

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6047(e), 6057(b), and 6058(a) of the Internal Revenue Code (the Code). ▶ Complete all entries in accordance with the instructions to the Form 5500.	OMB Nos. 1210-0110 1210-0089 2013 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2013 or fiscal plan year beginning <u>01/01/2013</u> and ending <u>12/31/2013</u>	
A This return/report is for:	☐ a multiemployer plan; ☐ a multiple-employer plan; or ☒ a single-employer plan; ☐ a DFE (specify) ____
B This return/report is:	☐ the first return/report; ☐ the final return/report; ☐ an amended return/report; ☐ a short plan year return/report (less than 12 months).
C If the plan is a collectively-bargained plan, check here.	☐
D Check box if filing under:	☒ Form 5558; ☐ automatic extension; ☐ the DFVC program; ☐ special extension (enter description)

Part II	Basic Plan Information—enter all requested information										
1a Name of plan <u>BARRETTE OUTDOOR LIVING 401(K) RETIREMENT SAVINGS PLAN</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">1b Three-digit plan number (PN) ▶</td> <td style="width: 20%; text-align: center;"><u>003</u></td> </tr> <tr> <td colspan="2">1c Effective date of plan <u>01/01/1987</u></td> </tr> <tr> <td colspan="2">2b Employer Identification Number (EIN) <u>34-1907460</u></td> </tr> <tr> <td colspan="2">2c Sponsor's telephone number <u>423-601-7383</u></td> </tr> <tr> <td colspan="2">2d Business code (see instructions) <u>423300</u></td> </tr> </table>	1b Three-digit plan number (PN) ▶	<u>003</u>	1c Effective date of plan <u>01/01/1987</u>		2b Employer Identification Number (EIN) <u>34-1907460</u>		2c Sponsor's telephone number <u>423-601-7383</u>		2d Business code (see instructions) <u>423300</u>	
1b Three-digit plan number (PN) ▶	<u>003</u>										
1c Effective date of plan <u>01/01/1987</u>											
2b Employer Identification Number (EIN) <u>34-1907460</u>											
2c Sponsor's telephone number <u>423-601-7383</u>											
2d Business code (see instructions) <u>423300</u>											
2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) <u>BARRETTE OUTDOOR LIVING</u> <u>740 NORTH MAIN STREET</u> <u>BULLS GAP, TN 37711</u>											

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 accompanying schedules, statements and attachments, 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 HERE	Filed with authorized/valid electronic signature. Signature of plan administrator	08/28/2014 Date	RICK FIOR Enter name of individual signing as plan administrator
SIGN HERE	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE	Signature of DFE	Date	Enter name of individual signing as DFE
Preparer's name (including firm name, if applicable) and address; include room or suite number. (optional)			Preparer's telephone number (optional)

3a Plan administrator's name and address ☒ Same as Plan Sponsor Name ☐ Same as Plan Sponsor Address		3b Administrator's EIN	
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: a Sponsor's name		3c Administrator's telephone number 4b EIN 4c PN	
5 Total number of participants at the beginning of the plan year		5	837
6 Number of participants as of the end of the plan year (welfare plans complete only lines 6a , 6b , 6c , and 6d).			
a Active participants		6a	727
b Retired or separated participants receiving benefits		6b	13
c Other retired or separated participants entitled to future benefits		6c	107
d Subtotal. Add lines 6a , 6b , and 6c		6d	847
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits		6e	0
f Total. Add lines 6d and 6e		6f	847
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)		6g	655
h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested		6h	34
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)		7	
8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions: 2E 2G 2J 2K 2T 3D 3H 2S			
b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:			
9a Plan funding arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor		9b Plan benefit arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	
10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)			
a Pension Schedules (1) ☒ R (Retirement Plan Information) (2) ☐ MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) ☐ SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary		b General Schedules (1) ☒ H (Financial Information) (2) ☐ I (Financial Information – Small Plan) (3) ☐ <u>0</u> A (Insurance Information) (4) ☒ C (Service Provider Information) (5) ☒ D (DFE/Participating Plan Information) (6) ☐ G (Financial Transaction Schedules)	

SCHEDULE C (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		2013
		This Form is Open to Public Inspection.

For calendar plan year 2013 or fiscal plan year beginning 01/01/2013 and ending 12/31/2013

A Name of plan BARRETTE OUTDOOR LIVING 401(K) RETIREMENT SAVINGS PLAN	B Three-digit plan number (PN) ▶ 003
C Plan sponsor's name as shown on line 2a of Form 5500 BARRETTE OUTDOOR LIVING	D Employer Identification Number (EIN) 34-1907460

Part I	Service Provider Information (see instructions)
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You must complete this Part, in accordance with the instructions, to report the information required for **each person** who received, directly or indirectly, \$5,000 or more in total compensation (i.e., money or anything else of monetary value) in connection with services rendered to the plan or the person's position with the plan during the plan year. If a person received **only** eligible indirect compensation for which the plan received the required disclosures, you are required to answer line 1 but are not required to include that person when completing the remainder of this Part.

1 Information on Persons Receiving Only Eligible Indirect Compensation

a Check "Yes" or "No" to indicate whether you are excluding a person from the remainder of this Part because they received only eligible indirect compensation for which the plan received the required disclosures (see instructions for definitions and conditions)..... ☒ Yes ☐ No

b If you answered line 1a "Yes," enter the name and EIN or address of each person providing the required disclosures for the service providers who received only eligible indirect compensation. Complete as many entries as needed (see instructions).

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation THE TRUST COMPANY OF KNOXVILLE 62-1291257

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2. Information on Other Service Providers Receiving Direct or Indirect Compensation. Except for those persons for whom you answered "Yes" to line 1a above, complete as many entries as needed to list each person receiving, directly or indirectly, \$5,000 or more in total compensation (i.e., money or anything else of value) in connection with services rendered to the plan or their position with the plan during the plan year. (See instructions).

