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

| Pens | sion Be | enefit Guaranty Corporation | ▶ Complete all entries in acc | ordance with the instruc | tions to the Form 550 | 0-SF. | | -pootion | |
|-------------|---------------------------------------|--|---|--------------------------------|----------------------------|--|-------------------------|--------------------|--|
| Part | t I | Annual Report I | dentification Information | | | | | | |
| For ca | lenda | ar plan year 2013 or fisc | cal plan year beginning 06/01/2 | 2013 | and ending 0 | 5/31/2 | 2014 | | |
| | | urn/report is for: | a single-employer plan | a multiple-employer pl | an (not multiemployer) | | a one-partici | pant plan | |
| B Th | is ret | urn/report is: | the first return/report | the final return/report | | | | | |
| | | | an amended return/report | a short plan year return | n/report (less than 12 mo | onths) | | | |
| C Ch | eck b | oox if filing under: | Form 5558 | automatic extension | | | DFVC progra | am | |
| | | | special extension (enter descrip | ption) | | | | | |
| Part | Π | Basic Plan Infor | mation—enter all requested info | ormation | | | | | |
| 1a N | ame | of plan | | | | 1b | Three-digit | | |
| CHEVS | OF 1 | ΓHE 40S, INC. 401(K) F | PROFIT SHARING PLAN | | | | plan number | | |
| | | | | | | 4. | (PN) • | 001 | |
| | | | | | | 10 | Effective date of | of plan /2003 | |
| | | consor's name and add THE 40S, INC. | employer plan) | 2b | Employer Identi | | | | |
| | | , | | | | 2c | Sponsor's telep | phone number | |
| | | 2TH STREET R, WA 98686 | | | | 2d | 360-81 Business code | (see instructions) | |
| 0- 5 | | | | По в | | 26 | 44130 | | |
| 3a ₽ | lan a | dministrator's name and | d address XSame as Plan Sponso | or Name Same as Plan | Sponsor Address | 30 | Administrator's | EIN | |
| | | | | | | 3с | Administrator's | telephone number | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| 4 If | the r | name and/or FIN of the | plan sponsor has changed since th | ne last return/report filed fo | r this plan, enter the | 4b | FIN | | |
| | | | nber from the last return/report. | ic last retain/report mea re | in this plant, enter the | 70 | LIIN | | |
| a S | pons | or's name | | | | 4c | PN | | |
| 5a ⊺ | otal r | number of participants a | at the beginning of the plan year | | | 5a | | 15 | |
| b T | otal r | number of participants a | at the end of the plan year | | | 5b | | 13 | |
| | | | account balances as of the end of the | | • | 5c | | 2 | |
| 6a ∖ | Vere | all of the plan's assets | during the plan year invested in eli | gible assets? (See instruct | tions.) | | | X Yes No | |
| _ | | · | the annual examination and report | • | • | | | | |
| | | | (See instructions on waiver eligibili | | | | | X Yes No | |
| | • | | ther line 6a or line 6b, the plan ca | | | | | - | |
| C If | the p | olan is a defined benefit | t plan, is it covered under the PBG0 | C insurance program (see | ERISA section 4021)? . | 📙 | Yes No | Not determined | |
| Cautio | on: A | penalty for the late o | r incomplete filing of this return/ | report will be assessed u | unless reasonable cau | ıse is | established. | | |
| | | | er penalties set forth in the instructi | | | | | able, a Schedule | |
| | | edule MB completed and crue, correct, and compl | d signed by an enrolled actuary, as lete. | s well as the electronic vers | sion of this return/report | , and t | to the best of my | knowledge and | |
| SIGN | | Filed with authorized/v | valid electronic signature. | | | | | | |
| HERE | | Signature of plan ad | lministrator | Date | Enter name of individu | ual sig | ıning as plan adr | ministrator | |
| SIGN | | | | | | | | | |
| HERE | RE Signature of employer/plan sponsor | | /er/plan sponsor | Date | Enter name of individu | vidual signing as employer or plan sponsor | | | |
| Prepa | rer's | name (including firm na | ame, if applicable) and address; inc | | | | | number (optional) | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | } | | | | |
| | | | | | | | | | |

