For	m 5500-SF	Short Form Annual Return/Report of Small Employee					OMB Nos. 1210-0110 1210-0089		
Department of the Treasury Internal Revenue Service		Benefit Plan				2013			
Department of Labor This form is required to be filed under sections 104 and 4065 of the Employ Department of Labor Retirement Income Security Act of 1974 (ERISA), and sections 6057(b) and 605 Employee Benefits Security Administration the Internal Revenue Code (the Code).				ctions 6057(b) and 6058			s Open to Public		
Pension Be	Benefit Guaranty Corporation Complete all entries in accordance with the instructions to the Form 5500-SF.								
Part I Annual Report Identification Information									
For calendar plan year 2013 or fiscal plan year beginning 10/01/2013 and ending 09/30/2014									
A This ret	A This return/report is for:								
B This return/report is:									
an amended return/report a short plan year return/report (less than 12 months)									
C Check box if filing under:							am		
	special extension (enter description)								
Part II	Basic Plan Inform	nation—enter all requested information	on						
1a Name	•				1b	Three-digit			
SEVEN SIST	ERS, INC. 401(K) PROF	FIT SHARING PLAN				plan number (PN) ▶	003		
					1c	Effective date o			
						05/01	•		
2a Plan sp SEVEN SIST		ess; include room or suite number (emp	bloyer, if for a single-	employer plan)	2b	Employer Identi (EIN) 91-11	fication Number 33568		
613 SUNSE	F PARK DRIVE				2c	Sponsor's telephone number 360-856-0842			
	OLLEY, WA 98284				2d	Business code (see instructions) 238210			
3a Plan ad	dministrator's name and	address 🔀 Same as Plan Sponsor Nar	ne Same as Plan	Sponsor Address	3b	Administrator's	EIN		
					20	C Administrator's telephone number			
	 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN, and the plan number from the last return/report. 								
a Sponso					4c PN				
5a Total r	number of participants at	the beginning of the plan year			5a	5a			
b Total r	number of participants at	the end of the plan year			5b	5b 1			
		count balances as of the end of the pla			5c		12		
6a Were	all of the plan's assets d	luring the plan year invested in eligible	assets? (See instruc	tions.)			🗙 Yes 🗌 No		
		ne annual examination and report of an					🗙 Yes 🗌 No		
		See instructions on waiver eligibility an er line 6a or line 6b, the plan cannot							
-		plan, is it covered under the PBGC insu			_		Not determined		
Coution	nonality for the late or	incomplete filing of this return/rene					2		
		incomplete filing of this return/report r penalties set forth in the instructions,					able, a Schedule		
SB or Sche		signed by an enrolled actuary, as well							
SIGN	Filed with authorized/va	lid electronic signature.							
HERE Signature of plan administrator Date			Date	Enter name of individual signing as plan administrator					
SIGN									
HERE	Signature of employe		Date	Enter name of individe					
Preparer's	name (including firm nan	ne, if applicable) and address; include i	room or suite numbe	r (optional)	Prep	arer's telephone	number (optional)		

Pa	Part III Financial Information									
7	Plan Assets and Liabilities		(a) Beginning of Year			(b) End of Year				
а	Total plan assets	7a	389933	5	4349951					
b	Total plan liabilities	7b								
С	Net plan assets (subtract line 7b from line 7a)	7c	389933	5		4349951				
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b) 1	otal		
а	Contributions received or receivable from: (1) Employers	8a(1)	11781	0						
	(2) Participants			7						
	(3) Others (including rollovers)	8a(3)								
b	Other income (loss)									
С	otal income (add lines 8a(1), 8a(2), 8a(3), and 8b)							4	50616	
	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								
	Net income (loss) (subtract line 8h from line 8c)	8i			_			4	50616	6
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 instruc	tions	:	
	2E 2J 2K 3D	4	a form the List of Disc. Observe	- 4 4			h - 1			
b	If the plan provides welfare benefits, enter the applicable welfare fe	eature coo	les from the List of Plan Chara	cterist		ies in t	ne instruct	ions:		
Part	V Compliance Questions									
10	During the plan year:				Yes	No		Amo	ount	
	a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)									
b	Were there any nonexempt transactions with any party-in-interest	? (Do not	include transactions reported			Х				
c	on line 10a.) Was the plan covered by a fidelity bond?			10b	Х					500000
				10c						500000
d	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					x				
	instructions.)			10e						
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		Х		_		
h	· · · · · · · · · · · · · · · · · · ·	•				х				
	2520.101-3.)			10h						
i	If 10h was answered "Yes," check the box if you either provided th exceptions to providing the notice applied under 29 CFR 2520.10	•		10i						
Part	Part VI Pension Funding Compliance									
11	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)								Yes	X No
11a	a Enter the unpaid minimum required contribution for current year from Schedule SB (Form 5500) line 39 11a									
12										
	(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 granting the waiver.	ng amortiz	ed in this plan year, see instruc		, and e	enter th Day	ne date of	he le Yea		ling
lf	you completed line 12a, complete lines 3, 9, and 10 of Schedul					Day		i ca		
-	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 of the PBGC?	control		Yes 🗙 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.)								
