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).

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OMB Nos. 1210-0110

1210-0089

2011

This Form is Open to Public Inspection

	Complete all entries in accord	dance with	the instructions to the Form 55	00-5F.		
Pá	art I Annual Report Identification Information					
For	calendar plan year 2011 or fiscal plan year beginning 10/01/201	1	and ending	05/31/20	012	
Α .	This return/report is for: $\overline{igwedge}$ a single-employer plan $igwedge$	a multiple	-employer plan (not multiemployer)	a one-particip	ant plan
В	This return/report is: the first return/report	the final re	eturn/report			
	an amended return/report	a short pla	in year return/report (less than 12	months)		
C	Check box if filing under: Form 5558	automatic	extension		DFVC progra	m
	special extension (enter descriptio	n)				
Pa	urt II Basic Plan Information—enter all requested information	ation				
1a	Name of plan			1b	Three-digit	
HULL	. A. COOK, INC. P.S. PROFIT SHARING PLAN AND RETIREMENT	TRUST			plan number	
					(PN) •	002
				10	Effective date of 10/01/	•
2a	Plan sponsor's name and address; include room or suite number (er	mployer, if	for a single-employer plan)	2b	Employer Identif	
HULI	_ A. COOK, INC. P.S.				(EIN) 91-120	
				2c	Sponsor's telepl	
	QUEEN STREET			0-1	360-671	
BELL	INGHAM, WA 98229-2143			2a	Business code (: 62111	see instructions)
3a	Plan administrator's name and address (if same as plan sponsor, er	nter "Same	.")	3b /	Administrator's E	
	A. COOK, INC. P.S. 821 QUEEN S BELLINGHAN	STREET			91-12	67746
	BELLINGTIAN	/I, VVA 902	29-2143	3c /	Administrator's t 360-671	elephone number
4	If the name and/or EIN of the plan sponsor has changed since the la	ast return/ı	report filed for this plan, enter the	4b		
	name, EIN, and the plan number from the last return/report.					
	Sponsor's name			4c	PN	
5a	Total number of participants at the beginning of the plan year			· 5a		
b	Total number of participants at the end of the plan year			. 5b		
С	Number of participants with account balances as of the end of the p complete this item)			5c		
6a	Were all of the plan's assets during the plan year invested in eligible	e assets?	(See instructions.)			X Yes No
b	Are you claiming a waiver of the annual examination and report of a					
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility a		•			X Yes No
Do	If you answered "No" to either 6a or 6b, the plan cannot use Fort III Financial Information	orm 5500-	SF and must instead use Form 5	500.		
<u>га</u>	Plan Assets and Liabilities		(a) Baginning of Year		/h) End	of Voor
a	Total plan assets	7a	(a) Beginning of Year 2134307		(b) End	0 1691
b	Total plan liabilities	7a 7b	0			0
C	Net plan assets (subtract line 7b from line 7a)	7c	2134307			0
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount		(b) T	otal
а	Contributions received or receivable from:				. ,	
	(1) Employers	8a(1)	0			
	(2) Participants	8a(2)	0			
	(3) Others (including rollovers)	8a(3)	0			
b	Other income (loss)	8b	166319			
C	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c				166319
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	2293126			
е	Certain deemed and/or corrective distributions (see instructions)	8e	0			
f	Administrative service providers (salaries, fees, commissions)	8f	7500			
g	Other expenses	8g	0			
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h				2300626
i	Net income (loss) (subtract line 8h from line 8c)	8i				-2134307
j	Transfers to (from) the plan (see instructions)	8j	0			

Form	5500.	SF.	201

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Part IV	Plan	Characteristics
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- **9a** If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 2E 2F 2G 2R 3D
- **b** If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:

_							
Part							
10	During the plan year:		Yes	No	A	mount	
а	Was there a failure to transmit to the plan any participant contributions within the time period descril 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)			X			
b	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions rep						
	on line 10a.)			X			
С	Was the plan covered by a fidelity bond?	10c	X				250000
d	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by or dishonesty?			X			
е	Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrie insurance service or other organization that provides some or all of the benefits under the plan? (Se instructions.)	ee		X			
f	Has the plan failed to provide any benefit when due under the plan?	10f		X			
g	Did the plan have any participant loans? (If "Yes," enter amount as of year end.)	10g		X			
_	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	113		X			
i	If 10h was answered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3	10i					
Part	t VI Pension Funding Compliance	I					
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions at	nd complete	Sched	lule SB	(Form		_
	5500))					Yes	X No
12	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the	e Code or se	ection (302 of I	ERISA?	Yes	X No
	(If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)						
а	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see						
lf v	granting the waiveri you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to li			Day		ear	
	Enter the minimum required contribution for this plan year		Γ	12b			
				12c			
c d							
u	negative amount)			12d			
е	Will the minimum funding amount reported on line 12d be met by the funding deadline?		<u> </u>		Yes	No	N/A
	t VII Plan Terminations and Transfers of Assets					<u> </u>	
	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						(
h	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or bi			ntrol			
D	of the PBGC?					X Yes	No
С	If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), ide which assets or liabilities were transferred. (See instructions.)	entify the pla	n(s) to	1		_	_
1	13c(1) Name of plan(s):		13	c(2) EI	N(s)	13c(3)	PN(s)
Caut	ntion: A penalty for the late or incomplete filing of this return/report will be assessed unless rea	sonable ca	use is	establ	ished.		
Unde	ler penalties of perjury and other penalties set forth in the instructions, I declare that I have examined t	his return/re	port, ir	cluding	g, if applicab	le, a Sche	edule

