Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation

Short Form Annual Return/Report of Small Employee Benefit Plan

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

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

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OMB Nos. 1210-0110

1210-0089

2012

This Form is Open to Public Inspection

Pa		Annual Report Identification Information					
For c	alenda	ar plan year 2012 or fiscal plan year beginning 01/01/2012		and ending 1	2/31/2	2012	
A T	his ret	urn/report is for: 🛛 a single-employer plan 🔲 a mi	ultiple-employer pla	an (not multiemployer)		a one-particip	oant plan
B T	his ret	urn/report is:	final return/report				
		an amended return/report a sho	ort plan year return	report (less than 12 m	onths))	
C 0	heck b	oox if filing under: Form 5558 auto	matic extension			DFVC progra	ım
		special extension (enter description)				_	
Pai	rt II	Basic Plan Information—enter all requested information					
1a 1	Name (of plan			1b	Three-digit	
CHEM	SW IN	C 401K PROFIT SHARING PLAN				plan number (PN) ▶	001
					10	Effective date or	
					.0	01/01/	•
	Plan sp ISW IN	onsor's name and address; include room or suite number (emplo	yer, if for a single-	employer plan)	2b	Employer Identii (EIN) 68-02	
					2c	Sponsor's telep	
2402 \ SPOK	NEST ANE.\	ST THOMAS MORE WAY NA 99208-0000			24	509-474	
					Zu	54151	see instructions)
3a 1	Plan ad	dministrator's name and address XSame as Plan Sponsor Name	Same as Plan	Sponsor Address	3b	Administrator's I	EIN
					3c	Administrator's t	elephone number
							·
4	If the n	ame and/or EIN of the plan sponsor has changed since the last re	eturn/report filed fo	r this plan enter the	4h	EIN	
		EIN, and the plan number from the last return/report.	otani, roport mod ro	r the plan, enter the	75	LIIN	
		or's name			4c	PN	
5a	Total n	number of participants at the beginning of the plan year			5a		22
		number of participants at the end of the plan year			5b		21
		er of participants with account balances as of the end of the plan yete this item)			5c		21
		all of the plan's assets during the plan year invested in eligible as					X Yes No
		u claiming a waiver of the annual examination and report of an inc 29 CFR 2520.104-46? (See instructions on waiver eligibility and c					X Yes No
		answered "No" to either line 6a or line 6b, the plan cannot us	,				M 100 110
		penalty for the late or incomplete filing of this return/report v					
		alties of perjury and other penalties set forth in the instructions, I d					able, a Schedule
		dule MB completed and signed by an enrolled actuary, as well as rue, correct, and complete.	the electronic vers	sion of this return/report	, and	to the best of my	knowledge and
SIGN		Filed with authorized/valid electronic signature.	07/02/2013	MAIJA SPINK			
HER	E	Signature of plan administrator	Date	Enter name of individ	ual sig	ning as plan adn	ninistrator
SIGN		Filed with authorized/valid electronic signature.	07/02/2013	MAIJA SPINK			
HER			Date	Enter name of individ			
Prepa	arer's ı	name (including firm name, if applicable) and address; include roo	om or suite number	(optional)	Prep	arer's telephone	number (optional)

