Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation

Short Form Annual Return/Report of Small Employee Benefit Plan

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

1210-0089

OMB Nos. 1210-0110

2012

This Form is Open to Public Inspection

·	01101011 20	non Guaranty Gorporation	Complete all entries in	accordance with the instru	uctions to the Form 550	<u>0-SF.</u>			
Pa	art I	Annual Report	Identification Information	on					
For	calenda	ar plan year 2012 or fis	scal plan year beginning 01/	/01/2012	and ending 1	2/31/2	2012		
Α	This retu	urn/report is for:	X a single-employer plan	a multiple-employer	plan (not multiemployer)		a one-particip	pant plan	
В	This retu	urn/report is:	the first return/report	the final return/repor	t		_		
		·	an amended return/report	a short plan year retu	rn/report (less than 12 m	onths))		
С	Check h	oox if filing under:	X Form 5558	automatic extension			DFVC progra	am	
	OHOOK E	ox ii iiiiig dilder.	special extension (enter de						
Da	art II	Rasic Plan Info	rmation—enter all requested	<u> </u>					
	Name o		Ination—enter all requested	Imormation		1h	Three-digit		
	401(K)	•				10	plan number		
07.12							(PN) •	001	
						1c	Effective date o	f plan	
							01/01	/2005	
			dress; include room or suite nui LIVERY OF SPOKANE, INC.	mber (employer, if for a single	e-employer plan)	2b	Employer Identi		
		OKANE, INC.	LIVERT OF SPORANE, INC.				(=114)	21871	
						2c	Sponsor's telep		
	BOX 55	60 AKE, WA 99025				24			
						Zu	48420	(see instructions)	
3a	Plan ac	Iministrator's name an	nd address X Same as Plan Sp	onsor Name Same as Pla	an Sponsor Address	3h	Administrator's		
ou	i iaii ac		d address Moanie as i lan op	onsor warne Loanie as the	an oponsoi Address		Administrator 3	LIIV	
						3c	Administrator's	telephone number	
4			e plan sponsor has changed sin mber from the last return/report.	•	for this plan, enter the	4b	EIN		
а		or's name	nber nom the last return/report.			4c	PN		
			at the beginning of the plan yea	ar		5a	1	8	
b			at the end of the plan year			5b	-	13	
			account balances as of the end			30	_	13	
					•	5c		9	
6a	Were	all of the plan's assets	s during the plan year invested i	in eligible assets? (See instru	ictions.)			X Yes No	
b			the annual examination and re						
			? (See instructions on waiver eli					X Yes No	
			ther line 6a or line 6b, the pla						
			or incomplete filing of this ret						
			ner penalties set forth in the ins nd signed by an enrolled actuar						
		rue, correct, and comp		y, as well as the electronic ve	ersion or this return/report	, anu	to the best of my	Knowledge and	
					T				
SIG		Filed with authorized/valid electronic signature. 08/05/2013 TONYIA PINNEY							
ПЕГ	KE.	Signature of plan ac	Signature of plan administrator Date Enter name of individual			ual sig	ıning as plan adr	ministrator	
SIG	iN								
HE	RE	Signature of employ	yer/plan sponsor	Date	Enter name of individual signing as employer or plan s				
Pre	parer's i		ame, if applicable) and address					number (optional)	