(a) Enter name and EIN or address (see instructions)

THE TRUST COMPANY OF KNOXVILLE

62-1306704

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15 21 38 17 27 50 19 37 64 65	NONE	84695	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☐ No ☒

(a) Enter name and EIN or address (see instructions)

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
			Yes ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐

(a) Enter name and EIN or address (see instructions)

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
			Yes ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐

2. Information on Other Service Providers Receiving Direct or Indirect Compensation. Except for those persons for whom you answered "Yes" to line 1a above, complete as many entries as needed to list each person receiving, directly or indirectly, \$5,000 or more in total compensation (i.e., money or anything else of value) in connection with services rendered to the plan or their position with the plan during the plan year. (See instructions).

(a) Enter name and EIN or address (see instructions)

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
			Yes ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐

(a) Enter name and EIN or address (see instructions)

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
			Yes ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐

(a) Enter name and EIN or address (see instructions)

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
			Yes ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐

Part I Service Provider Information (continued)

3 If you reported on line 2 receipt of indirect compensation, other than eligible indirect compensation, by a service provider, and the service provider is a fiduciary or provides contract administrator, consulting, custodial, investment advisory, investment management, broker, or recordkeeping services, answer the following questions for (a) each source from whom the service provider received \$1,000 or more in indirect compensation and (b) each source for whom the service provider gave you a formula used to determine the indirect compensation instead of an amount or estimated amount of the indirect compensation. Complete as many entries as needed to report the required information for each source.

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

Part II Service Providers Who Fail or Refuse to Provide Information

4 Provide, to the extent possible, the following information for each service provider who failed or refused to provide the information necessary to complete this Schedule.

(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide

Part III **Termination Information on Accountants and Enrolled Actuaries (see instructions)**
(complete as many entries as needed)

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

SCHEDULE D (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration	DFE/Participating Plan Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 2013 This Form is Open to Public Inspection.
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For calendar plan year 2013 or fiscal plan year beginning 01/01/2013 and ending 12/31/2013		
A Name of plan BARRETTE OUTDOOR LIVING 401(K) RETIREMENT SAVINGS PLAN	B Three-digit plan number (PN) ▶	003
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 BARRETTE OUTDOOR LIVING	D Employer Identification Number (EIN) 34-1907460	

Part I	Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs) (Complete as many entries as needed to report all interests in DFEs)
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a Name of MTIA, CCT, PSA, or 103-12 IE:	FEDERATED CAPITAL PRESERVATION FUND
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b Name of sponsor of entity listed in (a):	FEDERATED INVESTORS TRUST COMPANY
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c EIN-PN 22-2712853-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 736886
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a Name of MTIA, CCT, PSA, or 103-12 IE:	
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b Name of sponsor of entity listed in (a):	
---	--

c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
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a Name of MTIA, CCT, PSA, or 103-12 IE:	
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b Name of sponsor of entity listed in (a):	
---	--

c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
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a Name of MTIA, CCT, PSA, or 103-12 IE:	
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b Name of sponsor of entity listed in (a):	
---	--

c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
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a Name of MTIA, CCT, PSA, or 103-12 IE:	
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b Name of sponsor of entity listed in (a):	
---	--

c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
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a Name of MTIA, CCT, PSA, or 103-12 IE:	
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b Name of sponsor of entity listed in (a):	
---	--

c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
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a Name of MTIA, CCT, PSA, or 103-12 IE:	
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b Name of sponsor of entity listed in (a):	
---	--

c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
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a Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
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103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)

Part II Information on Participating Plans (to be completed by DFEs)

(Complete as many entries as needed to report all participating plans)

a Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
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plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN

SCHEDULE H (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	OMB No. 1210-0110 2013 This Form is Open to Public Inspection
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For calendar plan year 2013 or fiscal plan year beginning <u>01/01/2013</u> and ending <u>12/31/2013</u>		
A Name of plan <u>BARRETTE OUTDOOR LIVING 401(K) RETIREMENT SAVINGS PLAN</u>	B Three-digit plan number (PN) ►	<u>003</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>BARRETTE OUTDOOR LIVING</u>	D Employer Identification Number (EIN) <u>34-1907460</u>	

Part I	Asset and Liability Statement		(a) Beginning of Year	(b) End of Year
1	Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.			
	Assets			
a	Total noninterest-bearing cash	1a	241	250
b	Receivables (less allowance for doubtful accounts):			
	(1) Employer contributions	1b(1)	17637	23108
	(2) Participant contributions	1b(2)	42306	55598
	(3) Other	1b(3)	143546	59986
c	General investments:			
	(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	250	15167
	(2) U.S. Government securities	1c(2)		
	(3) Corporate debt instruments (other than employer securities):			
	(A) Preferred	1c(3)(A)		
	(B) All other	1c(3)(B)		
	(4) Corporate stocks (other than employer securities):			
	(A) Preferred	1c(4)(A)		
	(B) Common	1c(4)(B)		
	(5) Partnership/joint venture interests	1c(5)		
	(6) Real estate (other than employer real property)	1c(6)		
	(7) Loans (other than to participants)	1c(7)		
	(8) Participant loans	1c(8)	624593	745898
	(9) Value of interest in common/collective trusts	1c(9)	849840	736886
	(10) Value of interest in pooled separate accounts	1c(10)		
	(11) Value of interest in master trust investment accounts	1c(11)		
	(12) Value of interest in 103-12 investment entities	1c(12)		
	(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	13023778	16493589
	(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
	(15) Other	1c(15)		

1d Employer-related investments:

		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	14702191	18130482

Liabilities

g Benefit claims payable	1g		
h Operating payables	1h		
i Acquisition indebtedness	1i		
j Other liabilities	1j		
k Total liabilities (add all amounts in lines 1g through 1j)	1k	0	0

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	14702191	18130482
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Part II Income and Expense Statement

2 Plan income, expenses, and changes in net assets for the year. Include all income and expenses of the plan, including any trust(s) or separately maintained fund(s) and any payments/receipts to/from insurance carriers. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 2a, 2b(1)(E), 2e, 2f, and 2g.

