## 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 Report	t Identification Information	n						
For calenda	allendar plan year 2014 or fiscal plan year beginning 01/01/2010 and ending 12/31/2010								
a single-employer plan  This return/report is for:  a multiple-employer plan (not multiemployer) of participating employer information in accordance.									
		a one-participant plan	a foreign plan						
<b>B</b> This retu	urn/report is	the first return/report	the final return/report	port					
		an amended return/report	a short plan year retu	urn/report (less than 12 m	nonths)				
C Check b	box if filing under:	Form 5558	automatic extension		X DFVC program				
	3	special extension (enter des	cription)						
Part II	Basic Plan Info	ormation—enter all requested in	nformation						
1a Name		7			1b Three-digit				
	.ES, INC. 401(K) PLA	N.			plan numbe	er			
					(PN) ▶	001			
					1c Effective date of plan 03/01/2005				
2a Plan sp		ddress; include room or suite num	ber (employer, if for a singl	e-employer plan)	<b>2b</b> Employer Identification Number (EIN) 91-1931016				
					2c Sponsor's telephone number				
1213 N. PINE SPOKANE V.	ES RD. ALLEY, WA 99206					9-924-7755 ode (see instructions)			
						24210			
3a Plan a	dministrator's name a	and address XSame as Plan Spor	nsor.		<b>3b</b> Administrate	or's EIN			
				<b>3c</b> Administrator's telephone number					
						or's telephone number			
					<b>3c</b> Administrate	or's telephone number			
					<b>3c</b> Administrate	or's telephone number			
					<b>3c</b> Administrate	or's telephone number			
					<b>3c</b> Administrate	or's telephone number			
		ne plan sponsor has changed since	e the last return/report filed	for this plan, enter the	3c Administrate 4b EIN	or's telephone number			
name,	, EIN, and the plan nu	ne plan sponsor has changed since umber from the last return/report.	e the last return/report filed	for this plan, enter the	4b EIN	or's telephone number			
name, <b>a</b> Sponso	, EIN, and the plan nu or's name	umber from the last return/report.		·	4b EIN 4c PN	·			
a Sponso	, EIN, and the plan nu or's name number of participant	umber from the last return/report.	·		4b EIN 4c PN 5a	5			
a Sponso 5a Total r b Total r	EIN, and the plan nu or's name number of participants number of participants	umber from the last return/report.  s at the beginning of the plan year s at the end of the plan year			4b EIN 4c PN 5a 5b	5			
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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 runder 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 with the control of the plan cannot with the control of the plan cannot with the control of the plan cannot with the plan ca	an indepe and condit ot use Fo	ndent qualified public accounta ions.) rm 5500-SF and must instead	nt (IQ	PA)  <b>Form</b>	5500.	Xes No
	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		<u> </u>				
7	Plan Assets and Liabilities		(a) Beginning of Yea		_		(b) End of Year
	Total plan assets	7a	1062	232	_		130687
	Total plan liabilities	7b	4000	200	_		400007
	Net plan assets (subtract line 7b from line 7a)	7c	1062	232	-		130687
	ncome, Expenses, and Transfers for this Plan Year		(a) Amount				(b) Total
	Contributions received or receivable from:  1) Employers	8a(1)	60	)56			
	2) Participants	8a(2)	73	392			
	3) Others (including rollovers)	8a(3)					
	Other income (loss)	8b	110	007			
	Fotal income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c					24455
	Benefits paid (including direct rollovers and insurance premiums						
1	o provide benefits)	8d					
_ е	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					
	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h					0
	Net income (loss) (subtract line 8h from line 8c)	8i					24455
J	Fransfers to (from) the plan (see instructions)	8j					
	If the plan provides pension benefits, enter the applicable pension to 2E 2J 2K 2F 2G 3D  If the plan provides welfare benefits, enter the applicable welfare fellows  V Compliance Questions						
10	During the plan year:				Yes	No	Amount
a b	<b>a</b> 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)					X	
	on line 10a.)			10b		X	
С	Was the plan covered by a fidelity bond?			10c	X		10000
d						X	
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.)					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	Χ		11000
h	h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)					X	
i	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						
Part	<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	
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.

