Designed at any divertion         2013           Designed at any divertion         This feature in throngs buy Act of XP3 (ERISA), and example of B07(b) and E038(b).         This Feature in Constant           Period and any divertion         Designed and any divertion information         Complete all on threads in accordance with the instructions B07(b) and E038(b).         Designed and any divertion information           Period and provide between the set of the provide any divertion information         Operating a single employer plan         an ended return thread in a multiple employer plan (not multemployer)         a one participant plan           B         This return report is for:         a single employer plan (not multemployer)         a one participant plan           B         The return report is for:         a nended return report is one participant plan         b final return report is one participant plan           C         Check box if fling under:         from ssss         a windle extension         DFVC program           STERLING MITERNATIONAL, INC. 401(K) PROFIT SHARING PLAN         1b         The mee digit provide return report is one participant plan           STERLING INTERNATIONAL, INC. 401(K) PROFIT SHARING PLAN         2b         Engle employer plan           STERLING INTERNATIONAL, INC. 401(K) PROFIT SHARING PLAN         2b         Engle employer plan           STERLING INTERNATIONAL, INC. 401(K) PROFIT SHARING PLAN         2b         Engle employer plan <th colspan="2">Form 5500-SF</th> <th colspan="4">Short Form Annual Return/Report of Small Employ</th> <th colspan="4">OMB Nos. 1210-0110 1210-0089</th>	Form 5500-SF		Short Form Annual Return/Report of Small Employ				OMB Nos. 1210-0110 1210-0089				
Description         Description         Description         This Form Is Open to Public Impection           Person Devisit Open in the Internal Resourd Act of 1974 (ERISA), and sections 605(tr) and 605(tr) and 605(tr).         This Form Is Open to Public Impection           Part I         Annual Report Identification Information         and anding         12212013         and anding         12212013           A This return report is:         I is failure imployer plan         anuitple employer plan         anuitple employer plan         Description         Description           Part II         Annual Report Identification Information         Is in setunineport is:         Is in the final returnineport         Is in the final returnineport <this final="" in="" returnineport<="" th="" the="">         Is in t</this>			Benefit Plan This form is required to be filed under sections 104 and 4065 of the Employe			е	2013				
Part I         Annual Report (definition)         Complete all entries in accordance with the instructions to the Ferm 5500-SF.           Part I         Annual Report (definition)         and ending         12212013           An This return/report is for:         is single-employer plan         and instructions to the plan single-employer plan (and multisymplayer)         is a one-participant plan           B This return/report is:         is non-medic return/report         is single-employer plan (and multisymplayer)         is a one-participant plan           B This return/report is:         is a single-employer plan (and multisymplayer)         is a one-participant plan           B Arm of plan         is single-employer plan (and multisymplayer)         is a one-participant plan           B Arm of plan         is single-employer plan (and multisymplayer)         is a one-participant plan           B Arm of plan         is single-employer plan (and multisymplayer)         is one-participant plan           B Arm of plan         is one-participant plan         is one-participant plan           B This return/report is (include room or suite number (employer, if for a single-employer plan)         its Plan one-participant plan           B This return/report is (include room or suite number (employer, if for a single-employer plan)         its Plan one-participant plan           B Total number of participant at the one of the plan sponsor has changed since the last return/report flind for this plan, enter th			Retirement Income Security Act of 1974 (ERISA), and sections 6057(b) and 6058			s(a) of	This Form is Open to Public				
For calcular plan year 2013 or fincal plan year beginning       01012013       and ending       12217013         A This return/teport is for:	Pension E	Benefit Guaranty Corporation	tions to the Form 550	0-SF.	Inspection						
A This return/report is for: <ul> <li>a single-employer plan</li> <li>b mis return/report</li> <li>a manedod return/report</li> <li>a manedod return/report</li> <li>b an panedod return/report</li> <li>a since plan</li> </ul> C Check box if filing under:       Pom 5558       a stort plan year recurringport (less than 12 months) automatic extension       D FVC program         Part II       Basic Plan Information—enter all requested information       Ib Trice-digit       001         14 Name of plan       Ib Trice-digit       001       C Effective date of plan         STERLING INTERNATIONAL, INC. 401(K) PROFIT SHARING PLAN <ul> <li>Ib Trice-digit</li> <li>plan number</li> <li>(PN) X</li> <li>001</li> <li>C Effective date of plan</li> <li>0101/1998</li> </ul> <li>2b Employer formfaction Number</li> <li>(EN) X</li> <li>001</li> <li>C Effective date of plan</li> <li>0101/1998</li> <li>2b Employer formfaction Number</li> <li>(EN) X</li> <li>001</li> <li>110 Effective date of plan</li> <li>0101/1998</li> <li>2d Employer formfaction Number</li> <li>(EN) X</li> <li>020 Enroper telephone number</li> <li>3a Plan administrator's name and address: [Same as Plan Sponsor Name [Same as Plan Sponsor Address]</li> <li>3b Administrator's telephone number</li> <li>5b Consort</li> <li>3c Administrator's telephone number</li> <li>5b Consort</li> <li>3c Administrator's telephone number</li> <li>5b Consort</li> <li>3c Administrator's telephone number</li> <											
