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

OMB Nos. 1210-0110

2015

This Form is Open to **Public Inspection**

Part I	Annual Report	Identification Information							
For calenda	ar plan year 2015 or fi	scal plan year beginning 01/01/2	2015	and ending 12/	/31/2015				
A This ret	urn/report is for:	a single-employer plan		olan (not multiemployer)(nployer information in acc	_				
B This retu	ırn/report is	n/report (less than 12 mo	nths)						
C Check b	oox if filing under:	Form 5558 special extension (enter description)	automatic extension		DFVC	program			
Part II	Basic Plan Info	prmation—enter all requested in	• •						
1a Name	of plan	OR DEFERRED PROFIT SHARING			1b Three-digit plan number (PN) ▶ 1c Effective da	er 001			
						08/01/1985			
Mailing	address (include roo	oyer, if for a single-employer plan) m, apt., suite no. and street, or P.C				dentification Number 94-2831038			
•	City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) OVEX CORPORATION				2c Sponsor's telephone number 509-662-9579				
	H MILLER STREET E, WA 98801					ode (see instructions)			
3a Plan a	dministrator's name a	nd address XSame as Plan Spons	sor.		3b Administrate	or's EIN			
					3c Administrate	or's telephone number			
		e plan sponsor has changed since mber from the last return/report.	the last return/report filed	or this plan, enter the	4b EIN				
a Sponso	•				4c PN				
5a Total r	number of participants	s at the beginning of the plan year			5a	45			
_		s at the end of the plan year		<u> </u>	5b	49			
C Numb	er of participants with	account balances as of the end of	the plan year (defined ben	efit plans do not	5c	43			
	,	articipants at the beginning of the pl		į.	5d(1)	28			
		articipants at the end of the plan ye	•	T .	5d(2)	30			
e Numb	er of participants that	terminated employment during the	plan year with accrued be	enefits that were less	5e	0			
Caution: A	penalty for the late	or incomplete filing of this return	n/report will be assessed	unless reasonable caus					
SB or Sche		ther penalties set forth in the instruction and signed by an enrolled actuary, a plete.							
SIGN	Filed with authorized	/valid electronic signature.	07/22/2016	ERIC B. CHRISTENSE	EN .				

HERE Signature of plan administrator Date Enter name of individual signing as plan administrator **SIGN HERE** Signature of employer/plan sponsor Date Enter name of individual 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 For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500-SF. Form 5500-SF (2015)

