For	m 5500-SF	Short Form Annual F	•	of Small Employ	vee	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 Emplo						2013
Department of Labor         Retirement Income Security Act of 1974 (ERISA), and sections 6057(b) and 605           Employee Benefits Security Administration         the Internal Revenue Code (the Code).						
	enefit Guaranty Corporation	-SF.	Inspection			
Part I		Complete all entries in acco entification Information				
For calend	ar plan year 2013 or fisca		13	and ending 03	3/31/2	2014
A This ref	urn/report is for:	a single-employer plan	a multiple-employer p	lan (not multiemployer)		a one-participant plan
B This ref	urn/report is:	the first return/report	the final return/report			
		an amended return/report	a short plan year retur	n/report (less than 12 mo	onths)	·
C Check box if filing under:						DFVC program
		special extension (enter descript	,			
Part II		nation—enter all requested inforr	nation			Γ
<b>1a</b> Name THE PEDIM		LOYEES 401(K) PROFIT SHARIN	G PLAN AND TRUST A	GREEMENT	1b	Three-digit plan number (PN) ▶ 001
				-	1c	Effective date of plan 12/01/1998
	ponsor's name and addre	ess; include room or suite number (	employer, if for a single-	-employer plan)	2b	Employer Identification Number
					2c	(EIN) 91-1833393 Sponsor's telephone number 360-254-5212
	17TH CIRCLE R, WA 98682				2d	Business code (see instructions) 511130
	dministrator's name and			n Sponsor Address	3b	Administrator's EIN 91-1833393
THE PEDIME	NT GROUP, INC.	14804 NE 11 VANCOUVER		-	3c	Administrator's telephone number
name	•	lan sponsor has changed since the er from the last return/report.	last return/report filed for	or this plan, enter the	4b 4c	EIN
		the beginning of the plan year			5a	9
<b>b</b> Total	number of participants at	the end of the plan year			5b	9
C Numb	er of participants with ac	count balances as of the end of the	plan year (defined bene	efit plans do not	5c	9
		uring the plan year invested in eligi		•		X Yes No
<b>b</b> Are yo	ou claiming a waiver of th	e annual examination and report o	f an independent qualifie	ed public accountant (IQF	PA)	
		See instructions on waiver eligibility er line 6a or line 6b, the plan can				
-		plan, is it covered under the PBGC				
Caution: A	penalty for the late or	incomplete filing of this return/re	port will be assessed	unless reasonable caus	se is	established.
SB or Sche		r penalties set forth in the instructio signed by an enrolled actuary, as v te.				
SIGN HERE	Filed with authorized/va	lid electronic signature.	05/16/2014	WENDY FENISON	-	
	Signature of plan administrator         Date         Enter name of individual					ning as plan administrator
SIGN						
HERE	Signature of employe		-	ning as employer or plan sponsor		
Preparer's	name (including firm nan	ne, if applicable) and address; inclu	ae room or suite numbe	er (optional)	Prep	arer's telephone number (optional)

