| -  | m 5500-SF  | Short Form Annual Re   | eturn/Report<br>Senefit Plan  | of Small Emplo  | oyee            |  | OMB Nos. 1210-0110<br>1210-0089        |  |  |  |
|--|--|--|---|---|-----------------|--|--|--|--|--|
|  | tment of the Treasury<br>nal Revenue Service   | This form is required to be filed under  | r sections 104 and 4  |   |                 |  | 2014                                   |  |  |  |
|  | Department of Labor Income Security Act of 1974 (ERISA), and sections 6057(b) and 6058(a) of th Revenue Code (the Code). |  |   |   |                 | This Form is Open                        |  |  |  |  |
| Pension Be                                       | nefit Guaranty Corporation   | Complete all entries in accord   | ance with the instru  | uctions to the Form 55  | 00-SF.          | Publ                                     | ic Inspection                          |  |  |  |
| Part I   |  | Identification Information<br>scal plan year beginning 01/01/2014  |   | and ending 10/  | 01/2014         |  |  |  |  |  |
|  |  |  | multiple-employer pla   | an (not multiemployer) (  |                 | kina this bo                             | x must attach a list                   |  |  |  |
| <ul><li>A This ret</li><li>B This retu</li></ul> | urn/report is for:<br>ırn/report is  | of<br>a one-participant plan a the first return/report   | participating employ<br>foreign plan<br>final return/report             | v/report (less than 12 mo   | lance with      | -  |  |  |  |  |
| C Check k  | oox if filing under:   | Form 5558  | tomatic extension   |   |                 | FVC progra                               | ım                                     |  |  |  |
| Check i  | Jox II ming under.   | special extension (enter description)  |   |   |                 | 1 0                                      |  |  |  |  |
| Part II  | Basic Plan Info  | rmation—enter all requested information  | <u></u>   |   |                 |  |  |  |  |  |
| 1a Name  |  |  | ///   |   | 1b Thre         | e-digit                                  |  |  |  |  |
|  |  | 01(K) PROFIT SHARING PLAN  |   |   |                 | number                                   | 001                                    |  |  |  |
|  |  |  |   |   | (PN)<br>1c Effe | ) ▼<br>ctive date o                      |  |  |  |  |
|  |  | dress; include room or suite number (emp   | loyer, if for a single-   | employer plan)  | <b>2b</b> Emp   | 01/01                                    | /2006<br>fication Number               |  |  |  |
| BOW HILL EI                                      | NTERPRISES, LLC  |  |   |   | (EIN            | ) 72-16                                  | 16529                                  |  |  |  |
| 5984 N DARI                                      | RK LANE  |  |   |   | <b>2c</b> Spo   | onsor's telephone number<br>360-724-0105 |  |  |  |  |
| BOW, WA 98                                       | 232-8638   |  |   |   | 2d Busi         | ness code (<br>44710                     | see instructions)                      |  |  |  |
| 3a Plan a  | dministrator's name ar   | d address 🛛 Same as Plan Sponsor.  |   |   | 3b Adm          | inistrator's I                           | EIN                                    |  |  |  |
|  |  | plan sponsor has changed since the last  | return/report filed fo  | r this plan, enter the  | 4b EIN          |  |  |  |  |  |
|  | cello, and the plan hur<br>pr's name   | nber from the last return/report.  |   |   | <b>4c</b> PN    |  |  |  |  |  |
| 5a Total r                                       | number of participants   | at the beginning of the plan year  |   |   | 5a              |  | 19                                     |  |  |  |
|  |  | at the end of the plan year  |   |   | 5b              |  | 0                                      |  |  |  |
| comple   | ete this item)   | account balances as of the end of the plar   |   |   | 5c              |  | 0                                      |  |  |  |
| <b>d(1)</b> Tota                                 | al number of active pai  | ticipants at the beginning of the plan year  | ·   |   | 5d(1)           |  | 20                                     |  |  |  |
|  |  | rticipants at the end of the plan year   |   |   | 5d(2)           |  | 0                                      |  |  |  |
|  |  | rminated employment during the plan yea  |   |   | 5e              |  | 0                                      |  |  |  |
| Caution: A<br>Under pena<br>SB or Sche           | penalty for the late of<br>alties of perjury and oth<br>dule MB completed ar<br>rue, correct, and comp                   | or incomplete filing of this return/repor<br>ner penalties set forth in the instructions, I<br>nd signed by an enrolled actuary, as well a<br>plete. | t will be assessed u<br>declare that I have e<br>as the electronic vers | unless reasonable cau<br>examined this return/rep<br>sion of this return/report | ort, includi    | ng, if applic                            |  |  |  |  |
| SIGN<br>HERE                                     | Filed with authorized/   | valid electronic signature.  | 03/12/2015  | APRIL WEED  |                 |  |  |  |  |  |
|  | Signature of plan a  | dministrator   | Date  | Enter name of individe  | ual signing     | as plan adn                              | ninistrator                            |  |  |  |
| SIGN<br>HERE                                     |  |  |   |   |                 |  |  |  |  |  |