Income

		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)	603364	
(B) Participants	2a(1)(B)	1458248	
(C) Others (including rollovers)	2a(1)(C)	673961	
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		2735573
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	2	
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)	26739	
(F) Other	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		26741
(2) Dividends: (A) Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	473457	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		473457
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		0
(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		0

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts.....	2b(6)		7759
(7) Net investment gain (loss) from pooled separate accounts.....	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts.....	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities.....	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds).....	2b(10)		1847949
c Other income.....	2c		-68855
d Total income. Add all income amounts in column (b) and enter total.....	2d		5022624

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	1502538	
(2) To insurance carriers for the provision of benefits.....	2e(2)		
(3) Other.....	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3).....	2e(4)		1502538
f Corrective distributions (see instructions).....	2f		7093
g Certain deemed distributions of participant loans (see instructions).....	2g		
h Interest expense.....	2h		
i Administrative expenses: (1) Professional fees.....	2i(1)	79370	
(2) Contract administrator fees.....	2i(2)	5325	
(3) Investment advisory and management fees.....	2i(3)	7	
(4) Other.....	2i(4)		
(5) Total administrative expenses. Add lines 2i(1) through (4).....	2i(5)		84702
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		1594333

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d.....	2k		3428291
l Transfers of assets:			
(1) To this plan.....	2l(1)		
(2) From this plan.....	2l(2)		

Part III Accountant's Opinion

3 Complete lines 3a through 3c if the opinion of an independent qualified public accountant is attached to this Form 5500. Complete line 3d if an opinion is not attached.

a The attached opinion of an independent qualified public accountant for this plan is (see instructions):

(1) ☐ Unqualified (2) ☐ Qualified (3) ☒ Disclaimer (4) ☐ Adverse

b Did the accountant perform a limited scope audit pursuant to 29 CFR 2520.103-8 and/or 103-12(d)?

☒ Yes ☐ No

c Enter the name and EIN of the accountant (or accounting firm) below:

(1) Name: LATTIMORE BLACK MORGAN & CAIN PC

(2) EIN: 62-1199757

d The opinion of an independent qualified public accountant is **not attached** because:

(1) ☐ This form is filed for a CCT, PSA, or MTIA. (2) ☐ It will be attached to the next Form 5500 pursuant to 29 CFR 2520.104-50.

Part IV Compliance Questions

4 CCTs and PSAs do not complete Part IV. MTIAs, 103-12 IEs, and GIAs do not complete lines 4a, 4e, 4f, 4g, 4h, 4k, 4m, 4n, or 5. 103-12 IEs also do not complete lines 4j and 4l. MTIAs also do not complete line 4l.

During the plan year:

a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.).....

b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.).....

	Yes	No	Amount
4a	X		67535
4b		X	

	Yes	No	Amount
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)		X	
e Was this plan covered by a fidelity bond?	X		500000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.)		X	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		X	
l Has the plan failed to provide any benefit when due under the plan?		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)		X	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			

5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year?
 If "Yes," enter the amount of any plan assets that reverted to the employer this year. ☐ Yes ☒ No Amount:

5b 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.)

5b(1) Name of plan(s)	5b(2) EIN(s)	5b(3) PN(s)

5c If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)? ☐ Yes ☐ No ☐ Not determined

Part V Trust Information (optional)

6a Name of trust	6b Trust's EIN

SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Retirement Plan Information This schedule is required to be filed under section 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 2013 This Form is Open to Public Inspection.
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For calendar plan year 2013 or fiscal plan year beginning 01/01/2013 and ending 12/31/2013

A Name of plan <u>BARRETTE OUTDOOR LIVING 401(K) RETIREMENT SAVINGS PLAN</u>	B Three-digit plan number (PN) ▶ <u>003</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>BARRETTE OUTDOOR LIVING</u>	D Employer Identification Number (EIN) <u>34-1907460</u>

Part I	Distributions
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All references to distributions relate only to payments of benefits during the plan year.

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....	1	<u>0</u>
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): <u>62-1306704</u>		
Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.		
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year.....	3	

Part II	Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part)
----------------	--

4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)?.....	☐ Yes	☐ No	☐ N/A
If the plan is a defined benefit plan, go to line 8.			
5 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 ruling letter granting the waiver. Date: Month _____ Day _____ Year _____ If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.			
6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived).....	6a		
b Enter the amount contributed by the employer to the plan for this plan year.....	6b		
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount)	6c		
If you completed line 6c, skip lines 8 and 9.			
7 Will the minimum funding amount reported on line 6c be met by the funding deadline?.....	☐ Yes	☐ No	☐ N/A
8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change?.....	☐ Yes	☐ No	☐ N/A

Part III	Amendments
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9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box.....	☐ Increase	☐ Decrease	☐ Both	☐ No
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Part IV	ESOPs (see instructions). If this is not a plan described under Section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.
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10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan?	☐ Yes	☐ No
11 a Does the ESOP hold any preferred stock?	☐ Yes	☐ No
b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.).....	☐ Yes	☐ No
12 Does the ESOP hold any stock that is not readily tradable on an established securities market?	☐ Yes	☐ No

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

13 Enter the following information for each employer that contributed more than 5% of total contributions to the plan during the plan year (measured in dollars). See instructions. *Complete as many entries as needed to report all applicable employers.*

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

- 14** Enter the number of participants on whose behalf no contributions were made by an employer as an employer of the participant for:

a The current year	14a	
b The plan year immediately preceding the current plan year	14b	
c The second preceding plan year	14c	

- 15** Enter the ratio of the number of participants under the plan on whose behalf no employer had an obligation to make an employer contribution during the current plan year to:

a The corresponding number for the plan year immediately preceding the current plan year	15a	
b The corresponding number for the second preceding plan year	15b	

- 16** Information with respect to any employers who withdrew from the plan during the preceding plan year:

a Enter the number of employers who withdrew during the preceding plan year	16a	
b If line 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers	16b	

