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 6058(a) of the Internal Revenue Code (the Code).

OMB Nos. 1210-0110 1210-0089

2010

This Form is Open to Public Inspection

| | Complete all entries in | accordance w | ith the instructions to the Form 550 | 0-SF. | |
|-----|---|--|--|--------|---|
| | art I Annual Report Identification Information | | | | |
| For | calendar plan year 2010 or fiscal plan year beginning 01/ | /01/2010 | and ending 1 | 2/31/2 | 2010 |
| Α. | This return/report is for: Single-employer plan | multiple | -employer plan (not multiemployer) | | one-participant plan |
| В | This return/report is for: first return/report | final ret | urn/report | | |
| | an amended return/report | short pl | an year return/report (less than 12 mo | nths) | |
| C | Check box if filing under: | automa | tic extension | | DFVC program |
| | special extension (enter de | | | | |
| Do | <u> </u> | . , | | | |
| | rt II Basic Plan Information—enter all requested Name of plan | Information | | 1h | Three-digit |
| | Name or plan 401(K) PLAN | | | וו | plan number |
| OND | 401(17) 1 27114 | | | | (PN) • 001 |
| | | | | 1c | Effective date of plan |
| | | | | | 01/01/2005 |
| | Plan sponsor's name and address (employer, if for single-en | nployer plan) | | 2b | Employer Identification Number |
| | VEYERED AGGREGATE DELIVERY OF SPOKANE | | | | (EIN) 91-1721871 |
| | OF SPOKANE BOX 550 | | | 2c | Plan sponsor's telephone number 509-924-8868 |
| | MAN LAKE, WA 99025 | | | 2d | Business code (see instructions) |
| | | | | _~ | 484200 |
| 3a | Plan administrator's name and address (if same as Plan spo | nsor, enter "Sar | ne") | 3b | Administrator's EIN |
| CON | VEYERED AGGREGATE DELIVERY OF SPOKANE P. O I NEWI | BOX 550 MAN LAKE, WA | 99025 | | 91-1721871 |
| | | ···· ··· · · · · · · · · · · · · · · · | | 3c | Administrator's telephone number 509-924-8868 |
| 4 1 | the name and/or EIN of the plan sponsor has changed since | a the last return | report filed for this plan, enter the | 4h | EIN |
| | name, EIN, and the plan number from the last return/report. | | | 40 | EIIN |
| | | | | 4c | PN |
| 5a | Total number of participants at the beginning of the plan year | ar | | 5a | 15 |
| b | Total number of participants at the end of the plan year | | | 5b | 9 |
| С | Total number of participants with account balances as of the | e end of the plar | year (defined benefit plans do not | | |
| | complete this item) | ······ | | 5c | 9 |
| 6a | Were all of the plan's assets during the plan year invested i | in eligible assets | ? (See instructions.) | | Yes No |
| b | Are you claiming a waiver of the annual examination and re | | | | X Yes ☐ No |
| | under 29 CFR 2520.104-46? (See instructions on waiver eli If you answered "No" to either 6a or 6b, the plan cannot | • | • | | Tes No |
| Pa | rt III Financial Information | t use i oilli sso | 5-51 and must mistead use i offi 55 | 00. | |
| 7 | Plan Assets and Liabilities | | (a) Beginning of Year | | (b) End of Year |
| - | Total plan assets | 7a | (a) Beginning of Tear | 2 | 162843 |
| b | Total plan liabilities | | (|) | |
| C | Net plan assets (subtract line 7b from line 7a) | | 151852 | | 162843 |
| | | 7с | | | |
| 8 | Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from: | | (a) Amount | | (b) Total |
| а | (1) Employers | 8a(1) | 8231 | 1 | |
| | (2) Participants | | 4799 | 9 | |
| | (3) Others (including rollovers) | | | | |
| b | Other income (loss) | ` ' | 18893 | 3 | |
| C | Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) | | | | 31923 |
| d | Benefits paid (including direct rollovers and insurance premi | | | | |
| • | to provide benefits) | | 20932 | 2 | |
| е | Certain deemed and/or corrective distributions (see instructions) | ions) 8e | | | |
| f | Administrative service providers (salaries, fees, commission | ns) 8 f | | | |
| g | Other expenses | 8g | | | |
| h | Total expenses (add lines 8d, 8e, 8f, and 8g) | | | | 20932 |
| i | Net income (loss) (subtract line 8h from line 8c) | | | | 10991 |
| i | Transfers to (from) the plan (see instructions) | | | | |