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| Dor | rt III Financial Information | | | | | | | | | |
|----------|--|--|--|---------|---------|-----------------|-----------|------------------|-------|-------|
| _ | | | | | 1 | | | | | |
| | Plan Assets and Liabilities | | (a) Beginning of Yea | | | | (b) En | | | |
| | Total plan assets | 7a | 4216 | | - | | | | 47325 | |
| | Total plan liabilities | 7b | | 0 | | | | | 0 | |
| _ | Net plan assets (subtract line 7b from line 7a) | 7c | 4216 | 9 | - | | | | 47325 | |
| | Income, Expenses, and Transfers for this Plan Year | | (a) Amount | | | | (b) | Total | | |
| | Contributions received or receivable from: (1) Employers | 8a(1) | | 0 | | | | | | |
| | (2) Participants | 8a(2) | 120 | 0 | | | | | | |
| | (3) Others (including rollovers) | 8a(3) | | 0 | | | | | | |
| | Other income (loss) | 8b | 395 | | | | | | | |
| | Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) | 8c | 333 | | | | | | 5156 | |
| | Benefits paid (including direct rollovers and insurance premiums | 00 | | | | | | | 3130 | |
| | to provide benefits) | 8d | | 0 | | | | | | |
| е | 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 | | | | | | | 0 | |
| | Net income (loss) (subtract line 8h from line 8c) | 8i | | | | | | | 5156 | |
| j | Transfers to (from) the plan (see instructions) | 8j | | 0 | | | | | | |
| Par | t IV Plan Characteristics | <u></u> | | | | | | | | |
| | If the plan provides pension benefits, enter the applicable pension | feature co | des from the List of Plan Chara | acteris | stic Co | odes in | the instr | uctions | | |
| | 2F 2G 2J 3D | | | | | | | | | |
| b | If the plan provides welfare benefits, enter the applicable welfare fe | eature cod | es from the List of Plan Charac | cterist | ic Coc | des in t | he instru | ctions: | | |
| | | | | | | | | | | |
| Part | t V Compliance Questions | | | | | T | ı | | | |
| 10 | During the plan year: | | | | Yes | No | | Amo | unt | |
| а | Was there a failure to transmit to the plan any participant contribut 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu | tions withii iciary Corr | n the time period described in ection Program) | 10a | | X | | | | |
| b | Were there any nonexempt transactions with any party-in-interest on line 10a.) | | | 10b | | Х | | | | |
| | | | | | X | | | | | |
| С | , , | | | 10c | | | | | | 15000 |
| 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 of instructions.) | | . , | 10e | | Χ | | | | |
| • | · | | | | | X | | | | |
| - 1 | Has the plan failed to provide any benefit when due under the plan | | | 10f | | | | | | |
| <u>g</u> | 7 7 | • | , | 10g | | X | | | | |
| h | If this is an individual account plan, was there a blackout period? (2520.101-3.) | • | | 10h | | Χ | | | | |
| i | If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.101 | | | 10i | | | | | | |
| Part | | | | | | I | | | | |
| 11 | Is this a defined benefit plan subject to minimum funding requirement | ents? (If "\ | Yes " see instructions and com | nlete | Scher | tule SE | R (Form | 1 | | |
| | 5500) and line 11a below) | ······································ | | | <u></u> | | | [| Yes | X No |
| | Enter the unpaid minimum required contribution for current year from | om Sched | ule SB (Form 5500) line 39 | | | 11a | | <u> </u> | | |
| 12 | Is this a defined contribution plan subject to the minimum funding | requireme | ents of section 412 of the Code | or se | ection | 302 of | ERISA? | | 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 bein granting the waiver. | - | | | , and 6 | enter th Day | ne date o | f the let Yea | | ng |
| lf | you completed line 12a, complete lines 3, 9, and 10 of Schedule | MB (For | m 5500), and skip to line 13. | | | | | | | |
| h | Enter the minimum required contribution for this plan year | | | | | 12b | | | | |

| Page | 3 | - [| 1 |
|------|---|-----|---|
| гаус | J | - 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? | | Yes 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 of the PBGC? | control | | 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) which assets or liabilities were transferred. (See instructions.) | to | | | |
| | 13c(1) Name of plan(s): | 3c(2) E | IN(s) | 13c(3) | PN(s) |
| | | | | | |
| Part | VIII Trust Information (optional) | | | | |
| | Name of trust V'S OF THE 40'S, INC. RETIREMENT | | rust's EIN 911650628 | | |

