## 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).

OMB Nos. 1210-0110 1210-0089

2013

This Form is Open to Public Inspection

Pension Be	enefit Guaranty Corporation	▶ Complete all entries in accord	lance with the instru	ctions to the Form 5500	0-SF.		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
Part I	Annual Report	Identification Information			•			
For calendar plan year 2013 or fiscal plan year beginning 01/01/2013 and ending 12/31/2013								
A This ret	turn/report is for:	a single-employer plan	a multiple-employer p	lan (not multiemployer)		a one-particip	oant plan	
<b>B</b> This ret	turn/report is:	the first return/report	the final return/report					
		an amended return/report	a short plan year retur	n/report (less than 12 mo	onths)			
C Check I	box if filing under:	X Form 5558	automatic extension			DFVC progra	ım	
		special extension (enter description	n)					
Part II	Basic Plan Info	rmation—enter all requested informa	ation					
1a Name		·			<b>1b</b> ⊺	Γhree-digit		
	•	RETIREMENT SAVINGS PLAN				olan number		
						PN) 🕨	003	
					1c E	Effective date of		
0						01/01/		
	ponsor's name and add MPLEMENT CO., INC.	dress; include room or suite number (er	mployer, if for a single-	-employer plan)		Employer Identif EIN) 91-070	fication Number 61033	
P.O. BOX 66	86				<b>2c</b> S	Sponsor's telep		
	RNON, WA 98273				<b>2d</b> B	,	see instructions)	
3a Plan a	dministrator's name an	d address XSame as Plan Sponsor N	ame Same as Plar	n Sponsor Address	<b>3b</b> A	45399 Administrator's E		
<b>Ju</b> Flair a		a dudicos Modific do Fidir oponosi Fi		r openeer ridarees				
					3C A	Administrator's t	telephone number	
4 If the r	name and/or EIN of the	plan sponsor has changed since the la	ast return/report filed for	or this plan, enter the	<b>4b</b> E	EIN		
name	, EIN, and the plan nun	plan sponsor has changed since the lander from the last return/report.	ast return/report filed fo	or this plan, enter the				
name	, EIN, and the plan nun or's name	nber from the last return/report.	· 		4b E			
name	, EIN, and the plan nun or's name		· 				74	
a Spons 5a Total r b Total r	, EIN, and the plan nun or's name number of participants number of participants	at the beginning of the plan yearat the end of the plan year			4c F			
a Sponso 5a Total r b Total r c Numb	, EIN, and the plan nun or's name number of participants number of participants er of participants with a	at the beginning of the plan year	lan year (defined bene	efit plans do not	4c F		74 46 46	
name, a Spons 5a Total r b Total r c Numb compl	, EIN, and the plan numor's name number of participants number of participants are of participants with a lete this item)	at the beginning of the plan year	lan year (defined bene e assets? (See instruc	efit plans do not	4c F 5a 5b 5c	PN	46	
name, a Spons 5a Total r b Total r c Numb compl 6a Were b Are yo	, EIN, and the plan numor's name number of participants number of participants are of participants with a lete this item)	at the beginning of the plan year	lan year (defined bene e assets? (See instruc an independent qualifie	efit plans do not ctions.)	4c F 5a 5b 5c	PN	46 46 X Yes No	
name, a Spons 5a Total r b Total r c Numb compl 6a Were b Are younder	, EIN, and the plan numor's name number of participants number of participants er of participants with a lete this item)	at the beginning of the plan year	lan year (defined bene e assets? (See instruc an independent qualifie and conditions.).	efit plans do not ctions.)ed public accountant (IQI	4c F 5a 5b 5c	PN	46	
name. a Spons 5a Total i b Total i c Numb compl 6a Were b Are younder If you	, EIN, and the plan numor's name number of participants number of participants are of participants with a lete this item)	at the beginning of the plan year	e assets? (See instruction independent qualifier and conditions.)	efit plans do not etions.)ed public accountant (IQI	4c F 5a 5b 5c PA)	5500.	46	
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Form 5500-SF 2013 Page **2** 

