## 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).

1210-0089

OMB Nos. 1210-0110

2013

This Form is Open to Public Inspection

	enefit Guaranty Corporation	<ul> <li>Complete all entries in ac</li> </ul>	cordance with the instru-	ctions to the Form 5500	)-SF.				
Part I	Annual Report I	dentification Information							
For calend	ar plan year 2013 or fise	cal plan year beginning 01/01/2	2013	and ending 1	2/31/2	2013			
A This return/report is for:									
B This return/report is:									
		an amended return/report	H	n/report (less than 12 mo	onths)				
C Check	box if filing under:	Form 5558	automatic extension			DFVC progra	am		
		special extension (enter descr	. ,						
Part II		rmation—enter all requested info	ormation				1		
1a Name		(() DD0517 0111 D1110 D1 A11			1b	Three-digit			
BESTWORT	H-ROMMEL, INC. 401(	(K) PROFIT SHARING PLAN				plan number (PN) ▶	001		
					1c	Effective date or			
					,	07/01/			
	ponsor's name and add TH-ROMMEL, INC.	dress; include room or suite numbe	er (employer, if for a single	-employer plan)	2b	Employer Identification (EIN) 91-13			
19818 - 74T	H AVE. N.E.				2c	Sponsor's telep			
	N, WA 98223				2d	Business code (	(see instructions)		
3a Plan a	dministrator's name and	d address XSame as Plan Spons	or Name Same as Pla	n Sponsor Address	3b	Administrator's I			
					3с	Administrator's t	telephone number		
4 If the	name and/or EIN of the	plan sponsor has changed since t	the last return/report filed f	or this plan, enter the	4b	EIN			
		nber from the last return/report.		, , , , , , , , , , , , , , , , , , , ,	TO LIN				
	or's name				4c	PN			
_		at the beginning of the plan year			5a		41		
	·	at the end of the plan year			5b		47		
		account balances as of the end of t	' ' '	•	5c	5c			
_	·	during the plan year invested in el	liaihle assets? (See instruc				43		
<b>b</b> Are yo	ou claiming a waiver of	• • •	•	•			43		
under		the annual examination and report	t of an independent qualifie	ed public accountant (IQI	PA)		X Yes No		
	29 CFR 2520.104-46?	• • •	t of an independent qualification ility and conditions.)	ed public accountant (IQI	PA)				
If you	29 CFR 2520.104-46? answered "No" to eit	the annual examination and report (See instructions on waiver eligibi	t of an independent qualification illity and conditions.)	ed public accountant (IQI	PA) Form	5500.	X Yes No		
If you	29 CFR 2520.104-46? I answered "No" to eit plan is a defined benefit	the annual examination and report (See instructions on waiver eligibither line 6a or line 6b, the plan c t plan, is it covered under the PBG	t of an independent qualifie illty and conditions.) annot use Form 5500-SF C insurance program (see	and must instead use ERISA section 4021)?	PA) <b>Form</b>	5500.   Yes	X Yes No X Yes No		
C If the	29 CFR 2520.104-46? I answered "No" to eit plan is a defined benefit A penalty for the late o	the annual examination and report (See instructions on waiver eligibither line 6a or line 6b, the plan control to plan, is it covered under the PBG or incomplete filing of this return	t of an independent qualifie illty and conditions.)	and must instead use ERISA section 4021)?	PA) Form	5500.  Yes No established.	X Yes		
C If the Caution: A Under pens SB or Sche	29 CFR 2520.104-46? I answered "No" to eit plan is a defined benefit A penalty for the late o alties of perjury and oth	the annual examination and report (See instructions on waiver eligibither line 6a or line 6b, the plan ct plan, is it covered under the PBG or incomplete filing of this return the penalties set forth in the instructed signed by an enrolled actuary, a	t of an independent qualified illity and conditions.)	and must instead use ERISA section 4021)? unless reasonable cau examined this return/rep	Form se is	5500.  Yes No established.  noluding, if applic	Yes No Yes No Not determined  able, a Schedule		
Caution: A Under pens SB or Sche belief, it is	29 CFR 2520.104-46? I answered "No" to eit plan is a defined benefit A penalty for the late o alties of perjury and oth edule MB completed and true, correct, and comp	the annual examination and report (See instructions on waiver eligibither line 6a or line 6b, the plan ct plan, is it covered under the PBG or incomplete filing of this return the penalties set forth in the instructed signed by an enrolled actuary, a	t of an independent qualification of an independent qualification of the second to the second of the	and must instead use ERISA section 4021)? unless reasonable cau examined this return/rep	Form se is	5500.  Yes No established.  noluding, if applic	Yes No Yes No Not determined  able, a Schedule		