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/valid electronic signature.	07/02/2012	HULL A. COOK
HERE	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN	Filed with authorized/valid electronic signature.	07/02/2012	HULL A. COOK
HERE	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor

Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation

247-1486-0-148-2-1

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).

► Complete all entries in accordance with the instructions to the Form 5500-SF.

OMB Nos. 1210-0110 1210-0089

2011

This Form is Open to Public Inspection

	arti Annual Report Identification Information				
For	the calendar plan year 2011 or fiscal plan year beginning	10/0	1/2011 and ending	05	/31/2012
Α	This return/report is for: x a single-employer plan	a multiple	e-employer plan (not multiemployer)		a one-participant plan
В	This return/report is: the first return/report x	the final r	eturn/report		
	an amended return/report	1	an year return/report (less than 12 m	onths)	
_	Check box if filing under: Form 5558) . 1	extension	г	DFVC program
•		J	CATCHSION	L	1 bi ve program
TO STATE OF	special extension (enter description	<u> </u>			
	art II Basic Plan Information enter all requested information	rmation.	***************************************	7	
1a	Name of plan				Three-digit plan number
	Hull A. Cook, Inc. P.S. Profit Sharing Plan an		(PN) ► 002		
				1c	Effective date of plan
					10/01/1985
2a	Plan sponsor's name and address; include room or suite number (em Hull A. Cook, Inc. P.S.	ployer, if fo	or single-employer plan)		Employer Identification Number
	Hull A. Cook, Inc. F.S.			ļ	(EIN) 91-1267746
					Plan sponsor's telephone number
	821 Queen Street			<u> </u>	(360) 671-0739
					Business code (see instructions)
	Bellingham WA 98229-2143	!! () !!)		1	
эa	Plan administrator's name and address (If same as plan sponsor, ent Same	er "Same")		30 /	Administrator's EIN
				3c /	Administrator's telephone number
4	If the name and/or EIN of the plan sponsor has changed since the las	t return/rep	oort filed for this plan, enter the	4b	EIN
a	name, EIN, and the plan number from the last return/report. Sponsor's Name	•		4c	PN
	Total number of participants at the beginning of the plan year	· · · · · ·	· · · · · · · · · · · · · · · · · · ·	5a	4
b	Total number of participants at the end of the plan year	5b	0		
С	Number of participants with account balances as of the end of the pla	1			
	complete this item)			5c	0
_	Were all of the plan's assets during the plan year invested in eligible a	•	•		Yes No
b	Are you claiming a waiver of the annual examination and report of an under 29 CFR 2520.104-46? (See instructions on waiver eligibility and				X Yes No
	If you answered "No" to either 6a or 6b, the plan cannot use Form		. * *	• • •	
Pa	rt III Financial Information				
7	Plan Assets and Liabilities		(a) Beginning of Year	<u> </u>	(b) End of Year
а	Total plan assets	. 7a	2,134,307		0
b	Total plan liabilities	. 7b	0		0
C	Net plan assets (subtract line 7b from line 7a)	. 7c	2,134,307		0
3	Income, Expenses, and Transfers for this Plan Year	100	(a) Amount		(b) Total
а	Contributions received or receivable from:	**************************************		48.6	
	(1) Employers	8a(1)	0		
	(2) Participants	8a(2)	0	\perp	
_	(3) Others (including rollovers)	8a(3)	0	4	
b	Other income (loss)	8b	166,319		
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c			166,319
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	2,293,126	5.33	
е	Certain deemed and/or corrective distributions (see instructions)	8e	0		
_	· ·	8f	7,500		
	Administrative service providers (salaries, fees, commissions) Other expenses		0	\exists	
	Other expenses	8g		1606/03 [4]	2,300,626
_	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h			(2,134,307)
_	Net income (loss) (subtract line 8h from line 8c)	8i	0	SPANA	(2,134,301)
1	Transfers to (from) the plan (see instructions)	8j	U	国际的部分	

