	Form 5500-SF	/ee	OMB Nos. 1210-0110 1210-0089								
	Department of the Treasury Internal Revenue Service	nd 4065 of the Employee	e	2012							
	Department of Labor oyee Benefits Security Administration	ctions 6057(b) and 6058 rode).		This Form is Open to Public Inspection							
	Complete all entries in accordance with the instructions to the Form 5500-SF.										
Part I Annual Report Identification Information For calendar plan year 2012 or fiscal plan year beginning 06/01/2012 and ending 05/31/2013											
				v	5/31/2						
	is return/report is for:	a single-employer plan		le-employer plan (not multiemployer) a one-participant plan							
B This return/report is:											
		an amended return/report	a short plan year return	n/report (less than 12 mo	onths)	DFVC program					
C Cł	neck box if filing under:	K Form 5558	Form 5558 automatic extension								
		special extension (enter description									
Part	t II Basic Plan Inform	nation—enter all requested inform	nation								
	ame of plan				1b	Three-digit					
CHEVS	OF THE 40S, INC. 401(K) PI	ROFIT SHARING PLAN				plan number (PN) ▶ 001					
					1c	Effective date of plan					
						06/01/2003					
	lan sponsor's name and address OF THE 40S, INC.	ess; include room or suite number (e	employer, if for a single-	employer plan)	2b	Employer Identification Number (EIN) 91-1650628					
1605 N	E 112TH STREET				2c	Sponsor's telephone number 360-816-0211					
	DUVER, WA 98682				2d	Business code (see instructions) 441300					
3a P	lan administrator's name and	address XSame as Plan Sponsor N	Name Same as Plan	Sponsor Address	3b	Administrator's EIN					
					•						
	the name and/or EIN of the p name, EIN, and the plan numb	lan sponsor has changed since the	last return/report filed fo	or this plan, enter the	4b	EIN					
	ponsor's name				4c	PN					
5a ⊺	otal number of participants at	the beginning of the plan year			5a	15					
b ⊺	otal number of participants at	the end of the plan year			5b	14					
CN	lumber of participants with ac	count balances as of the end of the	plan year (defined bene	fit plans do not							
	complete this item)				5c	2					
b א נ	Are you claiming a waiver of th Inder 29 CFR 2520.104-46? (luring the plan year invested in eligible annual examination and report of See instructions on waiver eligibility	an independent qualifie and conditions.)	d public accountant (IQI	PA)	Yes 🗌 No					
		er line 6a or line 6b, the plan canr									
Under SB or	penalties of perjury and othe	incomplete filing of this return/re r penalties set forth in the instruction signed by an enrolled actuary, as w te.	ns, I declare that I have e	examined this return/rep	ort, ir	ncluding, if applicable, a Schedule					
SIGN	Filed with authorized/va	lid electronic signature.	12/11/2013	RON WADE							
HERE	Signature of plan adm	ninistrator	Date	Enter name of individual signing as plan administrator							
SIGN	Filed with authorized/va	lid electronic signature.	12/11/2013	RON WADE							
HERE	Signature of employe	r/plan sponsor	Date	Enter name of individu	ual sig	ning as employer or plan sponsor					
Prepa	rer's name (including firm nar	ne, if applicable) and address; includ	de room or suite number	r (optional)	Prep	parer's telephone number (optional)					

	rt III Financial Information									
7	Plan Assets and Liabilities		(a) Beginning of Yea	ar			(b) End of Year			
а	Total plan assets	7a		36030			42169			
b	Total plan liabilities			0						
С	Net plan assets (subtract line 7b from line 7a)		3603	36030		4216				
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b) Total			
а				•						
	(1) Employers	8a(1)		0						
	(2) Participants	8a(2) 8a(3)	120							
h	(3) Others (including rollovers)		0							
	Other income (loss)	8b	5665				0005			
-	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) Benefits paid (including direct rollovers and insurance premiums	8c			-		6865			
	to provide benefits)	8d	72	6						
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					726			
i	Net income (loss) (subtract line 8h from line 8c)	8i					6139			
j	Transfers to (from) the plan (see instructions)	8j		0						
Par	rt IV Plan Characteristics									
b Par	If the plan provides welfare benefits, enter the applicable welfare feet V Compliance Questions									
10	During the plan year:				Yes	No	Amount			
а	Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu									
b	Were there any nonexempt transactions with any party-in-interest		tion Program)	10a		X				
	on line 10a.)	? (Do not inc	clude transactions reported	10a 10b		x x				
C		? (Do not inc	clude transactions reported		X		15000			
c d	Was the plan covered by a fidelity bond?	? (Do not inc	lude transactions reported	10b	X		15000			
d	Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan's	? (Do not inc fidelity bond ner persons to of the benefit	, that was caused by fraud oy an insurance carrier, s under the plan? (See	10b 10c	X	X	15000			
