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

| Part I | | t Identification Information | | | | | | | | |
|-------------------|--|--|----------------------------|----------------------------|----------------------------|-------------------|--------------------|--|--|--|
| For calend | For calendar plan year 2013 or fiscal plan year beginning 01/01/2013 and ending 12/31/2013 | | | | | | | | | |
| A This ret | turn/report is for: | X a single-employer plan | a multiple-employer p | lan (not multiemployer) | er) a one-participant plan | | | | | |
| B This ret | turn/report is: | X the first return/report | the final return/report | | | | | | | |
| | | an amended return/report | a short plan year retur | n/report (less than 12 m | onths |) | | | | |
| C Check | box if filing under: | Form 5558 | automatic extension | | | DFVC progra | am | | | |
| | · · | special extension (enter description | n) | | | _ | | | | |
| Part II | Basic Plan Info | ormation—enter all requested informa | ation | | | | | | | |
| 1a Name | | · | | | 1b | Three-digit | | | | |
| VEMCO INL | AND NORTHWEST, | INC. 401(K) PROFIT SHARING | | | | plan number | | | | |
| | | | | | 10 | (PN) | 001 | | | |
| | | | | | 10 | Effective date o | • | | | |
| 2a Plan s | ponsor's name and a | ddress; include room or suite number (e | mplover. if for a single- | emplover plan) | 2h | Employer Identi | | | | |
| | AND NORTHWEST, | | , , , , , , , , , , , , , | - F - 7 - F - 7 | | | 08610 | | | |
| | | | | | 2c | Sponsor's telep | hone number | | | |
| 3830 E TRE | | | | | | 509-534 | 4-9533 | | | |
| SPOKANE, | WA 99202 | | | | 2d | Business code (| | | | |
| 0: | | | П | | O.L. | 42370 | | | | |
| 3a Plan a | dministrator's name a | and address XSame as Plan Sponsor N | ame Same as Plar | n Sponsor Address | 30 | Administrator's | EIN | | | |
| | | | | | 3c | Administrator's | telephone number | | | |
| | | | | | | | · | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| 4 If the r | name and/or FIN of th | ne plan sponsor has changed since the la | ast return/report filed fo | or this plan, enter the | 4h | EIN | | | | |
| | | umber from the last return/report. | ast return report med it | or this plan, enter the | 40 | CIIN | | | | |
| a Spons | or's name | | | | 4c | PN | | | | |
| 5a Total i | number of participant | s at the beginning of the plan year | | | 5a | | 6 | | | |
| b Total i | number of participant | s at the end of the plan year | | | 5b | | 8 | | | |
| | | account balances as of the end of the p | • ' | - | F | | 0 | | | |
| | • | | | | 5c | | 8 | | | |
| | | ts during the plan year invested in eligible of the annual examination and report of a | | | | | X Yes No | | | |
| | | 6? (See instructions on waiver eligibility a | | | | | X Yes No | | | |
| If you | answered "No" to | either line 6a or line 6b, the plan cann | ot use Form 5500-SF | and must instead use | Form | 5500. | | | | |
| C If the p | plan is a defined bene | efit plan, is it covered under the PBGC in | surance program (see | ERISA section 4021)? | | Yes No | Not determined | | | |
| Caution: A | nenalty for the late | or incomplete filing of this return/rep | ort will be assessed | unless reasonable cau | ıse is | established | | | | |
| | | other penalties set forth in the instructions | | | | | able, a Schedule | | | |
| | | and signed by an enrolled actuary, as we | Il as the electronic ver | sion of this return/report | t, and | to the best of my | knowledge and | | | |
| beller, it is | true, correct, and con | ipiete. | | | | | | | | |
| SIGN | Filed with authorized | d/valid electronic signature. | | | | | | | | |
| HERE | Signature of plan | administrator | Date | Enter name of individ | ual si | gning as plan adn | ninistrator | | | |
| SIGN | | | | | | | | | | |
| HERE | Signature of empl | oyer/plan sponsor | Date | Enter name of individ | ual si | anina as emplove | er or plan sponsor | | | |
| Preparer's | | name, if applicable) and address; includ | | | | | number (optional) | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |

