## 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).

OMB Nos. 1210-0110 1210-0089

2014

This Form is Open to Public Inspection

Pension I	Benefit Guaranty Corporation	▶ Complete all entries in a	accordance with the ins	tructions to the Form 5	500-SF.		
Part I	Annual Repor	t Identification Information					
For calen	dar plan year 2014 or	fiscal plan year beginning 01/01/20	)14	and ending 12	/31/2014		
	eturn/report is for:	a single-employer plan  a one-participant plan the first return/report	of participating empl a foreign plan the final return/report	oyer information in accord	dance with the fo	this box must attach a list orm instructions)	
		an amended return/report	a short plan year retu	urn/report (less than 12 m	ionths)		
C Check	box if filing under:	Form 5558 special extension (enter descr	automatic extension		DFVC	program	
	T		. ,				
Part II		ormation—enter all requested inf	ormation		16 The 10	.,	
1a Name MCDONAL	e of pian .D ZARING INSURAN	CE, INC. 401K PLAN			1b Three-dig plan num (PN) ▶ 1c Effective	ber 001	
					Lilective	01/01/2001	
	sponsor's name and a D ZARING INSURANG	ddress; include room or suite numbe CE, INC.	er (employer, if for a singl	e-employer plan)	(EIN)	Identification Number 91-0713056 s telephone number	
PO BOX 64	8					509-525-5730	
	LLA, WA 99362-0234				2d Business	code (see instructions) 524210	
3a Plan	administrator's name	and address Same as Plan Spons	or.		<b>3b</b> Administr	ator's EIN 91-0713056	
		he plan sponsor has changed since umber from the last return/report.	the last return/report filed	for this plan, enter the	4 <b>b</b> EIN	509-525-5730	
<b>a</b> Spon	sor's name				4c PN		
<b>5a</b> Total	I number of participan	s at the beginning of the plan year			5a	28	
<b>b</b> Total	I number of participan	s at the end of the plan year			5b	31	
comp	olete this item)	n account balances as of the end of			5c	7	
<b>d(1)</b> To	otal number of active p	articipants at the beginning of the plant	an year		5d(1)		
<b>d(2)</b> To	otal number of active p	articipants at the end of the plan yea	ar		5d(2)		
		terminated employment during the p	•	nefits that were	5e	C	
Under per SB or Sch	nalties of perjury and	e or incomplete filing of this return other penalties set forth in the instruc- and signed by an enrolled actuary, a nplete.	tions, I declare that I hav	e examined this return/re	port, including, if	applicable, a Schedule	
SIGN	Filed with authorize			DOUGLAS J. BORTH			
HERE	Signature of plan	administrator	Date	Enter name of individ	lual signing as pl	an administrator	
SIGN HERE							
		loyer/plan sponsor	Date			mployer or plan sponsor	
Preparer's	s name (including firm	name, if applicable) and address (in	ciude room or suite numb	oer) (optional)	Preparer's tele	phone number (optional)	

