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).

2013

OMB Nos. 1210-0110

1210-0089

This Form is Open to Public Inspection

Complete all entries in accordance with the instructions to the Form 5500-SF. **Annual Report Identification Information** For calendar plan year 2013 or fiscal plan year beginning and ending a single-employer plan a one-participant plan A This return/report is for: a multiple-employer plan (not multiemployer) the first return/report the final return/report **B** This return/report is: an amended return/report a short plan year return/report (less than 12 months) Form 5558 automatic extension DFVC program **C** Check box if filing under: special extension (enter description) Part II Basic Plan Information—enter all requested information 1b Three-digit 1a Name of plan TOM MATSON DODGE, INC. 401(K) PROFIT SHARING PLAN plan number (PN) ▶ 001 1c Effective date of plan 08/01/1978 2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) 2b Employer Identification Number TOM MATSON DODGE, INC. 91-0656984 (EIN) **2c** Sponsor's telephone number 253-833-2485 2925 AUBURN WAY NORTH **AUBURN, WA 98002** 2d Business code (see instructions) 441110 **3a** Plan administrator's name and address Same as Plan Sponsor Name Same as Plan Sponsor Address Administrator's EIN **3c** Administrator's telephone number 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 name, EIN, and the plan number from the last return/report. a Sponsor's name 4c PN 5a Total number of participants at the beginning of the plan year 70 5a **b** Total number of participants at the end of the plan year 5_b 67 Number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item)..... Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)..... **b** Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) Yes under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.)..... 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)? Not determined 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. Filed with authorized/valid electronic signature SIGN **HERE** Enter name of individual signing as plan administrator Signature of plan administrator Date **SIGN HERE** Signature of employer/plan sponsor Date Enter name of individual signing as employer or plan sponsor Preparer's name (including firm name, if applicable) and address; include room or suite number (optional) Preparer's telephone number (optional)

Form 5500-SF 2013 Page **2**

Pa	rt III Financial Information										_
7	Plan Assets and Liabilities			ar			(b) End of Year				_
-i-a	Total plan assets	7a	112726				1341670			0	_
	Total plan liabilities	7b									_
	Net plan assets (subtract line 7b from line 7a)	7c	112726	7			1341670			0	_
8	Income, Expenses, and Transfers for this Plan Year	70	(a) Amount				(b) Total				
	Contributions received or receivable from:		(a) Amount				(6)	Total			
	(1) Employers	8a(1)									
	(2) Participants	8a(2)	4523	6							
	(3) Others (including rollovers)	8a(3)									
b	Other income (loss)	8b	26809	2							
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						;	31332	8	
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	. 8d	9892	5							
е	Certain deemed and/or corrective distributions (see instructions)	8e									
f	Administrative service providers (salaries, fees, commissions)	. 8f									
g	Other expenses	. 8g									
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							9892	5	
i	Net income (loss) (subtract line 8h from line 8c)	8i							21440	3	
j	Transfers to (from) the plan (see instructions)	8j									
Pai	rt IV Plan Characteristics	<u> </u>									_
9a	If the plan provides pension benefits, enter the applicable pension 2E 2F 2J 3D	feature cod	des from the List of Plan Char	acteris	stic Co	des in	the instru	ction	s:		
b	If the plan provides welfare benefits, enter the applicable welfare for	eature code	es from the List of Plan Chara	cterist	ic Coc	les in t	he instruc	tions			
Par	t V Compliance Questions										_
	•				V	Ma	l				
10	During the plan year:	tiono within	the time period described in		Yes	No		Am	ount		
	Was there a failure to transmit to the plan any participant contribution CFR 2510.3-102? (See instructions and DOL's Voluntary Fidure Wass these areas and transport transport to the plan any participant in interest.)	iciary Corre	ection Program)	10a		X					
N	Were there any nonexempt transactions with any party-in-interest on line 10a.)	•	•	10b		X					
					Χ					E0000	00
				10c						50000	U
	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	•	,								
	instructions.)			10e	X					254	9
f	Has the plan failed to provide any benefit when due under the plan	n?		10f		X					
	Did the plan have any participant loans? (If "Yes," enter amount a	s of year e	nd)			X					_
— s	If this is an individual account plan, was there a blackout period? ((See instru	ctions and 29 CFR	10g		X					
i	If 10h was answered "Yes," check the box if you either provided the	ne required	notice or one of the	10h							
_	exceptions to providing the notice applied under 29 CFR 2520.10	1-3		10i							
Part VI Pension Funding Compliance											
11	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)								Yes	X N	lo
_11a	Enter the unpaid minimum required contribution for current year from Schedule SB (Form 5500) line 39										
12	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA?										
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,										
a	If a waiver of the minimum funding standard for a prior year is beir granting the waiver.				, and e	enter th Day	ne date of	the le		ıling	
	you completed line 12a, complete lines 3, 9, and 10 of Schedule										
lf	you completed line 12a, complete lines 3, 9, and 10 of Scheduk	e MB (Fori	n 5500), and skip to line 13.								_