| | Form 5500-SF 2010 Page 2- | | | | | | | |
|-----|---|---------|--------|----------|-----------------|------|----|-----|
| Par | rt IV Plan Characteristics | | | | | | | |
|)a | If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Chara 2J 2K 2G 3D 2F 2E | acteris | tic Co | des in | the instruction | ns: | | |
| h | If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics. | cterist | ic Co | des in t | the instruction | ıs. | | |
| | The plant provided monard contents, client and approvable monard contents and account and account and account and | 0101101 | | | | | | |
| art | t V Compliance Questions | | | | | | | |
| 0 | During the plan year: | | Yes | No | A | moun | ıt | |
| а | 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) | 10a | | X | | | | |
| b | Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.) | 10b | | Χ | | | | |
| С | Was the plan covered by a fidelity bond? | 10c | | Χ | | | | |
| d | · · · · · · · · · · · · · · · · · · · | 10d | | X | | | | |
| е | Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service or other organization that provides some or all of the benefits under the plan? (See instructions.) | 10e | X | | | | | 928 |
| f | Has the plan failed to provide any benefit when due under the plan? | 10f | | X | | | | |
| g | Did the plan have any participant loans? (If "Yes," enter amount as of year end.) | 10g | | Χ | | | | |
| h | If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) | 10h | | X | | | | |
| i | If 10h was answered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3 | 10i | | | | | | |
| art | VI Pension Funding Compliance | | | , | | | | |
| 1 | Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and comp 5500)) | | | | | | es | No |
| 2 | Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code | | | | | Y | es | No |
| | (If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.) | | | | | _ | _ | |
| а | If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instruction granting the waiver | | | | | | | |
| lf | 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 | | | | |
| 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 | of a | | 124 | l | | | |

Part VII Plan Terminations and Transfers of Assets

13a Has a resolution to terminate the plan been adopted during the plan year or any prior year? If "Yes," enter the amount of any plan assets that reverted to the employer this year.....

12d

Yes

N/A

No

No

Yes

Yes X No

13c(3) PN(s)

Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?.....

If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to

e Will the minimum funding amount reported on line 12d be met by the funding deadline?.....

which assets or liabilities were transferred. (See instructions.) 13c(1) Name of plan(s): 13c(2) EIN(s)

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. | 08/31/2011 | TONYIA PINNEY |
|------|---|------------|--|
| 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 |

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Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

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Internal Revenue Code (the Code).