	Fo	orm 5500-SF 2011	F	Page 2-		_			
Par	t IV	Plan Characteristics							
		an provides pension benefits, enter the applicable pension feat	ure codes from the L	ist of Plan Ch	naracteristic (Codes	in the	instruction	3:
h	21 If the pl	E 2F 2G 2R 3D an provides welfare benefits, enter the applicable welfare featur	re codes from the Lis	t of Plan Cha	aracteristic C	odes ir	n the ii	nstructions:	
~	ii aic pi	an provided Wellard Bellotte, office the applicable wellar reals.							
Par	tV	Compliance Questions				r		Y	
10	Durin	g the plan year:				Yes	No	_	Amount
а	Was	there a failure to transmit to the plan any participant contributior FR 2510.3-102? (See instructions and DOL's Voluntary Fiduciar	ns within the time per	iod described	d in 10a		х		
b	Were	there any nonexempt transactions with any party-in-interest? (Do not include transa	ctions report	ed		.,		
	on lin	e 10a.)			10b		х		
С	Was	the plan covered by a fidelity bond?			10c	Х		-	250,000
d		ne plan have a loss, whether or not reimbursed by the plan's fide honesty?					Х		
					1 100				
е	Were	any fees or commisions paid to any brokers, agents, or other p ance services or other organization that provides some or all of	ersons by an insular the benefits under th	ice camer, e plan? (See			х		
	instru	ctions.)			· · 10e				
f		he plan failed to provide any benefit when due under the plan?					X		
g		ne plan have any participant loans? (If "Yes," enter amount as o			· · 10g		Х	Military Constitution	
h	If this	is an individual account plan, was there a blackout period? (Se .101-3.)	e instructions and 29	CFR 	10h		х		
i		was answered "Yes," check the box if you either provided the r							
eransoroa	exce	otions to providing the notice applied under 29 CFR 2520.101-3	· · · · · · · · ·	<u> </u>	10i				
		Pension Funding Compliance					00.4		
11	Is this 5500	s a defined benefit plan subject to minimum funding requiremen	ts? (If "Yes," see inst	ructions and	complete Sc	neaule		-orm 	Yes X No
12		s a defined contribution plan subject to the minimum funding req							. Yes X No
		es," complete 12a or 12b, 12c, 12d, and 12e below, as applicab							
а	lf a w	aiver of the minimum funding standard for a prior year is being a	amortized in this plar	ı year, see in	structions, ar	nd ente	er the	date of the	letter ruling
lf :	grant vou co	ing the waiver	B (Form 5500), and	skip to line 1	. Monur		Day	· ——	rear
b		the minimum required contribution for this plan year					12b		
С		the amount contributed by the employer to the plan for this plan					12c		
d	Subtr	act the amount in line 12c from the amount in line 12b. Enter the	e result (enter a mini	us sign to the	left of a		12d		
	•	tive amount)				• Г		Yes	□No □N/A
e n		ne minimum funding amount reported on line 12d be met by the	funding deadline?	· · · ·	• • •	• •	•		
Pari		Plan Terminations and Transfers of Assets	2						X Yes No
13a		a resolution to terminate the plan been adopted in any plan year s," enter the amount of any plan assets that reverted to the emp		· · · ·		Ċ.Ė	 13a	· · ·	
b		all the plan assets distributed to participants or beneficiaries, tra						L	
b	of the	PBGC?							. XYes No
C		ing this plan year, any assets or liabilities were transferred from assets or liabilities were transferred. (See instructions.)	this plan to another p	olan(s), identi	ify the plan(s)) to			
		<u></u>				13	c(2) E	IN(s)	13c(3) PN(s)
	130(1)	Name of plan(s):					<u> </u>	(0)	

		penalty for the late or incomplete filing of this return/report v							
Unde	r penal	iles of perjury and other penalties set forth in the instructions, I dule MB completed and signed by an enrolled actuary, as well as	leclare that I have ex	amined this retu	eturn/report, rn/report, and	includ d to the	ıng, ıt e best	applicable, of my knov	a Schedule vledge and
belief	, it is tr	ie correct, and complete							
કાઉ	N I	Ville Call	16/25/12	Hull A.	Cook				
ME		gnature of plan administrator	Date/	Enter name	e of individua	ıl signi	ng as	plan admin	istrator
SIC	SN	V/ Culch	16/28/12	Hull A.	Cook				
	AND DESCRIPTION OF THE PERSON	gnature of employer/plan sponsor	Date	Enter name	e of individua	l signi	ng as	employer o	r plan sponsor
	- AND THE REAL PROPERTY.	<u> </u>							