Pa	rt III Financial Information										_
7	Plan Assets and Liabilities	ssets and Liabilities (a) Beginning of Ye					(b) Enc	l of Y	ear		
а	Total plan assets	7a	124505	8				11	25608		_
b	Total plan liabilities	an liabilities									
С	et plan assets (subtract line 7b from line 7a) 7c 12450							11	25608		
8	Income, Expenses, and Transfers for this Plan Year (a) Amount					(b) Total					
а	Contributions received or receivable from:										
	Employers										
	(2) Participants										
	(3) Others (including rollovers)										—
								1	14258		_
 d	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) Benefits paid (including direct rollovers and insurance premiums	8c			-				14230		-
	to provide benefits)	8d									
е	Certain deemed and/or corrective distributions (see instructions)	8e									
f	Administrative service providers (salaries, fees, commissions)	8f	519	2							
g	Other expenses	8g									
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							5192		
i	Net income (loss) (subtract line 8h from line 8c)	8i							19450		
j	Transfers to (from) the plan (see instructions)	8j									
Pa	t IV Plan Characteristics										
9a											
b	3D 2E 2F 2G 2J 2T If the plan provides welfare benefits, enter the applicable welfare fe	octuro ood	on from the List of Dian Charge	otorioti	o Cod	oo in t	o instruo	tiona			
D				SIGNSI		65 III U		0015.			
Par	t V Compliance Questions										
10	During the plan year:				Yes	No		Amo	ount		_
а						Х					_
b	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu Were there any nonexempt transactions with any party-in-interest			10a							
Ň	on line 10a.)			10b		Х					
С	Was the plan covered by a fidelity bond?			10c	Х					100000	)
d	Did the plan have a loss, whether or not reimbursed by the plan's	fidelity bo	nd, that was caused by fraud			Х					-
	or dishonesty?			10d		X					
е	Were any fees or commissions paid to any brokers, agents, or oth insurance service, or other organization that provides some or all		<b>,</b>								
	instructions.)			10e		Х					
f	Has the plan failed to provide any benefit when due under the plan	n?		10f		Х					
g	Did the plan have any participant loans? (If "Yes," enter amount a	s of year e	end.)	10g		Х					
h		•				Х					
	2520.101-3.)			10h		~					
i	If 10h was answered "Yes," check the box if you either provided th exceptions to providing the notice applied under 29 CFR 2520.10			10i							
Part											
11	Is this a defined benefit plan subject to minimum funding requirem	ents? (If "	Yes," see instructions and com	plete	Sched	lule SE	B (Form		1		—
	5500) and line 11a below)								Yes	No	)
	Enter the unpaid minimum required contribution for current year fr		· · · ·			11a			~	<b>.</b>	
12	Is this a defined contribution plan subject to the minimum funding			e 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			otions	004 -	ntor th	o data cf	the la	ttor al	ina	
a	granting the waiver.	-				Day		the le Yea		y	
lf	you completed line 12a, complete lines 3, 9, and 10 of Schedule	e MB (For	m 5500), and skip to line 13.								
b	Enter the minimum required contribution for this plan year					12b					

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 of the PBGC?	control		Yes 🗙 No
С	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): 1	3c(2) EIN	l(s)	<b>13c(3)</b> PN(s)
Part	VIII Trust Information (optional)			
14a	Name of trust	<b>14b</b> Tru	ust's EIN	

Form 5500-SF	Short Form Annual Re	turn/Report o enefit Plan	of Small Emplo	yee		OMB Nos. 1219-8110 1210-0089
Department of the Treasury Internal Revenue Service	This form is required to be filed i	under sections 104 a	nd 4065 of the Employe	<b>.</b>		2013
Department of Labor Employee Benefits Security Administration		Revenue Code (the C	ode).	1	This Form	is Open to Public