Page	3 -	1
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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 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	rt VII Plan Terminations and Transfers of Assets							
13a	Has 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	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	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.)							
	13c(1) Name of plan(s):	13c(2) EIN(s)			13c(3)	PN(s)		
Part	VIII Trust Information (optional)							
14a Name of trust TOM MATSON DODGE, INC. RETIREMENT T								

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▶ 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

Pa	rt I Annual Re	port Identification Information		N.		*		
For c	alendar plan year 2013	3 or fiscal plan year beginning	01/01/2013 and ending	12/	31/2013			
A T	nis return/report is for:	x a single-employer plan	a multiple-employer plan (not multiemployer)	a one-participant plan				
Вт	nis return/report is:							
		an amended return/report	a short plan year return/report (less than 12 n	nonths)				
c c	heck box if filing under	- Form 5558	automatic extension	П	DFVC program			
• •	nook box ii iiii ig anao.	special extension (enter descri	iption)					
Dai	rt II Basic Plan	Information enter all requested	information		2			
	Name of plan	momation enter an requested	mornation	1b T	nree-digit			
	70-s	ge, Inc. 401(K) Profit Shar	ing Plan		an number PN) ▶ 0	01		
	TOM Matson Dode	je, inc. 401(K) Floric Shar	riid traii		ffective date of pla			
	•				8/01/1978			
			er (employer, if for a single-employer plan)	1	mployer Identifica			
	Tom Matson Dodo	ge, inc.		(E	IN) 91-06569	984		
				1	ponsor's telephon			
	2925 AUBURN WAY	NORTH			253) 833-248 usiness code (see			
TTC	AUBURN	WA 98002			41110	: Ilistructions)		
			onsor Name Same as Plan Sponsor Address	3b A	dministrator's EIN	and a secondary and a secondary		
				3c Ad	dministrator's tele	phone number		
4	ICAN CONTRACTOR CONTRACTOR CONTRACTOR		the last value /second fled for this way a great the	4b E	INI	4		
		i of the plan sponsor has changed since that an incertain an increase that are the same since that are the same since the same	the last return/report filed for this plan, enter the	40 E	IIV 2			
	Sponsor's name	•		4c P	N	a		
5a	Total number of partic	ipants at the beginning of the plan year		5a	=	70		
	M. CONTROLLED CONTRACTOR (MC.) 10 - 10 - 10			5b		67		
	A THOUGHT OF THE PROPERTY OF THE PROPERTY OF THE PARTY OF THE		the plan year (defined benefit plans do not	5c		40		
		assets during the plan year invested in eli		1 00 1	[X Yes No		
		- · · · · ·	t of an independent qualified public accountant (IQ	PA)				
		04-46? (See instructions on waiver eligibi				XYes No		
			annot use Form 5500-SF and must instead use		and the same of th	_		
С	If the plan is a defined	benefit plan, is it covered under the PBG	GC insurance program (see ERISA section 4021)?		Yes No L	Not determined		
Cau	tion: A penalty for th	e late or incomplete filing of this retur	n/report will be assessed unless reasonable ca	use is es	tablished.			
			ctions, I declare that I have examined this return/re					
	or Schedule MB compl ef, it is true, correct, an		as well as the electronic version of this return/repo	rt, and to i	the best of my kno	owiedge and		
	1/01	11/2 11/1	06/04/2014 Kelly	mc	Cormi	ck		
SIC	RE Signature of pla	n administrator	Date Enter name of individu	al signing				
	1/27	1 danimistrator	06/04/2014 Ty 1 las	ar orgrang		MATSON		
	HERE Signature of employer/plan sponsor Date Enter name of individual signing as employer or plan sponsor							
2511		g firm name, if applicable) and address; ir			er's telephone nur			
	(, , , , , , , , , , , , , , , , , , , ,	(5)					
						1		
		- T						

