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

Pension Be	enefit Guaranty Corporation	▶ Complete all entries in accord	ance with the instruc	ctions to the Form 5500	0-SF.		
Part I	Annual Report lo	dentification Information					
For calend	ar plan year 2013 or fisc	cal plan year beginning 01/01/2013		and ending 1	2/31/2	2013	
A This ref	turn/report is for:		a multiple-employer pl the final return/report	lan (not multiemployer)		a one-partici	oant plan
B This ref	turn/report is:						
an amended return/report a short plan year return/report (less than 12							
C Check	box if filing under:	X Form 5558	automatic extension			DFVC progra	am
Dort II	Pacia Plan Infor	mation—enter all requested informa	•				
Part II		mation—enter all requested informa	uon		1h	Thurs dist	
1a Name	of plan OS RETIREMENT PLAN	I			ID	Three-digit plan number	
LKO BRANL	DO RETIREWENT FLAN					(PN) ▶	001
					1c	Effective date o	f plan
						01/01	
2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) EKO BRANDS, LLC						Employer Identi (EIN) 45-14	fication Number 47414
6020 229T	'H ST. S.E., SUITE 130				2c	Sponsor's telep	
WOODINVII	LLE, WA 98072				2d	Business code ((see instructions)
3a Plan a	dministrator's name and	I address Same as Plan Sponsor Na	ame Same as Plar	n Sponsor Address	3b	Administrator's	
					3с	Administrator's	telephone number
A 1641			- t t t t - 51 1 - 5		41.		
		plan sponsor has changed since the la ber from the last return/report.	ist return/report filed to	or this plan, enter the	4b	EIN	
	or's name	ber from the last retain/report.			4c	PN	
		t the beginning of the plan year			5a		0
_		t the end of the plan year			5b		13
		ccount balances as of the end of the p	, ,	•	5c		10
	,	during the plan year invested in eligible					X Yes No
		he annual examination and report of a					₩ vaa □ Na
		(See instructions on waiver eligibility a					X Yes No
•		her line 6a or line 6b, the plan canno			_		1
C If the	plan is a defined benefit	plan, is it covered under the PBGC ins	surance program (see	ERISA section 4021)? .	📙	Yes No	Not determined
Caution: A	A penalty for the late or	r incomplete filing of this return/rep	ort will be assessed	unless reasonable cau	ıse is	established.	
SB or Sche		er penalties set forth in the instructions d signed by an enrolled actuary, as we ete.					
SIGN	Filed with authorized/va	alid electronic signature.	08/06/2014	ANDY BURGER			
HERE	Signature of plan ad	ministrator	Date	Enter name of individu	ual sig	ning as plan adr	ninistrator
SIGN							
HERE	Signature of employ	er/nlan snonsor	Data	Enter name of individu	ual eia	uning as amplayo	ur or plan enoneor
Preparer's	Signature of employename (including firm na	me, if applicable) and address; include	Date room or suite numbe	Enter name of individur (optional)			number (optional)
·	, C	, , , ,		,	·		()

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Pa	rt III Financial Information									
7	Plan Assets and Liabilities		(a) Beginning of Yea	r			(b) End o	f Voor		
	Total plan assets	7a		0			(b) Elia o	13334	45	
	Total plan liabilities	7b								
	Net plan assets (subtract line 7b from line 7a)	76 7c		0				13334	45	
							/b) To			
	Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from:		(a) Amount				(b) To	lai		
	(1) Employers	8a(1)	1102	5						
	(2) Participants	8a(2)	1625	0						
	(3) Others (including rollovers)	8a(3)	9489	5						
b	Other income (loss)	8b	1117	5						
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						13334	15	
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d								
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								
i	Net income (loss) (subtract line 8h from line 8c)	8i						1333	45	
j	Transfers to (from) the plan (see instructions)	8j								
Pai	t IV Plan Characteristics		•							
9a		feature co	odes from the List of Plan Char	acteris	tic Co	des in	the instruction	ons:		
b	If the plan provides welfare benefits, enter the applicable welfare fe	eature cod	les from the List of Plan Chara	cteristi	ic Cod	les in t	he instruction	ns:		
Par	V Compliance Questions									
10				1	Yes	No				
a	During the plan year: Was there a failure to transmit to the plan any participant contribu	tione withi	n the time period described in		162	NO	F	mount		
	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu Were there any nonexempt transactions with any party-in-interest	ıciary Corı	rection Program)	10a		X				
V	on line 10a.)	,		10b		X				
				10c		Χ				
d				100						
	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				
f	Has the plan failed to provide any benefit when due under the pla	n?		10f		X				
g	Did the plan have any participant loans? (If "Yes," enter amount a	s of year e	end.)	10q		X				
h	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	ne require	d notice or one of the	10i						
Part										
11	Is this a defined benefit plan subject to minimum funding requirem							☐ Ye	. F	No
44-	5500) and line 11a below)							I e	J	INU
	Enter the unpaid minimum required contribution for current year fr		` '			11a	EDIC : C		_ 5	1
12	Is this a defined contribution plan subject to the minimum funding	-		or se	ction (302 of	ĿRISA?	Ye	s X	No
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,			ntio:	- L - C - C	nte - Al	o data of the	a lotter:	udi	
	If a waiver of the minimum funding standard for a prior year is beir granting the waiver.		Mon		and 6	Day		e letter r /ear	uiing	<u> </u>
	you completed line 12a, complete lines 3, 9, and 10 of Schedule	•			Т	40.	1			
b	Enter the minimum required contribution for this plan year					12b	ĺ			

