	Form 5500-SF Short Form Annual Return/Report of Small Emp Benefit Plan			of Small Emplo	oyee		OMB Nos. 1210-0110 1210-0089			
	tment of the Treasury nal Revenue Service	This form is required to be filed under	r sections 104 and 4				2014			
Department of Labor Income Security Act of 1974 (ERISA), and sections 6057(b) and 6058(a) of the Employee Benefits Security Administration Revenue Code (the Code).				Internal	This F	This Form is Open to				
	Pension Benefit Guaranty Corporation Public Inspection Public Inspection Public Inspection									
	Part I Annual Report Identification Information For calendar plan year 2014 or fiscal plan year beginning 01/01/2014 and ending 12/31/2014									
A This ret B This retu C Check b Part II 1a Name DZA 401(K)	urn/report is for: Irn/report is Dox if filing under: Basic Plan Info of plan PLAN	a single-employer plan a in of of of a one-participant plan a in of a final definition of a f	participating employ foreign plan e final return/report hort plan year return itomatic extension	an (not multiemployer) ver information in accord	(Filers c dance w onths)	hecking this bo rith the form ins DFVC progra DFVC progra Fhree-digit blan number PN) ► Effective date c 01/0	am 001 of plan 1/2013			
2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) DINGUS, ZARECOR & ASSOCIATES, PLLC 12015 E MAIN AVE., SUITE A SPOKANE VALLEY, WA 99206				(2c S	Employer Identification Number (EIN) 20-0079326 Sponsor's telephone number 509-242-0874 Business code (see instructions)					
3a Plan administrator's name and address Same as Plan Sponsor.					3h 4	541211 3b Administrator's EIN				
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.						3c Administrator's telephone number 4b EIN				
a Sponsor's name					4c ⊮ 5a	07				
5a Total number of participants at the beginning of the plan yearb Total number of participants at the end of the plan year					5a 5b		27			
C Number of participants with account balances as of the end of the plan year (defined benefit plans do not					50		31			
complete this item) d(1) Total number of active participants at the beginning of the plan year					5d(1)	24			
d(2) Total number of active participants at the end of the plan year					5d(2	-	24			
Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested				5e		0				
		or incomplete filing of this return/repor			ise is e	stablished.				
Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including, if applicable, a Schedule SB or Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.										
SIGN Filed with authorized/valid electronic signature. 05/26/2015 THOMAS DINGUS										
HERE	Signature of plan ac					lual signing as plan administrator				
SIGN HERE		valid electronic signature.	05/26/2015	THOMAS DINGUS						
Signature of employer/plan sponsor Date Enter name of individu Preparer's name (including firm name, if applicable) and address (include room or suite number) (optional) (optional)						er or plan sponsor number (optional)				