2014

OMB Nos. 1210-0110 1210-0089

This Form is Open to Public Inspection

Part I	Ailliual Nepo	rt Identification Information	1						
For calen	dar plan year 2014 or	fiscal plan year beginning	01/01/2010	and ending	12/31/	2010			
Α		X a single-employer plan	a multiple-employer	ployer plan (not multiemployer) (Filers checking this box must att					
A This re	eturn/report is for:	a one-participant plan		oyer information in accor	rdance with the for	m instructions)			
R This ro	turn/report is	a one-participant plan	a foreign plan						
D miste	turn/report is	the first return/report	the final return/report						
		an amended return/report	a short plan year retu	ırn/report (less than 12 m	months)				
C Check	box if filing under:	Form 5558	automatic extension		X DFVC p	rogram			
		special extension (enter desc	ription)						
Part II	Basic Plan In	formation—enter all requested in	formation						
1a Name		enter an requested in	TOTTIALIOTI		1b Three-digit				
	Giles, Inc.	401(k) Plan			plan numb				
					(PN) ▶	001			
					1c Effective da				
2a Plan s	sponsor's name and a	address; include room or suite numb	er (employer if for a single	ompleyer plan)	03/01/2				
Doty &	Giles, Inc.	adices, include room of suite number	er (employer, il for a single	e-employer plan)		dentification Number 1931016			
						telephone number			
1213 N	. Pines Rd.				509-924				
					2d Business code (see instructions)				
	e Valley	WA 99206			524210				
3a Plan a	administrator's name	and address XSame as Plan Spons	sor.		3b Administrator's EIN				
					30 11 11 1				
					3C Administrat	3c Administrator's telephone number			
	,								
4 If the i	name and/or EIN of the	ne plan sponsor has changed since t	the last return/report filed	for this plan, enter the	4b EIN				
name	, EIN, and the plan no	ne plan sponsor has changed since to umber from the last return/report.	the last return/report filed	for this plan, enter the					
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1328 N. Whitman Ln.

Liberty Lake

	Form 5500-SF 2014		Page <b>2</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 under 29 CFR 2520.104-46? (See instructions on waiver eligibility If you answered "No" to either line 6a or line 6b, the plan cannot list the plan is a defined benefit plan, is it covered under the PBGC in	an independ and condition of use Forr	lent qualified public account ns.) n 5500-SF and must instea	ant (IC	QPA) e Forn	n 5500.		X X	Yes Yes	No
	rt III Financial Information									200000000000000000000000000000000000000
7	Plan Assets and Liabilities		(a) Paginning of Va		$\top$		/b) F-	J - 6 V -		
a	Total plan assets	. 7a	(a) Beginning of Ye	06232			(b) End of Year			
14.5	Total plan liabilities	+		002.	-					3000
1007	Net plan assets (subtract line 7b from line 7a)	7c	1	0623	32				1.3	3068
8	Income, Expenses, and Transfers for this Plan Year			0023	-					3008
	Contributions received or receivable from:	AAAAAA SAA COL	(a) Amount		168	reside.	(D)	Total		
	(1) Employers	. 8a(1)		605	56					
	(2) Participants	. 8a(2)	2000	739	92					
	(3) Others (including rollovers)	8a(3)								
b	Other income (loss)	8b		1100	07					
C	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							2	2445
d	Benefits paid (including direct rollovers and insurance premiums									
	to provide benefits)	8d			(1) (A) (A) (A) (A) (A) (A) (A) (A) (A) (A					
	Certain deemed and/or corrective distributions (see instructions)	8e			198					
	Administrative service providers (salaries, fees, commissions)	8f								
	Other expenses	-9			ESS.					
177.00	Total expenses (add lines 8d, 8e, 8f, and 8g)									
	Net income (loss) (subtract line 8h from line 8c)	- 8i							2	2445
-	Transfers to (from) the plan (see instructions)	8j								
	t IV Plan Characteristics									
9a	If the plan provides pension benefits, enter the applicable pension	feature code	s from the List of Plan Char	acteris	stic Co	des in t	he instru	ctions:		
b	2E 2J 2K 2F 2G 3D		form the List of Disc Observe							
D	If the plan provides welfare benefits, enter the applicable welfare for	eature codes	from the List of Plan Chara	cterist	ic Coa	es in th	e instruc	tions:		
Part	V Compliance Questions									
10	During the plan year:				Yes	No		_		
a	Was there a failure to transmit to the plan any participant contribution	tions within t	he time period described in	Γ-	res	NO		Amou	ınt	
	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu	ciary Correc	tion Program)	10a		X				
b	Were there any nonexempt transactions with any party-in-interest	? (Do not inc	lude transactions reported			v				
	on line 10a.)			10b		Х				
С	Was the plan covered by a fidelity bond?			10c	Х				1	.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				
					Х					
h	Did the plan have any participant loans? (If "Yes," enter amount as of year end.)								1	1000
i	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)  If 10h was answered "Yes," check the box if you either provided the required notice or one of the			10h		Х				
318	exceptions to providing the notice applied under 29 CFR 2520.101			10i						
Part				, 01				all state of the		
11	Is this a defined benefit plan subject to minimum funding requirements 5500) and line 11a below)							Τп	Yes [	 7 No
11a	Enter the unpaid minimum required contribution for current year for					100000			. 55	1 110
12	Is this a defined contribution plan subject to the minimum funding	1000				11a	DICAG	ПП	Voc. F.	-I NI-
14	is this a defined contribution plan subject to the minimum funding	requirement	s of section 412 of the Code	orse	ction 3	SUZ Of E	KISA?	$\perp \perp$	Yes 🛚 🗓	No

a If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, and enter the date of the letter ruling

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

granting the waiver......Month