- 17** If assets and liabilities from another plan have been transferred to or merged with this plan during the plan year, check box and see instructions regarding supplemental information to be included as an attachment. ☐

Part VI Additional Information for Single-Employer and Multiemployer Defined Benefit Pension Plans

- 18** If any liabilities to participants or their beneficiaries under the plan as of the end of the plan year consist (in whole or in part) of liabilities to such participants and beneficiaries under two or more pension plans as of immediately before such plan year, check box and see instructions regarding supplemental information to be included as an attachment ☐

- 19** If the total number of participants is 1,000 or more, complete lines (a) through (c)

a Enter the percentage of plan assets held as:
 Stock: _____% Investment-Grade Debt: _____% High-Yield Debt: _____% Real Estate: _____% Other: _____%

b Provide the average duration of the combined investment-grade and high-yield debt:
☐ 0-3 years ☐ 3-6 years ☐ 6-9 years ☐ 9-12 years ☐ 12-15 years ☐ 15-18 years ☐ 18-21 years ☐ 21 years or more

c What duration measure was used to calculate line 19(b)?
☐ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify): _____

**BARRETTE OUTDOOR LIVING 401(K)
RETIREMENT SAVINGS PLAN**

Financial Statements and Supplemental Schedules

December 31, 2013 and 2012

(With Independent Auditors' Report Thereon)



LATTIMORE BLACK MORGAN & CAIN, PC
CERTIFIED PUBLIC ACCOUNTANTS AND BUSINESS ADVISORS

BARRETTE OUTDOOR LIVING 401(K) RETIREMENT SAVINGS PLAN

Table of Contents

	<u>Page</u>
Independent Auditors' Report	1 - 2
Financial Statements:	
Statements of Net Assets Available for Benefits	3
Statement of Changes in Net Assets Available for Benefits	4
Notes to the Financial Statements	5 - 13
Supplemental Schedules:	
Schedule H, Line 4i - Schedule of Assets (Held at End of Year)	14
Schedule H, Line 4a - Schedule of Delinquent Participant Contributions	15



Independent Auditors' Report

The Plan Administrator
Barrette Outdoor Living 401(k) Retirement Savings Plan:

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of the Barrette Outdoor Living 401(k) Retirement Savings Plan (the "Plan"), which comprise the statements of net assets available for benefits as of December 31, 2013 and 2012, and the related statement of changes in net assets available for benefits for the year ended December 31, 2013, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with accounting principles generally accepted in the United States of America; this includes the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

Auditors' Responsibility

Our responsibility is to express an opinion on these financial statements based on conducting the audit in accordance with auditing standards generally accepted in the United States of America. Because of the matter described in the *Basis for Disclaimer of Opinion* paragraph, however, we were not able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion.

Basis for Disclaimer of Opinion

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 3, which was certified by The Trust Company of Knoxville, the trustee of the Plan, except for comparing such information with the related information included in the financial statements. We have been informed by the plan administrator that the trustee holds the Plan's investment assets and executes investment transactions. The plan administrator has obtained a certification from the trustee as of December 31, 2013 and 2012, and for the year ended December 31, 2013, that the information provided to the plan administrator by the trustee is complete and accurate.

Disclaimer of Opinion

Because of the significance of the matter described in the *Basis for Disclaimer of Opinion* paragraph, we have not been able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion. Accordingly, we do not express an opinion on these financial statements.

Other Matter

The supplemental Schedule of Assets (Held at End of Year) as of December 31, 2013 and supplemental Schedule of Delinquent Participant Contributions for the year ended December 31, 2013 are required by the Department of Labor's (DOL) Rules and Regulation for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 and are presented for the purpose of additional analysis and are not a required part of the financial statements. Because of the significance of the matter described in the *Basis for Disclaimer of Opinion* paragraph, we do not express an opinion on these supplemental schedules.

Report on Form and Content in Compliance with DOL Rules and Regulations

The form and content of the information included in the financial statements and supplemental schedules, other than that derived from the information certified by the trustee, have been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

Lattimore Black Morgan & Cain, PC

Knoxville, Tennessee

July 14, 2014

BARRETTE OUTDOOR LIVING 401(K) RETIREMENT SAVINGS PLAN

Statements of Net Assets Available for Benefits

December 31, 2013 and 2012

	<u>2013</u>	<u>2012</u>
Assets:		
Cash	\$ 250	\$ 241
Investments, at fair value:		
Money market fund	15,167	250
Mutual funds	16,493,589	13,023,778
Collective investment fund	<u>739,013</u>	<u>864,814</u>
Total investments, at fair value	<u>17,247,769</u>	<u>13,888,842</u>
Receivables:		
Plan Sponsor contributions	23,108	17,637
Participant contributions	55,598	42,306
Accrued investment income	59,986	143,546
Notes receivable from participants	<u>745,898</u>	<u>624,593</u>
Total receivables	<u>884,590</u>	<u>828,082</u>
Total assets, at fair value	18,132,609	14,717,165
Liabilities:		
Excess contributions payable to participants	<u>-</u>	<u>7,093</u>
Net assets available for benefits at fair value	18,132,609	14,710,072
Adjustment from fair value to contract value for fully benefit-responsive investment contract	<u>(2,127)</u>	<u>(14,974)</u>
Net assets available for benefits	\$ <u>18,130,482</u>	\$ <u>14,695,098</u>

See accompanying notes to the financial statements.