1	3c(1) Name of plan(s): 1	3c(2) EIN	l(s)	13c(3) PN(s)				
Part	VIII Trust Information (optional)							
14a	Name of trust	14b Trust's EIN						

	Form 5500-SF	Short Form Annual Return/Report of Small Employee					
	Department of the Treasury Internal Revenue Service	This form is required to be file		2013			
	Department of Labor	Retirement Income Security Act of	8(a) of				
_ <u>E</u>	mployee Benefits Security Administration Pension Benefit Guaranty Corporation	the Intern		orm is Open to Public Inspection			
6		Complete all entries in accord lentification Information	00-SF.	••••••••••••••••••••••••••••••••••••••			
ALC: NOT THE OWNER OF	r calendar plan year 2013 or fisca		10/01/2013	and ending	09/30/201	4	
_		a single-employer plan		plan (not multiemployer)		articipant plan	
	This return/report is:	the first return/report	the final return/report			anicipant plan	
		an amended return/report		urn/report (less than 12 m	nonthe)		
С	Check box if filing under:	Form 5558	automatic extension			rogram	
		special extension (enter description				logialit	
P	art II Basic Plan Inform	nation enter all requested inform	,				
1.00	Name of plan			,	1b Three-digit		
	Seven Sisters, Inc.	401(k) Profit Sharing Pla	an		plan numb (PN) ►		
					1c Effective da		
20	Discourse in the				05/01/1	981	
∡a	Seven Sisters, Inc.	ess; include room or suite number (er	mployer, if for a singl	e-employer plan)		dentification Number	
						-1133568	
	613 Sunset Park Drive	a			(360) 8	elephone number 56-0842	
		, ,				ode (see instructions)	
<u>US</u> 3a		WA 98284			238210		
Ja	Plan administrator's name and a	address X Same as Plan Sponsor	Name Same as	Plan Sponsor Address	3b Administrat	or's EIN	
					2		
					SC Administrat	or's telephone number	
4	If the name and/as FINI of the sil					- 1999	
-	name, EIN, and the plan numbe	an sponsor has changed since the la r from the last return/report.	st return/report filed f	or this plan, enter the	4b EIN		
a	Sponsor's name				4c PN		
		he beginning of the plan year			5a	12	
b	Total number of participants at the				5b	12	
с 	complete this item)	ount balances as of the end of the pla	an year (defined ben	efit plans do not	5c	12	
6a		ing the plan year invested in eligible			*****	X Yes No	
b	Are you claiming a waiver of the	annual examination and report of an	independent qualifie	d public accountant (IQP	PA)		
		ee instructions on waiver eligibility an Ine 6a or line 6b, the plan cannot				X Yes No	
с		an, is it covered under the PBGC insi				No Not determined	
Ca				the property of the second			
		ncomplete filing of this return/repo penalties set forth in the instructions,					
SB	or Schedule MB completed and s ef, it is true, correct, and complete	signed by an enrolled actuary, as well	I as the electronic ve	rsion of this return/report,	and to the best of	my knowledge and	
SI	GN Christine M	Monin		Christine Thomps	SON		
1.	RE Signature of plan adminis		Date	Enter name of individual		ministrator	
SI	SN Mustin M	n. H.			nom pson	10	
	RE Signature of employer/pla	n sponsor	Date 2/11/15	Enter name of individual		ver or plan sponsor	
Pre	parer's name (including firm name	e, if applicable) and address; include	room or suite numbe			ne number (optional)	
					~ <u>,</u>		
For	Paperwork Reduction Act Notic	ce and OMB Control Numbers, see	the instructions fo	Form 5500-SE		Form 5500-SE (2013)	

7 Plan Assets and Liabilities		(a) Beginning of Yea	r			(b) End o	f Year
a Total plan assets	. 7a						
b Total plan liabilities		5,055,5	3,899,335		4,349,		
c Net plan assets (subtract line 7b from line 7a)		3,899,3			4		4,349,951
B Income, Expenses, and Transfers for this Plan Year		(a) Amount		(b) Total			
a Contributions received or receivable from:		(4) / 11/0 4/14				(6) 10	
(1) Employers	. 8a(1)	117,8	10				State State
(2) Participants	. 8a(2)	86,1	67			1	
(3) Others (including rollovers)							
b Other income (loss)	. 8b	246,6	39				
 C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) Benefits paid (including direct rollovers and insurance premiums to provide benefits) 							450,616
e Certain deemed and/or corrective distributions (see instructions)				1.2.2.3	14 1 14 14 14 14 14 14 14 14 14 14 14 14		
