## Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation

## Short Form Annual Return/Report of Small Employee Benefit Plan

This form is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA), and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

1210-0089

OMB Nos. 1210-0110

2013

This Form is Open to Public Inspection

Part I									
raiti	Annual Report	Identificat	tion Informatio	on					
For caler	ndar plan year 2013 or fis	scal plan year	beginning 06/	/01/2013		and ending	05/31/	/2014	
A This	return/report is for:	X a single-	employer plan	am	ultiple-employer pl	an (not multiemploye	r)	a one-partici	pant plan
<b>B</b> This i	return/report is:	the first r	return/report	x the	final return/report				
		an amen	nded return/report	a sh	ort plan year returr	n/report (less than 12	months	3)	
C Chec	k box if filing under:	Form 55	58	auto	omatic extension			DFVC progra	am
	-	special e	extension (enter de	escription)				_	
Part II	Basic Plan Info	rmation—e	enter all requested	d information	1				
<b>1a</b> Nam							1b	Three-digit	
	ENTERS, INC. 401(K) RE	ETIREMENT A	AND PROFIT SHA	ARING PLAN	N			plan number	
								(PN) <b>▶</b>	001
							1c	Effective date o	•
20. 51			.,				-	06/01	
	sponsor's name and add ENTERS, INC	aress; include	e room or suite nur	mber (emplo	yer, if for a single-	employer plan)	26	Employer Identi (EIN) 91-08	ification Number 315230
							2c	Sponsor's telep	hone number
P.O. BOX								253-58	4-3734
LAKEWO	OD, WA 98499						2d	Business code (	(see instructions)
			_		_			45114	40
<b>3a</b> Plan	administrator's name an	nd address X	Same as Plan Spo	onsor Name	Same as Plan	Sponsor Address	3b	Administrator's	EIN
							3с	Administrator's	telephone number
4 1511									
	e name and/or EIN of the	e plan sponso	or has changed sin						
nan	ne FINI and the plan nur				eturn/report filed fo	r this plan, enter the	40	EIN	
	ne, EIN, and the plan nur nsor's name				eturn/report filed fo	or this plan, enter the			
<b>a</b> Spor	nsor's name	mber from the	e last return/report.		•	· 	4c	PN	26
<b>a</b> Spor		at the beginn	e last return/report.	ar			4c 5a	PN	26
<ul><li>a Spor</li><li>5a Tota</li><li>b Tota</li><li>c Num</li></ul>	nsor's name al number of participants al number of participants nber of participants with a	at the beginn at the end of account balan	e last return/report.  ning of the plan year the plan year	arl of the plan	year (defined bene	fit plans do not	4c 5a 5b	PN	0
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Pa	rt III   Financial Information										
7	Plan Assets and Liabilities		(a) Beginning of Yea	or.			(b) End	of Vo	ar		
	otal plan assets						(b) Liid	JI 16	0	)	
	Total plan liabilities	7b			+						
	Net plan assets (subtract line 7b from line 7a)	7c	252980	5					0	)	
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b) T	ntal.			
	Contributions received or receivable from:		(a) Amount				(D) 1	Jiai			
	(1) Employers	8a(1)	1614	5							
	(2) Participants	8a(2)	3175	9							
	(3) Others (including rollovers)	8a(3)									
b	Other income (loss)	8b	37681	0							
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						42	24714		
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	295451	9							
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						29	54519	9	
i	Net income (loss) (subtract line 8h from line 8c)	8i						-25	29805	5	
j	Transfers to (from) the plan (see instructions)	8j									
Pa	rt IV Plan Characteristics				•						
9a		feature cod	des from the List of Plan Char	acteris	stic Co	odes in	the instruc	tions			
b	If the plan provides welfare benefits, enter the applicable welfare fe	eature code	es from the List of Plan Chara	cterist	ic Cod	des in t	he instructi	ons:			
Dan	(V Compliance Overtions										
Par	•			1		١		_			
10	During the plan year:		0 0 11 21	ı	Yes	No		Amo	unt		
a	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu	ciary Corre	ection Program)	10a		X					
D	Were there any nonexempt transactions with any party-in-interest on line 10a.)			10b		X					
					X					000	000
				10c					•	300	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	X					1	572
f	Has the plan failed to provide any benefit when due under the plan	n?		10f		X					
	Did the plan have any participant loans? (If "Yes," enter amount a	s of vear e	nd )	10g	Χ						0
	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)					X					
i	If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10	ne required	I notice or one of the	10h							
Daw		1-3		10i							
Part	Is this a defined benefit plan subject to minimum funding requirem								.,		
	5500) and line 11a below)							L	Yes	Ц	No
	Enter the unpaid minimum required contribution for current year fr		,			11a	<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,										
а	If a waiver of the minimum funding standard for a prior year is beir	ng amortize			, and e	_	ne date of the			ling	
	granting the waiver.			ith		Day		Year			
	you completed line 12a, complete lines 3, 9, and 10 of Schedule			th	-	Day <b>12b</b>		rear			

