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

	enefit Guaranty Corporation	 Complete all entries in accord 	iance with the instruc	ctions to the Form 5500	0-SF.		
Part I	Annual Report Id	lentification Information				•	
For calenda	ar plan year 2013 or fisca	al plan year beginning 01/01/2013	}	and ending 1	2/31/2	013	
A This ret	urn/report is for:	a single-employer plan	a multiple-employer p	an (not multiemployer)		a one-particip	pant plan
B This ret	urn/report is:	the first return/report	the final return/report				
		an amended return/report	a short plan year retur	n/report (less than 12 mo	onths)		
C Check I	box if filing under:	븍	automatic extension			DFVC progra	am
		special extension (enter description	<i>'</i>				
Part II	Basic Plan Inforr	mation—enter all requested informa	ation				
1a Name	•	A DECELT OF WELLOW BY WAY				Three-digit plan number	
ANDERSON	S CORPORATION 401r	(PROFIT SHARING PLAN				(PN)	001
						Effective date of	f plan
						01/01/	
	ponsor's name and address S CORPORATION	ess; include room or suite number (er	nployer, if for a single-	employer plan)		Employer Identif (EIN) 91-09	fication Number 49235
PO BOX 386	3				2c	Sponsor's telep	
	WA 99166-0386				2d	Business code ((see instructions)
		address Same as Plan Sponsor N	ame Same as Plar	Sponsor Address	3b	Administrator's E	
NDERSONS	CORPORATION	PO BOX 386 REPUBLIC, WA	A 99166-0386		3c		telephone number
4 1511	same and/or EIN of the r	dan ananan kan akan sada sinaa Aka l					
name		olan sponsor has changed since the later from the last return/report.	ast return/report filed fo	or this plan, enter the	4b 4c		
name	, EIN, and the plan numb or's name		·	·			8
a Spons 5a Total r b Total r	, EIN, and the plan numbor's name number of participants at number of participants at	the beginning of the plan year			4c		8
a Sponso 5a Total r b Total r c Numb	EIN, and the plan numbor's name number of participants at number of participants at er of participants with ac	the beginning of the plan year	lan year (defined bene	fit plans do not	4c 5a		
name, a Spons 5a Total r b Total r c Numb compl 6a Were	EIN, and the plan numbor's name number of participants at number of participants at er of participants with actete this item)	the beginning of the plan year	lan year (defined bene e assets? (See instruc	fit plans do not	4c 5a 5b 5c	PN	0
name, a Spons 5a Total r b Total r c Numb compl 6a Were b Are yo	EIN, and the plan numbor's name number of participants at number of participants at er of participants with actete this item)	the beginning of the plan year	lan year (defined bene e assets? (See instruc in independent qualifie	efit plans do not tions.)d public accountant (IQI	4c 5a 5b 5c	PN	0
name, a Spons 5a Total r b Total r C Numb compl 6a Were b Are younder	EIN, and the plan numbor's name number of participants at number of participants at er of participants with actete this item)	the beginning of the plan year	lan year (defined bene e assets? (See instruc in independent qualifie and conditions.)	efit plans do not tions.)d public accountant (IQI	4c 5a 5b 5c	PN	0 0 X Yes No
name. a Spons 5a Total i b Total i c Numb compl 6a Were b Are younder If you	EIN, and the plan numbor's name number of participants at number of participants at er of participants with actet this item)	the beginning of the plan year	lan year (defined bene e assets? (See instruc an independent qualifie and conditions.) ot use Form 5500-SF	efit plans do not tions.)d public accountant (IQI	4c 5a 5b 5c PA)	PN	0 0 X Yes No
name. a Spons 5a Total i b Total i c Numb compl 6a Were b Are younder if you c If the p	EIN, and the plan numbor's name number of participants at number of participants at er of participants with actet this item)	the beginning of the plan year	lan year (defined bene e assets? (See instruc an independent qualifie and conditions.) ot use Form 5500-SF surance program (see	efit plans do not tions.)d public accountant (IQI and must instead use ERISA section 4021)?	4c 5a 5b 5c PA)	PN	0 X Yes No Yes No
name. a Spons 5a Total i b Total i c Numb compl 6a Were b Are younder if you c If the p Caution: A Under pena SB or Sche	EIN, and the plan numbor's name number of participants at number of participants at er of participants with actet this item)	the beginning of the plan year	lan year (defined bene e assets? (See instruction independent qualifier and conditions.)	tions.)d public accountant (IQI and must instead use ERISA section 4021)?	4c 5a 5b 5c Form a see is easort, income.	PN 5500. Yes No established. Cluding, if applica	0
