For	m 5500-SF	e OMB Nos. 1210-0110 1210-0089							
	tment of the Treasury nal Revenue Service	nd 4065 of the Employed	e	2012					
	partment of Labor enefits Security Administration	ctions 6057(b) and 6058 ode).							
Pension Be	nefit Guaranty Corporation	Inspection							
Part I Annual Report Identification Information For calendar plan year 2012 or fiscal plan year beginning 11/01/2012 and ending 10/31/2013									
For calenda	ar plan year 2012 or fisca	7			0/31/2	2013			
A This ret	urn/report is for:		a multiple-employer pla	an (not multiemployer)		a one-participant plan			
B This ret	B This return/report is:								
		n/report (less than 12 mo							
C Check b	box if filing under:		DFVC program						
		special extension (enter description	,						
Part II		nation—enter all requested informat	ion		41				
1a Name	of plan LL & COMPANY, INC. P				10	Three-digit plan number			
	LE & COMITANT, INC. T					(PN) ▶ 001			
					1c	Effective date of plan			
0						11/01/1991			
	consor's name and addre	ess; include room or suite number (em	ployer, if for a single-	employer plan)	2b	Employer Identification Number (EIN) 91-1203074			
2828 WEST					2c	Sponsor's telephone number 509-545-9848			
PASCO, WA	. 99301				2d	Business code (see instructions) 811490			
3a Plan ad	dministrator's name and	address 🗙 Same as Plan Sponsor Na	me Same as Plan	Sponsor Address	3b	b Administrator's EIN			
					3c Administrator's telephone number				
4 If the n	ame and/or EIN of the p	lan sponsor has changed since the las	st return/report filed fo	or this plan, enter the	4b EIN				
		er from the last return/report.			40.00				
a Sponso		the beginning of the plan year			4C PN				
		the end of the plan year			5a	94			
		count balances as of the end of the pla			5b	107			
					5c	45			
6a Were	all of the plan's assets d	uring the plan year invested in eligible	assets? (See instruct	tions.)		X Yes No			
		e annual examination and report of ar				X Yes 🗌 No			
		See instructions on waiver eligibility ar er line 6a or line 6b, the plan canno							
		incomplete filing of this return/repo							
		r penalties set forth in the instructions,							
	dule MB completed and rue, correct, and comple	signed by an enrolled actuary, as well te.	as the electronic vers	sion of this return/report,	, and	to the best of my knowledge and			
SIGN Filed with authorized/valid electronic signature. 04/09/2014 MICHAEL G. CAMPE						PBELL			
HERE	Signature of plan adm	ninistrator	Date	Enter name of individu	ual sig	gning as plan administrator			
SIGN									
HERE	Signature of employe		Date	Enter name of individu		ning as employer or plan sponsor			
Preparer's	name (including firm nam	ne, if applicable) and address; include	room or suite number	r (optional)	Prep	parer's telephone number (optional)			