Pa	art III Financial Information								
7	Plan Assets and Liabilities	abilities (a) Beginning of Yea			ear (b) End of Year				
а	Total plan assets	. 7a	1,127,2	267				1,341,670	
b	Total plan liabilities	7b							
С	Net plan assets (subtract line 7b from line 7a)	7c	1,127,2	67				1,341,670	
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount		(b) To			tal	
а	Contributions received or receivable from:								
	(1) Employers	8a(1)	45.0					100	
	(2) Participants	8a(2)	45,2	36					
	(3) Others (including rollovers)	8a(3)	0.00						
b	Other income (loss)	8b	268,0	92					
d	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						313,328	
u	to provide benefits)	8d	98,9	25					
е	Certain deemed and/or corrective distributions (see instructions)	. 8e							
f	Administrative service providers (salaries, fees, commissions)	8f							
g	Other expenses	8g							
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h						98,925	
ī	Net income (loss) (subtract line 8h from line 8c)	8i						214,403	
Ť	Transfers to (from) the plan (see instructions)	8j							
D.	art IV Plan Characteristics		***************************************						
	If the plan provides pension benefits, enter the applicable pension fe	ature code	se from the Liet of Dlan Charact	orietic	Code	e in the	inetruction	ne:	
Ja	2E 2F 2J 3D	salure coue	S HOTH THE LIST OF FIAH CHARACT	5113010	Code	3 III III C	HISHUCHO	15.	
	2004000 000000 000000 0000000 0000000000		formula 1 to 1 f Diagonal		<u> </u>				
	If the plan provides welfare benefits, enter the applicable welfare fea	ature codes	from the List of Plan Character	ISTIC	odes	in the i	nstructions	3:	
Pa	art V Compliance Questions								
10	During the plan year:				Yes	No	F	Amount	
а	Was there a failure to transmit to the plan any participant contribut 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduc			10a		x			
b				100					
	on line 10a.)			10b		х			
C	Was the plan covered by a fidelity bond?			10c	X			500,000	
d	Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?			10d		х	-		
е	reaction, reactive community parameters, against, an east								
	insurance service, or other organization that provides some or all districtions.)		. ,	400	х			2,549	
	instructions.)			10e				2,549	
	Has the plan failed to provide any benefit when due under the plan	1		10f		Х		many at the second color to the second color t	
g	Did the plan have any participant loans? (If "Yes," enter amount as	s of year er	nd.)	10g		Х			
h	If this is an individual account plan, was there a blackout period? (2520.101-3.)			10h		х			
i	If 10h was answered "Yes," check the box if you either provided th		notice or one of the						
	exceptions to providing the notice applied under 29 CFR 2520.101	-3	***************************************	10i					
Pa	rt VI Pension Funding Compliance			*****					
11	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 X No								
11:	a Enter the unpaid minimum required contribution for current year from				T	11a			
12			, , , , , , , , , , , , , , , , , , , ,				RISA?	Yes X No	
a	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,			ons		ton the	data ef ti	lottor will-	
a	If a waiver of the minimum funding standard for a prior year is bein granting the waiver	e	uns pian year, see instructi Mor	ons, a ith _	and er	Lei trie _ Dav	uate of the	Year	
If	you completed line 12a, complete lines 3, 9, and 10 of Schedule	10 1000							
b						12b			
	and management of the plant year series		***************************************	*********		· 40			

	Form 5500-SF 2013 Page 3-							
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		-4 (10.222					
13a	Has a resolution to terminate the plan been adopted in any plan year?			s X No	0			
	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 of the PBGC?							
С								
1	3c(1) Name of plan(s):	13c	(2) EIN(s)	13c(3) PN(s)			
Part	VIII Trust Information (optional)							
14a Name of trust			14b Trust's EIN					
Tom Matson Dodge, Inc. Retirement T			91-2016198					