BARRETTE OUTDOOR LIVING 401(K) RETIREMENT SAVINGS PLAN

Statement of Changes in Net Assets Available for Benefits

Year ended December 31, 2013

Changes in net assets attributed to:

Net change resulting from investment activity:

Net appreciation in investments	\$ 1,779,139
Interest and dividends	<u>481,173</u>

Net change resulting from investment activity	<u>2,260,312</u>
---	------------------

Interest income on notes receivable from participants	<u>26,739</u>
---	---------------

Contributions:

Plan Sponsor	609,754
Participants	1,458,951
Participant rollovers	<u>673,961</u>

Total contributions	<u>2,742,666</u>
---------------------	------------------

Total additions	<u>5,029,717</u>
-----------------	------------------

Deductions from net assets attributed to:

Benefits paid	1,509,631
Administrative expenses	<u>84,702</u>

Total deductions	<u>1,594,333</u>
------------------	------------------

Net increase	3,435,384
--------------	-----------

Net assets available for benefits at beginning of year	<u>14,695,098</u>
--	-------------------

Net assets available for benefits at end of year	<u>\$ 18,130,482</u>
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See accompanying notes to the financial statements.

BARRETTE OUTDOOR LIVING 401(K) RETIREMENT SAVINGS PLAN

Notes to the Financial Statements

December 31, 2013 and 2012

(1) Description of plan

The following description of the Barrette Outdoor Living 401(k) Retirement Savings Plan provides only general information. Participants should refer to the plan agreement for a more complete description of the Plan's provisions.

(a) General

The Plan is a defined contribution plan which was adopted to provide retirement benefits for employees of Barrette Outdoor Living, Inc. or any affiliate who has adopted the Plan (the "Plan Sponsor"). The Plan covers all full-time employees who are age eighteen or older effective upon employment commencement as defined by the plan document (the "participants"). The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 ("ERISA").

(b) Contributions

Participants may voluntarily make qualified retirement contributions to the Plan which may be Roth deferrals or pre-tax deferrals deductible by the participants for federal income tax purposes under Section 401(k) of the Internal Revenue Code ("IRC"). Participants may also contribute amounts representing distributions from other qualified defined benefit or defined contribution plans. Certain participant contributions are limited to the maximum amount of 6% of compensation.

The Plan automatically enrolls all new employees at a deferral rate of 3%, unless the employee elects to not participate in the Plan. Each enrolled employee's deferral percentage will automatically increase by 1% per year, to a maximum of 6% unless the employee elects otherwise. Employees have the right to complete a salary reduction agreement at any time to select an alternative deferral amount or to elect not to defer.

The Plan Sponsor may match a discretionary percentage of the participant's contribution; however, a contribution by the Plan Sponsor is not required. During 2013, the Plan Sponsor made employer matching contributions of 50% of participant contributions up to 3%.

The Plan also provides that the Plan Sponsor may make a discretionary profit sharing contribution each year; however, the Plan Sponsor made no profit sharing contributions in 2013 and 2012.

(c) Participant accounts

Each participant's account is credited with the participant's contributions, allocations of Plan Sponsor contributions, investment earnings (losses), and administrative expenses allocable to such participants. Allocations are based on participant's compensation or account balances as defined in the plan agreement. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

BARRETTE OUTDOOR LIVING 401(K) RETIREMENT SAVINGS PLAN

Notes to the Financial Statements

December 31, 2013 and 2012

(d) Vesting

Participants are immediately vested in their elective salary deferral plus actual earnings (losses) thereon. Vesting in the Plan Sponsor's contribution is based on years of continuous service. Participant's interests in the Plan Sponsor's matching contributions and earnings thereon vest as follows:

<u>Years of Service</u>	<u>Vested Percentage</u>
1 Year	33%
2 Years	67%
3 Years	100%

Accounts of certain participants include profit sharing or money purchase contributions made under earlier versions of the Plan. Such participants become vested in a percentage of profit sharing contributions allocated to the individual account, and any earnings thereon, based on the number of years of vesting service according to the following schedule:

<u>Years of Service</u>	<u>Vested Percentage</u>
Less than 2	0%
3 or more	100%

(e) Notes receivable from participants

Participants may borrow from their fund accounts a minimum of \$1,000 up to a maximum equal to the lesser of \$50,000 or 50% of their account balance. The loans are secured by the balance in the participant's account and bear interest at fixed rates of 4.25%, which is commensurate with local prevailing rates as determined quarterly by the plan administrator. Principal and interest are collected ratably through payroll deductions.

(f) Payment of benefits

Benefits are recorded when paid. On termination of service due to death, permanent disability, or retirement, a participant may elect to receive either a lump-sum payment or annual installments over a specified period equal to his or her entire account. For termination of service due to other reasons, a participant will be entitled to receive only the vested interest in his or her account as a lump-sum distribution. In the event a participant's account balance is less than \$1,000, a lump-sum payment is required.

(g) Forfeited accounts

Forfeitures are created when participants terminate employment prior to becoming fully vested in the Plan Sponsor contribution portion of their accounts. Such forfeitures may be used to pay administrative expenses or reduce the Plan Sponsor's contributions to the Plan. At December 31, 2013 and 2012, forfeited nonvested accounts totaled \$15,417 and \$6,951, respectively. Forfeitures of \$6,941 were used in 2013 to pay administrative expenses.

BARRETTE OUTDOOR LIVING 401(K) RETIREMENT SAVINGS PLAN

Notes to the Financial Statements

December 31, 2013 and 2012

(h) Hardship withdrawals

The Plan permits distributions in the event of a hardship, as defined in the plan agreement. These distributions are taxable and subject to a tax penalty equal to 10% of the hardship distribution amount if the participant is younger than age 59½. Hardship withdrawals are limited to the participant's elective account balance. Participants with a hardship withdrawal are not allowed to make contributions to the Plan for six months after the withdrawal.

(i) Administrative expenses

Legal and audit fees, as well as most other expenses incurred in connection with the Plan, are paid by the Plan Sponsor. Trustee and management fees are paid by the Plan.

(j) Amendments

Effective January 1, 2013, the Plan was amended to add automatic deferrals for all employees, once eligibility requirements are met. Each automatically enrolled employee's deferral percentage will start at 3% and increase by 1% per year after the second year, to a maximum of 6% unless the employee elects otherwise.

Effective November 2012, the Plan was amended to include Barretthewood USA, Inc as an adopting employer of the Plan. The funds from Barretthewood USA, Inc were then transferred into the Plan on November 13, 2012.