name, a Spons 5a Total i b Total i c Numb compl 6a Were b Are younder if you c If the p Caution: A Under pena SB or Sche belief, it is i	EIN, and the plan numbor's name number of participants at number of participants at er of participants with actet this item)	the beginning of the plan year	lan year (defined bene e assets? (See instruction independent qualifier and conditions.)	tions.)d public accountant (IQI and must instead use ERISA section 4021)?	4c 5a 5b 5c Form a see is easort, income.	PN 5500. Yes No established. Cluding, if applica	0
name. a Spons 5a Total i b Total i c Numb compl 6a Were b Are younder if you c If the p Caution: A Under pena SB or Sche belief, it is to	EIN, and the plan numbor's name number of participants at number of participants at er of participants with actet this item)	the beginning of the plan year	lan year (defined bene e assets? (See instruc- an independent qualified and conditions.)	efit plans do not tions.)	4c 5a 5b 5c PA) Form	PN 5500. Yes No established. cluding, if application the best of my	O X Yes No X Yes No Not determined able, a Schedule knowledge and
name, a Spons 5a Total i b Total i c Numb compl 6a Were b Are younder if you c If the p Caution: A Under pena SB or Sche belief, it is i	EIN, and the plan numbor's name number of participants at number of participants at er of participants with actet this item)	the beginning of the plan year	lan year (defined bene- e assets? (See instruction independent qualifier and conditions.)	tions.)	4c 5a 5b 5c PA) Form	PN 5500. Yes No established. cluding, if application the best of my	O X Yes No X Yes No Not determined able, a Schedule knowledge and
name, a Sponsi 5a Total i b Total i c Numb compl 6a Were b Are younder if you C If the p Caution: A Under pena SB or Sche belief, it is to SIGN HERE	EIN, and the plan numbor's name number of participants at number of participants at er of participants with actet this item)	the beginning of the plan year	lan year (defined bene- e assets? (See instruction independent qualified and conditions.)	tions.)	4c 5a 5b 5c PA) Form use is eport, inc, and to	PN 5500. Yes No catablished. Cluding, if applicate the best of my ning as plan admining as employe	O X Yes No X Yes No Not determined able, a Schedule knowledge and ministrator
name, a Sponsi 5a Total i b Total i c Numb compl 6a Were b Are younder if you C If the p Caution: A Under pena SB or Sche belief, it is to SIGN HERE	EIN, and the plan numbor's name number of participants at number of participants at er of participants with actet this item)	the beginning of the plan year	lan year (defined bene- e assets? (See instruction independent qualified and conditions.)	tions.)	4c 5a 5b 5c PA) Form use is eport, inc, and to	PN 5500. Yes No established. Cluding, if applicate the best of my ning as plan admining as employee arer's telephone	O X Yes No X Yes No Not determined Able, a Schedule knowledge and ministrator er or plan sponsor number (optional)
name, a Sponsi 5a Total i b Total i c Numb compl 6a Were b Are younder if you C If the p Caution: A Under pena SB or Sche belief, it is i SIGN HERE Preparer's DALE STEN BREAK-THI	EIN, and the plan numbor's name number of participants at number of participants at er of participants with actet this item)	the beginning of the plan year	lan year (defined bene- e assets? (See instruction independent qualified and conditions.)	tions.)	4c 5a 5b 5c PA) Form use is eport, inc, and to	PN 5500. Yes No catablished. Cluding, if applicate the best of my ning as plan admining as employe	O X Yes No X Yes No Not determined Able, a Schedule knowledge and ministrator er or plan sponsor number (optional)
name. a Spons. 5a Total i b Total i c Numb compl 6a Were b Are younder if you c If the p Caution: A Under pena SB or Sche belief, it is to SIGN HERE Preparer's DALE STEN BREAK-THI 200 NORTH	EIN, and the plan numbor's name number of participants at number of participants at er of participants with actet this item)	the beginning of the plan year	lan year (defined bene- e assets? (See instruction independent qualified and conditions.)	tions.)	4c 5a 5b 5c PA) Form use is eport, inc, and to	PN 5500. Yes No established. Cluding, if applicate the best of my ning as plan admining as employee arer's telephone	O X Yes No X Yes No Not determined Able, a Schedule knowledge and ministrator er or plan sponsor number (optional)