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

| | Pension Benefit Guaranty Corporation | ► Complete all entries in ac | cordance with the ins | tructions to the Form 550 | 0-SF. | <u> </u> | | | | |
|-----|---------------------------------------|---|---|---|--|---|-------------------|--|--|--|
| _ | | Identification Information | | | - 0.0 | - 122 /223 4 | | | | |
| For | calendar plan year 2013 or fis | | 06/01/2013 | | 05 | 5/31/2014 ¬ | | | | |
| Α | This return/report is for: | a single-employer plan | a multiple-employe | er plan (not multiemployer) | Į | a one-particip | oant plan | | | |
| В | This return/report is: | the first return/report | the final return/repo | | | | | | | |
| | | an amended return/report | a short plan year re | eturn/report (less than 12 m | onths) | | | | | |
| С | Check box if filing under: | Form 5558 | automatic extensio | n | [| DFVC progra | ım | | | |
| | | special extension (enter descri | ption) | | | | | | | |
| P | art II Basic Plan Info | ormation enter all requested i | information | | | | | | | |
| | Name of plan | | | | 1b | Three-digit | | | | |
| | Chevs of the 40s. | Inc. 401(K) Profit Shar: | ing Plan | | | plan number (PN) ► | 001 | | | |
| | <u> </u> | | | | 1c | Effective date o | f plan | | | |
| | | | | | | 06/01/2003 | | | | |
| 2a | | ddress; include room or suite numbe | er (employer, if for a single | gle-employer plan) | 2b | | ification Number | | | |
| | Chevs of the 40s, | ine. | | | <u> </u> | (EIN) 91-16 | ·········· | | | |
| | | | | | 2c Sponsor's telephone number (360) 816-0211 | | | | | |
| | 1605 NE 112TH STRE | ET | | | 2d | | | | | |
| US | VANCOUVER | WA 98686 | | | | 2d Business code (see instructions) 441300 | | | | |
| | | and address X Same as Plan Spo | onsor Name Same : | as Plan Sponsor Address | 3b | Administrator's | EIN | | | |
| | | <u> </u> | | | | | | | | |
| | | | | | 3с | Administrator's | telephone number | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | Ala | | | | | |
| 4 | | e plan sponsor has changed since to mber from the last return/report. | he last return/report file | d for this plan, enter the | 4b | EIN | | | | |
| а | Sponsor's name | | | | 4c | PN | | | | |
| 5a | ' | s at the beginning of the plan year | *************************************** | *************************************** | 5a | | 15 | | | |
| b | · · · · · · · · · · · · · · · · · · · | s at the end of the plan year | | | 5b | | 13 | | | |
| C | • . • | account balances as of the end of t | | | 5c | | 2 | | | |
| 62 | | s during the plan year invested in eli | | | | | X Yes No | | | |
| b | | f the annual examination and report | | | | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | | | | |
| U | | ? (See instructions on waiver eligibi | | | | ••••• | XYes No | | | |
| | | ither line 6a or line 6b, the plan ca | | | | | | | | |
| С | | fit plan, is it covered under the PBG | | | | | Not determined | | | |
| | aution: A penalty for the late | or incomplete filing of this return | n/report will be assess | sed unless reasonable cau | use is | established. | | | | |
| U | nder penalties of periury and o | other penalties set forth in the instru | ctions, I declare that I ha | ave examined this return/re | port, in | cluding, if applic | able, a Schedule | | | |
| SE | B or Schedule MB completed | and signed by an enrolled actuary, a | as well as the electronic | version of this return/report | t, and t | o the best of my | knowledge and | | | |
| pe | lief, it is true, correct, and con | npiete. | | | | | | | | |
| s | IGN / CO | 200f | | RON WADE | | | | | | |
| | ERE Signature of plan adn | | Date | Enter name of individua | al signi | ng as plan admi | nistrator | | | |
| s | ign Non Cel | 'ell' | | RON WADE | | | | | | |
| | IERE Signature of employe | | Date | Enter name of individua | , | | | | | |
| Pr | eparer's name (including firm | name, if applicable) and address; ir | iclude room or suite nur | mber (optional) | Prepa | arer's telephone | number (optional) | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | <u> </u> | | | | | |
| | | | | | | | | | | |