|  | Signature of emplo<br>name (including firm n   | yer/plan sponsor<br>ame, if applicable) and address (include r   | Date<br>oom or suite number   | Enter name of individe<br>r) (optional)   |                 |  | r or plan sponsor<br>number (optional) |  |  |  |
|  | , J  |  |   |   |                 |  |  |  |  |  |
|  |  |  |   |   |                 |  |  |  |  |  |

|                 | Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.) Xere you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) Xere Version No under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.). |             |                                 |          |          |        |                 |  |
|-----------------|--|-------------|---------------------------------|----------|----------|--------|-----------------|--|
|                 | If you answered "No" to either line 6a or line 6b, the plan cann   |             |                                 |          |          |        |                 |  |
| С               | If the plan is a defined benefit plan, is it covered under the PBGC in   |             |                                 |          |          |        |                 |  |
| Par             | t III Financial Information  |             |                                 |          |          |        |                 |  |
| -               | Plan Assets and Liabilities  |             | (a) Beginning of Yea            | ır       |          |        | (b) End of Year |  |
|                 | Total plan assets  | 7a          | 1083                            |          |          |        | 0               |  |
| · · ·           | Total plan liabilities   | 7b          |                                 |          |          |        |                 |  |
|                 | Net plan assets (subtract line 7b from line 7a)  | 7c          | 1083                            | 865      |          |        | 0               |  |
|                 | Income, Expenses, and Transfers for this Plan Year   |             | (a) Amount                      |          |          |        | (b) Total       |  |
|                 | Contributions received or receivable from:   |             | (d) / line diff                 |          |          |        |                 |  |
|                 | (1) Employers  | 8a(1)       |                                 | 0        |          |        |                 |  |
|                 | (2) Participants   | 8a(2)       | 97                              | '48      |          |        |                 |  |
|                 | (3) Others (including rollovers)   | 8a(3)       |                                 | 0        |          |        |                 |  |
| b               | Other income (loss)  | 8b          | 33                              | 808      |          |        |                 |  |
| С               | Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)   | 8c          |                                 |          |          |        | 13056           |  |
|                 | Benefits paid (including direct rollovers and insurance premiums   | 8d          | 49                              | 959      |          |        |                 |  |
|                 | to provide benefits)<br>Certain deemed and/or corrective distributions (see instructions)  |             |                                 | 0        |          |        |                 |  |
|                 |  | 8e          | 14                              | 103      |          |        |                 |  |
|                 | Administrative service providers (salaries, fees, commissions)   | 8f          |                                 | 0        |          |        |                 |  |
|                 | Other expenses   | 8g          |                                 | <u> </u> | -        |        | 6362            |  |
|                 | Total expenses (add lines 8d, 8e, 8f, and 8g)  |             |                                 |          |          |        | 6694            |  |
|                 | Net income (loss) (subtract line 8h from line 8c)  | 8i          | 4450                            |          | _        |        | 0094            |  |
| J<br>Par        | Transfers to (from) the plan (see instructions)  | 8j          | -1150                           | )59      |          |        |                 |  |
| 9a<br>b<br>Part | If the plan provides pension benefits, enter the applicable pension<br>2E $2J$ $2K$ $2F$ $2G$ $3D$ $2TIf the plan provides welfare benefits, enter the applicable welfare for$   |             |                                 |          |          |        |                 |  |
| 10              | During the plan year:  |             |                                 |          | Yes      | No     | Amount          |  |
| a               | Was there a failure to transmit to the plan any participant contribu   | tions withi | n the time period described in  |          | 105      | 110    | Amount          |  |
|                 | 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu  |             |                                 | 10a      |          | Х      |                 |  |
| b               | Were there any nonexempt transactions with any party-in-interest on line 10a.)   | •           | -                               | 10b      |          | Х      |                 |  |
| С               | Was the plan covered by a fidelity bond?   |             |                                 | 10c      | x        |        | 500000          |  |