OMB Nos. 1210-0110 1210-0089

2010

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| | Complete all entries in acco | ordance wit | h the instructions to the Form 550 | 0-SF. | | | |
|-----------|--|--|--|----------|---------------------------------------|------------------|--|
| | art I Annual Report Identification Information | | | | | | |
| <u>Fo</u> | calendar plan year 2010 or fiscal plan year beginning | 01/01/2 | 010 and ending | | 12/31/2010 |) | |
| Α | This return/report is for: X single-employer plan | multiple-e | employer plan (not multiemployer) | | one-participan | t plan | |
| В | This return/report is for: first return/report | final retur | n/report | | | | |
| | an amended return/report | short plai | n year return/report (less than 12 moi | nths) | | | |
| С | Check box if filing under: X Form 5558 | automatic | extension | | ☐ DFVC program | n | |
| _ | special extension (enter descrip | _ | | | L | | |
| D | art II Basic Plan Information—enter all requested infor | | | | | | |
| _ | Name of plan | mation | | 1h | Three-digit | | |
| | CAD 401(k) Plan | | | 15 | plan number | | |
| | | | | | (PN) • | 001 | |
| | | | | 1c | Effective date of | plan | |
| | | | | | 01/01/2005 | | |
| 2a | Plan sponsor's name and address (employer, if for single-employer Conveyered Aggregate Delivery of | er plan) | | 2b | Employer Identification (EIN) 91-1721 | | |
| | Spokane | | | 20 | Plan sponsor's te | | |
| | CAD of Spokane P. O Box 550 | | | | (509)924-8 | 868 | |
| | 1. 6 Box 330 | | | 2d | Business code (s | ee instructions) | |
| | Newman Lake | | WA 99025 | | 484200 | | |
| 3a | Plan administrator's name and address (if same as Plan sponsor, SAME | enter "Sam | e") | 36 | Administrator's E | IN | |
| | | | | 3c | Administrator's te | lenhone number | |
| | | | | | , annihilator o to | repriene number | |
| 4 | If the name and/or EIN of the plan sponsor has changed since the | | eport filed for this plan, enter the | 4b | EIN | | |
| | name, EIN, and the plan number from the last return/report. Spons | sor's name | | 40 | PN | | |
| 5a | Total number of participants at the beginning of the plan year | | | | FIN | 15 | |
| b | | tal number of participants at the beginning of the plan year | | | | | |
| | Total number of participants at the end of the plan year Total number of participants with account balances as of the end | | | 5b | | 9 | |
| C | complete this item) | or the plan y | vear (defined benefit plans do not | 5c | | 9 | |
| 6a | Were all of the plan's assets during the plan year invested in elig | | | | | X Yes No | |
| b | Are you claiming a waiver of the annual examination and report | of an indepe | ndent qualified public accountant (IQ | PA) | | | |
| | under 29 CFR 2520.104-46? (See instructions on waiver eligibilit | | | | | X Yes No | |
| В | If you answered "No" to either 6a or 6b, the plan cannot use art III Financial Information | Form 5500- | SF and must instead use Form 55 | 00. | | | |
| | | | | <u> </u> | | | |
| 7 | Plan Assets and Liabilities | _ | (a) Beginning of Year | _ | (b) End o | | |
| a | Total plan assets | - | 151,85 | | | 162,843 | |
| b | | | 151 05 | 0 | | 160.040 | |
| <u>c</u> | Net plan assets (subtract line 7b from line 7a) | 7с | 151,85 | 4 | | 162,843 | |
| 8 | Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from: | | (a) Amount | | (b) To | otal | |
| а | (1) Employers | 8a(1) | 8,23 | 1 | | | |
| | (2) Participants | | 4,79 | _ | | | |
| | (3) Others (including rollovers) | | | | | | |
| b | Other income (loss) | | 18,89 | 3 | | | |
| С | Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) | | | | | 31,923 | |
| d | Benefits paid (including direct rollovers and insurance premiums | | | | | • | |
| | to provide benefits) | 8d | 20,93 | 2 | | | |
| е | Certain deemed and/or corrective distributions (see instructions). | 8e | | 4 | | | |
| f | Administrative service providers (salaries, fees, commissions) | 8f | | 4 | | | |
| g | Other expenses | | | | | | |
| h | Total expenses (add lines 8d, 8e, 8f, and 8g) | 8h | | | | 20,932 | |
| i | Net income (loss) (subtract line 8h from line 8c) | 8i | | | | 10,991 | |
| = | Transfers to (from) the plan (see instructions) | 8j | | | | | |