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raye	J		

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			Yes	No	N/A	
Part	VII Plan Terminations and Transfers of Assets					
13a	Has a resolution to terminate the plan been adopted in any plan year?	. X	res No	1		
	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?	e control X 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				
	13c(1) Name of plan(s):	3c(2) El	N(s)	13c(3)	PN(s)	
Part	VIII Trust Information (optional)					
14a	Name of trust	<b>14b</b> ⊺ı	rust's EIN			

## Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation Short Form Annual Return/Report of Small Employee Benefit Plan

This form is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA), and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

▶ Complete all entries in accordance with the instructions to the Form 5500-SF.

OMB Nos. 1210-0110 1210-0089

2013

This Form is Open to Public Inspection

Part I	Annual Report	Identification Information							
For calenda	ar plan year 2013 or fi	scal plan year beginning	06/01/2013	and ending	05/31/	2014			
A This ret	turn/report is for:	X a single-employer plan	a multiple-employer pl	an (not multiemployer)	t multiemployer) a one-participant plan				
B This ret	turn/report is:	the first return/report	X the final return/report		_				
	·	an amended return/report	a short plan year return	/report (less than 12 m	onths)				
C Check I	box if filing under:	Form 5558	automatic extension		☐ DFVC	program			
		special extension (enter descr	ription)						
Part II	Rasic Plan Info	prmation—enter all requested inf	<u> </u>						
1a Name		Timation enter all requested in	omation		1b Three-dig	it I			
		401(K) RETIREMENT AN	ND PROFIT SHARING	PLAN	plan numi	ber			
					(PN)	001			
					1c Effective 06/01/				
	ponsor's name and ac CENTERS, INC	ddress; include room or suite numbe	er (employer, if for a single-	employer plan)	<b>2b</b> Employer Identification Number (EIN) 91 - 0815230				
P O B	OX 99730				2c Sponsor's	s telephone number			
1.0. D	011 33730					code (see instructions)			
LAKEWO	OD	WA 98499			451140	,			
3a Plan a	dministrator's name a	nd address XSame as Plan Spons	or Name XSame as Plan	Sponsor Address	3b Administra	ator's EIN			
					3c Administra	ator's telephone number			
4 If the r	name and/or FIN of th	e plan sponsor has changed since	the last return/report filed fo	r this plan enter the	4b EIN				
		mber from the last return/report.	and last retains eport mea re	r trio piari, critor tric	4D EIN				
<u>-</u> _	or's name				4c PN				
<b>5a</b> Total i	number of participants	s at the beginning of the plan year	••••••		5a	26			
		at the end of the plan year			5b	0			
		account balances as of the end of			5c	0			
6a Were	all of the plan's asset	s during the plan year invested in e	ligible assets? (See instruct	ions.)		X Yes No			
		of the annual examination and repor				₩ Vaa □ Na			
		6? (See instructions on waiver eligible) of the r line 6a or line 6b, the plan of				X Yes No			
-		fit plan, is it covered under the PBG				No Not determined			
		or incomplete filing of this return							
SB or Sche		ther penalties set forth in the instruc and signed by an enrolled actuary, a aplete.							
SIGN	In &	llen	10-25-14	TOM ANDERSON					
HERE	Signature of plan	administrator	Date	Enter name of individ	ual signing as pla	an administrator			
SIGN									
HERE	Signature of emple	oyer/plan sponsor	Date	Enter name of individ	ual signing as er	nployer or plan sponsor			
Preparer's		name, if applicable) and address; in				phone number (optional)			
						,			
					THE RESERVE TO SERVE THE PARTY OF THE PARTY	THE RESERVE OF THE PARTY OF THE			