| d               | Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?   |             |                                 | 10d      |          | X      |                 |  |
| e               | Were any fees or commissions paid to any brokers, agents, or oth<br>insurance service, or other organization that provides some or all<br>instructions.)   | of the ben  | efits under the plan? (See      | 10e      | x        |        | 492             |  |
| f               | Has the plan failed to provide any benefit when due under the plan   | n?          |                                 | 10f      |          | Х      |                 |  |
| g               | Did the plan have any participant loans? (If "Yes," enter amount a   | s of vear e | end )                           | 10g      |          | Х      |                 |  |
| 9<br>h          |  |             |                                 | iug      |          | ~      |                 |  |
|                 | 2520.101-3.)   |             |                                 | 10h      |          | Х      |                 |  |
| i               | If 10h was answered "Yes," check the box if you either provided th<br>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 requirem 5500) and line 11a below)   |             |                                 |          |          |        |                 |  |
| _11a            | Enter the unpaid minimum required contribution for current year fr   | om Schec    | lule SB (Form 5500) line 39     |          |          | 11a    |                 |  |
| 12              | Is this a defined contribution plan subject to the minimum funding   | requireme   | ents of section 412 of the Code | or se    | ection 3 | 302 of | ERISA? Yes X No |  |
|                 | (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,  | , as applic | able.)                          |          |          |        |                 |  |

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| If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.  |        |               |           |        |       |
|--|--------|---------------|-----------|--------|-------|
| <b>b</b> Enter the minimum required contribution for this plan year  |        | 12b           |           |        |       |
|  |        |               |           |        |       |
| <b>C</b> Enter the amount contributed by the employer to the plan for this plan year   |        | 12c           |           |        |       |
| <b>d</b> Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left negative amount)  | of a   | 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   |        |               |           |        |       |
| 13a Has a resolution to terminate the plan been adopted in any plan year?  |        | . 🗌 Y         | ′es X No  |        |       |
| If "Yes," enter the amount of any plan assets that reverted to the employer this year  |        | . 13a         |           |        |       |
| <b>b</b> Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought of the PBGC?   |        | control       |           | X Yes  | No    |
| C If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the which assets or liabilities were transferred. (See instructions.) |        | to            |           |        |       |
| 13c(1) Name of plan(s):  | 1      | 3c(2) El      | N(s)      | 13c(3) | PN(s) |
| UPPER SKAGIT INDIAN TRIBE DBA SVCR 401(K) PROFIT SHARING PLAN  | 91-170 | 03103         |           | 001    |       |
|  |        |               |           |        |       |
| Part VIII Trust Information (optional)   | •      |               |           |        |       |
| 14a Name of trust  |        | <b>14b</b> ⊤r | ust's EIN |        |       |

| Fo                                 | rm 5500-SF  | Short Form Annual R   | eturn/Report<br>Benefit Plan | of Small Emplo   | oyee                                 |                     | OMB Nos. 1210-0110<br>1210-0089   |
|------------------------------------|---|---|------------------------------|--|--------------------------------------|---------------------|-----------------------------------|
|                                    | partment of the Treasury<br>Ismai Revenue Service                                       | This form is required to be filed under   | er sections 104 and          | 4065 of the Employee R                                 | etirement                            |                     | 2014                              |
| Employee                           | Department of Labor<br>Benefits Security Administration<br>Benefit Guaranty Corporation | Income Security Act of 1974 (ERIS<br>Reve   |                              | This Form is Open to<br>Public Inspection              |                                      |                     |                                   |
| Part I                             |   | <ul> <li>Complete all entries in accord<br/>entification information</li> </ul>   | lance with the inst          | uctions to the Form 55                                 | 100-SF.                              |                     |                                   |
|                                    | dar plan year 2014 or fisca   | l plan year beginning 01,   | /01/2014                     | and ending   | 10/                                  | 01/201              | .4                                |