A This returning of is       the first	For calend	dar plan year 2013 or fisca			and ending 1	2/31/2	2013				
C Check box if filing unde::		· .			an (not multiemployer)		a one-participant plan				
C Check box if filing under:	<b>B</b> This re	eturn/report is:		•							
Part II       Basic Plan Information—enter all requested information         1a Name of plan       1b       Three-digit plan number         STERLING INTERNATIONAL, INC. 401(K) PROFIT SHARING PLAN       1b       Three-digit plan number         2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan)       2b       Encycle weater of plan         32a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan)       2b       Employer identification Number (EN)         30b       STERLING INTERNATIONAL, INC.       3bb       Administrator's name and address; include room or suite number (employer, if for a single-employer plan)       3c         STERLING INTERNATIONAL, INC.       3c       Administrator's name and address; include room or suite number (employer, if for a single-employer plan)       3c         STERLING INTERNATIONAL, INC.       3c       Administrator's name and address; include room or suite number (employer, if for a single-employer plan)       3c         STERLING INTERNATIONAL, INC.       3c       Administrator's name and address; include room or suite number (employer, if for a single-employer plan)       3c         STERLING INTERNATIONAL, INC.       3c       Administrator's name and address; include room or suite number (employer plan)       3c         A International examination and registra with account balances as of the plan year (veleffed for this plan, enter the last returinreport. <td< td=""><td>_</td><td></td><td></td><td>1</td><td>/report (less than 12 m</td><td>onths</td><td></td></td<>	_			1	/report (less than 12 m	onths					
Part II       Basic Plan Informationenter all requested information         1a Name of plan       1b Three-digit plan number (employer, if for a single-employer plan)         STERLING INTERNATIONAL, INC. 401(K) PROFIT SHARING PLAN       1b Three-digit plan number (employer, if for a single-employer plan)         2a Plan sponsor's name and address; include room or sulte number (employer, if for a single-employer plan)       2b Enclose date of plan         3a Plan administrator's name and address; include room or sulte number (employer, if for a single-employer plan)       2b 222-6786         3a Plan administrator's name and address; include room or sulte number (employer. if for a single-employer plan)       3b Administrator's telephone number         3a Plan administrator's name and address; include room or sulte num/report       Bane as Plan Sponsor Address       3b Administrator's telephone number         3c Administrator's telephone number       5a is a is return/report.       3c Administrator's telephone number         3c Number of participants at the end of the plan year       5b is is is is return/report.       5b is is is is is is is is in the plan year invested in eligible assets? (See instructions).       is a is a estable for a store of the source is a store of the plan year invested in eligible assets? (See instructions).       is is a is is is is in the end of the plan year invested in eligible assets? (See instructions).       is is is is is is is in the is in the source is in independent public accountant (ICPA)       if yes is No         A regularumober of participants with account balances a	C Check	box if filing under:				DFVC program					
1a Name of plan       Ib Three-digit plan number (PN)       01         STERLING INTERNATIONAL, INC. 401(K) PROFIT SHARING PLAN       Ib Three-digit plan number (PN)       01         2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan)       2b Employer Identification Number (EUN) 91-1175275         2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan)       2b Employer Identification Number (EUN) 91-1175275         3a Plan administrator's name and address; include room has changed since the last return/report filed for this plan, enter the name, EIN, and the plan number for participants at the beginning of the plan year       3b 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 name, EIN, and the plan number of participants at the end of the plan year       5a       6a         5a Total number of participants at the beginning of the plan year (defined benefit plans do not complete this lifem)       5c       2e         6a Wree all of the plan sponsor has changed since the Blan year (defined benefit plans do not complete this lifem)       §Y Yes No       Not determined         6a Wree all of the plan sponsor has changed since the plan year (defined benefit plans do not complete this lifem)       §Y Yes No       No       Yes No         6a Wree all of the plan sponsor has changed since the plan year (defined benefit plans do not complete this lifem)       §Y Yes No       Yes No				,							