Administrative service providers (salaries, fees, commissions)	. 8f						
Other expenses	. 8g				Contraction of the second		State of the state
Total expenses (add lines 8d, 8e, 8f, and 8g)	8h			0			
Net income (loss) (subtract line 8h from line 8c)	8i						450,616
Transfers to (from) the plan (see instructions)	8j		ka-9-	and a straight of the			
Part IV Plan Characteristics						The second second	
Part V Compliance Questions							
0 During the plan year:				Yes	No	A	mount
a Was there a failure to transmit to the plan any participant contribut 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduc	ciary Correctio	n Program)	10a		x		
b Were there any nonexempt transactions with any party-in-interest? on line 10a.)	? (Do not inclu	de transactions reported					
			10b		x		
c Was the plan covered by a fidelity bond?			10b 10c	x	x		500,000
 C Was the plan covered by a fidelity bond? d Did the plan have a loss, whether or not reimbursed by the plan's for dishonesty? 	fidelity bond, t	hat was caused by fraud	-	x	x		500,000
c Was the plan covered by a fidelity bond?d Did the plan have a loss, whether or not reimbursed by the plan's f	fidelity bond, t er persons by of the benefits	hat was caused by fraud an insurance carrier, under the plan? (See	10c	x			500,00
 c Was the plan covered by a fidelity bond? d Did the plan have a loss, whether or not reimbursed by the plan's for dishonesty? e Were any fees or commissions paid to any brokers, agents, or other insurance service, or other organization that provides some or all constructions.) 	fidelity bond, t er persons by of the benefits	hat was caused by fraud an insurance carrier, under the plan? (See	10c 10d	x	x		500,00
 c Was the plan covered by a fidelity bond? d Did the plan have a loss, whether or not reimbursed by the plan's for dishonesty? e Were any fees or commissions paid to any brokers, agents, or other insurance service, or other organization that provides some or all constructions.) f Has the plan failed to provide any benefit when due under the plan 	fidelity bond, t er persons by of the benefits	hat was caused by fraud an insurance carrier, under the plan? (See	10c 10d 10e 10f	x	x x x		500,00
 c Was the plan covered by a fidelity bond? d Did the plan have a loss, whether or not reimbursed by the plan's for dishonesty? e Were any fees or commissions paid to any brokers, agents, or other insurance service, or other organization that provides some or all constructions.) f Has the plan failed to provide any benefit when due under the plan g Did the plan have any participant loans? (If "Yes," enter amount as h If this is an individual account plan, was there a blackout period? (\$ 	fidelity bond, t er persons by of the benefits n? s of year end.) See instruction	hat was caused by fraud an insurance carrier, under the plan? (See	10c 10d 10e 10f 10g	x	x x x x x		500,00
 c Was the plan covered by a fidelity bond? d Did the plan have a loss, whether or not reimbursed by the plan's for dishonesty? e Were any fees or commissions paid to any brokers, agents, or other insurance service, or other organization that provides some or all constructions.) f Has the plan failed to provide any benefit when due under the plan g Did the plan have any participant loans? (If "Yes," enter amount as h If this is an individual account plan, was there a blackout period? (\$2520.101-3.) i If 10h was answered "Yes," check the box if you either provided the plan t	fidelity bond, t er persons by of the benefits n? s of year end.) See instruction e required not	hat was caused by fraud an insurance carrier, under the plan? (See 	10c 10d 10e 10f 10g 10h	x	x x x		500,00
 c Was the plan covered by a fidelity bond? d Did the plan have a loss, whether or not reimbursed by the plan's for dishonesty? e Were any fees or commissions paid to any brokers, agents, or other insurance service, or other organization that provides some or all constructions.) f Has the plan failed to provide any benefit when due under the plan g Did the plan have any participant loans? (If "Yes," enter amount as h If this is an individual account plan, was there a blackout period? (\$2520.101-3.) i If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.101 	fidelity bond, t er persons by of the benefits n? s of year end.) See instruction e required not	hat was caused by fraud an insurance carrier, under the plan? (See 	10c 10d 10e 10f 10g	x	x x x x x		500,00
