## 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** 

**Annual Report Identification Information** For calendar plan year 2014 or fiscal plan year beginning and ending 09/30/2015 X a single-employer plan a multiple-employer plan (not multiemployer) (Filers checking this box must attach a list A This return/report is for: 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 **B** This return/report is an amended return/report a short plan year return/report (less than 12 months) Form 5558 DFVC program automatic extension C Check box if filing under: special extension (enter description) Part II Basic Plan Information—enter all requested information 1a Name of plan **1b** Three-digit FISHER COMPANIES 401K PROFIT SHARING PLAN plan number (PN) ▶ 001 Effective date of plan 03/01/1977 2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) 2b Employer Identification Number FISHER COMPANIES, INC. (EIN) 91-2196155 Sponsor's telephone number 360-757-4094 625 FISHER LANE **BURLINGTON, WA 98233-3431** Business code (see instructions) 236200 **3a** Plan administrator's name and address XSame as Plan Sponsor. Administrator's EIN **3c** Administrator's telephone number 4b EIN If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the 91-0938407 name, EIN, and the plan number from the last return/report. 4c PN a Sponsor's name FISHER COMPANIES, INC 001 Total number of participants at the beginning of the plan year ...... 5a 113 Total number of participants at the end of the plan year..... 5b 113 Number of participants with account balances as of the end of the plan year (defined benefit plans do not 5c 110 complete this item) ..... d(1) Total number of active participants at the beginning of the plan year..... 5d(1) 85 d(2) Total number of active participants at the end of the plan year..... 5d(2) 83 e Number of participants that terminated employment during the plan year with accrued benefits that were 8 5e less than 100% vested. 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 t	true, correct, and complete.						
	Filed with authorized/valid electronic signature.						
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator				
SIGN							
HERE	Signature of employer/plan sponsor	Date	Enter name of individ	ual signing as employer or plan sponsor			
Preparer's	name (including firm name, if applicable) and address (include r	Preparer's telephone number (optional)					
JODI CALHOUN CONTROL OF THE PROPERTY OF THE PR							
<b>RANDALL 8</b>	R HURLEY, INC.			509-838-5500			
601 W. RIVI SPOKANE,	ERSIDE, SUITE 1600						
	VA 33201						

	Form 5500-SF 2014		Page <b>2</b>				
<b>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 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 will be a second of the plan canno	an indeper 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	rogram (see ERISA section 40	)21)? .		Yes	No Not determined
Par					-		
	Plan Assets and Liabilities		(a) Beginning of Yea		-		(b) End of Year
	Fotal plan assets	7a	74393	328			7597380
0	Fotal plan liabilities	7b	74393	200			6429
	Net plan assets (subtract line 7b from line 7a)	7c		020			7590951
	ncome, Expenses, and Transfers for this Plan Year		(a) Amount				(b) Total
	Contributions received or receivable from:  1) Employers	8a(1)	4222	292			
	2) Participants	8a(2)	4526	655			
	3) Others (including rollovers)	8a(3)	1183	393			
-	Other income (loss)	8b	-2147	<b>'</b> 36			
	Fotal income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c					778604
	Benefits paid (including direct rollovers and insurance premiums						
t	o provide benefits)	8d	6162				
_ e (	Certain deemed and/or corrective distributions (see instructions)	8e		329			
<u>f</u>	Administrative service providers (salaries, fees, commissions)	8f	93	378			
g	Other expenses	8g		0			
<u>h</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h					626981
<u>_i_</u>	i Net income (loss) (subtract line 8h from line 8c)						151623
<u>j</u> .	Transfers to (from) the plan (see instructions)	8j		0			
b Part	If the plan provides welfare benefits, enter the applicable welfare fe	eature cod	es from the List of Plan Charad	cterist	ic Coc	les in t	he instructions:
10	During the plan year:				Yes	No	Amount
а	a Was there a failure to transmit to the plan any participant contributions within the time period described in						7
b						X	
	on line 10a.)					X	
c	C Was the plan covered by a fidelity bond?				X		500000
d	or dishonesty?			10d		X	
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.)			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 e	end.)	10g	X		39831
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 2520.101			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	ule SB (Form 5500) line 39			11a	
12	Is this a defined contribution plan subject to the minimum funding	requireme	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):		<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

