## Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation

Part I Annual Report Identification Information

## 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

For caler	r calendar plan year 2014 or fiscal plan year beginning 01/01/2014 and ending 12/31/2014								
<b>A</b> This r	return/report is for:	a single-employer plan		plan (not multiemployer) oyer information in accor		nis box must attach a list m instructions)			
	•	a one-participant plan	a foreign plan	•		,			
<b>B</b> This re	eturn/report is	the first return/report	the final return/report						
	•	an amended return/report							
					_				
C Chec	k box if filing under:	Form 5558	automatic extension		☐ DFVC p	rogram			
		special extension (enter desc	ription)						
Part II	Basic Plan Inf	formation—enter all requested in	formation						
1a Nam		enter an requested in	iomation		1b Three-digit	t I			
		RSON, INC. SAVINGS PLAN			_				
				1b Three-digit plan number (PN) ▶ 002  1c Effective date of plan 01/01/1986  2b Employer Identification Number (EIN) 91-0384940  2c Sponsor's telephone number 509-624-3174  2d Business code (see instructions)					
2a Plan	enoncor's name and s	address; include room or suite numb	or (omployer if for a single	o omployor plan)	<del> </del>				
RICHARDS	S, MERRILL & PETER	SON, INC.	er (employer, ir for a single	e-employer plan)					
					-				
422 W RIV	ERSIDE AVE, ONE SI	KYWALK			I				
SPOKANE, WA 99201					2d Business code (see instructions)				
						523120			
3a Plan administrator's name and address Same as Plan Sponsor.					<b>3b</b> Administrator's EIN 91-0384940				
RICHARDS, MERRILL & PETERSON, INC. 422 W RIVERSIDE AVE, ONE SKYWALK SPOKANE, WA 99201					<b>3c</b> Administrator's telephone number				
		S. 514.	12, 177 00201			19-624-3174			
					30	0 024 0174			
		the plan sponsor has changed since number from the last return/report.	the last return/report filed	for this plan, enter the	4b EIN				
	nsor's name	difficer from the last return report.			4c PN				
<del></del>		ts at the beginning of the plan year.			+	 13			
<b>b</b> Tota	al number of participan	ts at the end of the plan year			. 5b				
		h account balances as of the end of				•			
			• • •	•	. 5c	11			
<b>d(1)</b> ⊤	otal number of active p	participants at the beginning of the p	lan year		5d(1)	10			
d(2) Total number of active participants at the end of the plan year				5d(2)					
` '		terminated employment during the							
			•		5e				
Caution:	A penalty for the late	e or incomplete filing of this retur	n/report will be assessed	l unless reasonable ca	use is establishe	d.			
		other penalties set forth in the instru and signed by an enrolled actuary,							
	s true, correct, and cor		as well as the electronic ve	ersion of this return/repor	it, and to the best t	or my knowledge and			
SIGN	Filed with authorize	d/valid electronic signature.	03/17/2015	TOM MCDONALD					
HERE	Signature of plan	administrator	tor Date Enter name of indi-		dividual signing as plan administrator				
SIGN	J.G J. G. Pidii								
HERE	Signature of amo	loyer/plan sponsor	Date	Enter name of individ	dual cianina ao am	ployer or plan sponsor			
Preparer		name, if applicable) and address (i				hone number (optional)			

JODI CALHOUN

RANDALL & HURLEY, INC.

SPOKANE, WA 99201

601 W. RIVERSIDE AVE., SUITE 1600

509-838-5500

	Form 5500-SF 2014		Page <b>2</b>						
b	<ul> <li>Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)</li></ul>					5500.		X Yes	
	f the plan is a defined benefit plan, is it covered under the PBGC in	surance p	rogram (see ERISA section 40	21)?		Yes	No	Not dete	rmined
Par	t III Financial Information	1	1						
7	Plan Assets and Liabilities		(a) Beginning of Yea				(b) End o		
	Total plan assets	7a	41355	069	-			38163	3/3
	Total plan liabilities	7b	41355	560				29161	272
	Net plan assets (subtract line 7b from line 7a)	7c					3816373		
	Income, Expenses, and Transfers for this Plan Year  Contributions received or receivable from:		(a) Amount	(a) Amount		(b) Total			
	(1) Employers	8a(1)	456	45632					
	(2) Participants	8a(2)	1091	140					
	(3) Others (including rollovers)	8a(3)	1831						
b	Other income (loss)	8b	3910	)33					
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						7289	978
	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	10475	550					
	Certain deemed and/or corrective distributions (see instructions)	8e							
f	Administrative service providers (salaries, fees, commissions)	8f	6	624					
g	Other expenses	8g							
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h						1048	174
i	Net income (loss) (subtract line 8h from line 8c)	8i						-3191	196
j	Transfers to (from) the plan (see instructions)	8j							
Par	t IV Plan Characteristics								
	b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:  Part V Compliance Questions								
10	During the plan year:				Yes	No	,	Amount	
	Was there a failure to transmit to the plan any participant contribut 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu.	iciary Cor	rection Program)	10a		X			
	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	X				500000
d	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?					Χ			
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	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 e	end.)	10g		X			
h	h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)					X			
i									
Part	VI Pension Funding Compliance								
11	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)							Yes	No
11a	Enter the unpaid minimum required contribution for current year fr					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,		·						
а	If a waiver of the minimum funding standard for a prior year is beir granting the waiver.	-			, and e	enter tl Day		e letter ru Year	uling

