Form 5500-SF		Short Form Annual Return/Report of Small Employ Benefit Plan			/ee		OMB Nos. 1210-0110 1210-0089		
	artment of the Treasury rnal Revenue Service	This form is required to be filed u	under sections 104 an				2013		
	epartment of Labor Benefits Security Administration	Retirement Income Security Act of 19 the Internal R	974 (ERISA), and sec Revenue Code (the Co		(a) of	This Form is	s Open to Public		
Pension Be	enefit Guaranty Corporation	Complete all entries in accordar	nce wit <u>h the instruc</u>	tions to the Form 5500)- <u>SF.</u>	pection			
Part I		dentification Information			_				
For calenda	lar plan year 2013 or fisca			and ending 12	2/31/2	2013			
A This ret	turn/report is for:	X a single-employer plan a	multiple-employer pla	an (not multiemployer)		a one-particip	oant plan		
B This ret	turn/report is:	the first return/report th	ne final return/report						
	[an amended return/report a short plan year return/report (less than 12 m			months)				
C Check I	box if filing under:	☐ Form 5558 X at	utomatic extension		DFVC program				
	Γ	special extension (enter description)				_			
Part II	Basic Plan Inforr	mation—enter all requested information	on						
1a Name	of plan				1b	0			
SERE SOLU	JTIONS,INC 401(K) PRO)FIT SHARING PLAN				plan number (PN) ▶	001		
					1c				
						10/01/	•		
	ponsor's name and addre	ress; include room or suite number (emp	bloyer, if for a single-	employer plan)	2b	Employer Identif (EIN) 56-24	fication Number		
10611 W/ SI	JNSET HWY				2c	Sponsor's telephone number 509-624-3255			
SUITE B	EIGHTS, WA 99001				2d		see instructions)		
3a Plan a	dministrator's name and	I address XSame as Plan Sponsor Nan	ne Same as Plan	Sponsor Address	3b				
						/			
name,	4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN, and the plan number from the last return/report.					4b EIN			
	sor's name					4c PN			
		t the beginning of the plan year			5a	87			
		It the end of the plan year			5b		89		
		ccount balances as of the end of the plan			5c		81		
complete this item) 6a Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)							X Yes No		
		the annual examination and report of an	•	,	QPA)				
under	r 29 CFR 2520.104-46? ((See instructions on waiver eligibility and	d conditions.)	· · · · · · · · · · · · · · · · · · ·	·····		X Yes 🗌 No		
-		her line 6a or line 6b, the plan cannot							
C If the p	plan is a defined benefit	plan, is it covered under the PBGC insu	rance program (see l	ERISA section 4021)?	····· []	Yes No	Not determined		
Caution: A	A penalty for the late or	r incomplete filing of this return/repor	rt will be assessed u	unless reasonable cau	se is	established.			
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 Schedule 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 and belief, it is true, correct, and complete.									
SIGN	Filed with authorized/va	alid electronic signature.	05/29/2014	STEPHANIE LYONS	EPHANIE LYONS ter name of individual signing as plan administrator				
HERE	Signature of plan adm	ministrator	Date	Enter name of individu					
SIGN									
HERE	Signature of employe	er/nlan sponsor	Date	dual signing as employer or plan sponsor					
Preparer's		me, if applicable) and address; include r					number (optional)		
				·					

a Total pain assets 7a 1071133 2456018 b Total pain labilities 7b 1071133 2456018 c Net pain sastes (subtract line 7b from line 7a) 7c 1071153 2458018 c Introduces rescaled or rescales from 8a(1) 144617 (b) Total Contributions rescale of rescales from 8a(1) 144617 (c) Total (c) Participants 8a(2) 278007 (c) Total (c) Total (c) Others (including relevance) 8a(3) 317333 (c) Total (c) Total (c) Total (c) Participants	7 Plan Assets and Liabilities		(a) Beginning of Year			(b) End of Year					
c Net plan assets (subtract line 7b from line 7a) 7c 1679153 2458016 3 Income, Expenses, and Transfers for the Plan Year (a) Amount (b) Total Contributions received or received	a Total plan assets	7a							18		
Income, Expenses, and Transfers for this Plan Year (a) Amount (b) Total a Contributions received or receivable for: 8a(1) 144617 (c) Participants. 8a(2) 206607 (d) Others incoding rollovers). 8a(2) 207054 (d) Others incoding rollovers). 8b 201042 (e) Total income (ded) inse 4(1), 8a(2), 8a(3), and 8b). 8c 1008799 (f) Total income (ded) inse 4(1), 8a(2), 8a(3), and 8b). 8c 1008799 (f) Administrative service provides scalinization (see instructions). 8d 240889 (f) Other income (dess), (subrice, fees, commissions). 8f 10045 (g) Other science (see add) or correly distributions (see instructions). 8g 10045 (f) Net noome (dess) (subrice, fees, commissions). 8f 10045 (g) Other science (see add) in see (see add) (see instructions). 8g 10045 (g) Transfers to (from) the plan (see instructions). 8g 10045 (g) Transfers to (from) the plan (see instructions). 8g 100479 (g) Correct add) acce (see add) (see tistructions). 8g 100479 (g) Correct add) acce (see add) (see instructions add) (see instructions) 10 10	b Total plan liabilities	7b									
