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

| | | none oddranky oorporation | ▶ Cc | mplete all entries | s in accorda | ince with the instru | ctions to the Form 55 | 00-SF. | | |
|---|--|---|--|--|---|---|---|---|--|--|
| Pa | rt I | Annual Report | Identific | cation Informa | ation | | | | | |
| For c | calenda | ar plan year 2013 or fis | scal plan y | ear beginning | 10/01/2013 | | and ending | 09/30/ | 2014 | |
| A T | his retu | urn/report is for: | | gle-employer plan | Да | multiple-employer p | lan (not multiemployer |) | a one-partici | pant plan |
| B T | his retu | urn/report is: | the fi | rst return/report | tł | he final return/report | | | | |
| | | | an ar | mended return/repo | ort a | short plan year retur | n/report (less than 12 | months |) | |
| C 0 | check b | oox if filing under: | Form | 5558 | Па | utomatic extension | | | DFVC progra | am |
| | | Ç | speci | ial extension (ente | r description |) | | | | |
| Pai | rt II | Basic Plan Info | rmation | enter all reques | sted informati | ion | | | | |
| 1a 1 | Name o | of plan | | | | | | 1b | Three-digit | |
| | | ERPRISES, INC. 401 | (K) PROF | IT SHARING PLA | N & TRUST | | | | plan number | |
| | | | | | | | | | (PN) • | 002 |
| | | | | | | | | 1c | | • |
| 0 | | | | | | | | | 07/01 | |
| | | oonsor's name and ad TERPRISES, INC. | ldress; incl | ude room or suite | number (em | ployer, if for a single- | -employer plan) | 2b | fication Number 857069 | |
| 1610 [| EAST | MAIN STREET | | | | | | 2c | Sponsor's telep | |
| | | WA 98371 | | | | | | 2d | | (see instructions) |
| 3a | Plan ac | dministrator's name ar | nd address | Same as Plan | Sponsor Na | me Same as Plar | n Sponsor Address | 3b | 32730 Administrator's | |
| | | | | | · | | · | 30 | Administrator's | telephone number |
| | | | | | | | | 30 | Auministrators | telepriorie numbei |
| | | | | | | | | | | |
| | | | | | | | | | | |
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| | | | | | | | | | | |
| 4 | If the n | name and/or EIN of the | e plan spo | nsor has changed | since the las | st return/report filed for | or this plan, enter the | 4b | EIN | |
| | | name and/or EIN of the EIN, and the plan nur | | | | st return/report filed for | or this plan, enter the | | | |
| | name, | | | | | st return/report filed fo | or this plan, enter the | | EIN PN | |
| _a : | name, Sponso | EIN, and the plan nur or's name | mber from | the last return/rep | oort. | · | or this plan, enter the | | | 51 |
| а : 5а | name, Sponso Total n | EIN, and the plan nur or's name number of participants | mber from at the beg | the last return/rep | year | | | 4c - 5a | | |
| a : 5a b | name, Sponso Total n Total n Numbe | EIN, and the plan nur or's name number of participants number of participants er of participants with | at the beg | ginning of the plan d of the plan year. alances as of the | yearend of the pla | an year (defined bene | | 4c - 5a | | |
| a : 5a b c | name, Sponso Total n Total n Numbe comple | EIN, and the plan nur or's name number of participants number of participants er of participants with ete this item) | at the beg at the end account ba | ginning of the plan d of the plan year . alances as of the e | yearend of the pla | an year (defined bene | efit plans do not | 4c 5a 5b | PN | 47 |
| a 5 5a b c | name, Sponso Total n Total n Numbe comple Were | EIN, and the plan number's name number of participants number of participants er of participants with ete this item) | at the beg at the end account ba | ginning of the plan d of the plan year . alances as of the elan year investigation in the plan year investigation. | yearend of the pla | an year (defined bene assets? (See instruc | efit plans do not | 4c 5a 5b 5c | PN | 24 |