	Form 5500-SF 2014	Page <b>3</b> - 1			
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):		<b>13c(2)</b> EI	N(s)	<b>13c(3)</b> 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

**Annual Report Identification Information** 

## 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.

OMB Nos. 1210-0110 1210-0089

2014

This Form is Open to Public Inspection

	dai piair year 2014 or	fiscal plan year beginning	01/01/2014	and ending	12/31/20	014
A This re	eturn/report is for:	x a single-employer plan		plan (not multiemployer) oyer information in accor		
		a one-participant plan	a foreign plan			·
<b>B</b> This re	turn/report is	the first return/report	the final return/report			
		an amended return/report	a short plan year retu	rn/report (less than 12 m	onths)	
C Check	box if filing under:	Form 5558	automatic extension		DFVC prog	gram
D-4 II	T D DI	special extension (enter desc		W		
Part II		ormation—enter all requested in	nformation		1 41	
<b>1a</b> Name RICHAR		PETERSON, INC. SAVI	NGS PLAN		<b>1b</b> Three-digit plan number (PN) ▶	002
					1c Effective date 01/01/19	
2a Plans	sponsor's name and a DS, MERRILL &	ddress; include room or suite numb PETERSON, INC.	oer (employer, if for a single	-employer plan)	<b>2b</b> Employer Ider (EIN) 91-03	
422 W	RIVERSIDE AVE	E, ONE SKYWALK			2c Sponsor's tele 509-624-3	•
SPOKAN	E	WA 99201			2d Business code 523120	e (see instructions)
3a Plan a	administrator's name a	and address Same as Plan Spon	nsor.		3b Administrator's	s EIN
RICHAR	DS, MERRILL &	PETERSON, INC.			91-038494	40
					3C Administrator's	s telephone number
422 W	RIVERSIDE AVE	, ONE SKYWALK			509-624-3	174
SPOKAN		WA 99201				
4 If the	name and/or EIN of th	ne plan sponsor has changed since	the last return/report filed f	or this plan, enter the	4b EIN	
	FINI and the plan of					
name	, EIN, and the plan nu	umber from the last return/report.			4c DN	
name <b>a</b> Spons	, EIN, and the plan nu or's name	umber from the last return/report.			4c PN	12
name a Spons 5a Total	e, EIN, and the plan nu or's name number of participants	umber from the last return/report. s at the beginning of the plan year.			5a	13
name a Spons 5a Total b Total	e, EIN, and the plan nu cor's name number of participants number of participants	umber from the last return/report.  s at the beginning of the plan year. s at the end of the plan year			5a 5b	13 11
name a Spons 5a Total b Total c Numb	e, EIN, and the plan nuter's name  number of participants number of participants wer of participants with ete this item)	s at the beginning of the plan year. s at the end of the plan year account balances as of the end of	the plan year (defined bene	efit plans do not	5a 5b 5c	
name a Spons 5a Total b Total c Numb comple d(1) Total	e, EIN, and the plan nuter of same  number of participants of participants of participants of participants with the tethis item)	s at the beginning of the plan year. s at the end of the plan year. account balances as of the end of	the plan year (defined bene lan year	efit plans do not	5a 5b	11
name a Spons 5a Total b Total c Numb comple d(1) Tot d(2) Tot	e, EIN, and the plan nuter's name number of participants number of participants er of participants with ete this item)	s at the beginning of the plan year. s at the end of the plan year account balances as of the end of articipants at the beginning of the p	the plan year (defined bene lan year	efit plans do not	5a 5b 5c	11
name a Spons 5a Total b Total c Numb comple d(1) Tot d(2) Tot e Numbe	e, EIN, and the plan nuter's name number of participants number of participants er of participants with ete this item)	s at the beginning of the plan year.  s at the end of the plan year account balances as of the end of articipants at the end of the plan year the plan year articipants at the end of the plan year the pl	the plan year (defined bene lan year	efit plans do not	5a 5b 5c 5d(1)	11 11 10
name a Spons 5a Total b Total c Numb comple d(1) Tot e Numbe less th Caution: A	e, EIN, and the plan nutor's name number of participants number of participants with ete this item)	s at the beginning of the plan year.  s at the end of the plan year account balances as of the end of articipants at the beginning of the plan year ticipants at the end of the plan year.	the plan year (defined bene lan yeararplan year with accrued bene n/report will be assessed	efit plans do not  efits that were  unless reasonable cau	5a 5b 5c 5d(1) 5d(2) 5e se is established.	11 11 10 9
name a Spons 5a Total b Total c Numb comple d(1) Tot e Numbe less th Caution: A Under pena	p. EIN, and the plan number of participants number of participants number of participants with ete this item) al number of active pa al number of active pa er of participants that the an 100% vested A penalty for the late alties of perjury and of edule MB completed a	s at the beginning of the plan year s at the end of the plan year account balances as of the end of articipants at the beginning of the plan year ticipants at the end of the plan year.	the plan year (defined bene lan yeararplan year with accrued bene n/report will be assessed	efit plans do not  efits that were  unless reasonable caue	5a 5b 5c 5d(1) 5d(2) 5e se is established. ort. including, if appli	11 11 10 9 0 cable, a Schedule
