## 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.

1210-0089

OMB Nos. 1210-0110

2013

This Form is Open to Public Inspection

Pa	rt I	Annual Report	t Identification Informa	ntion									
For o	or calendar plan year 2013 or fiscal plan year beginning 01/01/2013 and ending 12/31/2013												
<b>A</b> T	his retu	urn/report is for:	X a single-employer plan	aı	multiple-employer pl	an (not multiemployer)	er) a one-participant plan						
Вт	his retu	urn/report is:	the first return/report	the	e final return/report	al return/report							
an amended return/report a short plan year return/report (less than 12 mc C Check box if filing under: Form 5558 automatic extension								nonths)					
								DFVC progra	ım				
			special extension (enter	description)									
Part II Basic Plan Information—enter all requested information													
	Name o		1b	Three-digit									
CHUC	KALS,	INC. 401(K) SALAR	Y REDUCTION PLAN AND T	RUST				plan number (PN) ▶	001				
							1c	Effective date of					
								01/01/					
	Plan sp CKALS,		ddress; include room or suite	number (emp	loyer, if for a single-	employer plan)	2b	Employer Identification (EIN) 91-16					
2209	PACIFI	C AVENUE, SUITE	В				2c	Sponsor's telep					
TACC	MA, W	'A 98402					2d	Business code (	see instructions)				
								45321					
	Plan ad (ALS, II			PACIFIC AV	ENUE, SUITE B	Sponsor Address			24625				
			TAC	OMA, WA 98	402		ЗС	Administrator's t	telephone number 0-2350				
4			ne plan sponsor has changed		return/report filed for	r this plan, enter the	4b	4b EIN					
_			umber from the last return/repo	ort.			40	4c PN					
	•	or's name	s at the beginning of the plan	vear			5a						
_			s at the end of the plan year	•									
			account balances as of the e				5b		23				
			account balances as of the e	•	• •	-	5с		22				
_			ts during the plan year investe	_					X Yes No				
b			of the annual examination and 6? (See instructions on waiver						X Yes □ No				
			either line 6a or line 6b, the						M 190 [] 110				
С	If the p	lan is a defined bene	efit plan, is it covered under the	e PBGC insu	rance program (see	ERISA section 4021)?		Yes No	Not determined				
Caus	tion: A	nonalty for the late	or incomplete filing of this	roturn/ronor	will be assessed	inlass rassanable cai	uso is	ostablished	•				
		•	other penalties set forth in the						able a Schedule				
SB c	r Sche		and signed by an enrolled actu										
SIGN		Filed with authorized	d/valid electronic signature.		02/18/2014	MARIA ESTRADA-HA	RRIS						
HER		Signature of plan	administrator		Date	Enter name of individ	ual sig	gning as plan adn	ninistrator				
SIGI													
HERE Signature of employer/plan sponsor Date Enter name of indivi													
Prep	arer's r	name (including firm	name, if applicable) and addre	ess; include r	oom or suite numbe	r (optional)	Prep	parer's telephone	number (optional)				

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Pa	rt III Financial Information									
7	Plan Assets and Liabilities					ar (b) End of Year				
_ <u>'</u> _a	Total plan assets	(4) = 033								
<u>a</u>	Total plan liabilities	6			616135					
	Net plan assets (subtract line 7b from line 7a)	5		614837						
8	, ,				(b) Total					
	Contributions received or receivable from:	ncome, Expenses, and Transfers for this Plan Year  (a) Amount								
и	(1) Employers	6								
	(2) Participants	2								
	(3) Others (including rollovers)	8a(3)	626	0						
b	Other income (loss)	8b	9020	2						
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c					149990			
d	Benefits paid (including direct rollovers and insurance premiums		11021	2						
	to provide benefits)	8d	11021							
<u>е</u>	Certain deemed and/or corrective distributions (see instructions)	8e		0						
	Administrative service providers (salaries, fees, commissions)	8f	560							
<u>g</u>	Other expenses	8g		0						
<u>h</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h					115818			
<del>-</del>	Net income (loss) (subtract line 8h from line 8c)	8i					34172			
	Transfers to (from) the plan (see instructions)	8j								
Pai	t IV Plan Characteristics									
9а 	<ul> <li>9a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:</li> <li>3D 2F 2J 2K 2E 2T</li> <li>b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:</li> </ul>									
Par	Part V Compliance Questions									
10	During the plan year:			Yes	No	Amount				
a	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu	iciary Corr	ection Program)	10a		X				
b	Were there any nonexempt transactions with any party-in-interest on line 10a.)			10b		X				
				10c	X		70000			
d	Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?	fidelity bor	nd, that was caused by fraud	10d		X	70000			
	Were any fees or commissions paid to any brokers, agents, or oth			100						
·	insurance service, or other organization that provides some or all				Χ					
	instructions.)			10e	^	.,	6649			
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 e	end.)	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						<u> </u>			
11	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)									
11a	a Enter the unpaid minimum required contribution for current year from Schedule SB (Form 5500) line 39									
12	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA?									
	(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 e	enter th Day	ne date of the letter ruling Year			
	you completed line 12a, complete lines 3, 9, and 10 of Schedule	e MB (For	m 5500), and skip to line 13.		I		T			
h	Enter the minimum required contribution for this plan year				I	12b	I			