| a 5 5a b c | name, Sponso Total n Total n Numbe comple Were Are yo under | EIN, and the plan number's name number of participants number of participants et et this item) | at the beg at the end account bases s during the f the annual ? (See inst | ginning of the plan d of the plan year . alances as of the elements all examination and tructions on waive | yearend of the pla | an year (defined bene assets? (See instruc independent qualified d conditions.) | efit plans do not ctions.)ed public accountant (l | 4c 5a 5b 5c | PN | 24 |
| a 5 5a b c | name, Sponso Total n Total n Numbe comple Were Are yo under | EIN, and the plan number's name number of participants number of participants et et this item) | at the beg at the end account bases s during the f the annual ? (See inst | ginning of the plan d of the plan year . alances as of the elements all examination and tructions on waive | yearend of the pla | an year (defined bene assets? (See instruc independent qualified d conditions.) | efit plans do not ctions.) | 4c 5a 5b 5c | PN | 47 24 X Yes No |
| a 5 5a b c | name, Sponso Total n Total n Numbe comple Were Are yo under If you | EIN, and the plan number's name number of participants number of participants er of participants with ete this item) | account bases a during the fithe annual (See institute) | ginning of the plan d of the plan year alances as of the elements of the plan year investigation and tructions on waiver the control of the c | yearend of the planded in eligible dreport of an religibility an plan cannot | an year (defined bene assets? (See instruc independent qualified d conditions.) | efit plans do not ctions.)ed public accountant (l | 4c 5a 5b 5c 5c | PN | 47 24 X Yes No |
| a 5 5a b c | name, Sponso Total n Total n Number comple Were Are younder If you | EIN, and the plan number's name number of participants number of participants er of participants with ete this item) | at the beg at the end account bases as during the fit he annual? (See instead | ginning of the plan d of the plan year . alances as of the elements are plan year investigal examination and tructions on waive 6a or line 6b, the it covered under the | yearend of the planded in eligible dreport of an planded report of an plan cannot the PBGC insu | an year (defined bene assets? (See instruct independent qualified d conditions.) | efit plans do not etions.)ed public accountant (land must instead us ERISA section 4021) | 4c 5a 5b 5c QPA) | PN | 47 24 X Yes □ No X Yes □ No |
| a s 5a b c 6a b | name, Sponso Total n Total n Numbe comple Were Are you under If you If the p | EIN, and the plan number of participants number of participants or of participants with ete this item) | at the beg at the end account ba account ba s during th of the annual (See instaither line) (Sither line) or incomp | ginning of the plan d of the plan year alances as of the elements of the plan year investigation and tructions on waiver the covered under the plete filling of this | yearend of the planed in eligible d report of an religibility an plan cannot ne PBGC insustrements. | assets? (See instruction independent qualified conditions.) | efit plans do not ctions.)ed public accountant (I and must instead us ERISA section 4021) | 4c 5a 5b 5c QPA) 9c Form | PN | 47 24 X Yes □ No X Yes □ No Not determined |
| a S 5a b c 6a b C Caute Under SB o | Total notal | EIN, and the plan number of participants number of participants of participants of participants of participants with ete this item) | at the beg at the end account be account be | ginning of the plan d of the plan year alances as of the elements of the plan year investigated and the contractions on waiver the covered under the plete filing of this ies set forth in the | year year end of the pla red in eligible d report of an r eligibility an plan cannot ne PBGC insu s return/repo instructions, | assets? (See instruction independent qualified conditions.) | efit plans do not etions.)ed public accountant (land must instead us ERISA section 4021) | 4c 5a 5b 5c 5c 9PA) e Form 2 [ause is eport, i | PN 5500. Yes No nestablished. No nocluding, if applic | 47 24 |
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Form 5500-SF 2013 Page **2**

