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

▶ Complete all entries in accordance with the instructions to the Form 5500-SF.

Revenue Code (the Code).

2014

OMB Nos. 1210-0110

1210-0089

This Form is Open to Public Inspection

Part I	Annual Repor	t identification information	า						
For calend	lar plan year 2014 or	fiscal plan year beginning 01/01/2	2014	and ending 12	/31/2014				
■ X a single-employer plan a multiple-employer plan (not multiemployer) (■ A This return/report is for: of participating employer information in accordance in the content of the conten									
		a one-participant plan	a foreign plan						
B This return/report is		the first return/report	the final return/report	İ					
		an amended return/report	a short plan year retu	urn/report (less than 12 m	onths)				
C Check	box if filing under:	X Form 5558	automatic extension		DFVC pr	ogram			
		special extension (enter des	cription)						
Part II	Basic Plan Inf	ormation—enter all requested in	nformation						
1a Name	•				1b Three-digit				
EWING AN	DERSON P.S. 401(K) PROFIT SHARING			plan numbe (PN) ▶	er 001			
					1c Effective da				
-						1/01/1991			
	sponsor's name and a DERSON, P.S.	address; include room or suite num	ber (employer, if for a singl	e-employer plan)		lentification Number 1-0928757			
	,				(=::-)	elephone number			
522 W. RIVE SPOKANE, '	ERSIDE, SUITE 800				509	9-838-4261			
SFORANL,	WA 99201					ode (see instructions) 41110			
3a Plan a	administrator's name	and address Same as Plan Spor	nsor.		3b Administrate				
EWING AND	DERSON, P.S.		RIVERSIDE, SUITE 800		91-0928757 3c Administrator's telephone number				
		SFORA	NE, WA 99201						
					508	9-838-4261			
		he plan sponsor has changed since umber from the last return/report.	e the last return/report filed	for this plan, enter the	4b EIN				
	sor's name	umber from the last return/report.			4c PN				
5a Total	number of participan	ts at the beginning of the plan year			5a	18			
b Total	number of participan	ts at the end of the plan year			5b	21			
		h account balances as of the end o	f the plan year (defined be		5c				
'	,	participants at the beginning of the p			5d(1)	14			
d(2) To	tal number of active p	participants at the end of the plan ye	ear		5d(2)	19			
		terminated employment during the			5e	0			
		e or incomplete filing of this retu			use is established				
		other penalties set forth in the instru							
	edule MB completed true, correct, and cor	and signed by an enrolled actuary,	as well as the electronic ve	ersion of this return/repor	t, and to the best o	f my knowledge and			
SIGN		d/valid electronic signature.	10/13/2015 DAVID EASH						
HERE	HERE Signature of plan administrator Date Enter name of inc				lual signing as plan	administrator			
SIGN									
HERE		loyer/plan sponsor	Date		oloyer or plan sponsor				
		name, if applicable) and address (include room or suite numb	per) (optional)	Preparer's teleph	one number (optional)			
JODI CALF	MURLEY, INC.				509	-838-5500			
	ERSIDE AVE., SUIT	E 1600							

	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 cunder 29 CFR 2520.104-46? (See instructions on waiver eligibility a figure of the plan cannot be a considered for the plan cannot are the plan cannot be a considered for the pla	an indepe and condi ot use Fo	ndent qualified public accounta tions.) rm 5500-SF and must instead	nt (IQ d use	PA) Form	5500.	
	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	III Financial Information		ı				
7	Plan Assets and Liabilities		(a) Beginning of Yea				(b) End of Year
	Total plan assets	7a	15585	22	_		1346492
	Total plan liabilities	7b	45505	.00	_		1010100
	Net plan assets (subtract line 7b from line 7a)	7c	15585	22	-		1346492
	ncome, Expenses, and Transfers for this Plan Year		(a) Amount				(b) Total
	Contributions received or receivable from: 1) Employers	8a(1)	294	105			
	2) Participants	8a(2)	458	34			
	3) Others (including rollovers)	8a(3)					
-	Other income (loss)	8b	1090	18			
	Fotal income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c					184257
	Benefits paid (including direct rollovers and insurance premiums						
t	o provide benefits)	8d	3960)40			
e (Certain deemed and/or corrective distributions (see instructions)	8e					
<u>f</u>	Administrative service providers (salaries, fees, commissions)	8f	2	247			
<u>g</u> (Other expenses	8g					
	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h					396287
	Net income (loss) (subtract line 8h from line 8c)	8i					-212030
_ J	Fransfers to (from) the plan (see instructions)	8j					
b	2E 2G 2J 2K 3D 2F 2T If the plan provides welfare benefits, enter the applicable welfare fe V Compliance Questions	eature cod	les from the List of Plan Charad	cterist	ic Coc	les in t	he instructions:
10	During the plan year:				Yes	No	Amount
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.)	ıciary Cor	rection Program)	10a		X	
	on line 10a.)	`	•	10b		X	
С	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 or dishonesty?			10d		X	
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	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	end.)	10g	Χ		23628
h	If this is an individual account plan, was there a blackout period? (2520.101-3.)	(See instr	uctions and 29 CFR	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	VI Pension Funding Compliance						
11	Is this a defined benefit plan subject to minimum funding requirements 5500) and line 11a below)						
11a	Enter the unpaid minimum required contribution for current year from	om Sched	dule SB (Form 5500) line 39			11a	
12	Is this a defined contribution plan subject to the minimum funding	requirem	ents of section 412 of the Code	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 e	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):		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