STERLING INTERNATIONAL, INC. 401(K) PROFIT SHARING PLAN       plan number (PN)       01         1c       Effective date of plan 010/17998       01         2a       Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan)       2b       Employer identification Number (EIN)       91-1178275         2a       Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan)       2b       Employer identification Number (EIN)       91-1178275         3a       Plan administrator's name and address       Sponsor's Leiphone number SporKANE, WA 99216       3b       Administrator's EIN         3a       Plan administrator's name and address       Same as Plan Sponsor Name       [Same as Plan Sponsor Address       3b       Administrator's EIN         3c       Administrator's telephone number       5a       3c       Administrator's telephone number         5b       Total number of participants at the beginning of the plan year       5a       5b       81         5a       Adminest of participants at the address as of the end of the plan year (defined to antitip plans do not complete this item)       5c       2c         6a       Were ail of the plan's assets during the plan year invested in eligible assets? (See instructions)			nation—enter all requested informat	lion		1h					
(PN) ▶       001         1c       Effective date of plan 01/01/1938         2a       Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) STERLING INTERNATIONAL, INC.       2b       Employer Identification Number (EIN) 81-1175275         3a08 N. SULLIVAN ROAD, BUILDING 16 SPOKANE, WA 99216       3808 N. SULLIVAN ROAD, BUILDING 16 SPOKANE, WA 99216       2c       Sponsor's telephone number 508-926-6766         2d       Business code (see instructions) .326100       .326100       3b       Administrator's EIN         3a       Plan administrator's name and address       Spame as Plan Sponsor Name       Spame as Plan Sponsor Address       3b         3a       Plan administrator's name and address include room the last return/report filed for this plan, enter the asponsor's name       4b       EIN         4       If the name and/or EIN of the plan sponsor has changed since the last return/report.       5a       6a         5a       Total number of participants at the beginning of the plan year       5a       6a         6a       Were ail of the plan sponsor has otherged in eigible assets? (See instructions)		•	401(K) PROFIT SHARING PLAN				-				
24       Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan)       2b       Employer Identification Number (EIN)         3300 N. SULLIVAN ROAD, BUILDING 16 SPOKANE, WA 99216       3808 N. SULLIVAN ROAD, BUILDING 16 SPOKANE, WA 99216       2c       Sponsor's telephone number 50.9926.676.6         3a       Plan administrator's name and address; Same as Plan Sponsor Name       Same as Plan Sponsor Address       3b       Administrator's telephone number 5.0926.676.6         3a       Plan administrator's name and address; Same as Plan Sponsor Name       Same as Plan Sponsor Address       3b       Administrator's telephone number 5.0926.676.6         3b       Administrator's telephone number       4b       EIN       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 asponsor's name       4b       EIN         5a       Total number of participants at the beginning of the plan year       5a       87         5b       81       81       5c       28         6a       Were all of the plan sacets during the plan year invested in eligible assets? (See instructions,		- , -					(PN) ▶ 001				
2a Plan sponsor's name and address; include room or sulle number (employer, if for a single-employer plan)       2b Employer identification Number (EIN of the plan Sponsor Name SPOKANE, WA 99216         3a Plan administrator's name and address Same as Plan Sponsor Name SPOKANE, WA 99216       2c Sponsor's telephone number 509-926-6766         3a Plan administrator's name and address Same as Plan Sponsor Name Same as Plan Sponsor Address       3b Administrator's telephone number 509-926-6766         4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN, and the plan number from the last return/report.       4b EIN         4 Jo total number of participants at the beginning of the plan year       5a       67         5 Total number of participants at the edi of the plan year (defined benefit plans do not complete this item).       5c       26         6 Aver you claiming a waiver of the numal examination and report of an independent qualified public account ant (IOPA) under 79 CR 2520. 104-467 (See instructions on waiver regibility and containos.       Yes No         b Administrator's the late or line 6b, the plan cannot use Form 5500-SF and must instead use Form 5500.       Yes No       Yes No         c H the plan is a defined benefit plan, is it covered under the PBGC instructions (see ERISA section 4021)?       Yes No       No the determined         Caution: Apenalty for the late or incomplete filling of this return/report will be assessed unless reasonable cause is established.       Under panaltegibilites at contrequint waite and in instructors, if determi						1c	•				
STERLING INTERNATIONAL, INC.       Image: Control of the standard of t	2a Plan	sponsor's name and addr	ess: include room or suite number (em	polover if for a single-	emplover plan)	2h					
3008 N. SULLIVAN ROAD, BUILDING 16       3008 N. SULLIVAN ROAD, BUILDING 16       509-629-6766         3700 N. Spectra Spec				ipioyer, il lor a single (		20					
SPOKANE, WA 99216       Zd Business code (see instructions) 326100         3a Plan administrator's name and address       Same as Plan Sponsor Name       Same as Plan Sponsor Address         3b Administrator's telephone number       3b 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 name, EIN, and the plan number from the last return/report.       4b EIN         5a Total number of participants at the beginning of the plan year       5a       67         5 Total number of participants at the end of the plan year       5b       81         c Number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item)       Q Yes   No         b Are you caliming a waiver of the annual examination and report of an independent qualified public accountant (IQPA)       Q Yes   No         under 20 CFR 2520.104-467 (See instructions on waiver eligibility and conditions.)       Yes   No       No the determined         C attrine end benefit plan, is it covered under the PBCC insurance program (see ERISA section 4021)?       Yes   No       No       Not determined         Cattor: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.       Under penalties of peniny and other penalties set forth in the instructions, ideclare that 1 have examined this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.       10/14/2014 </td <td></td> <td></td> <td></td> <td></td> <td></td> <td>2c</td> <td>Sponsor's telephone number</td>						2c	Sponsor's telephone number				
