For	m 5500-SF	Short Form Annual Return/Report of Small Employee				OMB Nos. 1210-0110 1210-0089			
Department of the Treasury Internal Revenue Service		Benefit Plan This form is required to be filed under sections 104 and 4065 of the Employe			ρ	2013			
	epartment of Labor enefits Security Administration	Retirement Income Security Act of 1974 (ERISA), and sections 6057(b) and 6058 the Internal Revenue Code (the Code).				This Form is Open to Public			
Pension Be	nefit Guaranty Corporation	Complete all entries in accorda	nce with the instruc	tions to the Form 5500	0-SF.	Inspection			
Part I		entification Information							
_	ar plan year 2013 or fisca			and ending 1. an (not multiemployer)	2/31/2				
	urn/report is for:		a one-participant plan						
<b>B</b> This ret	urn/report is:	글 ' 님	he final return/report						
	Ĺ	n/report (less than 12 mo	onths)	—					
C Check box if filing under:						DFVC program			
		special extension (enter description	,						
Part II		nation—enter all requested informat	ion		41-				
1a Name	of plan MOTOR CO., INC, 401	K PLAN			10	Three-digit plan number (PN) ▶ 001			
					1c	Effective date of plan 01/01/1999			
	Donsor's name and addree D MOTOR CO., INC.	ess; include room or suite number (em	ployer, if for a single-	employer plan)	2b	Employer Identification Number (EIN) 91-1380652			
21515 HWY	99				2c	Sponsor's telephone number 425-775-2925			
LYNNWOOI	D, WA 98036-7339				2d	Business code (see instructions) 441110			
	dministrator's name and MOTOR CO., INC.	address Same as Plan Sponsor Na 21515 HWY 99	me Same as Plan	Sponsor Address	3b	Administrator's EIN 91-1380652			
		lan sponsor has changed since the las er from the last return/report.	st return/report filed fo	r this plan, enter the	4b	EIN			
a Spons	or's name				4c	PN			
		the beginning of the plan year			5a	66			
		the end of the plan year			5b	74			
C Number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item)						43			
		uring the plan year invested in eligible				X Yes No			
under	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.)								
•		plan, is it covered under the PBGC insi							
		incomplete filing of this return/repo							
SB or Sche		r penalties set forth in the instructions, signed by an enrolled actuary, as well te.							
SIGN	Filed with authorized/va	rized/valid electronic signature. 04/03/2014 JIM MORINO							
HERE	Signature of plan administrator Date Enter name				of individual signing as plan administrator				
SIGN HERE									
	Signature of employe	r/plan sponsor ne, if applicable) and address; include	Date			ning as employer or plan sponsor arer's telephone number (optional)			
	name (moluung iimi nan	ויכ, וו משטונכמטו <i>ב)</i> מונו מטטוניצא, וווכועספ		(ομιιοπαι)	Fiep				

a       Total plan isobiles       7a       1479399       184498         b       Total plan isobiles       7b       1479399       184498         c       Net plan assets (subtract line 7b from line 7a)       7c       1479399       184498         8       Income, Expenses, and Transfers for this Plan Year       (a) Amount       (b) Total       184498         Contributions received or receivable from:       8a(1)       15041       (c)       Total		Plan Assets and Liabilities	(a) Beginning of Yea					(b) End of Year		
b       Total plan labilities       7b       1470390       184488         c       Net plan assets (subtract line 7b from line 7a)       7c       1470390       184488         a       Contributions received or necevable from:       8a(1)       16041       (b) Total         a       Contributions received or necevable from:       8a(2)       77643       (c) Panticipants.       8a(2)       77643         (g)       Others (including rollovers).       8b       322814       -<			. 7a					(, <b>.</b>	1844983	3
c       Net plan assets (subtract line 7b from line 7a)       7c       1479399       184498         8       Income, Expenses, and Transfers for file Plan Year       (a) Amount       (b) Total         c       Contributions received or receivable from:       8a(1)       16041       (b) Total         (1)       Employers       8a(2)       71643       (c)       (c)       76(a)       (c)         (2)       Participants.       8a(2)       71643       (c)	_	•					1			
a Contributions received or receivable from:       8a(1)       15041         (2) Participants.       8a(2)       71648         (3) Others (including policyers).       8a(3)       1244         (4) Others (including policyers).       8a(3)       1244         (5) Others (including policyers).       8a(3)       1244         (7) Employee (ics).       8a(3)       1244         (7) Employee (ics).       8d       20153         (7) Carling direct rollovers and insurance premiums to provide benefits).       8d       20153         (7) Carling direct rollovers and insurance premiums to provide benefits).       8d       20153         (7) Carling direct rollovers and insurance premiums to provide benefits).       8d       20157         (8) Carling direct rollovers and insurance premiums to provide benefits.       8d       20157         (8) Carling direct rollovers and insurance premiums to provide service provides (salares, fees, commissions).       8g       361         (7) Mathematic benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:       30         (8) If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:       30         (9) During the plan year:       Ves       No       Amount         (9) Were the		· · · · · · · · · · · · · · · · · · ·	7c	1479399			1844983			