Form 5500-SF 2012 Page **2**

Pai	t III Financial Information										
7	Plan Assets and Liabilities		(a) Beginning of Yea	ar			(b) End	of Y	ear		
a	Total plan assets	. 7a	14068				(,		17064	6	
	Total plan liabilities	7b		0			0				
	Net plan assets (subtract line 7b from line 7a)	7c	14068	88			170646				
	Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b) Total				
	Contributions received or receivable from:		(a) runount				(2)	- Ota-			
	(1) Employers	8a(1)	348	1							
	(2) Participants	8a(2)	552	24							
	Others (including rollovers)										
b	Other income (loss)	8b	2104	7							
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							30052	2	
	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	. 8d	9)4							
е	Certain deemed and/or corrective distributions (see instructions)	. 8e		0							
f	Administrative service providers (salaries, fees, commissions)	8f		0							
g	Other expenses	8g		0							
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							9	4	
	Net income (loss) (subtract line 8h from line 8c)	. 8i							2995	8	
	Transfers to (from) the plan (see instructions)	8j		0							
Par	t IV Plan Characteristics	<u> </u>									
	Part IV Plan Characteristics 9a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 2J 2K 2G 3D 2F 2E 2T										
b	If the plan provides welfare benefits, enter the applicable welfare fe	eature cod	es from the List of Plan Chara	cterist	ic Cod	les in t	he instruc	tions:			
Par	V Compliance Questions										
	•				Vac	Na					
10 a	During the plan year: Was there a failure to transmit to the plan any participant contribu	tiono withi	n the time period described in	I	Yes	No		Am	ount		
	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu	uciary Cor	rection Program)	10a		X					
	Were there any nonexempt transactions with any party-in-interest on line 10a.)			10b		X					
С	Was the plan covered by a fidelity bond?			10c	X					20	000
d	Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?	-		10d		Х					
е	insurance service or other organization that provides some or all of	of the bene	efits under the plan? (See		X						
	instructions.)			10e		V					832
f	Has the plan failed to provide any benefit when due under the plan	n?		10f		X					
g	Did the plan have any participant loans? (If "Yes," enter amount a	s of year	end.)	10g		X					
h	If this is an individual account plan, was there a blackout period? (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	X						
Part	VI Pension Funding Compliance										
11											
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		ERISA?.		Yes	X	No
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,	, as applic	able.)								
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 instru		and	enter th Day	e date of	the le		ling	
If	you completed line 12a, complete lines 3, 9, and 10 of Schedulo	e MB (For	m 5500), and skip to line 13.								
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):	3c(2) E	IN(s)	13c(3) PN(s)
Part	VIII Trust Information (optional)			
	Name of trust	14b ⊤	rust's EIN	

OMB Nos. 1210-0110 Short Form Annual Return/Report of Small Employee 1210-0089 Form 5500-SF **Benefit Plan** 2012 Department of the Treasury This form is required to be filed under sections 104 and 4065 of the Employee mai Revenue Service Retirement Income Security Act of 1974 (ERISA), and sections 6057(b) and 6058(a) of This Form is Open to Public Department of Labor the Internal Revenue Code (the Code). netts Security Administration Inspection ▶ Complete all entries in accordance with the instructions to the Form 5500-SF Pension Benefit Guaranty Corporation Part Annual Report Identification Information 12/31/2012 01/01/2012 and ending For calendar plan year 2012 or fiscal plan year beginning a one-participant plan a multiple-employer plan (not multiemployer) a single-employer plan A This return/report is for: the final return/report the first return/report B This return/report is: a short plan year return/report (less than 12 months) an amended return/report ☐ DFVC program automatic extension Form 5558 C Check box if filing under: special extension (enter description) Part III Basic Plan Information—enter all requested information 1b Three-digit 1a Name of plan plan number 001 CAD 401(k) Plan (PN) ▶ 1c Effective date of plan 01/01/2005 2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) 2b Employer Identification Number (EIN) 91-1721871 Conveyered Aggregate Delivery of 2c Sponsor's telephone number Spokane, Inc. CAD of Spokane, Inc. (509) 924-8868 2d Business code (see instructions) P.O. Box 550 484200 99025 Newman Lake 3a Plan administrator's name and address XSame as Plan Sponsor Name Same as Plan Sponsor Address 3b Administrator's EIN 3c 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 4b EIN name, EIN, and the plan number from the last return/report. 4c PN Sponsor's name 8 5a Total number of participants at the beginning of the plan year..... 5a 13 **b** Total number of participants at the end of the plan year 5b C Number of participants with account balances as of the end of the plan year (defined benefit plans do not 9 complete this item) Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)..... Yes 6a Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) 🛛 Yes 🗌 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 cannot use Form 5500-SF and must instead use Form 5500. 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. inney SIGN Enter name of individual signing as plan administrator Date HERE Signature of plan administrator longi inned 8 SIGN Enter name of individual signing as employer or plan sponsor Date HERE Signature of employer/plan sponsor Preparer's telephone number (optional) Preparer's name (including firm name, if applicable) and address; include room or suite number (optional)

