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).

2011

OMB Nos. 1210-0110

1210-0089

This Form is Open to Public Inspection ▶ Complete all entries in accordance with the instructions to the Form 5500-SF.

	art I Annual Report Identification Informatio	n				
For	calendar plan year 2011 or fiscal plan year beginning 01/0	01/2011	and ending 12	2/31/20	011	
Α	This return/report is for:	a multiple	-employer plan (not multiemployer)		a one-particip	oant plan
В	This return/report is: the first return/report	the final re	eturn/report			
	an amended return/report	a short pla	n year return/report (less than 12 mo	nths)		
С	Check box if filing under: Form 5558	automatic	extension		DFVC progra	m
-	special extension (enter des	scription)		L		
P	art II Basic Plan Information—enter all requested					
	Name of plan	mormation		1b	Three-digit	
	PURPOSE STRUCTURES 401(K) SALARY REDUCTION PLA	AN AND TRUST			plan number	
					(PN) ▶	001
				1c	Effective date of	
22	Dian anancer's name and address include room or suite num	har (amplayar if	for a single employer plan)	2h	04/01/	
	Plan sponsor's name and address; include room or suite num PURPOSE STRUCTURES, INC.	iber (employer, ir	for a single-employer plan)		Employer Identif (EIN) 91-14	
					Sponsor's telep	hone number
1408	HUBBARD				253-862	
	NER, WA 98390			2d	Business code (see instructions)
					23620	0
	Plan administrator's name and address (if same as plan spon		")	3b	Administrator's E	EIN 54262
ALL I		UBBARD ER, WA 98390	-	30		elephone number
				JC /	253-862	
4	If the name and/or EIN of the plan sponsor has changed since	e the last return/r	eport filed for this plan, enter the	4b	EIN	
_	name, EIN, and the plan number from the last return/report.			4 -		
	Sponsor's name			4c	PN T	
_	Total number of participants at the beginning of the plan year		-	5a		21
b	, , , , , , , , , , , , , , , , , , , ,		 	5b		19
С	Number of participants with account balances as of the end complete this item)		•	5c		13
62	Were all of the plan's assets during the plan year invested in		l.		1	X Yes No
	Are you claiming a waiver of the annual examination and rep	•	*			
	under 29 CFR 2520.104-46? (See instructions on waiver elig	ibility and conditi	ons.)			X Yes No
D-	If you answered "No" to either 6a or 6b, the plan cannot	use Form 5500-	SF and must instead use Form 550	0.		
	art III Financial Information					
7	Plan Assets and Liabilities	_	(a) Beginning of Year 415012		(b) End	of Year 387311
	Total plan assets		413012			307311
b	'		415012			387311
0	Net plan assets (subtract line 7b from line 7a)	7c			4.7	
8 a	Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from:		(a) Amount		(b) T	otal
u	(1) Employers	8a(1)				
	(2) Participants		20196			
	(3) Others (including rollovers)					
b	Other income (loss)	8b	-16665			
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c				3531
d	Benefits paid (including direct rollovers and insurance premit		24222			
	to provide benefits)		31232			
е	Certain deemed and/or corrective distributions (see instruction					
f	Administrative service providers (salaries, fees, commissions	s) <mark>8f</mark>				
g	Other expenses					
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h				31232
į	Net income (loss) (subtract line 8h from line 8c)					-27701
j	Transfers to (from) the plan (see instructions)	8j				

Form	5500-	SF	201

Part IV	Plan	Characteri	stics
I all IV	ı ıaıı	Ollai actell	อแบอ

- **9a** If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 2F 2J 2K 3D
- **b** If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:

0 During the plan year:		1						
			Yes	No		An	nount	
	ansmit to the plan any participant contributions within the time period described in See instructions and DOL's Voluntary Fiduciary Correction Program)	10a		X				
•	npt transactions with any party-in-interest? (Do not include transactions reported	10b		X				
C Was the plan covered by	y a fidelity bond?	10c	Χ					1000
•	, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud	10d		X				
insurance service or oth	issions paid to any brokers, agents, or other persons by an insurance carrier, er organization that provides some or all of the benefits under the plan? (See	10e	X					182
f Has the plan failed to pr	ovide any benefit when due under the plan?	10f		X				
g Did the plan have any p	articipant loans? (If "Yes," enter amount as of year end.)	10g	X					3024
	count plan, was there a blackout period? (See instructions and 29 CFR	10h		X				
	es," check the box if you either provided the required notice or one of the he notice applied under 29 CFR 2520.101-3	10i						
rt VI Pension Fund	ng Compliance	•		•	•			
Is this a defined benefit	olan subject to minimum funding requirements? (If "Yes," see instructions and comp						7 v	□ N
							Yes	<u> </u>
	ution plan subject to the minimum funding requirements of section 412 of the Code of	or se	ction (302 of	ERISA	.?	Yes	X N
	or 12b, 12c, 12d, and 12e below, as applicable.)							
	m funding standard for a prior year is being amortized in this plan year, see instructi	tions,	and c				ottor ru	
•	Month							
If you completed line 12a,		h	—— 					
If you completed line 12a, b Enter the minimum requ		h	 [Day				
 If you completed line 12a, b Enter the minimum requ c Enter the amount contril d Subtract the amount in I 	Month complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13. red contribution for this plan year nuted by the employer to the plan for this plan year ne 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of	h of a	 [Day 12b				
 If you completed line 12a, b Enter the minimum requ c Enter the amount contril d Subtract the amount in I negative amount) 	Month complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13. red contribution for this plan year. buted by the employer to the plan for this plan year. ne 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of	h	 [[Day 12b 12c 12d		Ye		
b Enter the minimum requ c Enter the amount contril d Subtract the amount in I negative amount) e Will the minimum fundin	Month complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13. red contribution for this plan year nuted by the employer to the plan for this plan year ne 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of	h	 [[Day 12b 12c 12d		Ye	ar	
b Enter the minimum requ c Enter the amount contril d Subtract the amount in I negative amount) e Will the minimum fundin Int VII Plan Termina	Month complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13. red contribution for this plan year nuted by the employer to the plan for this plan year ne 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a gamount reported on line 12d be met by the funding deadline? tions and Transfers of Assets	h		12b 12c 12d		Ye	ar	
b Enter the minimum requ c Enter the amount contril d Subtract the amount in I negative amount) e Will the minimum fundin Int VII Plan Termina Has a resolution to termin	Month complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13. red contribution for this plan year uted by the employer to the plan for this plan year ne 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of gamount reported on line 12d be met by the funding deadline?	n	[12b 12c 12d	Ye	Ye	ar	
If you completed line 12a, b Enter the minimum requ c Enter the amount contril d Subtract the amount in I negative amount) e Will the minimum fundin Int VII Plan Termina Ba Has a resolution to termin If "Yes," enter the amount	Month complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13. red contribution for this plan year	of a		12b 12c 12d	Ye	ye Ye	No	N/A
If you completed line 12a, b Enter the minimum requ c Enter the amount contril d Subtract the amount in I negative amount) e Will the minimum fundin rt VII Plan Termina Ba Has a resolution to termin If "Yes," enter the amou b Were all the plan assets of the PBGC?	Month complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13. red contribution for this plan year	of a	3a the co	12b 12c 12d	Ye	ye Ye	ar	N/A
b Enter the minimum requ C Enter the amount contril d Subtract the amount in I negative amount) e Will the minimum fundin Int VII Plan Termina Ba Has a resolution to termin If "Yes," enter the amou b Were all the plan assets of the PBGC? C If during this plan year,	Month complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13. red contribution for this plan year	of a	3a sthe co	12b 12c 12d	Ye	ye Ye	No Yes	N/A
b Enter the minimum required Subtract the amount contril do Subtract the amount in Interest in the subtract in the	Month complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13. red contribution for this plan year	of a	3a sthe co	12b 12c 12d	Ye	ye Ye	No Yes	N/A
If you completed line 12a, b Enter the minimum requ c Enter the amount contril d Subtract the amount in I negative amount) e Will the minimum fundin rt VII Plan Termina Ba Has a resolution to termin If "Yes," enter the amou b Were all the plan assets of the PBGC? c If during this plan year, which assets or liabilitie 13c(1) Name of plan(s):	Month complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13. red contribution for this plan year	of a	33a the cc	12b 12c 12d	Yes Ves N(s)	s No	No Yes	N/A