a       Contributions received or receivable from:       8a(1)       15041         (2)       Participants				(a) Amount	(b) Total					
(1)       Participants       Ba(2)       71648         (2)       Participants       Ba(2)       71648         (3)       Charles (including rollowers)       Ba(3)       1244         b       Others (including rollowers)       Ba(3)       1244         b       Others (including rollowers)       Ba(3)       1244         b       Other second (add lines 8d, 1), 8a(2), 8a(3), and 8b)       Bc       41074         d       Benefits) and (including direct rollowers and insurance preniums to provide benefits)       Bd       29153         g       Certain deemed andro corrective distributions (see instructions)       Be       15379         f       Administrative service providers (salaries, fees, commissions)       Bf       63         j       Transfers to (from) the plan (see instructions)       Bi       36558         j       Transfers to (from) the plan (see instructions)       Bi       36558         j       Transfers to (from) the plan ary participant contributions within the time period described in 129 C/R 25 0.2 0.2 0.2 0.2 0.2 0.2 0.2 0.0 0.0 0.0	а	Contributions received or receivable from:								
(a) Others (including rollovers).       Ba(3)       1244         b) Other income (loss)       Bb       322814         c) Total income (add lines 6a(1), 8a(2), 8a(3), and 8b)       Bc       41074         c) Total income (add lines 6a(1), 8a(2), 8a(3), and 8b)       Bc       41074         c) Total income (add lines 6a(1), 8a(2), 8a(3), and 8b)       Bc       41074         c) Total income (add lines 6a(1), 8a(2), 8a(3), and 8b)       Bc       41074         c) Certain deemed and/or corrective distributions (see instructions).       Bd       631         g) Other expenses       Bg       31         f) Administrative service providers (salaries, fees, commissions).       Bf       631         g) Other expenses (add lines 8d, 8e, 6f, and 8g)       Bh       4516         in total expenses (add lines 8d, 8e, 6f, and 8g)       Bi       36558         j) Transfers to (from) the plan (see instructions).       Bj       361       36558         g) If the plan provides pension benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:       30 2E 2C 32 2K       22 2K       23 2K         D) During the plan year:       Yes       No       Amount         28 CFR 2510.3-1022 (See instructions and DOL S Voluntary Fiduciary Correction Program)       10a       X       20 CFR 2510.3-1022 (See inst		(1) Employers								
b) Other income (loss)       Bib       322814         c) Total income (dod lines Sa(1), Ba(2), Ba(2), Ba(3), and Bb)       Bc       41074         d) Benefits joint (including direct rollovers and insurance prenums d) provide benefits)       Bd       29153         e) Catalin deemed and/or corrective distributions (see instructions)       Be       16379         f) Administrative service providers (salarles, fees, commissions)       Bf       6331         g) Other expenses       Bg       6331         g) Other expenses       Bg       6331         g) Other provides pension test from time 80, Be, 81, and 80)       Bib       36555         j) Transfers to (from) the plan (see instructions)       Bj       36555         j) Transfers to (from) the plan (see instructions)       Bj       1000         j) The plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:         art V       Compliance Questions       Yes       No       Amount         j) Up only the plan sper:       Yes       No       Amount         j) West there a failure to ransmit to the plan any participant contributions within the time period described in 28 CFR 2510.3-1027 (See instructions and DOL's Voluntary Floudary Correction Program)       10a       X         j) Up on the plan ave arcs, whether or not reimbursed by the plan's fideli										
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)       8c       41074         d Benefits paid (including direct rolloves and insurance premiums to provide benefits).       8d       29153         e Certain deemed and/or corrective distributions (see instructions)       8d       15379         e Certain deemed and/or corrective distributions (see instructions)       8d       631         g Other expenses       8g       631         g Transfers to (from) the plan (see instructions)						_				
d       Benefits paid (including direct rollovers and insurance premiums to provide benefits)				32281	4	_				
etc       etc       22153         e       Certain deemed and/or corrective distributions (see instructions)			80			_			410747	<u></u>
e       Certain deemed and/or corrective distributions (see instructions)			8d	29153						
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h       Total expenses (add lines 8d, 8e, 8f, and 8g)	f	Administrative service providers (salaries, fees, commissions)	8f	63	631					
i       Net income (loss) (subtract line 8h from line 8c)       8i       36556         j       Transfers to (from) the plan (see instructions).       8j       36556         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: 3D 2E 2G 2J 2K         b       If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:         Part IV       Compliance Questions       Yes       No         0       During the plan year:       Yes       No       Amount         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)       10a       ×         b       Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a).       10d       ×         c       Was the plan covered by a fidelity bond?       10c       ×       10d       ×         c       Was the plan covered by a fidelity bond?       10d       ×       10d       ×         c       Was the plan covered by a fidelity bond?       10d       ×       10d       ×         c       Was the plan covered b	g	Other expenses	8g							