Caution: A Under pens SB or Sche belief, it is	29 CFR 2520.104-46? I answered "No" to eit plan is a defined benefit A penalty for the late o alties of perjury and oth edule MB completed and true, correct, and comp	the annual examination and report (See instructions on waiver eligibither line 6a or line 6b, the plan c t plan, is it covered under the PBG or incomplete filing of this return the repenalties set forth in the instructed signed by an enrolled actuary, a plete.	t of an independent qualification of an independent qualification of the second transfer of the second of the seco	and must instead use ERISA section 4021)?  unless reasonable cau examined this return/report.	Form se is ort, ir, and	5500.  Yes No established. Including, if applicate the best of my	X Yes No X Yes No Not determined  able, a Schedule knowledge and		
Caution: A Under pens SB or Sche belief, it is	29 CFR 2520.104-46? I answered "No" to eit plan is a defined benefit A penalty for the late o alties of perjury and oth edule MB completed and true, correct, and comp	the annual examination and report (See instructions on waiver eligibither line 6a or line 6b, the plan c t plan, is it covered under the PBG or incomplete filing of this return the repenalties set forth in the instructed signed by an enrolled actuary, a plete.	t of an independent qualification of an independent qualification of the second conditions.)	and must instead use ERISA section 4021)?  unless reasonable cau examined this return/reportsion of this return/report.  D.E. ROMMEL	Form se is ort, ir, and	5500.  Yes No established. Including, if applicate the best of my	X Yes No X Yes No Not determined  able, a Schedule knowledge and		
Caution: A Under pens SB or Schebelief, it is SIGN HERE	29 CFR 2520.104-46? I answered "No" to eit plan is a defined benefit A penalty for the late o alties of perjury and oth edule MB completed and true, correct, and comp	the annual examination and report (See instructions on waiver eligibither line 6a or line 6b, the plan c t plan, is it covered under the PBG or incomplete filing of this return the penalties set forth in the instructed signed by an enrolled actuary, a elete.  Valid electronic signature.	t of an independent qualification of an independent qualification of the second conditions.)	and must instead use ERISA section 4021)?  unless reasonable cau examined this return/reportsion of this return/report.  D.E. ROMMEL	Form Se is port, ir, and	5500.  Yes No established. Including, if applicate to the best of my	Yes No Yes No Not determined  Able, a Schedule knowledge and		
Caution: A Under pens SB or Sche belief, it is  SIGN HERE  SIGN HERE	29 CFR 2520.104-46? I answered "No" to eit plan is a defined benefit A penalty for the late o alties of perjury and oth edule MB completed an- true, correct, and comp  Filed with authorized/v  Signature of plan ad  Signature of employ	the annual examination and report (See instructions on waiver eligibither line 6a or line 6b, the plan c t plan, is it covered under the PBG or incomplete filing of this return the penalties set forth in the instructed signed by an enrolled actuary, a elete.  Valid electronic signature.	t of an independent qualification of an independent qualification of the conditions.)	and must instead use ERISA section 4021)?  unless reasonable cau examined this return/reports prison of this return/reports  D.E. ROMMEL Enter name of individu	PA) Form Se is oort, ir, and ual sigual sig	5500.  Yes No established. Including, if applicate to the best of my	Yes No Yes No Not determined  Able, a Schedule knowledge and		
Caution: A Under pens SB or Sche belief, it is  SIGN HERE  SIGN HERE	29 CFR 2520.104-46? I answered "No" to eit plan is a defined benefit A penalty for the late o alties of perjury and oth edule MB completed an- true, correct, and comp  Filed with authorized/v  Signature of plan ad  Signature of employ	the annual examination and report (See instructions on waiver eligibited in the line 6a or line 6b, the plan country to the plan, is it covered under the PBG or incomplete filing of this return the penalties set forth in the instructed signed by an enrolled actuary, a elete.  In a line penalties set forth in the instructed signed by an enrolled actuary, a elete.  In a line penalties set forth in the instructed signed by an enrolled actuary, a elete.  In a line penalties set forth in the instructed signed by an enrolled actuary, a elete.	t of an independent qualification of an independent qualification of the conditions.)	and must instead use ERISA section 4021)?  unless reasonable cau examined this return/reports prison of this return/reports  D.E. ROMMEL Enter name of individu	PA) Form Se is oort, ir, and ual sigual sig	5500.  Yes No established. Including, if applicate to the best of my	X Yes No X Yes No Not determined  able, a Schedule knowledge and  ninistrator		