Pension Benefit Guaranty Corporation	<ul> <li>Complete all entries in accordation</li> </ul>	ince with the instru	ctions to the Form 550	0-SF.	****	
For calendar plan year 2013 or fisc	ai plan year beginning 04/	01/2013	and ending	WARIAAAAAA	03/31/201	A
A This return/report is for:	🛛 a single-employer plan 🛛 a	multiple-employer p	an (not multiemployer)		a one-partici	
B This return/report is:	inne inne	ne final return/report	(**** (*******************************		Y	provide property and a second s
	an amended return/report a:	short plan year retun	n/report (less than 12 m	onths)	•	1. No.
C Check box if filing under:	🗍 Form 5558	utomatic extension	,		DFVC progr	am
	special extension (enter description)					
	mationenter all requested informati	on				· · · · · · · · · · · · · · · · · · ·
<b>18</b> Name of plan THE PEDIMENT GROUP, TRUST AGREEMENT	INC. EMPLOYEES 401(K) P	ROFIT SHARING	B PLAN AND	15	Three-digit plan number (PN) 🕨	001
,					Effective date c 12/01/1998	
2a Plan sponsor's name and addr THE PEDIMENT GROUP,	ess; include room or suite number (emp INC .	ployer, if for a single-	employer plan)	2b	Employer Identi (EIN) 91-183	fication Number
14804 NE 117TH CIRCLE	2000 - 20000 - 20000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 -			2c	Sponsor's teler	
Televis areas and a solution where we wanted and the solution of the solution				24	360-264-5: Business code	
VANCOUVER	WA 98682			20	511130	(see instructions)
3a Plan administrator's name and	address Same as Plan Sponsor Nar	ne Same as Plan	Sponsor Address	36	Administrator's	EIN
THE PEDIMENT GROUP, 3	ENC. Ist		Second Contraction	3-	<u>91-183339</u>	3 telephone number
14804 NE 117TH CIRCLE	3		and the second sec	1	Administrator s 360-254-52	
VANCOUVER	WA 98682		wanna w. 1.0.			
<ul> <li>4 If the name and/or EIN of the p name, EIN, and the plan numb</li> <li>a Sponsor's name</li> </ul>	vian sponsor has changed since the last per from the last return/report.	t return/report filed fo	r this plan, enter the	4b		
	t the beginning of the plan year			4c 5a	PN	
	t the end of the plan year			50		<u> </u>
	count balances as of the end of the plan			5c	**************************************	
b Are you claiming a waiver of the under 29 CFR 2520.104-46? ( If you answered "No" to either the second	turing the plan year invested in eligible a ne annual examination and report of an See instructions on waiver eligibility and ser line 6a or line 6b, the plan cannot plan, is it covered under the PBGC insu	independent qualifie d conditions.) use Form 5500-SF :	d public accountant (IQ	PA) Form	5500.	X Yes No
Caution: A penalty for the late or	incomplete filing of this return/repor	t will be assessed (	inless reasonable cau	ise is (	əstablished.	
Under penalties of perjury and othe SB or Schedule MB completed and belief, it is true, correct, and comple	r penalties set forth in the instructions, i signed by an enrolled actuary, as well a rte.	declare that I have a as the electronic vers	examined this return/rep and this return/report	ort, in , and (	cluding, if applic o the best of my	able, a Schedule knowledge and
SIGN Dandy	form		Wendy Fenison			· · · · · · · · · · · · · · · · · · ·
Signature of plan ade		Data 5-14-14	Enter name of individu	jal sigi	ning as plan adr	ninistrator
SIGN The Yed in HERE Signature of amploys	nent <u>Gnaup, Inc</u>	Data 5-14-14	المراجع ومعروم ومراجع			
Preparer's name (including firm name)	mpian spongor ne, if applicable) and address; include n		Enter name of individu (optional)			r or plan sponsor number (optional)
		- 1				
or repervors reduction Act Notice (	and OMB Control Numbers, see the instruc	cuone for Form 5500-5	95"			Form 5608-SF (2013)

