### Form 5500

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Signature of DFE

# Annual Return/Report of Employee Benefit Plan

This form is required to be filed for employee benefit plans under sections 104 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).

> ▶ Complete all entries in accordance with the instructions to the Form 5500.

OMB Nos. 1210-0110 1210-0089

2011

This Form is Open to Public

					Inspection				
Part I	Annual Report Identi	fication Information							
For cale	ndar plan year 2011 or fiscal pla				9/2012				
A This	return/report is for:	a multiemployer plan;	a multip	ole-employer plan; or					
		x a single-employer plan;	a DFE	(specify)					
<b>B</b> This	return/report is:	the first return/report;	X the fina	I return/report;					
		an amended return/report;	an amended return/report; X a short plan year return/report (less that						
<b>C</b> If the	plan is a collectively-bargained	plan, check here							
	k box if filing under:	Form 5558;	_	tic extension;	the DFVC program;				
- 01100	K box ii iiiiig dildor.	special extension (enter des		,					
Part	II Rasic Plan Informa	ation—enter all requested informa	. ,						
	ne of plan	ation—enter all requested informa	allon		<b>1b</b> Three-digit plan 002				
	LME & MOHR PENSION PLAN	I			number (PN) ▶				
					1c Effective date of plan				
•					10/01/1978				
<b>2a</b> Plan	sponsor's name and address,	including room or suite number (Er	mployer, if for singl	e-employer plan)	<b>2b</b> Employer Identification Number (EIN)				
DENHO	LME & MOHR INC				91-0861423				
					2c Sponsor's telephone				
					number				
918 NW		918 NW 5	ioTH		206-682-3772 <b>2d</b> Business code (see				
SEATTL	E, WA 98107	SEATTLE	SEATTLE, WA 98107						
					instructions) 238300				
Caution	: A penalty for the late or inco	omplete filing of this return/repor	rt will be assessed	d unless reasonable caus	e is established.				
					rt, including accompanying schedules,				
					belief, it is true, correct, and complete.				
SIGN	Filed with authorized/valid elect	ronic signature.	06/15/2012	RONALD HANSEN					
HERE	Signature of plan administra	ator	Date	Enter name of individua	ll signing as plan administrator				
	£								
SIGN									
HERE	Signature of employer/plan	sponsor	Date	Enter name of individua	Il signing as employer or plan sponsor				
	o.gataro or omprojempian	<del></del>	23.0		e.gg de emplejer er plan oponion				
SIGN									
HERE				+					

Date

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

Form 5500 (2011) v.012611

Enter name of individual signing as DFE

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	Plan administrator's name and address (if same as plan sponsor, enter "San NHOLME & MOHR INC	me")			ministrator's EIN -0861423
	3 NW 50TH ATTLE, WA 98107	Administrator's telephone number 206-682-3772			
4	If the name and/or EIN of the plan sponsor has changed since the last retur the plan number from the last return/report:	n/report filed for this	s plan, enter the name, EIN	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 comple	te only lines 6a, 6b	, <b>6c</b> , and <b>6d</b> ).		
а	Active participants			6a	0
b	Retired or separated participants receiving benefits			6b	
D					
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 re	eceive benefits		6e	
f	Total. Add lines <b>6d</b> and <b>6e</b>	6f	0		
g	Number of participants with account balances as of the end of the plan year complete this item)	6g	0		
h	Number of participants that terminated employment during the plan year wit less than 100% vested			6h	0
7	Enter the total number of employers obligated to contribute to the plan (only			7	
8a	If the plan provides pension benefits, enter the applicable pension feature of $\ensuremath{\mathtt{3D}}$	odes from the List of	of Plan Characteristic Codes	in the i	nstructions:
b	If the plan provides welfare benefits, enter the applicable welfare feature co				
9a	Plan funding arrangement (check all that apply)  (1) Insurance	9b Plan benefi	t arrangement (check all that Insurance	t apply)	
	(2) Code section 412(e)(3) insurance contracts	(2)	Code section 412(e)(3) in	nsuranc	e contracts
	(3) X Trust (4) General assets of the sponsor	(3) X	Trust General assets of the sp	oncor	
10	(4) General assets of the sponsor  Check all applicable boxes in 10a and 10b to indicate which schedules are a	(4) attached, and, whe			hed. (See instructions)
а	Pension Schedules	b General So	chedules		
	(1) R (Retirement Plan Information)	(1)	H (Financial Inform	ation)	
	(2) MB (Multiemployer Defined Benefit Plan and Certain Money	(2) X	I (Financial Informa	,	Small Plan)
	Purchase Plan Actuarial Information) - signed by the plan	(3)	A (Insurance Inform		,
	actuary 	(4)	C (Service Provide		
	(3) SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary	(5) (6)	<b>D</b> (DFE/Participatin <b>G</b> (Financial Transa	-	

## SCHEDULE I (Form 5500)

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation Financial Information—Small Plan

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code).