name a Spons 5a Total b Total c Numb comple d(1) Tot e Numbe less th Caution: A Under pens SB or Sche belief, it is to	e, EIN, and the plan nutor's name number of participants number of participants er of participants with ete this item) al number of active pa er of participants that the an 100% vested a penalty for the late alties of perjury and o	s at the beginning of the plan year s at the end of the plan year account balances as of the end of articipants at the beginning of the plan year ticipants at the end of the plan year.	the plan year (defined bene lan yeararplan year with accrued bene n/report will be assessed	efit plans do not  efits that were  unless reasonable caue	5a 5b 5c 5d(1) 5d(2) 5e se is established. ort. including, if appli	11 11 10 9 0 cable, a Schedule
name a Spons 5a Total b Total c Numb comple d(1) Tot d(2) Tot e Numbe less th Caution: A Under pena SB or Sche belief, it is t	p. EIN, and the plan number of participants or of participants of participants of participants of participants of participants of participants of active participants of participants that the participants of participants of participants of perjury and of perjury	articipants at the end of the plan year account balances as of the end of the plan year account balances as of the end of articipants at the end of the plan year articipants at the end of the plan year articipants at the end of the plan year minated employment during the plan year incomplete filing of this return the penalties set forth in the instruction signed by an enrolled actuary, applete.	the plan year (defined beneath an year	efit plans do not  efits that were  unless reasonable caue examined this return/report,	5a 5b 5c 5d(1) 5d(2) 5e se is established. ort, including, if appliand to the best of m	11 10 9 0 cable, a Schedule y knowledge and
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name a Spons 5a Total b Total c Numb comple d(1) Tot e Numbe less th Caution: A Under pens SB or Sche belief, it is it SIGN HERE	p. EIN, and the plan number of participants number of participants with ete this item)	art the beginning of the plan year  account balances as of the end of the plan year account balances as of the end of articipants at the beginning of the plan year articipants at the end of the plan year articipants at the end of the plan year minated employment during the position of this return the penalties set forth in the instrument signed by an enrolled actuary, applete.	the plan year (defined beneat ar	efit plans do not  efits that were  unless reasonable causexamined this return/report,  TOM MCDONALD  Enter name of individue	5a 5b 5c 5d(1) 5d(2) 5e se is established. ort, including, if appliand to the best of m	11 10 9 0 cable, a Schedule y knowledge and
name a Spons 5a Total b Total c Numb comple d(1) Tot d(2) Tot e Numbe less th Caution: A Under pena SB or Sche belief, it is it SIGN HERE Preparer's	p. EIN, and the plan number of participants number of participants with ete this item)	and the beginning of the plan year.  Is at the beginning of the plan year.  Is at the end of the plan year.  I account balances as of the end of articipants at the beginning of the plan year thicipants at the end of the plan year.	the plan year (defined beneat ar	efit plans do not  efits that were  unless reasonable causexamined this return/report,  TOM MCDONALD  Enter name of individue	5a 5b 5c 5d(1) 5d(2) 5e se is established. ort, including, if appliand to the best of m	11 10 9 0 cable, a Schedule y knowledge and ministrator er or plan sponsor
name a Spons 5a Total b Total c Numb comple d(1) Tot d(2) Tot e Numbe less th Caution: A Under pena SB or Sche belief, it is to SIGN HERE Preparer's JODI CA	p. EIN, and the plan number of participants number of participants with ete this item)	at the beginning of the plan year.  s at the end of the plan year	the plan year (defined beneat ar	efit plans do not  efits that were  unless reasonable causexamined this return/report,  TOM MCDONALD  Enter name of individue	5a 5b 5c 5d(1) 5d(2) 5e se is established. ort, including, if appliand to the best of m all signing as plan ad all signing as employed	11 10 9 0 cable, a Schedule y knowledge and ministrator er or plan sponsor e number (optional)
name a Spons 5a Total b Total c Numb comple d(1) Tot e Numbe less th  Caution: A Under pens SB or Sche belief, it is to SIGN HERE  Preparer's JODI CA Randall	p. EIN, and the plan number of participants number of participants with ete this item)	at the beginning of the plan year.  s at the end of the plan year	the plan year (defined beneat ar	efit plans do not  efits that were  unless reasonable causexamined this return/report,  TOM MCDONALD  Enter name of individue	5a 5b 5c 5d(1) 5d(2) 5e se is established. ort, including, if appliant to the best of mand to the best of	11 10 9 0 cable, a Schedule y knowledge and ministrator er or plan sponsor e number (optional)
name a Spons 5a Total b Total c Numb compl d(1) Tot e Numbe less th  Caution: A Under pens SB or Sche belief, it is to SIGN HERE  Preparer's JODI CA Randall	p. EIN, and the plan number of participants number of participants with ete this item)	articipants at the end of the plan year account balances as of the end of the plan year account balances as of the end of articipants at the beginning of the plan year articipants at the end of the plan year.	the plan year (defined beneat ar	efit plans do not  efits that were  unless reasonable causexamined this return/report,  TOM MCDONALD  Enter name of individue	5a 5b 5c 5d(1) 5d(2) 5e se is established. ort, including, if appliant to the best of mand to the best of	11 10 9 0 cable, a Schedule y knowledge and ministrator er or plan sponsor e number (optional)