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| Pa | rt III Financial Information | | | | | | | | | | | | |
|------|--|-------------|---------------------------------|------------|--------|----------|---------------------------|----------|-----------|--------|--|--|--|
| 7 | Plan Assets and Liabilities | | (a) Beginning of Yea | | | | (b) End o | f Voor | | | | | |
| | Total plan assets | 7a | | 0 | | | (b) End of Year 372121 | | | | | | |
| | Total plan liabilities | 7b | | | | | | 0.2. | | | | | |
| | Net plan assets (subtract line 7b from line 7a) | 76 7c | | 0 | | | 372121 | | | | | | |
| | Income, Expenses, and Transfers for this Plan Year | 70 | | | | | (b) To | | | | | | |
| | Contributions received or receivable from: | | (a) Amount | (a) Amount | | | | | (b) Total | | | | |
| | (1) Employers | 8a(1) | 4378 | 3 | | | | | | | | | |
| | (2) Participants | 8a(2) | 1525 | 2 | | | | | | | | | |
| | (3) Others (including rollovers) | 8a(3) | | | | | | | | | | | |
| b | Other income (loss) | 8b | 3920 | 7 | | | | | | | | | |
| С | Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) | 8c | | | | | | 982 | 42 | | | | |
| d | Benefits paid (including direct rollovers and insurance premiums to provide benefits) | 8d | | | | | | | | | | | |
| е | Certain deemed and/or corrective distributions (see instructions) | 8e | | | | | | | | | | | |
| f | Administrative service providers (salaries, fees, commissions) | 8f | | | | | | | | | | | |
| g | Other expenses | 8g | | | | | | | | | | | |
| h | Total expenses (add lines 8d, 8e, 8f, and 8g) | 8h | | | | | | | | | | | |
| i | Net income (loss) (subtract line 8h from line 8c) | 8i | | | | | | 982 | 42 | | | | |
| j | Transfers to (from) the plan (see instructions) | 8j | 27387 | 9 | | | | | | | | | |
| Pai | t IV Plan Characteristics | | | | | | | | | | | | |
| 9a | | feature co | des from the List of Plan Char | acteris | tic Co | des in | the instructi | ons: | | | | | |
| b | If the plan provides welfare benefits, enter the applicable welfare fe | eature cod | les from the List of Plan Chara | cteristi | c Coc | les in t | he instructio | ns: | | | | | |
| Par | V Compliance Questions | | | | | | | | | | | | |
| 10 | During the plan year: | | | 1 | Yes | No | 1 | Amount | | | | | |
| a | | tions withi | n the time period described in | | 103 | | | unoun | | | | | |
| | 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu Were there any nonexempt transactions with any party-in-interest | ıciary Corr | rection Program) | 10a | | X | | | | | | | |
| ~ | on line 10a.) | , | | 10b | | X | | | | | | | |
| c | Was the plan covered by a fidelity bond? | | | 10c | | X | | | | | | | |
| d | | fidelity bo | nd, that was caused by fraud | 10d | | X | | | | | | | |
| | 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 | ^ | | | | | 736 | | | |
| f | Has the plan failed to provide any benefit when due under the pla | n? | | 10f | | X | | | | | | | |
| g | Did the plan have any participant loans? (If "Yes," enter amount a | s of year e | 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 | | | | | | | ı | | | | | | |
| 11 | Is this a defined benefit plan subject to minimum funding requirem | | | | | | | П Үе | es X | No | | | |
| 110 | 5500) and line 11a below) Enter the unpaid minimum required contribution for current year fr | | | | | | | | .~ _^ | | | | |
| | · · · · · · · · · · · · · · · · · · · | | , | | | 11a | EDICAG | ΠYe | se [v | No | | | |
| 12 | Is this a defined contribution plan subject to the minimum funding | - | | or se | ction | ou≥ of | EKISA! | 16 | ,o / | INO | | | |
| a | (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 | | | ctions | and 4 | enter th | ne date of th | e letter | rulina | | | | |
| | granting the waiver. | - | | | und (| Day | | Year | · am i | , — | | | |
| If | you completed line 12a, complete lines 3, 9, and 10 of Schedule | e MB (For | m 5500), and skip to line 13. | | | | | | | | | | |
| b | Enter the minimum required contribution for this plan year | | | | | 12b | | | | | | | |

| Page | 3 - | | 1 |
|------|-----|--|---|
|------|-----|--|---|

| 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 | 3c(1) Name of plan(s): | c(2) Ell | V(s) | 13c(3) PN(s) |
| | | | | |
| | | | | |
| Part | VIII Trust Information (optional) | | | |
| 14a | Name of trust | l 4b Tr | ust'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 sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