Form 5500-SF 2012

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		(a) Beginning of Year				b) End of Y	ear .		
7 Plan Assets and Liabilities	0,0364(0)	140,	688			170,646			
a local plan assets	7a		0	0					
D Total plan liabilities	7b	140,	688				170,64		
C Net plan assets (subtract time 10 float time 70)	7c				(b) Total				
8 Income, Expenses, and Transfers for this Plan Year		(a) Amount			(b) Total				
a Contributions received or receivable from: (1) Employers	8a(1)		481	and the state of the					
	Ba(2)	5,	, 524						
(3) Others (including rollovers)	8a(3)								
	8b		,047	1300		ips			
	8c		ni ()		V/4000 001		30,05		
d Baselts paid (including direct rollovers and insurance premiums			94						
to provide benefits)	8d					1000 A CONTROL OF SERVICE AND ADDRESS OF SERV			
	8e						mar diales. Natur		
	8f								
	8 g		(HALL HALL	1,000	5.0 576,7492.64		
h Total expenses (add lines 8d, 8e, 8f, and 8g)	8h	de granda de granda de la composición	Day P						
i Net income (loss) (subtract line 8h from line 8c)	8i						29,9		
Transfers to (from) the plan (see instructions)	Bį			0					
Part IV Plan Characteristics	0]	<u></u>							
Part V Compliance Questions				Van	No		mount		
				Yes	No	A	mount		
to the plan any participant contribution	ons with	in the time period described in							
on and again a 1022 (See Instructions and DOL'S VOLUMARY I MARKET	india y con	10000111	10a		Х				
b Were there any nonexempt transactions with any party-in-Interest? (I	(Do not	include transactions reported	10a 10b		X		20		
b Were there any nonexempt transactions with any party-in-Interest? (I on line 10a.)	(Do not	include transactions reported		Х			20,0		
b Were there any nonexempt transactions with any party-in-Interest? (I on line 10a.) C Was the plan covered by a fidelity bond? d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bonds.	(Do not	include transactions reported	10b	Х			20,		
b Were there any nonexempt transactions with any party-in-Interest? (I on line 10a.)	(Do not	ond, that was caused by fraud	10b	Х	х				
b Were there any nonexempt transactions with any party-in-Interest? (I on line 10a.)	(Do not	ond, that was caused by fraud ns by an insurance carrier, nefits under the plan? (See	10b	х	х		20,		
b Were there any nonexempt transactions with any party-in-interest? (I on line 10a.) C Was the plan covered by a fidelity bond? d Did the plan have a loss, whether or not reimbursed by the plan's fider or dishonesty? Were any fees or commissions paid to any brokers, agents, or other insurance service or other organization that provides some or all of the instructions.)	(Do not	ond, that was caused by fraud ons by an insurance carrier, nefits under the plan? (See	10b 10c 10d		х				
b Were there any nonexempt transactions with any party-in-Interest? (I on line 10a.) C Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan's fid or dishonesty? Were any fees or commissions paid to any brokers, agents, or other insurance service or other organization that provides some or all of tinstructions.) Has the plan failed to provide any benefit when due under the plan?	(Do not delity be persof the bear	ond, that was caused by fraud ns by an insurance carrier, nefits under the plan? (See	10b 10c 10d 10e	Х	x x				
 b Were there any nonexempt transactions with any party-in-Interest? (I on line 10a.)	(Do not idelity being person of the being?	ond, that was caused by fraud ins by an insurance carrier, nefits under the plan? (See	10b 10c 10d	Х	x				
 b Were there any nonexempt transactions with any party-in-Interest? (I on line 10a.)	(Do not idelity be repersor the being sof years See install	ond, that was caused by fraud ins by an insurance carrier, inefits under the plan? (See r end.)	10b 10c 10d 10e	Х	x x				
b Were there any nonexempt transactions with any party-in-Interest? (I on line 10a.) c Was the plan covered by a fidelity bond? d Did the plan have a loss, whether or not reimbursed by the plan's fid or dishonesty? e Were any fees or commissions paid to any brokers, agents, or other insurance service or other organization that provides some or all of instructions.) 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 a lift this is an individual account plan, was there a blackout period? (S 2520.101-3.)	(Do not delity been person the been sof years).	ond, that was caused by fraud ins by an insurance carrier, inefits under the plan? (See r end.)	10b 10c 10d 10e 10f 10g	X	x x				
b Were there any nonexempt transactions with any party-in-Interest? (I on line 10a.) C Was the plan covered by a fidelity bond? d Did the plan have a loss, whether or not reimbursed by the plan's fider or dishonesty? e Were any fees or commissions paid to any brokers, agents, or other insurance service or other organization that provides some or all of the instructions.) 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 a lift this is an individual account plan, was there a blackout period? (Size20.101-3.) 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-	(Do not idelity bear person of the bear sof year See instance required to the instance required	include transactions reported ond, that was caused by fraud ns by an insurance carrier, nefits under the plan? (See r end.)	10b 10c 10d 10e 10f 10g 10h	X X	x x x				