Pa	rt III   Financial Information										
7	Plan Assets and Liabilities		(a) Beginning of Yea	ar			(b) End	l of Y	ear		
a	Total plan assets	7a	268201				(5) 2		086794	1	
b	Total plan liabilities	7b									
	Net plan assets (subtract line 7b from line 7a)	7c	268201	8				2	086794	1	
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b)	Total			
	Contributions received or receivable from:		(a) Amount				(8)	Total			
	(1) Employers	8a(1)	6804	6							
	(2) Participants	8a(2)	13569	)4							
	(3) Others (including rollovers)	8a(3)									
b	Other income (loss)	8b	25727	'1							
C	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						4	61011		
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	105427	7							
e	Certain deemed and/or corrective distributions (see instructions)	8e	195	8							
f	Administrative service providers (salaries, fees, commissions)	8f									
g	Other expenses	8g									
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h						1	056235	5	
<u>i</u>	Net income (loss) (subtract line 8h from line 8c)	8i						-	595224	4	
j	Transfers to (from) the plan (see instructions)	8j									
Pa	rt IV Plan Characteristics										
9a	If the plan provides pension benefits, enter the applicable pension 2E 2J 2K 2T 3D	feature co	des from the List of Plan Char	acteris	stic Co	des in	the instru	ctions	3:		
b	If the plan provides welfare benefits, enter the applicable welfare fe	eature cod	es from the List of Plan Chara	cterist	ic Coc	les in t	he instruc	tions:			
Par	Part V Compliance Questions										
10	During the plan year:				Yes	No		Δm	ount		
	Was there a failure to transmit to the plan any participant contribut 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu			10a		X		7411	<u>June</u>		
b	Were there any nonexempt transactions with any party-in-interest on line 10a.)	? (Do not i	nclude transactions reported	10b		X					
					X					5000	000
	· · · · · · · · · · · · · · · · · · ·			10c						5000	J00
	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 plan	n?		10f		X					
9	Did the plan have any participant loans? (If "Yes," enter amount as	s of year e	nd )	10g	Χ					197	707
h	If this is an individual account plan, was there a blackout period? (	(See instru	ictions and 29 CFR	10g		X				107	101
i	If 10h was answered "Yes," check the box if you either provided the	ne required	I notice or one of the								
	exceptions to providing the notice applied under 29 CFR 2520.10	1-3		10i							
Part	<u> </u>							1			
11	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)								Yes		No
_11a	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	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,										
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		ling	
lf	you completed line 12a, complete lines 3, 9, and 10 of Schedule	e MB (For	m 5500), and skip to line 13.				T				
h	Enter the minimum required contribution for this plan year					12b					

Page	3	-	1	
гаус	J	_		

			1		
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?	X	es No	)	
	If "Yes," enter the amount of any plan assets that reverted to the employer this year	13a			0
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	If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s which assets or liabilities were transferred. (See instructions.)	to			
1	13c(1) Name of plan(s):	13c(2) EI	N(s)	13c(3)	PN(s)
Part	VIII Trust Information (optional)			•	
14a	Name of trust	14b ⊺	rust'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

Pa	rt I	<b>Annual Report</b>	Identification Information	on				-h	7077 X 1 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7
Forc	alendar	plan year 2013 or fi	scal plan year beginning 01/	01/2013		and ending 1:	2/31/2	.013	
Ат	his retu	rn/report is for:	X a single-employer plan	am	ultiple-employer pla	n (not multiemployer)		a one-particip	pant plan
		rn/report is:	the first return/report	the	final return/report		,	<b>□</b> . sr	
		The second secon	an amended return/report	ash	ort plan year return	report (less than 12 mo	onths)		
C	heck h	ox if filing under:	X Form 5558	H	omatic extension	* 3 * S	enenenes≥1 <b>€</b>	DFVC progra	ım
•	MCGK D	ox ii iiiiiig ariaar.	special extension (enter de					☐ =	••••
Pai	<del>+</del> 11	Basic Plan Info	rmation—enter all requested				24		
	Name o		Titlation—enter all requested	Illioillation	<u> </u>		1b	Three-digit	
			. RETIREMENT SAVINGS PLA	N				plan number	
<b>_</b> ,								(PN) ▶	003
							1c	Effective date o 01/01/1	
2a BARN	Plan sp IETT IV	onsor's name and at IPLEMENT CO., INC	dress; înclude room or suite nur	mber (emplo	oyer, if for a single-e	mployer plan)	2b	Employer Identi (EIN) 91-076	
							2c	Sponsor's telep (360) 42	
P.O. I	3OX 66	6					2d	The second secon	(see instructions)
MOU	NT VER	RNON, WA 98273						453990	
3a	Plan ad	lministrator's name a	nd address XSame as Plan Sp	onsor Name	Same as Plan	Sponsor Address	3b	Administrator's	EIN
							3с	Administrator's	telephone number
4	If the n	ame and/or EIN of th	e plan sponsor has changed sir	nce the last	return/report filed fo	r this plan, enter the	4b	EIN	
			mber from the last return/report			,		<u> </u>	-
	-	or's name			***	~		PN	
5a	Total n	umber of participant	at the beginning of the plan ye	ar		***************************************	5a		74
b	Total n	number of participants	at the end of the plan year	**************			5b		46
C		and the state of t	account balances as of the end	er beliefe (Control - Section 1)	WOLLDAY TO THE CONTROL OF THE CONTRO	TOTAL STREET,	5c		46
6a	Were	all of the plan's asse	s during the plan year invested	in eligible a	ssets? (See instruc	ions.)			X Yes No
b			of the annual examination and re						Var II Na
			i? (See instructions on waiver eletter line 6a or line 6b, the pla						Yes   No
c	=		fit plan, is it covered under the				100	er specialist de	Not determined
						The second second			
			or incomplete filing of this re						
SB	or Sche	allies of perjury and o dule MB completed a rue, correct, and con	ther penalties sel forth in the ins and signed by an enrolled actua aplete.	structions, I iry, as well a	declare that I have s the electronic ver	examined this return/re sion of this return/repor	port, in t, and	ncluding, if applic to the best of m	cable, a Schedule y knowledge and
	- 31	<i>-</i>	- 11		2 2 17 11 11	v. t	1 2	<i>T</i> .	
SIG		× Zm (	Nau		18-15-14	XJ LORI 1	<	HALL	Company Company
ne.	\E	Signature of plan	administrator		Date	Enter name of individ	lual si	gning as plan ad	ministrator
SIG									
HE			oyer/plan sponsor		Date	Enter name of individ	iual si	gning as employ	er or plan sponsor
Pre	parer's	name (including firm	name, if applicable) and addres	ss; include re	oom or suite numbe	r (optional)	Pre	parer's telephone	e number (optional)
							1		90
ļ									
1									