OMB Nos. 1210-0110 1210-0089

2013

This Form is Open

| Pension Benefit Guaranty Corporation Complete all entries in accordance with the instructions to the Form 5500-SF. to Public Inspection | | | | | | | |
|--|---|---------|-----------------------------------|-----------------|--|--|--|
| Part I Annual Report Identification Information | | | | | | | |
| For calendar plan year 2013 or fiscal plan year beginning 01/01/2013 and ending 12/31/2013 | | | | | | | |
| | This return/report is for: X a single-employer plan a multiple-employer plan (not multiemployer) a one-participant plan | | | | | | |
| B This return/report is: | ort | | | | | | |
| an amended return/report a short plan year re | eturn/report | (less | than 12 months) | | | | |
| C Check box if filing under: Form 5558 automatic extension | on | | ☐ DFVC progr | am | | | |
| special extension (enter description) | | | | | | | |
| Part II Basic Plan Information - enter all requested information | | | | | | | |
| 1a Name of plan | | | Three-digit | | | | |
| VEMCO INLAND NORTHWEST, INC. 401(K) PROFIT SH | _ | | olan number (PN) | 001 | | | |
| | | 1c | Effective date of plan 01/01/2013 | | | | |
| 2a Plan sponsor's name and address; include room or suite number (employer, if for single-employe | er plan) | 2h | Employer Identification Nur | nher (FINI) | | | |
| VEMCO INLAND NORTHWEST, INC. | , pluit | | 46-1608610 | TIDE! (LIIV) | | | |
| | 1 | 2c : | Sponsor's telephone numb | er er | | | |
| 3830 E TRENT AVE | | | 5349533 | | | | |
| | 1 | 2d | Business code (see instruc | tions) | | | |
| SPOKANE WA 99202 | | | 423700 | | | | |
| 3a Plan administrator's name and address X Same as Plan Sponsor Name X Same as Plan Sponsor Name | sor Address | 3b / | Administrator's EIN | | | | |
| | | | 1 25 | | | | |
| | : | 3c / | Administrator's telephone r | number | | | |
| | | | | | | | |
| 4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed | d for this | 4b | EIN | | | | |
| plan, enter the name, EIN, and the plan number from the last return/report. | | | | | | | |
| a Sponsor's name | 4 | 4c | PN | | | | |
| | | | | | | | |
| 5a Total number of participants at the beginning of the plan year | | 5a | 6 | | | | |
| b Total number of participants at the end of the plan year | | 5b | b 8 | | | | |
| C Number of participants with account balances as of the end of the plan year (defined | | | • | | | | |
| benefit plans do not complete this item) | | 5c | 8 | | | | |
| 6a Were all of the plan's assets during the plan year invested in eligible assets? (See inst | | | | Yes No | | | |
| b Are you claiming a waiver of the annual examination and report of an independent que | | | | л., | | | |
| (IQPA) under 29 CFR 2520.104-46? (See instructions on waiver eligibility and condition of the second | | | | Yes No | | | |
| C If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA) | | | | Nak datawaisa d | | | |
| Caution: A penalty for the late or incomplete filing of this return/report will be assess | | | | Not determined | | | |
| Under penalties of perjury and other penalties set forth in the instructions, I declare that I h | | | | | | | |
| Schedule SB or Schedule MB completed and signed by an enrolled actuary, as well as the | electronic v | ersio | n of this return/report, and | to the best of | | | |
| my knowledge and belief, it is true, correct, and complete. | | | | | | | |
| SUGAN / 11/1/ | | | | | | | |
| SIGN X Z/17/19 GREG | NELSON | | | | | | |
| Signature of pran administrator Date Enter name | ne of individu | ıal siç | gning as plan administrator | | | | |
| SIGN / 2/17/14 Y CREC | | | | | | | |
| HERE GREG | NELSON | | | | | | |
| | | | gning as employer or plan s | ponsor | | | |
| Preparer's name (including firm name, if applicable) and address; include room or suite nu | ımber (optio | nal) | Preparer's telephone numb | oer (optional) | | | |
| | | | | | | | |
| _^ \ | | | | | | | |
| . 0.V | | , | | | | | |
| | | | | | | | |
| | | | | | | | |