3a Plan administrator's name and address       Same as Plan Sponsor Name       Same as Plan Sponsor Address       3b Administrator's EIN         3c Administrator's name and address       Same as Plan Sponsor Name       Same as Plan Sponsor Address       3b 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 name, EIN, and the plan number from the last return/report.       4b EIN         5a Total number of participants at the beginning of the plan year       5b       81         6 Number of participants at the beginning of the plan year       5b       81         c Number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item)       5c       26         6 Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)       Yes No       Yes No         b Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA)       Yes No       No         if ty ou 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)?       Yes No       No to determined         Caution: A penalty for the late or incomplete filling of this return/report will be assessed unless reasonable cause is established.       Under penalties of perjury and other penaltie					IG 16	_					
4       If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN, and the plan number from the last return/report.       4b       EIN         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.       4c       PN         5a       Total number of participants at the beginning of the plan year       5a       87         5b       81       87       5b       81         c Number of participants at the end of the plan year       5b       81       80         c Number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item).       Xes       No         b Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA)       Xes       No         b H you answered "No" to either line 6a or line 6b, the plan cannot use Form 5500-SF and must instead use Form 5500.       Yes       No         c If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)?	SPOKANE,	WA 99216	SPOKANE, W	A 99210		2d	. ,				
4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN, and the plan number from the last return/report. 4b EIN   a Sponsor's name 4c PN   5a Total number of participants at the beginning of the plan year 5a 8a   b Total number of participants at the end of the plan year 5a 8a   complete this item). 5c 26   6a Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.) Xes New Social Section 1000 Not determined   b Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) Xes Ne   b Are you claiming a waiver of the annual examination and report of success and the PBGC insurance program (see ERISA section 4021)? Yes No   b Are you claiming a waiver of the plan, is it covered under the PBGC insurance program (see ERISA section 4021)? Yes No   c If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)? Yes No   c If the plan is a defined benefit plan, set is covered under the PBGC insurance program (see ERISA section 4021)? Yes No   c If the plan is a defined benefit plan, set is covered under the PBGC insurance program (see ERISA section 4021)? Yes No   c If the plan is a defined benefit plan, set is covered under the PBGC insurance program (see ERISA section 4021)? Yes No   c If the plan is a defined	<b>3a</b> 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. 4b EIN   a Sponsor's name 4c PN   5a Total number of participants at the beginning of the plan year 5a 8a   b Total number of participants at the end of the plan year 5b 81   complete this item) 5c 26   6a Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.) Xes New Complete this item)   b Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) Xes Ne   b Are you claiming a waiver of the annual examination and report of success and the PBGC insurance program (see ERISA section 4021)? Yes No   b Are you claiming a waiver of the plan, is it covered under the PBGC insurance program (see ERISA section 4021)? Yes No   c If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)? Yes No   c If the plan is a defined benefit plan, set in the instructions. Idea Idea Stable, a Schedule   Sig ature of plan administrator Date Enter name of individual signing as plan administrator   Signature of employer/plan sponsor Date Enter name of individual signing as employer or plan sponsor   Preparer's name (including firm name, if applicable) and address; include room or suite number (optional) Preparer's telephone number (opti			—	—		20					
ame, EIN, and the plan number from the last return/report.       4c PN         5a Sopnsor's name       5a       87         5a Total number of participants at the beginning of the plan year       5a       5a       81         b Total number of participants at the end of the plan year       5b       81         c Number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item)       5c       26         6a Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)       Xes [] No       No       Yes [] No         b Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA)       Xes [] Yes [] No       Yes [] No         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)?       Yes [] No [] Not determined         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, if applicable, a Schedule BS or Schedule BS completed and signed by an enrolled actuary, 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       Filed with authorized/valid el						30	Administrator's telephone number				