d	Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty? Were any fees or commissions paid to any brokers, agents, or oth insurance service or other organization that provides some or all of	? (Do not inc fidelity bond ner persons to of the benefit	, that was caused by fraud oy an insurance carrier, s under the plan? (See	10b 10c 10d	X	×	15000			
d e	Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty? Were any fees or commissions paid to any brokers, agents, or oth insurance service or other organization that provides some or all o instructions.) Has the plan failed to provide any benefit when due under the plan	? (Do not inc fidelity bond her persons b of the benefit n?	, that was caused by fraud oy an insurance carrier, s under the plan? (See	10b 10c 10d 10e	×	x x x	15000			
d e f g	Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty? Were any fees or commissions paid to any brokers, agents, or oth insurance service or other organization that provides some or all o instructions.) Has the plan failed to provide any benefit when due under the plan	? (Do not inc fidelity bond her persons to of the benefit n? s of year end (See instruct	that was caused by fraud by an insurance carrier, s under the plan? (See d.)	10b 10c 10d 10e 10f	×	x x x x x	15000			
d e f g	Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty? Were any fees or commissions paid to any brokers, agents, or oth insurance service or other organization that provides some or all of instructions.) Has the plan failed to provide any benefit when due under the plan Did the plan have any participant loans? (If "Yes," enter amount a If this is an individual account plan, was there a blackout period?	? (Do not inc fidelity bond ner persons b of the benefit n? s of year end (See instruct me required r	that was caused by fraud by an insurance carrier, s under the plan? (See d.)	10b 10c 10d 10e 10f 10g	×	x x x x x x x	15000			
d e f g h	 Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty? Were any fees or commissions paid to any brokers, agents, or oth insurance service or other organization that provides some or all or instructions.) Has the plan failed to provide any benefit when due under the plan Did the plan have any participant loans? (If "Yes," enter amount a If this is an individual account plan, was there a blackout period? 2520.101-3.) If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10 	? (Do not inc fidelity bond ner persons b of the benefit n? s of year end (See instruct me required r	that was caused by fraud by an insurance carrier, s under the plan? (See d.)	10b 10c 10d 10e 10f 10g 10h	×	x x x x x x x	15000			
d e f g h	Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty? Were any fees or commissions paid to any brokers, agents, or oth insurance service or other organization that provides some or all o instructions.) Has the plan failed to provide any benefit when due under the pla Did the plan have any participant loans? (If "Yes," enter amount a If this is an individual account plan, was there a blackout period? 2520.101-3.) If 10h was answered "Yes," check the box if you either provided th exceptions to providing the notice applied under 29 CFR 2520.10	? (Do not inc fidelity bond her persons to of the benefit n? s of year end (See instruct he required r 1-3	that was caused by fraud by an insurance carrier, s under the plan? (See d.) ions and 29 CFR notice or one of the s," see instructions and corr	10b 10c 10d 10e 10f 10g 10h 10i	Schec	X X X X X X X	(Form			
d f g h i Part	 Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty? Were any fees or commissions paid to any brokers, agents, or oth insurance service or other organization that provides some or all or instructions.) Has the plan failed to provide any benefit when due under the plan Did the plan have any participant loans? (If "Yes," enter amount a If this is an individual account plan, was there a blackout period? 2520.101-3.) If 10h was answered "Yes," check the box if you either provided th exceptions to providing the notice applied under 29 CFR 2520.10 VI Pension Funding Compliance Is this a defined benefit plan subject to minimum funding requirem 	? (Do not inc fidelity bond her persons to of the benefit n? s of year end (See instruct he required r 1-3	In the second se	10b 10c 10d 10e 10f 10g 10h 10i	Schec	X X X X X X X	(Form			