Form 5500-SF 2013 Page **2**

Pa	rt III Financial Information									
7	Plan Assets and Liabilities		(a) Beginning of Yea	ar .			(b) En	d of V	oar .	
<u>'</u> а	Total plan assets	7a	· · · · · · · · · · · · · · · · · · ·	990824			(b) End of Year			
	Total plan liabilities	7b								
	Net plan assets (subtract line 7b from line 7a)	7c	99082	4					C)
8	Income, Expenses, and Transfers for this Plan Year	70			+		(h)	Total		
	Contributions received or receivable from:		(a) Amount				(D)	Total		
	(1) Employers	8a(1)	701	9						
	(2) Participants	8a(2)	712	7						
	(3) Others (including rollovers)	8a(3)								
b	Other income (loss)	8b	8896	2						
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							103108	
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	109393	2						
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						1	093932	2
i	Net income (loss) (subtract line 8h from line 8c)	8i						-	990824	1
j	Transfers to (from) the plan (see instructions)	8j								
Pai	t IV Plan Characteristics	٥,								
9a		feature co	des from the List of Plan Char	acteris	stic Co	des in	the instr	uction	S:	
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 instru	ctions		
Par	t V Compliance Questions									
	•				V	Ma				
10	During the plan year:	tiono within	a the time period described in	Г	Yes	No		Am	ount	
	Was there a failure to transmit to the plan any participant contribute 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidure 1997).	iciary Corr	ection Program)	10a		X				
N	Were there any nonexempt transactions with any party-in-interest on line 10a.)	•	•	10b		X				
					Χ					100000
				10c						100000
d	Did the plan have a loss, whether or not reimbursed by the plan's 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	Has the plan failed to provide any benefit when due under the plan	n?		10f		X				
g						X				
— s	If this is an individual account plan, was there a blackout period? ((See instru	ictions and 29 CFR	10g		X				
i	2520.101-3.) If 10h was answered "Yes," check the box if you either provided the state of the s			10h						
	exceptions to providing the notice applied under 29 CFR 2520.10	1-3		10i						
Part	VI Pension Funding Compliance									
11	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)							[Yes	No
11a	Enter the unpaid minimum required contribution for current year fr	om Sched	ule SB (Form 5500) line 39	<u></u>		11a				
12	Is this a defined contribution plan subject to the minimum funding	requireme	ents of section 412 of the Code	e or se	ection (302 of	ERISA?	Г	Yes	X No
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,									
а	If a waiver of the minimum funding standard for a prior year is beir granting the waiver.	ng amortize	ed in this plan year, see instru		, and e	enter th	ne date c	f the le		ling
If	you completed line 12a, complete lines 3, 9, and 10 of Schedule					- 7				
h	Enter the minimum required contribution for this plan year					12b				

Page	3 -	. 1	
raye	J		

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?	X	es No		
	If "Yes," enter the amount of any plan assets that reverted to the employer this year	13a			0
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the country of the PBGC?	control		X Yes	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.)	:0			
1	3c(1) Name of plan(s):	3 c(2) EI	N(s)	13c(3)	PN(s)
Part	VIII Trust Information (optional)				
14a	Name of trust	14b Tr	ust's EIN	•	