Part III Financial Information						
7 Plan Assets and Liabilities		(a) Beginning of Yea	r			(b) End of Year
a Total plan assets	7a	153266	2			2079968
b Total plan liabilities	7b					
C Net plan assets (subtract line 7b from line 7a)	7c	153266	2			2079968
8 Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b) Total
a Contributions received or receivable from:	0-(1)	02.40	~			
(1) Employers		2348 17018				
(2) Participants			0			
(3) Others (including rollovers) b Other income (loss)		35972	-			
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)		55872	5			553392
d Benefits paid (including direct rollovers and insurance premiums	00					555592
to provide benefits)	8d	556	6			
e Certain deemed and/or corrective distributions (see instructions)	8e		0			
f Administrative service providers (salaries, fees, commissions)	8f	52	0			
g Other expenses	8g			_		
h Total expenses (add lines 8d, 8e, 8f, and 8g)	8h					6086
i Net income (loss) (subtract line 8h from line 8c)				_		547306
J Transfers to (from) the plan (see instructions)	··· 8j					
b If the plan provides welfare benefits, enter the applicable welfare Part V Compliance Questions						
10 During the plan year:				1	The second se	
				Yes	No	Amount
a Was there a failure to transmit to the plan any participant contrib 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fig.	utions within t duciary Correc	he time period described in tion Program)	10a	Yes	No X	Amount
a Was there a failure to transmit to the plan any participant contrib	duciary Correctst? (Do not inc	ction Program)	10a 10b	Yes		Amount
 a Was there a failure to transmit to the plan any participant contrib 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fic b Were there any nonexempt transactions with any party-in-interest 	duciary Correctst? (Do not inc	xtion Program) clude transactions reported		Yes	X	
 a Was there a failure to transmit to the plan any participant contrib 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fig b Were there any nonexempt transactions with any party-in-interes on line 10a.) 	duciary Correctst? (Do not inc	ction Program) clude transactions reported 	10b		X	Amount 153300
 a Was there a failure to transmit to the plan any participant contrib 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fig b Were there any nonexempt transactions with any party-in-interes 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' 	duciary Correct st? (Do not income s fidelity bond ther persons to l of the benefit	tion Program) clude transactions reported , that was caused by fraud by an insurance carrier, is under the plan? (See	10b 10c		X X	
 a Was there a failure to transmit to the plan any participant contrib 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fig b Were there any nonexempt transactions with any party-in-interes 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' or dishonesty? e Were any fees or commissions paid to any brokers, agents, or o insurance service or other organization that provides some or all 	duciary Correct st? (Do not income s fidelity bond ther persons b I of the benefit	ction Program) clude transactions reported , that was caused by fraud by an insurance carrier, s under the plan? (See	10b 10c 10d		x x x x	
 a Was there a failure to transmit to the plan any participant contrib 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fid b Were there any nonexempt transactions with any party-in-interes 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' or dishonesty? e Were any fees or commissions paid to any brokers, agents, or o insurance service or other organization that provides some or all instructions.) 	duciary Correct st? (Do not inc s fidelity bond ther persons b l of the benefit an?	ction Program) clude transactions reported , that was caused by fraud by an insurance carrier, is under the plan? (See	10b 10c 10d 10e 10f		x x x x x	153300
 a Was there a failure to transmit to the plan any participant contrib 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fig b Were there any nonexempt transactions with any party-in-interes 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' or dishonesty? e Were any fees or commissions paid to any brokers, agents, or o insurance service or other organization that provides some or all instructions.) f Has the plan failed to provide any benefit when due under the plan 	duciary Correct st? (Do not inconstruction s fidelity bond ther persons to l of the benefit an? as of year enco ? (See instruct	tion Program) Clude transactions reported 	10b 10c 10d 10e	×	x x x x x	
 a Was there a failure to transmit to the plan any participant contrib 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fid b Were there any nonexempt transactions with any party-in-interess 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' or dishonesty? e Were any fees or commissions paid to any brokers, agents, or o insurance service or other organization that provides some or all instructions.) f Has the plan failed to provide any benefit when due under the pl g Did the plan have any participant loans? (If "Yes," enter amount h If this is an individual account plan, was there a blackout period? 	duciary Correct st? (Do not incost?) s fidelity bond ther persons to l of the benefit an? as of year encost? (See instruct the required r	tion Program) clude transactions reported , that was caused by fraud by an insurance carrier, s under the plan? (See cl.)	10b 10c 10d 10e 10f 10g	×	x x x x x x	153300
 a Was there a failure to transmit to the plan any participant contrib 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fid b Were there any nonexempt transactions with any party-in-interest on line 10a.) c Was the plan covered by a fidelity bond?	duciary Correct st? (Do not incost?) s fidelity bond ther persons to l of the benefit an? as of year encost? (See instruct the required r	tion Program) clude transactions reported , that was caused by fraud by an insurance carrier, s under the plan? (See cl.)	10b 10c 10d 10e 10f 10g 10h	×	x x x x x x	153300
 a Was there a failure to transmit to the plan any participant contrib 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fid b Were there any nonexempt transactions with any party-in-interest on line 10a.) c Was the plan covered by a fidelity bond?	duciary Correct st? (Do not ind s fidelity bond ther persons t l of the benefit an? as of year end ? (See instruct the required r 01-3 ments? (If "Ye	tion Program) clude transactions reported clude transactions reported clude transactions reported clude transactions and 29 CFR cotice or one of the clude transactions and com	10b 10c 10d 10e 10f 10g 10h 10i	X	X X X X X X dule SB	153300 10598
 a Was there a failure to transmit to the plan any participant contrib 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fide b Were there any nonexempt transactions with any party-in-interest 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' or dishonesty? e Were any fees or commissions paid to any brokers, agents, or o insurance service or other organization that provides some or all instructions.) f Has the plan have any participant loans? (If "Yes," enter amount h If this is an individual account plan, was there a blackout period? 2520.101-3.) i If 10h was answered "Yes," check the box if you either provided exceptions to providing the notice applied under 29 CFR 2520.10 Part VI Pension Funding Compliance 11 Is this a defined benefit plan subject to minimum funding required 	duciary Correct st? (Do not incost?) s fidelity bond ther persons to l of the benefit an? as of year end? ? (See instruct the required r 01-3	ction Program) Clude transactions reported clude transactions reported that was caused by fraud by an insurance carrier, is under the plan? (See clude) d.) thotice or one of the clude) s," see instructions and com	10b 10c 10d 10e 10f 10g 10h 10i	X	X X X X X X dule SB	153300 10598
 a Was there a failure to transmit to the plan any participant contrib 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fides) b Were there any nonexempt transactions with any party-in-interess on line 10a.)	duciary Correct st? (Do not incost?) s fidelity bond ther persons to l of the benefit an? as of year end? (See instruct the required r 01-3	tion Program) clude transactions reported , that was caused by fraud by an insurance carrier, s under the plan? (See 	10b 10c 10d 10e 10f 10g 10h 10i	X	X X X X X Aule SB	153300 10598 (Form
 a Was there a failure to transmit to the plan any participant contrib 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fide b Were there any nonexempt transactions with any party-in-interest on line 10a.) c Was the plan covered by a fidelity bond?	duciary Correct st? (Do not ind s fidelity bond ther persons t l of the benefit an? as of year end ? (See instruct the required r 01-3	tion Program) clude transactions reported , that was caused by fraud by an insurance carrier, s under the plan? (See d.) ions and 29 CFR notice or one of the es," see instructions and com	10b 10c 10d 10e 10f 10g 10h 10i	X	X X X X X Aule SB	153300 10598 (Form
 a Was there a failure to transmit to the plan any participant contrib 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidest b Were there any nonexempt transactions with any party-in-interest on line 10a.) c Was the plan covered by a fidelity bond?	duciary Correct st? (Do not incost?) s fidelity bond ther persons to l of the benefit an? as of year end? ? (See instruct the required r 01-3	ction Program) Clude transactions reported clude transactions reported clude transactions reported clude transactions reported comparison of the comparison of the clude the plan? (See clude t	10b 10c 10d 10e 10f 10g 10h 10i 0 or se ctions	X X Schec	X X X X X X Aule SB 11a 302 of E	153300 10598 (Form Yes X No ERISA? Yes X No
 a Was there a failure to transmit to the plan any participant contrib 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fides b Were there any nonexempt transactions with any party-in-interess on line 10a.)	duciary Correct st? (Do not ind s fidelity bond ther persons t l of the benefit an? as of year end ? (See instruct the required r 01-3 ments? (If "Ye g requirement w, as applicab bing amortized Ile MB (Form	tion Program) clude transactions reported , that was caused by fraud by an insurance carrier, sunder the plan? (See 	10b 10c 10d 10e 10f 10g 10h 10i 0 sor see ctions th	X X Schec	X X X X X X Aule SB 11a 302 of E	153300 10598 (Form Yes X No ERISA? Yes X No e date of the letter ruling