d f g h i Part	 Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty? Were any fees or commissions paid to any brokers, agents, or oth insurance service or other organization that provides some or all or instructions.) Has the plan failed to provide any benefit when due under the plan Did the plan have any participant loans? (If "Yes," enter amount a If this is an individual account plan, was there a blackout period? 2520.101-3.) If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10 VI Pension Funding Compliance Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below) 	? (Do not ind fidelity bond her persons to of the benefit n? s of year end (See instruct he required r 1-3	lude transactions reported , that was caused by fraud by an insurance carrier, s under the plan? (See d.)	10b 10c 10d 10e 10f 10g 10h 10i	Schec	X X X X X X Iule SB	(Form			
d f f i i i i i i i	 Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty? Were any fees or commissions paid to any brokers, agents, or oth insurance service or other organization that provides some or all or instructions.) Has the plan failed to provide any benefit when due under the plan Did the plan have any participant loans? (If "Yes," enter amount a If this is an individual account plan, was there a blackout period? 12520.101-3.) If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10 t VI Pension Funding Compliance Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)	? (Do not inc fidelity bond her persons b of the benefit n? s of year end (See instruct he required r 1-3 hents? (If "Ye requirement	that was caused by fraud by an insurance carrier, s under the plan? (See d.)	10b 10c 10d 10e 10f 10g 10h 10i	Schec	X X X X X X Iule SB	(Form			
d f f h i i i i 	 Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty? Were any fees or commissions paid to any brokers, agents, or oth insurance service or other organization that provides some or all or instructions.) Has the plan failed to provide any benefit when due under the plan Did the plan have any participant loans? (If "Yes," enter amount a If this is an individual account plan, was there a blackout period? 2520.101-3.) If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10 VI Pension Funding Compliance Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below) Is this a defined contribution plan subject to the minimum funding 	? (Do not ind fidelity bond her persons b of the benefit n? s of year end (See instruct he required r 1-3 hents? (If "Ye requirement , as applicab ng amortized	In this plan year, see instructions and corrections and correc	10b 10c 10d 10e 10f 10g 10h 10i e or se	Schec	X X X X X X X Iule SB	(Form ☐ Yes X No ERISA? ☐ Yes X No			
d f f i i i i 	 Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty? Were any fees or commissions paid to any brokers, agents, or oth insurance service or other organization that provides some or all or instructions.) Has the plan failed to provide any benefit when due under the plan Did the plan have any participant loans? (If "Yes," enter amount a If this is an individual account plan, was there a blackout period? 2520.101-3.) If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10 VI Pension Funding Compliance Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below) Is this a defined contribution plan subject to the minimum funding (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 being the standard for a prior year is being the standard prior to provide the standard for a prior year is being the standard	? (Do not ind fidelity bond her persons to of the benefit n? s of year end (See instruct he required r 1-3	In this plan year, see instructions and communications and communicati	10b 10c 10d 10e 10f 10g 10h 10i e or se	Schec	X X X X X X X Iule SB Illa 302 of E	(Form Yes X No ERISA? Yes X No			

С	Enter	the amount contributed by the employer to the plan for this plan year	12c				
d		act the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a tive amount)	12d				
е		he minimum funding amount reported on line 12d be met by the funding deadline?		Yes	No N/A		
Part	rt VII Plan Terminations and Transfers of Assets						
13a	Has a	a resolution to terminate the plan been adopted in any plan year?	, ,	Yes X No			
	lf "Ye	es," 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 control of the PBGC?						
С		ing this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) n 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)					

14a Name of trust	14b Trust's EIN

Form 5500-SF	Short Form Annual F	Return/Report o Benefit Plan	f Small Employ	vee	OMB Nos. 1210-01 1210-00	
Department of the Treasury Internal Revenue Service	Department of the Irreasury Internal Revenue Service 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 the Internal Revenue Code (the Code). 2012 Department of Labor 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 the Internal Revenue Code (the Code). This Form is Open to P Inspection					
Department of Labor mployee Benefits Security Administration Pension Benefit Guaranty Corporation						
	► Complete all entries in acco	rdance with the instruc	tions to the Form 550	0-SF.		
