## 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).

1210-0089

OMB Nos. 1210-0110

2013

This Form is Open to Public Inspection

Pension Be	enefit Guaranty Corporation	▶ Complete all entries in accorda	ance with the instru	ctions to the Form 550	0-SF.		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
Part I	Annual Report le	dentification Information			•		
For calenda	ar plan year 2013 or fisc	cal plan year beginning 01/01/2013		and ending 1	2/31/20	)13	
A This ret	turn/report is for:	X a single-employer plan	a multiple-employer p	lan (not multiemployer)		a one-particip	oant plan
<b>B</b> This ret	turn/report is:	the first return/report t	he final return/report				
		an amended return/report a	short plan year return	n/report (less than 12 mo	onths)	_	
C Check b	box if filing under:	片	automatic extension			DFVC progra	ım
	T =	special extension (enter description	,				
Part II	Basic Plan Infor	mation—enter all requested informat	tion				
1a Name	•					Three-digit olan number	
LEMAY MAN	NAGEMENT LLC 401(K)	) PLAN				(PN)	001
						Effective date of	7 7
						01/01/	
	ponsor's name and add	ress; include room or suite number (em	ployer, if for a single-	-employer plan)			fication Number
						Sponsor's telep	hone number
P.O. BOX 44	4489 VA 98448-0489				24 5	253-537	
TAOOWA, W	VA 30440 0403				20 E	Business code ( 53131	see instructions)
		d address Same as Plan Sponsor Na	<b>—</b>	n Sponsor Address	3b A	Administrator's E 26-34	
EMAY MANA	AGEMENT LLC	P.O. BOX 44489 TACOMA, WA 9			3c A	Administrator's t	telephone number
						253-537	7-0297
4 If the r	name and/or FIN of the	plan sponsor has changed since the la	st return/report filed fo	or this plan, enter the	4h F	EINI	
		plan sponsor has changed since the last	st return/report filed fo	or this plan, enter the	4b E	EIN	
name,			st return/report filed fo	or this plan, enter the	4b E		
name, <b>a</b> Sponse	, EIN, and the plan num or's name						19
name,	, EIN, and the plan num or's name number of participants a number of participants a	at the beginning of the plan year			<b>4c</b> F		19 13
name, a Sponso 5a Total r b Total r c Numb	, EIN, and the plan num or's name number of participants a number of participants a er of participants with a	ber from the last return/report.	an year (defined bene	efit plans do not	4c F		
name, a Sponso 5a Total r b Total r c Number comple 6a Were	, EIN, and the plan num or's name number of participants a number of participants a er of participants with a lete this item) all of the plan's assets	at the beginning of the plan year	an year (defined bene assets? (See instruc	efit plans do not	4c F 5a 5b 5c	PN	13
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Do	t III Financial Information								
	Plan Assets and Liabilities	_	(a) Beginning of Yea		(b) End of Year				
	-	otal plan assets				2861976 161			
	Total plan liabilities	7b _	117 401982		+		2861815		
	Net plan assets (subtract line 7b from line 7a)	- 7c		.2	+				
	Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from:		(a) Amount				(b) Total		
а	(1) Employers	8a(1)	1390	8					
	(2) Participants	8a(2)	3078	1					
	(3) Others (including rollovers)	8a(3)		0					
b	Other income (loss)	8b	44370	4					
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c					488393		
	Benefits paid (including direct rollovers and insurance premiums								
	to provide benefits)	. 8d	164569	8					
<u>e</u>	Certain deemed and/or corrective distributions (see instructions)	. 8e		0					
f	Administrative service providers (salaries, fees, commissions)	. 8f	70	2					
g	Other expenses	. 8g		0					
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	. 8h					1646400		
<u>i</u>	Net income (loss) (subtract line 8h from line 8c)	. 8i					-1158007		
j	Transfers to (from) the plan (see instructions)	8j							
Par	t IV Plan Characteristics								
	If the plan provides pension benefits, enter the applicable pension 2E 2F 2G 2J 2K 3D 2T 2R								
b	If the plan provides welfare benefits, enter the applicable welfare fe	eature cod	les from the List of Plan Chara	cterist	ic Cod	les in t	he instructions:		
Part	Part V Compliance Questions								
10	During the plan year:				Yes	No	Amount		
a	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu	uciary Cor	rection Program)	10a		X			
b	Were there any nonexempt transactions with any party-in-interest on line 10a.)	•	•	10b		X			
С	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 or dishonesty?	-		10d		X			
е									
	insurance service, or other organization that provides some or all instructions.)			10e	X		81		
f	,			10f		X			
g				10g	X		26416		
h	If this is an individual account plan, was there a blackout period?			10h		X			
i	, , ,								
	exceptions to providing the notice applied under 29 CFR 2520.10	1-3		10i					
Part							1		
	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)								
11a	11a Enter the unpaid minimum required contribution for current year from Schedule SB (Form 5500) line 39								
12	ls this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA?   Yes   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 beir granting the waiver.		Mon		, and 6	enter th Day			
	you completed line 12a, complete lines 3, 9, and 10 of Schedule				1	40:	1		
b	Enter the minimum required contribution for this plan year					12b	I		

