? (If "Yes" enter amount a	s of vear end)	-	Х		87604			
h If this is an individual account plan, was there a blackout period? (See instructi	ons and 29 CFR	10g 10h	Х	X	87694			
	See instructions required not	ons and 29 CFR otice or one of the	10g	X	X	87694			
 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 2520.10⁻¹ 	See instructions required not	ons and 29 CFR otice or one of the	10g 10h	X	X	87694			
 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 box if you eit	See instruction ne required no 1-3 ents? (If "Yes	ons and 29 CFR otice or one of the ," see instructions and com	10g 10h 10i	Schec	lule SB	(Form			
 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 	See instruction ne required no 1-3 ents? (If "Yes	ons and 29 CFR otice or one of the s," see instructions and com	10g 10h 10i	Schec	lule SB	(Form			
 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 2520.107 Part VI Pension Funding Compliance 11 Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below) 	See instruction ne required no 1-3 ents? (If "Yes om Schedule	ons and 29 CFR otice or one of the s," see instructions and com SB (Form 5500) line 39	10g 10h 10i	Schec	lule SB	(Form			
 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 fm 12 Is this a defined contribution plan subject to the minimum funding 	See instruction ne required no 1-3 ents? (If "Yes om Schedule requirements	ons and 29 CFR otice or one of the s," see instructions and com SB (Form 5500) line 39 s of section 412 of the Code	10g 10h 10i	Schec	lule SB	(Form			
 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 from the second s	See instruction ne required no 1-3 ents? (If "Yes om Schedule requirements as applicable ng amortized	ons and 29 CFR btice or one of the s," see instructions and com SB (Form 5500) line 39 s of section 412 of the Code e.) in this plan year, see instruct	10g 10h 10i plete e or se	Schec	lule SB 11a 302 of F	(Form			
 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 2520.107 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 fm 12 Is this a defined contribution plan subject to the minimum funding (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 	See instruction ne required no 1-3 ents? (If "Yes om Schedule requirements as applicable g amortized	ons and 29 CFR otice or one of the s," see instructions and com SB (Form 5500) line 39 s of section 412 of the Code e.) in this plan year, see instruc- 	10g 10h 10i plete e or se	Schec	lule SB 11a 302 of I	(Form Yes No ERISA? Yes No e date of the letter ruling			

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	C 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.)								
13c(1) Name of plan(s):			l(s)	13c(3) PN(s)					
Part	VIII Trust Information (optional)		1						
14a	lame of trust	14b Trust's EIN							

Form 5500-SF	Short Form Annual I	oyee	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 Emplo				2013				
Department of Lebor Employee Benefits Security Administration	Retirement Income Security Act of 1974 (ERISA), and sections 6057(b) and 60 the Internal Revenue Code (the Code).				This Form is Open to Public				
Pension Benefit Guaranty Corporation	5500-SF.								
Part I Annual Report Id									
For calendar plan year 2013 or fisca		09/30/2014							
A This return/report is for:)	a one-participant plan							
B This return/report is:									
C Check box if filing under:									
					DFVC program				
Part II Basic Plan Information-enter all requested information									
Part II Basic Plan Inform 1a Name of plan	ation-enter all requested inform	nation		1h	Three-digit				
Fisher Companies 401k		plan number (PN) ▶ 001							
				1c	Effective date of plan D3/01/1977				
2a Plan sponsor's name and addre FISHER COMPANIES, INC		employer, if for a single	e-employer plan)		Employer Identification Number (EIN) 91-0938407				
625 FISHER LANE				2c	Sponsor's telephone number 360 - 757 - 4094				
					Business code (see instructions)				
BURLINGTON	WA 98233-3431				236200				
3a Plan administrator's name and a FISHER COMPANIES, INC.		Name Same as Pla	n Sponsor Address	3b Administrator's EIN 91-0938407					
1101111 (0011111111111), 1110	•				3c Administrator's telephone number				
625 FISHER LANE				360-757-4094					
BURLINGTON WA 98233-3431									
4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN, and the plan number from the last return/report.					EIN				
a Sponsor's name				4c	PN				
5a Total number of participants at t				5a	109				
	he end of the plan year			5b	113				
	ount balances as of the end of the p			5c	89				
6a Were all of the plan's assets du					X Yes 🗍 No				
b Are you claiming a waiver of the under 29 CFR 2520,104-46? (Second context)	ennual examination and report of a ee instructions on waiver eligibility a				X Yes No				
	r line 6a or line 6b, the plan cann								
C If the plan is a defined benefit pla	an, is it covered under the PBGC in	surance program (see	ERISA section 4021)?	🗋 `	Yes 🗍 No 📋 Not determined				
Caution: A penalty for the late or in	complete filing of this return/rep	ort will be assessed	unless reasonable ca	use is e	stablished.				
Under penalties of perjury and other p SB or Schedule MB completed and si belief, it is true, correct, and complete	gned by an enrolled actuary, as we	s, I declare that I have Il as the electronic ver	examined this return/re sion of this return/repor	port, incl t, and to	uding, if applicable, a Schedule the best of my knowledge and				
SIGN Hechane 11 1970 3/3/15 Stephanie Wood					d				
HERE Junious Vig Union Statistics			Enter name of individ	vidual signing as plan administrator					
SIGN									
HERE Signature of employer/plan sponsor Date Enter name of individu					ng as employer or plan sponsor				
Preparer's name (including firm name, if applicable) and address; include room or suite number (optional) Jodi Calhoun					er's telephone number (optional) 509-838-5500				
Randall & Hurley, Inc.					505 050-5500				
601 W. Riverside, Suite 1600									
Spokane	WA 99201		-	839968 839968					