Part I Annual Report I r calendar plan year 2012 or fisc	dentification Information	06/01/2012	and ending	05/	/31/2013	
	x a single-employer plan	a multiple-employer pla		Γ	a one-participant plan	
	the first return/report	the final return/report				
This return/report is:	님 도 날		n/report (less than 12 m	onthe)		
	an amended return/report	=			DFVC program	
Check box if filing under:	Form 5558	automatic extension		L	Drvc program	
	special extension (enter descripti					
	mation enter all requested info	ormation		1h T	hree-digit	
Name of plan				p	lan number	
Chevs of the 40s, In	nc. 401(K) Profit Sharin	q Plan			PN) ► 001	
					6/01/2003	
Plan sponsor's name and add	Iress; include room or suite number	(employer, if for a single-	employer plan)		mployer Identification Number	
Chevs of the 40s, In				(1	EIN) 91-1650628	
1605 NE 112TH STREET	TI CONTRACTOR OF CONTRACTOR				ponsor's telephone number (360) 816-0211	
1005 NE 11211 SINES.	±				Business code (see instructions)	
S VANCOUVER	WA 98682				41300	
Plan administrator's name and	d address X Same as Plan Spons	sor Name	Plan Sponsor Address	30 A	dministrator's EIN	
If the name and/or EIN of the	plan sponsor has changed since the	e last return/report filed fo	or this plan, enter the	4b E	EIN	
If the name and/or EIN of the name, EIN, and the plan num	ber from the last return/report.			4c F	PN	
a Sponsor's name	at the beginning of the plan year		*****	5a	15	
a Sponsor's namea Total number of participants a	at the beginning of the plan year			5a 5b	15 14	
 a Sponsor's name a Total number of participants a b Total number of participants a 	at the beginning of the plan year at the end of the plan year ccount balances as of the end of the	***************************************	******	5b	14	
 Sponsor's name Total number of participants a Total number of participants a Number of participants with a complete this item) 	at the end of the plan year	e plan year (defined bene	fit plans do not		14	
 a Sponsor's name a Total number of participants a b Total number of participants a c Number of participants with a complete this item) a Were all of the plan's assets of 	at the end of the plan year account balances as of the end of the during the plan year invested in eligit	e plan year (defined bene ble assets? (See instructi	fit plans do not ons.)	5b 5c	14	
 Sponsor's name Total number of participants a Total number of participants a Number of participants with a complete this item) Were all of the plan's assets of Are you claiming a waiver of the 	at the end of the plan year ccount balances as of the end of the during the plan year invested in eligib the annual examination and report o	plan year (defined bene ble assets? (See instructi f an independent qualifie	fit plans do not ons.)	5b 5c	14 2 XYes N	
 Sponsor's name Total number of participants a Total number of participants a Number of participants with a complete this item) Were all of the plan's assets of Are you claiming a waiver of t under 29 CFR 2520.104-46? 	at the end of the plan year ccount balances as of the end of the during the plan year invested in eligil the annual examination and report o (See instructions on waiver eligibility	plan year (defined bene ble assets? (See instructi f an independent qualifier y and conditions.)	fit plans do not ions.) d public accountant (IQI	5b 5c PA)	14 2 XYes N XYes N	
 a Sponsor's name a Total number of participants a b Total number of participants at c Number of participants with at c complete this item) a Were all of the plan's assets of c Are you claiming a waiver of t under 29 CFR 2520.104-46? If you answered "No" to eith 	at the end of the plan year iccount balances as of the end of the during the plan year invested in eligit the annual examination and report o (See instructions on waiver eligibility her line 6a or line 6b, the plan can	e plan year (defined bene ble assets? (See instructi f an independent qualifie / and conditions.) not use Form 5500-SF a	fit plans do not ons.) d public accountant (IQI and must instead use	5b 5c PA) Form 55	14 2 XYes No XYes No XYes No	
 a Sponsor's name a Total number of participants a b Total number of participants a c Number of participants with a complete this item) a Were all of the plan's assets of c Are you claiming a waiver of the under 29 CFR 2520.104-46? if you answered "No" to either the late of C Juder penalties of perjury and other the state of the the state of the state of the the the state of the the state of the the the the state of the the the the the the the the the the	at the end of the plan year account balances as of the end of the during the plan year invested in eligit the annual examination and report o (See instructions on waiver eligibility her line 6a or line 6b, the plan can or incomplete filing of this return/n her penalties set forth in the instruction d signed by an enrolled actuary, as	e plan year (defined bene ble assets? (See instructi f an independent qualifier and conditions.) not use Form 5500-SF a report will be assessed ons. I declare that I have	fit plans do not ons.) d public accountant (IQI and must instead use unless reasonable ca examined this return/re	5b 5c PA) Form 55 use is e		
