-	m 5500-SF	Short Form Annual Return/Report of Small Empl Benefit Plan			oyee	OMB Nos. 1210-0110 1210-0089		
	tment of the Treasury nal Revenue Service	This form is required to be filed unde	This form is required to be filed under sections 104 and 4065 of the Employee R			2014		
Department of Labor Employee Benefits Security Administration Income Security Act of 1974 (ERISA), and sections 6057(b) and 6058(a) of the Revenue Code (the Code).				Internal	This Form is Open to Public Inspection			
Pension Benefit Guaranty Corporation Complete all entries in accordance with the instructions to the Form 5500-SF.								
Part I Annual Report Identification Information								
For calendar plan year 2014 or fiscal plan year beginning 09/01/2014 and ending 08/31/2015								
A This retuB This retu	urn/report is for: rn/report is	X a single-employer plan a multiple-employer plan (not multiemployer) (Filers checking this box must attach a l of participating employer information in accordance with the form instructions) a one-participant plan a foreign plan the first return/report the final return/report an amended return/report a short plan year return/report (less than 12 months)						
C Check b	oox if filing under:	Form 5558 automatic extension				DFVC program		
Dort II	Pacia Dian Infor							
Part II Basic Plan Information—enter all requested information 1a Name of plan COLUMBIA MARKETING INTERNATIONAL CORPORATION RETIREMENT PLAN					(PN)	number 001		
					1c Effect	ctive date of plan 01/01/1992		
2a Plan sp COLUMBIA M	oonsor's name and add	ress; include room or suite number (emp TIONAL LLC	loyer, if for a single-	employer plan)	2b Employer Identification Number (EIN) 61-1694046			
2525 EUCLID					2c Sponsor's telephone number 509-663-1955			
WENATCHEE, WA 98801-5909					2d Business code (see instructions) 424500			
3a Plan administrator's name and address X Same as Plan Sponsor.				3b Adm	inistrator'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 4b EIN 								
name, a Sponso		ber from the last return/report.			4c pn			
5a Total n	umber of participants a	at the beginning of the plan year			5a	46		
b Total n	umber of participants a	at the end of the plan year			5b	48		
comple	ete this item)	ccount balances as of the end of the plar			5c	48		
d(1) Tota	al number of active part	icipants at the beginning of the plan year	ſ		5d(1)	40		
		ticipants at the end of the plan year			5d(2)	43		
		minated employment during the plan yea			5e	0		
Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established. 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.								
		alid electronic signature.	11/16/2015	DAVID J. DEFINA				
HERE	Signature of plan ac	Iministrator	Date	Enter name of individual signing as plan administrato				
SIGN								
HERE	Signature of employ					as employer or plan sponsor		
Preparer's name (including firm name, if applicable) and address (include room or suite number) (optional) JODI CALHOUN RANDALL & HURLEY, INC. 601 W. RIVERSIDE, SUITE 1600 SPOKANE, WA 99201 Preparer's telephone number 509-838-5500 000 000 000 000 000 000 000								