ame, EIN, and the plan number from the last return/report.       4c PN         5a Sopnsor's name       5a       4c PN         5a Total number of participants at the beginning of the plan year       5a       5a       87         b Total number of participants at the end of the plan year       5a       5b       81         c Number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item)       5c       26         6a Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)       Xers [] No       Xers [] No       Net yes [] No         b Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA)       Xers [] Yes [] No       Yes [] No         if you answered "No" to either line 6a or line 6b, the plan cannot use Form 5500-SF and must instead use Form 5500.       Xers [] No [] Not determined         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, if applicable, a Schedule BS ors Schedule BS completed and signed by an enrolled actuary, 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.         Signature of plan administrator       Date       Enter name of individual signing as employer or plan sponsor											
ame, EIN, and the plan number from the last return/report.       4c PN         5a Sopnsor's name       5a       87         5a Total number of participants at the beginning of the plan year       5a       5a       81         b Total number of participants at the end of the plan year       5b       81         c Number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item)       5c       26         6a Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)       Xes [] No       No       Yes [] No         b Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA)       Xes [] Yes [] No       Yes [] No         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)?       Yes [] No [] Not determined         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, if applicable, a Schedule BS or Schedule BS completed and signed by an enrolled actuary, 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       Filed with authorized/valid el											
ame, EIN, and the plan number from the last return/report.       4c PN         5a Sopnsor's name       5a       87         5a Total number of participants at the beginning of the plan year       5a       5a       81         b Total number of participants at the end of the plan year       5b       81         c Number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item)       5c       26         6a Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)       Xes [] No       No       Yes [] No         b Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA)       Xes [] Yes [] No       Yes [] No         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)?       Yes [] No [] Not determined         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, if applicable, a Schedule BS or Schedule BS completed and signed by an enrolled actuary, 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       Filed with authorized/valid el	<b>A</b> 15 th a		les encourse has changed since the le		uthia alaa aatautha	41-					
5a       Total number of participants at the beginning of the plan year       5a       87         b       Total number of participants at the end of the plan year       5a       87         c       Number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item)       5c       26         6a       Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)       X       Yes       No         b       Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA)       X       Yes       No         b       Are you claiming a waiver of the ine 6a or line 6b, the plan cannot use Form 5500-SF and must instead use Form 5500.       X       Yes       No         c       If you answered "No" to either line 6a or line 6b, the plac cannot use Form 5500-SF and must instead use Form 5500.       X       Yes       No       Not determined         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, if applicable, a Schedule SB or Schedule MB complete.       Signature of plan administrator       Date       Enter name of individual signing as plan administrator         Sign       Filed with authorized/valid electronic signature.       10/14/2014				st return/report filed to	r this plan, enter the	4D EIN					
b       Total number of participants at the end of the plan year       5b       81         c       Number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item).       5c       26         Ga       Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)       Yes       No         b       Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA)       Yes       No         in 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)?       Yes       No         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, if applicable, a Schedule SB or Schedule MB completed and signed by an enrolled actuary, 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       Filed with authorized/valid electronic signature.       10/14/2014       PAUL MCCLURE         Signature of plan administrator       Date       Enter name of individual signing as plan administrator         Signature of employer/plan sponsor       Date       Ent	a Spons	sor's name				<b>4c</b> PN					
C       Number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item)	5a Total	number of participants at	the beginning of the plan year			5a					
