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

	Benefit Guaranty Corporation	Complete all entries in ac	cordance with the instru	ctions to the Form 5500)-SF.		
Part I	Annual Report lo	dentification Information					
For calen	dar plan year 2013 or fisc	cal plan year beginning 01/01/2	2013	and ending 12	2/31/2	2013	
A This re	eturn/report is for:	a single-employer plan	a multiple-employer p	olan (not multiemployer)		a one-particip	pant plan
B This re	eturn/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	box if filing under:	Form 5558	automatic extension			DFVC progra	am
		special extension (enter descri	. ,				
Part II	Basic Plan Infor	mation—enter all requested info	ormation				T
1a Nam	•				1b	Three-digit	
CAD 401(K) PLAN					plan number (PN) ▶	001
					1c	Effective date o	
					10	01/01	
CONVEYE	RED AGGREGATE DEL	ress; include room or suite numbe IVERY OF SPOKANE, INC.	er (employer, if for a single	-employer plan)	2b	Employer Identi (EIN) 91-17	fication Number 21871
P.O. BOX	POKANE, INC.				2c	Sponsor's telep	
	LAKE, WA 99025				2d	Business code ((see instructions)
3a Plan	administrator's name and	d address XSame as Plan Spons	or Name Same as Pla	n Sponsor Address	3b	Administrator's	
			_		3c	Administrator's	telephone number
		plan sponsor has changed since t	the last return/report filed f	or this plan, enter the	4b	EIN	
	e, EIN, and the plan num sor's name	ber from the last return/report.			4c	PN	
5a Tota	I number of participants a	at the beginning of the plan year			5a		13
b Tota	I number of participants a	at the end of the plan year			5b		
		ccount balances as of the end of t	the plan year (defined bene	efit plans do not			14
COIII			. , ,	•	5c		9
_							
6a Wer	e all of the plan's assets you claiming a waiver of t	during the plan year invested in el	ligible assets? (See instruct tof an independent qualific	ctions.)ed public accountant (IQF	 PA)		9 X Yes No
b Are unde	e all of the plan's assets you claiming a waiver of ter 29 CFR 2520.104-46?	during the plan year invested in el the annual examination and report (See instructions on waiver eligibi	ligible assets? (See instruct of an independent qualification and conditions.)	ctions.)ed public accountant (IQF	PA)		9
6a Wer b Are under	e all of the plan's assets you claiming a waiver of t er 29 CFR 2520.104-46? u answered "No" to eitl	during the plan year invested in el the annual examination and report (See instructions on waiver eligibi her line 6a or line 6b, the plan ca	ligible assets? (See instruct t of an independent qualificility and conditions.)annot use Form 5500-SF	ctions.)ed public accountant (IQF	PA) Form	5500.	9 X Yes No X Yes No
6a Wer b Are under	e all of the plan's assets you claiming a waiver of t er 29 CFR 2520.104-46? u answered "No" to eitl	during the plan year invested in el the annual examination and report (See instructions on waiver eligibi	ligible assets? (See instruct t of an independent qualificility and conditions.)annot use Form 5500-SF	ctions.)ed public accountant (IQF	PA) Form	5500.	9 X Yes No
b Are under If you	e all of the plan's assets you claiming a waiver of ter 29 CFR 2520.104-46? u answered "No" to either plan is a defined benefit	during the plan year invested in el the annual examination and report (See instructions on waiver eligibi her line 6a or line 6b, the plan ca	ligible assets? (See instruct t of an independent qualificility and conditions.) annot use Form 5500-SF C insurance program (see	etions.)ed public accountant (IQF	PA) Form	5500. Yes	9 X Yes No X Yes No
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Pai	rt III Financial Information								
7	Plan Assets and Liabilities		(a) Beginning of Yea	ır			(b) End of Year		
	Total plan assets	7a	(a) Beginning of Tea				201330		
	Total plan liabilities	7b		0			0		
	Net plan assets (subtract line 7b from line 7a)	7c	17064	170646			201330		
	Income, Expenses, and Transfers for this Plan Year		(a) Amount			(b) Total			
	Contributions received or receivable from:		(4) / 4110 4111				(0) 1010.		
	(1) Employers	8a(1)	643						
	(2) Participants	8a(2)	1121	0					
	(3) Others (including rollovers)	,							
<u>b</u>	Other income (loss)	8b	3305	6					
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c					50701		
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	2001	7					
<u>e</u>	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					20017		
	Net income (loss) (subtract line 8h from line 8c)	8i					30684		
j	Transfers to (from) the plan (see instructions)	8j		0					
	t IV Plan Characteristics								
9a	If the plan provides pension benefits, enter the applicable pension 2J 2K 2G 3D 2F 2E 2T	feature co	des from the List of Plan Chara	acteris	stic Co	des in	the instructions:		
b	If the plan provides welfare benefits, enter the applicable welfare fe	eature cod	es from the List of Plan Charac	cterist	ic Coc	les in t	he instructions:		
Par	t V Compliance Questions								
10	During the plan year:				Yes	No	Amount		
а	Was there a failure to transmit to the plan any participant contribution 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidure)			10a		X			
b	Were there any nonexempt transactions with any party-in-interest on line 10a.)	•	•	10b		X			
С	Was the plan covered by a fidelity bond?			10c	X		20000		
d	Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?			10d		X	25555		
е	Were any fees or commissions paid to any brokers, agents, or oth	ner person	s by an insurance carrier,						
	insurance service, or other organization that provides some or all instructions.)			10e	X		687		
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 as	s of year e	end)	10g		X			
	If this is an individual account plan, was there a blackout period? (2520.101-3.)	(See instru	uctions and 29 CFR	10g		X			
i	If 10h was answered "Yes," check the box if you either provided the	ne required	d notice or one of the						
Part	exceptions to providing the notice applied under 29 CFR 2520.10	1-3		10i					
11	VI Pension Funding Compliance Is this a defined benefit plan subject to minimum funding requirem	onto? (If "	Voc. " and instructions and com	nloto	Sahar	dula CE	P /Form		
	5500) and line 11a below)	······································		·					
	Enter the unpaid minimum required contribution for current year fr		·			11a	<u> </u>		
12	Is this a defined contribution plan subject to the minimum funding	-		or se	ection	302 of	ERISA? Yes X No		
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,		•				1.6 60 1.0		
	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	,	m 5500), and skip to line 13.			461	<u> </u>		
h	Enter the minimum required contribution for this plan year					12b	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	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