Form 5500-SF 2012 Page **2**

Par	t III Financial Information									
	Plan Assets and Liabilities		(a) Beginning of Yea	ar			(b) Er	d of Y	ear	
	Total plan assets	7a	237957				(,		96919	7
	Total plan liabilities	7b		6					111	
	Net plan assets (subtract line 7b from line 7a)	7c	237957					2	96808	
	Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b)	Total		
	Contributions received or receivable from:		(a) ranount				(10)	Total		
	(1) Employers	8a(1)	15882	.4						
	(2) Participants	8a(2)	18618	34						
	(3) Others (including rollovers)	8a(3)								
b	Other income (loss)	8b	26322	25						
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						(0823	3
	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	735	3						
е	Certain deemed and/or corrective distributions (see instructions)	8e								
f	Administrative service providers (salaries, fees, commissions)	8f	1236	6						
g	Other expenses	8g								
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							1971	9
	Net income (loss) (subtract line 8h from line 8c)	8i							58851	4
	Transfers to (from) the plan (see instructions)	8j								
Par	t IV Plan Characteristics	, oj								
	If the plan provides pension benefits, enter the applicable pension 2A 2E 2G 2J 2K 3D 3H	feature co	des from the List of Plan Char	acteris	stic Co	des in	the instr	uctions	S:	
b	If the plan provides welfare benefits, enter the applicable welfare fe	eature cod	es from the List of Plan Chara	cterist	ic Coc	les in t	he instru	ctions:		
Part	V Compliance Questions									
10	•				Yes	No		A		
a	During the plan year: Was there a failure to transmit to the plan any participant contributions of the plan and participant contributions.				162	X		Am	ount	
b	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu Were there any nonexempt transactions with any party-in-interest	? (Do not	include transactions reported	10a		X				
	on line 10a.)			10b						
С	Was the plan covered by a fidelity bond?			10c	X					240000
d	Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?	-		10d		X				
е	insurance service or other organization that provides some or all of	of the bene	efits under the plan? (See	10e		X				
f	instructions.) Has the plan failed to provide any benefit when due under the plan					Х	-			
	· · · · · · · · · · · · · · · · · · ·			10f						
<u>g</u>	Did the plan have any participant loans? (If "Yes," enter amount a	•	<u> </u>	10g		X				
h	2520.101-3.)			10h		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 requirem 5500) and line 11a below)							[Yes	X No
11a						11a				
12	Is this a defined contribution plan subject to the minimum funding	requireme	ents of section 412 of the Code	or se	ction :	302 of	ERISA?		Yes	X No
	(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 beir granting the waiver.		Mon		, and 6	enter th Day	ne date d	f the le		ling ———
	you completed line 12a, complete lines 3, 9, and 10 of Schedule	•								
b	Enter the minimum required contribution for this plan year					12b				

	Form 5500-SF 2012 Page 3 - 1			
	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 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		
1	3c(1) Name of plan(s):	1 3c(2) E	IN(s)	13c(3) PN(s)
Part	VIII Trust Information (optional)			
	Name of trust	14b ⊤	rust's EIN	

Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

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 2012

OMB Nos. 1210-0110

1210-0089

This Form is Open to Public Inspection

the Internal Revenue Code (the Code).

<u> </u>	Pension Benefit Guaranty Corporation	► Complete all entries in accord	dance with the instruct	ions to the Form 5500	-SF				
P	art I Annual Report Id	entification Information							
-or	calendar plan year 2012 or fisca	ıl plan year beginning	01/01/2012	and ending	12/31/201	2			
	This return/report is for:		a multiple-employer pla	n (not multiemployer)	∐ a one-pa	rticipant plan			
	This return/report is:	the first return/report	the final return/report						
_	This return report to.	an amended return/report	a short plan year return	report (less than 12 mo	onths)				
_	<u>.</u>	Form 5558	automatic extension		☐ DFVC pr	ogram			
С	Check box if filing under:	special extension (enter description							
		<u></u>							
		mation enter all requested infor	rmation		1b Three-digit				
1a	Name of plan				plan numb	er 001			
	CHEMSW INC 401K PROF	'IT SHARING PLAN			(PN) ► 1c Effective d				
						004			
_	at a second odd	ress; include room or suite number (employer, if for a single-	employer plan)	2b Employer l	dentification Number			
Za	CHEMSW INC	less, include room or bane harmes. ((EIN) 68-0246231				
					2c Sponsor's telephone number				
	a to a serious on muchan	MODE WAY				74-9209			
	2402 WEST ST THOMAS	MOKE WAI			2d Business of 541519	code (see instructions)			
US	S SPOKANE	WA 99208-0000		. O Add	3b Administra	stor's EIN			
3a	Plan administrator's name and	d address X Same as Plan Spons	or Name [_] Same as P	lan Sponsor Address	3D Auministra	IIOI 5 LIIV			
					0- 1111	1 1 tolorbana number			
					3C Administra	tor's telephone number			
_		plan sponsor has changed since the	last return/report filed fo	or this plan, enter the	4b EIN	EIN			
4	If the name and/or EIN of the	ber from the last return/report.	, rast retaining on mean	, p, .					
	a Sponsor's name				4c PN				
5	a Total number of participants a	at the beginning of the plan year			5a	22			
ŀ	Total number of participants a	at the end of the plan year			5b	21			
C	A Number of participants with a	account halances as of the end of the	e plan year (defined bene	etit plans do not	5c	21			
_	complete this item)	during the plan year invested in eligi	ble assets? (See instruc	tions.)		X Yes □No			
6	a Were all of the plan's assets	the annual examination and report o	f an independent qualifie	d public accountant (IC					
ı	under 20 CER 2520 104-46?	(See instructions on waiver eligibility	and conditions.)			X Yes No			
	If you answered "No" to eit	her line 6a or line 6b, the plan can	not use Form 5500-SF	and must instead use	Form 5500.				
-	o	or incomplete filing of this return/	report will be assessed	l unless reasonable ca	ause is establisi	ned.			
_			iona I doctoro that I have	avamined this retilitivi	epon. Includina. I	i applicable, a ochedule			
5	SB or Schedule MB completed a	nd signed by an enrolled actuary, as	well as the electronic ve	ersion of this return/repo	ort, and to the bes	st of my knowledge and			
-	belief, it is true, correct, and com	piete.		Maria C	a'al.				
	sign Mayo	المنا	1.27.12	Enter name of individu	A ligning on play	n administrator			
	HERE Signature of plan adm	inistrator	Date 6 26-13			Tautimistrator			
	SIGN The SP	<u> </u>			Pinke	1			
	HERE Signature of employer	r/plan sponsor	Date 6 - 26 13	Enter name of individu	Mal signing as em	ployer or plan sponsor phone number (optional)			
	Preparer's name (including firm i	name, if applicable) and address; inc	clude room or suite numb	er (optional)	Preparers tele	priorie number (optionar)			
1									
1									