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Do	t III Financial Information										
7_	Plan Assets and Liabilities	_	(a) Beginning of Yea			(b) End of Year 2183155					
	Total plan assets	. 7a	179903				2103100				
		otal plan liabilities					2183155				
	70										
	Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b) Total				
а	Contributions received or receivable from: (1) Employers	8a(1)	5688	6							
	(2) Participants	8a(2)	15102	.0							
	(3) Others (including rollovers)	8a(3)	755	5							
b	Other income (loss)	8b	22268	7							
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c					438148				
	Benefits paid (including direct rollovers and insurance premiums										
	to provide benefits)	. 8d	3447	0							
<u>e</u>	Certain deemed and/or corrective distributions (see instructions)	. 8e	2017	4							
f	Administrative service providers (salaries, fees, commissions)	. 8f									
g	Other expenses	. 8g									
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	. 8h					54644				
i_	Net income (loss) (subtract line 8h from line 8c)	. 8i					383504				
j	Transfers to (from) the plan (see instructions)	8j									
Par	t IV Plan Characteristics										
	If the plan provides pension benefits, enter the applicable pension 2A 2E 2G 2J 2K 2T 3D										
b	If the plan provides welfare benefits, enter the applicable welfare fe	eature cod	les from the List of Plan Charac	cterist	ic Cod	les in t	he instructions:				
Par	V Compliance Questions										
10	During the plan year:				Yes	No	Amount				
а	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu	uciary Cori	rection Program)	10a		X					
b	Were there any nonexempt transactions with any party-in-interest on line 10a.)			10b		X					
С	Was the plan covered by a fidelity bond?			10c	X		200000				
d	Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?		=	10d		X					
е											
	insurance service, or other organization that provides some or all instructions.)			10e	X		4865				
f	,					X	4000				
				10f	X						
<u>g</u>			,	10g	^		30113				
	If this is an individual account plan, was there a blackout period? 2520.101-3.)			10h	X						
i	If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10			10i	X						
Part	VI Pension Funding Compliance										
11	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)	•					`       \ \ \       \ \ \ \       \ \ \ \ \       \ \ \ \ \ \ \       \				
11a	Enter the unpaid minimum required contribution for current year fr	om Sched	lule SB (Form 5500) line 39			11a					
12	Is this a defined contribution plan subject to the minimum funding	requireme	ents of section 412 of the Code	or se	ction :	302 of	ERISA? Yes X No				
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,	, as applic	able.)								
	If a waiver of the minimum funding standard for a prior year is beir granting the waiver.		Mon		, and e	enter th Day	· · ·				
If	you completed line 12a, complete lines 3, 9, and 10 of Schedul	e MB (For	m 5500), and skip to line 13.		•		ī				
b	Enter the minimum required contribution for this plan year					12b					

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	VII Plan Terminations and Transfers of Assets			
13a	Has a resolution to terminate the plan been adopted in any plan year?	Y	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 coof 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) to which assets or liabilities were transferred. (See instructions.)	)		
1	<b>3c(1)</b> Name of plan(s):	c(2) Ell	V(s)	<b>13c(3)</b> PN(s)
Part	VIII Trust Information (optional)			
14a	Name of trust	l <b>4b</b> Tr	ust's EIN	