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.	07/23/2012	JEAN BURNETT
HERE	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN	Filed with authorized/valid electronic signature.	07/23/2012	JEAN BURNETT
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

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

	the colorder plan was 2011 or feed also were business.						
	r the calendar plan year 2011 or fiscal plan year beginning	~	01/2011 and ending	12	2/31/2011		
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	the final i	eturn/report				
	an amended return/report	a short p	an year return/report (less than 12 mo	nths)			
C	Check box If filling under: Form 5558	ī	extension		DFVC program		
	special extension (enter description			L	T or we program		
		·					
	art II Basic Plan Information enter all requested info Name of plan	rmation.		T 41			
	·				Three-digit plan number		
	ALL PURPOSE STRUCTURES 401(k) SALARY REDUCTION	N PLAN A	AND TRUST		(PN) ► 001		
					Effective date of plan		
	Plan engrence name and address include ream as will make a few				04/01/1999		
4.u	Plan sponsor's name and address; include room or suite number (en ALL PURPOSE STRUCTURES, INC.	npioyer, il t	or single-employer plan)		Employer Identification Number		
			l .	(EIN) 91-1454262			
		2c Plan sponsor's telephone numb					
	1408 HUBBARD			(253) 862-1255			
US	SUMNER WA 98390		2 u t	Business code (see instructions)			
3a		ter "Same"			Administrator's EIN		
	Same	io. Garrio ,		30 /	Administrators EIN		
				2-			
				3C /	Administrator's telephone number		
4							
4	If the name and/or EIN of the plan sponsor has changed since the las name, EIN, and the plan number from the last return/report.	st return/rep	ort filed for this plan, enter the	4b ein			
a				4c F	PN		
5a	Total number of participants at the beginning of the plan year			5a	21		
b	Total number of participants at the end of the plan year			5 b	19		
С	Number of participants with account balances as of the end of the pla	ın year (def	ined benefit plans do not	-			
6a	complete this item)	recote2/Sc	o instructions	5c	13		
b	Are you claiming a waiver of the annual examination and report of an	indenende	nt qualified public accountant (IODA)	• •	· · · · X Yes No		
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility and	d conditions	s.)		· · · · X Yes No		
	If you answered "No" to either 6a or 6b, the plan cannot use Form	n 5500-SF	and must instead use Form 5500.	, ,	<u>K</u> 16310		
Pa	rt III Financial Information						
7	Plan Assets and Liabilities		(a) Beginning of Year		(b) End of Year		
а	Total plan assets	. 7a	415,012		387,311		
b	Total plan liabilities	. 7b					
С	Net plan assets (subtract line 7b from line 7a)	. 7c	415,012		387,311		
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount		(b) Total		
а	Contributions received or receivable from: (1) Employers	0-141		1 -			
		8a(1)		-			
	(2) Participants	8a(2)	20,196	-			
b	(3) Others (including rollovers)	8a(3)					
		8b	(16,665)				
c d	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c			3,531		
~	to provide benefits) ,	8d	31,232				
θ	Certain deemed and/or corrective distributions (see instructions)	8e		1			
f	Administrative service providers (salaries, fees, commissions)	81		1			
g	Other expenses ,	8 g		1			
-	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h		 	31 330		
	Net income (loss) (subtract line 8h from line 8c).	81		 	31,232 (27,701)		
•							

