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.

1210-0089

OMB Nos. 1210-0110

2013

This Form is Open to Public Inspection

	rt I		Identification Informatio	n				
For	calenda	ar plan year 2013 or f	iscal plan year beginning 01/0	01/2013	and ending 1	2/31/2	2013	
A T	his ret	urn/report is for:	X a single-employer plan	a multiple-employer pl	an (not multiemployer)		a one-participa	ant plan
Вт	his ret	urn/report is:	the first return/report	the final return/report				
			an amended return/report	a short plan year return	n/report (less than 12 mo	onths)	1	
C	Check b	oox if filing under:	X Form 5558	automatic extension			DFVC program	n
			special extension (enter des	scription)				
Pa	rt II	Basic Plan Info	ormation—enter all requested i	information				
	Name (•				1b	Three-digit	
KOMF	PAN, IN	IC. 401(K) PLAN					plan number (PN)	002
						1c	Effective date of	
							03/01/1	
	Plan sp PAN, IN		ddress; include room or suite num	ber (employer, if for a single-	employer plan)	2b	Employer Identific (EIN) 91-081	
930 R	ROAD	WΔY				2c	Sponsor's teleph	
		/A 98402				2d	Business code (s	ee instructions)
							339900)
3a	Plan ad	dministrator's name a	ınd address ⊠Same as Plan Spo	nsor Name Same as Plan	Sponsor Address	3b	Administrator's E	IN
						3с	Administrator's te	elephone number
4			ne plan sponsor has changed sinc	e the last return/report filed for	or this plan, enter the	4b	EIN	
а		EIN, and the plan hu or's name	umber from the last return/report.			4c	PN	
	•		s at the beginning of the plan year	· · · · · · · · · · · · · · · · · · ·		5a	1	50
b	Total n	number of participants	s at the end of the plan year			5b		47
С	Numbe	er of participants with	account balances as of the end of	of the plan year (defined bene	fit plans do not	0.0		
	comple	ete this item)				5c		29
_		•	ts during the plan year invested in	,	•			X Yes No
b	-	•	of the annual examination and rep 6? (See instructions on waiver elig			,		X Yes No
			either line 6a or line 6b, the plan	· · · · · ·				
С	If the p	olan is a defined bene	efit plan, is it covered under the PE	BGC insurance program (see	ERISA section 4021)?		Yes No	Not determined
Cau	tion: A	penalty for the late	or incomplete filing of this retu	ırn/report will be assessed ı	unless reasonable cau	se is	established.	
			ther penalties set forth in the instr					ble, a Schedule
		dule MB completed a rue, correct, and com	and signed by an enrolled actuary plete.	, as well as the electronic vers	sion of this return/report,	, and t	to the best of my l	knowledge and
SIGN		Filed with authorized	I/valid electronic signature.	10/04/2014	KERRIN SMITH			
	_	Signature of plan a	administrator	Date	Enter name of individu	ıal sig	ıning as plan adm	inistrator
SIGI								
HER		Signature of emplo		Date	Enter name of individu			<u> </u>
Prep	arer's i	name (including firm i	name, if applicable) and address;	include room or suite number	r (optional)	Prep	arer's telephone r	number (optional)
					<u> </u>			