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

Form 5500-SF (2013)

Pa	rt III Financial Information											
7	Plan Assets and Liabilities	18.84 1970	(a) Beginning of Year			(b) End of Year						
a	Total plan assets	. 7a	6772056									
b	Total plan liabilities	7b										
<u> </u>	Net plan assets (subtract line 7b from line 7a)	70	6'	7720	56				74	39328		
8	Income, Expenses, and Transfers for this Plan Year (a) Amo					(b) Total						
a	Contributions received or receivable from: (1) Employers		3640	05	5							
<u></u>	(1) Employers 8a(1) (2) Participants 8a(2)						ja je na stala je stala je stala je stala je stala je stala na stala je stala je stala je stala je stala je st Na stala je s	(qaas	din e	200 E S		
	(3) Others (including rollovers)									- 11 (11 (11 (11 (11 (11 (11 (11		
b	Other income (loss)	8b	-	797810								
<u> </u>	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c	na strating here as a						161	.5673		
d	Benefits paid (including direct rollovers and insurance premiums		c	9482	0.2							
	to provide benefits)	8d		7402		Hereite Gebeure			enten a	n severale Vice and		
	Certain deemed and/or corrective distributions (see instructions)	8e		<u> </u>						1999 - 1997 		
<u> </u>	Administrative service providers (salaries, fees, commissions)	8f		2	00							
<u> </u>	Other expenses	8g	and a second second second second second	e autor te a		39540		<u> </u>		<u></u>		
	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h		999999 					94	8401		
	Net income (loss) (subtract line 8h from line 8c)	8i	이 아파 영어에 가지 않는 것을 못했다. 이 이 이 이 이 이 이 이 이 이 이 이 이 이 이 이 이 이 이	1243 Q.	68) 				66	7272		
J	Transfers to (from) the plan (see instructions)	8j	· · · · · · · · · · · · · · · · · · ·			933 (C		201937	i de ser	92/98		
	If the plan provides pension benefits, enter the applicable pension to 2E 2F 2G 2J 2K 2T 3D											
b Par		ature code	s from the List of Plan Chara		tic Co	des in	the instruct	ions:				
10	During the plan year:			<u> </u>	Yes	No		Amou	nt			
a	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)					х						
b	b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)					x						
C	Was the plan covered by a fidelity bond?			10c	х				50	0000		
d	Did the plan have a loss, whether or not reimbursed by the plan's f or dishonesty?			10đ	-	x	<u> </u>					
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.)					x						
f	f Has the plan failed to provide any benefit when due under the plan?					х						
g	Did the plan have any participant loans? (If "Yes," enter amount as	of year en	d.)	10g	х				8	7694		
h	h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)					х						
í												
Part				10i								
	Is this a defined benefit plan subject to minimum funding requireme 5500) and line 11a below)	nts? (If "Ye	es," see instructions and com	plete	Sched	ule SE	3 (Form	Пү	es 🗍	No		
11a	Enter the unpaid minimum required contribution for current year from					440	[-• L			
12	Is this a defined contribution plan subject to the minimum funding re-					11a			es 🛛	No		
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, a			or set	cuon 3		ERISA?		es <u>x</u>	No		
а	If a waiver of the minimum funding standard for a prior year is being granting the waiver.	amortized	in this plan year, see instruc	tions,	and e				ruling			
	ou completed line 12a, complete lines 3, 9, and 10 of Schedule I			H		Day		Year	••••			
	Enter the minimum required contribution for this plan year					12b						