Form 5500	Annual Return/Report of Employee Benefit Plan	OMB Nos. 1210-0110
F0111 5500	This form is required to be filed for employee benefit plans under sections 104	1210-0089
Department of the Treasury Internal Revenue Service	and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6047(e), 6057(b), and 6058(a) of the Internal Revenue Code (the Code).	2011
Department of Labor Employee Benefits Security Administration	Complete all entries in accordance with the instructions to the Form 5500.	
Pension Benefit Guaranty Corporation		This Form is Open to Public Inspection
Part I Annual Report Ider	tification Information	•
For calendar plan year 2011 or fiscal	blan year beginning 11/01/2011 and ending 02/29/	2012
A This return/report is for:	a multiemployer plan; a multiple-employer plan; or	
	x a single-employer plan; a DFE (specify)	
B This return/report is:	the first return/report; the final return/report;	
·	an amended return/report; A a short plan year return/report (less t	han 12 months).
C If the plan is a collectively-bargain	ed plan, check here	
D Check box if filing under:	Form 5558; automatic extension;	the DFVC program;
	special extension (enter description)	
Part II Basic Plan Inform	nation—enter all requested information	
1a Name of plan DENHOLME & MOHR PROFIT SHAP		1b Three-digit plan number (PN) ▶
		1c Effective date of plan 10/01/1978
2a Plan sponsor's name and addres	s, including room or suite number (Employer, if for single-employer plan)	2b Employer Identification Number (EIN) 91-0861423
		2c Sponsor's telephone number 206-682-3772
918 NW 50TH SEATTLE, WA 98107	918 NW 50TH SEATTLE, WA 98107	2d Business code (see instructions) 238300

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 accompanying schedules, statements and attachments, 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 HERE	Filed with authorized/valid electronic signature.	06/15/2012	RONALD HANSEN
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
HERE	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
HERE	Signature of DFE	Date	Enter name of individual signing as DFE

For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500.

	Plan administrator's name and address (if same as plan sponsor, enter "Same")		dministrator's EIN -0861423	
91	8 NW 50TH ATTLE, WA 98107	3c Ad	dministrator's telephone umber 206-682-3772	
4	If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN the plan number from the last return/report:	and	4b EIN	
а	Sponsor's name		4c PN	
5	Total number of participants at the beginning of the plan year	5		3
6	Number of participants as of the end of the plan year (welfare plans complete only lines 6a, 6b, 6c, and 6d).			
а	Active participants	6a		0
b	Retired or separated participants receiving benefits	6b		
с	Other retired or separated participants entitled to future benefits	6c		
d	Subtotal. Add lines 6a, 6b, and 6c	6d		0
е	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	6e		
f	Total. Add lines 6d and 6e	6f		0
g	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	6g		0
h	Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested.	6h		0
7	Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7		

Form 5500 (2011)

Page 2

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 2E 3D

b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:

9a	Plan fur	nding	arrangement (check all that apply)	9b	Plan bene	efit	arrangement (check all that apply)
	(1)		Insurance		(1)		Insurance
	(2)		Code section 412(e)(3) insurance contracts		(2)		Code section 412(e)(3) insurance contracts
	(3)	X	Trust		(3)	Х	Trust
	(4)		General assets of the sponsor		(4)		General assets of the sponsor
10	Check a	all ap	plicable boxes in 10a and 10b to indicate which schedules are at	tache	ed, and, wh	nere	e indicated, enter the number attached. (See instructions)
а	Pensio	n <u>S</u> cl	nedules	b	General	Scl	hedules
	(1)		R (Retirement Plan Information)		(1)		H (Financial Information)
	(2)	\square	MB (Multiemployer Defined Benefit Plan and Certain Money		(2)	X	I (Financial Information – Small Plan)
			Purchase Plan Actuarial Information) - signed by the plan		(3)		A (Insurance Information)
			actuary		(4)		C (Service Provider Information)
	(3)	Π	SB (Single-Employer Defined Benefit Plan Actuarial		(5)		D (DFE/Participating Plan Information)
			Information) - signed by the plan actuary		(6)		G (Financial Transaction Schedules)