Pansion 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).

2013

OMB Nos. 1210-0110

1210-0089

This Form is Open to Public Inspection

P							ructions to the Form 550	41,544,5		
	art I	Annual Report	de	ntification Informatio	n					
For	r calend	far plan year 2013 or f	iscal	plan year beginning	01/	01/2013	and ending		12/31/2013	
Α	This re	turn/report is for:	X	a single-employer plan	an	nultiple-employe	plan (not multiemployer)		a one-participant plan	
B	This re	itum/report is:		the first return/report	the	final return/repo	rt			
				an amended return/report	a si	ort plan year ret	um/report (less than 12 n	onths	_	
C	Check	box if filing under:		Form 5558	-	omatic extension	l		DFVC program	
				special extension (enter de	scription)					
P	art II	Basic Plan Info	orma	ation—enter all requested	information	Y.				
1a	Name	of plan						1b	Three-digit	
		401(k) Plan							plan number	
	~ C & & Z	ACTIVITY TAXES							(PN) D01	
								1c	Effective date of plan 01/01/2005	
2a	Plans	ponsor's name and ac	dres	s; include room or suite num	nber (empl	oyer, if for a sing	e-employer plan)	2b	Employer Identification Number	
	Conv	eyered Aggreg	ate	Delivery of					(EIN) 91-1721871	
	CAD	of Spokane, I	nc.					2c	Sponsor's telephone number	
	P.O.	Box 550						2d	(509) 924-8868 Business code (see instructions	
	Newm	an Lake				W	A 99025		484200	Ē
3a	Plan a	idministrator's name a	nd ad	idress 🏻 Same as Plan Spo	onsor Name	Same as P	an Sponsor Address	3b	Administrator's EIN	
								2.		_
								3C	Administrator's telephone number	er
								1		
4	1535		1		- 4h - f - 44		Managhan at an anathra star	41		
4			~	n sponsor has changed since from the last return/report.	e une last i	eturn/report niec	for this plan, enter the	40	EIN	
а		or's name	111001	HALL BIC LOST LOTOR HAD TO				4c	PN	
			at ih	e beginning of the plan year						
b	Total	as unhar of podicinants			r. 1941.400.11416.	***************	CKC\$28024280 \$24441 \$244 PARCO 44868.42	5a		2.3
C	Missonia	unuinei ni baracibarie	at ih	e end of the plan year				5a 5b		13
		er of participants with	accoi	unt balances as of the end o	of the plan	year (defined be	nefit plans do not	5b		14
0-	comp	per of participants with lete this item)	acco	unt balances as of the end o	of the plan	year (defined be	nefit plans do not	5b 5c	N v	14
	Comp	er of participants with lete this item) all of the plan's asset	accoi	unt balances as of the end o	of the plan	year (defined be	nefit plans do not	5b 5c	∑ Yes ☐	14
	Were Are yo	er of participants with lete this item)	accol	unt balances as of the end of ing the plan year invested in annual examination and rep	of the plan	year (defined be ssets? (See instr dependent qual	nefit plans do not uctions.)	5b 5c		14 No
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þ	Were Are you under If you	eer of participants with lete this item)	accords during the silver (Section 2)	unt balances as of the end of ing the plan year invested in annual examination and rep e instructions on waiver elig line 6a or line 6b, the plan	of the plan n eligible as port of an in gibility and n cannot u	year (defined be ssets? (See instr idependent qual conditions.)se Form 5500-S	nefit plans do not uctions.) fied public accountant (IC	5b 5c PA)	∑ Yes ☐	No No
þ	Were Are you under If you	eer of participants with lete this item)	accords during the silver	unt balances as of the end of ing the plan year invested in annual examination and rep e instructions on waiver elig	of the plan n eligible as port of an in gibility and n cannot u	year (defined be ssets? (See instr idependent qual conditions.)se Form 5500-S	nefit plans do not uctions.) fied public accountant (IC	5b 5c PA)	∑ Yes ☐	No No