Annual Report Identification Information

Part I

Spokane

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.

1210-0089

OMB Nos. 1210-0110

2014

This Form is Open to Public Inspection

T OI Calellu	ar pian year 2014 or ti	oodi pidii yodi bogiiiiiiig	01/01/2014	and ending	12/31/	2014						
A This ret	urn/report is for:	x a single-employer plan		lan (not multiemployer) yer information in accord		nis box must attach a list m instructions)						
		a one-participant plan										
B This retu	ırn/report is	the first return/report	the final return/report									
		an amended return/report	a short plan year retur	n/report (less than 12 m	onths)							
C Check I	oox if filing under:	X Form 5558	automatic extension		DFVC program							
	-	special extension (enter desc	cription)									
Part II	Basic Plan Info	ormation—enter all requested in	nformation									
1a Name of plan EWING ANDERSON P.S. 401(K) PROFIT SHARING				1b Three-digi								
					(PN) 1c Effective date of plan							
					01/01/							
	oonsor's name and ad ANDERSON, P.S	ddress; include room or suite numb ·	oer (employer, if for a single	employer plan)	2b Employer Identification Number (EIN) 91-0928757							
E22 M	DIVERGINE C	፣፣፣ሞቼ ዕለስ				telephone number						
344 W.	RIVERSIDE, S	OIIE 800			509-838	code (see instructions)						
SPOKANI	Ε	WA 99201			541110	oue (see mandenons)						
3a Plan a	dministrator's name a	nd address Same as Plan Spon	nsor.		3b Administrator's EIN							
	ANDERSON, P.S				91-092							
,			3c Administrator's telephone number									
522 W. RIVERSIDE, SUITE 800			509-838-4261									
JZZ W.	KIVEKBIDE, B	0111 000										
SPOKANI	·	WA 99201										
SPOKANE	3	WA 99201	e the last return/report filed fo	or this plan, enter the	4b EIN							
SPOKANE 4 If the r	E name and/or EIN of th EIN, and the plan nu		e the last return/report filed fo	or this plan, enter the	4b EIN 4c PN							
SPOKANE 4 If the r name, a Sponso	E name and/or EIN of th EIN, and the plan nu or's name	WA 99201 e plan sponsor has changed since			4c PN	18						
SPOKANE 4 If the r name, a Spons 5a Total r	Ename and/or EIN of the EIN, and the plan nu or's name number of participants	WA 99201 e plan sponsor has changed since mber from the last return/report.			4c PN 5a	18						
SPOKANE 4 If the r name, a Sponso 5a Total r b Total r C Number	eame and/or EIN of the EIN, and the plan nu or's name number of participants number of participants with	WA 99201 e plan sponsor has changed since mber from the last return/report. at the beginning of the plan year at the end of the plan year account balances as of the end of	f the plan year (defined bene	fit plans do not	4c PN . 5a							
SPOKANE 4 If the r name, a Sponse 5a Total r b Total r C Number comple	Ename and/or EIN of the EIN, and the plan nure or sname number of participants or of participants er of participants with ete this item)	WA 99201 e plan sponsor has changed since mber from the last return/report. at the beginning of the plan year at the end of the plan year	f the plan year (defined bene	fit plans do not	4c PN 5a 5b	21						
SPOKANE 4 If the r name, a Sponse 5a Total r b Total r c Number completed(1) Total	Ename and/or EIN of the EIN, and the plan nuor's name number of participants number of participants er of participants with ete this item)	WA 99201 e plan sponsor has changed since imber from the last return/report. at the beginning of the plan year at the end of the plan year account balances as of the end of	f the plan year (defined bene	fit plans do not	4c PN 5a 5b 5c 5d(1)	21						
SPOKANE 4 If the r name, a Spons 5a Total r b Total r C Numbe comple d(1) Tota d(2) Total e Numbe	ame and/or EIN of the EIN, and the plan nurely or's name number of participants or participants with each this item)	WA 99201 e plan sponsor has changed since the plan sponsor has return/report. at the beginning of the plan year at the end of the plan year account balances as of the end of the plan year articipants at the beginning of the plan year.	f the plan year (defined bene plan year ear plan year with accrued bene	efit plans do not	4c PN 5a 5b 5c	1.						
SPOKANE 4 If the r name, a Spons 5a Total r b Total r C Numbe comple d(1) Tota d(2) Tota e Numbe less the	ame and/or EIN of the EIN, and the plan nurely or's name number of participants or participants with the ete this item)	wa 99201 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.	f the plan year (defined bene plan year plan year with accrued bene rn/report will be assessed	efit plans do not	4c PN 5a 5b 5c 5d(1) 5d(2) 5e use is establishe	23 17 14 19 (d.						