## 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).

➤ 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

Part I		t Identification Informat			110.00		2-18-20-18-20-18-20-18-20-18-20-18-20-18-20-18-20-18-20-18-20-18-20-18-20-18-20-18-20-18-20-18-20-18-20-18-20-					
For calenda	ar plan year 2013 or t		1/01/2013		and ending 1	2/31/	2013					
A This ret	This return/report is for: a single-employer plan a multiple-employer plan (not multiemployer) a one-participant plan											
B This ret	um/report is:	the first return/report	☐ the	e final return/report	177	, <b>L</b>						
		an amended return/repor	t ∏as	hort plan year return	report (less than 12 mo	onths	)					
C Check b	oox if filing under:	X Form 5558	(/ <del>4.11.4</del> )	tomatic extension	# 30 S NOSSESSES		DFVC progra	am				
		special extension (enter	( ) <del>( ) ( )</del>	VOCATION PRO-1000-1000-1000-1000-1000-1000-1000-10				4111				
Part II	Basic Plan Infe	ormation—enter all requeste		——————————————————————————————————————								
1a Name		onto an request	o moment	***	TOTAL TOTAL	1h	Three-digit	1				
		01(k) PROFIT SHARING PLAN	I.				plan number	Description:				
							(PN) •	001				
AP.	-					1c	Effective date o 07/01/					
2a Plan sp BESTWORT	ponsor's name and a H-ROMMEL, INC.	ddress; include room or suite n	umber (emp	loyer, if for a single-	employer plan)	2b	Employer Identi (EIN) 91-131					
10818 7 <i>/</i> T	H AVE. N.E.					2c	Sponsor's telep (360) 43					
1000 TO 1000 TO 1000	N, WA 98223					2d	Business code 238290	(see instructions)				
3a Plan a	dministrator's name a	and address XSame as Plan S	ponsor Nam	ne Same as Plan	Sponsor Address	3b	Administrator's	EIN				
						3с	Administrator's	telephone number				
-	The state of the s		A Company of the Comp									
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						
					4c	PN						
					5a	41						
<b>b</b> Total r	number of participant	s at the end of the plan year		***************************************		5b						
C Numb	er of participants with	account balances as of the er	id of the plar	n year (defined bene	fit plans do not							
						5с		43				
		ets during the plan year invester of the annual examination and					***************************************	Yes No				
under	29 CFR 2520.104-4	6? (See instructions on waiver	eligibility and	independent qualme	public accountant (IQ	PA)		X Yes ∏ No				
If you	answered "No" to	either line 6a or line 6b, the p	lan cannot	use Form 5500-SF	and must instead use	Form	1 5500.					
C If the p	olan is a defined bene	efit plan, is it covered under the	PBGC insu	rance program (see	ERISA section 4021)?.	[	Yes No	Not determined				
Caution: A	nenalty for the late	or incomplete filing of this r	eturn/renor	t will he assessed i	inless reasonable car	ien le	setablished					
		other penalties set forth in the in						able a Schodule				
SB or Sche	edule MB completed true, correct, and cor	and signed by an enrolled actu	ary, as well :	as the electronic vers	sion of this return/report	, and	to the best of my	knowledge and				
SIGN	× N. Ve	on		17/29/14	X, D.E. R	01	MMEL					
HERE	Signature of plan	administrator		Date	Enter name of individ	ual si	gning as plan adı	ministrator				
SIGN												
HERE	Signature of emp	loyer/plan sponsor		Date	Enter name of individ	ual si	gning as employe	er or plan sponsor				
Preparer's		name, if applicable) and addre	ss; include r	oom or suite number	(optional)	Pre	parer's telephone	number (optional)				
1												