(k) Plan termination

Although it has not expressed any intent to do so, the Plan Sponsor has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions of ERISA. In the event of plan termination, participants will become 100% vested in their accounts.

(2) Summary of significant accounting policies

(a) Basis of accounting

The accompanying financial statements are prepared on the accrual basis of accounting in accordance with accounting principles generally accepted in the United States of America ("GAAP").

Collective investment funds that hold investment contracts are required to be reported at fair value. However, contract value is the relevant measurement attribute for that portion of the net assets available for benefits of a defined-contribution plan attributable to fully benefit-responsive investment contracts because contract value is the amount participants would receive if they were to initiate permitted transactions under the terms of the plan. The Statement of Net Assets Available for Benefits present the fair value of the investment contracts as well as the adjustment of the fully benefit-responsive investment contracts from fair value to contract value. The Statement of Changes in Net Assets Available for Benefits is prepared on a contract value basis.

BARRETTE OUTDOOR LIVING 401(K) RETIREMENT SAVINGS PLAN

Notes to the Financial Statements

December 31, 2013 and 2012

(b) Investment valuation and income recognition

Investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. See Note (4) for discussion of fair value measurements.

Purchases and sales of securities are recorded on a trade-date basis. Dividend income is recorded on the ex-dividend date. Interest income is recorded on the accrual basis.

The Plan presents in the statement of changes in net assets available for benefits the net appreciation in fair value of investments, which consists of realized gains or losses and the unrealized appreciation (depreciation) on those investments.

(c) Notes receivable from participants

Notes receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest. Delinquent participant notes are classified as distributions based upon the terms of the plan document.

(d) Payment of benefits

Benefits are recorded when paid.

(e) Use of estimates

The preparation of financial statements in conformity with GAAP requires management to make estimates and assumptions that affect the reported amounts of net assets available for benefits and changes therein, and disclosure of contingent assets and liabilities. Actual results could differ from those estimates.

(f) Reclassifications

Certain items in the 2012 financial statements have been reclassified to conform to the presentation of the 2013 financial statements. These reclassifications had no effect on net assets available for benefits as previously reported.

(g) Events occurring after reporting date

The Plan Sponsor has evaluated events and transactions that occurred between December 31, 2013 and July 14, 2014, which is the date that the financial statements were available to be issued, for possible recognition or disclosure in the financial statements.

BARRETTE OUTDOOR LIVING 401(K) RETIREMENT SAVINGS PLAN

Notes to the Financial Statements

December 31, 2013 and 2012

(3) Summary of information certified by trustee

The following information was certified as complete and accurate by The Trust Company of Knoxville, trustee, as of December 31, 2013 and 2012 and for the year ended December 31, 2013.

	<u>2013</u>	<u>2012</u>
Cash	\$ 250	\$ 241
Money market and mutual funds	16,508,756	13,024,028
Collective investment fund, at contract value	736,886	849,840
Accrued investment income	59,986	143,546
Net change resulting from investment activity	2,260,312	

(4) Fair value measurements

Fair value is a market-based measurement, not an entity-specific measurement. Therefore, a fair value measurement should be determined based on the assumptions that market participants would use in pricing the asset or liability. As a basis for considering market participant assumptions in fair value measurements, fair value accounting standards establish a fair value hierarchy that distinguishes between market participant assumptions based on market data obtained from sources independent of the reporting entity including quoted market prices in active markets for identical assets (Level 1), or significant other observable inputs (Level 2), and the reporting entity's own assumptions about market participant assumptions (Level 3). The Plan does not have any fair value measurements using significant unobservable inputs (Level 3) as of December 31, 2013 and 2012.

The asset's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques used need to maximize the use of observable inputs and minimize the use of unobservable inputs.

The following is a description of the valuation methodologies used for assets at fair value. There have been no changes in the methodologies used at December 31, 2013 and 2012.

- (i) *Money market fund:* Valued at closing price reported on the active market on which the individual securities are traded.
- (ii) *Mutual funds:* Valued at the net asset value of shares held by the Plan at year end in an active market.
- (iii) *Collective trust fund:* The value of the Plan's interest in the collective trust fund is based upon the current value of and net investment gain or loss relating to the units of participation held by the Plan. Each collective trust fund provides for daily redemptions by the Plan at reported net asset values per share with no advance notice requirement.

BARRETTE OUTDOOR LIVING 401(K) RETIREMENT SAVINGS PLAN

Notes to the Financial Statements

December 31, 2013 and 2012

The methods described above may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, while the Plan's management believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

The following tables set forth by level, within the fair value hierarchy, the Plan's assets at fair value as of:

Fair Value Measurements as of December 31, 2013 using the following inputs

	<u>Total</u>	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>
Money market fund	\$ 15,167	\$ 15,167	\$ -	\$ -
Mutual funds				
Equity funds	10,208,104	10,208,104	-	-
International equity funds	2,614,748	2,614,748	-	-
Bond funds	2,620,229	2,620,229	-	-
International bond funds	<u>1,050,508</u>	<u>1,050,508</u>	-	-
Total mutual funds	16,493,589	16,493,589	-	-
Collective investment fund	<u>739,013</u>	-	<u>739,013</u>	-
Total	<u>\$ 17,247,769</u>	<u>\$ 16,508,756</u>	<u>\$ 739,013</u>	<u>\$ -</u>

Fair Value Measurements as of December 31, 2012 using the following inputs

	<u>Total</u>	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>
Money market fund	\$ 250	\$ 250	\$ -	\$ -
Mutual funds				
Equity funds	6,290,532	6,290,532	-	-
International equity funds	2,788,817	2,788,817	-	-
Bond funds	2,790,772	2,790,772	-	-
International bond funds	<u>1,153,657</u>	<u>1,153,657</u>	-	-
Total mutual funds	13,023,778	13,023,778	-	-
Collective investment fund	<u>864,814</u>	-	<u>864,814</u>	-
Total	<u>\$ 13,888,842</u>	<u>\$ 13,024,028</u>	<u>\$ 864,814</u>	<u>\$ -</u>

