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.

2014

OMB Nos. 1210-0110

1210-0089

This Form is Open to **Public Inspection**

Part I		rt Identification Information							
For calend	dar plan year 2014 or	fiscal plan year beginning 01/01/20)14	and ending 12	2/31/2014				
A This re	eturn/report is for:	X a single-employer plan		plan (not multiemployer) loyer information in accordance					
		a one-participant plan	a foreign plan	.,		,			
B This ret	turn/report is	the first return/report	the final return/repor	t					
		an amended return/report	H	urn/report (less than 12 n	nonths)				
					-				
C Check	box if filing under:	Form 5558	automatic extension	1	☐ DFVC p	rogram			
		special extension (enter descr	iption)						
Part II	Basic Plan Inf	formation—enter all requested inf	ormation						
1a Name	of plan				1b Three-digit				
DOVEX CORPORATION CASH OR DEFERRED PROFIT SHARING PLAN				plan numb	er 001				
					(PN) • 1c Effective d				
						08/01/1985			
		address; include room or suite numbe	er (employer, if for a sing	e-employer plan)	2b Employer I	dentification Number			
DOVEX COI	RPORATION				(=)	94-2831038			
						telephone number 19-662-9579			
	H MILLER STREET EE, WA 98801				2d Business code (see instructions)				
						111300			
3a Plan a	administrator's name	and address XSame as Plan Spons	or.		3b Administrati	tor's EIN			
		_							
4 If the	name and/or EIN of t	the plan sponsor has changed since	the last return/report filed	for this plan, enter the	4b EIN				
name	e, EIN, and the plan r	number from the last return/report.			_				
	sor's name				4c PN				
		ts at the beginning of the plan year			+	46			
		ts at the end of the plan year			. 5b	44			
		h account balances as of the end of t			5c	39			
•	,	participants at the beginning of the plant			5d(1)	27			
d(2) To	tal number of active	participants at the end of the plan yea	ar		5d(2)	27			
e Numbe	er of participants that	terminated employment during the p	lan year with accrued be	nefits that were	5e	0			
		e or incomplete filing of this return							
SB or Sch		other penalties set forth in the instruc and signed by an enrolled actuary, a mplete.							
SIGN		d/valid electronic signature.	07/29/2015	ERIC B. CHRISTENS	SEN				
HERE	Signature of plan	administrator	Date	Enter name of individ	dual signing as pla	n administrator			
SIGN									
HERE	Signature of emp	loyer/plan sponsor	Date	Enter name of individ	dual signing as em	ployer or plan sponsor			
Preparer's		n name, if applicable) and address (in	clude room or suite num			hone number (optional)			

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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 feel the plan is a defined benefit plan, is it covered under the PBGC instructions.	an indepe and condit ot use Fo	ndent qualified public accounta tions.) orm 5500-SF and must instead	nt (IQ	PA) Form	5500.		Пи	X Ye	es [No No
Par				, .				Ш.			
			()5 : : ()								
	Plan Assets and Liabilities	7-	(a) Beginning of Yea				(b) Eı	na or		7376	
	Total plan assets	7a	39374	132					0031	370	
	Total plan liabilities	7b	59574	92					6097	7376	
	Net plan assets (subtract line 7b from line 7a)	7c		02				\ - .		010	
	ncome, Expenses, and Transfers for this Plan Year Contributions received or receivable from:		(a) Amount				(b) Tota	al		
	(1) Employers	8a(1)	751	54							
	(2) Participants	8a(2)	1225	87							
	(3) Others (including rollovers)	8a(3)									
	Other income (loss)	8b	3438	51							
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							541	1592	
	Benefits paid (including direct rollovers and insurance premiums										
	o provide benefits)	8d	4017	08							
<u>e</u>	Certain deemed and/or corrective distributions (see instructions)	8e									
<u>f</u>	Administrative service providers (salaries, fees, commissions)	8f									
g	Other expenses	8g									
<u>h</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h								1708	
<u>_i</u>	Net income (loss) (subtract line 8h from line 8c)	8i							139	9884	
j	Transfers to (from) the plan (see instructions)	8j									
	If the plan provides pension benefits, enter the applicable pension for the plan provides welfare benefits, enter the applicable welfare fellows. V Compliance Questions										
10	During the plan year:				Yes	No		Aı	nount	t	
a 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?	ciary Cor ? (Do not	rection Program)include transactions reported	10a		X					
	on line 10a.)			10b							
<u> </u>	Was the plan covered by a fidelity bond?			10c	X					50	0000
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 cinstructions.)	of the ber	nefits under the plan? (See	10e		X					
f	Has the plan failed to provide any benefit when due under the plan	n?		10f		Χ					
g	Did the plan have any participant loans? (If "Yes," enter amount as	s of year	end.)	10g		Χ					
h	·	this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 520.101-3.)				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			10i							
Part	VI Pension Funding Compliance										
11	Is this a defined benefit plan subject to minimum funding requirements 5500) and line 11a below)								Ye	es X	No
11a	Enter the unpaid minimum required contribution for current year fro					11a					
12	Is this a defined contribution plan subject to the minimum funding				•	302 of	ERISA?	·	Ye	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 bein granting the waiver.	-			, and 6	enter th Day			letter ear	ruling)