 c Was the plan covered by a fidelity bond? d Did the plan have a loss, whether or not reimbursed by the plan's for dishonesty? e Were any fees or commissions paid to any brokers, agents, or other insurance service, or other organization that provides some or all constructions.) f Has the plan failed to provide any benefit when due under the plan g Did the plan have any participant loans? (If "Yes," enter amount as h If this is an individual account plan, was there a blackout period? (\$2520.101-3.) i If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.101 art VI Pension Funding Compliance 1 Is this a defined benefit plan subject to minimum funding requirement 	fidelity bond, t er persons by of the benefits n? s of year end.) See instruction e required not -3 ents? (If "Yes,	hat was caused by fraud an insurance carrier, under the plan? (See 	10c 10d 10e 10f 10g 10h 10i	chedu	x x x x x k le SB (F		
 c Was the plan covered by a fidelity bond? d Did the plan have a loss, whether or not reimbursed by the plan's for dishonesty? e Were any fees or commissions paid to any brokers, agents, or other insurance service, or other organization that provides some or all constructions.) f Has the plan failed to provide any benefit when due under the plan g Did the plan have any participant loans? (If "Yes," enter amount as h If this is an individual account plan, was there a blackout period? (\$2520.101-3.) i If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.101 i Is this a defined benefit plan subject to minimum funding requirements 5500) and line 11a below) 	fidelity bond, t er persons by of the benefits a? s of year end.) See instruction e required not -3 ents? (If "Yes,	hat was caused by fraud an insurance carrier, under the plan? (See 	10c 10d 10e 10f 10g 10h 10i	chedu	x x x x k le SB (F		500,00
 c Was the plan covered by a fidelity bond? d Did the plan have a loss, whether or not reimbursed by the plan's for dishonesty? e Were any fees or commissions paid to any brokers, agents, or other insurance service, or other organization that provides some or all constructions.) f Has the plan failed to provide any benefit when due under the plan g Did the plan have any participant loans? (If "Yes," enter amount as h If this is an individual account plan, was there a blackout period? (\$2520.101-3.) i If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.101 Pension Funding Compliance 1 Is this a defined benefit plan subject to minimum funding requirement 5500) and line 11a below) 	fidelity bond, t er persons by of the benefits n? s of year end.) See instruction e required not -3 ents? (If "Yes, om Schedule S	hat was caused by fraud an insurance carrier, under the plan? (See 	10c 10d 10e 10f 10g 10h 10i ete S	chedu	x x x x k le SB (F		Yes X No
 c Was the plan covered by a fidelity bond? d Did the plan have a loss, whether or not reimbursed by the plan's for dishonesty? e Were any fees or commissions paid to any brokers, agents, or other insurance service, or other organization that provides some or all constructions.) f Has the plan failed to provide any benefit when due under the plan g Did the plan have any participant loans? (If "Yes," enter amount as h If this is an individual account plan, was there a blackout period? (\$2520.101-3.) i If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.101 i Is this a defined benefit plan subject to minimum funding requirements 5500) and line 11a below) 1a Enter the unpaid minimum required contribution for current year from 2 Is this a defined contribution plan subject to the minimum funding requirements and the subject to the minimum fun	fidelity bond, t er persons by of the benefits as of year end.) See instruction e required not -3 ents? (If "Yes, om Schedule S equirements of	hat was caused by fraud an insurance carrier, under the plan? (See 	10c 10d 10e 10f 10g 10h 10i ete S	chedu	x x x x k le SB (F		Yes X No