| _                                  | etum/report is for:   | a single-employer plan a  | multiple-employer p          | lan (not multiemployer)  <br>yer information in accord | Filers checi                         | ding this b         | ox must attach a list             |
| B This re                          | otum/report is  | the first return/report 🛛 🔀 th  | e final return/report        |  |                                      |                     |                                   |
|                                    |   |   |                              | n/report (less than 12 m                               |                                      |                     |                                   |
| C Check                            | د box if filing under; L  | ] Form 5558 and a special extension (enter description)   | utomatic extension           |  |                                      | VC progr            | am                                |
| Part II                            | Basic Plan Inform   | nation—enter all requested information  |                              |  |                                      |                     |                                   |
| 1a Nam                             | e of plan   | LLC 401(k) PROFIT SHAR  | 112                          |  | 1b Three<br>plan<br>(PN)<br>1c Effec | number              | 001                               |
|                                    |   |   |                              |  | 01/                                  | 01/200              | 6                                 |
| Za Plan<br>Bow Hi                  | sponsor's name and addre<br>.11 Enterprises,  | ss; include room or suite number (emp<br>LLC  | ployer, if for a single      | employer plan)   |                                      | oyer ident<br>72-16 | fication Number<br>16529          |
| 5984 N                             | Darrk Lane  |   |                              |  |                                      | sor's teles         | hone number                       |
| Bow                                |   | WA 98232-8638   |                              |  |                                      | ess code            | (see instructions)                |
| 3a Plan                            | administrator's name and a  | address XSame as Plan Sponsor.  |                              |  | 3b Admir                             |                     | EIN                               |
| 4 If the name                      | name and/or EIN of the pl<br>a, EIN, and the plan numb                                  | an sponsor has changed since the last<br>or from the last return/report,  | return/report filed for      | r this plan, enter the                                 | 4b EIN                               |                     |                                   |
| a Spon                             | sor's name  |   |                              |  | 4C PN                                |                     |                                   |
|                                    |   | he beginning of the plan year   |                              |  | 5a                                   |                     | 19                                |
|                                    |   | he end of the plan year   |                              |  | 5b                                   |                     | 0                                 |
| comp                               | lete this Item)   | ount balances as of the end of the plan   |                              | ELEMPINE ELEMPINE AND ADDRESS OF                       | 5c                                   |                     | 0                                 |
| u(1) 10                            | tal number of active partici  | pants at the beginning of the plan year   |                              |  | 5d(1)                                |                     | 20                                |
|                                    |   | pants at the end of the plan year   |                              |  | 5d(2)                                |                     | 0                                 |
| less t                             | er of participants that term  | inated employment during the plan yea   | ar with accrued bane         | fits that were   | 50                                   |                     | 0                                 |
| Caution:<br>Under per<br>SB or Sch | A penalty for the late or I<br>alties of periury and other                              | ncomplete filing of this return/repor<br>penalties set forth in the instructions, i<br>igned by an enrolled actuary, as wells | t will be assessed           | unless reasonable cau                                  | ort Includio                         | a if applie         | able, a Schedule<br>knowledge and |
| SIGN                               |   | 2.0   | 3/6/15                       | APRIL WEED   |                                      |                     |                                   |
| HERE                               | Signature of plan adm   | Inlatrator  | Date                         | Enter name of Individu                                 | al signing a                         | a olan adr          | ninistrator                       |
| SIGN                               |   |   |                              |  |                                      | o piun der          |                                   |