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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):		13c(2) EI	N(s)	13c(3) 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		rt Identification Information					
For calend		r fiscal plan year beginning	01/01/2014	and ending		12/31/201	4
A This ref	eturn/report is for:	☑ a single-employer plan	of participating emp	r plan (not multiemployer) ployer information in accord			
		a one-participant plan	a foreign plan				
B This retr	turn/report is	the first return/report	the final return/repo	ort			
		an amended return/report		eturn/report (less than 12 m	nonths)		
C Check b	box if filing under:	☐ Form 5558 ☐ special extension (enter descr	automatic extension	1	L	DFVC progra	m
							
Part II		formation—enter all requested inf	íormation				
1a Name	•	- Dune f			p	Three-digit plan number	
Dovex (Corporation	Cash Or Deferred Profi	rt Sharing			(PN)	001
	_				0	Effective date of 08/01/1985	
-	sponsor's name and a	address; include room or suite numbe	er (employer, if for a sing	le-employer plan)		Employer Identifi (EIN) 94-283	
DO	OOTPOL					Sponsor's teleph	
					•	(<u>509) 662-</u>	
1705 N	North Miller	Street					see instructions)
Wenatc				A 98801	1	11300	
		and address χ Same as Plan Spons				Administrator's E	EIN
name,	e, EIN, and the plan n	the plan sponsor has changed since form the last return/report.	the last return/report filed	d for this plan, enter the	4b E		
	nsor's name				4c F		
_	• •	nts at the beginning of the plan year					46
		nts at the end of the plan year			. 5 b		4.4
comple	lete this item)	th account balances as of the end of t			. 5c		39
d(1) Tota	al number of active p	participants at the beginning of the pla	an year		5d(1))	27
d(2) Tota	al number of active	participants at the end of the plan yea	ar		5d(2	_	27
e Numbe	er of participants that	t terminated employment during the p	olan year with accrued be	enefits that were	5e	- 	0
iess th.	all look		· · · · · · · · · · · · · · · · · · ·				<u>U_</u>
	penalty for the late				ee is es	·tablished.	
Caution: A Under pena SB or Sche	alties of perjury and	te or incomplete filing of this return other penalties set forth in the instruc and signed by an enrolled actuary, a	n/report will be assesse	ed unless reasonable cau ve examined this return/rep	port, incl	luding, if applica	able, a Schedule
Caution: A Under pena SB or Sche belief, it is t SIGN	alties of perjury and edule MB completed	te or incomplete filing of this return other penalties set forth in the instruc and signed by an enrolled actuary, a	n/report will be assesse ctions, I declare that I hav as well as the electronic v	ed unless reasonable cau ve examined this return/rep	port, incl t, and to	cluding, if applica the best of my l	able, a Schedule
Caution: A Under pena SB or Sche belief, it is t	alties of perjury and edule MB completed	te or incomplete filing of this return other penalties set forth in the instruc- and signed by an enrolled actuary, a motere	n/report will be assesse ctions, I declare that I hav as well as the electronic v	ed unless reasonable cau ve examined this return/rep version of this return/report	port, incl t, and to stense	eluding, if applica the best of my l	able, a Schedule knowledge and
Caution: A Under pena SB or Sche belief, it is t SIGN HERE SIGN	alties of perjury and dedule MB completed true, correct, and cor	te or incomplete filing of this return other penalties set forth in the instruc- and signed by an enrolled actuary, a motere	n/report will be assesse ctions, I declare that I have as well as the electronic v	ed unless reasonable cauve examined this return/report/	port, incl t, and to stense	eluding, if applica the best of my l	able, a Schedule knowledge and
Caution: A Under pena SB or Sche belief, it is t SIGN HERE SIGN HERE	alties of perjury and edule MB completed true, correct, and correct signature of prantices.	te or incomplete filing of this return other penalties set forth in the instruc- and signed by an enrolled actuary, a moterial	n/report will be assesse ctions, I declare that I have as well as the electronic version of the Date	ed unless reasonable cause execution of this return/report erric B. Chris Enter name of individual Enter name of individual	port, incl t, and to stense dual signi	eluding, if applica the best of my be an aing as plan adm	able, a Schedule knowledge and inistrator
Caution: A Under pena SB or Sche belief, it is t SIGN HERE SIGN HERE	alties of perjury and edule MB completed true, correct, and correct signature of prantices.	te or incomplete filing of this return other penalties set forth in the instruct and signed by an enrolled actuary, a mptage	n/report will be assesse ctions, I declare that I have as well as the electronic version of the Date	ed unless reasonable cause execution of this return/report erric B. Chris Enter name of individual Enter name of individual	eport, incl tt, and to stense dual signi	eluding, if applica the best of my be an aing as plan adm aing as employer	able, a Schedule knowledge and inistrator

