## 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

2013

This Form is Open to Public Inspection

	nefit Guaranty Corporation	Complete all entries in acco	ordance with the instruc	tions to the Form 5500	)-SF.		
Part I	Annual Report Id	lentification Information					
For calenda	ar plan year 2013 or fisca	al plan year beginning 01/01/20	013	and ending 1	2/31/2	2013	
A This ret	urn/report is for:	a single-employer plan	a multiple-employer pl	an (not multiemployer)		a one-partici	pant plan
<b>B</b> This ret	urn/report is:	the first return/report	the final return/report				
		an amended return/report		n/report (less than 12 mo	onths)		
C Check b	oox if filing under:	Form 5558 special extension (enter descrip	automatic extension			DFVC progra	am
Dort II	Pasia Plan Inform	nation—enter all requested infor	<u> </u>				
Part II		mation—enter all requested infor	mauon	<u> </u>	1 h	Thurs dist	1
1a Name	or pian IC 401K PROFIT SHARI	NG PLAN			ID	Three-digit plan number	
CHEWSVV IIV	IC 40 IN FROITI SHANI	NG FLAN				(PN) ▶	001
					1c	Effective date o	of plan
							/2004
2a Plan sp CHEMSW IN		ess; include room or suite number	(employer, if for a single-	employer plan)	2b		ification Number 246231
2402 WEST	ST THOMAS MORE WA	NV			2c	Sponsor's telep	
	WA 99208-0000	AT			2d		(see instructions)
3a Plan a	dministrator's name and	address Same as Plan Sponsor	r Name Same as Plan	Sponsor Address	3b	Administrator's	
					3с	Administrator's	telephone number
4 If the r	name and/or FIN of the n	lan sponsor has changed since the	e last return/report filed fo	r this plan enter the	4b	EINI	
			c last retain/report filed to	i tilio piari, critci tilo	40	□IIN	
		er from the last return/report.		·			
<b>a</b> Sponso		er from the last return/report.		·	4c	PN	
	or's name	the beginning of the plan year		·	4c 5a	PN	23
<b>5a</b> Total r	or's name number of participants at	•				PN	23
5a Total r b Total r c Number	or's name number of participants at number of participants at er of participants with ac	the beginning of the plan year	e plan year (defined bene	fit plans do not	5a	PN	
<ul><li>5a Total r</li><li>b Total r</li><li>c Number complex</li></ul>	or's name number of participants at number of participants at er of participants with ac ete this item)	the beginning of the plan year the end of the plan year count balances as of the end of the	e plan year (defined bene	fit plans do not	5a 5b 5c		28
<ul><li>5a Total r</li><li>b Total r</li><li>c Number complement</li><li>6a Were b Are you</li></ul>	or's name number of participants at number of participants at er of participants with ac ete this item)	the beginning of the plan year the end of the plan year count balances as of the end of the luring the plan year invested in elighe annual examination and report of	e plan year (defined bene gible assets? (See instruc of an independent qualifie	fit plans do not tions.)d public accountant (IQF	5a 5b 5c		28  28  X Yes No
<ul> <li>5a Total r</li> <li>b Total r</li> <li>c Number complement</li> <li>6a Were</li> <li>b Are younder</li> </ul>	or's name number of participants at number of participants at er of participants with ac ete this item)	the beginning of the plan year the end of the plan year count balances as of the end of the luring the plan year invested in eligible annual examination and report of See instructions on waiver eligibility	e plan year (defined bene gible assets? (See instruc of an independent qualifie ty and conditions.)	fit plans do not tions.)d public accountant (IQF	5a 5b 5c		28
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Form 5500-SF 2013 Page **2** 