Pai	t III   Financial Information	-	***				· · · · · · · · · · · · · · · · · · ·		
7	Plan Assets and Liabilities (a) Beginning of Ye						(b) End of Year		
а	Total plan assets	7a	179965				2183155		
b	Total plan liabilities	7b	W. 300						
С	Net plan assets (subtract line 7b from line 7a)	7c	179965	1		2183155			
88	Income, Expenses, and Transfers for this Plan Year		(a) Amount			(b) Total			
а	Contributions received or receivable from: (1) Employers	8a(1)	5688	6					
0	(2) Participants	8a(2)	15102	0					
	(3) Others (including rollovers)	8a(3)	755	5					
b	Other income (loss)	8b	22268	7					
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c					438148		
d	Benefits paid (including direct rollovers and insurance premiums		3447	^					
	to provide benefits)  Certain deemed and/or corrective distributions (see instructions)	8d	3447		-		The state of the s		
-	Administrative service providers (salaries, fees, commissions)	8e 8f	2017	4					
					_	-			
	Other expenses (add lines 8d, 8e, 8f, and 8g)	8g							
		8h	<del></del>				54644		
+	Net income (loss) (subtract line 8h from line 8c)	- 8i			_		383504		
		8j							
	t IV Plan Characteristics	fb	d- f - 0   11 (D)   01						
Ja	If the plan provides pension benefits, enter the applicable pension 2A 2E 2G 2J 2K 2T 3D	reature co	ides from the List of Plan Chan	acten	Stic Co	ides in	the instructions:		
b	If the plan provides welfare benefits, enter the applicable welfare for	eature cod	es from the List of Plan Chara	cterist	ic Coc	les in ti	he instructions:		
Par	t V Compliance Questions						TOTAL TRANSPORT		
10	During the plan year:				Yes	No	Amount		
a	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu	uciary Corr	ection Program)	10a		х			
b	Were there any nonexempt transactions with any party-in-interest on line 10a.)			10b		х			
C	Was the plan covered by a fidelity bond?		***************************************	10c	х		200000		
d	Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?			10d		х			
е	Table 2 and 1 and								
43	insurance service, or other organization that provides some or all instructions.)			10e	Х		4865		
f	Has the plan failed to provide any benefit when due under the pla	ın?		10f		х			
g		The state of the s		10g	х		30113		
h	2520.101-3.)	•	***************************************	10h	х		1 gr 1 3		
<u>i</u>	If 10h was answered "Yes," check the box if you either provided to exceptions to providing the notice applied under 29 CFR 2520.10			10i	х				
Part	VI Pension Funding Compliance	=======================================							
11	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)	nents? (If "	Yes," see instructions and com	nplete	Sched	dule SE	3 (Form Yes No		
_11a	Enter the unpaid minimum required contribution for current year for					11a			
12	Is this a defined contribution plan subject to the minimum funding	requireme	ents of section 412 of the Code	e or se	ection	302 of	ERISA? Yes X No		
(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						
-	If a waiver of the minimum funding standard for a prior year is bei granting the waiver.	ng amortiz	Mor	ıth	, and (	enter th Day			
	If a waiver of the minimum funding standard for a prior year is bei granting the waiver.  you completed line 12a, complete lines 3, 9, and 10 of Schedul	ng amortiz le MB (For	rm 5500), and skip to line 13.	nth					
	If a waiver of the minimum funding standard for a prior year is bei granting the waiver.	ng amortiz le MB (For	rm 5500), and skip to line 13.	nth					

	Form 5500-SF 2013 Page <b>3</b> - 1							
С	Enter the amount contributed by the employer to the plan for this plan year	12c						
	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?		ΠY	es		No	П	N/A
Part	/II Plan Terminations and Transfers of Assets							
13a	Has a resolution to terminate the plan been adopted in any plan year?		Yes	1 X	Vo.	5 2		- 1
	If "Yes," enter the amount of any plan assets that reverted to the employer this year	13a			188			
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the country of the PBGC?	ontrol				Ye	s 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) to which assets or liabilities were transferred. (See instructions.)	)						.01900
1	3c(1) Name of plan(s):	c(2) E	IN(s)			13c(	3) PI	N(s)
Part	VIII Trust Information (optional)							_

14b Trust's EIN

14a Name of trust