Form 5500-SF	of Small Employ	/ee	OMB Nos. 1210-0110 1210-0089				
Department of the Treasury Internal Revenue Service						2013	
Department of Labor Employee Benefits Security Administration	ctions 6057(b) and 6058 code).		This Form i	s Open to Public			
Pension Benefit Guaranty Corporation	Complete all entries in accordar	nce with the instruc	ctions to the Form 5500	)-SF.	Ins	spection	
	entification Information						
For calendar plan year 2013 or fisca			and ending 0	7/31/2	2014		
A This return/report is for:			an (not multiemployer)		a one-partici	pant plan	
<b>B</b> This return/report is:	the first return/report X th	e final return/report					
L	an amended return/report X a s	short plan year returr	n/report (less than 12 mo	onths)	)		
C Check box if filing under:							
	special extension (enter description)						
-	nation—enter all requested information	on				Γ	
<b>1a</b> Name of plan SNAPCO II, INC. 401(K) PROFIT SH/	ARING PLAN			1b	Three-digit plan number (PN) ▶	001	
				1c	Effective date o		
					01/01		
2a Plan sponsor's name and addre SNAPCO II, INC.	ess; include room or suite number (emp	bloyer, if for a single-	employer plan)		(====)	43565	
PO BOX 5068					Sponsor's telep 509-78	5-2101	
GEORGE, WA 98824					23821		
<b>3a</b> Plan administrator's name and a	address 🛛 Same as Plan Sponsor Nan	ne Same as Plan	Sponsor Address	3b	Administrator's	EIN	
4 If the name and/or EIN of the pl name, EIN, and the plan number	an sponsor has changed since the last er from the last return/report.	t return/report filed fc	or this plan, enter the	4b	EIN		
a Sponsor's name				4c	PN		
	the beginning of the plan year			5a		5	
	the end of the plan year			5b		0	
complete this item)	count balances as of the end of the plan			5c		0	
	uring the plan year invested in eligible a	,	•			X Yes No	
	e annual examination and report of an See instructions on waiver eligibility and					X Yes 🗌 No	
If you answered "No" to eithe	er line 6a or line 6b, the plan cannot	use Form 5500-SF	and must instead use	Form	5500.		
<b>C</b> If the plan is a defined benefit p	lan, is it covered under the PBGC insu	rance program (see	ERISA section 4021)?		Yes 🗙 No 🗌	Not determined	
Caution: A penalty for the late or	incomplete filing of this return/repor	t will be assessed	unless reasonable cau	se is	established.		
Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established. Under penalties of perjury 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.							
SIGN Filed with authorized/val	id electronic signature.						
HERE Signature of plan adm	inistrator	Date	Enter name of individu	ninistrator			
SIGN							
	ature of employer/plan sponsor Date Enter name of individua						
Preparer's name (including firm nam	ne, if applicable) and address; include r	oom or suite numbe	r (optional)	Prep	parer's telephone	number (optional)	

L

Par	t III Financial Information											
7	Plan Assets and Liabilities	ssets and Liabilities (a) Beginning of Y				(b) End of Year						
а	Total plan assets	7a	20965	3	0							
b	Total plan liabilities	7b										
С	Net plan assets (subtract line 7b from line 7a)	7c	20965	3		0						
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount		(b) Total			otal				
а	Contributions received or receivable from:											
	(1) Employers	8a(1)									_	
	(2) Participants	8a(2)	1297	5							_	
· .	(3) Others (including rollovers)	8a(3)	1297	5								
	Other income (loss)	8b										
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) Benefits paid (including direct rollovers and insurance premiums	8c			_				12975		_	
	to provide benefits)	8d	222503	3								
е	Certain deemed and/or corrective distributions (see instructions)	8e										
f	Administrative service providers (salaries, fees, commissions)	8f	12	5								
g	Other expenses	8g										
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h						2	22628			
i	Net income (loss) (subtract line 8h from line 8c)	8i						-2	09653			
j	Transfers to (from) the plan (see instructions)	8j										
Par	t IV Plan Characteristics											
9a	If the plan provides pension benefits, enter the applicable pension	feature co	des from the List of Plan Chara	acteris	stic Co	des in	the instrue	ctions	:			
	2A 2E 2F 2G 2J 2K 2T 3D											
b	If the plan provides welfare benefits, enter the applicable welfare fe	eature cod	es from the List of Plan Charac	cterist	ic Cod	les in t	he instruct	ions:				
Part	V Compliance Questions											
10									-			
	a Was there a failure to transmit to the plan any participant contributions within the time period described in					~		7 4110	June			
	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu	uciary Corr	ection Program)	10a		Х						
b	Were there any nonexempt transactions with any party-in-interest			104		х						
	on line 10a.)			10b	Х							
	Was the plan covered by a fidelity bond?			10c	~					21000	)	
d	Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?	•	•	10d		Х						
e	Were any fees or commissions paid to any brokers, agents, or oth			100								
•	insurance service, or other organization that provides some or all	of the ben	efits under the plan? (See			х						
	instructions.)			10e							_	
f	Has the plan failed to provide any benefit when due under the pla	n?		10f		Х						
g	Did the plan have any participant loans? (If "Yes," enter amount a	s of year e	end.)	10g		Х						
h		(		4.01		х						
—i	2520.101-3.) If 10h was answered "Yes," check the box if you either provided the			10h								
	exceptions to providing the notice applied under 29 CFR 2520.10			10i		Х						
Part	VI Pension Funding Compliance						1					
11	Is this a defined benefit plan subject to minimum funding requirem	ents? (If "	Yes," see instructions and com	plete	Sched	lule SE	3 (Form			_		
	5500) and line 11a below)											
11a	<b>11a</b> Enter the unpaid minimum required contribution for current year from Schedule SB (Form 5500) line 39 <b>11a</b>											
12	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,											
а	a If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, and enter the date of the letter ruling granting the waiver											
lf	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						