File as an attachment to Form 5500.

OMB No. 1210-0110

2011

This Form is Open to Public Inspection

· ·	
For calendar plan year 2011 or fiscal plan year beginning 11/01/2011	and ending 02/29/2012
A Name of plan DENHOLME & MOHR PENSION PLAN	B Three-digit plan number (PN) 002
C Plan sponsor's name as shown on line 2a of Form 5500	D Employer Identification Number (EIN)
DENHOLME & MOHR INC	91-0861423
Consulate Calcadula Liftha plan assumed forces than 400 particles at a capital and the basis significant	

Complete Schedule I if the plan covered fewer than 100 participants as of the beginning of the plan year. You may also complete Schedule I if you are filing as a small plan under the 80-120 participant rule (see instructions). Complete Schedule H if reporting as a large plan or DFE.

#### Part I Small Plan Financial Information

Report below the current value of assets and liabilities, income, expenses, transfers and changes in net assets during the plan year. Combine the value of plan assets held in more than one trust. Do not enter the value of the portion of an insurance contract that guarantees during this plan year to pay a specific dollar benefit at a future date. Include all income and expenses of the plan including any trust(s) or separately maintained fund(s) and any payments/receipts to/from insurance carriers. Round off amounts to the nearest dollar.

1	Plan Assets and Liabilities:		(a) Beginning of Year	(b) End of Year
а	Total plan assets	. 1a	591420	0
b	Total plan liabilities	. 1b		
С	Net plan assets (subtract line 1b from line 1a)	1c	591420	0
2	Income, Expenses, and Transfers for this Plan Year:		(a) Amount	<b>(b)</b> Total
а	Contributions received or receivable:			
	(1) Employers	. 2a(1)		
	(2) Participants	. 2a(2)		
	(3) Others (including rollovers)	2a(3)		
b	Noncash contributions	. 2b		
С	Other income	. 2c	2805	
d	Total income (add lines 2a(1), 2a(2), 2a(3), 2b, and 2c)	. 2d		2805
е	Benefits paid (including direct rollovers)	. 2e		
f	Corrective distributions (see instructions)	. 2f		
g	Certain deemed distributions of participant loans (see instructions)	. 2g		
h	Administrative service providers (salaries, fees, and commissions)	. 2h		
i	Other expenses	. 2i	1552	
j	Total expenses (add lines 2e, 2f, 2g, 2h, and 2i)	. 2j		1552
k	Net income (loss) (subtract line 2j from line 2d)	. 2k		1253
	Transfers to (from) the plan (see instructions)	. 2I		-592673

3 Specific Assets: If the plan held assets at anytime during the plan year in any of the following categories, check "Yes" and enter the current value of any assets remaining in the plan as of the end of the plan year. Allocate the value of the plan's interest in a commingled trust containing the assets of more than one plan on a line-by-line basis unless the trust meets one of the specific exceptions described in the instructions.

			Yes	No	Amount
а	Partnership/joint venture interests	3a		X	
b	Employer real property	3b		X	
	Real estate (other than employer real property)			X	
d	Employer securities	3d		X	
	Participant loans			X	

Page	2	-
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Schedule I (Form 5500) 2011

		-					
	,		Yes	No		Amount	
3f	Loans (other than to participants)	3f		X			
g	Tangible personal property	3g		X			
Pa	art II Compliance Questions						
4	During the plan year:		Yes	No		Amount	t
а	Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)	4a		X			
b	Were any loans by the plan or fixed income obligations 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 participant's account balance	4b		X			
С	Were any leases to which the plan was a party in default or classified during the year as uncollectible?	4c		X			
d	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a.)	4d		X			
е	Was the plan covered by a fidelity bond?	4e		X			
f	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	4f		X			
g	Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	4g		X			
h	Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	4h		X			
i	Did the plan at any time hold 20% or more of its assets in any single security, debt, mortgage, parcel of real estate, or partnership/joint venture interest?	4i		X			
j	Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	4j	X				
k	Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) under 29 CFR 2520.104-46? If "No," attach an IQPA's report or 2520.104-50 statement. (See instructions on waiver eligibility and conditions.)	4k	X				
I	Has the plan failed to provide any benefit when due under the plan?	41		X			
m	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	4m		X			
n	If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3	4n					
5a	Has a resolution to terminate the plan been adopted during the plan year or any prior plan year?  If "Yes," enter the amount of any plan assets that reverted to the employer this year	× Ye	s 🗌 N	lo /	Amount:		0
5b	If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), ide transferred. (See instructions.)	entify t	he plar	n(s) to v	vhich assets	or liabilitie	es were
	5b(1) Name of plan(s)			5b(2	) EIN(s)		<b>5b(3)</b> PN(s)