SPOKANE 4 If the r name, a Spons 5a Total r b Total r C Numbe comple d(1) Tota d(2) Tota e Numbe less the Caution: A Under penass or Sche	name and/or EIN of the EIN, and the plan nurely or's name number of participants or participants with the etc this item)	wa 99201 e plan sponsor has changed since the plan sponsor has 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 articipants	olan yearplan year with accrued bene plan year with accrued beneated.	efit plans do not efits that were unless reasonable cau	4c PN 5a 5b 5c 5d(1) 5d(2) 5e use is established port, including, if a	17 14 19 (d. applicable, a Schedule						
SPOKANE 4 If the r name, a Spons 5a Total r b Total r C Numbe comple d(1) Tota d(2) Tota e Numbe less the Caution: A Under penass or Sche	name and/or EIN of the EIN, and the plan nurely or's name number of participants or participants with the etc this item)	way 99201 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 participants at the end of the plan year articipants at the end of the plan year.	olan yearplan year with accrued bene plan year with accrued beneated.	efit plans do not efits that were unless reasonable cau	4c PN 5a 5b 5c 5d(1) 5d(2) 5e use is established port, including, if a	1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.						
SPOKANE 4 If the r name, a Sponse 5a Total r c Number comple d(1) Total d(2) Total e Number less the Caution: A Under pena SB or Sche belief, it is t	name and/or EIN of the EIN, and the plan nurely or's name number of participants or participants with the et his 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.	f the plan year (defined bene plan year plan year with accrued bene rn/report will be assessed actions, I declare that I have as well as the electronic ver	ofit plans do not ofits that were unless reasonable cau examined this return/re sion of this return/report	4c PN 5a 5b 5c 5d(1) 5d(2) 5e use is established port, including, if at and to the best of the second secon	1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.						
SPOKANE 4 If the r name, a Sponse 5a Total r C Number comple d(1) Total d(2) Total e Number less the Caution: A Under pena SB or Sche belief, it is t	name and/or EIN of the EIN, and the plan nurely or's name number of participants or participants with the et his 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 beneather) plan year plan year with accrued beneather. pri/report will be assessed actions, I declare that I have as well as the electronic ver	efit plans do not efits that were unless reasonable cau examined this return/re sion of this return/report	4c PN 5a 5b 5c 5d(1) 5d(2) 5e use is established port, including, if at and to the best of the second secon	21 17 14 19 (d. applicable, a Schedule of my knowledge and						
SPOKANE 4 If the r name, a Sponse 5a Total r c Number comple d(1) Total d(2) Total e Number less the Caution: A Under pena SB or Sche belief, it is t SIGN HERE SIGN HERE	name and/or EIN of the EIN, and the plan nurely or's name number of participants are of participants with the et 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 incomplete filling of this return the penalties set forth in the instrument signed by an enrolled actuary, plete.	olan year (defined benear	efits plans do not efits that were unless reasonable cau examined this return/re sion of this return/report David Eash Enter name of individ	4c PN 5a 5b 5c 5d(1) 5d(2) 5e use is established port, including, if at, and to the best dual signing as place.	21 17 14 19 (d. applicable, a Schedule of my knowledge and						
SPOKANE 4 If the r name, a Sponse 5a Total r c Number comple d(1) Total d(2) Total e Number less the Caution: A Under pena SB or Sche belief, it is t SIGN HERE SIGN HERE	name and/or EIN of the EIN, and the plan nurely or's name number of participants number 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.	olan year (defined benear	efits plans do not efits that were unless reasonable cau examined this return/re sion of this return/report David Eash Enter name of individ	4c PN 5a 5b 5c 5d(1) 5d(2) 5e use is established port, including, if at, and to the best dual signing as plate and signing as empreparer's teleports.	d. applicable, a Schedule of my knowledge and n administrator ployer or plan sponsor whone number (optional)						
SPOKANE 4 If the r name, a Spons. 5a Total r C Number completed (1) Total d(2) Total e Number less that Caution: A Under pena SB or Schebelief, it is t SIGN HERE Preparer's Jodi Ca	name and/or EIN of the EIN, and the plan nurely or's name number of participants number of participants with ete 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 articipants at the beginning of the plan year articipants at the end of the plan year.	olan year (defined benear	efits plans do not efits that were unless reasonable cau examined this return/re sion of this return/report David Eash Enter name of individ	4c PN 5a 5b 5c 5d(1) 5d(2) 5e use is established port, including, if at, and to the best dual signing as plate and signing as empreparer's teleports.	1. 1. 1. 1. 1. 1. 1. 1. 1. 1.						