j       Transfers to (from) the plan (see instructions)	h	Total expenses (add lines 8d, 8e, 8f, and 8g)							45163	3
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: 3D 2E 2G 2J 2K         9a       If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:         Part IV       Compliance Questions         0       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)	i	Net income (loss) (subtract line 8h from line 8c)	8i						365584	4
Ba       If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:         Bi       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         0       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)	j	Transfers to (from) the plan (see instructions)	8j							
ID       During the plan year:       Yes       No       Amount         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)       10a       X         b       Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)       10b       X       X         c       Was the plan covered by a fidelity bond?       10c       X       X       X         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       X       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.)       10d       X       X       X       X       Y <th></th> <th>If the plan provides welfare benefits, enter the applicable welfare fe</th> <th>eature codes</th> <th>from the List of Plan Charac</th> <th>cterist</th> <th>ic Coc</th> <th>les in th</th> <th>ne instructio</th> <th>ons:</th> <th></th>		If the plan provides welfare benefits, enter the applicable welfare fe	eature codes	from the List of Plan Charac	cterist	ic Coc	les in th	ne instructio	ons:	
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<ul> <li>Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA? Yes (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)</li> <li>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 rugranting the waiver.</li> </ul>	b c d f f h i	<ul> <li>29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu Were there any nonexempt transactions with any party-in-interest on line 10a.)</li> <li>Was the plan covered by a fidelity bond?</li> <li>Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?</li> <li>Were any fees or commissions paid to any brokers, agents, or oth insurance service, or other organization that provides some or all instructions.)</li> <li>Has the plan failed to provide any benefit when due under the plan</li> <li>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.)</li> <li>If 10h was answered "Yes," check the box if you either provided th exceptions to providing the notice applied under 29 CFR 2520.10</li> <li>VI Pension Funding Compliance</li> </ul>	iciary Correc ? (Do not inc fidelity bond, ner persons b of the benefi n? is of year end (See instruction he required n 1-3	tion Program) lude transactions reported , that was caused by fraud by an insurance carrier, ts under the plan? (See 	10a 10b 10c 10d 10e 10f 10g 10h	×	x x x x x			25000 3946
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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	b c d e f g h i 111a 12 a	<ul> <li>29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu Were there any nonexempt transactions with any party-in-interest on line 10a.)</li> <li>Was the plan covered by a fidelity bond?</li> <li>Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?</li> <li>Were any fees or commissions paid to any brokers, agents, or oth insurance service, or other organization that provides some or all instructions.)</li> <li>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.)</li> <li>If 10h was answered "Yes," check the box if you either provided th exceptions to providing the notice applied under 29 CFR 2520.10</li> <li>VI Pension Funding Compliance</li> <li>Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)</li> <li>Enter the unpaid minimum required contribution for current year fr Is this a defined contribution plan subject to the minimum funding (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, If a waiver of the minimum funding standard for a prior year is beir granting the waiver.</li> </ul>	iciary Correc ? (Do not inc fidelity bond, ner persons b of the benefit n? s of year end (See instruction he required n 1-3 ments? (If "Year rom Schedule requirement , as applicabl ng amortized	tion Program) lude transactions reported , that was caused by fraud oy an insurance carrier, ts under the plan? (See 	10a 10b 10c 10d 10e 10f 10g 10h 10i 10i e or see ctions	X X Scheo	X X X X X X Aule SB 11a 302 of 1 enter th	B (Form B (Form ERISA?	Yes	3946 N

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 of a negative amount)	12d					
е	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?	Ye	es 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 under the c of the PBGC?	ontrol		Yes X 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.)							
1	<b>3c(1)</b> Name of plan(s): 13	8 <b>c(2)</b> EIN	l(s)	<b>13c(3)</b> PN(s)			
Part	VIII Trust Information (optional)		1				
14a	lame of trust	14b Trust's EIN					