 a Sponsor's name a Total number of participants a b Total number of participants a c Number of participants with a complete this item) a Were all of the plan's assets of Are you claiming a waiver of the under 29 CFR 2520.104-46? If you answered "No" to eith Caution: A penalty for the late of Data penalties of perjury and oth SB or Schedule MB completed ar penaltief, it is true, correct, and complete data penalty for the late of penalty for the late of the penalty for the penalty for	at the end of the plan year account balances as of the end of the during the plan year invested in eligit the annual examination and report o (See instructions on waiver eligibility her line 6a or line 6b, the plan can or incomplete filing of this return/n her penalties set forth in the instruction d signed by an enrolled actuary, as	e plan year (defined bene ble assets? (See instructi f an independent qualifier y and conditions.) not use Form 5500-SF a report will be assessed ons, I declare that I have well as the electronic ver	fit plans do not ions.) d public accountant (IQI and must instead use unless reasonable ca examined this return/re rsion of this return/repo	5b 5c PA) Form 55 use is e		
A Sponsor's name Total number of participants a Total number of participants a Number of participants with a complete this item) Were all of the plan's assets o Are you claiming a waiver of t under 29 CFR 2520.104-46? If you answered "No" to eith Caution: A penalty for the late o Inder penalties of perjury and ott Be or Schedule MB completed ar belief, it is true, correct, and comp SIGN	at the end of the plan year	e plan year (defined bene ble assets? (See instructi f an independent qualifier and conditions.) not use Form 5500-SF a report will be assessed ons, I declare that I have well as the electronic ver	fit plans do not ons.) d public accountant (IQI and must instead use unless reasonable ca examined this return/re rsion of this return/report RON WADE	5b 5c PA) Form 55 use is e port, inc t, and to	14 2 X Yes X Yes X Yes Stablished. Juding, if applicable, a Schedule the best of my knowledge and	
A Sponsor's name Total number of participants a Total number of participants a Number of participants with a complete this item) Were all of the plan's assets o Are you claiming a waiver of t under 29 CFR 2520.104-46? If you answered "No" to either Caution: A penalty for the late o Inder penalties of perjury and other Be or Schedule MB completed ar belief, it is true, correct, and comp	at the end of the plan year	e plan year (defined bene ble assets? (See instructi f an independent qualifier y and conditions.) not use Form 5500-SF a report will be assessed ons, I declare that I have well as the electronic ver 12/2/20/3 Date	fit plans do not fit plans do not d public accountant (IQI and must instead use unless reasonable ca examined this return/re rsion of this return/repor RON WADE Enter name of individu	5b 5c PA) Form 55 use is e port, inc t, and to		
Sponsor's name Total number of participants a Total number of participants a Total number of participants a Number of participants with a complete this item) Were all of the plan's assets o Are you claiming a waiver of t under 29 CFR 2520.104-46? If you answered "No" to eith Caution: A penalty for the late o Inder penalties of perjury and oth B or Schedule MB completed ar ielief, it is true, correct, and comp SIGN HERE Signature of plan admi	at the end of the plan year	e plan year (defined bene ble assets? (See instructi f an independent qualifier and conditions.) not use Form 5500-SF a report will be assessed ons, I declare that I have well as the electronic ver 12/2/2013 Date 12/2/2013	fit plans do not fit plans do not d public accountant (IQI and must instead use unless reasonable ca examined this return/re rsion of this return/repor RON WADE Enter name of individu RON WADE	5b 5c PA) Form 55 use is en t, and to al signin	14 2 X Yes X Yes X Yes Stablished. Iuding, if applicable, a Schedule the best of my knowledge and g as plan administrator	