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Pai	t III Financial Information									
7	Plan Assets and Liabilities		(a) Beginning of Yea	ar .			(b) End of	Voar		
<u>'</u>	Total plan assets	7a	(a) beginning of Tea				(b) Ella ol	129969	R	
	Total plan liabilities	7b	510					.20000		
	Net plan assets (subtract line 7b from line 7a)	7c	85153					129969	3	
	Income, Expenses, and Transfers for this Plan Year	1 70					(b) To(
	Contributions received or receivable from:		(a) Amount				(b) Tot	aı		
	(1) Employers	8a(1)	2011	8						
	(2) Participants	8a(2)	10708	1						
	(3) Others (including rollovers)	8a(3)	13147	' 5						
b	Other income (loss)	8b	18948	8						
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						448162	2	
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d								
е	Certain deemed and/or corrective distributions (see instructions)	8e								
f	Administrative service providers (salaries, fees, commissions)	. 8f								
g	Other expenses	. 8g								
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h								
i	Net income (loss) (subtract line 8h from line 8c)	. 8i						44816	2	
j	Transfers to (from) the plan (see instructions)	8j								
Par	t IV Plan Characteristics		•		•					
9a	If the plan provides pension benefits, enter the applicable pension 2E 2F 2G 2J 2K 2T 3D	feature co	des from the List of Plan Char	acteris	stic Co	odes in	the instruction	ns:		
b	If the plan provides welfare benefits, enter the applicable welfare fe	eature cod	les from the List of Plan Chara	cterist	ic Cod	des in t	he instruction	is:		
Par	V Compliance Questions									
10	During the plan year:				Yes	No		mount		
a		tions withi	n the time period described in	l	103			IIIOUIII		
	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu Were there any nonexempt transactions with any party-in-interest	ıciary Corı	rection Program)	10a		X				
D	on line 10a.)	`	•	10b		X				
c	Was the plan covered by a fidelity bond?			10c	X				100	0000
d	· · · · · · · · · · · · · · · · · · ·			100					100	000
	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		Х				
f	Has the plan failed to provide any benefit when due under the pla	n?		10f		X				
g	Did the plan have any participant loans? (If "Yes," enter amount a	s of year e	end.)	10g		Χ				
h		(See instru	uctions and 29 CFR	10h		Х				
i	If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10	ne require	d notice or one of the	10i						
Part		. •					<u></u>			
11	Is this a defined benefit plan subject to minimum funding requirem							☐ Yes	П	No
44.	5500) and line 11a below)						·····	168		INO
	Enter the unpaid minimum required contribution for current year fr		,			11a	EDIC : 5			<u> </u>
12	Is this a defined contribution plan subject to the minimum funding			or se	ection	302 of	ERISA?	Yes	X	No
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,			otions	or d	onto = 11	no date of the	lotte = ==	lin ~	
	If a waiver of the minimum funding standard for a prior year is beir granting the waiver.		Mon		, and (enter ti Day		e letter ru 'ear	ıırıg	
	you completed line 12a, complete lines 3, 9, and 10 of Schedule	•	•		<u> </u>	46'				
b	Enter the minimum required contribution for this plan year					12b	1			

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С	Enter the amount contributed by the employer to the plan for this plan year	12c			
d	Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a negative amount)	12d			
е	Will the minimum funding amount reported on line 12d be met by the funding deadline?		Yes	No N/A	
Part	VII Plan Terminations and Transfers of Assets				
13a	Has a resolution to terminate the plan been adopted in any plan year?	Y	es X No		
	If "Yes," enter the amount of any plan assets that reverted to the employer this year	13a			
b Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the of the PBGC?				Yes X No	
С	If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.))			
1	3c(1) Name of plan(s):	c(2) Ell	V(s)	13c(3) PN(s)	
Part	VIII Trust Information (optional)				
14a Name of trust			14b Trust'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).

OMB Nos. 1210-0110 1210-0089

2013

This Form is Open to Public Inspection

Pension Benefit Guaranty Corporation Complete all entries in accordance with the instructions to the Form 550	00-SF.				
Part I Annual Report Identification Information					
	12/31/2013				
A This return/report is for:	a one-participant plan				
B This return/report is: the first return/report the final return/report	1 23 20				
an amended return/report a short plan year return/report (less than 12 m	nonths)				
C Check box if filing under: X Form 5558 automatic extension	DFVC program				
special extension (enter description)	_ S. vo program				
Part II Basic Plan Information—enter all requested information					
1a Name of plan	1b Three-digit				
KOMPAN, INC. 401(k) PLAN	plan number				
a South	(PN) D002				
	1c Effective date of plan				
20 Discount of the control of the co	03/01/1995				
2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) KOMPAN, INC.	2b Employer Identification Number				
	(EIN) 91-0819688				
	2c Sponsor's telephone number				
930 BROADWAY	(800) 426-9788 2d Business code (see instructions)				
TACOMA, WA 98402	339900				
3a Plan administrator's name and address X Same as Plan Sponsor Name Same as Plan Sponsor Address	3b Administrator's EIN				
	- Tommispator S Env				
	3c Administrator's telephone number				
4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the	4b EIN				
name, EIN, and the plan number from the last return/report.	4D EIN				
a Sponsor's name	4c PN				
5a Total number of participants at the beginning of the plan year	104				
b Total number of participants at the end of the plan year	5b 47				
C Number of participants with account balances as of the end of the plan year (defined benefit plans do not					
complete this item)	5c 29				
6a Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)	X Yes N				
b Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IG under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.)					
If you answered "No" to either line 6a or line 6b, the plan cannot use Form 5500-SF and must instead use	Form 5500				
C If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)?					
Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cau	use is established.				
Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/re SB or Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/report	port, including, if applicable, a Schedule				
belief, it is true, correct, and complete.	t, and to the best of my knowledge and				
SIGN V Xernd-11 49/29/14 X1 VIRRII					
HERE	1 SM1774				
Signature of plan aduninistrator Date Enter name of individ	lual signing as plan administrator				
SIGN					
HERE Signature of employer/plan sponsor Date Enter name of individual signing as employer or plan sponsor					
Signature of employer/plan sponsor Date Enter name of individ	lual signing as employer or plan sponsor				
Signature of employer/plan sponsor Date Enter name of individ Preparer's name (including firm name, if applicable) and address; include room or suite number (optional)	lual signing as employer or plan sponsor Preparer's telephone number (optional)				
Signature of employer/plan sponsor Date Enter name of individ	lual signing as employer or plan sponsor Preparer's telephone number (optional)				
Signature of employer/plan sponsor Date Enter name of individ	lual signing as employer or plan sponsor Preparer's telephone number (optional)				
Signature of employer/plan sponsor Date Enter name of individ	ual signing as employer or plan sponsor Preparer's telephone number (optional)				