Pai	t III Financial Information				3000		
7	Plan Assets and Liabilities		(a) Beginning of Yea	r			(b) End of Year
a	Total plan assels	7a	2682018	7			2086794
725	Total plan liabilities	7b	•		T		
С	Net plan assets (subtract line 7b from line 7a)	7c	2682018	3	T		2086794
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b) Total
а	1 Name III No. 1800						177
	(2) Participants	8a(2)	135694	4			
	(3) Others (including rollovers)	8a(3)			1		
b	Other income (loss)	8b	257271	1	1	SIM:	1 9999
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c			1	-	461011
	Benefits paid (including direct rollovers and insurance premiums				1		101011
	to provide benefits)	8d	1054277	7		-	
	Certain deemed and/or corrective distributions (see instructions)	8e	1958	3			
f_	Administrative service providers (salaries, fees, commissions)	8f					1144
<u>g</u>	Other expenses	8g					
<u>h</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h					1056235
i_	Net income (loss) (subtract line 8h from line 8c)	8i	210410-3842000000				-595224
j	Transfers to (from) the plan (see instructions)	8j	S				SAPARINIS .
Pai	t IV Plan Characteristics	1.50	W.		-	****	
	If the plan provides pension benefits, enter the applicable pension 2E 2J 2K 2T 3D					SOUTH STATE	
b	If the plan provides welfare benefits, enter the applicable welfare for	ealure code	es from the List of Plan Charac	cterist	ic Cod	es in th	ne instructions:
Par	Compliance Questions		- 1				
10	During the plan year:			,	Yes	No	2 7 (A)
					-	110	Amount
	Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidure)	uciary Corre	ection Program)	10a	103	х	Amount
		uciary Corret? (Do not i	ection Program)nclude transactions reported	10a 10b	103		Amount
b	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fide Were there any nonexempt transactions with any party-in-interest	uciary Corre ? (Do not i	ection Program)nclude transactions reported	10b	X	х	
Б	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fide Were there any nonexempt transactions with any party-in-interest on line 10a.)	ciary Corre	nclude transactions reported	10b 10c		х	500000
b	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidule 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?	fidelity bor	nclude transactions reported  nd, that was caused by fraud s by an insurance carrier, efits under the plan? (See	10b		x	
	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fide 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	fidelity borner persons of the bene	nclude transactions reported  nd, that was caused by fraud s by an insurance carrier, efits under the plan? (See	10b 10c 10d		x x	
b	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fide 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 failed to provide any benefit when due under the plantary in the pl	fidelity borner persons of the benchmar?	nclude transactions reported  and, that was caused by fraud  s by an insurance carrier, effts under the plan? (See	10b 10c 10d 10e 10f		x x x	500000
	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fide 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 failed to provide any benefit when due under the plan Did the plan have any participant loans? (If "Yes," enter amount a lf this is an individual account plan, was there a blackout period?	fidelity borner persons of the benear sof year e	nclude transactions reported  nd, that was caused by fraud s by an insurance carrier, efits under the plan? (See	10b 10c 10d	х	x x x	
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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?	. X	res N	0			
	If "Yes," enter the amount of any plan assets that reverted to the employer this year	. 13a		0			
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	If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) which assets or liabilities were transferred. (See instructions.)	to					
	I3c(1) Name of plan(s):	<b>13c(2)</b> El	N(s)	13c(3) PN(s)			
Part	VIII Trust Information (optional)	7.020					
14a Name of trust				14b Trust's EIN			
			112	8102 W			