## 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.

1210-0089

2015

OMB Nos. 1210-0110

This Form is Open to Public Inspection

Part i Annual Repor	t identification information	1					
For calendar plan year 2015 or f	fiscal plan year beginning 01/01/	/2015 and ending 12	2/31/2015				
A This return/report is for:	a single-employer plan     a one-participant plan	a multiple-employer plan (not multiemployer) (Filers checking this box must attach a list of participating employer information in accordance with the form instructions)  a foreign plan					
<b>B</b> This return/report is	onths)						
C Check box if filing under:	Form 5558	automatic extension	DFVC p	rogram			
	special extension (enter desc						
Part II Basic Plan Infe	ormation—enter all requested in	nformation					
<b>1a</b> Name of plan INTEGRUS ARCHITECTURE, P	.S. INCENTIVE SAVINGS PLA		1b Three-digit plan number (PN) ▶	002			
			1c Effective dat	e of plan 02/01/1986			
Mailing address (include roo	oyer, if for a single-employer plan) om, apt., suite no. and street, or P.			entification Number 11-1033931			
NTEGRUS ARCHITECTURE, P.S		stal code (if foreign, see instructions)	2c Sponsor's telephone number 509-838-8681				
0 SOUTH CEDAR SPOKANE, WA 99204				de (see instructions)			
3a Plan administrator's name a	and address Same as Plan Spon	nsor.	<b>3b</b> Administrato				
NTEGRUS ARCHITECTURE, P.S		TH CEDAR		91-1033931			
	SPORAL	NE, WA 99204		r's telephone number 9-838-8681			
	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				
a Sponsor's name			4c PN				
5a Total number of participant	s at the beginning of the plan year.		5a	111			
			5b	121			
		f the plan year (defined benefit plans do not	5c	113			
<b>d(1)</b> Total number of active pa	articipants at the beginning of the p	olan year	5d(1)	90			
d(2) Total number of active p	articipants at the end of the plan ye	ear	5d(2)	103			
than 100% vested		e plan year with accrued benefits that were less	5e	4			
		rn/report will be assessed unless reasonable cau					
	and signed by an enrolled actuary,	actions, I declare that I have examined this return/rep as well as the electronic version of this return/report					
Donot, it is true, correct, and corr	ipioto.						

SIGN Filed with authorized/valid electronic signature 03/28/2016 LARRY HURLBERT **HERE** Signature of plan administrator Date Enter name of individual signing as plan administrator **SIGN HERE** Date Enter name of individual signing as employer or plan sponsor Signature of employer/plan sponsor Preparer's name (including firm name, if applicable) and address (include room or suite number ) Preparer's telephone number JODI CALHOUN 509-838-5500

RANDALL & HURLEY, INC.

601 W. RIVERSIDE, SUITE 1600 SPOKANE, WA 99201

Form 5500-SF 2015		Page <b>2</b>					
<ul> <li>Were all of the plan's assets during the plan year invested in eligib</li> <li>Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility of you answered "No" to either line 6a or line 6b, the plan cannot be a second or line 6b.</li> </ul>	an independ and condition	dent qualified public a	ccount	ant (IQ	PA)		
<b>C</b> If the plan is a defined benefit plan, is it covered under the PBGC in	nsurance pro	ogram (see ERISA se	ection 4	021)? .		Yes	No Not determined
Part III Financial Information							
7 Plan Assets and Liabilities		(a) Beginning				(	(b) End of Year
a Total plan assets	. 7a		8036				8089332
b Total plan liabilities	7b			011			9090222
Net plan assets (subtract line 7b from line 7a)      Income. Expenses, and Transfers for this Plan Year	7c	(a) A a	8032	130			8089332
8 Income, Expenses, and Transfers for this Plan Year a Contributions received or receivable from:		(a) Amou	ınt				(b) Total
(1) Employers	8a(1)		87	<b>'587</b>			
(2) Participants	8a(2)		642	2416			
(3) Others (including rollovers)	8a(3)		66	575			
<b>b</b> Other income (loss)	. 8b		107	857			
<b>C</b> Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						904435
Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		818	390			
e Certain deemed and/or corrective distributions (see instructions)	8e						
f Administrative service providers (salaries, fees, commissions)	. 8f		27	278			
g Other expenses	8g		1	565			
h Total expenses (add lines 8d, 8e, 8f, and 8g)	8h						847233
i Net income (loss) (subtract line 8h from line 8c)	8i						57202
j Transfers to (from) the plan (see instructions)	8i						
Part IV Plan Characteristics							<del></del>
9a If the plan provides pension benefits, enter the applicable pension 2E 2G 2J 2K 3D 2F 2T	feature cod	es from the List of Plant	an Cha	racteris	stic Co	des in th	e instructions:
B If the plan provides welfare benefits, enter the applicable welfare for	eature code	s from the List of Pla	n Chara	acterist	ic Cod	les in the	instructions:
Part V Compliance Questions							
10 During the plan year:				Yes	No	N/A	Amount
Was there a failure to transmit to the plan any participant contributed described in 29 CFR 2510.3-102? (See instructions and DOL's Verogram)	oluntary Fig	duciary Correction	10a		X		
<b>b</b> Were there any nonexempt transactions with any party-in-interest					<b>&gt;</b>		
reported on line 10a.)			10b		X		
C Was the plan covered by a fidelity bond?			10c	X			50000
<b>d</b> Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?			10d		Χ		
Were any fees or commissions paid to any brokers, agents, or oth carrier, insurance service, or other organization that provides som	ner persons ne or all of th	by an insurance ne benefits under			<b>V</b>		
the plan? (See instructions.)			10e		X		
f Has the plan failed to provide any benefit when due under the plan?					X		
			10g		X		
h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)			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 2520.10	he required	notice or one of the	10i				
j Did the plan trust incur unrelated business taxable income?			10j				
Part VI Pension Funding Compliance			٠٠,				
11 Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)							
11a Enter the unpaid minimum required contribution for all years from						11a	
12 Is this a defined contribution plan subject to the minimum funding						302 of ER	RISA? Yes X N