complete this item)       5c       26         6a       Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)       X       Yes       No         b       Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA)       X       Yes       No         inder 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.)       X       Yes       No         if you answered "No" to either line 6a or line 6b, the plan cannot use Form 5500-SF and must instead use Form 5500.       X       Yes       No         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, if applicable, a Schedule BS completed and signed by an enrolled actuary, 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       Filed with authorized/valid electronic signature.       10/14/2014       PAUL MCCLURE         Signature of plan administrator       Date       Enter name of individual signing as employer or plan sponsor         Preparer's name (including firm name, if applicable) and address; include room or suite number (optional)       Preparer's telephone number (optional)         KELLY R. LUKES       S09-838-7791						5b					
Ga       Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)						5c	26				
b       Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA)       Image: Constructions 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.       Image: Constructions on waiver eligibility and conditions.)       Image: Vestimation of the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)?       Image: Vestimation of the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)?       Image: Vestimation of the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)?       Image: Vestimation of the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)?       Image: Vestimation of the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)?       Image: Vestimation of the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)?       Image: Vestimation of the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)?       Image: Vestimation of the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)?       Image: Vestimation of the plan administrator         Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.       Image: Vestimation of the plan administrator         SIGN <t< td=""><td></td><td></td><td></td><td></td><td></td><td></td><td><u> </u></td></t<>							<u> </u>				
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)? Yes No       No       Not determined         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, if applicable, a Schedule SB or Schedule MB completed and signed by an enrolled actuary, 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       Filed with authorized/valid electronic signature.       10/14/2014       PAUL MCCLURE         Signature of plan administrator       Date       Enter name of individual signing as plan administrator         SIGN       Signature of employer/plan sponsor       Date       Enter name of individual signing as employer or plan sponsor         Preparer's name (including firm name, if applicable) and address; include room or suite number (optional)       Preparer's telephone number (optional)         KELLY R. LUKES       509-838-7791	<b>b</b> Are y	ou claiming a waiver of th	ne annual examination and report of ar	n independent qualifie	d public accountant (IQ	PA)					
C       If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)? Yes No Not determined         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, if applicable, a Schedule SB or Schedule MB completed and signed by an enrolled actuary, 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       Filed with authorized/valid electronic signature.       10/14/2014       PAUL MCCLURE         Signature of plan administrator       Date       Enter name of individual signing as plan administrator         SIGN       Signature of employer/plan sponsor       Date       Enter name of individual signing as employer or plan sponsor         Preparer's name (including firm name, if applicable) and address; include room or suite number (optional)       Preparer's telephone number (optional)         KELLY R. LUKES       ForeAss.       509-838-7791											
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, if applicable, a Schedule SB or Schedule MB completed and signed by an enrolled actuary, 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.       10/14/2014       PAUL MCCLURE         Signature of plan administrator       Date       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         Preparer's name (including firm name, if applicable) and address; include room or suite number (optional)       Preparer's telephone number (optional)         KELLY R. LUKES       ENSION CONSULTANTS NORTHWEST, INC       Stop-838-7791	-										
Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including, if applicable, a Schedule SB or Schedule MB completed and signed by an enrolled actuary, 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       Filed with authorized/valid electronic signature.       10/14/2014       PAUL MCCLURE         Signature of plan administrator       Date       Enter name of individual signing as plan administrator         SIGN       Signature of employer/plan sponsor       Date       Enter name of individual signing as employer or plan sponsor         Preparer's name (including firm name, if applicable) and address; include room or suite number (optional)       Preparer's telephone number (optional)         KELLY R. LUKES       FURPLY R. LUKES       509-838-7791					,						
SB or Schedule MB completed and signed by an enrolled actuary, 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.       10/14/2014       PAUL MCCLURE         Signature of plan administrator       Date       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         Preparer's name (including firm name, if applicable) and address; include room or suite number (optional)       Preparer's telephone number (optional)       Preparer's telephone number (optional)         KELLY R. LUKES       Stop-838-7791       Stop-838-7791											