С	Enter	the amount contributed by the employer to the plan for this plan year	12c				
d		act the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a tive amount)	12d				
е		he 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	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	b Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?						
С	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	3c(1)	Name of plan(s): 1	3c(2) E	IN(s)	13c(3) PN(s)		
Part	VIII	Trust Information (optional)					

14a Name of trust	14b Trust's EIN

Form 5500-SF	Short Form Annual Ret		of Small Employ	yee		OMB Nos. 1210-0110 1210-0089		
Department of the Treasury Internal Revenue Service This form is required to be filed under sections 104 and 4065 of the Employ					2	2012		
Department of Labor Employee Benefits Security Administration	ctions 6057(b) and 6058 Code).		This Form i	s Open to Public				
Complete all entries in accordance with the instructions to the Form 5500-SF.								
For calendar plan year 2012 or fisca	entification Information al plan year beginning 11/01/2012		and ending 1	0/31/	2012			
	lan (not multiemployer)	0/31/	0	· · · · ·				
A This return/report is for:		a one-partici	bant plan					
B This return/report is:	n/report (less than 12 mo	anthe						
	inteport (less than 12 mc	Jinns						
C Check box if filing under:								
Part II Basic Plan Inform	special extension (enter description)			-				
1a Name of plan	Hation —enter an requested mormatic	л Л		1b	Three-digit			
M. Campbell & Company, Inc. Profit	Sharing Plan				plan number			
Santhar (1998) 1990 - Andrew Station (1992) 1990 - Andrew Stationary	dal kalangan tahun 🔍 ar su ta kalanta				(PN) 🕨	001		
				1c	Effective date o 11/01/			
2a Plan sponsor's name and addre M. Campbell & Company, Inc.	ess; include room or suite number (emp	loyer, if for a single-	employer plan)	2b	2b Employer Identification Number (EIN) 91-1203074			
2828 West Irving				2c	Sponsor's telep (509) 54			
Pasco, WA 99301				2d	2d Business code (see instructions) 811490			
	address XSame as Plan Sponsor Nan	ne Same as Plar	n Sponsor Address	3b Administrator's EIN				
				3c Administrator's telephone number				
 If the name and/or EIN of the p name, EIN, and the plan numb a Sponsor's name 	lan sponsor has changed since the last er from the last return/report.	return/report filed fo	or this plan, enter the	4b EIN 4c PN				
	the beginning of the plan year			5a		94		
b Total number of participants at	the end of the plan year			5b		107		
c Number of participants with acc	count balances as of the end of the plan	n year (defined bene	efit plans do not					
				5c		45		
	uring the plan year invested in eligible a					X Yes 🗌 No		
	e annual examination and report of an See instructions on waiver eligibility and					X Yes No		
	er line 6a or line 6b, the plan cannot							
Caution: A penalty for the late or	incomplete filing of this return/repor	t will be assessed	unless reasonable cau	se is	established.			
	r penalties set forth in the instructions, I signed by an enrolled actuary, as well a te.							
SIGN CR C	De	3/11/14	Michael G. Campbell	II				
HERE Signature of plan administrator Date Enter name of individual signing as plan administrator						ninistrator		
SIGN HERE	HERE							
Signature of employe	r/plan sponsor ne, if applicable) and address; include r	Date		dual signing as employer or plan sponsor Preparer's telephone number (optional)				
For Paperwork Reduction Act Notice a 2014-02-18T20 20:11.557-06:00	and OMB Control Numbers, see the instruc	ctions for Form 5500-	SF.			Form 5500-SF (2012) v. 120126		