 c Was the plan covered by a fidelity bond? d Did the plan have a loss, whether or not reimbursed by the plan's for dishonesty? e Were any fees or commissions paid to any brokers, agents, or other insurance service, or other organization that provides some or all constructions.) f Has the plan failed to provide any benefit when due under the plan g Did the plan have any participant loans? (If "Yes," enter amount as h If this is an individual account plan, was there a blackout period? (32520.101-3.) i If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.101 art VI Pension Funding Compliance 1 Is this a defined benefit plan subject to minimum funding requirement 5500) and line 11a below) a Enter the unpaid minimum required contribution for current year from the second contribution plan subject to the minimum funding requirement for the second contribution plan subject to the minimum funding requirement for the second contribution plan subject to the minimum funding requirement for the second contribution plan subject to the minimum funding requirement for the second contribution plan subject to the minimum funding requirement for the second contribution plan subject to the minimum funding requirement for the second contribution plan subject to the minimum funding requirement for the second contribution plan subject to the minimum funding requirement for the second contribution plan subject to the minimum funding requirement for the second contribution plan subject to the minimum funding requirement for the second contribution plan subject to the minimum funding requirement for the second contribution plan subject to the minimum funding requirement for the second contribution plan subject to the minimum funding requirement for the second contribution plan subject to the minimum funding requirement for the second contribution plan subject to the minimum funding requireme	fidelity bond, t er persons by of the benefits a of year end.) See instruction e required not -3 ents? (If "Yes, om Schedule s equirements c as applicable. g amortized in	hat was caused by fraud an insurance carrier, under the plan? (See 	10c 10d 10e 10f 10g 10h 10i ete S secti	chedu 	x x x x x k k c SB (F 11a 2 of ERI	SA?	Yes X No Yes No Yes X No letter ruling
 c Was the plan covered by a fidelity bond? d Did the plan have a loss, whether or not reimbursed by the plan's for dishonesty? e Were any fees or commissions paid to any brokers, agents, or other insurance service, or other organization that provides some or all constructions.) f Has the plan failed to provide any benefit when due under the plan g Did the plan have any participant loans? (If "Yes," enter amount as h If this is an individual account plan, was there a blackout period? (32520.101-3.) i If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.101 i Is this a defined benefit plan subject to minimum funding requirements 5500) and line 11a below) 1a Enter the unpaid minimum required contribution for current year from 2 Is this a defined contribution plan subject to the minimum funding requirements and find a waiver of the minimum funding standard for a prior year is being a standard for a prior year is being the standard for a prior year is b	fidelity bond, t er persons by of the benefits n? s of year end.) See instruction e required not -3 ents? (If "Yes, om Schedule S equirements c as applicable. g amortized in	hat was caused by fraud an insurance carrier, under the plan? (See 	10c 10d 10e 10f 10g 10h 10i ete S secti	chedu 	x x x x x k k c SB (F 11a 2 of ERI	SA?	Yes X No

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-						
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 negative amount)	12d				
e	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					
<u>13a</u>	Has a resolution to terminate the plan been adopted in any plan year?		🗌 Ye	s X N	0	
	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 c of the PBGC?						
с						
1	3c(1) Name of plan(s):	130	(2) EIN(s)	13c(3) PN(s)	
Part	VIII Trust Information (optional)					
14a Name of trust			14b Trust's EIN			