b c	Were Are you under if you if the p	per of participants with lete this item)	s duri	unt balances as of the end of ing the plan year invested in annual examination and rep e instructions on waiver elig line 6a or line 6b, the plan	of the plan n eligible as nort of an ir yibility and n cannot u	year (defined be ssets? (See instr idependent qual conditions.)se Form 5500-S ance program (se	nefit plans do not uctions.) fied public accountant (IC	5b 5c PA)	Yes No Not determined	No No
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Catture SB beli	Were Are you under If you If the pution: A der penior Scheief, it is I	per of participants with lete this item)	accounts during the state of th	ing the plan year invested in annual examination and reple instructions on waiver eligine 6a or line 6b, the plan in, is it covered under the PE complete fitting of this retuenaties set forth in the instruction of the plan and by an enrolled actuary	of the plan n eligible as port of an ir gibility and n cannot u BGC insure urn/report ructions, i o	year (defined be seets? (See instructions.)	nefit plans do not uctions.) fied public accountant (IC F and must instead use at ERISA section 4021)? d unless reasonable ca at examined this return/report for ry at Enter name of individent	5b 5c PA) Form use is port, ir t, and ual sig	Yes No Not determined established. Including, if applicable, a Schedule to the best of my knowledge and the best of my knowledge a	No No No
Catture SB beli	Were Are you under If you If the pution: A der penior Scheief, it is I	per of participants with lete this item)	accounts during the state of th	ing the plan year invested in annual examination and reple instructions on waiver eligine 6a or line 6b, the plan in, is it covered under the PE complete fitting of this retuenaties set forth in the instruction of the plan and by an enrolled actuary	of the plan n eligible as port of an ir gibility and n cannot u BGC insure urn/report ructions, i o	year (defined be seets? (See instructions.)	nefit plans do not uctions.) fied public accountant (IC F and must instead use at ERISA section 4021)? d unless reasonable ca at examined this return/report for ry at Enter name of individent	5b 5c PA) Form use is port, ir t, and ual sig	Yes No Not determined established. Including, if applicable, a Schedule to the best of my knowledge and the best of my knowledge a	No No No
Catture SB beli	Were Are you under If you If the pution: A der penior Scheief, it is I	per of participants with lete this item)	accounts during the state of th	ing the plan year invested in annual examination and reple instructions on waiver eligine 6a or line 6b, the plan in, is it covered under the PE complete fitting of this retuenaties set forth in the instruction of the plan and by an enrolled actuary	of the plan n eligible as port of an ir gibility and n cannot u BGC insure urn/report ructions, i o	year (defined be seets? (See instructions.)	nefit plans do not uctions.) fied public accountant (IC F and must instead use at ERISA section 4021)? d unless reasonable ca at examined this return/report for ry at Enter name of individent	5b 5c PA) Form use is port, ir t, and ual sig	Yes No Not determined established. Including, if applicable, a Schedule to the best of my knowledge and the best of my knowledge a	No No No