Form 5500-SF

Department of the Treasury internal Revenue Service

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 5057(b) and 6058(a) of

OMB Nos. 1210-0110 1210-0089

Form 5500-SF (2013)

2013

Em	Depa picyee Bene	riment of Labor fits Security Administration		venue Code (the Co	oe).			s Open to Public spection
Pe		fit Guaranty Curporation	Complete all entries in accordance	e with the instructi	ons to the Form 5500-	SF.		
Pa	rt I	Annual Report Id	lentification Information		and anding		2/31/2013	3
Fore	calendar	plan year 2013 or fisca		1/2013	and ending			
		n/report is for.	the first return/report	final return/report	n (not multiemployer) report (less than 12 mor	nths)	a one-partici	pant plan
C	Check bo	x if filing under:	The state of the s	omatic extension	Eport (reso than 12 the	[DFVC progra	am
Pa	rt II	Basic Plan Inform	mation—enter all requested information	1		41.		1
1a AN	Name of	f nlan	N 401K PROFIT SHARING PLA				Three-digit plan number (PN)	001
						(Effective date of 1/01/1980	6
2a	Plan spo	onsor's name and addr	ress; include room or suite number (emplo	oyer, if for a single-e	mployer plan)		Employer Ident (EIN) 91-09	ification Number 49235
	30X						509-775-2	
			WA 99166-0386				Business code 532310	(see instructions)
RE	PUBLI	U	d address Same as Plan Sponsor Nam	e Same as Plan	Sponsor Address		Administrator's	
		NS CORPORATION		<u>U</u>		3с	91-094923 Administrator's 509-775-2	telephone number
PO	BOX	386						
RE	PUBLI		WA 99166-0386	to and Shad for	this plan enter the	4b	EIN	
4	name,	EIN, and the plan num	plan sponsor has changed since the last ober from the last return/report.	return/report filed to	this plant, enter the		PN	
-	Sponso	r's name	at the beginning of the plan year			5a	1 = = = =	8
5a	Total n	umber of participants a	at the beginning of the plant your	4950		5b		0.
b	Total n	umber of participants a	at the end of the plan year	war (dofined bene)	fit plans do not	-		
			account balances as of the end of the plar			5c	1	0 No Yes □ No
62	7-2-50	ii fat - Isa's neadin	during the plan year invested in eligible a	assets? (See instruct	ions.)			X Yes No
b	Are you	u claiming a waiver of 29 CFR 2520.104-46?	the annual examination and report of an (See instructions on waiver eligibility and ther line 6a or line 6b, the plan cannot	I conditions.)use Form 5500-SF	and must instead use	Form	5500.	X Yes No.
C	If the p	lan is a defined benefit	t plan, is it covered under the PBGC insu	rance program (see	ERISA SECION 402 1):		100 D	
Ca	ution: A	penalty for the late of	or incomplete filing of this return/repor	t will be assessed	unless reasonable cau	use is	established.	Late a Cabadula
Un	der pena	ulties of perjury and oth dule MB completed an rue, correct, and comp	ner penalties set forth in the instructions, I nd signed by an enrolled actuary, as well a	declare that I have on as the electronic ven	sion of this return/report	i, and	to the best of n	ny knowledge and
	GN	Jam -	1 Chalmon	07/07/244	Gary Anderson Enter name of individ		nina as akin a	dministrator
HE	RE_	Signature of plan ac		Date	Gary Anderson		antig as planta	
HE	GN RE	Signature of employ	I Anderson	07/07/2014 Date	Enter name of individ	lual sid	ning as emplo	yer or plan sponsor
Pn	eparer's	name (including firm n tevens	ame, if applicable) and address; include r	room or suite numbe	r (optional)	Prep		ne number (optional) 55-3767
B:	reak-	Thru Benefits, rth Mullan Roa	time.					