Page	3	-	1	
гаус	J	_		

			1					
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 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?	X	es No	)				
	If "Yes," enter the amount of any plan assets that reverted to the employer this year	13a			0			
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			
С	· -							
1	13c(1) Name of plan(s):	13c(2) EI	N(s)	13c(3)	PN(s)			
Part	VIII Trust Information (optional)			•				
14a	Name of trust	<b>14b</b> Trust's EIN						

## 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).

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

2013

This Form is Open to Public Inspection

Part	<b>Annual Report</b>	Identification Information							
For calenda	r plan year 2013 or fi	scal plan year beginning (	01/01/2013	and ending	12/31/20	13			
A This retu	ırn/report is for:	X a single-employer plan	a multiple-employer pla	an (not multiemployer)	a one-participant plan				
B This retu	ırn/report is:	the first return/report	the final return/report						
		an amended return/report	🗌 a short plan year return	/report (less than 12 mo	onths)				
C Check box if filing under: Form 5558 automatic extension						gram			
		special extension (enter descrip	tion)						
Part II	Basic Plan Info	ormation—enter all requested infor	mation						
1a Name o	•				1b Three-digit				
LEMAY M	MANAGEMENT LI	C 401(K) PLAN			plan number (PN) ▶	001			
					1c Effective date	e of plan			
					01/01/20	09			
	onsor's name and ac lanagement Ll	ddress; include room or suite number C	(employer, if for a single-e	employer plan)	2b Employer Ide (EIN) 26-3	entification Number 490524			
P.O. Bo	x 44489				2c Sponsor's te 253-537-	•			
Tacoma		WA 98448-0489			2d Business coo 531310	de (see instructions)			
3a Plan ac	iministrator's name a	nd address Same as Plan Sponso	r Name Same as Plan	Sponsor Address	3b Administrator				
LEMAY M	MANAGEMENT LI	ıC			3c Administrator	r's telephone number			
P.O. BC	X 44489				253-537-0297				
TACOMA		WA 98448-0489							
		ne plan sponsor has changed since th	e last return/report filed fo	r this plan, enter the	4b EIN				
name, a Sponso	•	umber from the last return/report.			4c PN				
	31151	s at the beginning of the plan year			-	19			
<b>b</b> Total r	number of participant	s at the end of the plan year			5b	13			
		account balances as of the end of th			_				
	and the same of th				5c	13 D v D N			
		ts during the plan year invested in eli				X Yes No			
<b>b</b> Are you under	ou claiming a walver o 29 CFR 2520.104-46	of the annual examination and report 6? (See instructions on waiver eligibili	or an independent qualifie ity and conditions.)	u public accountant (iQ	(FA)	X Yes No			
		either line 6a or line 6b, the plan ca							
C If the p	olan is a defined bene	efit plan, is it covered under the PBG0	C insurance program (see	ERISA section 4021)?	Yes No	Not determined			
Caution: A	penalty for the late	or incomplete filing of this return/	report will be assessed	unless reasonable cau	use Is established.				
Under pena SB or Sche	alties of periury and o	other penalties set forth in the instruct and signed by an enrolled actuary, as	ions. I declare that I have	examined this return/re	port, including, if ap	plicable, a Schedule			
SIGN	seott	- Olim	2-14-14	SCOTT PENNER					
HERE	Signature of plan	administrator	Date	Enter name of individ	lual signing as plan	administrator			
SIGN	South	Hum	2-4-14	SCOTT PENNER	V				
HERE	-	loyer/plan sponsor	Date	Enter name of individ					
Preparer's		name, if applicable) and address; inc	clude room or suite numbe	r (optional)	Preparer's teleph	one number (optional)			
					) - J. 1				
					1000				

