## 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).

2014

OMB Nos. 1210-0110

1210-0089

This Form is Open to Public Inspection

▶ Complete all entries in accordance with the instructions to the Form 5500-SF. Part I Annual Report Identification Information

					12/31/2014					
A This retu	a single-employer plan a multiple-employer plan (not multiemployer) (Filers checking this box must attach a list of participating employer information in accordance with the form instructions) a foreign plan									
D			H ,							
<b>B</b> This retu	ırn/report is	the first return/report	the final return/report							
		an amended return/report	a short plan year retu	urn/report (less than 12 m	nonths)					
C Check b	oox if filing under:	Form 5558	automatic extension		DFVC pro	ogram				
		special extension (enter desc	ription)							
Part II	Basic Plan Info	rmation—enter all requested in	formation							
1a Name o			Tomas.c		<b>1b</b> Three-digit					
	HT ENTERPRISES 40	11(K) PLAN			plan numbe (PN) ▶	r 001				
					1c Effective dat	te of plan 1/01/2010				
	ponsor's name and ad IT ENTERPRISES, IN	dress; include room or suite numb	per (employer, if for a single	e-employer plan)	2b Employer Identification Number (EIN) 91-1503697					
P.O. BOX 126	ee				2c Sponsor's to	elephone number 9-764-9600				
	E, WA 98837				2d Business co	de (see instructions)				
<b>3a</b> Plan ac	dministrator's name ar	nd address Same as Plan Spon	sor.		<b>3b</b> Administrato	or's EIN				
	IT ENTERPRISES,ING	<b>—</b>			9.	1-1503697				
			LAKE, WA 98837		<b>3c</b> Administrate	or's telephone number				
					509	I-764-9600				
name,	, EIN, and the plan nui	e plan sponsor has changed since mber from the last return/report.	the last return/report filed	for this plan, enter the	<b>4b</b> EIN <b>4c</b> PN					
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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 lif 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 control of th	an indeper and condit ot use Fo	ndent qualified public accounta ions.)rm 5500-SF and must instead	int (IQ d <b>d use</b>	PA) Form	5500.		□ □	es es	No No
	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 de	termin	ied
Par	t III Financial Information		1							
7	Plan Assets and Liabilities		(a) Beginning of Yea				(b) End		0074	
	Total plan assets	7a	1067	0	-			11	6374	
	Total plan liabilities	7b	1067					11	6374	
	Net plan assets (subtract line 7b from line 7a)	7c		00			<i>(</i> ) -		0374	
	Income, Expenses, and Transfers for this Plan Year  Contributions received or receivable from:		(a) Amount				(b) T	otai		
	(1) Employers	8a(1)	20	080						
	(2) Participants	8a(2)	60	000						
	(3) Others (including rollovers)	8a(3)		0						
b	Other income (loss)	8b	87	746						
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						1	6826	
	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	71	125						
	Certain deemed and/or corrective distributions (see instructions)	8e								
	Administrative service providers (salaries, fees, commissions)	8f		33						
	Other expenses	8g								
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							7158	
i	Net income (loss) (subtract line 8h from line 8c)	8i							9668	
j	Transfers to (from) the plan (see instructions)	8j								
Par	t IV Plan Characteristics									
b		eature cod	es from the List of Plan Charac	cterist			he instructi	ons:		
10	During the plan year:				Yes	No		Amour	t	
	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		Χ				
	Were there any nonexempt transactions with any party-in-interest on line 10a.)	·····		10b		Χ				
c	Was the plan covered by a fidelity bond?			10c	X				5	0000
d	Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?			10d		Χ				
e	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 ben	efits under the plan? (See	10e		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	If this is an individual account plan, was there a blackout period? (2520.101-3.)	•		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 2520.10			10i						
Part	VI Pension Funding Compliance									
11	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)							Y	es	No
11a	Enter the unpaid minimum required contribution for current year fr	om Sched	lule SB (Form 5500) line 39			11a				
12	Is this a defined contribution plan subject to the minimum funding	requireme	ents of section 412 of the Code	or se	ection 3	302 of	ERISA?	Y	es 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 th Day		ne letter Year _	ruling	1

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lf :	you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (For	m 5500), and skip to lin	e 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)			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?			Y	es X No		
	If "Yes," enter the amount of any plan assets that reverted to the employer the	nis year		13a			
b	Were all the plan assets distributed to participants or beneficiaries, transferred the PBGC?		•	ontrol		Yes	( No
С	If during this plan year, any assets or liabilities were transferred from this pla which assets or liabilities were transferred. (See instructions.)	in to another plan(s), ide	ntify the plan(s) to	)			
1	3c(1) Name of plan(s):		130	c(2) EI	N(s)	<b>13c(3)</b> P	N(s)
			1			l	