Pa	rt III   Financial Information										
7	Plan Assets and Liabilities		(a) Beginning of Yea	or.			(b) End	of V			
	Total plan assets				+		(b) Liiu		16293	7	
	Total plan liabilities			3	+						
	200000							3.	16293 <sup>°</sup>	7	
	Income, Expenses, and Transfers for this Plan Year	70	(a) Amount				(b) Total				
	Contributions received or receivable from:		(a) Amount				(6) 1	Jiai			
	(1) Employers	8a(1)	22372	8							
	(2) Participants	8a(2)	19461	1							
	(3) Others (including rollovers)	8a(3)									
b	Other income (loss)	8b	33862	7							
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						7	756966	6	
d 	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	54629	9							
e	Certain deemed and/or corrective distributions (see instructions)	8e									
f	Administrative service providers (salaries, fees, commissions)	. 8f	1581	4							
g	Other expenses	8g									
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							56211	3	
<u>i</u>	Net income (loss) (subtract line 8h from line 8c)	. 8i							19485	3	
j	Transfers to (from) the plan (see instructions)	8j									
Pai	t IV Plan Characteristics										
9a	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	odes in	the instruc	tions	3:		
b	If the plan provides welfare benefits, enter the applicable welfare fe	eature cod	es from the List of Plan Chara	cterist	ic Cod	des in t	he instructi	ons:			
Par	V Compliance Questions										
10	During the plan year:				Yes	No		Δm	ount		
a				10a		X		<u> </u>	<u> </u>		
b	Were there any nonexempt transactions with any party-in-interest on line 10a.)	? (Do not i	include transactions reported	10b		X					
					Χ					200	0000
d				10c				—		300	1000
	or dishonesty?			10d		X					
е	Were any fees or commissions paid to any brokers, agents, or oth insurance service, or other organization that provides some or all										
	instructions.)		. ,	10e		X					
f	f Has the plan failed to provide any benefit when due under the plan?					X					
g	Did the plan have any participant loans? (If "Yes," enter amount as of year end.)					X					
h	h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)					X					
i	,										
Part								_			
11	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)							— I г	Yes	X	No
11:	Enter the unpaid minimum required contribution for current year fr					11a				^	
12	· · · · · · · · · · · · · · · · · · ·		,		-		EDICAS	T	Yes	Y	No
	Is this a defined contribution plan subject to the minimum funding  (If "Ves " complete line 12a or lines 12h, 12c, 12d, and 12e below			oi se	CHUII	JUZ 01	LNIOM!		1 03	^	110
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 e	enter th	ne date of t	ne le	etter ru	ıling	
	granting the waiver.		Mon			Day		Yea			
	you completed line 12a, complete lines 3, 9, and 10 of Schedule	•			<u> </u>	46:	I				
b	Enter the minimum required contribution for this plan year					12b					

Page	3 -		1
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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	<b>4b</b> Tr	ust'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 section 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

2013

OMB Nos. 1210-0110

1210-0089

This Form is Open to Public Inspection

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

**Annual Report Identification Information** 01/01/2013 12/31/2013 For calendar plan year 2013 or fiscal plan year beginning and ending a single-employer plan a multiple-employer plan (not multiemployer) a one-participant plan A This return/report is for: B This return/report is: the first return/report the final return/report a short plan year return/report (less than 12 months) an amended return/report automatic extension DFVC program Form 5558 Check box if filing under: special extension (enter description) Basic Plan Information --- enter all requested information Part II 1b Three-digit Name of plan plan number 001 CHEMSW INC 401K PROFIT SHARING PLAN (PN) ► 1c Effective date of plan 01/01/2004 Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) 2b Employer Identification Number CHEMSW INC (EIN) 68-0246231 2c Sponsor's telephone number (509) 474-9209 2402 WEST ST THOMAS MORE WAY 2d Business code (see instructions) 541519 99208-0000 SPOKANE Plan administrator's name and address X Same as Plan Sponsor Name Same as Plan Sponsor Address 3b Administrator's EIN 3c Administrator's telephone number 4b EIN If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN, and the plan number from the last return/report. 4c PN a Sponsor's name 23 5a 5a Total number of participants at the beginning of the plan year ........ 5b 28 Total number of participants at the end of the plan year ..... Number of participants with account balances as of the end of the plan year (defined benefit plans do not 28 complete this item) Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.) X Yes ∏No b Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) X 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 periury 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. SPINK PATRICK SIGN Enter name of individual signing as plan administrator HERE Date Signature of plan administrator SPINIK ATRICK SIGN Date Enter name of individual signing as employer or plan spons or Signature of employer/plan sponsor Preparer's name (including firm name, if applicable) and address; include room or suite number (optional) Preparer's telephone number (optional)