Par	t III Financial Information							
	Plan Assets and Liabilities		(a) Beginning of Year				(b) End of Year	
	otal plan assets	7a	2,379,576		2,969,1		2,969,197	
	otal plan liabilities	7b		6		1,113		
	let plan assets (subtract line 7b from line 7a)	7c	2,379,570				2,968,084	
	ncome, Expenses, and Transfers for this Plan Year		(a) Amount				(b) Total	
	contributions received or receivable from:	90/4)	158,82	4				
	1) Employers	8a(1) 8a(2)	186,18					
	2) Participants	8a(3)	100,10					
	3) Others (including rollovers) Other income (loss)	8b	263,22	 !5				
	otal income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c	,		608,233			
	Benefits paid (including direct rollovers and insurance premiums				3007233			
t	provide benefits)	8d	7,35	3				
<u>e</u> (Certain deemed and/or corrective distributions (see instructions)	8e	10.00					
<u>f</u> /	administrative service providers (salaries, fees, commissions)	8f	12,36	6				
	Other expenses	8g					10.710	
-	otal expenses (add lines 8d, 8e, 8f, and 8g)	8h					19,719 588,514	
	let income (loss) (subtract line 8h from line 8c)	. 8i					366,314	
	ransfers to (from) the plan (see instructions)	8j			<u> </u>			
***************************************	t IV Plan Characteristics		f the List of Discontinuous		- 01	:-4	de a leaster retirement	
9a 1	f the plan provides pension benefits, enter the applicable pension for	eature cod	es from the List of Plan Charact	eristi	c Coa	es in t	ne instructions:	
_	2A 2E 2G 2J 2K 3D 3H		·					
bΙ	f the plan provides welfare benefits, enter the applicable welfare fe	ature code	s from the List of Plan Characte	ristic	Code	s in the	e instructions:	
Pai	t V Compliance Questions							
10	During the plan year:				Yes	No	Amount	
а	Was there a failure to transmit to the plan any participant contribution 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidure)	itions withi ciary Corre	n the time period described in ection Program)	10a		х	77.	
_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	х		240,000	
d	Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?	fidelity bo	nd, that was caused by fraud	10d		х		
е	Were any fees or commisions paid to any brokers, agents, or other insurance service or other organization that provides some or all or any other organization.	er persons of the bene	by an insurance carrier, efits under the plan? (See					
	instructions.)			10e		х		
f	Has the plan failed to provide any benefit when due under the pla	n?		10f		х		
g	Did the plan have any participant loans? (If "Yes," enter amount a	as of year e	end.)	10g		x		
h	If this is an individual account plan, was there a blackout period? 2520.101-3.)	(See instru	uctions and 29 CFR	10h		х		
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	he require	d notice or one of the	10i				
Par						L		
11	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)							
11a	Enter the amount from Schedule SB line 39							
12	Is this a defined contribution plan subject to the minimum funding	requireme	ents of section 412 of the Code	or se	ction 3	802 of	ERISA? Yes X No	
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below	v, as applic	cable.)					
а	If a waiver of the minimum funding standard for a prior year is bei granting the waiver		Mor	tions nth _	and e	enter ti Da	he date of the letter ruling ay Year	
If v	ou completed line 12a, complete lines 3, 9, and 10 of Schedul	o MR (For	m 6500) and skin to line 13					
	you completed line 12d, complete lines 1, 1, and	e mb (i oi	in 5500j, and skip to line 15.			- 1		