If you answered "No" to either line is a rine Bb, the plan cannot use Form S500-SF and must instead use Form S500. If the plan is a diffield benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)?		6a Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)b Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA)						×		
C If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021?		under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.)					^	Yes No		
Part III Financial Information (a) Beginning of Year (b) End of Year 7 Pen Assets and Liabilities 7 (a) Beginning of Year (b) End of Year a Total plan assets 7a 700014 1008432 b Income, Expanses, and Transfers for this Plan Ver (a) Amount (b) End of Year a Contributions received or receivable from. 8a(1) 68753 (c) Participants 8a(2) 112396 226886 (c) Oner income (cost) 8a(3) 9705 0 b Oner income (cost) 8a(3) 9705 0 0 0 (c) Total innome (add lines 8a(1), 8a(2), 8a(3), and 8b) 8c 0 226886 226886 C Total innome (add lines 8a(1), 8a(2), 8a(3), and 8b) 8c 0 0 0 0 (c) Total innome (add lines 8a(1), 8a(2), 8a(3), and 8b) 8c 0 0 0 0 0 0 (c) Total innome (add lines 8a(1), 8a(2), 8a(3), and 8b) 8c 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	с	-						_	Not	determined
7 Plan Assets and Liabilities (a) Beginning of Year (b) End of Year a Total plan assets 7a 70014 1000432 b Total plan biblities 7b 0 0 c Net plan assets (subtract line 7b from ime 7a) 7c 70014 1000432 8 income, Expenses, and Transfers for this Plan Year (a) Amount (b) Total 0 20 Partopants 8e(1) 69753 0 0 (c) Partopants 8e(2) 112996 0 0 0 (d) Others (including rollowers) 8e(3) 9705 0 0 0 b Other income (ass) 8b 366432 2226985 0 2226985 0			•	. .	,					
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b Total plan liabilities To 0 0 c Notine Expresses, and Transfers for the Plan Year (a) Amount (b) Total a Contributions received or receivable form: 8a(1) 68753 (i) Engloyers 8a(2) 112390 (j) Participants. 8a(2) 17290 (j) Differ informe (loss) 8a(3) 9775 (j) Differ informe (loss) 8a(3) 9775 (j) Differ informe (loss) 8a 3185 c Total income (loss) 8a 3185 c Cartial income (loss) 8a 3185 c Cartial income (loss) 8a 3185 g O 64685 f Administrative service providers (salaries, fees, commissions) 8d 3185 g O 0 f Administrative service providers (salaries, fees, commissions) 8d 3185 g O 0 f Inter loss persion benefits, enter the applicable pension feature codes from the List of Plan	<u>.</u> a		7a							
C Net plan assets (subtract line 7b from line 7a)	<u> </u>									0
Income Expension of the form: Income Second of readivable form: Incond readivable form: <thincome of="" rea<="" second="" th=""><th></th><th>•</th><th></th><th>7900</th><th colspan="3">-</th><th colspan="3">1008432</th></thincome>		•		7900	-			1008432		
a Contributions received or received/e from: 5a(1) 66753 (1) Employees 5a(2) 112996 (2) Participants 5a(2) 112996 (3) Others (including rolevers) 5a(3) 9705 (b) Employees 8b 35432 C Total income (dad) lines 8a(1), 8a(2), 8a(3), and 8b) 8c 226996 d Bennits paid (including direct rolevers and insurance preniums to provide prediction distributions (see instructions) 8d 3185 c Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) 8c 3185 226996 d Bennits paid (including direct rolevers and insurance preniums to provide prediction distributions (see instructions) 8e 0 667533 g Other expanses 6g 0 64688 218418 f Total acpanses (add lines 8d, 6e, 81, and 8g) 8h 218418 9 j Transfers to (from) the plan (see instructions) 8j 0 9 218418 j Transfers to (from) the plan (see instructions of 0.5 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0			10							
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Continuence (add lines 8a(1), 8a(2), 8a(2), and 8b)		(3) Others (including rollovers)	8a(3)	97	9705					
d Benefits paid (including direct rollovers and insurance premiums to provide benefits)	b	Other income (loss)	8b	354	32					
to provide benefits)	С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							226886
by order demined and/or corrective distributions (see instructions)	d			21	05					
Contain decimation of back data with the state of th			8d	31						
Product expenses 0	<u>e</u>				-	_				
g Outlo dependent (additiones 8d, 8e, 8f, and 8g)	f		8f	52		_				
i Net income (loss) (subtract line 8h from line 8c)			8g		0					
In the function of the plan specific plant of the plan specific plant of the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 9a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: Part IV Compliance Questions 10 During 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: a Vas 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) 10a b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 0a) 10c × 25000 d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? 10d × 25000 d Did the plan have a loss, whether on use when due under the plan? 10d × 25000 g Did the plan have any participant loans? (If "Yes," enter amount as of year end.) 10g × 10365 f Has the plan failed to provide any	h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							
Part IV Plan Characteristics 9a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 2A 2E 2F 2G 2J 2K 2T 3B 3D 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 Yes No Amount a 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) 10a X b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.) 10b X 25000 c Was the plan covered by a fidelity bond? 10a X 25000 10a X 25000 d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonestry? 10a X 25000 d Did the plan have an participant loans? (If "Yes," enter amount as of year end.) 10g X 10a X f Has the plan failed to provide any benefit when due under	<u> </u>		8i						218418	
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Part VI Pension Funding Compliance 11 Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form 5500) and line 11a below) Yes X No 11a Enter the unpaid minimum required contribution for current year from Schedule SB (Form 5500) line 39 11a	i	i If 10h was answered "Yes," check the box if you either provided the required notice or one of the								
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11a Enter the unpaid minimum required contribution for current year from Schedule SB (Form 5500) line 39 11a	-	11 Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form								
	11-									
	12									

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

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If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.							
b Enter the minimum required contribution for this plan year		12b					
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 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 Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought u of the PBGC?	control		Yes 🗙 No				
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):	3c(2) El	IN(s)	13c(3) PN(s)				
Part VIII Trust Information (optional)							
14a Name of trust			14b Trust's EIN				