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b	Were all of the plan's assets during the plan year invested in eligib 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 cann	an indeper and condit	ndent qualified public a	ccount	ant (IQ	PA)				X Yes	
C I	f the plan is a defined benefit plan, is it covered under the PBGC ir	nsurance p	orogram (see ERISA se	ection 4	021)?		Yes	No	N	Not dete	rmined
Par	t III Financial Information		1								
	Plan Assets and Liabilities		(a) Beginning					(b) E	nd of	Year	
	Fotal plan assets	. 7a		6097	376	-				5946	382
	Fotal plan liabilities	. 7b		6097	2276	+			—	5946	002
	Net plan assets (subtract line 7b from line 7a)ncome, Expenses, and Transfers for this Plan Year	. 7c	(a) Ama-		370	+		/1-	\ T-4		302
	Contributions received or receivable from:		(a) Amou	unt				(1)) Tot	iai	
	1) Employers	. 8a(1)		83	3155						
	2) Participants	. 8a(2)		145	5501						
	3) Others (including rollovers)	. 8a(3)									
	Other income (loss)	8b		-34	841					400	0.4.5
	Fotal income (add lines 8a(1), 8a(2), 8a(3), and 8b)	. 8c								193	315
	o provide benefits)	. 8d		344	308						
е (Certain deemed and/or corrective distributions (see instructions)	. 8e									
f /	Administrative service providers (salaries, fees, commissions)	. 8f			1						
<u>g</u> (Other expenses	. 8g									
	Total expenses (add lines 8d, 8e, 8f, and 8g)	1								344	
	Net income (loss) (subtract line 8h from line 8c)									-150	194
	Fransfers to (from) the plan (see instructions)	8j									
Part 9a	If the plan provides pension benefits, enter the applicable pension	feature co	odes from the List of Pl	an Cha	racteri	stic Co	des in t	the inst	truction	ons:	
	2E 2F 2G 2J 2K 2T 3D 3H										
В	If the plan provides welfare benefits, enter the applicable welfare f	eature cod	les from the List of Pla	n Char	acterist	tic Coc	les in th	e instr	uction	ns:	
Part	V Compliance Questions										
10	During the plan year:				Yes	No	N/A			Amount	
а	Was there a failure to transmit to the plan any participant contributescribed in 29 CFR 2510.3-102? (See instructions and DOL's Verogram)	oluntary F	iduciary Correction	10a		X					
b	Were there any nonexempt transactions with any party-in-interest					Х					
	reported on line 10a.)			10b		^					
<u>c</u>	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 by fraud or dishonesty?			10d		Χ					
е	Were any fees or commissions paid to any brokers, agents, or oth carrier, insurance service, or other organization that provides som the plan? (See instructions.)	her person ne or all of	s by an insurance the benefits under	10e		X					
f	Has the plan failed to provide any benefit when due under the pla			10f		Х					
g	Did the plan have any participant loans? (If "Yes," enter amount a					X					
<u>9</u>	If this is an individual account plan, was there a blackout period?	-		10g		^					
	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			10i							
j	Did the plan trust incur unrelated business taxable income?		<u></u>	10j							
Part	VI Pension Funding Compliance										
11	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)									Ye	s X No
11a	Enter the unpaid minimum required contribution for all years from	Schedule	SB (Form 5500) line 4	0			11a				
12	Is this a defined contribution plan subject to the minimum funding	requireme	ents of section 412 of t	he Cod	e or se	ction 3	302 of E	RISA?	, <u></u>	Yes	s X No

	F	orm 5500-SF 2015 Page 3 - 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 brought under the of the PBGC?						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)		13c(3) 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
	rianio	of tubics of suctorial	telephone number				
Par	t IX	IRS Compliance Questions					
15a	Is the	plan a 401(k) plan?		Ye	S	No	
15b		"how does the 401(k) plan satisfy the nondiscrimination requirements for employee deferrals an ng 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))?	101(m)-	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		rage efit test
16b		he plan satisfy the coverage and nondiscrimination tests of sections 410(b) and 401(a)(4) by come with any other plans under the permissive aggregation rules?		Ye	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.

2015

OMB Nos. 1210-0110 1210-0089

This Form is Open to Public Inspection

Part I		rt Identification Information							
For calend	dar plan year 2015 or	fiscal plan year beginning	01/01/2015	and ending	12/31/2	2015			
A This re	eturn/report is for:	X a single-employer plan		olan (not multiemployer) nployer information in a	,				
		a one-participant plan	a foreign plan	, ,		,			
B This ret	eturn/report is								
		an amended return/report a short plan year return/report (less than 12 months)							
C Check	box if filing under:	Form 5558	automatic extension		DFVC p	rogram			
_		special extension (enter desc	ription)						
Part II	Basic Plan Inf	ormation—enter all requested in	formation						
1a Name	of plan				1b Three-digit				
Dovex (Plan	Corporation C	ash Or Deferred Profi	t Sharing		plan numbe (PN) ▶	001			
					1c Effective da 08/01/1	•			
Mailin	g address (include ro	loyer, if for a single-employer plan) om, apt., suite no. and street, or P.C			2b Employer Id (EIN) 94-	entification Number 2831038			
•	•	nce, country, and ZIP or foreign post	al code (if foreign, see inst	ructions)	2c Sponsor's te				
Dovex (Corporation				(509) 6	•			
					2d Business co	de (see instructions)			
1705 No	orth Miller S	treet			111300				
		01000	5.7.75	00001					
Wenatch		and address XSame as Plan Spons	WA	98801	3b Administrato	re EIN			
Ja Flana	iuministrator s name a	and address Asame as Flair Spons			OD Administrato	1 5 LIIV			
					3c Administrato	r's telephone number			
		ne plan sponsor has changed since umber from the last return/report.	the last return/report filed f	or this plan, enter the	4b EIN				
	or's name	aniber from the lact retains report.			4c PN				
· · · · · ·		s at the beginning of the plan year			5a	45			
		s at the end of the plan year			5b	4.9			
		account balances as of the end of			1				
				-	5c	43			
d(1) Tot	al number of active pa	articipants at the beginning of the pl	an year		5d(1)	28			
		articipants at the end of the plan yea			5d(2)	30			
	•	t terminated employment during the			5e				
					1 1	C			
		or incomplete filing of this return ther penalties set forth in the instruc							
SB or Sche	edule MB completed a true, correct, and com	and signed by an enrolled actuary, a	is well as the electronic ver	sion of this return/repor	t, and to the best of	my knowledge and			
SIGN		Mill	7/20/2016	Eric B. Chris	tensen				
HERE	Signature of plan	administrator	Date	Enter name of individ	ual signing as plan	administrator			
SIGN	July 1	wa	Duto	Lines Hame of Marie	aar orgrinig ao pian	udiffilion decor			
HERE	Signature of ompl	oyer/plan sponsor	Date	Enter name of individ	ual signing as ampl	over or plan spansor			
Preparer's		name, if applicable) and address (in		Enter name of individer)	Preparer's telepho				
		,		<i>'</i>	, man a sarapine				
ſ									