		Form 5500-SF 2011			Page 2-							
Pai	rt IV	Plan Characteristics										
9a	If the	plan provides pension benefits, e	nter the applicable pension fe	ature codes from the	List of Plan Char	acte	ristic	Codes	in th	e instruction	ns:	
		2F 2J 2K 3D plan provides welfare benefits, er										
Pai	rt V	Compliance Questions										·
10	Dur	ng the plan year:						Yes	No		Amount	
a b	29 e	s there a failure to transmit to the CFR 2510.3-1027 (See instruction there any nonexempt transactions 103.)	is and DOL's Voluntary Fiduc ons with any party-in-interest?	iary Correction Progra ' (Do not include trans	m) actions reported	•	10a		х			
_		ne 10a.)				•	10b	1—	X	 		
c d	Did	s the plan covered by a fidelity bo the plan have a loss, whether or a shonesty?		idelity bond, that was	caused by fraud	٠	10c	X	x		·	10,0
е	insu	e any fees or commisions paid to rance services or other organizati	any brokers, agents, or other	r persons by an insure of the benefits under t	nce carrier,		10d	х				1,8
f	Has	the plan failed to provide any ber	nefit when due under the plan	?			10f		х			
g		he plan have any participant loan					10g	х				30,2
h	2520	s is an individual account plan, was, 101-3.)	· · · · · · · · · · · ·		<i></i>	٠	10h		х			-
1	өхсе	h was answered "Yes," check the ptions to providing the notice app	olied under 29 CFR 2520.101	required notice or or	e of the		10i				W	
Part 1	t VI	Pension Funding Comp s a defined benefit plan subject to	liance									
2	is th	s a defined contribution plan subject, 12c, 12	ect to the minimum funding re	equirements of section	<u> </u>							X No
a if v	9,000	vaiver of the minimum funding sta ing the walver mpleted line 12a, complete line			. .	ctior Iont	ns, an h	d ente	r the Day	date of the I	letter ruling Year	***************************************
b		the minimum required contribution							12b			
C	Ente	the amount contributed by the ea	mployer to the plan for this pla	an year			_		12c		THE	
d	nega	act the amount in line 12c from the live amount)							12d			
e art	Willt	ne minimum funding amount repo	orted on line 12d be met by th	e funding deadline?	<u> </u>		<u> </u>	<u></u>	,	Yes	□No	□N/A
		Plan Terminations and						····				
oa	If "Ye	resolution to terminate the plan is," enter the amount of any plan a	been adopted in any plan yea assets that reverted to the em	r?		•				• • • •	X Yes	□No
b	Were	all the plan assets distributed to	participants or beneficiaries, t	ransferred to another		ınde	r the		3a			
С	If duri	PBGC?	abilities were transferred from						• •		Yes	X No
		lame of plan(s):				T		130	(2) EII	V/e)	120(2)	DM(a)
								100,	(<i>E</i>) = 11	4(3)	13c(3)	PN(S)
												·
utlo	n: A n	enalty for the late or incomplete	filing of this returning	will be seened.				-				
der p	oenalti	enalty for the late or incomplete es of perjury and other penalties:	sat forth in the instructions. La	leclare that I have over	minad this return		- 4 5		.,		•	······································
91 0	,,,,,,,,,,	le MB completed and signed by a	an enrolled actuary, as well as	s the electronic version	n of this return/rep	ort,	and	iciudin to the l	g, if a best c	pplicable, a of my knowle	Schedule edge and	
IGN	ν	Lean UC	urned		Jean Burnet	:t						
ERE	Sig	nature of plan administrator		Date 2-18-12	Enter name of in	ndivi	dual s	sianina	as n	an adminis	trator	

Date

Jean Burnett

Enter name of individual signing as employer or plan sponsor

SIGN (Leen) (L) (L) HERE Signature of employer/plan sponsor