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	Form 5500-SF 2014		Page 2					
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 a under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.)					PA) 		п п	No No
С	If the plan is a defined benefit plan, is it covered under the PBGC in	surance pr	ogram (see ERISA section 40	21)? .	<u> </u>	Yes	No Not determine	d
Pa	rt III Financial Information							
<u> </u>	Plan Assets and Liabilities		(a) Beginning of Yea	r	_		(b) End of Year	
а	Total plan assets	7a	155	852	2		13464	492
	Total plan liabilities	7b			4			
С	Net plan assets (subtract line 7b from line 7a)	7c	155	852	2		13464	492
3	Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b) Total	
а	Contributions received or receivable from:	05/4\	2	2940	5			
	(1) Employers	8a(1)		1583	_			
	(2) Participants	8a(2)			-			
<u>_</u>	(3) Others (including rollovers)	8a(3) 8b	1(901	B B			
_	Other income (loss) Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c		7,701	+		184	257
	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	39	9604	0			
е	Certain deemed and/or corrective distributions (see instructions)	8e						
f	Administrative service providers (salaries, fees, commissions)			24	7			
g	Other expenses	8g						
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h					396	287
j	Net income (loss) (subtract line 8h from line 8c)	8i					-212	030
j	Transfers to (from) the plan (see instructions)	8i						
o _{al}	rt IV Plan Characteristics							
9a	If the plan provides pension benefits, enter the applicable pension 2E 2G 2J 2K 3D 2F 2T							
	If the plan provides welfare benefits, enter the applicable welfare fe	eature code	es from the List of Plan Charac	cterist	ic Cod	es in th	ne instructions:	
	t V Compliance Questions							
0	During the plan year:	tions within	the time period described in	I	Yes	No	Amount	
	Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu Were there any nonexempt transactions with any party-in-interest	ciary Corr	ection Program)	10a		Х		
	on line 10a.)			10b		Х		
С	Was the plan covered by a fidelity bond?			10c	Х		500	000
d	or dishonesty?			10d		Х		
• Were any fees or commissions paid to any brokers, agents, or other persons by an insurance insurance service, or other organization that provides some or all of the benefits under the plinstructions.)			efits under the plan? (See	10e		х		
f				10f		х		
	2.1.1.2.2.2.2.2.2.2.2.2.2.2.2.2.2.2.2.2	_		10g	Х		23	628
-	If this is an individual account plan, was there a blackout period? 2520.101-3.)	(See instru	ctions and 29 CFR	10h		х		
İ	If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10	he required	d notice or one of the	10i				
ar	VI Pension Funding Compliance							

10	During the plan year:		162	NO	<i>P</i>	moun	IL .	
а	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		х				
b	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	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 fidelity bond, that was caused by fraud or dishonesty?	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?	10f		Х				
g	Did the plan have any participant loans? (If "Yes," enter amount as of year end.)	10g	Х			_	23	3628
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 required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3	10i						
Part	VI Pension Funding Compliance							
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and cor 5500) and line 11a below)					Y	es 🗌	No
11a	Enter the unpaid minimum required contribution for current year from Schedule SB (Form 5500) line 39			11a				
12	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Cod	e or se	ection	302 of	ERISA?	Υ	es X	No
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)				<u> </u>			
а	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instruction the waiver		, and e	enter th Dav		e letter 'ear	ruling	I

Part IV

Part V