	SCHEDULE I	Financial In	form	ation—Sr	nall	Plan			OMB No. 1210-0110	
	(Form 5500)									
	Department of the Treasury Internal Revenue Service	This schedule is required to Retirement Income Security	Act of 19		d sectio				2011	
I	Department of Labor Employee Benefits Security Administration			· · · · · · · · · · · · · · · · · · ·	- /		-	This	Form is Open to Pu	blic
	Pension Benefit Guaranty Corporation			hment to Form	5500.				Inspection	5110
-	calendar plan year 2011 or fiscal pl	an year beginning 11/01/201	11			and ending	02/2	9/2012		
	Name of plan HOLME & MOHR PROFIT SHARIN	IG PLAN				Three-digit plan numb		•	001	
DEN	Plan sponsor's name as shown on li HOLME & MOHR INC				91-	mployer Id				
	nplete Schedule I if the plan covered Il plan under the 80-120 participant r							ete Scheo	dule I if you are filing a	sa
	rt I Small Plan Financial									
ass ben	ort below the current value of asset ets held in more than one trust. Do le fit at a future date. Include all inco rance carriers. Round off amounts	not enter the value of the portion me and expenses of the plan inc	of an ir	surance contrac	t that g	guarantees	during thi	is plan ye	ear to pay a specific do	ollar
1	Plan Assets and Liabilities:			(a) Be	ginnin	g of Year			(b) End of Year	
а	Total plan assets		. 1a			7	75961			0
b	Total plan liabilities		. 1b							
С	Net plan assets (subtract line 1b fr	om line 1a)	_ 1c			7	75961			0
2	Income, Expenses, and Transfer	rs for this Plan Year:		((a) Amo	ount			(b) Total	
а	Contributions received or receivab	le:								
	(1) Employers		. 2a(1)							
	(2) Participants		. 2a(2)							
	(3) Others (including rollovers)		. 2a(3)							
b	Noncash contributions		. 2b							
С	Other income		. 2c				5477			
d	Total income (add lines 2a(1), 2a(2	2), 2a(3), 2b, and 2c)	. 2d							5477
е	Benefits paid (including direct rollo									
f	Corrective distributions (see instru									
g	Certain deemed distributions of pa	irticipant loans								
h	(see instructions)									
n :	Administrative service providers (s	,					1521			
:	Other expenses (add lines 0s. 2f. 2						1021			1521
J	Total expenses (add lines 2e, 2f, 2	• ,		-			-			3956
ĸ	Net income (loss) (subtract line 2j	,	-				-			779917
<u> </u>	Transfers to (from) the plan (see in	,	. 2 1	of the following of	otogoria	a abaak "N	(ac" and ar	ator the e		
3	Specific Assets: If the plan held as remaining in the plan as of the end of by-line basis unless the trust meets of	f the plan year. Allocate the value o	of the pla	n's interest in a co		led trust co	ntaining the		of more than one plan o	
				Γ		Yes	No		Amount	
a	Partnership/joint venture interests.			-	3a		X X			
b	Employer real property				3b					
С	Real estate (other than employer r	eal property)			3c		X			
d	Employer securities				3d		X			
е	Participant loans				3e		X			
For	Paperwork Reduction Act Notice	and OMB Control Numbers, s	ee the i	instructions for	Form	5500		:	Schedule I (Form 55	00) 2011

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		v.012611	

			Yes	No	Amount
3f	Loans (other than to participants)	3f		Х	
g	Tangible personal property	3g		Х	

P	Part II Compliance Questions							
4				N.	N			
	J			Yes	No	A	mount	
а	a Was there a failure to transmit to the plan any pa described in 29 CFR 2510.3-102? Continue to a							
		y Fiduciary Correction Program.)	4a		Х			
b		ations due the plan in default as of the close of plan						
	year or classified during the year as uncollectible	? Disregard participant loans secured by the	4b		Х			
~			45					
С	- · · · · · · · · · · · · · · · · · · ·	i default of classified during the year as	4c		Х			
d	d Were there any nonexempt transactions with any	/ party-in-interest? (Do not include transactions						
•••			4d		Х			
е	e Was the plan covered by a fidelity bond?		4e		Х			
f	f Did the plan have a loss, whether or not reimbur	sed by the plan's fidelity bond, that was caused by						
	fraud or dishonesty?		4f		X			
g		e was neither readily determinable on an established			×			
		raiser?	4g		X			
h		whose value was neither readily determinable on an	46		Х			
		ird party appraiser?	4h		~			
i		assets in any single security, debt, mortgage, parcel t?	4i		Х			
i		icipants or beneficiaries, transferred to another plan,						
,			4j	Х				
k	k Are you claiming a waiver of the annual examination							
	accountant (IQPA) under 29 CFR 2520.104-46? If statement (See instructions on waiver eligibility an	"No," attach an IQPA's report or 2520.104-50 d conditions.)	4k	Х				
ī		lue under the plan?	41		Х			
-	m If this is an individual account plan, was there a h	· ·						
			4m		Х			
n	n If 4m was answered "Yes," check the "Yes" box i	f you either provided the required notice or one of						
	the exceptions to providing the notice applied un	der 29 CFR 2520.101-3	4n					
5a	a Has a resolution to terminate the plan been adop							
	If "Yes," enter the amount of any plan assets the	at reverted to the employer this year	× Yes	5 🗌 N	o An	nount:		0
5b	b If, during this plan year, any assets or liabilities transferred. (See instructions.)	were transferred from this plan to another plan(s), ider	ntify th	ie plan	(s) to wh	ich assets or	liabilities we	ere
	5b(1) Name of plan(s)				5b(2) E	EIN(s)	5b(3) PN(s)

