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

	enetit Guaranty Corporation	▶ Complete all entries in acce	ordance with the instruc	ctions to the Form 5500	0-SF.		
Part I	Annual Report I	dentification Information					
For calenda	ar plan year 2013 or fiso	cal plan year beginning 10/01/20	013	and ending 0	9/30/20	014	
A This ret	urn/report is for:	X a single-employer plan	a multiple-employer p	an (not multiemployer)		a one-particip	pant plan
B This ret	urn/report is:						
		n/report (less than 12 mo	onths)	_			
C Check b	oox if filing under:		DFVC program				
		special extension (enter descrip	· · · · · · · · · · · · · · · · · · ·				
Part II	Basic Plan Infor	mation—enter all requested infor	mation				T
1a Name	•					Three-digit	
THORN, INC	. PENSION PLAN					plan number	002
						(PN)	002
					10	Effective date of 09/30/	
2a Plan o	annor's name and add	Iress; include room or suite number	(ampleyer if for a single	omployor plan)	2h 1		
THORN, INC		iless, include 100m of suite number	(employer, ir for a single-	employer plan)			fication Number 63506
DO DOV 07					2c 3	Sponsor's telep 509-382	
PO BOX 87 DAYTON, W	'A 99328				2d F		(see instructions)
					Zu i	11110	` ,
	dministrator's name and	d address Same as Plan Sponsor	r Name Same as Plar	Sponsor Address	3b /	Administrator's I 91-08	EIN 63506
HORN, INC.		PO BOX 87 DAYTON, W	/A 99328		3c /		telephone number
						509-382	2-4324
		plan sponsor has changed since the	e last return/report filed fo	or this plan, enter the	4b	EIN	
name,	EIN, and the plan num	plan sponsor has changed since th ber from the last return/report.	e last return/report filed fo	or this plan, enter the			
name, a Sponse	EIN, and the plan num or's name	ber from the last return/report.		·	4c		3
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Form 5500-SF 2013 Page **2**

Pa	rt III Financial Information										
7	Plan Assets and Liabilities		(a) Beginning of Yea				(b) End	of Vo	ar		
	Total plan assets	7a	(a) Beginning of Tea				(b) End of Year 169334				
	Total plan liabilities	7b									
	Net plan assets (subtract line 7b from line 7a)	76 7c	162129	6				16	93343		
	Income, Expenses, and Transfers for this Plan Year	70						000.0			
	Contributions received or receivable from:		(a) Amount		(b) Total						
	(1) Employers	8a(1)	1200	0							
	(2) Participants	8a(2)									
	(3) Others (including rollovers)	8a(3)									
b	Other income (loss)	8b	6004	7							
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						7	72047		
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d									
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							C)	
ī	Net income (loss) (subtract line 8h from line 8c)	8i							72047	7	
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 3D	feature co	des from the List of Plan Char	acteris	stic Co	des in	the instruct	ions:			
b	If the plan provides welfare benefits, enter the applicable welfare fe	eature cod	es from the List of Plan Chara	cterist	ic Coc	les in t	he instruction	ns:			
Par	t V Compliance Questions										
10	During the plan year:				Yes	No		Amo	unt		
a		tions withi	n the time period described in		100			AIIIO	unt		
	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu Were there any nonexempt transactions with any party-in-interest	ıciary Corr	ection Program)	10a		Х					
N	on line 10a.)			10b		X					
	Was the plan covered by a fidelity bond?			10c	X					200	000
d				100						200	000
	or dishonesty?	······		10d		Х					
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 pla	n?		10f		X					
g	Did the plan have any participant loans? (If "Yes," enter amount a	s of year e	end.)	10g		Χ					
h		(See instru	uctions and 29 CFR	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							
Part											
11	Is this a defined benefit plan subject to minimum funding requirem								Yes	П	No
110	5500) and line 11a below)								103	Ш	.40
	Enter the unpaid minimum required contribution for current year fr		,			11a	EDICA:		Vac	V	NI-
12	Is this a defined contribution plan subject to the minimum funding	-		or se	ection	302 of	ERISA?	Ш	Yes	٨	No
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,			otiono	and a	ontor +1	o data of th	0 104	tor ru	ina	
	If a waiver of the minimum funding standard for a prior year is beir granting the waiver.		Mon		, and 6	Day		Year		ıııy	
	you completed line 12a, complete lines 3, 9, and 10 of Schedule	•			1		1				
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	3c(1) Name of plan(s):	c(2) Ell	V(s)	13c(3) PN(s)			
Part	VIII Trust Information (optional)						
14a Name of trust				14b Trust's EIN			