	Form 5500-SF 2014		Page <b>2</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 lf you answered "No" to either line 6a or line 6b, the plan cannot be a continuous control of the plan cannot be a control of the plan's assets during the plan year invested in eligible and the plan year invested in eligible are plan year invested in eligible and the plan year invested in eligible are plan year invested in eligible are your claiming a waiver of the annual examination and report of a under 29 CFR 2520.104-46?		X Yes No					
С	If 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
Pa	rt III Financial Information							
7	Plan Assets and Liabilities		(a) Beginning of Yea	r			(b) End of	Year
а	Total plan assets	7a	413	3556	59			381637
b	Total plan liabilities	7b						
С	Net plan assets (subtract line 7b from line 7a)	7c	413	3556	59			381637
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b) To	tal
а	Contributions received or receivable from:			1563	22			
	(1) Employers	8a(1)					-	
	(2) Participants	8a(2)		)914 3317	_			
	(3) Others (including rollovers)	8a(3)			_			
	Other income (loss)	8b	3.5	9103	) ]			72007
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c 8d	104	1755	50		-	72897
e	Certain deemed and/or corrective distributions (see instructions)	8e				-: -	14,34	
	Administrative service providers (salaries, fees, commissions)	8f		62	24	1.		
	Other expenses	8g				***		
	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h		10, 11				104817
<del>-::</del>	Net income (loss) (subtract line 8h from line 8c)	8i						-31919
i	Transfers to (from) the plan (see instructions)				1			
<u>,</u>		8j						
	rt IV Plan Characteristics If the plan provides pension benefits, enter the applicable pension f	feature co	des from the List of Plan Chara	cteris	stic Co	des in th	ne instructio	ons:
	2E 2F 2G 2J 2K 2R 3D				. 0 1			
b	If the plan provides welfare benefits, enter the applicable welfare fe	eature cod	es from the List of Plan Charac	terist	ic Coa	es in the	nstruction	18:
Par	t V Compliance Questions							
10	During the plan year:				Yes	No	Δ	mount
	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	include transactions reported	10b		х		
С	Was the plan covered by a fidelity bond?			10c	Х			50000
d				10d		х		
е	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.)			10e		х		
f	Has the plan failed to provide any benefit when due under the plan	າ?		10f		х		
g	Did the plan have any participant loans? (If "Yes," enter amount as	s of year e	end.)	10g		х		
$-\ddot{\cdot}$	h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)			10h		х		
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	ne required	d notice or one of the	10i				

Yes

Year

Day

No

No

5500) and line 11a below).

**Pension Funding Compliance** 

Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form

Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA?

If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, and enter the date of the letter ruling

11a Enter the unpaid minimum required contribution for current year from Schedule SB (Form 5500) line 39 ......

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

granting the waiver. .....

Part VI