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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

	ort Identification Informatio							
For calendar plan year 2014 or		_	d ending		30/2015			
A This return/report is for:    X   a single-employer plan								
	a one-participant plan	a foreign plan			,			
B This return/report is	the first return/report	the final return/report						
	ess than 12 mor	nths)						
C Check box if filing under:	Form 5558	automatic extension		DFV	/C program			
	special extension (enter des	cription)						
	formation—enter all requested in	nformation						
<b>1a</b> Name of plan Fisher Companies 40	01k Profit Sharing Pl	an		1b Three- plan nu (PN)	ımber 001			
				1c Effectiv	ve date of plan 1/1977			
2a Plan sponsor's name and a FISHER COMPANIES,		per (employer, if for a single-employer	płan)	2b Employer Identification Number (EIN) 91-2196155				
625 FISHER LANE				2c Sponsor's telephone number 360-757-4094				
**************************************	20222 245	· •	7	2d Business code (see instructions)				
BURLINGTON  3a Plan administrator's name:	WA 98233-343 and address XSame as Plan Spon			236200  3b Administrator's EIN				
Va i jaij auminianator a nome i	and address [Vogue as 1 ian obou	\$01.	_	OD Administrator's EB4				
			;	3c Administrator's telephone number				
4 If the name and/or EIN of the	<del></del>							
	he plan sponsor has changed since umber from the last return/report.	the last return/report filed for this plan	, enter the	<b>1b</b> EIN 91	1-0938407			
	umber from the last return/report.	the last return/report filed for this plan		<b>lb</b>				
name, EIN, and the plan no a Sponsor's name	umber from the last return/report. FISHER COM							
name, EIN, and the plan not a Sponsor's name  5a Total number of participant	umber from the last return/report. FISHER CON Is at the beginning of the plan year.	MPANIES, INC.		C PN 0	01			
name, EIN, and the plan not a Sponsor's name  5a Total number of participant b Total number of participant c Number of participants with	umber from the last return/report.  FISHER CON is at the beginning of the plan year is at the end of the plan year in account balances as of the end of	MPANIES, INC.	o not	lc PN 0	01 113			
name, EIN, and the plan not a Sponsor's name  5a Total number of participant b Total number of participants with complete this item)	umber from the last return/report.  FISHER CON is at the beginning of the plan year is at the end of the plan year in account balances as of the end of	MPANIES, INC.	o not	lc PN 01 5a 5b	01 113 113 110			
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name, EIN, and the plan not a Sponsor's name  5a Total number of participant b Total number of participants with complete this item)	umber from the last return/report.  FISHER CON is at the beginning of the plan year is at the end of the plan year in account balances as of the end of articipants at the beginning of the plan year articipants at the end of the plan year terminated employment during the plan year.	the plan year (defined benefit plans defined benefit plans defined benefit plans defined benefits that we have examined as well as the electronic version of this	o not  sere  asonable cause this return/report, return/report, ar	5a 5b 5c 5d(1) 5d(2) 5e is establish, including, and to the best	01 113 110 85 83 8 hed.			
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name, EIN, and the plan not a Sponsor's name  5a Total number of participant b Total number of participants with complete this item)	return/report.  FISHER CON  Is at the beginning of the plan year  Is at the end of the plan year  In account balances as of the end of  articipants at the beginning of the plan  articipants at the end of the plan year  terminated employment during the plan  terminated end of the plan year	the plan year (defined benefit plans de lan year with accrued benefits that we have examined as well as the electronic version of this bate Enter na Date Enter na Date Enter na	o not  sere  asonable cause this return/report return/report, ar anie Wood me of individual	5a   5b   5c   5d(1)   5d(2)   5e   sestablist, including, and to the besting as graphing as a reparer's teleparer's teleparer	113 113 110 85 83 8 hed. If applicable, a Schedule st of my knowledge and olan administrator employer or plan sponsor ephone number (optional)			
name, EIN, and the plan not a Sponsor's name  5a Total number of participant b Total number of participants with complete this item)	return/report.  FISHER CON  Is at the beginning of the plan year  Is at the end of the plan year  In account balances as of the end of  articipants at the beginning of the plan  articipants at the end of the plan year  terminated employment during the plan  terminated end of the plan year	the plan year (defined benefit plans de lan year with accrued benefits that we have examined as well as the electronic version of this bate Enter na Date Enter na Date Enter na	o not  sere  asonable cause this return/report return/report, ar anie Wood me of individual	5a   5b   5c   5d(1)   5d(2)   5e   sestablist, including, and to the besting as graphing as a reparer's teleparer's teleparer	113 113 110 85 83 8 hed. If applicable, a Schedule st of my knowledge and solan administrator employer or plan sponsor ephone number (optional)			