| Part III Financial Information | | · · · · · · · · · · · · · · · · · · · | | | | | |
|--|-----------------------|--|---------|--|-----------------|---------------|---------------------------------------|
| 7 Plan Assets and Liabilities | | (a) Beginning of Year | | | (b) End of Year | | |
| a Total plan assets | 7a | 42,16 | 9 | | 47,325 | | |
| b Total plan liabilities | 7b | | 0 | | 0 | | |
| C Net plan assets (subtract line 7b from line 7a) | 7c | 42,16 | 9 | | 47,325 | | |
| 8 Income, Expenses, and Transfers for this Plan Year | | | | (b) Total | | | tal |
| a Contributions received or receivable from: | 8a(1) | | 0 | | | | |
| (1) Employers | 8a(2) | 1,20 | | | | | |
| (3) Others (including rollovers) | 8a(3) | | 0 | - | | · · · · | |
| b Other income (loss) | 8b | 3,95 | | | | | |
| C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) | 8c | | | | 5,1 | | |
| d Benefits paid (including direct rollovers and insurance premiums to provide benefits) | 8d | | 0 | 4.4 | | | |
| e Certain deemed and/or corrective distributions (see instructions) | 8e | | 0 | | | | |
| f Administrative service providers (salaries, fees, commissions) | 8f | | 0 | 5.4 5.4 | Abet | | |
| g Other expenses | 8g | | 0 | | | | |
| h Total expenses (add lines 8d, 8e, 8f, and 8g) | 8h | | | | | | 0 |
| i Net income (loss) (subtract line 8h from line 8c) | 8i | | | | | | 5,156 |
| j Transfers to (from) the plan (see instructions) | 8j | | 0 | <u> </u> | - | | · · · · · · · · · · · · · · · · · · · |
| Part IV Plan Characteristics | | | | | | | |
| 9a If the plan provides pension benefits, enter the applicable pension fe | ature code | es from the List of Plan Characte | eristic | Code | s in th | e instruction | is: |
| 2F 2G 2J 3D | | | | | | | |
| b If the plan provides welfare benefits, enter the applicable welfare fea | ture code | s from the List of Plan Character | istic (| Codes | in the | instructions | : |
| a the plan provides would be selected, onto the approximation | | | | | | | |
| Part V Compliance Questions | | | | | | | |
| 10 During the plan year: | | | | Yes | No | A | mount |
| a Was there a failure to transmit to the plan any participant contribut 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduc | ions within | n the time period described in ection Program) | 10a | | х | | |
| b Were there any nonexempt transactions with any party-in-interest on line 10a.) | ? (Do not i | nclude transactions reported | 10b | | х | | |
| C Was the plan covered by a fidelity bond? | ·········· <u>···</u> | | 10c | х | | | 15,000 |
| d Did the plan have a loss, whether or not reimbursed by the plan's | fidelity bor | nd, that was caused by fraud | | | | | |
| or dishonesty? | | | 10d | | Х | | |
| Were any fees or commissions paid to any brokers, agents, or oth insurance service, or other organization that provides some or all instructions.) | of the ben | efits under the plan? (See | 10e | | x | | |
| f Has the plan failed to provide any benefit when due under the plan | | | 10f | | х | | |
| | | | 100 | ļ | v | | |
| g Did the plan have any participant loans? (If "Yes," enter amount a | | | 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. | ne required | d notice or one of the | 10i | | | | elegy of a college of the |
| Part VI Pension Funding Compliance | | | | | | | |
| 11 Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below) | ents? (If " | Yes," see instructions and comp | lete S | Schedu | ıle SB | (Form | Yes X No |
| 11a Enter the unpaid minimum required contribution for current year from Schedule SB (Form 5500) line 39 | | | | | | | |
| 12 Is this a defined contribution plan subject to the minimum funding | | | rsec | tion 30 | 2 of E | RISA? | Yes X No |
| (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below | | | | | | | |
| a If a waiver of the minimum funding standard for a prior year is being granting the waiver | ng amortiz | ed in this plan year, see instruct | ions, | and e | nter th | e date of the | e letter ruling Year |
| If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13. | | | | | | | |
| b Enter the minimum required contribution for this plan year | | | | | 12b | | |
| D Enter the minimum required contribution for this plan year | ************* | *************************************** | | | , | | |

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|------|---|------------------|------------|--------------|
| | 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 ₀ | es X N | lo |
| | 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? | | | |
| 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.) | | | |
| | 3c(1) Name of plan(s): | (2) EIN(| s) | 13c(3) PN(s) |
| Dord | VIII Trust Information (ontional) | | | |
| Part | | 44 | | |
| 14a | Name of trust | 14b T | rust's EIN | |
| (| Chev's Of The 40's, Inc. Retirement | 91-1650628 | | |