5b(2) EIN(s) 5b

E	Annual Return/Report of	Employee p	HIMHL MAIL	1210-0089
Form 5500	This form is required to be filed for empli and 4065 of the Employee Retirement fin- sections 6047(e), 6057(b), and 6058(a) of	oyee benefit plans i	f 1974 (ERISA) and	2011
Department of Labor Employee Benefits Sucurity Administration	Complete all entries the instructions t	H accordance with	n -	This Form is Open to Public
Pareino Senete Guarency Corporation				inspection
				18 AL
Parti Annual Report I	dentification Information	1 20	d ending 2/	29/2012
For celender plan year 2011 or fis	a multiemplayer plan.	a muitiple	employer plan; or	
A This return/report is for:	X a single-employer plan,	a DFE (s	pecify)	
B This return/report is:	an amended return/report	X the final	netum/report: %	(less than 12 months).
			iden.	
C If the plan is a collectively-be	rgained plan, chack here	андан калан калан жазай. еттер		the DFVC program
D Check box if filing under:	Form 5558;		ic extension	
	special extension (enter desc	the state of the second		
Basic Plan	nformation enter all requested inform	ation is the state		1b Three-digit plan
do Hama of rist		ation to the second		number (PN) 1 001
DENHOLME & MOHR PROFI	<u>ئى</u>	in the second		1¢ Effective gate of plan 10/1/1978
2a Plan sponsor's name and	address, including room or suite number (6	imployer, if for singl	e employer plan)	2b Employer identification Number (EIN)
DENHOLME & MOHR INC	a sugar a sugar			91-0861423 2c Spansor's telephone
DEMUCCIAL & MOUNTAIL	anter a second			number
	and the second s			(206) 682-3772
918 NW 50TH	and the second	WA	98107-3634	2d Business code (see
SEATTLE				instructions)
	and the second			238300
	and the second s	and a second	1977	Constant and the second s
the factor is	te opinioniste filing of this return/repo	nt will be assesse	d unless reasonable	cause is established.
Caution: A penalty tor the la	te componiblete filing of this return/report inconstances sat forth in the instructions, I decl	are that I have exemit	ted this return/report, int	f it is the portect and complete.
statements and attachments, as	he contatues sai torth in the instructions, I decl the sector electronic version of this return repo	The state of the second s	States of the second se	
	· c P	6/15/12	Marvin Peaceon	
NERE Signature of the	and alastrative	Date	Enter name of indiv	dual signing as plan administrator
	A SCHIMINGOOD	6/15/12	Marvin Pearson	
SIGN HERE		Date	Enter name of Indiv	Idual signing as employer or plan sponso
Signature of em	ployer/plan sponsor			
	6	Date	Enter name of indiv	idual signing as DFE
Signature of DF		a ale a far adau and and	for Form 5500	Form 5500 (2011

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	Form 6500 (2011)	Page Z						
20 -	"ian administrator's name and address (if same as plan sponsor, enter "Same")				3b A	dministra	ntor's E	IN
	TERT 2017 FININGAVER I TENT CE MITTE METTE				3c A	udministr	ator's *	lenhone
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1	the name and/or EIN of the plan sponsor has changed since the last return/report	filed for this	plan, en	ter the name	EN	4b	EIN	
4	in the name and/or EIN of the pair eponeor has compared when and the plan number from the last return/report:					4c	PN	
	Sponsor's name			A REAL			1.0	
	Total number of participants at the beginning of the plan year			States	5	ROSSICHUS	NO HOLES	3
5	Total number of participants as of the end of the plan year (walfare plans complete only Number of participants as of the end of the plan year (walfare plans complete only	linas 64, 60,	6c, and	6d).	TRACE?	CARD CO		an custor of
	Active participants		247.	a	6a			0
a		2	Ale.	- Melecone -	6b			
b	Retired or separated participants receiving benefits							
	Other retired or separated participants entitled to future benefits				60			
C	Other retired of separated participation entitled of many working	AND AND	3. Tadio		60			0
d	Other ratined or separated participants entitled to haufe were the second subjects and the second se		********		-			
	Dessent outprisents whose beneficiaries are receiving or are entitled to receive	benefita		1,19,999 - (1991 i den av	. 60			
-								C
f	Total Add lines 6d and 6e							
g	Number of participants with account balances as of the end of the plan year (only	defined cont	noistion	plans	6			
	complete this Rem			****************				
h	Number of participants that terminated employment during the part with acc	rued benefits	that we	78.				
h	Number of participants that terminated employment during the part with accurate the 150% vested	rued benefits		78 .	. 8	or other Designation of the local division o		
h	ese than 100% vested	ined banefits	IT'S COM	re Nete (Nis Ker	8		structio	ňs:
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