| | Form 5500-SF 2010 | Pag | e 2 - | | | | | |
|---|---|---|---|---|----------------------|---|----------------|---|
| Par | IV Plan Characteristics | | | | | | | • |
| | If the plan provides pension benefits, enter the applicable pension feature $2J$ $2K$ $2G$ $3D$ $2F$ $2E$ If the plan provides welfare benefits, enter the applicable welfare feature | | | | | | | |
| Part | V Compliance Questions | | | | | | | |
| 10 | During the plan year: | | | | Yes | No | Α | mount |
| а | Was there a failure to transmit to the plan any participant contributions wi 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary C | | | 10a | | Х | | |
| b | Were there any nonexempt transactions with any party-in-interest? (Do n on line 10a.) | | | 10b | | Х | | |
| c | Was the plan covered by a fidelity bond? | *************************************** | | 10c | | Х | | |
| d | Did the plan have a loss, whether or not reimbursed by the plan's fidelity or dishonesty? | | | 10d | | Х | | |
| е | Were any fees or commissions paid to any brokers, agents, or other persinsurance service or other organization that provides some or all of the binstructions.) | enefits under the p | plan? (See | 10e | Х | | | 928 |
| f | Has the plan failed to provide any benefit when due under the plan? | ********** | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | 10f | | Х | | |
| g | Did the plan have any participant loans? (If "Yes," enter amount as of year | ar end.} | *************************************** | 10a | | Х | | |
| h | If this is an individual account plan, was there a blackout period? (See in: 2520.101-3.) | | | 10h | | Х | | |
| i | If 10h was answered "Yes," check the box if you either provided the requexceptions to providing the notice applied under 29 CFR 2520.101-3 | | | 101 | | | | |
| Part | VI Pension Funding Compliance | | | | | | | |
| 11 | Is this a defined benefit plan subject to minimum funding requirements? (5500)) | | | | | | | Yes X No |
| | Is this a defined contribution plan subject to the minimum funding require (If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.) If a waiver of the minimum funding standard for a prior year is being amo granting the waiver. you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (I | rtized in this plan | year, see instruc | ctions | , and e | enter th | e date of the | |
| | Enter the minimum required contribution for this plan year | | | | r | 12b | | *************************************** |
| | Enter the amount contributed by the employer to the plan for this plan ye | | | | | 12c | | ••••••••••••••••••••••••••••••••••••••• |
| | Subtract the amount in line 12c from the amount in line 12b. Enter the renegative amount) | sult (enter a minu: | s sign to the left | of a | Γ | 12d | | |
| <u>e</u> | Will the minimum funding amount reported on line 12d be met by the fund | ding deadline? | ****************** | | | | Yes | No N/A |
| Part | VII Plan Terminations and Transfers of Assets | | *************************************** | *************************************** | | | | |
| 13a | Has a resolution to terminate the plan been adopted during the plan year | r or any prior year | ? | | | | | Yes 🛛 No |
| | If "Yes," enter the amount of any plan assets that reverted to the employe | | | | | 13a | | |
| | Were all the plan assets distributed to participants or beneficiaries, transformed the PBGC? | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | | | ******* | | | ☐ Yes ☒ No |
| C | If during this plan year, any assets or liabilities were transferred from this which assets or liabilities were transferred. (See instructions.) | s plan to another p | ilan(s), identify t | he pla | in(s) to |) | ,,,,, | ··· |
| | 13c(1) Name of plan(s): | | | | 13c(2) EIN(s) 13c(3) | | | 13c(3) PN(8) |
| *************************************** | | | ••••••••••••••••• | | | | | |
| | tion: A penalty for the late or incomplete filing of this return/report wi | II he assessed :: | niess reseansh | le ca | usa ie | estahi | lished. | |
| Und SB (| er penalties of perjury and other penalties set forth in the instructions, i dear schedule MB completed and signed by an enrolled actuary, as well as the fit is true, correct, and complete. | ciare that I have e | xamined this ret | um/re | port, i | ncludin | g, if applicat | ble, a Schedule nowledge and |
| air | Nomine ine 8 | 30/2011 | TONY | ia | 7> | inn | Cey . | |
| SIG | | ie | Enter name of | ····· | lual sig | *************************************** | | nistrator |

Date'

SIGN HERE

Signature of employer/plan sponsor