| HERE<br>Preparer's                 | Signature of employer   | /plan sponsor<br>e, if applicable) and address (include n   | Date                         | Enter name of Individu                                 |                                      |                     |                                   |
|                                    |   |   |                              |  | Preparer's                           |                     | number (optional)                 |
| For Papers                         | fork Reduction Act Notice an  | d OMB Control Numbers, see the Instruc  | ctions for Form 5500-        | SF.  |                                      |                     | Form 5600-SF (2014)<br>v. 140124  |

| Form 5500-SF 2014  |  | Page 2  |               |             |                  |             |         |            |       |
|--|--|---|---------------|-------------|------------------|-------------|---------|------------|-------|
| <ul> <li>62 Were all of the plan's assets during the plan year invested in eligit</li> <li>b Are you claiming a waiver of the annual examination and report or<br/>under 29 CFR 2520.104-46? (See instructions on waiver eligibility<br/>if you answered "No" to either line 6a or line 6b, the plan can</li> <li>C if the plan is a defined benefit plan, is it covered under the PBGC</li> </ul> | f an independe<br>y and condition<br>inot use Form | ent qualified public accountar<br>(8.)<br>( <b>5500-SF and must instead</b> | it (IQF       | PA)<br>Form | 5500.            |             | -       | /es [      |       |
| Part III Financial Information   |  |   | -             |             |                  |             |         | -          |       |
|  | Shiri  | (a) Beginning of Year   | ,             | T           | Q.               | (b) End (   | I Yoa   |            |       |
| 7 Plan Assets and Liabilities<br>8 Total plan assets   |  |   | 836           | 5           |                  | (W) End (   | 1 104   |            | 0     |
| b Total plan liabilities   |  |   |               | -           |                  |             |         |            | •     |
| C Net plan assets (subtract line 7b from line 7a)  |  | 10  | 836           | 5           |                  |             |         |            | 0     |
| 8 Income, Expenses, and Transfers for this Plan Year   |  | (a) Amount  |               |             |                  | (b) T       | otal    |            |       |
| a Contributions received or receivable from:   |  |   |               | 0           | 1                |             |         |            |       |
| (1) Employers  |  |   |               | -           | 100              |             | 1000    |            |       |
| (2) Participants   |  |   | 974           | 0           | Ser.             |             | 1       |            |       |
| (3) Others (including roliovers)   |  |   | 330           | v           | to the second    |             |         |            |       |
| b Other Income (loss)  | _  |   | 330           | -           | -                | _           |         | 1          | 3056  |
| C Total Income (add lines 8a(1), 8a(2), 8a(3), and 8b)<br>C Benefits paid (including direct rollovers and insurance premiums   | 8c   |   | LINE .        | 1927        | ×110             |             |         | <u>ىلە</u> | 3030  |
| to provide benefits)   |  |   | 495           | 9           | ÷                |             |         |            |       |
| Certain deemed and/or corrective distributions (see instructions).   |  |   |               | 0           |                  | 1. 1. 1.    |         |            |       |
| f Administrative service providers (salaries, fees, commissions)   | 8f   |   | 140           | 3           | 1.               |             |         |            |       |
| g Other expenses   | 8g   |   |               | 0           |                  |             |         |            |       |
| h Total expenses (add lines 6d, 8e, 8f, and 8g)  |  |   | 1             | 1           |                  |             |         |            | 6362  |
| Net income (loss) (subtract line 8h from line 8c)  |  |   |               | 1           |                  |             |         |            | 6694  |
| J Transfers to (from) the plan (see instructions)  | 8j   | -11   | .505          | 9           | 1.1              | 1.5         |         |            |       |
| 2E       2J       2K       2F       2G       3D       2T         b       If the plan provides welfare benefits, enter the applicable welfare         Part V       Compliance Questions   | feature codes                                      | from the List of Plan Charac  | terist        | c Cod       | es in the        | a Instructi | ons:    | _          |       |
| 10 During the plan year:   | 1  |   |               | Yes         | No               |             | Amo     | Int        |       |
| Was there a failure to transmit to the plan any participant contri<br>29 CFR 2510.3-102? (See instructions and DOL's Voluntary F   | iduclary Correc                                    | ction Program)  | 10a           |             | x                |             |         |            |       |
| b Were there any nonexempt transactions with any party-in-intere<br>on line 10a.)  |  |   | 10b           |             | x                | -           | _       |            |       |
| C Was the plan covered by a fidelity bond?   |  |   | 10c           | X           |                  |             |         | 50         | 0000  |