BARRETTE OUTDOOR LIVING 401(K) RETIREMENT SAVINGS PLAN

Notes to the Financial Statements

December 31, 2013 and 2012

(5) Investments and investment income

The fair value of investments that represent 5% or more of the Plan's net assets as of December 31, 2013 and 2012, are as follows:

	<u>2013</u>	<u>2012</u>
Federated Investors Capital Preservation	**	\$ 864,814
Eaton Vance Structured Emerging Markets	**	845,760
PIMCO Total Return #435	\$ 984,192	1,580,987
Mainstay Large Cap Growth	1,380,899	1,423,016
Manning & Napier Dividend Focus	1,106,197	1,109,905
Lifepath Index 2030 Portfolio K	983,903	**
Templeton Global Bond	1,050,508	1,153,657
FPA New Income Fund	951,524	**
Metropolitan West Total Return Bond	**	1,209,785
Vanguard Total International Stock Index #1769	1,865,954	1,943,057
Vanguard Value Index #1346	**	859,976

** Investment does not represent 5% or more of Plan's net assets for the respective year.

During 2013, the appreciation in the Plan's investments (including gains and losses on investments bought and sold, as well as held during the year) of \$1,779,139 is attributable to the mutual funds.

(6) Income tax status

The Plan Sponsor adopted a prototype non-standardized profit sharing plan, which received a favorable opinion letter from the Internal Revenue Service ("IRS") on March 16, 2010, which stated that the prototype plan was designed in accordance with the applicable sections of the IRC. The Plan itself has not received a determination letter from the IRS stating that the Plan is qualified under Section 401(a) of the IRC. The Plan has been amended since adopting the prototype plan. However, the plan administrator believes that the adopted prototype plan is designed and is currently being operated in compliance with the applicable requirements of the IRC and is therefore, qualified and exempt from taxation.

GAAP requires Plan management to evaluate tax positions taken by the Plan and recognize a tax liability or asset if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the IRS. The plan administrator has analyzed the tax positions taken by the Plan, and has concluded that as of December 31, 2013, there are no uncertain positions taken or expected to be taken that would require recognition of a liability or asset or disclosure in the financial statements. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. The plan administrator believes it is no longer subject to income tax examinations for years prior to 2010.

BARRETTE OUTDOOR LIVING 401(K) RETIREMENT SAVINGS PLAN

Notes to the Financial Statements

December 31, 2013 and 2012

(7) Excess contributions

Contributions received from participants and the Plan Sponsor for 2012 are net of payments in 2013 of \$7,093, made to certain active participants to return to them excess contributions, and have been recorded as a liability at December 31, 2012 as required to satisfy the relevant nondiscrimination provisions of the Plan. There were no such contributions as of December 31, 2013.

(8) Untimely remittance of participant contributions

The Plan Sponsor is required by Department of Labor regulation to remit participant contributions as soon as practicable, but by no later than the fifteenth business day following the end of the month in which the amounts were withheld from wages. For contributions withheld on December 27, 2013, the funds were not remitted until January 9, 2014. All other contributions were remitted timely.

(9) Related party transactions

Fees of \$84,702 in 2013 were paid by the Plan to The Trust Company of Knoxville, the trustee of the Plan. The Plan also holds notes receivable from participants, which also qualify as party-in-interest transactions.

(10) Reconciliation of financial statements to Form 5500

The following is a reconciliation of net assets available for benefits per the financial statements to the Form 5500 as of December 31, 2013 and 2012:

	<u>2013</u>	<u>2012</u>
Net assets available for benefits per the financial statements	\$ 18,130,482	\$ 14,695,098
Excess contributions payable to participants	<u>-</u>	<u>7,093</u>
Net assets available for benefits per the Form 5500	<u>\$ 18,130,482</u>	<u>\$ 14,702,191</u>

The following is a reconciliation of the change in net assets available for benefits per the financial statements to the Form 5500 for the year ended December 31, 2013:

	<u>2013</u>
Change in net assets available for benefits per the financial statements	\$ 3,435,384
Change in excess contributions payable to participants	<u>(7,093)</u>
Change in net assets available for benefits per the Form 5500	<u>\$ 3,428,291</u>

BARRETTE OUTDOOR LIVING 401(K) RETIREMENT SAVINGS PLAN

Notes to the Financial Statements

December 31, 2013 and 2012

(11) Risks and uncertainties

The Plan utilizes various investment instruments. Investment securities, in general, are exposed to various risks, such as interest rate, credit, and overall market volatility. Due to the level of risk associated with certain investment securities, it is reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect the amounts reported in the statements of net assets available for benefits.

BARRETTE OUTDOOR LIVING 401(K) RETIREMENT SAVINGS PLAN

EIN 34-1907460, PLAN No. 003

Schedule H, Line 4i - Schedule of Assets (Held at End of Year)

December 31, 2013

(a)	(b)	(c)	(d)	(e)
	Identity of issue, borrower, lessor, or similar party	Description of investment, including maturity date, rate of interest, collateral, par or maturity value	Cost	Current value
	<u>Money market fund:</u>			
	Federated Investors	Prime Obligations Money Market	**	\$ 15,167
	<u>Mutual funds:</u>			
	BMO	Small Cap Growth	**	599,724
	FPA	New Income Fund		951,524
	Lifepath	Index 2020 Portfolio K	**	692,132
	Lifepath	Index 2025 Portfolio K	**	642,006
	Lifepath	Index 2030 Portfolio K	**	983,903
	Lifepath	Index 2035 Portfolio K	**	593,498
	Lifepath	Index 2040 Portfolio K	**	235,717
	Lifepath	Index 2045 Portfolio K	**	261,207
	Lifepath	Index 2050 Portfolio K	**	108,004
	Lifepath	Index 2055 Portfolio K	**	41,922
	Lifepath	Index Retirement Portfolio K	**	131,268
	Manning & Napier	Dividend Focus	**	1,106,197
	Mainstay	Large Cap Growth	**	1,380,899
	Parametric	Emerging Markets	**	748,795
	PIMCO	Total Return #435	**	984,192
	Metropolitan West	Total Return Bond	**	684,513
	Templeton	Global Bond	**	1,050,508
	Vanguard	Growth Index #1347	**	635,792
	Vanguard	Mid Cap Growth Index #832	**	617,826
	Vanguard	Mid Cap Value Index #835	**	721,580
	Vanguard	Small Cap Value Index #860	**	604,656
	Vanguard	Value Index #1346	**	851,772
	Vanguard	Total International Stock Index #1769	**	1,865,954
	Total mutual funds			16,493,589
	<u>Collective investment fund:</u>			
	Federated Investors	Capital Preservation	**	739,013
*	Notes receivable from participants	Loans to participants, maturing from 2013 to 2029 bearing interest at rates of 4.25%	-	745,898
	Total investments			\$ 17,993,667