	rm 5500-SF	Short Form Annual	Return/Report of Benefit Plan	of Small Emplo	yee		OMB Nos. 1216-011 1210-008	
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A This re	itum/report le for:	a single-employar plan	[] a mulliple-employer p	ien (not multiemployer)	Γ	a one particip	ant plen	
🖰 This re	num/report is:	the first return/report	the final return/report					
	[an amended return/report	[] a short plan year retur	n/report (less than 12 n	roniha)			
C Check	bax if filing under:	Form 5558	automatic extension			DFVC progra	m	
		special extension (enter descrip						
		ngtion—enter all requested info	roller		· · · · ·			
18 Nome	ofpina Inc. Pension 1	73 Av				Three-digit		
T\$113411 /	. INC. Leneron	. Time			3	PN)	002	
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PO Box	87			•	•	09-382-43		
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********	Mase 1				3C Administrator's telephone number			
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Dayton		WA 99328						
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b Total	number of participants at	the and of the plan year	,	**************************************	8b			
		count belances as of the end of th						
					5¢		<u> </u>	
		uring the plan year invested in elig se ennual exemination and report (***************************************	Yes [] No	
unde	r 29 CFR 2520.104-46? (See instructions on waiver eligibili	ly and conditions.)	*************************			X Yes [] No	
•	·	or line 62 or line 6b, the plan ca						
C If the	plan is a defined benefit ;	plan, is it covered under the PBGC	nauranca program (eas	ERISA section 4021)?	····· []	Ye≢ ∐No ∐	Not determined	
		incomplete filing of this return/		THE RESERVE OF THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN				
SB or Sch	attes of perjury and other adule MB completed and true, correct, and comple	r penalties set forth in the instruction algored by an enrolled actuary, exite.	ons, I declare that I have yiell as the electronic ver	examined this return/repor alon of this return/repor	port, inci t, and to	luding, if applica the best of my i	ble, a Schedule vnowledge and	
BIGN	Freie 9	com		ERIC THÓRN		· · · · · · · · · · · · · · · · · · ·	·	
HERE "	Signature of plan adn	ninistrator	Date 7/8/15	Enter name of Individ	luai sioni	nte agin sa on	Inletesion	
SIGN	Frie Th	TARE !	, , , , ,	FATC T		PRW		
HERE	Bigneture of employe	mpian sponeor	Date 7/8/15	Enter name of individ		- L	or plan appearer	
Preparera		ne. If applicable) and address: Incl	ude room or sulte humbe	r (opdonel)			number (optional)	
	ODI CALHO					mg 0-	500 CC	
1	Pandall & t	turlow Inc.			<u> </u>	201-8	38 -5500	
1 8	ol w Rive	turley Inc. rside Ave, su JA 99201	ute 1600	,				
	Spokane, n	JA 99201		·	<u></u>			
For Papers	ort Reduction Act Holige s	and OMB Combrel Numbers, see the I	ristructions for Form \$600-	SP.		F	orra 5500-SF (2013)	