Par	t III Financial Information						
7	Plan Assets and Liabilities		(a) Beginning of Yea	r	_		(b) End of Year
a	Fotal plan assets	7a	170	, 64	6		201,330
b	Total plan liabilities	7b			0		203 220
C I	Net plan assets (subtract line 7b from line 7a)	7c	1.70	,64	b		201,330
	ncome. Expenses, and Transfers for this Plan Year		(a) Amount		-	_	(b) Total
	Contributions received or receivable from: (1) Employers	8a(1)		, 43	_		Harris II
	2) Participants	8a(2)	11	,21	0		
	3) Others (including rollovers)	8a(3)	6.0		0	_	
b (Other income (loss)	8b	<u> </u>	3,05	6		60 701
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c			-		50,701
1	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	20	,01	7		
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	_	20,017
	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h		_	-		30,684
	Net income (loss) (subtract line 8h from line 8c)	81				_	30,604
j	Transfers to (from) the plan (see instructions)	8			0		
Par	IV Plan Characteristics						
- 1	If the plan provides pension benefits, enter the applicable pension 2J 2K 2G 3D 2F 2E 2T If the plan provides welfare benefits, enter the applicable welfare for						
Part	V Compliance Questions						
10	During the plan year.				Yes	No	Amount
a		itions withir	the time period described in ection Program)	10a		Х	
b	Were there any nonexempt transactions with any party-in-interest on line 10a.)	t7 (Do not i	nclude transactions reported	10b		X.	
C	Was the plan covered by a fidelity bond?	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	*******************************	10c	X		20,000
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	
е	Were any fees or commissions paid to any brokers, agents, or other organization that provides some or all instructions.)	her persons of the bene	s by an insurance carrier, efits under the plan? (See	10e	Х		687
f	Has the plan failed to provide any benefit when due under the plan	in?	(**************************************	10f		X	
g	Did the plan have any participant loans? (if "Yes," enter amount a	as of year e	and.)	10g		X	
h		(See instru	ictions and 29 CFR	10h		X	
1	If 10h was answered "Yes," check the box if you either provided to exceptions to providing the notice applied under 29 CFR 2520.10	the required	i notice or one of the	101			
Part	T						
11	is this a defined benefit plan subject to minimum funding requiren 5500) and line 11a below)	nents? (If "	Yes," see instructions and con	nplete	Sche	dule SE	3 (Form Yes No
11a	Enter the unpaid minimum required contribution for current year	from Sched	dule SB (Form 5500) line 39	.,,,,,,,		11a	James Sand
12	is this a defined contribution plan subject to the minimum funding	g requireme	ents of section 412 of the Code	e or se	ection	302 of	ERISA? Yes No
	(If "Yes." complete line 12a or lines 12b, 12c, 12d, and 12e below	v, as applic	able.)				
	If a waiver of the minimum funding standard for a prior year is being ranting the waiver.	ing amortiz	ed in this plan year, see instru Mor	ith	, and	enter ti Day	ne date of the letter ruling Year
lf	you completed line 12a, complete lines 3, 9, and 10 of Schedu	ie MB (For	m 5500), and skip to line 13.	_			
b	Enter the minimum required contribution for this plan year				414	12b	

Fates the amount contributed by the employer to the plan for this plan year		12c			
Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to tr	ne ien or a	12d			Π
Will the minimum funding amount reported on line 12d be met by the funding deadline?		17774514	Yes	No	N/
VII Plan Terminations and Transfers of Assets		-	ro	1	
Has a resolution to terminate the plan been adopted in any plan year?		1	Yes A	No	
If "Yes," enter the amount of any plan assets that reverted to the employer this year		13a			
Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or br	ought under the	control		П	es 🖺
If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), ide which assets or liabilities were transferred. (See instructions.)					020 201
13c(1) Name of plan(s):	1	3c(2) E	EIN(s)	130	c(3) PN(
Trust Information (optional)					
Name of trust		14b	Trust's E	N	
1	Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the regative amount)	Has a resolution to terminate the plan been adopted in any plan year? If "Yes," enter the amount of any plan assets that reverted to the employer this year. Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the of the PBGC? If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) which assets or liabilities were transferred. (See instructions.) 3c(1) Name of plan(s):	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). Will the minimum funding amount reported on line 12d be met by the funding deadline? Will Plan Terminations and Transfers of Assets Has a resolution to terminate the plan been adopted in any plan year? If "Yes," enter the amount of any plan assets that reverted to the employer this year. Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC? 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.) Trust Information (optional)	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). Will the minimum funding amount reported on line 12d be met by the funding deadline? Yes VII Plan Terminations and Transfers of Assets Has a resolution to terminate the plan been adopted in any plan year? If "Yes," enter the amount of any plan assets that reverted to the employer this year. Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC? If during this plan year, any assets or liabilities were transferred. (See instructions.) VIII Trust Information (optional)	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). Will the minimum funding amount reported on line 12d be met by the funding deadline? Will Plan Terminations and Transfers of Assets Has a resolution to terminate the plan been adopted in any plan year? If "Yes," enter the amount of any plan assets that reverted to the employer this year. If "Yes," enter the amount of any plan assets that reverted to the employer this year. If the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC? 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.) VIII Trust Information (optional)