HERE       Signature of plan administrator       Date       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         Preparer's name (including firm name, if applicable) and address; include room or suite number (optional)       Enter name of individual signing as employer or plan sponsor         Preparer's name (including firm name, if applicable) and address; include room or suite number (optional)       Preparer's telephone number (optional)         KELLY R. LUKES       Stop-838-7791	SB or Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/report, and to the best of my knowledge and										
Signature of plan administrator     Date     Enter name of individual signing as plan administrator       Signature of employer/plan sponsor     Date     Enter name of individual signing as employer or plan sponsor       Preparer's name (including firm name, if applicable) and address; include room or suite number (optional)     Preparer's telephone number (optional)       KELLY R. LUKES     Stop-838-7791		Filed with authorized/va	lid electronic signature.	10/14/2014	PAUL MCCLURE						
HERE         Signature of employer/plan sponsor         Date         Enter name of individual signing as employer or plan sponsor           Preparer's name (including firm name, if applicable) and address; include room or suite number (optional)         Preparer's telephone number (optional)           KELLY R. LUKES         PENSION CONSULTANTS NORTHWEST, INC         509-838-7791	HERE	Signature of plan adr	blan administrator Date Enter name of individu				al signing as plan administrator				
Signature of employer/plan sponsor       Date       Enter name of individual signing as employer or plan sponsor         Preparer's name (including firm name, if applicable) and address; include room or suite number (optional)       Preparer's telephone number (optional)         KELLY R. LUKES       PENSION CONSULTANTS NORTHWEST, INC       509-838-7791											
KELLY R. LUKES PENSION CONSULTANTS NORTHWEST, INC 509-838-7791	HERE	Signature of employe	mployer/plan sponsor Date Enter name of individ				dual signing as employer or plan sponsor				
PENSION CONSULTANTS NORTHWEST, INC 509-838-7791		name (including firm nar		room or suite number							
			IWEST, INC				509-838-7791				
SPOKANE, WA 99203	PO BOX 8	176									

Pa	t III Financial Information									
7	Plan Assets and Liabilities (a) Beginning of Ye			ır	(b) End of Year					
а	Total plan assets			4				8	809809	)
b	b Total plan liabilities									
С	Net plan assets (subtract line 7b from line 7a)	7c	72688	4	809809					
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount	(a) Amount			(b)	Total		
а	Contributions received or receivable from:		E700	c						
	(1) Employers	8a(1)	5782	0						
	(2) Participants	8a(2)								
	(3) Others (including rollovers)			0						
	Other income (loss)	8b	7509	5				4	22025	
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) Benefits paid (including direct rollovers and insurance premiums	8c							32925	
	to provide benefits)	8d	5000	0						
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							50000	)
i	Net income (loss) (subtract line 8h from line 8c)	8i							82925	
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	feature co	des from the List of Plan Chara	acteris	stic Co	odes in	the instru	ctions	:	
	2E 2J 2R 3D									
b	If the plan provides welfare benefits, enter the applicable welfare fe	eature coo	es from the List of Plan Charac	cterist		ies in t	ne instruc	tions:		
Part	V Compliance Questions									
10	During the plan year:				Yes	No		Ame	ount	
	<ul><li>a Was there a failure to transmit to the plan any participant contributions within the time period described in</li></ul>					~		7 411	June	
	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)			10a		Х				
b	<b>b</b> Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)			10b		х				
c					Х					100000
d				10c						100000
	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						Х				
					Х					440440
 										113418
	2520.101-3.)	•		10h		Х				
i	If 10h was answered "Yes," check the box if you either provided the					х				
	exceptions to providing the notice applied under 29 CFR 2520.10	1-3		10i		~				
Part VI Pension Funding Compliance										
11       Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form 5500) and line 11a below)         Yes X       No										
11a	<b>11a</b> Enter the unpaid minimum required contribution for current year from Schedule SB (Form 5500) line 39 <b>11a</b>									
12	12 Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA?									
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)									
а	If a waiver of the minimum funding standard for a prior year is beir granting the waiver.				, and e	enter th Day	ne date of	the le Yea		ing
If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.										
b	Enter the minimum required contribution for this plan year					12b				

C	Enter the amount contributed by the employer to the plan for this plan year	12c						
d	Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a negative amount)	12d						
е	Will the minimum funding amount reported on line 12d be met by the funding deadline?		Yes	No N/A				
Part	Part VII Plan Terminations and Transfers of Assets							
13a	Has a resolution to terminate the plan been adopted in any plan year?	Ye	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 c of the PBGC?	ontrol		Yes X No				
C 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.)								
13c(1) Name of plan(s): 1				<b>13c(3)</b> PN(s)				
Part	VIII Trust Information (optional)		1					
14a	lame of trust	14b Trust's EIN						