	Form 5500-SF 2015		Page 2								
b	Were all of the plan's assets during the plan year invested in eligit 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 cann	an indepe and condi not use Fo	endent qualified public a tions.)orm 5500-SF and mus	account t instea	ant (IC	PA) Form	5500.		X		
С	If the plan is a defined benefit plan, is it covered under the PBGC in	nsurance p	orogram (see ERISA se	ection 4	021)?		Yes	No [Not	deterr	mined
Pa	rt III Financial Information										
7	Plan Assets and Liabilities	<u> </u>	(a) Beginning	g of Ye	ar			(b) End	of Y		16 000
<u>a</u>	Total plan assets	. 7a		6,09	1,31	6				5,94	16,882
b	Total plan liabilities	. 7b				_					
c	Net plan assets (subtract line 7b from line 7a)	. 7c		6,09	7,37	6				5,94	16,882
8	Income, Expenses, and Transfers for this Plan Year	<u> </u>	(a) Amou	unt		-		(b)	Total		
а	Contributions received or receivable from: (1) Employers	. 8a(1)		8	3,15	5					
	(2) Participants	. 8a(2)		14	5,50	1.					
	(3) Others (including rollovers)	8a(3)									
b	Other income (loss)	. 8b		-3	4,84	1					
C	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	. 8c								19	3,815
d	Benefits paid (including direct rollovers and insurance premiums	04		34.	4,30	8					
	to provide benefits)	. 8d . 8e			1,30	+					·
E	Administrative service providers (salaries, fees, commissions)	. 8f				1					
g	Other expenses	8g				+					*
	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h				1				34	4,309
÷	Net income (loss) (subtract line 8h from line 8c)	8i				1				-15	0,494
ij	Transfers to (from) the plan (see instructions)	8j				1					
Pai	t IV Plan Characteristics	<u> </u>									
	If the plan provides pension benefits, enter the applicable pension	feature co	odes from the List of Pl	an Cha	racteri	stic Co	odes in	the instru	ctions	::	
	2E 2F 2G 2J 2K 2T 3D 3H		 								
В	If the plan provides welfare benefits, enter the applicable welfare f	teature cod	des from the List of Pla	n Char	acterist	ic Co	des in tr	ne instruc	tions:		
Par	t V Compliance Questions		 .								
10	During the plan year:				Yes	No	N/A		Am	ount	
	Was there a failure to transmit to the plan any participant contributes described in 29 CFR 2510.3-102? (See instructions and DOL's Norgram)	√oluntary F	Fiduciary Correction	10a		Х					
b	Were there any nonexempt transactions with any party-in-interest			401-		Х					
	reported on line 10a.)			10b							
C				10c	Х			-		50	00,000
d	Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?			10d		Х					
е	Were any fees or commissions paid to any brokers, agents, or oth carrier, insurance service, or other organization that provides son the plan? (See instructions.)	ne or all of	the benefits under	10e		Х					
f	Has the plan failed to provide any benefit when due under the plan			10f		Х					
g				10g		X					
h				iog	-	Λ.					
	2520.101-3.)			10h		Х					
i	If 10h was answered "Yes," check the box if you either provided t exceptions to providing the notice applied under 29 CFR 2520.10	1-3		10ì							
<u>j</u>	Did the plan trust incur unrelated business taxable income?			10j	<u> </u>						
Part			· <u>·</u>								
11	Is this a defined benefit plan subject to minimum funding requiren 5500) and line 11a below)	nents? (If "	Yes," see instructions	and cor	nplete	Sched	dule SB	(Form		Yes	X No
_11a	Enter the unpaid minimum required contribution for all years from						11a				
12	Is this a defined contribution plan subject to the minimum funding	requirem	ents of section 412 of t	he Cod	e or se	ction	302 of E	ERISA?		Yes	X No