	a Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)								
D	b Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.)								
	If you answered "No" to either line 6a or line 6b, the plan cannot use Form 5500-SF and must instead use Form 5500.								
С	If the plan is a defined benefit plan, is it covered under the PBGC ir	nsurance pro	ogram (see ERISA section 40	21)?		Yes	No N	ot determ	ined
Pa	rt III Financial Information								
7	Plan Assets and Liabilities		(a) Beginning of Yea	r			(b) End of	Year	
а	Total plan assets	. 7a	66669	97				601343	5
b	Total plan liabilities	. 7b							
С	Net plan assets (subtract line 7b from line 7a)	Net plan assets (subtract line 7b from line 7a) 7c 6666					6013435		
8	Income, Expenses, and Transfers for this Plan Year	(a) Amount					(b) Total		
а	05								
	(1) Employers	. 8a(1)	2744		_				
	(2) Participants	. 8a(2)		00	_				
	(3) Others (including rollovers)	. 8a(3)	-762	51					
b	Other income (loss)	. 8b	-702	.51	_			44000	0
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	. 8c						44988	2
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	. 8d	10952	41					
е	Certain deemed and/or corrective distributions (see instructions)	. 8e							
f	Administrative service providers (salaries, fees, commissions)	. 8f	82	03					
a	Other expenses	. 8g							
<u> </u>	Total expenses (add lines 8d, 8e, 8f, and 8g)							110344	4
	Net income (loss) (subtract line 8h from line 8c)				-653562				
i	Transfers to (from) the plan (see instructions)								
Pa		0]							
	2E 2G 2J 2T 3D 2F								
b	b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:								
Par	t V Compliance Questions						1		
10	During the plan year:				Yes	No	A	nount	
а	Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fid			10a		х			
b	Were there any nonexempt transactions with any party-in-interest on line 10a.)	t? (Do not in	clude transactions reported	10a		х			
	,				X				
с 				10c	X				
a	d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?								00000
	or dishonesty?		· · · · · · · · · · · · · · · · · · ·	10d		Х			00000
e	or dishonesty? Were any fees or commissions paid to any brokers, agents, or oth insurance service, or other organization that provides some or all	her persons of the benef	by an insurance carrier, its under the plan? (See	10d 10e		x x			
e f	or dishonesty? Were any fees or commissions paid to any brokers, agents, or oth insurance service, or other organization that provides some or all instructions.)	her persons of the benef	by an insurance carrier, iits under the plan? (See						
	or dishonesty? Were any fees or commissions paid to any brokers, agents, or oth insurance service, or other organization that provides some or all instructions.) Has the plan failed to provide any benefit when due under the plan	her persons of the benef	by an insurance carrier, fits under the plan? (See	10e 10f	X	х			35329
f	or dishonesty? Were any fees or commissions paid to any brokers, agents, or oth insurance service, or other organization that provides some or all instructions.) Has the plan failed to provide any benefit when due under the plan Did the plan have any participant loans? (If "Yes," enter amount a If this is an individual account plan, was there a blackout period?	her persons of the benef nn? as of year en (See instruc	by an insurance carrier, iits under the plan? (See d.)tions and 29 CFR	10e 10f 10g	X	х			
f	or dishonesty? Were any fees or commissions paid to any brokers, agents, or oth insurance service, or other organization that provides some or all instructions.) Has the plan failed to provide any benefit when due under the plan Did the plan have any participant loans? (If "Yes," enter amount a If this is an individual account plan, was there a blackout period? 2520.101-3.) If 10h was answered "Yes," check the box if you either provided t	her persons of the benef an? as of year en (See instruc he required	by an insurance carrier, iits under the plan? (See d.) tions and 29 CFR	10e 10f	x	x x			
f i	or dishonesty? Were any fees or commissions paid to any brokers, agents, or oth insurance service, or other organization that provides some or all instructions.) Has the plan failed to provide any benefit when due under the plan Did the plan have any participant loans? (If "Yes," enter amount a If this is an individual account plan, was there a blackout period? 2520.101-3.) If 10h was answered "Yes," check the box if you either provided t exceptions to providing the notice applied under 29 CFR 2520.10	her persons of the benef an? as of year en (See instruc he required	by an insurance carrier, iits under the plan? (See d.) tions and 29 CFR	10e 10f 10g 10h	×	x x			
f g h i Part	or dishonesty? Were any fees or commissions paid to any brokers, agents, or oth insurance service, or other organization that provides some or all instructions.) Has the plan failed to provide any benefit when due under the plan Did the plan have any participant loans? (If "Yes," enter amount a If this is an individual account plan, was there a blackout period? 2520.101-3.) If 10h was answered "Yes," check the box if you either provided t exceptions to providing the notice applied under 29 CFR 2520.10 VI Pension Funding Compliance	her persons of the benef as of year en (See instruc he required 1-3	by an insurance carrier, iits under the plan? (See d.) tions and 29 CFR notice or one of the	10e 10f 10g 10h 10i		x x x	3 (Form		
f i	or dishonesty? Were any fees or commissions paid to any brokers, agents, or oth insurance service, or other organization that provides some or all instructions.) Has the plan failed to provide any benefit when due under the plan Did the plan have any participant loans? (If "Yes," enter amount a If this is an individual account plan, was there a blackout period? 2520.101-3.) If 10h was answered "Yes," check the box if you either provided t exceptions to providing the notice applied under 29 CFR 2520.10	her persons of the benef as of year en (See instruc he required 1-3	by an insurance carrier, iits under the plan? (See d.) tions and 29 CFR notice or one of the es," see instructions and com	10e 10f 10g 10h 10i	Scheo	X X X			
f g h i Part	or dishonesty? Were any fees or commissions paid to any brokers, agents, or oth insurance service, or other organization that provides some or all instructions.) Has the plan failed to provide any benefit when due under the plan Did the plan have any participant loans? (If "Yes," enter amount a If this is an individual account plan, was there a blackout period? 2520.101-3.) If 10h was answered "Yes," check the box if you either provided t exceptions to providing the notice applied under 29 CFR 2520.10 VI Pension Funding Compliance Is this a defined benefit plan subject to minimum funding requirem	her persons of the benef as of year en (See instruc he required 1-3	by an insurance carrier, iits under the plan? (See d.) tions and 29 CFR notice or one of the es," see instructions and com	10e 10f 10g 10h 10i	Schec	X X X		1	35329
f g h i Part	or dishonesty? Were any fees or commissions paid to any brokers, agents, or othinsurance service, or other organization that provides some or all instructions.) Has the plan failed to provide any benefit when due under the plan Did the plan have any participant loans? (If "Yes," enter amount a If this is an individual account plan, was there a blackout period? 2520.101-3.) If 10h was answered "Yes," check the box if you either provided t exceptions to providing the notice applied under 29 CFR 2520.10 VI Pension Funding Compliance Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)	her persons of the benef as of year en (See instruc he required 1-3 hents? (If "Ye rom Schedu	by an insurance carrier, iits under the plan? (See d.) tions and 29 CFR notice or one of the es," see instructions and com	10e 10f 10g 10h 10i	Schec	X X X Iule SE		1	35329

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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			