	F	orm 5500-SF 2015 Page <b>3</b> - 1							
	_ `	s," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)							
а		aiver of the minimum funding standard for a prior year is being amortized in this plan year, see inc ng the waiver		enter the Day	date of t	he letter rul Year	ing		
lf		mpleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line		Duy_		1 oui			
b	Enter t	ne minimum required contribution for this plan year		12b					
С	Enter th	ne amount contributed by the employer to the plan for this plan year		12c					
d		ct the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the		12d					
		ve amount)e minimum funding amount reported on line 12d be met by the funding deadline?		П	Yes	No 🗌	N/A		
Part		Plan Terminations and Transfers of Assets			100	110	1471		
		resolution to terminate the plan been adopted in any plan year?			Yes	s X No			
		s," 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 brough	ght under the co	ontrol		Yes X	No		
С	If duri	ng this plan year, any assets or liabilities were transferred from this plan to another plan(s), identiassets or liabilities were transferred. (See instructions.)							
•	13c(1) N	lame of plan(s):	13c(2)	EIN(s)		<b>13c(3)</b> F	PN(s)		
Part	: VIII	Trust Information							
14a	Name o	f trust		14b 1	Γrust's EIN	١			
14c	Name	of trustee or custodian		14d	Trustee's	or custodia	an's		
The France of Gustodian						telephone number			
Par	t IX	IRS Compliance Questions							
15a	Is the	plan a 401(k) plan?		Ye	S	No			
15b	15b If "Yes," how does the 401(k) plan satisfy the nondiscrimination requirements for employee deferrals and employer matching contributions (as applicable) under sections 401(k)(3) and 401(m)(2)?					Design- based safe ADP/ACP harbor test method			
15c	testing	DP/ACP test is used, did the 401(k) plan perform ADP/ACP testing for the plan year using the "c method" for nonhighly compensated employees (Treas. Reg sections 1.401(k)-2(a)(2)(ii) and 1.4(ii))?	Ye	S	No				
16a	Check	the box to indicate the method used by the plan to satisfy the coverage requirements under secti	on 410(b):		atio ercentage st		Average benefit test		
16b	<b>16b</b> Does the plan satisfy the coverage and nondiscrimination tests of sections 410(b) and 401(a)(4) by combining this plan with any other plans under the permissive aggregation rules?				s	No			
17a	Has the	e plan been timely amended for all required tax law changes?		Ye	S	No	N/A		
17b		ne last plan amendment/restatement for the required tax law changes was adopted//law changes and codes).	Enter the ap	plicable	code	(See ins	tructions		
17c		lan sponsor is an adopter of a pre-approved master and prototype (M&P) or volume submitter pland the letter yellower. I and the letter's serial references and the letter's serial references and the letter's serial references.		t to a fa	vorable II	RS opinion	or		
17d	If the p	lan is an individually-designed plan and received a favorable determination letter from the IRS, e ination letter/		the plai	n's last fav	vorable			
18		Plan maintained in a U.S. territory (i.e., Puerto Rico (if no election under ERISA section 1022(i)(2, American Samoa, Guam, the Commonwealth of the Northern Mariana Islands or the U.S. Virgin		Yes	;	No			
19	Were in	n-service distributions made during the plan year?	Ye	s	No				
	If "Yes	" enter amount	19						
20		equired minimum distributions made to 5% owners who have attained age 70 $\frac{1}{2}$ (regardless of w ), as required under section 401(a)(9)?		Ye	s	No	N/A		