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	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)			•				
а	If a waiver of the minimum funding standard for a prior year is being amortized in this plan ye granting the waiver.			enter the Day_	e date of t	he letter ru Year	uling	
	f you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and s	cip to lir	ne 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 (enter a minus s negative amount)		12d					
е	Will the minimum funding amount reported on line 12d be met by the funding deadline?			Yes	No	N/A		
Part	t VII Plan Terminations and Transfers of Assets							
13a	A Has a resolution to terminate the plan been adopted in any plan year?				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 of the PBGC?					Yes X	No	
С	If during this plan year, any assets or liabilities were transferred from this plan to another pla which assets or liabilities were transferred. (See instructions.)	n(s), ide	ntify the plan(s) to	ı				
	13c(1) Name of plan(s):		13c(2)	EIN(s)		13c(3) i	PN(s)	
Pari	t VIII Trust Information				_			
14a	Name of trust		:	14b ⊺	rust's EIN	!		
14c Name of trustee or custodian					14d Trustee's or custodian's telephone number			
Par	rt IX IRS Compliance Questions							
15a	ls the plan a 401(k) plan?			∐ Ye	s	No		
15b	If "Yes," how does the 401(k) plan satisfy the nondiscrimination requirements for employee domatching contributions (as applicable) under sections 401(k)(3) and 401(m)(2)?	eferrals a	and employer	ba ha	esign- sed safe irbor ethod	ADP/ACP test		
15c	the ADP/ACP test is used, did the 401(k) plan perform ADP/ACP testing for the plan year usesting method" for nonhighly compensated employees (Treas. Reg sections 1.401(k)-2(a)(2)(a)(2)(ii))?	(ii) and 1	1.401(m)-	Ye		∏ No		
	1 Check the box to indicate the method used by the plan to satisfy the coverage requirements to			∣⊔ ре	Ratio percentage test		Average benefit test	
16b	Does the plan satisfy the coverage and nondiscrimination tests of sections 410(b) and 401(a) this plan with any other plans under the permissive aggregation rules?			Ye		No		
17a	a Has the plan been timely amended for all required tax law changes?			Ye	S	No	∏ N/A	
17	b Date the last plan amendment/restatement for the required tax law changes was adopted for tax law changes and codes).		Enter the ap	plicable	code	_(See ins	tructions	
	If the plan sponsor is an adopter of a pre-approved master and prototype (M&P) or volume su advisory letter, enter the date of that favorable letter and the letter	s serial i	number		<u></u> .		or	
	If the plan is an individually-designed plan and received a favorable determination letter from determination letter			the plar	n's last fav	orable		
18	Is the Plan maintained in a U.S. territory (i.e., Puerto Rico (if no election under ERISA section made), American Samoa, Guam, the Commonwealth of the Northern Mariana Islands or the	1022(i) J.S. Virg	(2) has been gin Islands)?	Yes	i	No		
19	Were in-service distributions made during the plan year?			Ye	S	No		
	If "Yes," enter amount			19	· · · · · · · · · · · · · · · · · · ·			
	Were required minimum distributions made to 5% owners who have attained age 70 ½ (regar							