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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	3c(1) Name of plan(s):	c(2) Ell	V(s)	13c(3) PN(s)
Part	VIII Trust Information (optional)			
14a	Name of trust	l 4b 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).

2013

OMB Nos. 1210-0110 1210-0089

This Form is Open to Public Inspection

	enelit Guaranty Corporation	Complete all entries in accordant	ice with the instruc	tions to the Form 5500	0-SF.	Мареской			
Part I		dentification Information	- Section -						
For calenda	ar plan year 2013 or fisc			and ending 1	2/31/2	2013			
A This ret	urn/report is for:	a single-employer plan a r	multiple-employer pla	an (not multiemployer)		a one-participant plan			
B This ret	urn/report is:	X the first return/report the	e final return/report						
	5 • 90	an amended return/report as	hort plan year return	/report (less than 12 mo	onths)				
C Check I	box if filing under:		lomatic extension	· ·		DFVC program			
O OHOUR.	DOX II IIIING GINGGI.	special extension (enter description)	IONIANO CALONOICH		1	Drvc program			
D-4 II	Deele Blan Info								
Part II	A	mation—enter all requested information	in			now the same			
1a Name	TOTAL BERTHARD CONTRACTOR CONTRAC	X1		1	16	Three-digit			
EKO BKAINI	DS RETIREMENT PLAI	N.		, s		plan number (PN) 001			
					10	Effective date of plan			
					10	01/01/2013			
2a Plan s	ponsor's name and add	ress; include room or suite number (emp	lover, if for a single-	emplover plan)	2b	Employer Identification Number			
EKO BRANI	bs, llc		T	THE TANK FROM A	âu No	(EIN) 45-1447414			
				Ì	2c	Sponsor's telephone number			
2020 - 228T	H ST. S.E., SUITE 130					(800) 833-0622			
0029 - 2301	H 51. 5.E., SUITE 100				2d	Business code (see instructions)			
WOODINVIL	LLE, WA 98072	22 74 75 2				332900			
3a Plan a	dministrator's name and	i address XSame as Plan Sponsor Nam	ne Same as Plan	Sponsor Address	3b	Administrator's EIN			
			The same party of the same of	Committee of the commit					
					3c Administrator's telephone number				
S - 100 S	7		,						
		plan sponsor has changed since the last ber from the last return/report.	return/report filed fo	r this plan, enter the	4b	EIN			
	, ⊏uv, and the plan hum or's name	bei irom the last returnieport.			4c	DNI			
		at the beginning of the plan year	V-10-10-20 W-10-10-10-10-10-10-10-10-10-10-10-10-10-			T			
					5a	0			
		at the end of the plan year			5b	13			
C Numb	er of participants with a	ccount balances as of the end of the plar	n year (defined bene	fit plans do not	5c	10			
		d.d== 4b==d===d==d							
ba Were	all of the plan's assets	during the plan year invested in eligible a	assets? (See instruct	ions.)		Yes No			
D Are yo	ou claiming a waiver of the control	the annual examination and report of an i (See instructions on waiver eligibility and	independent qualine	d public accountant (IQI	PA)				
lf vou	answered "No" to elt	her line 6a or line 6b, the plan cannot	use Form 5500-SF :	and must instead use		X Yes No			
		plan, is it covered under the PBGC insu							
-									
Caution: A	penalty for the late o	r incomplete filing of this return/repor	t will be assessed u	inless reasonable cau	se is	established.			
Under pena	alties of perjury and other	er penalties set forth in the instructions, I	declare that I have	examined this return/rep	ort, in	cluding, if applicable, a Schedule			
SB or Sche	edule MB completed and true, correct, and compl	d signed by an enrolled actuary, as well a	as the electronic vers	sion of this return/report	, and t	to the best of my knowledge and			
Deliei, icie	ITUE, COTTOCK, and Comp.	ete.							
SIGN	x Alefon	~	17/28/14	X / Andy Burn	210				
HERE	Signature of plan ad	ministrator	Date	J J					
<u> </u>	Olynature or plan	uminati ator	Date	Enter name of individu	uai siy	ning as plan administrator			
SIGN									
	Signature of employ		Date	Enter name of individu	ual sig	ning as employer or plan sponsor			
Preparer's	name (including firm na	ame, if applicable) and address; include r	oom or suite number	(optional)	Prep	arer's telephone number (optional)			
						3888 No. 1997 (1998) (1998)			
						TOTAL VIEW CO. C.			