a Contributions received or receivable from: a Contributions received or receivable from: 8a(1) 144617 (2) Participants. 8a(2) 208007 (3) Others (including rolovers). 8a(3) 317333 (b) Others (including rolovers). 8a(3) 31733 (c) Total (including rolovers). 8a(3) 31733 (c) Total income (add lines 8a(1), 8a(2), 8a(3), and 8b). 8c (c) Total (including rolovers) and insurance premiums 8d (c) Total expenses 9a(1) (c) Contractive sixtices exists commissions). 8e (c) Other income (itos) (subtract line 8h from line 8c)	C Net plan assets (subtract line 7b from line 7a)	7c	167815	1678153			2458018				
(1) Employers 84(1) 144617 (2) Participants 84(2) 229807 (3) Others (including rollovers) 84(3) 317333 b. Other income (loss) 8b 291042 C Totali noome (dations 841, 54(2), 64(3), and 80) 8c 1039799 d Benefits paid (including direct rollovers and insurance premiums to provide bandla) 8c 10045 g Other expenses 8g 10045 g Other expenses 8g 10045 g Other expenses 8g 259834 i Net income (loss) (subtract line 81, ends, the 8) 8h 259834 j Tarafers to (trom) the pain (see instructions). 8j 778865 j Tarafers to (trom) the pain (see instructions). 8j 786 j Tarafers to (trom) the pain (see instructions). 8j 786 j Uting the plan provides weffare benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 26 cF2 x5 x1 x4 x1 x0 j Uting the plan system 10a X 26 cF2 x5 x1 x4 x1 x0 j Uting the plan system 10a X 10a X j Compression benefits, enter the applicable pension feature codes from the List of Plan Cha	B Income, Expenses, and Transfers for this Plan Year		(a) Amount	(b) Total							
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to provide benefits)		36			_			103975	19		
f Administrative service providers (sataries, fees, commissions)		8d	24988	9							
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i Net income (toss) (subtract line 8h from line 8c)	g Other expenses	8g									
j Transfers to (from) the plan (see instructions)	h Total expenses (add lines 8d, 8e, 8f, and 8g)	8h						25993	34		
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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)		ature codes	from the List of Plan Charac	cteriet	ic Cod	es in th	he instructi	ons:			
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.) 10b × c Was the plan covered by a fidelity bond? 10c × 1680 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 × 1680 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.) 10e × 10e × f Has the plan failed to provide any benefit when due under the plan? 10f × 10g × 10d × 10d × 10e × 10e <th></th> <th>eature codes</th> <th>from the List of Plan Charac</th> <th>cterist</th> <th>ic Cod</th> <th>les in th</th> <th>he instructi</th> <th>ons:</th> <th></th>		eature codes	from the List of Plan Charac	cterist	ic Cod	les in th	he instructi	ons:			
on line 10a.)	Part V Compliance Questions 10 During the plan year:			cterist							
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art VI Pension Funding Compliance 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) Yes 11a Enter the unpaid minimum required contribution for current year from Schedule SB (Form 5500) line 39 11a 12 Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA? Yes 12 Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA? Yes 13a If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.) Image: see instructions, and enter the date of the letter ruling granting the waiver. 14a 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 ruling Day	 Part V Compliance Questions During the plan year: a Was there a failure to transmit to the plan any participant contribut 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu 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's or dishonesty? e Were any fees or commissions paid to any brokers, agents, or oth 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 g Did the plan have any participant loans? (If "Yes," enter amount are h If this is an individual account plan, was there a blackout period? 	tions within t uciary Correct ? (Do not inc fidelity bond her persons t of the benefi n? s of year end (See instruct	he time period described in tion Program) clude transactions reported , that was caused by fraud by an insurance carrier, ts under the plan? (See 	10a 10b 10c 10d 10e 10f	Yes	No X X X X X X X X X X X X X X			16800		
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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			
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): 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				