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<b>b</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 cunder 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 will be a first the control of the plan cannot will be a first the control of the plan cannot will be a first the control of the plan cannot will be a first the p	an indeper and condit ot use Fo	ndent qualified public accounta ions.) rm 5500-SF and must instead	nt (IQ	PA)  <b>Form</b>	5500.	X Yes N
	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					1		
	Plan Assets and Liabilities		(a) Beginning of Yea		-		(b) End of Year
	Fotal plan assets	7a	1403	352	-		158352
	Fotal plan liabilities	7b	1.403	0.5.0	-		450252
	Net plan assets (subtract line 7b from line 7a)	7c	1403	552	-		158352
	ncome, Expenses, and Transfers for this Plan Year		(a) Amount				(b) Total
	Contributions received or receivable from:  1) Employers	8a(1)					
	2) Participants	8a(2)	76	670			
	3) Others (including rollovers)	8a(3)					
-	Other income (loss)	8b	103	330			
C	Fotal income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c					18000
d I	Benefits paid (including direct rollovers and insurance premiums						
	o provide benefits)	8d					
	Certain deemed and/or corrective distributions (see instructions)	8e					
<u>f</u>	Administrative service providers (salaries, fees, commissions)	8f					
<u>g</u> (	Other expenses	8g					
	Fotal expenses (add lines 8d, 8e, 8f, and 8g)	8h					0
	Net income (loss) (subtract line 8h from line 8c)	8i					18000
	Fransfers to (from) the plan (see instructions)	8j					
	If the plan provides pension benefits, enter the applicable pension to 2E 2G 2J 2K 3D 2F  If the plan provides welfare benefits, enter the applicable welfare fellows  Compliance Questions						
10	During the plan year:				Yes	No	Amount
а 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	iciary Cor	rection Program)	10a		X	
	on line 10a.)			10b		X	
С	Was the plan covered by a fidelity bond?			10c	X		50000
d	Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?			10d		X	
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 2520.101			10i			
Part	<u> </u>						<u> </u>
11	Is this a defined benefit plan subject to minimum funding requirements 5500) and line 11a below)	······		· 			
<u>11a</u>	Enter the unpaid minimum required contribution for current year from					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):		<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