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

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

Part I Annual Repo	rt Identification Information	1			
For calendar plan year 2014 or		01/01/2014	and ending	12/31/20	)14
A This return/report is for:	a single-employer plan		an (not multiemployer) ( yer information in accord		
	a one-participant plan	a foreign plan			
B This return/report is	the first return/report	the final return/report			
	an amended return/report	a short plan year return	n/report (less than 12 m	onths)	
C Check box if filing under:	Form 5558	automatic extension		DFVC pro	gram
	special extension (enter desc	cription)			
Part II Basic Plan In	formation—enter all requested in	nformation			
1a Name of plan Courtright Enterpr	ises 401(k) Plan			1b Three-digit plan number (PN) ▶	001
				1c Effective date 01/01/20	
2a Plan sponsor's name and Courtright Enterpr	address; include room or suite numb	ber (employer, if for a single-	employer plan)	2b Employer Ide (EIN) 91-1	entification Number
P.O. Box 1266				2c Sponsor's te	lephone number
Moses Lake	WA 98837				le (see instructions)
	and address Same as Plan Spor	nsor.		3b Administrator	's EIN
Courtright Enterpr	_			91-15036	
Courtingne Encorpi	1000,110.			3c Administrator	r's telephone number
P.O. Box 1266				509-764-	9600
Moses Lake	WA 98837	e the last return/report filed f	or this plan, enter the	4b EIN	
4 If the name and/or EIN of name, EIN, and the plan	WA 98837 the plan sponsor has changed since number from the last return/report.	e the last return/report filed f	or this plan, enter the	4b EIN 4c PN	
If the name and/or EIN of name, EIN, and the plan     Sponsor's name	the plan sponsor has changed since number from the last return/report.			4c PN	4
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4 If the name and/or EIN of name, EIN, and the planta a Sponsor's name  5a Total number of participants with complete this item)	the plan sponsor has changed since number from the last return/report.  Into at the beginning of the plan year into at the end of the plan year participants at the beginning of the participants at the end of the plan year terminated employment during the other penalties set forth in the instruction of the plan year terminated by an enrolled actuary complete.  In administrator  In administrator	plan year (defined benderal plan year	efit plans do not  efits that were  unless reasonable call examined this return/report sion of this return/report Susan Courtri  Enter name of individed Susan Courtri  Enter name of individed Susan Courtri	4c PN  5a  5b  5c  5d(1)  5d(2)  5e  use is established. ent, including, if aport, including, if aport, and to the best of a company and the second and the	administrator  loyer or plan sponsor one number (optional)

	Form 5500-SF 2014		Page 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 lift you answered "No" to either line 6a or line 6b, the plan cannot the content of the plan cannot waite the plan cannot waite the plan cannot be seen that the plan cannot waite the plan cannot be seen that the plan is asset to be seen that the plan year invested in eligible was the plan year invested in eligible ways.	an indepe and condit ot use Fo	ndent qualified public accounta- tions.) orm 5500-SF and must instead	nt (IQ d use	PA)  Form	5500.		<u>×</u>	Yes		No No
	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	No	t deter	mine	∌d ———
Par		Τ	<u> </u>		_						
	Plan Assets and Liabilities		(a) Beginning of Yea				(b) En	d of Y		1.1.6	274
	Total plan assets	7a	10	670	0					ТТР	374
	Total plan liabilities	7b	1 (	670	<del></del>					116	374
	Net plan assets (subtract line 7b from line 7a)	7c		7670			4.5	<del></del>		110	3/4
	Income, Expenses, and Transfers for this Plan Year  Contributions received or receivable from:	<u> </u>	(a) Amount		╫		(D)	Total			
	(1) Employers	8a(1)		208	0						
	(2) Participants	8a(2)		600	0						
	(3) Others (including rollovers)	8a(3)			0						
b	Other income (loss)	8b		874	.6						
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c			$\perp$			************		16	826
	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		712	5						
	Certain deemed and/or corrective distributions (see instructions)	8e									
	Administrative service providers (salaries, fees, commissions)	8f		3	3						
g	Other expenses	8g									
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h								7	158
i	Net income (loss) (subtract line 8h from line 8c)	8i								9	668
j	Transfers to (from) the plan (see instructions)	8j									
Par 9a	t IV Plan Characteristics  If the plan provides pension benefits, enter the applicable pension 2E 2F 2G 2J 2K 2R 3D	feature co	odes from the List of Plan Chara	acteris	stic Co	des in	the instr	uction	3:		
b	If the plan provides welfare benefits, enter the applicable welfare for	eature coo	des from the List of Plan Charac	terist	ic Cod	les in tl	he instru	ctions	:		
Part	V Compliance Questions										
10	During the plan year:				Yes	No	ļ <u> </u>	Am	ount		
a	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu	uciary Cor	rection Program)	10a		Х					_
b	Were there any nonexempt transactions with any party-in-interest on line 10a.)			10b		Х					
C	Was the plan covered by a fidelity bond?			10c	Х					50	000
d	Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?			10d		Х					
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	nefits under the plan? (See	10e		Х					
f	Has the plan failed to provide any benefit when due under the pla	in?		10f		Х					
g	Did the plan have any participant loans? (If "Yes," enter amount a	s of year	end.)	10g		Х					
h	If this is an individual account plan, was there a blackout period? 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 2520.10			10i							
Part											
11	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)								Yes	s	No
11a	Enter the unpaid minimum required contribution for current year f					11a		<del>-   -</del>			
12	Is this a defined contribution plan subject to the minimum funding			e or se	ection	302 of	ERISA?	<u></u>	Yes	s X	No
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below	, as appli	cable.)	- • :				-£ #-	6.1 ·	a allier	
а	If a waiver of the minimum funding standard for a prior year is bei granting the waiver.	ing amorti	zed in this plan year, see instru 	ctions ith	, and	enter ti Day		of the I		uiing	_