A Sponsor's name Total number of participants a Total number of participants a Number of participants with a complete this item) Were all of the plan's assets o Are you claiming a waiver of t under 29 CFR 2520.104-46? If you answered "No" to eith Caution: A penalty for the late o Inder penalties of perjury and oth B or Schedule MB completed ar elief, it is true, correct, and comp KIGN HERE Signature of plan admi	at the end of the plan year	e plan year (defined bene ble assets? (See instructi f an independent qualifier and conditions.) not use Form 5500-SF a report will be assessed ons, I declare that I have well as the electronic ver 12/2/2013 Date 12/2/2013 Date	fit plans do not fit plans do not d public accountant (IQI and must instead use unless reasonable ca examined this return/re rsion of this return/report RON WADE Enter name of individu RON WADE Enter name of individu	5b 5c PA) Form 55 use is e port, inc t, and to al signin	14 2 X Yes X Yes X Yes Stablished. Juding, if applicable, a Schedule the best of my knowledge and	
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Page 2

Pa	rt III Financial Information							
	Plan Assets and Liabilities	(a) Beginning of Year			(b) End of Year			
а	Total plan assets	7a	36,03	30	42,			42,169
b	Total plan liabilities	7b		0				
С	Net plan assets (subtract line 7b from line 7a)	7c	36,03	30		42,1		
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount		(b) Total			al
а	Contributions received or receivable from: (1) Employers	8a(1)		0				
	(2) Participants	8a(2)	1,20	00				
	(3) Others (including rollovers)	8a(3)		0				
b	Other income (loss)	8b	5,66	55				
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c			6,865			
	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	72	26				
e	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						726
i	Net income (loss) (subtract line 8h from line 8c)	8i						6,139
j	Transfers to (from) the plan (see instructions)	8j		0		1. AA		
-	rt IV Plan Characteristics							
	If the plan provides pension benefits, enter the applicable pension fe	ature co	des from the List of Plan Characte	eristic	Code	s in the	instruction	s:
	2F 2G 2J 3D							
b	If the plan provides welfare benefits, enter the applicable welfare fea	ture cod	es from the List of Plan Character	ristic (Codes	in the i	nstructions:	
Pa	rt V Compliance Questions							
10	During the plan year:				Yes	No	A	mount
a	Was there a failure to transmit to the plan any participant contributi 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduc	ions with iary Corr	in the time period described in rection Program)	10a		x		
b	Were there any nonexempt transactions with any party-in-interest? on line 10a.)			10b		x		
C	Was the plan covered by a fidelity bond?			10c	x			15,000
d		fidelity be	ond, that was caused by fraud	10d		x		
e								
-	insurance service or other organization that provides some or all o	f the ber	nefits under the plan? (See	400		x		
	instructions.)			10e				
f	Has the plan failed to provide any benefit when due under the plan	1?	*****	10f		X		
g	Did the plan have any participant loans? (If "Yes," enter amount as	s of year	end.)	10g		X		
h	If this is an individual account plan, was there a blackout period? (2520.101-3.)	See inst	ructions and 29 CFR	10h		x		
i		e require	ed notice or one of the	10i				
Pa	rt VI Pension Funding Compliance							
11	Is this a defined benefit plan subject to minimum funding requirem	ents? (If	"Yes," see instructions and comp	lete S	Schedu	ule SB ((Form	Yes 🕱 No
	5500) and line 11a below)					11a		
-	a Enter the amount from Schedule SB line 39							Yes 🕱 No
12				or sect	uon 30		NOA!	
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,	as appl	icable.)					
а	If a waiver of the minimum funding standard for a prior year is beir granting the waiver	ng amort	ized in this plan year, see instruct Mo	tions, nth	and ei	nter the	e date of the	Year
H	If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.							
b						12b		
i.								

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С	Enter the amount contributed by the employer to the plan for this pla	in year	12c		
d	Subtract the amount in line 12c from the amount in line 12b. Enter the negative amount)		120		
е	Will the minimum funding amount reported on line 12d be met by the	e funding deadline?] Yes [<u>No</u> N/A
Parl	VII Plan Terminations and Transfers of Assets				
13a	Has a resolution to terminate the plan been adopted in any plan year	r?		Yes 🕱 N	0
	If "Yes," enter the amount of any plan assets that reverted to the em	ployer this year	13a		
b	Were all the plan assets distributed to participants or beneficiaries, tr of the PBGC?			[Yes 🕱 No
с	If during this plan year, any assets or liabilities were transferred from which assets or liabilities were transferred. (See instructions.)	n this plan to another plan(s), identify	the plan(s) to		
	3c(1) Name of plan(s):		13c(2) EIN	√(s)	13c(3) PN(s)
Part	VIII Trust Information (optional)				
14a	Name of trust		14b	Trust's EIN	
			ł		