* Represents a party-in-interest.

** Not required for participant directed plans.

The above data, except for notes receivable from participants, is based upon information which has been certified as complete and accurate by The Trust Company of Knoxville, the trustee. The Federated Capital Preservation Fund was certified at contract value by the trustee.

BARRETTE OUTDOOR LIVING 401(K) RETIREMENT SAVINGS PLAN

EIN 34-1907460, PLAN No. 003

Schedule H, Line 4a - Schedule of Delinquent Participant Contributions

December 31, 2013

Total that Constitute Nonexempt Prohibited Transactions

Date Contributions Were Withheld From Pay	Date Remitted by the Plan Sponsor	Participant		Contributions		Contributions		Total Fully Corrected Under VFCP and PTE 2002-51
		Contributions Transferred Late to the Plan	Loan Payments Transferred Late to the Plan	Corrected Outside VFCP	Pending Correction in VFCP	Corrected Outside VFCP	Pending Correction in VFCP	
December 27, 2013	January 9, 2014	\$ 56,699	\$ 10,836	\$ 67,535	\$ -	\$ -	\$ -	\$ -

SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES AT END OF YEAR 2013

PLAN NAME: **BARRETTE OUTDOOR LIVING 401(K) RETIREMENT SAVINGS PLAN**
 THREE DIGIT PLAN NUMBER: **003**
 PLAN SPONSOR'S NAME: **BARRETTE OUTDOOR LIVING**
 EMPLOYER IDENTIFICATION NUMBER: **34-1907460**

		(C) DESCRIPTION OF INVESTMENT INCLUDING MATURITY DATE, RATE OF INTEREST, COLLATERAL, PAR OR MATURITY VALUE			(D) COST	(E) CURRENT VALUE
(A)	(B) IDENTITY OF ISSUE, BORROWER, LESSOR , OR SIMILAR PARTY					
	BMO Small-Cap Growth Y	26,833.32 Shares of Registered Investment Co			n/a	599,724.66
	Lifepath Index 2020 Portfolio K	61,522.92 Shares of Registered Investment Co			n/a	692,132.87
	Lifepath Index 2025 Portfolio K	56,464.89 Shares of Registered Investment Co			n/a	642,005.80
	Lifepath Index 2030 Portfolio K	85,705.85 Shares of Registered Investment Co			n/a	983,903.14
	Lifepath Index 2035 Portfolio K	51,340.62 Shares of Registered Investment Co			n/a	593,497.52
	Lifepath Index 2040 Portfolio K	20,163.97 Shares of Registered Investment Co			n/a	235,716.76
	Lifepath Index 2045 Portfolio K	22,154.92 Shares of Registered Investment Co			n/a	261,206.51
	Lifepath Index 2050 Portfolio K	9,068.37 Shares of Registered Investment Co			n/a	108,004.33
	Lifepath Index 2055 Portfolio K	3,478.97 Shares of Registered Investment Co			n/a	41,921.55
	Lifepath Index Retirement Portfolio K	11,879.52 Shares of Registered Investment Co			n/a	131,268.74
	Mainstay Large Cap Growth Fd Cl I	132,651.24 Shares of Registered Investment Co			n/a	1,380,899.39
	Manning & Napier Dividend Focus A	70,683.54 Shares of Registered Investment Co			n/a	1,106,197.34
	Vanguard Growth Index Signal Shs Fd	14,345.48 Shares of Registered Investment Co			n/a	635,791.76
	Vanguard Mid-Cap Growth Index Inv	17,423.18 Shares of Registered Investment Co			n/a	617,825.82
	Vanguard Mid-Cap Value Index Inv Cl 835	22,994.90 Shares of Registered Investment Co			n/a	721,579.99
	Vanguard Small Cap Value Index Fd #860	25,917.53 Shares of Registered Investment Co			n/a	604,656.07
	Vanguard Value Index Fd Signal Shs	27,485.38 Shares of Registered Investment Co			n/a	851,771.83
	Parametric Emerging Mkts	50,322.22 Shares of Registered Investment Co			n/a	748,794.57
	Vanguard Total Int'l Stock Index S Shs	55,534.35 Shares of Registered Investment Co			n/a	1,865,954.23
	FPA New Income Fd	92,650.87 Shares of Registered Investment Co			n/a	951,524.38
	Metropolitan West Total Return Bond Cl	64,882.70 Shares of Registered Investment Co			n/a	684,512.51
	Pimco Total Return Fd #435 (Admin Shs)	92,066.57 Shares of Registered Investment Co			n/a	984,191.64
	Templeton Global Bond Adv Cl	80,252.72 Shares of Registered Investment Co			n/a	1,050,508.12
	Federated Capital Preservation - #4	73,688.57 Shares of Common Collective Trust Fun			n/a	736,885.74
	Federated Prime Obligations Instl Fd #10	15,166.62 Par Value Money Market Mutual Fund			n/a	15,166.62
	Participant Loans	Interest Rate 4.25%			n/a	745,897.93