| | t III Financial Information | | | | | | | | | |
|-------------|---|------------|---------------|------------|---------|---------|-----------|-------------|--|--|
| 7 | Plan Assets and Liabilities | | (a) Beg | inning | of Ye | ar | | (b) End of | | |
| <u>a</u> | Total plan assets | 7a | 0 | | | 372,121 | | | | |
| <u>b</u> | Total plan liabilities | 7b | | | | | | | | |
| <u></u> | Net plan assets (subtract line 7b from line 7a) | 7с | | | | 0 | 372,12 | | | |
| 8 | Income, Expenses, and Transfers for this Plan Year | | (a | (a) Amount | | | (b) Total | | | |
| а | Contributions received or receivable from: | | | | .0 | | | | | |
| | (1) Employers | 8a(1) | | 4 | 3,7 | 83 | | | | |
| | (2) Participants | 8a(2) | | 1 | 5,2 | 52 | | | | |
| | (3) Others (including rollovers) | 8a(3) | | | | | | | | |
| | Other income (loss) | | | 3 | 9,2 | 07 | | | | |
| С | Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) | 8c | | | | | 98,24 | | | |
| d | Benefits paid (including direct rollovers and insurance premiums to provide | | | | | | | | , | |
| | benefits) | 8d | | | | | | | | |
| е | Certain deemed and/or corrective distributions (see instructions) | | | | | | | | | |
| - | Administrative service providers (salaries, fees, commissions) | 8f | | | | | | | | |
| | Other expenses | 8g | | | | | | | | |
| | Total expenses (add lines 8d, 8e, 8f, and 8g) | | | | | | | | | |
| | Net income (loss) (subtract line 8h from line 8c) | | | | | | | | 98,242 | |
| - | Transfers to (from) the plan (see instructions) | | | 27 | 3,8 | 79 | | | 70,242 | |
| | t IV Plan Characteristics | 0] | | | 3/0 | 10 | | | | |
| b | If the plan provides welfare benefits, enter the applicable welfare feature of | odes fron | n the List of | Plan C | Charac | teristi | c Codes | in the inst | ructions: | |
| Pai | | | | | | | | | | |
| <u>10</u> | During the plan year: | | | | Yes | No | | Amoun | <u>t</u> | |
| а | Was there a failure to transmit to the plan any participant contributions within the time | | | | | | | | | |
| | in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Corre | | gram.) | 10a | | X | | | | |
| b | Were there any nonexempt transactions with any party-in-interest? (Do not | | | | | | | | | |
| | transactions reported on line 10a.) | | | 10b | | X | | | | |
| <u>c</u> | Was the plan covered by a fidelity bond? | | | 10c | | X | | | | |
| d | Did the plan have a loss, whether or not reimbursed by the plan's fidelity bo | | | | | | | | | |
| | was caused by fraud or dishonesty? | | | 10d | | X | | | | |
| е | Were any fees or commissions paid to any brokers, agents, or other person | s by an ir | surance | | | | | | | |
| | carrier, insurance service, or other organization that provides some or all of | | | | | | | | | |
| | the plan? (See instructions.) | | | 10e | Х | | | | 736 | |
| <u>f</u> | 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 | | X | | | | |
| h | If this is an individual account plan, was there a blackout period? (See instru | uctions | | | | | | | | |
| | and 29 CFR 2520.101-3.) | | | 10h | | Х | | | | |
| i | If 10h was answered "Yes," check the box if you either provided the require | d notice | or one | | | | | | | |
| 50000000000 | of the exceptions to providing the notice applied under 29 CFR 2520.101-3 | | | 10i | | Х | | | | |
| Par | t VI Pension Funding Compliance | | | | | | | | | |
| 11 | Is this a defined benefit plan subject to minimum funding requirements? (If | Yes," see | e instruction | ns and | comp | lete | | _ | | |
| | Schedule SB (Form 5500) and line 11a below) | | | | | | | Yes | X No | |
| | Enter the unpaid minimum required contribution for current year from Sched | dule SB (F | orm 5500) | line 39 | | 11a | | | | |
| 12 | Is this a defined contribution plan subject to the minimum funding requirements of se | ction 412 | of the Code o | r sectio | n 302 (| of ERIS | A? | 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 being amortiz | ed in this | plan year, | see ins | tructio | ons, ar | nd enter | the date of | f the letter | |
| | ruling granting the waiver. | | Month | | Day | | | Year | | |
| | ou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (For | | | line 1 | 3. | | | | | |
| <u>b</u> | Enter the minimum required contribution for this plan year | | | | | 12b | | | | |
| | | | | | | | | | and the control of th | |