Form 5500-SF 2013

Page 2

,	Plan Assets and Liabilities		(a) Beginning of Ye	oar	1		/5.1 /		
8	t Total plan assets	78	1	245(	358		(D) E	d of Year	
Ł	Total plan liabilities	. 75							112560
	Net plan assets (subtract line 7b from line 7a)	7c	2.2	2450	58		······		11256(
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount				/h	) Total	
a	Contributions received or receivable from: (1) Employers	88(1)						/ rotai	
	(2) Participants	8a(2)							
	(3) Others (including rollovers)	8a(3)			1				
D	Other income (loss)	85	]	1142	58	0.000			
<u></u>	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c			335				-11425
<del>,</del>	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d							
	Certain deemed and/or corrective distributions (see instructions)	80							
	Administrative service providers (salaries, fees, commissions)	8f		51	92	S.S.S.S.S.S.S.S.S.S.S.S.S.S.S.S.S.S.S.			
<u> </u>	Other expenses	89							
<u>n</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h			ं				519
	Net income (loss) (subtract line 8h from line 8c)	81			<u> </u>				-11945
} 	Transfers to (from) the plan (see instructions)	8)			20				
		alture corte	s from the List of Dime Obar	and as -2	12 m - C		L		
	If the plan provides welfare benefits, enter the applicable welfare fe	ature code	s from the List of Plan Chara	cleris	tic Cod	les in ţ	he instruc	tions:	
	t V Compliance Questions	ature code	s from the List of Plan Chara	cleris	<u></u>	r	he instruc		
Par	t V Compliance Questions During the plan year: Was there a failure to transmit to the plan any participant contribut	ione vážbia			tic Cor	les in t	he instruc	tions: Amount	••••••••••••••••••••••••••••••••••••••
Par 10 a	t V Compliance Questions During the plan year: Was there a failure to transmit to the plan any participant contribut 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu- Were there any nonexempt transactions with any party-in-interest?	ions within ciary Corre 2 (Do not in	the time period described in ction Program)		<u></u>	No X	he instruc		
Par 10 a b	tV Compliance Questions During the plan year: Was there a failure to transmit to the plan any participant contribut 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.)	ions within ciary Corre ? (Do not in	the time period described in ction Program)	Ī	<u></u>	No	he instruc		
Par 10 a b c	t V         Compliance Questions           During the plan year:         Was there a failure to transmit to the plan any participant contribut 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.)         Was the plan covered by a fidelity bond?	ions within ciary Corre ? (Do not in	the time period described in ction Program)	10a	<u></u>	No X			100000
Par 10 a b c	tV         Compliance Questions           During the plan year:         Was there a failure to transmit to the plan any participant contribut 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.)         Was the plan covered by a fidelity bond?           Did the plan have a loss, whether or not reimbursed by the plan's for dishonesty?         Did the plan have a loss, whether or not reimbursed by the plan's for dishonesty?	ions within ciary Corre ? (Do not in fdelity bonc	the time period described in ction Program)	10a 10b	Yes	No X	he instruc		
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Par 10 a b c d d e f f 9 h i l Part	tV         Compliance Questions           During the plan year:         Was there a failure to transmit to the plan any participant contribut 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.)         Was the plan covered by a fidelity bond?           Was the plan covered by a fidelity bond?         Did the plan have a loss, whether or not reimbursed by the plan's for dishonesty?           Were any fees or commissions paid to any brokers, agents, or othe insurance service, or other organization that provides some or all constructions.)           Has the plan failed to provide any benefit when due under the plan           Did the plan have any participant loans? (If "Yes," enter amount as if this is an individual account plan, was there a blackout period? (S 2520.101-3.)           If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.101-           Vi         Pension Funding Compliance           Is this a defined benefit plan subject to minimum funding requireme 5500) and line 11a below)	ions within ciary Corre ? (Do not in fidelity bond fidelity bond er persons of the benef ? of year en See instruct e required r -3 	the time period described in ction Program)	102 10b 10c 10d 107 109 107 109 10h 10i	X	No X X X X X X X X X X X 11a	(Form		10000( 
Par 10 a b c d d e f f 9 h i i Part 11	tV         Compliance Questions           During the plan year:         Was there a failure to transmit to the plan any participant contribut 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.)         Was the plan covered by a fidelity bond?           Did the plan have a loss, whether or not reimbursed by the plan's for dishonesty?         Were any fees or commissions paid to any brokers, agents, or othe insurance service, or other organization that provides some or all constructions.)           Has the plan have any participant loans? (If "Yes," enter amount as if this is an individual account plan, was there a blackout period? (\$2520.101-3.)           If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.101-           VI         Pension Funding Compliance           Is this a defined benefit plan subject to minimum funding requireme 5500) and line 11a below)	ions within ciary Corre ? (Do not in fidelity bonc fidelity bonc er persons of the benef ? of year en See instruct a required r -3 mts? (if "Ye m Scheduli equirement	the time period described in ction Program)	102 10b 10c 10d 107 109 107 109 10h 10i	X	No X X X X X X X X X X X 11a	(Form	Amount	10000( 
Par 10 a b c d d e f f 9 h i 11 11a 12	tV         Compliance Questions           During the plan year:         Was there a failure to transmit to the plan any participant contribut 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.)         Was the plan covered by a fidelity bond?           Was the plan covered by a fidelity bond?         Did the plan have a loss, whether or not reimbursed by the plan's for dishonesty?           Were any fees or commissions paid to any brokers, agents, or othe insurance service, or other organization that provides some or all constructions.)           Has the plan failed to provide any benefit when due under the plan           Did the plan have any participant loans? (If "Yes," enter amount as if this is an individual account plan, was there a blackout period? (S 2520.101-3.)           If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.101-           Vi         Pension Funding Compliance           Is this a defined benefit plan subject to minimum funding requireme 5500) and line 11a below)	ions within ciary Corre ? (Do not in fidelity bonc er persons of the benef ? of year end See instruct e required r -3 	the time period described in ction Program)	102 10b 10c 10d 10d 10f 10g 10h 10i 10i 0r se	Yes x Sched	No X X X X X X X X X X X X X X X X X X X	(Form		10000( 

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c	Enter the amount contributed by the employer to the plan for this plan year	1	2c	Т					
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).									
Will the minimum funding amount reported on line 12d be met by the funding deadline?					Ye	5	N	0	N/A
Part									-
13a	Has a resolution to terminate the plan been adopted in any plan year?	Γ		Yes	s []		)		
	If "Yes," enter the amount of any plan assets that reverted to the employer this year	1	3а	Т					
b Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the of the PBGC?							П	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) i which assets or liabilities were transferred. (See instructions.)								
1	3c(1) Name of plan(s):	13c(2) EIN(s)					1	3c(3)	ΡN(ε)
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							1		
									,
<b>E</b> NTERNOVSKY			1. Akala						
Part	VIII Trust Information (optional)								
14a Name of trust						IN			