## 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	Allitual Report	: Identification Informatior	1							
For calenda	ar plan year 2014 or f	iscal plan year beginning	01/01/2014	and ending	12/31	1/2014				
A This ret	urn/report is for:	a single-employer plan  a one-participant plan			ployer) (Filers checking this box must attac n accordance with the form instructions)					
B This retu	rn/report is	the first return/report an amended return/report	the final return/report  a short plan year return/report (less than 12 months)							
C Check b	oox if filing under:	Form 5558 special extension (enter desc	automatic extension cription)		DFV	C program				
Part II	Basic Plan Info	ormation—enter all requested in	nformation							
1a Name o	of plan	URANCE, INC. 401K PLA			1b Three-d plan nur (PN) 1c Effective	mber 001				
		2 78	S 110 1000 1000 100		- <del></del>	/2001				
	oonsor's name and ac D ZARING INS	ddress; include room or suite numb URANCE, INC.	er (employer, if for a single	e-employer plan)	(EIN) 9	er Identification Number 1 - 0713056 r's telephone number				
PO BOX	648					25-5730				
WALLA W	ALLA	WA 99362-02.	3 <b>4</b>		2d Business 52421	s code (see instructions) 0				
3a Plan ac	lministrator's name a	nd address Same as Plan Spon	isor.		3b Administrator's EIN					
MCDONAL	D ZARING INS	URANCE, INC.			91-0713056  3c Administrator's telephone number					
ро вох	648					25-5730				
WALLA W		WA 99362-0234								
4 If the n name,	ame and/or EIN of th EIN, and the plan nu	WA 99362-0234 e plan sponsor has changed since	the last return/report filed	for this plan, enter the	4b EIN					
4 If the n name, a Sponso	ame and/or EIN of th EIN, and the plan nu or's name	e plan sponsor has changed since			4c PN	28				
4 If the n name, a Sponso	ame and/or EIN of th EIN, and the plan nu or's name number of participants	e plan sponsor has changed since imber from the last return/report.			4c PN 5a	28				
4 If the n name, a Sponso 5a Total n c Number	ame and/or EIN of th EIN, and the plan nu or's name number of participants number of participants er of participants with	e plan sponsor has changed since amber from the last return/report.  at the beginning of the plan year	the plan year (defined ber	nefit plans do not	4c PN 5a					
4 If the n name, a Sponso 5a Total n C Numbe comple	ame and/or EIN of th EIN, and the plan nu or's name number of participants number of participants or of participants with tet this item)	e plan sponsor has changed since imber from the last return/report.  s at the beginning of the plan year	the plan year (defined ber	nefit plans do not	4c PN 5a 5b	31				
4 If the n name, a Sponso 5a Total n b Total n c Number complet d(1) Total d(2) Total	ame and/or EIN of th EIN, and the plan nu or's name number of participants number of participants or of participants with the this item)	e plan sponsor has changed since amber from the last return/report.  at the beginning of the plan year account balances as of the end of the plan year articipants at the beginning of the plan year articipants at the end of the plan year	the plan year (defined ber plan year	efit plans do not	4c PN 5a 5b 5c	31 7				
4 If the n name, a Sponso 5a Total n b Total n c Numbo comple d(1) Total d(2) Total e Number	ame and/or EIN of th EIN, and the plan nu or's name number of participants or of participants with ete this item)	e plan sponsor has changed since imber from the last return/report.  at the beginning of the plan year	the plan year (defined ber plan year arplan year with accrued ber	nefit plans do not	4c PN 5a 5b 5c 5d(1)	31 7 28				
4 If the n name, a Sponsor 5a Total n b Total n c Number complet d(1) Total d(2) Total e Number less that Caution: A Under pena SB or Sche	ame and/or EIN of th EIN, and the plan nu or's name number of participants number of participants or of participants with ete this item)	e plan sponsor has changed since imber from the last return/report.  at the beginning 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 ber plan year	nefit plans do not	4c PN 5a 5b 5c 5d(1) 5d(2) 5e use is establish port, including,	31 7 28 31 0 hcd. if applicable, a Schedule				
4 If the n name, a Sponsor 5a Total n b Total n c Number complet d(1) Total d(2) Total e Number less that Caution: A Under pena SB or Sche	ame and/or EIN of th EIN, and the plan nu or's name number of participants aumber of participants are this item)	e plan sponsor has changed since imber from the last return/report.  Is at the beginning 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 ber plan year	nefit plans do not	4c PN 5a 5b 5c 5d(1) 5d(2) 5e use is establish port, including, t, and to the best	31 7 28 31 0 hod. if applicable, a Schedule				
4 If the n name, a Sponsor 5a Total n b Total n c Number comple d(1) Total d(2) Total n e Number less that Caution: A Under pena SB or Schebelief, it is t	ame and/or EIN of th EIN, and the plan nu or's name number of participants aumber of participants are this item)	e plan sponsor has changed since amber from the last return/report.  In at the beginning 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 ber plan year	nefit plans do not nefits that were d unless reasonable can e examined this return/repor	4c PN 5a 5b 5c 5d(1) 5d(2) 5e use is cetablish port, including, t, and to the best	31 7 28 31 0 hod. if applicable, a Schedule st of my knowledge and				
4 If the n name, a Sponsor 5a Total n b Total n c Number comple d(1) Total n d(2) Total n e Number less that Caution: A Under pena SB or Sche belief, it is t SIGN HERE	ame and/or EIN of th EIN, and the plan nu or's name number of participants number of participants are of participants with the this item)	e plan sponsor has changed since amber from the last return/report.  In at the beginning 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 ber plan year	nefit plans do not nefits that were d unicos reasonable car e examined this return/repor	4c PN 5a 5b 5c 5d(1) 5d(2) 5e use is cetablish port, including, t, and to the best	31 7 28 31 0 hod. if applicable, a Schedule st of my knowledge and				
4 If the n name, a Sponsor 5a Total n b Total n c Number comple d(1) Total d(2) Total n e Number less that Caution: A Under pena SB or Sche belief, it is t	ame and/or EIN of the EIN, and the plan number of participants and the plan and the plan in the participants with the end of active participants that the end of	e plan sponsor has changed since amber from the last return/report.  Is at the beginning 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 ber plan year	nefit plans do not  mefits that were  di unless reasonable car e examined this return/re ersion of this return/repor  Douglas J. Bo  Enter name of individ	4c PN 5a 5b 5c 5d(1) 5d(2) 5e  use is established port, including, t, and to the best or the lual signing as possible as possi	31 7 28 31 0 hod. if applicable, a Schedule st of my knowledge and				
4 If the n name, a Sponsor 5a Total n b Total n c Number comple d(1) Total n d(2) Total n e Number less that Caution: A Under pena SB or Sche belief, it is t SIGN HERE	ame and/or EIN of th EIN, and the plan nu or's name number of participants are of participants with the this item)	e plan sponsor has changed since amber from the last return/report.  Is at the beginning 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 ber plan year with accrued ber plan year with accrued ber plan year will be assessed actions, I declare that I have as well as the electronic very plan year.    U an  S    Date	nefit plans do not  nefits that were  decamined this return/repore  Douglas J. Bo  Enter name of individent	4c PN 5a 5b 5c 5d(1) 5d(2) 5e  sec is cetablish port, including, t, and to the best or the lual signing as gradual signing as g	31 7 28 31 0 hcd. if applicable, a Schedule st of my knowledge and				