#### Annual Return/Report of Employee Benefit Fizit 1210-0089 Form 5500 This form is required to be filled for employee benefit plans under sections 104 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). Department of the Treasury 2011 internsi Ravanca Service Complete all entries in accordance with Department of Labor the instructions to the Form 5500. Emoloyae Bane'ne Security This Form is Open to Public Administration inspection Panelon Reports Quarant, Collectation: Annual Report Identification Information Parti 2/29/2012 and ending For calendar plan year 2011 or fiscal plan year beginning 11/1/2011 a multiple-employer plan; or a multiemployer plan: A This return/report is for: a DFE (apecity) Contraction of the second And the second a single-employer plan; the final return/report: the first return/report, B This return/report is: it (less than 12 months). a short plan year return/repa an amended return/report; C If the plan is a collectively-bargained plan, check here the OFVC program: automatic axtension Form 5558: D Check box if filing under: special extension (enter description) Basic Plan Information—enter all requested information Three-digit pien 1b O. Act number (PN) 1 002 1a Name of plan Effective date of plan DENHOLME & MOHR PENSION PLAN 10/1/1978 Employer identification 2a Plan sponsor's name and address, including room of soits number (Employer, if for single-employer plan) Number (EIN) 91-0861423 War. No. DENHOLME & MOHR INC 2c Sponsor's telephone E. Maria number (206) 682-3772 2d Business code (500 918 NW 50TH 98107-3634 WA Instructions) SEATTLE 238300 918 NW 50TH 98107-3634 WA SEATTLE the filling 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 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 6/15/12 Marvin Pearson SIGN Enter name of individual signing as plan administrator Date Signature of plan administrato Marvin Pearson Enter name of individual signing as employer of plan sponsor Date Signature of employer/plan sponsor SIGN Enter name of individual signing as DFE HERE Signature of DFE Form 5500 (2011) For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500. V.012611

	Form 5600 (2011)	P	ege 2	- ALLEN - Alle				
	Fign administrator's name and address (if same as plan sponsor, enter "Same")		-		3b	Administr	ators	EIN
	18U SOLUMPRICATOR & INFLIGE BLACK PROPERTY.							
eme					30	Administr	ators	telephone
						110/110/01		
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						ter a		<b>新疆域</b>
	if the name and/or EIN of the plan eponeor has changed since the last return/rep	beilt troe	for this plan	n, anter the nam	e, EIN	4b	EIN	
4	if the name and/or bin or the part epostor has changed and the plan number from the last return/report.			95	Sales and the sa	No. A		
	Sponsor's name				E E	4c	PN	
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_	Active participants		*******			Sa .		0
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ь	Retired or separated participants receiving benefits	,.,,,,	The second second		" <del> </del> '	90		
						8c	5200	
C	Other retired or separated perticipents entitled to future benefits							
-	Change and Hang So Sh and Sc			***********		6d		0
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8	Subtotal Add lines 6a, 6b, and 6c	les berret	,	4.54.19.464		8e		
	San Andrews	,			- 1	6f		0
•	Total, Add lines 6d and 6e							
а	Number of participants with soccurt balances as of the end of the plan year (o	nly delina	d contribu	tion plans		6a		
-	complete this item)	*********			""	0.4		W 100 MILES
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7						7	oter webi	nne:
88	If the plan provides pension benefits, enter the applicable his mian feature cod	es from t	ha List of P	en Characters	IC C-00	22 14 DIS 111	art fac-fo	J9 525 /
2E.	3D							
1.	If the plan provides welfare benefits, emissing implicable welfare feature code	s from th	e List of Pt	an Characteristic	Code	s in the inst	tructio	ns:
þ	If the pign provides warrant parietre, attended to			•				
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92	Pien funding smangement (queciful) (that apply) (1) Insurface	9b		ineurance		cali tust abi	(YiY	
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	(3)		(4)			of the spor		
10	Check all applicable to see in 10a and 10b to indicate which schedules are at	teched, a	ind, where	indicated, enter	the nu	mber attach	red. (8	ee instructions
				Schedules				
a	Pension Schedules	þ	(4) Caddianas		(Fin	anciel Infor	mation	0
	(1) R (Retirement Plan Information)			=				- Small Plan)
	(2) MB (Multiemployer Defined Benefit Plan and Certain Money		(2)	H ,		urence info		
	Purchase Plan Actuariel Information) - signed by the plan		(3) (4)	$H \longrightarrow i$		rvice Provid		
	(3) SB (Single-Employer Defined Benefit Plan Actuarial		(5)		(DF	E/Participat	ing Pi	an Information)
	(3) SB (Single-Employer Defined Benefit Plan Admand) information) - signed by the plan actually		(6)		(Fin	anciel Trans	sectio	n Schedules)
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