Par	t III Financial Information						
7	Plan Assets and Liabilities		(a) Beginning of Yea	ır			(b) End of Year
a	Total plan assets	7a	85664	arguest and			1299698
b_	Total plan liabilities	7b	510	6			
C	Net plan assets (subtract line 7b from line 7a)	7c	85153	6			1299698
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b) Total
	Contributions received or receivable from: (1) Employers	8a(1)	20118	8			
	(2) Participants	8a(2)	10708	1			
	(3) Others (including rollovers)	8a(3)	13147	5		11166	
b	Other income (loss)	8b	18948	8			
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c	. 10.000 47000				448162
d	Benefits paid (including direct rollovers and insurance premiums	1,000					
0	lo provide benefils)	8d		-	-	210 2 4	
17920	Certain deemed and/or corrective distributions (see instructions)	8e			_		
	Administrative service providers (salaries, fees, commissions)	8f					
	Other expenses	8g					
<u>h</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h					
-	Net income (loss) (subtract line 8h from line 8c)	8i					448162
j	Transfers to (from) the plan (see instructions)	8j					1964 77 77 72
Par	t IV Plan Characteristics	3 0		7355-	9225		
9a	If the plan provides pension benefits, enter the applicable pension 2E 2F 2G 2J 2K 2T 3D	feature co	des from the List of Plan Char	acteris	stic Co	des in	the instructions:
b	If the plan provides welfare benefits, enter the applicable welfare for	eature cod	les from the List of Plan Chara	cterist	ic Coc	les in t	he instructions:
Par	V Compliance Questions						
10	During the plan year:				Yes	No	Amount
	Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fide	uciary Cor	rection Program)	10a		х	
b	Were there any nonexempt transactions with any party-in-interest on line 10a.)	2-0-	THE PROPERTY OF THE PROPERTY O	10b		х	
C	Was the plan covered by a fidelity bond?		***************************************	10c	Х		100000
d	Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?			10d		х	
е	Were any fees or commissions paid to any brokers, agents, or oth insurance service, or other organization that provides some or all	ner persor	s by an insurance carrier,				
	instructions.)			10e		х	
f	Has the plan failed to provide any benefit when due under the pla			10f		Х	
g		3.50		10g		Х	
h	2520.101-3.)	· ····		10h		х	
	If 10h was answered "Yes," check the box if you either provided to exceptions to providing the notice applied under 29 CFR 2520.10			10i			
Par							
11	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)	nents? (If '	Yes," see instructions and com	nplete	Sched	dule SI	3 (Form Yes No
11a	Enter the unpaid minimum required contribution for current year for	rom Sched	dule SB (Form 5500) line 39			11a	
12	Is this a defined contribution plan subject to the minimum funding	requirem	ents of section 412 of the Code	e or se	ction	302 of	ERISA? Yes X No
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below						
	If a waiver of the minimum funding standard for a prior year is bei granting the waiver.	************	Mor	nth	, and e	enter th Day	
lf	you completed line 12a, complete lines 3, 9, and 10 of Schedul	le MB (Fo	rm 5500), and skip to line 13.				
b	Enter the minimum required contribution for this plan year					12b	

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T UIIII	JJU	J-3F	ZU	

Page	3	-	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				
13a	Has a resolution to lerminate the plan been adopted in any plan year?	.[] Y	es X N	lo
	If "Yes," enter the amount of any plan assets that reverted to the employer this year			
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the of the PBGC?	control		☐ Yes ☒ 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		
	3c(1) Name of plan(s):	13c(2) El	N(s)	13c(3) PN(s)
Part	VIII Trust Information (optional)			
14a Name of trust			ust's EIN	