WA

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Form 5500-SF 2013

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Part III Financial Information	1	(a) Beginning of Year	Q.	Г		(b) End of	f Year		
7 Plan Assets and Liabilities			0824			(4)			0
a Total plan assets				-					
b Total plan liabilities		99	0824						0
c Net plan assets (subtract line 7b from line 7a)	. 7c		002			(b) To	tal		
8 Income, Expenses, and Transfers for this Plan Year	1	(a) Amount		1-		(6) 10	CCII	-	
Contributions received or receivable from: (1) Employers	. 8a(1)		7019	-					
(2) Participants	8a(2)		112	4-					
(3) Others (including rollovers)	8a(3)		006	-					
b Other income (loss)		8	8962	1-				109	3108
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c			-				10.	1100
d Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	109	393	2					
e Certain deemed and/or corrective distributions (see instructions).	Be			+			-	_	
f Administrative service providers (salaries, fees, commissions)	8F			+					
g Other expenses	8g		- 1	-				100	3932
h Total expenses (add lines 8d, 8e, 8f, and 8g)				4-					0824
i Net income (loss) (subtract line 8h from line 8c)				╀				-99	7024
Transfers to (from) the plan (see instructions)	Bj								
- us Dt. Ot station									
9a If the plan provides pension benefits, enter the applicable pension 2E 2J 2K 3D b If the plan provides welfare benefits, enter the applicable welfare							_		
Part V Compliance Questions			- 1	Yes	No		Amour	nt -	
10 During the plan year:	2 200 F	a day with a disp	-1	165	-		Parious		_
Was there a failure to transmit to the plan any participant contrib 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fi	duciary Cone	Coon Frogramy	10a		Х				
b Were there any nonexempt transactions with any party-in-intere on line 10a.)			10b	· ·	х			10	0000
c Was the plan covered by a fidelity bond?			10c	Х				10	0000
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 of insurance service, or other organization that provides some or a instructions.)	other persons all of the bene	by an insurance carrier, fits under the plan? (See	10e		х				
f Has the plan failed to provide any benefit when due under the p	lan?		10f		Х				
g Did the plan have any participant loans? (If "Yes," enter amount	as of year en	nd.)	10g		Х				
h If this is an individual account plan, was there a blackout period 2520.101-3.)	7 (See instruc	tions 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.	the required	notice or one of the	10i						
Part VI Pension Funding Compliance									
11 Is this a defined benefit plan subject to minimum funding require 5500) and line 11a below)	ements? (If "Y	es," see instructions and com	plete	Sche	dule SB	(Form	_D`	res [No
11a Enter the unnaid minimum required contribution for current year	r from Schedu	le SB (Form 5500) line 39			11a	L		- 7	1
12 Is this a defined contribution plan subject to the minimum fundi	ng requiremen	nts of section 412 of the Code	e or se	ction	302 of	ERISA?	Ш,	/es	X No
	ow ac annling	hie)							
If a waiver of the minimum funding standard for a prior year is b graption the waiver	eing amortize	d in this plan year, see instru		, and	enter th Day	e date of t	he lette Year	rrulin	9
If you completed line 12a, complete lines 3, 9, and 10 of Sched	iule MB (Form	n 5500), and skip to line 13.							
b Enter the minimum required contribution for this plan year	*****]	12b				_
P Luci de manustri sa									

	Form 5500-SF 2013	Page 3 -	-		
c	Enter the amount contributed by the employer to the plan	n for this plan year	12c		
d	Subtract the amount in line 12c from the amount in line 1 negative amount)	2b. Enter the result (enter a minus sign to the left of a	12d		п п
e	Will the minimum funding amount reported on line 12d b	e met by the funding deadline?		Yes	No N/A
Part \	Il Plan Terminations and Transfers of A	ssets			***
		olan year?	Х	res N	0
		ed to the employer this year			161
ь		neficiaries, transferred to another plan, or brought under the			X Yes N
c	If during this plan year, any assets or liabilities were tran which assets or liabilities were transferred. (See instruct	sferred from this plan to another plan(s), identify the plan	(s) to		-
	3c(1) Name of plan(s):		13c(2) E	IN(s)	13c(3) PN(s)
		XXXIII II XXXIII			
					+
Part	VIII Trust Information (optional)		18-1-1		
	Name of trust		14b ⊺	rust's EIN	
	The set Margar				
	9,30-3				