F	Form 5500-SF 2014		Page 2						
b Are you under 2 if you 3	all of the plan's assets during the plan year invested in eligib u claiming a waiver of the annual examination and report of a 29 CFR 2520.104-46? (See instructions on waiver eligibility answered "No" to either line 6a or line 6b, the plan cann lan is a defined benefit plan, is it covered under the PBGC in	an indeper and condit ot use Fo l	ndent qualified public accounta ions.) rm 5500-SF and must instead	nt (IC	PA) Form	5500.		Yes Yes	_ No
	Financial Information	ioururioo p		,.		1,55	<u> </u>		
	ssets and Liabilities		(a) Beginning of Yea	r	- T		(b) End of	Year	
	lan assets	7a	5, 957		2		(b) Lita of		7,376
	lan liabilities	7b		, 43	~			0,03	1,310
	n assets (subtract line 7b from line 7a)	7c	5,957	7.49	2		***	6,09	7,376
	e, Expenses, and Transfers for this Plan Year		(a) Amount				(b) Tot		
a Contrib	outions received or receivable from:								
	nployers	8a(1)		5,15					
	rticipants	8a(2)	122	2,58	:7				
	ners (including rollovers)	8a(3)	243		_	_			
	ncome (loss)	8b 8c		3,85) <u>†</u>			5.4	1,592
	ncome (add lines 8a(1), 8a(2), 8a(3), and 8b)s paid (including direct rollovers and insurance premiums	80			十			54	1,392
	ide benefits)	8d	401	1,70	8				
e Certain	deemed and/or corrective distributions (see instructions)	8e _		_					
f Admini	strative service providers (salaries, fees, commissions)	8f							
g Other e	expenses	8g			1			_	
h Total e	xpenses (add lines 8d, 8e, 8f, and 8g)	8h			_	_		40	1,708
	ome (loss) (subtract line 8h from line 8c)	8i			_			13	9,884
j Transfe	ers to (from) the plan (see instructions)	8j							
Part IV	Plan Characteristics								
	plan provides pension benefits, enter the applicable pension 2F 2G 2J 2K 2T 3D 3H	feature co	des from the List of Plan Chara	acteri	stic Co	des in	the instruction	ons:	
	olan provides welfare benefits, enter the applicable welfare fe	eature cod	es from the List of Plan Charac	cteris	ic Coc	les in t	he instruction	 1s:	
Part V	Compliance Questions								
10 Durin	g the plan year:				Yes	No	A	mount	
	there a failure to transmit to the plan any participant contribu FR 2510.3-102? (See instructions and DOL's Voluntary Fidu			10a		Х			
b Were	there any nonexempt transactions with any party-in-interest e 10a.)	? (Do not i	include transactions reported	10a	 	Х		_	
	the plan covered by a fidelity bond?				37			F 0	0 000
				10c	Х				0,000
or dis	ne plan have a loss, whether or not reimbursed by the plan's honesty?			10d		Х			
insura	any fees or commissions paid to any brokers, agents, or oth ance service, or other organization that provides some or all actions.)	of the ben	efits under the plan? (See	10e		Х			
f Has t	he plan failed to provide any benefit when due under the pla	n?		10f		Х			
g Did th	ne plan have any participant loans? (If "Yes," enter amount a	s of year e	end.)	10g		Х			
h If this	this is an individual account plan, was there a blackout period? (See instructions and 29 CFR					Х			
i If 10h	2520.101-3.)					71			
Part VI	Pension Funding Compliance								
11 Is this	s a defined benefit plan subject to minimum funding requirem and line 11a below)	nents? (If "	Yes," see instructions and com	plete	Sched	ule SB	(Form	Yes	X No
11a Enter	the unpaid minimum required contribution for current year fr	om Sched	ule SB (Form 5500) line 39			11a			
	a defined contribution plan subject to the minimum funding					302 of	ERISA?	Yes	X No
	es," complete line 12a or lines 12b, 12c, 12d, and 12e below								
a Ifawa	aiver of the minimum funding standard for a prior year is beining the waiver				, and e	enter th Dav		e letter rul 'ear	ing

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If yo	u completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form	5500), a <u>n</u> d	skip	to line 13.						
b E	nter the minimum required contribution for this plan year					12b				
								-		
C	nter the amount contributed by the employer to the plan for this plan year					12c				
	Subtract the amount in line 12c from the amount in line 12b. Enter the result (e egative amount)					12d				
e_\	Will the minimum funding amount reported on line 12d be met by the funding o	deadline?					∏ Y€	es	No	N/A
Part V	II Plan Terminations and Transfers of Assets									
13а н	as a resolution to terminate the plan been adopted in any plan year?						Yes [X No		
	f "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 of the PBGC?								-	Yes	X No
	f during this plan year, any assets or liabilities were transferred from this plan which assets or liabilities were transferred, (See instructions.)	to another	plan(s	s), identify the plan(s	s) to	_				
13	c(1) Name of plan(s):				13	c(2) E	IN(s)		13c(3)	PN(s)
		·								
Part V	III Trust Information (optional)									
14a Name of trust				14b Trust's EIN						