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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 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?	Y	es 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 coof the PBGC?	ontrol		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) to which assets or liabilities were transferred. (See instructions.)	)			
1	<b>3c(1)</b> Name of plan(s):	c(2) Ell	V(s)	<b>13c(3)</b> PN(s)	
Part	VIII Trust Information (optional)				
14a	Name of trust	14b Trust's EIN			

## 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.

OMB Nos. 1210-0110 1210-0089

2013

This Form is Open to Public Inspection

Part I	Annual Report	Identifica	tion Information	6								
For calenda	ar plan year 2013 or f	iscal plan yea	ar beginning	01/01/	2013	and ending		12/31/201	3			
A This ret	urn/report is for:	X a single	e-employer plan	n a multiple-employer plan (not multiemployer) a one-participant plan								
B This ret	urn/report is:	the first	return/report	the fin	al return/report							
	·	an ame	nded return/report	a short	t plan year returi	n/report (less than 12 m	onths)	)				
C Check I	box if filing under:	Form 5	558	=	atic extension			DFVC progra	am			
0	ovg ao	Special	extension (enter desc	ription)				ш				
Part II	Basic Plan Info		enter all requested in									
1a Name		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	onto: an requestion in	TOTAL COL			1b	Three-digit				
	•	(K) SALA	RY REDUCTION	PLAN AN	D TRUST			plan number	001			
							4.	(PN)				
							10	Effective date of plan 01/01/1995				
	ponsor's name and ad	ddress; inclu	de room or suite numb	er (employe	er, if for a single-	employer plan)	2b	Employer Identification Number (EIN) 91-1624625				
							2c	Sponsor's telep				
2209 Pa	acific Avenue	, Suite	В					253-620-2				
							2d	Business code	(see instructions)			
Tacoma		WA	98402		per .			453210				
	dministrator's name a LS, INC .	ind address	Same as Plan Spon	sor Name	Same as Plar	n Sponsor Address	3b	Administrator's 91-162462				
							3с		telephone number			
2209 P	ACIFIC AVENUE	, Suite	В					253-620-23	350			
TACOMA		WA	98402									
			or has changed since	the last retu	urn/report filed fo	or this plan, enter the	4b	4b EIN				
	, EIN, and the plan nu or's name	imber from tr	ie iast return/report.				4c	PN				
	-C-Carl	s at the begin	ning of the plan year				_		27			
		-					5b		23			
<b>c</b> Numb	er of participants with	account bala	ances as of the end of	f the plan ye	ar (defined bene	efit plans do not	5c		22			
						tions \		<u> </u>	X Yes No			
						etions.)ed public accountant (IQ		MINISTER CONTRACTOR	M 169			
under	29 CFR 2520.104-46	3? (See instru	ictions on waiver eligi	bility and co	nditions.)				X Yes 🗌 No			
If you	answered "No" to e	elther line 6a	or line 6b, the plan	cannot use	Form 5500-SF	and must Instead use	Form	5500.	_			
C If the	plan is a defined bene	efit plan, is it o	covered under the PB	GC insuranc	ce program (see	ERISA section 4021)?	[	] Yes $\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \$	Not determined			
Caution: A	penalty for the late	or Incomple	ete filing of this retu	n/report wi	II be assessed	unless reasonable car	use is	established.				
						examined this return/re			cable, a Schedule			
	edule MB completed a true, correct, and com		an enrolled actuary,	as well as th	ne electronic ver	sion of this return/report	t, and	to the best of my	knowledge and			
SIGN	Maria Estra	4- Herris			2/18/14	MARIA ESTRADA	- HAF	RRIS				
HERE	Signature of plan		or	D:	ate	Enter name of individ	lual sid	gning as plan ad	ministrator			
SIGN	Marie Esta	1 11	•		2/18/14	MARIA ESTRADA						
HERE	Signature of arms	TAXABLE AND THE STATE OF THE ST				lual el	nning as employe	er or plan sponsor				
Preparer's			icable) and address; i						number (optional)			
	,		,			, , ,	Ι ΄	,	., ,			
I							100					