## 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

2015

This Form is Open to **Public Inspection** 

Part I		entification Information	1							
For calenda	ar plan year 2015 or lisea	al plan year beginning	01/01/2015	and ending	12/31/2					
	a single-employer plan a multiple-employer plan (not multiemptoyer) (Filers checking this box must attach list of participating employer information in accordance with the form instructions)									
A This ret	urn/report is for:	ployer information in ac	cordance with the	torm instructions)						
	L	a one-participant plan	a foreign plan							
<b>B</b> This retu	rn/report is	the first return/report	The final return/report							
- 11110 1010		an amended return/report	a short plan year return	/report (less than 12 m	onths)					
C 05	If still conden		Π		EL DEVO	program				
C Check t	pox If filing under:	Form 5558	automatic extension		□ prvc	program				
		special extension (enter desc								
Part II		nation—enter all requested in	nformation		1b Three-digit					
1a Name		, P.S. INCENTIVE SA	AVINGS PLA		plan numbe					
TMTEGRO	3 ARCHITECTURE	, I.D. INCENTIVE OF	171100 120		(PN) >					
					1c Effective date of plan					
					02/01/1					
		r, if for a single-employer plan) apt., suite no. and street, or P.	O Box)		<b>2b</b> Employer Identification Number (EIN) 91–1033931					
City or	town, state or province,	country, and ZIP or foreign pos	tal code (if foreign, see instr	uctions)		telephone number				
INTEGE	RUS ARCHITECTUR	E, P.S.			509-838	I TANKS THE STATE OF THE STATE				
					2d Business co	ode (see instructions)				
10 SOU	TH CEDAR				541310					
arawa.	17)	wa 99204								
SPOKAN		WA 99204 address Same as Plan Spor	neor .		3b Administrat	or's EIN				
	US ARCHITECTURE		idon.		91-1033931					
INTEGRA	30 111101111111111111111111111111111111	.,				or's telephone number				
10 SOUT	TH CEDAR				509-838	-8681				
SPOKANI		WA 99204	the first of the second file of first	41-1	4h en					
		lan sponsor has changed since or from the last return/report.	the last return/report filed to	or this plan, enter the	4b EIN					
a Sponse	•				4c PN					
5a Total r	number of participants at	the beginning of the plan year			5a	111				
		the end of the plan year				121				
C Numbe	er of participants with ac	count balances as of the end o	f the plan year (defined bene	efit plans do not	5c	110				
						113				
		cipants at the beginning of the p			5d(1)	90				
		cipants at the end of the plan ye			5d(2)	103				
e Numb	er of participants that te	rminated employment during th	e plan year with accrued be	nents that were less	5e	4				
Caution A	nenalty for the late or	incomplete tiling of this retu	rn/report will be assessed	unless reasonable ca	use is ostablishe	d				
Under pena	alties of perjury and othe	r penalties set forth in the instru signed by an enrolled actuary,	ictions, I declare that I have	examined this return/re	port, including, if a t. and to the best of	applicable, a Schedule of my knowledge and				
belief, it is t	rue, correct_and comple	ite.		1						
SIGN	Jany	Hullet	3.28.16	Larry Hurlber	t					
HERE	Signature of plan adr	ninistrator	Enter name of individ	n administrator						
SIGN										
HERE	Signature of employe	er/plan sponsor Date Enter name of indiv			vidual signing as employer or plan sponsor					
Preparer's name (including firm name, if applicable) and address (include room or suite number )					Preparer's telephone number					
Jodi Calhoun Randall & Hurley, Inc.					509-838-5500					
	Riverside, Sui				y					
OOT W.	VIACIBINE' DOI	CC 1000								
Spokane		WA 99201								