| d Did the plan have a loss, whether or not reimbursed by the plan<br>or dishonesty?  |  |   | 10d           |             | x                |             |         |            |       |
| Were any fees or commissions paid to any brokers, agents, or<br>insurance service, or other organization that provides some or<br>instructions.)   | all of the benef                                   | fits under the plan? (See   | 10•           | x           |                  |             |         |            | 492   |
| f Has the plan failed to provide any benefit when due under the p  | olan?  |   | 101           |             | X                |             |         |            |       |
| g Did the plan have any participant loans? (If "Yes," enter amoun  | t as of year en                                    | d.)   | 10g           |             | x                |             |         |            |       |
| h if this is an individual account plan, was there a blackout period 2520.101-3.)  | i? (See instruc                                    | tions and 29 CFR  | 10h           |             | х                |             | 12      |            | N - 1 |
| I If 10h was answered "Yes," check the box if you either provider<br>exceptions to providing the notice applied under 29 CFR 2520.   |  |   | 101           |             |                  | 15          | Q.      | ς.         |       |
| Part VI Pension Funding Compliance   |  |   |               |             |                  |             |         |            |       |
| 11 Is this a defined benefit plan subject to minimum funding require<br>5500) and line 11a below).   |  |   |               |             |                  | (Form       | Π       | Yes        | No    |
| 11a Enter the unpaid minimum required contribution for current year  |  |   |               |             | 11a              |             | 1       |            |       |
| 12 Is this a defined contribution plan subject to the minimum fund   |  |   | e or se       | ection      | 302 of E         | RISA?       |         | Yes        | K No  |
| (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e bell<br>a If a waiver of the minimum funding standard for a prior year is b<br>granting the waiver.   | eing amortize                                      | d in this plan year, see instru   | ctions<br>1th | , and (     | enter the<br>Day | date of     | the let |            | Ŋ     |

|                       | Form 5500-SF 2014   | Page 3 -                |                         |         |            |    |      |         |
|-----------------------|---|-------------------------|-------------------------|---------|------------|----|------|---------|
| If                    | you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Fo  | rm 5500), and skip t    | o line 13.              |         |            |    |      |         |
|                       | Enter the minimum required contribution for this plan year  |                         |                         | 12b     |            |    |      |         |
|                       |   |                         |                         | 12c     | 1          |    | _    |         |
| C                     | Enter the amount contributed by the employer to the plan for this plan year   |                         |                         | 140     |            |    |      |         |
| d                     | Subtract the amount in line 12c from the amount in line 12b. Enter the resungative amount)  |                         |                         | 120     |            |    |      |         |
|                       | Will the minimum funding amount reported on line 12d be met by the fundi  | ng deadline?            |                         |         | Yes        | Ш  | No   | N//     |
| Part                  | VII Plan Terminations and Transfers of Assets   |                         |                         |         |            |    | _    |         |
| 13a                   | Has a resolution to terminate the plan been adopted in any plan year?   |                         |                         |         | Yes 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, transfe<br>of the PBGC?  | rred to another plan, o | or brought under the    |         |            | þ  | Ye   |         |
| c                     | If during this plan year, any assets or liabilities were transferred from this p<br>which assets or liabilities were transferred. (See instructions.) | lian to another plan(s) | ), identify the plan(s) | to      |            |    |      |         |
|                       | 13c(1) Name of plan(s):   |                         | 1                       | 3c(2) i | EIN(s)     |    | 130( | 3) PN(5 |
|                       | Upper Skagit Indian Tribe DBA SVCR 401(k) Pro   | ofit Sharing            | Plan 91                 | -170    | 03103      |    |      | 001     |
|                       |   |                         |                         |         |            |    |      |         |
| Pari                  | VIII Trust Information (optional)   |                         |                         |         |            |    |      |         |
| a construction of the | Name of trust   |                         |                         | 14b     | Trust's El | N  |      |         |
|                       |   |                         |                         |         |            |    |      |         |