Form 5500-SF		Short Form Annual Return/Report of Small Employ			/ee OMB No		OMB Nos. 1210-0110 1210-0089		
Department of the Treasury Internal Revenue Service		Benefit Plan This form is required to be filed under sections 104 and 4065 of the Employ			е	2	2013		
	epartment of Labor enefits Security Administration	Retirement Income Security Act of 19		tions 6057(b) and 6058			s Open to Public		
Pension Be	enefit Guaranty Corporation	Complete all entries in accordar	nce with the instruc	tions to the Form 550	Inspection 00-SF.				
Part I		lentification Information							
For calend	ar plan year 2013 or fisca			and ending 1	2/31/2	2013			
A This ret	turn/report is for:	a single-employer plan	multiple-employer pla	an (not multiemployer)		a one-particip	int plan		
B This ret	turn/report is:		e final return/report						
		an amended return/report a short plan year return/report (less than 12 n							
C Check	box if filing under:	Form 5558	Form 5558 automatic extension				m		
		special extension (enter description)							
Part II	Basic Plan Inform	nation—enter all requested informatic	on						
1a Name	•				1b	Three-digit			
KRAUSE HC	JUSE PAINTING, INC. PI	ROFIT SHARING PLAN TRUST				plan number (PN) ▶	001		
					1c	Effective date of			
						01/01/	•		
	ponsor's name and addre	ess; include room or suite number (emp	loyer, if for a single-	employer plan)	2b	Employer Identit (EIN) 91-15			
3907 222ND					2c	Sponsor's telep 425-865			
	H, WA 98075				2d	Business code (23890	,		
3a Plan a	dministrator's name and	address XSame as Plan Sponsor Nam	ne Same as Plan	Sponsor Address	3b				
		lan sponsor has changed since the last per from the last return/report.	return/report filed fo	r this plan, enter the		EIN			
· ·	or's name				4c	PN			
_		the beginning of the plan year			5a		4		
		the end of the plan year			5b		5		
		count balances as of the end of the plar			5c		4		
							X Yes No		
	 6a 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) 								
under	29 CFR 2520.104-46? (See instructions on waiver eligibility and	d conditions.)				X Yes 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 p	plan is a defined benefit p	plan, is it covered under the PBGC insu	rance program (see	ERISA section 4021)? .		Yes No X	Not determined		
Caution: A	penalty for the late or	incomplete filing of this return/repor	t will be assessed u	unless reasonable cau	se 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/val	lid electronic signature.	07/30/2014	STEVEN KRAUSE	EVEN KRAUSE				
HERE	Signature of plan adm	ninistrator	Date	Enter name of individual signing as plan administrator					
SIGN									
HERE	Signature of employe	r/plan sponsor	Date	Enter name of indivis		dual signing as employer or plan sponsor			
Preparer's		ne, if applicable) and address; include r					number (optional)		
				·					

a Total plan labeling 7a 22203 41150 b Total plan labeling 7b 0 0 c Net plan seeds (subtract line 7b from line 7a) 7c 22203 41150 3 Income. Expenses, and Transfers for this Plan Year (a) Amount (b) Total 2 Contributions received or receivable from: 8a(1) 13610 (b) Total (2) Participants 8a(2) 0	Part III Financial Information 7 Plan Assets and Liabilities			(a) Beginning of Yea	(a) Beginning of Year		(b) End of Year				
C Net plan assets (subtract line 7b from line 7a) 7c 22303 41150 B Income, Expenses, and Transfers for this Plan Year (a) Amount (b) Total C Contributions received or necelvable from: 8a(1) 13810 (2) Participants. 8a(2) 0	а	Total plan assets	7a								
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 Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA? Yes X (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.) a 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 granting the waiver. 	10 a b c d d e f g g h i	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 have a loss, whether or not reimbursed by the plan's or dishonesty? Were any fees or commissions paid to any brokers, agents, or oth insurance service, or other organization that provides some or all instructions.) 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? (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 2520.10	tions within t iciary Correct ? (Do not ind fidelity bond ner persons l of the benefi n? s of year end (See instruct ne required r	the time period described in ction Program) clude transactions reported l, that was caused by fraud by an insurance carrier, its under the plan? (See d.) tions and 29 CFR	10a 10b 10c 10d 10d 10e 10f 10g 10h	Yes No X X X X X X X X X X	1				
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If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.	10 a b c d d e f g h i i 2art 11 11a	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 or dishonesty? Were any fees or commissions paid to any brokers, agents, or oth insurance service, or other organization that provides some or all instructions.) Has the plan have any participant loans? (If "Yes," enter amount at 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 2520.10* VI Pension Funding Compliance Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below) 1 Enter the unpaid minimum required contribution for current year fr Is this a defined contribution plan subject to the minimum funding	tions within t iciary Correct ? (Do not ind fidelity bond ner persons l of the benefing n? s of year end (See instruct ne required r 1-3 ents? (If "Ye om Schedul requirement	the time period described in ction Program) clude transactions reported i, that was caused by fraud by an insurance carrier, its under the plan? (See d.) tions and 29 CFR notice or one of the es," see instructions and corr e SB (Form 5500) line 39 ts of section 412 of the Code	10a 10b 10c 10d 10d 10f 10g 10h 10h 10i	Yes No X X	B (Form	Amount			
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b Enter the minimum required contribution for this plan year	10 a b c d d f g h i l Part	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 or dishonesty? Were any fees or commissions paid to any brokers, agents, or oth insurance service, or other organization that provides some or all instructions.) Has the plan have any participant loans? (If "Yes," enter amount at 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 2520.10* VI Pension Funding Compliance Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below) 1 Enter the unpaid minimum required contribution for current year fr Is this a defined contribution plan subject to the minimum funding	tions within t iciary Correct ? (Do not ind fidelity bond ner persons l of the benefing n? s of year end (See instruct ne required r 1-3 ents? (If "Ye om Schedul requirement	the time period described in ction Program) clude transactions reported i, that was caused by fraud by an insurance carrier, its under the plan? (See d.) tions and 29 CFR notice or one of the es," see instructions and corr e SB (Form 5500) line 39 ts of section 412 of the Code	10a 10b 10c 10d 10d 10f 10g 10h 10h 10i	Yes No X X	B (Form	Amou	Yes		

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.)							
13c(1) Name of plan(s): 13			l(s)	13c(3) PN(s)			
Part	VIII Trust Information (optional)		1				
14a Name of trust							