Form 5500-SF 2013

	Mill. Financial Information	13	<u> </u>						*******	
7	Plan Assets and Liabilities					(b) End of Year				-
	Total plan saxels	· · · · · · · · · · · · · · · · · · ·	16	96	16933				93347	
	Total plan (labilRiss	7b								
	Net plan assets (subtract line 7b from line 7s),	76	16	96	169334				93343	
<u> </u>	income, Expenses, and Transfers for this Plan Year		(a) Amount			(b) Total			V-1 -1 -1 -1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
-	Contributions received or receivable from: (1) Employers	Eo(1)		120	00					
	(2) Participants	2n(2)			- (".)	100	1	NA SCORE	entrek k	NAME OF THE OWNER, OWNE
	(3) Others (mouthing rollovers)			*****	18.fn	da.v.d	A 10 P. S.	2 W 112	**************************************	
ь	Other income (loss)	- 66		600	7	i ber	41.44	7777	C/8 A	
	Total income (add lines 6a(1), 8a(2), 8a(3), and 8b)	Bo succession of the succession of the			J.	7-11-1	-2/10% a 1 %	1,2,0	<u> </u>	72047
	Benefits paid (including direct rollovers and insurance premiums to provide benefits).	. Bd				::	4	s diffe		Y 90 Y
	Certain deemed and/or corrective distributions (see instructions)	. Se			3791	ikilorik)	Print His	ukina.	Control of	ANA KA
	Administrative service providere (selaries, fees, commissions)	. 81			16	$dM_{\rm M}$	" " " " " " " " " " " " " " " " " " "	3.1 (0.3)	美加州	Palaisi :
	Other expenses	. 8g			raft ra	沙湖山	Tay Your		en .	, "
	Total expenses (add lines 8d, 6e, 8f, and 8g)			Υ.А.,				, wasan	·····	Q
Ť,	Net Income (loss) (subtract line 8h from line 6o)			朝河	100				(72047
<u> </u>	Transfers to (from) the plan (see instructions)	ej ej			1	1,	. , .	•	,	1
Pai	t IV Plan Characteristics			*,	1 1 1 1 1 N		**********			
	If the plan provides pension benefits, enter the applicable pension 2A 3D									
	If the plan provides welfere benefits, anter the applicable welfare i	esture cod	es from the List of Plan Chare	derist	ic Cod	es in i	he ineb	uctions		
Per	V Compliance Questions							1		
10	During the plan year:				Yes	No		Αm	ount	
	Was there a failure to transmit to the plan any participant contribution CFR 2510.3-102? (See instructions and DOL's Voluntary Fig.	uciary Corr	ection Program)	10a		x			,	
<u> </u>	Were there any nonexempt transactions with any party-in-interest on line 10s.)	17 (Do not i	nclude transactions reported	105		x				
C	Was the plan covered by a fidelity bond?			10c	x				2	00000
d	Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?			10d		Ж				
	Were any fees or commissions paid to any brokers, agents, or of insurance service, or other organization that provides some or all instructions.)	of the beni	efile under the plan? (See	104		x				
	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 a	s of year e	nd.)	10g		Х				
ħ	If this is an midwidual account plan, was there a blackout period? 2620.101-3.)	(500 instru	clione and 29 CFR	10h		Х		, , , ,	**************************************	
I	If 10h was answered "Yes," check the box if you either provided acceptions to providing the notice applied under 29 CFR 2520.19			101						7 20 110 100
Part	VI Pension Funding Compilance								, ,,	
11	Is this a defined benefit plan subject to minimum funding requirer 5500) and line 11st below)	ents? (if "	es," see instructions and com	plete	Sched	uia St	(Porm		Yes	∏ No
114	Enter the unpaid minimum required contribution for current year!					11:	//,			
12	is this a defined contribution plen subject to the minimum function					******	ERISA?	., [Yes	No No
	(if "Yes," complete line 12e or lines 12b, 12c, 12d, and 12e below									
	If a waiver of the minimum functing atandard for a prior year is be granting the waiver.	ng amortos	ed in this plan year, see Instruction		end e	nter ti Day	na date a	of the ic You		វាដ្ឋា
lf	you completed line 12s, complete lines 3, 9, and 10 of Schedu									
Ь	Enter the minimum required contribution for this plan year				. T	120				

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