Form 5500-SF	Short Form Annu		of Small Employe	e	OMB Nos. 1210-0110 1210-0089		
Department of the Treasury Internal Revenue Service	Benefit Plan				2014		
Department of Labor Employee Benefits Security Administration		This form is required to be filed under sections 104 and 4065 of the Employee R Income Security Act of 1974 (ERISA), and sections 6057(b) and 6058(a) of the Revenue Code (the Code).					
Pension Benefit Guaranty Corporation	uctions to the Form 5500-S		ublic Inspection				
Part I Annual Report le	dentification Information	····					
For calendar plan year 2014 or fisc	al plan year beginning	09/01/2014	and ending	08/31/20)15		
A This return/report is for: B This return/report is	x a single-employer plan a one-participant plan the first return/report an amended return/report	of participating employ a foreign plan the final return/report	an (not multiemployer) (Filers /er information in accordance n/report (less than 12 months	with the form			
C Check box if filing under:	Form 5558	automatic extension		DFVC pro	gram		
Desta Dien Infer					<u></u>		
Part II Basic Plan Infor 1a Name of plan Columbia Marketing Ir	mation —enter all requested inf		Plan	Three-digit plan number (PN) Effective date 01/01/19	e of plan		
2a Plan sponsor's name and addr	ress: include room or suite numbe	er (employer, if for a single-	employer plan) 2h		ntification Number		
COLUMBIA MARKETING IN				(EIN) 61-1			
2525 Euclid Avenue			2c	Sponsor's te	ephone number 1955		
WENATCHEE	WA 98801-590	9	2d	Business coo 424500	e (see instructions)		
3a Plan administrator's name and	<u> </u>		3b	Administrator	's EIN		
· · · · · · · · · · · · · · · · · · ·	plan sponsor has changed since	the last return/report filed fo	or this plan, enter the 4b	EIN			
name, EIN, and the plan num	per from the last return/report.		40	4c PN			
a Sponsor's name 5a Total number of participants a	t the beginning of the plan year			5a	A .c.		
b Total number of participants a			· · · · · · · · · · · · · · · · · · ·	ib	46		
C Number of participants with ac			fit plana da nat		48		
				5C	48		
d(1) Total number of active parti	cipants at the beginning of the pl	an year	5d	(1)	40		
d(2) Total number of active parti	cipants at the end of the plan vea	ar		I(2)	43		
e Number of participants that terr		lan year with accrued bene	fits that were	ie i	C		
Caution: A penalty for the late or				established.	и <u>на селото</u> на с		
Under penalties of perjury and other SB or Schedule MB completed and belief, it is true, correct, and completed	er penalties set forth in the instruction in the set forth in the instruction is a set for the set of the set	ctions, I declare that I have	examined this return/report, i	ncluding, if app			
SIGN	X	11-11-15	DAVID J. DEFINA	· · · · · · · · · · · · · · · · · · ·			
HERE Signature of plan ad	ministrator	Date	Enter name of individual si	gning as plan a	administrator		
SIGN							
HERE Signature of employe Preparer's name (including firm na Jodi Calhoun		Date Include room or suite numbe	Enter name of individual signal r) (optional)	parer's telepho	ne number (optional)		
Randall & Hurley, Ind	2.			509-8	38-5500		
601 W. Riverside, Su	te 1600						
Spokane	WA 99201				 A stand starting the second starting 		

	Form 5500-SF 2014		Page 2					
b	6a Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.) Image: Second							
	If the plan is a defined benefit plan, is it covered under the PBGC in	isurance pr	ogram (see ERISA section 4021)?	Yes No Not determined				
Pa	rt III Financial Information							
	Plan Assets and Liabilities		(a) Beginning of Year	(b) End of Year				
a	Total plan assets	7a	6666997	6013435				
b	Total plan liabilities	7b						
C	Net plan assets (subtract line 7b from line 7a)	7c	6666997	6013435				
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount	(b) Total				
a	Contributions received or receivable from: (1) Employers	8a(1)	251680					
	(2) Participants	8a(2)	274453					
	(3) Others (including rollovers)	8a(3)						
b	Other income (loss)	8b	-76251					
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c		449882				
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	1095241					
<u>e</u>	Certain deemed and/or corrective distributions (see instructions)	8e						
f	Administrative service providers (salaries, fees, commissions)	8f	8203					
g	Other expenses	8g						
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h		1103444				
i	Net income (loss) (subtract line 8h from line 8c)	8i		-653562				
j	Transfers to (from) the plan (see instructions)	8j						
Pa	rt IV Plan Characteristics	··		· ·				
9a	If the plan provides pension benefits, enter the applicable pension $2E$ 2G 2J 2T 3D 2F	feature coo	des from the List of Plan Characteristic	Codes in the instructions:				
b Pa	If the plan provides welfare benefits, enter the applicable welfare ferrer to the applicable welfar	eature code	es from the List of Plan Characteristic (Codes in the instructions:				

10	During the plan year:	Yes	No	Amount				
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)							
b	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	10b		Х				
C	Was the plan covered by a fidelity bond?	10c	х		50000			
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		x				
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		135329			
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	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)							
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 Code or section 302 of ERISA?...

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

Yes X

No