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Pa	rt III Financial Information						
7	Plan Assets and Liabilities (a) Beginning of Ye			ar			(b) End of Year
а	Total plan assets	7a	153266				2079968
b	Total plan liabilities	7b					
С	Net plan assets (subtract line 7b from line 7a)						2079968
8	Income, Expenses, and Transfers for this Plan Year (a) Amount						(b) Total
а	a Contributions received or receivable from:						
	(1) Employers	8a(1)	2348		in the second		
	(2) Participants	8a(2)	17018	our care			
	(3) Others (including rollovers)	8a(3)		0	-		
	Other income (loss)	8b	35972	5	-		
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) Benefits paid (including direct rollovers and insurance premiums	8c		1999	-		553392
u	to provide benefits)	8d	556	6			
е	Certain deemed and/or corrective distributions (see instructions)	8e		0			
f	Administrative service providers (salaries, fees, commissions)	8f	52	0			
g	Other expenses	8g					
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h					6086
i	Net income (loss) (subtract line 8h from line 8c)	8i					547306
j	Transfers to (from) the plan (see instructions)	8j					
Pa	t IV Plan Characteristics	f					
9a	If the plan provides pension benefits, enter the applicable pension	feature cod	es from the List of Plan Char	acteris	stic Co	des in	the instructions:
	2A 2E 2F 2G 2J 2K 2T 3B						
b	If the plan provides welfare benefits, enter the applicable welfare fe	eature code	s from the List of Plan Chara	cterist	ic Cod	es in t	he instructions:
Par	V Compliance Questions				-		
10					Yes	No	
	During the plan year: Was there a failure to transmit to the plan any participant contribut	tions within	the time period described in		Tes	NU	Amount
u	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu			10a		х	
b	Were there any nonexempt transactions with any party-in-interest on line 10a.)	Sector and the sector of the sector of the	9494936660000000000000000000000000000000	10b		x	
с	Was the plan covered by a fidelity bond?			10c	х		153300
d	Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?			10d		х	
e	Were any fees or commissions paid to any brokers, agents, or oth insurance service or other organization that provides some or all c instructions.)	of the benef	its under the plan? (See	10e		x	
f	Has the plan failed to provide any benefit when due under the plan	וייייייייייייייייייייייייייייייייייייי		10f		х	
g	Did the plan have any participant loans? (If "Yes," enter amount as	s of year er	nd.)	10g	х		10598
h	If this is an individual account plan, was there a blackout period? (2520.101-3.)			10h		x	
i	If 10h was answered "Yes," check the box if you either provided th 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 requirem 5500) and line 11a below)						
11a	Enter the amount from Schedule SB line 39					11a	
12	Is this a defined contribution plan subject to the minimum funding	requiremer	nts of section 412 of the Code	or se	ction 3	302 of	ERISA? Yes X No
	(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 bein granting the waiver.	ig amortize	d in this plan year, see instrucMon		and e	nter th Day	he date of the letter ruling Year
lf	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	

Form 5500-SF 2012

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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?	. 🗌 Y	′es 🗶 No	а
	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 of the PBGC?	control		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) which assets or liabilities were transferred. (See instructions.)	to		
1	3c(1) Name of plan(s):	3c(2) El	N(s)	13c(3) PN(s)
Part	VIII Trust Information (optional)			
14a	Name of trust	14b Tr	ust's EIN	