Department of Transary Internal Revenue Service Benefit Plan 2013 Department of Labor Employee Benefits Scoutly Autinistation 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). This Form is Open to Inspection Persion Benefit Quarativ Corporation • Complete all entries in accordance with the instructions to the Form 5500-SF. This Form is Open to Inspection For calendar plan year 2013 or fiscal plan year beginning 01/01/2013 and ending 12/31/2013 A This return/report is B a single-employer plan Information a submit plan terturn/report Inspection a one-participant plan Inspection C Check box if filing under: Import special extension (enter description) DFVC program Import special extension (enter description) DFVC program Import special extension (enter description) Part II Basic Plan Information—enter all requested information Import special extension (enter description) 1b Three-digit plan number (PN)) 001 2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) 2b Employer Identification Nu (EIN) 91-1601023 3a Plan administrator's name and address SPOKANE, WA 99202 3a Administrator's telephone num SOS-532-2224 3b Admini	Imber				
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SPOKANE, WA 99202 3C Administrator's telephone					
509-532-2224	number				
 4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the 4b EIN 					
 a Sponsor's name 4 A match and contained and c					
5a Total number of participants at the beginning of the plan year	80				
b Total number of participants at the end of the plan year	66				
C Number of participants with account balances as of the end of the plan year (defined benefit plans do not					
complete this item)	29				
 6a Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)	s No				
under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.)	s No				
If you answered "No" to either line 6a or line 6b, the plan cannot use Form 5500-SF and must instead use Form 5500.					
C If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)? Yes No Not dete	rmined				
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 Scl 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 belief, it is true, correct, and complete.					
SIGN Filed with authorized/valid electronic signature. 05/13/2014 MURIEL BLEVINS					
HERE Signature of plan administrator Date Enter name of individual signing as plan administrator	lual signing as plan administrator				
SIGN Filed with authorized/valid electronic signature. 05/13/2014 MURIEL BLEVINS					
HERE Signature of employer/plan sponsor Date Enter name of individual signing as employer or plan s	ponsor				
Preparer's name (including firm name, if applicable) and address; include room or suite number (optional) Preparer's telephone number (optional)					

7 Plan Assets and Liabilities	Information Dilities (a) Beginning of Year				(b) End of Year				
a Total plan assets	7a	44584					537684		
b Total plan liabilities	7u 7b		0		0				
C Net plan assets (subtract line 7b from line 7a)	7c	44584	5	537					
8 Income, Expenses, and Transfers for this Plan Year		(a) Amount			(b) Total				
a Contributions received or receivable from:						(,			
(1) Employers	8a(1)	4600							
(2) Participants	8a(2)	6862	-						
(3) Others (including rollovers)	8a(3)		0						
b Other income (loss)	8b	9093	9	_					
c Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c			_			164167		
d Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	72078	8						
e Certain deemed and/or corrective distributions (see instructions)	8e	(0						
f Administrative service providers (salaries, fees, commissions)	8f	250	0						
g Other expenses	8g	(0						
h Total expenses (add lines 8d, 8e, 8f, and 8g)	8h						72328		
i Net income (loss) (subtract line 8h from line 8c)	8i						91839		
j Transfers to (from) the plan (see instructions)	8j								
Part IV Plan Characteristics									
Part V Compliance Questions									
				Yes	No		Amount		
During the plan year:a Was there a failure to transmit to the plan any participant contribution			10a	Yes	No X		Amount		
0 During the plan year:	ciary Correc ? (Do not inc	tion Program) clude transactions reported	10a 10b	Yes	-		Amount		
 During the plan year: Was there a failure to transmit to the plan any participant contributi 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidure) Were there any nonexempt transactions with any party-in-interest? 	ciary Correc ? (Do not inc	tion Program)	10b	Yes	X			4500	
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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?	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
С	If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) t which assets or liabilities were transferred. (See instructions.)	0		
1	3c(1) Name of plan(s): 13	8 c(2) EIN	l(s)	13c(3) PN(s)
Part	VIII Trust Information (optional)		1	
14a	lame of trust	14b Tru	ust's EIN	