C	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 Y	′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 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) which assets or liabilities were transferred. (See instructions.)	to					
1	3c(1) Name of plan(s):	3c(2) El	N(s)	13c(3)	<b>13c(3)</b> PN(s)		
Part	VIII Trust Information (optional)						
14a	Name of trust	14b Trust's EIN					

						1	OMB Nos. 1210-0110			
Form 5500-SF Short Form Annual Return/Report of Small Empl Department of the Treasury Benefit Plan						1210- 1210-				
	rnal Revenue Service	This form is required to be file	d under sections 104 a			2	.013			
Employee B	epartment of Labor senefits Security Administration	Retirement Income Security Act of the Interna	1974 (ERISA), and se I Revenue Code (the C		8(a) of	This Form is Open to Pub Inspection				
Pension B	enefit Guaranty Corporation	Complete all entries in accord	dance with the instru	ctions to the Form 550						
Part I		entification Information		and and in a	7/24/2	0014				
2000 Sec. 65. 67	ar plan year 2013 or fisca			×	)7/31/2		25			
	turn/report is for.			lan (not multiemployer)		a one-partici	oant plan			
<b>B</b> This re	turn/report is:	the first return/report	the final return/report							
	Ĺ		a short plan year return	n/report (less than 12 m	onths)					
C Check	box if filing under:	Form 5558	automatic extension			DFVC progra	im			
		special extension (enter description								
Part II		nation—enter all requested inform	ation		41					
1a Name					1b	Three-digit plan number				
Snapco II, I	nc. 401(k) Profit Sharing	Plan				(PN)	001			
					1c	1c Effective date of plan 01/01/2008				
2a Plans	nonsor's name and addr	ess; include room or suite number (e	molover if for a single.	employer plan)	2h	Employer Identi				
Snapco II, II	nc.		inployer, in for a single-	employer plan	20	(EIN) 91-164				
					2c	Sponsor's telep	hone number			
PO Box 506	8					(509) 78				
					2d		see instructions)			
George, WA					21	238210	n. Anno 1997			
3a Plan a	idministrator's name and	address X Same as Plan Sponsor N	lame Same as Plar	n Sponsor Address	3b Administrator's EIN					
					3c	Administrator's	elephone number			
		lan sponsor has changed since the I per from the last return/report.	ast return/report filed for	or this plan, enter the	4b	EIN				
	or's name	er nom the last return report.			4c	PN				
5a Total	number of participants at	the beginning of the plan year			5a		5			
<b>b</b> Total	number of participants at	the end of the plan year			5b		0			
c Numb	er of participants with ac	count balances as of the end of the p	plan vear (defined bene	efit plans do not	00					
	and the second			Contraction (1) and a contraction of the contractio	5c					
		luring the plan year invested in eligib	(3) is an	and the second sec			🛛 Yes 🗌 No			
		ne annual examination and report of a					🕅 Yes 🗌 No			
		See instructions on waiver eligibility a er line 6a or line 6b, the plan cann								
5		plan, is it covered under the PBGC in			100000	1990 C	Not determined			
					····· []					
a contra construction of the second s	The second	incomplete filing of this return/rep	IN THE PART OF A STATE	0 300.5550 10 30		10 S.M. 1004				
SB or Sche	alties of perjury and other edule MB completed and	r penalties set forth in the instruction signed by an enrolled actuary, as we	s, I declare that I have all as the electronic ver	examined this return/rep sion of this return/report	oort, in	cluding, if applic o the best of my	able, a Schedule			
belief, it is	true, correct, and comple	te.			,	,				
SIGN	MA 2 ta		1	Norman Keene						
SIGN	Vr FV-		108/m/19	f						
	Sighature of plan adn	ninistrator	Date00/00/17	Enter name of individu	ual sig	ning as plan adn	ninistrator			
SIGN			/							
and the second	Signature of employe		Date	Enter name of individu						
Preparer's	name (including firm nan	ne, if applicable) and address; includ	e room or suite numbe	r (optional)	Prepa	arer's telephone	number (optional)			
				Ì	381					
For Paperw	ork Reduction Act Notice a	and OMB Control Numbers, see the ins	tructions for Form 5500-	SF.			Form 5500-SF (2013)			