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b	Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)  Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQ 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					QPA) X Yes N						
	If the plan is a defined benefit plan, is it covered under the PBGC in	nsurance p	rogram (see ERISA section 4	021)1	·[	Ye	s No	[] '	Vot det	ermi	ned	
Par	t III Financial Information											
7	Plan Assets and Liabilities	1	(a) Beginning of Ye	ar	$\perp$		(b) E	nd o	Year			
	Total plan assets	7a	74	393	28					759	7380	
	Total plan liabilities	. 7b									6429	
	Net plan assets (subtract line 7b from line 7a)	7c	74	393	28					759	095	
	Income, Expenses, and Transfers for this Plan Year		(a) Amount				( <u>t</u>	) Tot	al			
	Contributions received or receivable from:  (1) Employers	. 8a(1)	4	222	92		1.1					
***********	(2) Participants	8a(2)	4	526	55				1			
	(3) Others (including rollovers)	<del></del>	1	183	93							
	Other income (loss)	8b	-2	147	36							
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c		·····						77	8604	
d E	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	6	162	74							
_ e (	Certain deemed and/or corrective distributions (see instructions)	8e		13.	29	* 1						
f_/	Administrative service providers (salaries, fees, commissions)	8f		93	78							
g (	Other expenses	8g			0		1.55 - 55				<del></del>	
<u>h</u> 1	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h					<del> </del>			62	6981	
	Net income (loss) (subtract line 8h from line 8c)	8i								15	1623	
_ <b>,</b> _ 1	Transfers to (from) the plan (see instructions)	8j			0						*. *	
Part	If the plan provides welfare benefits, enter the applicable welfare fe  V Compliance Questions		o from the cist of Figure States						······································	<del></del>		
10	During the plan year:			·········	Yes	No		Αi	nount		*******	
	Was there a failure to transmit to the plan any participant contribut 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu	ciary Corre	ection Program)	10a		Х						
	Were there any nonexempt transactions with any party-in-interest? on line 10a.)			10b		Х	x					
С	Was the plan covered by a fidelity bond?			10c	Х					500	0000	
	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?					Х						
	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.)					Х						
f	Has the plan failed to provide any benefit when due under the plan	1?		10f		Х						
g	Did the plan have any participant loans? (If "Yes," enter amount as	of vear en	d.)	10a	Х		$\vdash$	-		3 9	831	
h	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)					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						7.1/4.1 V 2/4/4	(4.11) (4.11)				
Part V	/I Pension Funding Compliance											
	Is this a defined benefit plan subject to minimum funding requireme 5500) and line 11a below)							] [.	Yes	Ω	No	
11a £	Enter the unpaid minimum required contribution for current year fro	m Schedul	e SB (Form 5500) line 39			11a						
12	Is this a defined contribution plan subject to the minimum funding r	equiremen	ts of section 412 of the Code	or se	ction 3	02 of	ERISA?		Yes	X	No	
	If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,											
	f a waiver of the minimum funding standard for a prior year is being granting the waiver.				and e	nter th Day		the i		ing	_	