| Pa | rt III Financial Information | | | | | | | | | |
|---|--|--|----------------------------------|---------|----------------------------|----------|------------|---------|--------|----------|
| 7 | Plan Assets and Liabilities | | (a) Beginning of Yea | ar | | | (b) End | l of Y | ear | |
| <u>.</u> | Total plan assets | 7a | 165409 | | (b) End of Year 1777974 | | | | 1 | |
| | Total plan liabilities | 7b | | | + | | | | | - |
| | Net plan assets (subtract line 7b from line 7a) | 7c | 165409 | 1 | | | 1777974 | | | |
| 8 | | 70 | | | + | | /b) | | | |
| | Contributions received or receivable from: | ome, Expenses, and Transfers for this Plan Year (a) Amount | | | | | (b) | Total | | |
| | (1) Employers | 8a(1) | | | | | | | | |
| | (2) Participants | 8a(2) | 4606 | 0 | | | | | | |
| | (3) Others (including rollovers) | 8a(3) | | | | | | | | |
| b | Other income (loss) | 8b | 15672 | 0 | | | | | | |
| С | Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) | 8c | | | | | | 2 | 02780 | |
| | Benefits paid (including direct rollovers and insurance premiums to provide benefits) | 8d | 7889 | 7 | | | | | | |
| 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 | | | | | | | 78897 | 7 |
| | Net income (loss) (subtract line 8h from line 8c) | 8i | | | | | | | 123883 | 3 |
| | Transfers to (from) the plan (see instructions) | 8j | | | | | | | | |
| | t IV Plan Characteristics | <u> </u> | | | | | | | | |
| 9a | If the plan provides pension benefits, enter the applicable pension 2E 2H 2J 2K 3D | feature co | des from the List of Plan Char | acteris | stic Co | odes in | the instru | ictions | s: | |
| b | If the plan provides welfare benefits, enter the applicable welfare fe | eature cod | es from the List of Plan Chara | cterist | ic Cod | des in t | he instruc | tions: | | |
| D | (V. Osmalianas Omatiana | | | | | | | | | |
| Par | • | | | | | T | ı | | | |
| 10 | During the plan year: | | | г | Yes | No | | Am | ount | |
| | Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidulations) | ıciary Corr | ection Program) | 10a | | X | | | | |
| b | Were there any nonexempt transactions with any party-in-interest on line 10a.) | | | 10b | | X | | | | |
| С | Was the plan covered by a fidelity bond? | | | 10c | X | | | | | 200000 |
| 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 | | ' ' | 40- | | X | | | | |
| | instructions.) | | | 10e | | Χ | | | | |
| f | Has the plan failed to provide any benefit when due under the pla | n? | | 10f | | | | | | |
| g | Did the plan have any participant loans? (If "Yes," enter amount a | s of year e | end.) | 10g | | X | | | | |
| h | 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 | | | 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) | | | | | | | | | | |
| 112 | · | | | | | 11a | | · | | <u> </u> |
| | | | | | | | | | X No | |
| 12 | to the description of the state | | | | | | | ^ INU | | |
| a | (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 being standard to the universe of the minimum funding standard for a prior year is being standard for a prior year. | ng amortiz | ed in this plan year, see instru | | , and e | _ | ne date of | | | ling |
| | you completed line 12a, complete lines 3, 9, and 10 of Schedule | | | ıtrı | | Day | | Yea | ıı' | |
| | Enter the minimum required contribution for this plan year | • | | | | 12b | | | | |
| | | | | | | | | | | |