b Any sex claiming a waver of the annual examination and report of an independent qualified pubble exocurtant (ICPA) under 20 FT 202-1014-467 (See instructions on waver eligibility and conditions.)  If you answered "No" to either line 6 a or line 6b, the plan cannot use Form 5500-SF and must instead use Form 5500.  If they plan is a defined bornelli plan, is it covered under the PBGC insurance program (see ERISA section 4021)?  Yes No Not determined the PBGC insurance program (see ERISA section 4021)?  Part III   Financial Information  7   Plan Assets and Lisbilities   (a) Beginning of Year (b) End of Year 2   4011   2   4008932	Form 5500-SF 2015		Page <b>2</b>								
Part III	b Are you claiming a waiver of the annual examination and report under 29 CFR 2520.104-46? (See instructions on waiver eligibili If you answered "No" to either line 6a or line 6b, the plan ca	of an independ ity and condition innot use Form	lent qualified public ans.) ns.) n 5500-SF and mus	account	tant (IC	PA) Form	5500.		X	Yes [	No No
7   Plan Assets and Liabilities	<u></u>	J insurance pro	ngram (see ERISA si	ection 4	1021)?		res		] MOL	deretum	nea
Total plan assets	Land Annual Control of the Control o		(a) Basinnin	- of Vo		Т		/6/ E	-		
D Total plan liabilities		72	(a) Beginnin			1		(D) En	orre		9332
C   Net plan assets (subtract line 7b from line 7a)	1 0.00 5.72				_	_					7002
8 Income, Expenses, and Transfers for this Plan Year  8 Contributions received or receivable from: (1) Employers				80	_	_				808	9332
a Contributions received or receivable from: (1) Employers. (2) Participants. (2) Participants. (3) Others (including rollovers) (3) Others (including rollovers) (3) Others (including rollovers) (4) Ba (2) 642416 (5) Other Income (loss) (5) Other (including rollovers) (6) Other Income (loss) (7) Other (loss) (8) Bb 107857 (7) Other (loss) (8) Bb 107857 (8) Other (loss) (8) Bb 107857 (9) Other openits paid (including direct rollovers and insurance premiums to provide benefits) (8) Certain deemed and/or corrective distributions (see instructions) (8) Bb 1818390 (9) Other expenses (loss) (9) Other expenses (loss) (9) Other expenses (loss) (10) Other provides (loss	The state of the s	1108	(a) Amo	unt		1		(b)	Total		
(2) Participants.			3-4-		0750						
Signature   Sign	(1) Employers	8a(1)		_							
b Other income (loss)	(2) Participants										
C Total Income (add lines 8e(1), 8e(2), 8e(3), and 8b)					_	_					
d Benefits paid (including direct rollovers and insurance premiums to provide benefits).  e Certain deemed and/or corrective distributions (see instructions)					0 /85	/					4.40.
to provide benefits)						4-				904	443
f Administrative service providers (salaries, fees, commissions)				8	1839	0					
Solid   Soli	e Certain deemed and/or corrective distributions (see instructions)	8e									
h Total expenses (add lines 8d, 8e, 8f, and 8g)	f Administrative service providers (salaries, fees, commissions)	8f			2727	8					
Net income (loss) (subtract line 8h from line 8c)	g Other expenses	8g			156	5					
Transfer to (from) the plan (see instructions)	h Total expenses (add lines 8d, 8e, 8f, and 8g)	8h								84	7233
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:  2E 2G 2J 2K 3D 2F 2T  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  10 During the plan year:  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).  b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)  c Was the plan covered by a fidelity bond?  d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?  e 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)	i Net income (loss) (subtract line 8h from line 8c)	8i								5	7202
If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:    2E 2G 2J 2K 3D 2F 2T	j Transfers to (from) the plan (see instructions)	8j									
During the plan year:  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)		e feature code:	s from the List of Pla	n Chara	acterist	ic Coc	les in th	e instrud	tions		
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)					Voc	No	N/A		A	unt	
reported on line 10a.)	a Was there a failure to transmit to the plan any participant contri described in 29 CFR 2510.3-102? (See instructions and DOL's	s Voluntary Fid	uciary Correction	10a	103		IVA		Amo	ount	
C Was the plan covered by a fidelity bond? 10c X 5000  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 X 10	V. 193			10b		Х					
d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?  e 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.).  f Has the plan failed to provide any benefit when due under the plan?  g Did the plan have any participant loans? (If "Yes," enter amount as of year end.)					Х					51	000
carrier, insurance service, or other organization that provides some or all of the benefits under the plan? (See instructions.)						Х					
f Has the plan failed to provide any benefit when due under the plan?	carrier, insurance service, or other organization that provides so	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				Х					
g Did the plan have any participant loans? (If "Yes," enter amount as of year end.)  h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)  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						Х					
h 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 exceptions to providing the notice applied under 29 CFR 2520.101-3	Did the plan have any participant loans? (If "Yes," enter amount as of year end.)					Х					
exceptions to providing the notice applied under 29 CFR 2520.101-3	h If this is an individual account plan, was there a blackout period	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR				Х					
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)				10i							
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)	j Did the plan trust incur unrelated business taxable income?			10j							
5500) and line 11a below)	Part VI Pension Funding Compliance										
	5500) and line 11a below)							(Form		Yes	No
12 Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA2.											1