Pi	art III									
7	Plan Assets and Liabilities		(a) Beginning of Yea		(b) End of Year					
а	Total plan assets	7a	2,969,1	97	1	3,162,937				
b	Total plan liabilities	7b	1,1:	13						
_ <b>C</b>	Net plan assets (subtract line 7b from line 7a)	7c	2,968,0	34			3,162,937			
8	Income, Expenses, and Transfers for this Plan Year	1	(a) Amount				(b) Total			
а	Contributions received or receivable from: (1) Employers	8a(1)	223,72	28						
	(2) Participants	8a(2)	194,6							
	(3) Others (including rollovers)	8a(3)								
b	Other income (loss)	8b	338,62	27						
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c			756			756,966		
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	546,29	9				196		
е	Certain deemed and/or corrective distributions (see instructions)	8e								
f	Administrative service providers (salaries, fees, commissions)	8f	15,81	L <b>4</b>						
g	Other expenses	8g						17.0		
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h						562,113		
<u>i</u>	Net income (loss) (subtract line 8h from line 8c)	8i	1 2					194,853		
<u>i_</u>	Transfers to (from) the plan (see instructions)	8j				100		1,242		
Pa	rt IV Plan Characteristics									
9a	If the plan provides pension benefits, enter the applicable pension features	ature code	s from the List of Plan Characte	eristic	Code	s in th	e instruction	s:		
	2A 2E 2G 2J 2K 3D 3H									
b	If the plan provides welfare benefits, enter the applicable welfare feat	ture codes	from the List of Plan Character	istic (	Codes	in the	instructions	:		
P:	rt V Compliance Questions									
10	During the plan year:				Yes	No	Δ.	mount		
	Was there a failure to transmit to the plan any participant contributi	ons within	the time period described in			110				
	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduci			10a		х				
b	Were there any nonexempt transactions with any party-in-interest? on line 10a.)	•	•	10b		х				
	Was the plan covered by a fidelity bond?			10c	х			300,000		
d	Did the plan have a loss, whether or not reimbursed by the plan's fi or dishonesty?			10d		х				
е										
	insurance service, or other organization that provides some or all o instructions.)		• •	10e		х				
f	Has the plan failed to provide any benefit when due under the plan			10f		х				
g				10g		x				
<u>9</u>				ivy		^				
	2520.101-3.)					х	A 1000	Sec.		
İ	If 10h was answered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3					:				
Part VI Pension Funding Compliance										
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)  Yes X No									
11:	Enter the unpaid minimum required contribution for current year fro		0 0 000 0 0	•••••	т Т	11a	I			
12	·									
	(If "Yes " complete line 12a or lines 12h 12c 12d and 12e helow	· · · · · · · · · · · · · · · · · · ·		sect	1011 00	<del></del>				
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 being granting the waiver	as applica g amortize	ble.) d in this plan year, see instruction	ons, a	and en					
	If a waiver of the minimum funding standard for a prior year is being granting the waiver	as applica g amortize	ble.) d in this plan year, see instructi 	ons, a	and en	iter the		letter ruling		
	If a waiver of the minimum funding standard for a prior year is being granting the waiver	as applica g amortize MB (Form	ble.) d in this plan year, see instructi	ons, a	and en	iter the		letter ruling		