Par	t III Financial Information		-2.4.2%								
7	Plan Assets and Liabilities		(a) Beginning of Yea	r			(b) End	of Ye	ar		-
а	Total plan assets	7a	()					33345		
b	Total plan liabilities	7b									
c	Net plan assets (subtract line 7b from line 7a)	7c	()				1	33345		
8_	Income, Expenses, and Transfers for this Plan Year		(a) Amount	A STATE OF			(b) ⁷	Total			
	Contributions received or receivable from:	0-(4)	11025					*47		3	1
	(1) Employers	8a(1)	16250		-		-	_			-
	(2) Participants(3) Others (including rollovers)	8a(2)	9489		-	-		_		4	
	Other income (loss)	8a(3) 8b	11175		\vdash	+	-		+ 60		201
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c	THE		+-					11.5	-
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d						1	33345		ij.
	Certain deemed and/or corrective distributions (see instructions)	8e	10105.00								-
f	Administrative service providers (salaries, fees, commissions)	8f			A ACC				- 00		
g	Other expenses	8g						THE T	14.8		
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h									
i	Net income (loss) (subtract line 8h from line 8c)	8ì				-		1	33345		
j	Transfers to (from) the plan (see instructions)	8]			T					- 1500/01	
Par	t IV Plan Characteristics				-4	-37					_
9a	If the plan provides pension benefits, enter the applicable pension 2E 2G 2J 2K 2T 3D	feature co	des from the List of Plan Chara	acterist	ic Cod	les in	the instru	ctions			
b	If the plan provides welfare benefits, enter the applicable welfare for	eature code	es from the List of Plan Charac	cteristic	Code	s in t	he instruc	ions:			
		-a		- 185							
Pari	t V Compliance Questions										
10	During the plan year:				Yes	No		Amo	unt		
a	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu	ciary Corr	ection Program)	10a		x					
b	Were there any nonexempt transactions with any party-in-interest on line 10a.)			10b		x					
C	Was the plan covered by a fidelity bond?			10c		X					
d	Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?	CHOR-SOLVEN CONTROL CONTROL	The state of the s	10d		x					
e	Were any fees or commissions paid to any brokers, agents, or other insurance service, or other organization that provides some or all instructions.)	of the ben	efits under the plan? (See	10e		x				-10	
f	Has the plan failed to provide any benefit when due under the pla	n?		10f		Х					827
g	Did the plan have any participant loans? (If "Yes," enter amount a	s of year e	end.)	10g		х					
	If this is an individual account plan, was there a blackout period? 2520.101-3.)	(See instru	uctions and 29 CFR	10g	1	x					
i	If 10h was answered "Yes," check the box if you either provided to exceptions to providing the notice applied under 29 CFR 2520.10	he required	d notice or one of the	10i							
Parl											
11	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)	nents? (if "	Yes," see instructions and com	plete S	Schedi	ıle Si	3 (Form	Ĭп	Yes	П	No
11a	Enter the unpaid minimum required contribution for current year f					11a		للسلا			- W. Tú.
12	Is this a defined contribution plan subject to the minimum funding					_	ERISA?	П	Yes	Ņ	No
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below					- UI			, 55	Δ	,,,,
a	If a waiver of the minimum funding standard for a prior year is bei granting the waiver.	ng amortiz	ed in this plan year, see instru	ctions, nth	and e	nter II		the le Yea		ling	
If	you completed line 12a, complete lines 3, 9, and 10 of Schedul					/					
b	Enter the minimum required contribution for this plan year					12b					

Form 5500-SF 2013	Page 3 - 1						
C Enter the amount contributed by the employer to the pla	an for this plan year		12c	<u> </u>			- ,
Subtract the amount in line 12c from the amount in line negative amount)	12b. Enter the result (enter a minus sign to the left of	í a	12d				
e Will the minimum funding amount reported on line 12d	be met by the funding deadline?			☐ Y	es	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?		П	Yes	X No)	
If "Yes," enter the amount of any plan assets that rever	ted to the employer this year	,	13a				
b Were all the plan assets distributed to participants or be of the PBGC?	eneficiaries, transferred to another plan, or brought u	der the	control			П үе	es 🛭 No
c If during this plan year, any assets or liabilities were tra which assets or liabilities were transferred. (See instruction)	insferred from this plan to another plan(s), identify the						<u> </u>
13c(1) Name of plan(s):		1	3c(2) E	iN(s)		13c	(3) PN(s)
Part VIII Trust Information (optional)			-	-			-
14a Name of trust			14b T	rust's l	ΞIN		