	7a 7b 7c	(a) Beginning of Yea 20965:				(b) End	of Yea	r	
<ul> <li>b Total plan liabilities</li> <li>c Net plan assets (subtract line 7b from line 7a)</li> <li>8 Income, Expenses, and Transfers for this Plan Year</li> <li>a Contributions received or receivable from: <ul> <li>(1) Employers</li> </ul> </li> </ul>	7b					(		_	
<ul> <li>b Total plan liabilities</li> <li>c Net plan assets (subtract line 7b from line 7a)</li> <li>8 Income, Expenses, and Transfers for this Plan Year</li> <li>a Contributions received or receivable from: <ul> <li>(1) Employers</li> </ul> </li> </ul>								0	
8         Income, Expenses, and Transfers for this Plan Year           a         Contributions received or receivable from: (1)	7c								
a Contributions received or receivable from: (1) Employers	Con Landa	20965	3					0	
(1) Employers		(a) Amount		(b) Total					
				120					
(2) Participants	8a(1)		_				1800		
	8a(2)		-	31	- 24	the second	- in such		
(3) Others (including rollovers)	8a(3)	1297	5				-		
b Other income (loss)	8b								0.51
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						12	975	
d Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	222503	3						
e Certain deemed and/or corrective distributions (see instructions)	8e			100	12.07		-		
<ul> <li>f Administrative service providers (salaries, fees, commissions)</li> </ul>	8f	12	5						
g Other expenses	8g		-11		-	-			
h Total expenses (add lines 8d, 8e, 8f, and 8g)	8h		S. ile	10		1	222	2628	
Net income (loss) (subtract line 8h from line 8c)	8i			-			-209	022001010	
Transfers to (from) the plan (see instructions)	1			-	100		-208	0000	100
Part IV Plan Characteristics	8j				-	1.1	21017		1000
<ul> <li>9a If the plan provides pension benefits, enter the applicable pension feators 2A 2E 2F 2G 2J 2K 2T 3D</li> <li>b If the plan provides welfare benefits, enter the applicable welfare feators</li> <li>Part V Compliance Questions</li> </ul>									
10 During the plan year:			-	Yes	No		Amou		
<ul> <li>a Was there a failure to transmit to the plan any participant contributio 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduci</li> </ul>			10a		x		Anou	in.	
b Were there any nonexempt transactions with any party-in-interest? on line 10a.)	(Do not ind	clude transactions reported	10b		х				
C Was the plan covered by a fidelity bond?			10c	х					21000
d Did the plan have a loss, whether or not reimbursed by the plan's fic or dishonesty?			100		х			2	
e Were any fees or commissions paid to any brokers, agents, or other insurance service, or other organization that provides some or all of instructions.)	r persons the benef	by an insurance carrier, fits under the plan? (See	10e		x				
f Has the plan failed to provide any benefit when due under the plan?	?		10f		х				
g Did the plan have any participant loans? (If "Yes," enter amount as a	of year en	d.)	10g		х				
h If this is an individual account plan, was there a blackout period? (So 2520.101-3.)			10h		x				
If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.101-3			10i		x				
Part VI Pension Funding Compliance									
11 Is this a defined benefit plan subject to minimum funding requiremen 5500) and line 11a below)								es >	K No
1a Enter the unpaid minimum required contribution for current year from Schedule SB (Form 5500) line 39 11a									
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, as applicable.)									
a If a waiver of the minimum funding standard for a prior year is being granting the waiver.	amortized	d in this plan year, see instruc		, and e	nter th Day	ne date of	the lette Year _	r rulin	g
If you completed line 12a, complete lines 3, 9, and 10 of Schedule I	MB (Form	5500), and skip to line 13.							
<b>b</b> Enter the minimum required contribution for this plan year					12b				

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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?	XY	′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 of the PBGC?	e control X Yes No							
c	C 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): 1	3c(2) El	N(s)	13c(3) PN(s)					
Part	VIII Trust Information (optional)								
14a	Name of trust	14b Trust's EIN							