	rt III Financial Information						725750	_			
7_	Plan Assets and Liabilities		(a) Beginning of Yea			_	(b) End	of Y			
a	Total plan assets	7a	402	2099	_				2	8619	_
	Total plan liabilities	7b		117	_						161
С	Net plan assets (subtract line 7b from line 7a)	7c	401	1982	2	2			2	8618	315
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount		_	(b) Total					_
а —	Contributions received or receivable from: (1) Employers	8a(1)	<u>:</u>	1390	8		1				M
	(2) Participants	8a(2)		3078	1				ضاعا		
	(3) Others (including rollovers)	8a(3)			0	9			1118		
b	Other income (loss)	8b	4.	1370	4	8					
C	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c								488	393
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	. 8d	164	4569	8		1 =				
е	Certain deemed and/or corrective distributions (see instructions)	8e			0						
f	Administrative service providers (salaries, fees, commissions)	8f		70	2						
g	Other expenses	. 8g			0						
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							1	646	400
i_	Net income (loss) (subtract line 8h from line 8c)	. 8i							-1	158	007
j	Transfers to (from) the plan (see instructions)	- 8j									
Pa	rt IV Plan Characteristics	-									
9a	If the plan provides pension benefits, enter the applicable pension 2E 2F 2G 2J 2K 3D 2T 2R	feature co	des from the List of Plan Char	acteris	tic Co	des in	the instru	ction	s:		
b	If the plan provides welfare benefits, enter the applicable welfare for	eature cod	les from the List of Plan Chara	cterist	ic Cod	les in t	ne instruc	tions			
Pa	rt V Compliance Questions										
10	During the plan year:				Yes	No		Am	ount		
	Was there a failure to transmit to the plan any participant contribution 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fid.)			10a		х					
	Were there any nonexempt transactions with any party-in-interes on line 10a.)			10b		х					
-	Was the plan covered by a fidelity bond?			10c	х					500	000
	Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?	fidelity bo	and, that was caused by fraud	10d		х					
-	Were any fees or commissions paid to any brokers, agents, or ot insurance service, or other organization that provides some or all instructions.)	her person of the ber	ns by an insurance carrier, nefits under the plan? (See	10e	х						81
	Has the plan failed to provide any benefit when due under the pla			10f		Х					
-					х	-				26	416
	h If this is an individual account plan, was there a blackout period?	(See instr	uctions and 29 CFR	10g	A	х	ME.		1,19		
	2520.101-3.)  If 10h was answered "Yes," check the box if you either provided to	the require	d notice or one of the	10h				, 113		7 de -	
Pai	exceptions to providing the notice applied under 29 CFR 2520.10  rt VI Pension Funding Compliance	71-3		10i							
11								.   1	Ye	s []	No
11	a Enter the unpaid minimum required contribution for current year		See			11a					
12	30 0000						ERISA?	. 1	Ye	s X	No
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below								ual.	12,71	
_	a If a waiver of the minimum funding standard for a prior year is be granting the waiver.	ing amortiz	zed in this plan year, see instru		, and	enter t			letter	ruling	
	If you completed line 12a, complete lines 3, 9, and 10 of Schedu	1 Carl 1									
	b Enter the minimum required contribution for this plan year					12b					

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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 1 negative amount)		12d		
е	Will the minimum funding amount reported on line 12d be	e met by the funding deadline?		Yes	No N/A
Part	VII Plan Terminations and Transfers of A	ssets			
13a	Has a resolution to terminate the plan been adopted in any p	lan year?	X Y	res No	)
	If "Yes," enter the amount of any plan assets that reverte	d to the employer this year	13a		(
b	Were all the plan assets distributed to participants or ben of the PBGC?				Yes X No
С	If during this plan year, any assets or liabilities were transwhich assets or liabilities were transferred. (See instructi		ın(s) to		
	3c(1) Name of plan(s):		13c(2) El	IN(s)	13c(3) PN(s)
ra r					
Part	VIII Trust Information (optional)				

14a Name of trust

14b Trust's EIN