7 Plan Assets and Liabilities a Total plan assets b Total plan liabilities	383911115	(a) Beginning of Year	r			(b) End of Year	
	. 7a		206	1		616135	
D   Utal plail liabilities			139	+		1298	
C Net plan assets (subtract line 7b from line 7a)	066	+		614837 (b) Total			
Income, Expenses, and Transfers for this Plan Year     Contributions received or receivable from:	Income, Expenses, and Transfers for this Plan Year (a) Amount						
(1) Employers	8a(1)	1	280	6			
(2) Participants	8a(2)	4	072	2			
(3) Others (including rollovers)	8a(3)		626	0		TO THE STATE OF	
b Other Income (loss)	8b	9	020	2	us ni		
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c			1		149990	
d Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	11	021	2			
e Certain deemed and/or corrective distributions (see instructions)	8е			0			
f Administrative service providers (salaries, fees, commissions)	8f		560	6			
g Other expenses	8g			0	Tomas		
h Total expenses (add lines 8d, 8e, 8f, and 8g)	8h		100	4		115818	
i Net income (loss) (subtract line 8h from line 8c)	8i	The state of the s		Ą		34172	
j Transfers to (from) the plan (see instructions)	8j						
b If the plan provides welfare benefits, enter the applicable welfare  Part V Compliance Questions	feature codes	from the List of Plan Charac	teristi	c Cod	es in th	e instructions:	
10 During the plan year:			Т	Yes	No	Amount	
Was there a failure to transmit to the plan any participant contrib    29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fig.			10a		х		
b Were there any nonexempt transactions with any party-in-interes on line 10a.)			10b		х		
C Was the plan covered by a fidelity bond?			10c	Х		70000	
d Did the plan have a loss, whether or not reimbursed by the plan' or dishonesty?			10d		х		
• Were any fees or commissions paid to any brokers, agents, or o insurance service, or other organization that provides some or a instructions.)	II of the benefi	ts under the plan? (See	10e	х		664:	
f Has the plan failed to provide any benefit when due under the pl	lan?		10f		Х		
g Did the plan have any participant loans? (If "Yes," enter amount	as of vear end	l.)	10g		Х		
h If this is an individual account plan, was there a blackout period? 2520.101-3.)	? (See instruct	ions and 29 CFR	10h		х		
i If 10h was answered "Yes," check the box if you either provided exceptions to providing the notice applied under 29 CFR 2520.1			10i				
Part VI Pension Funding Compliance							
11 Is this a defined benefit plan subject to minimum funding require 5500) and line 11a below)		SB /Form 5500\ line 20			11a		
11 Is this a defined benefit plan subject to minimum funding require	from Schedule	3 3 (Fulli 3300) lille 33					
11 Is this a defined benefit plan subject to minimum funding require 5500) and line 11a below)					302 of E	ERISA? Yes X No	
<ul> <li>11 Is this a defined benefit plan subject to minimum funding require 5500) and line 11a below).</li> <li>11a Enter the unpaid minimum required contribution for current year</li> </ul>	ng requirement	s of section 412 of the Code			302 of E	ERISA? Yes X No	
<ul> <li>11 Is this a defined benefit plan subject to minimum funding require 5500) and line 11a below)</li> <li>11a Enter the unpaid minimum required contribution for current year</li> <li>12 Is this a defined contribution plan subject to the minimum funding</li> </ul>	ng requirement w, as applicab eing amortized	is of section 412 of the Code le.) in this plan year, see instruc	or se	ction			
<ul> <li>11 Is this a defined benefit plan subject to minimum funding require 5500) and line 11a below)</li> <li>11a Enter the unpaid minimum required contribution for current year</li> <li>12 Is this a defined contribution plan subject to the minimum fundin (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below</li> <li>a If a waiver of the minimum funding standard for a prior year is be</li> </ul>	ng requirement w, as applicab eing amortized	is of section 412 of the Code le.) in this plan year, see instruc Mon	or se	ction	enter th	e date of the letter ruling	

	Form 5500-SF 2013 Page 3 -						
				_			
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 negative amount)		12d				
6	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	XN	0	
	If "Yes," enter the amount of any plan assets that reverted to the employer this year		13a	I			
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought of the PBGC?				Yes X No		
С	If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify which assets or liabilities were transferred. (See Instructions.)	the plan(s)	to				
	13c(1) Name of plan(s):	1	3c(2)	EIN(	s)	13c(3)	PN(s)
,							
		-					_
Part	VIII Trust Information (optional)						

14a Name of trust

14b Trust's EIN