| 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 | VII Plan Terminations and Transfers of Assets | | | | | | | |
| 13a | Has a resolution to terminate the plan been adopted in any plan year? | | Yes | s 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? | control | | | Yes | X No | | |
| С | If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) which assets or liabilities were transferred. (See instructions.) | to | | | | | | |
| | 3c(1) Name of plan(s): | 3c(2) E | EIN(| s) | 13c(3) | PN(s) | | |
| | | | | | | | | |
| Part | VIII Trust Information (optional) | | | | | | | |
| | | | | | 14b Trust's EIN 911372868 | | | |

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 section 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. Part Annual Report Identification Information

OMB Nos. 1210-0110 1210-0089

2013

This Form is Open to Public Inspection

| _ | Calendar plan year 2013 or is | scar plan year beginning | 10/01/2013 | and ending | 09/30/201 | 4 | | | | |
|---------|--|---|------------------------------|---|---|---|--|--|--|--|
| Α - | This return/report is for: | 🕱 a single-employer plan | a multiple-employer | plan (not multiemployer) | a one-pa | articipant plan | | | | |
| В | This return/report is: | the first return/report | the final return/report | rt | _ | | | | | |
| | | an amended return/report | a short plan year ret | urn/report (less than 12 m | onths) | | | | | |
| C | Check box if filing under: | Form 5558 | automatic extension | | DFVC p | rogram | | | | |
| | | special extension (enter desc | ription) | | | | | | | |
| Pa | rt II Basic Plan Info | ermation enter all requested | information | | | | | | | |
| 1a | Name of plan | | | | 1b Three-digit | | | | | |
| | Shope Enterprises, | Inc. 401(k) Profit Sha | ring Plan & Trust | 1 | plan numbe (PN) ▶ | er 002 | | | | |
| | | | | | 1c Effective da | | | | | |
| | | | | | 07/01/1 | 986 | | | | |
| 2a | Plan sponsor's name and ad Shope Enterprises, | dress; include room or suite numb | er (employer, if for a singl | e-employer plan) | 2b Employer Identification Number | | | | | |
| | , | | | | | -0857069 | | | | |
| | | | | | 2C Sponsor's t (253) 84 | elephone number | | | | |
| | 1618 East Main Stre | eet | | | | ode (see instructions) | | | | |
| US | Puyallup | WA 98371 | | | 327300 | out (out mondonome) | | | | |
| 3a | Plan administrator's name ar | nd address X Same as Plan Sp | onsor Name 🔲 Same as | Plan Sponsor Address | 3b Administrat | or's EIN | | | | |
| | | | | | | | | | | |
| | | | | | 3c Administrat | or's telephone number | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| 1 | If the name and/or FINI of the | plan sponsor has changed since | the last return/report filed | for this plan, optor the | 4b EIN | | | | | |
| - | | nber from the last return/report. | the last return/report med | ior this plan, enter the | 4D CIN | | | | | |
| а | Sponsor's name | | | | 4c PN | | | | | |
| 5a | Total number of participants | at the beginning of the plan year | | | 5a | 51 | | | | |
| | | at the end of the plan year | | | 5b | 47 | | | | |
| С | • | account balances as of the end of t | | - | 5c | 24 | | | | |
| a 3a | | during the plan year invested in el | | | | X Yes No | | | | |
| | | the annual examination and report | • | | 'A) | | | | | |
| | | (See instructions on waiver eligibi | | | | . X Yes ☐ No | | | | |
| | | her line 6a or line 6b, the plan c | | | | T | | | | |
| С | If the plan is a defined benefi | t plan, is it covered under the PBG | C insurance program (see | e ERISA section 4021)? | Yes _ | No Not determined | | | | |
| Cau | tion: A penalty for the late | or incomplete filing of this retur | n/report will be assessed | d unless reasonable cau | se is established | | | | | |
| | | her penalties set forth in the instru- | | | | | | | | |
| | or Schedule MB completed a ef, it is true, correct, and com | nd signed by an enrolled actuary, a plete♠ | as well as the electronic ve | ersion of this return/report | , and to the best of | i my knowiedge and | | | | |
| 2005 | 100 | feller | - 1/1/20 | Gary Pattee | | | | | | |
| SK | RE Signature of plan adm | injetrator | Date | Enter name of individua | l signing as plan a | dministrator | | | | |
| 1 | | i ii vi atvi | | Z.nor name of marvida | . July as plan a | | | | | |
| SIL | RE Signature of employer | /nlan enoneor | Date | Enter name of individua | l signing as emplo | ver or plan sponsor | | | | |
| 100000 | 28E-S-26905 | ame, if applicable) and address; in | | | ual signing as employer or plan sponsor Preparer's telephone number (optional) | | | | | |
| . 01 | - a. a. a manne (monanny mm) | , or approximately action and adds to | | , | | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | | | | |
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