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2	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 under 29 CFR 2520.104-46? (See instructions on waiver eligibility and the plan's assets during the plan year invested in eligible.	an indepen and conditi	dent qualified public accounta	int (IQ	PA)				X Yes	
С	If you answered "No" to either line 6a or line 6b, the plan cann If the plan is a defined benefit plan, is it covered under the PBGC in				_		_	Пи	ot determin	ned
	t III   Financial Information	isurance pr				100	□	Ц	ot determin	
7			(a) Danimina af Vac		Т		/b) F		·	
<del>_</del>	Plan Assets and Liabilities	(-,			2		(D) E	nd of \		8352
	Total plan dishilities								150	3334
	Total plan liabilities	7b	1.	4035	2				150	8352
8		7c	Ser Princery Cons.	4033	-			3332		
	Income, Expenses, and Transfers for this Plan Year  Contributions received or receivable from:		(a) Amount				(1	) Tota		p= 100 9
u	(1) Employers	8a(1)								
	(2) Participants	8a(2)		767	0					
	(3) Others (including rollovers)	8a(3)								
b	Other income (loss)	8b		1033	0					
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c			16				18	8000
	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d								
е	Certain deemed and/or corrective distributions (see instructions)	8e								
f	Administrative service providers (salaries, fees, commissions)	8f								
g	Other expenses	8g								
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h								0
i	Net income (loss) (subtract line 8h from line 8c)	81							18	8000
j	Transfers to (from) the plan (see instructions)	8i								NY.
Par	t IV Plan Characteristics									
Pari	If the plan provides welfare benefits, enter the applicable welfare for the compliance Questions	eature code	es from the List of Plan Charac	cterist	ic Cod	es in t	he instr	uctions	•	
10	During the plan year:				Yes	No		Ап	10unt	
а	Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu		and the state of t	10a		Х				
b	Were there any nonexempt transactions with any party-in-interest on line 10a.)	V.55	-	10b		х				
С	Was the plan covered by a fidelity bond?			10c	Х				500	0000
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 bene	efits under the plan? (See	10e		х				
f				10f		Х				
					-		_			
<u>g</u>				10g	_	Х	00/11/20/20	CONTRACTOR OF THE PARTY OF THE	Hillian Commission	
	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	ne required 1-3	notice or one of the	10i						
Part						-				
11	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)					lule SE	3 (Form		Yes	No
_11a	Enter the unpaid minimum required contribution for current year fr					11a			1	
12	Is this a defined contribution plan subject to the minimum funding			e or se	ction :	302 of	ERISA1		Yes X	No
a	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, If a waiver of the minimum funding standard for a prior year is being	ng amortize	ed in this plan year, see instru							
	granting the waiver			ith		Day		Ye	ar	

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lf y	you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (For	rm 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)	, ,		12d			
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	res X No		
	If "Yes," enter the amount of any plan assets that reverted to the employer t	his year		13a			
b	Were all the plan accets distributed to participants or beneficiarios, transferr of the PBGC?		or tho	control		Yes	X No
С	If during this plan year, any assets or liabilities were transferred from this play which assets or liabilities were transferred. (See instructions.)	an to another plan(s), identify the p	olan(s) 1	to			
1	I3c(1) Name of plan(s):		1	3c(2) El	N(s)	13c(3)	PN(s)
Part	VIII Trust Information (optional)						
14a	Name of trust			14b Tr	rust's EIN		