b Were there any nonexempt transactions with any party-in-Interest? (I on line 10a.)	(Do not delity be repersor the bernor sof years) See instructions of the control of the bernor sof years are required.	include transactions reported ond, that was caused by fraud ons by an insurance carrier, nefits under the plan? (See r end.) tructions and 29 CFR ed notice or one of the	10b 10c 10d 10e 10f 10g 10h 10i	X X X	X X X A A A A A A A A A A A A A A A A A	B (Form			
b Were there any nonexempt transactions with any party-in-Interest? (I on line 10a.)	(Do not delity be repersor the being sof years see instruction in the requirements? (If the see the requirements?)	include transactions reported ond, that was caused by fraud ons by an insurance carrier, nefits under the plan? (See r end.) tructions and 29 CFR red notice or one of the	10b 10c 10d 10e 10f 10g 10h 10i	X X X	X X X X Andule S		Yes [
b Were there any nonexempt transactions with any party-in-Interest? (I on line 10a.)	(Do not delity be repersor the being sof years see instruction in the requirements? (If the see the requirements?)	include transactions reported ond, that was caused by fraud ons by an insurance carrier, nefits under the plan? (See r end.) tructions and 29 CFR red notice or one of the	10b 10c 10d 10e 10f 10g 10h 10i	X X X	X X X X Andule S				
b Were there any nonexempt transactions with any party-in-Interest? (I on line 10a.)	(Do not delity be reperson of the bear sof year see instance require require require require	include transactions reported ond, that was caused by fraud ns by an insurance carrier, nefits under the plan? (See r end.) ructions and 29 CFR ed notice or one of the f "Yes," see instructions and continued in the plan of the the pla	10b 10c 10d 10e 10f 10g 10h 10i	X X Sche	X X X X Adule Si	ERISA?	Yes \[\text{Yes } \text{X}		
 b Were there any nonexempt transactions with any party-in-Interest? (I on line 10a.) c Was the plan covered by a fidelity bond? d Did the plan have a loss, whether or not reimbursed by the plan's fid or dishonesty? e Were any fees or commissions paid to any brokers, agents, or other insurance service or other organization that provides some or all of instructions.) 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 a lift this is an individual account plan, was there a blackout period? (Si 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-Party! Pension Funding Compliance 11 Is this a defined benefit plan subject to minimum funding requirements to be a defined contribution plan subject to the minimum funding requirements and defined contribution plan subject to the minimum funding requirements in the plan in the pla	(Do not delity bear person of the bear sof year see instance require require as app ag amor	include transactions reported ond, that was caused by fraud ns by an insurance carrier, nefits under the plan? (See r end.) tructions and 29 CFR ed notice or one of the f "Yes," see instructions and col ments of section 412 of the Coc licable.) tized in this plan year, see instructions Mc	10b 10c 10d 10e 10f 10g 10h 10i	X X Sche	X X X X Adule Si	ERISA?	Yes \[\text{Yes } \text{X}		
b Were there any nonexempt transactions with any party-in-Interest? (I on line 10a.)	(Do not delity be reperson of the bear of year see instance require as apping amore MB (F	include transactions reported ond, that was caused by fraud ns by an insurance carrier, neffits under the plan? (See r end.) tructions and 29 CFR red notice or one of the f "Yes," see instructions and con ments of section 412 of the Coo dicable.) tized in this plan year, see instructions and section 412 of the Coo ments of section 412 of	10b 10c 10d 10e 10f 10g 10h 10i mplete or s	X X Sche	X X X X Adule Si	ERISA?	Yes \[\text{Yes } \text{X}		

	Form 5500-SF 2012		Page 3 -						
C	Enter the amount contributed by the employe	er to the plan for this plan year		left of o		 			
d	Subtract the amount in line 12c from the amount)	ount in line 12b. Enter the resul	t (enter a minus sign to the		12d	∏ Yes	П	No [□ N/A
е	Will the minimum funding amount reported o	n line 12d be met by the fundir	g deadline?			165		140 1	1 10/1
Part	4100000 Ch 100	sfers of Assets							
13a	Has a resolution to terminate the plan been add	pted in any plan year?				Yes X	No		
	If "Ves." enter the amount of any plan assets	that reverted to the employer	this year		13a				
b	b Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the						[Yes	X No
c	If during this plan year, any assets or liabiliti which assets or liabilities were transferred. (es were transferred from this p	lan to another plan(s), ider	ntity the plan(s)	το			42-12) PN(s)_
	13c(1) Name of plan(s):				3c(2) E	iN(S)	- +	136(3	7 - 14(5)
								·	
Par	Trust Information (optional)				14h	 Trust's El	N		
14a Name of trust					174	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	• •		
	_				L				