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		tification Information						
For calendar plan year 2011 or fiscal plan year beginning 01/01/2011 and ending 12/31/2011								
A This	return/report is for:	a multiemployer plan;	a multiple	e-employer plan; or				
	·	a single-employer plan;	a DFE (s	pecify)				
B This	return/report is:	the first return/report;	<u>—</u>	return/report;				
		an amended return/report;	a short p	lan year return/report (less th	an 12 months).			
C If the	plan is a collectively-bargaine	d plan, check here						
D Chec	k box if filing under:	X Form 5558;	automati	c extension;	the DFVC program;			
		special extension (enter des	cription)					
Part	II Basic Plan Inform	nation—enter all requested informa	ation					
	ne of plan	·			1b Three-digit plan number (PN) ▶ 001			
					1c Effective date of plan 01/01/1985			
	n sponsor's name and address	s, including room or suite number (Er	mployer, if for single-	employer plan)	2b Employer Identification Number (EIN) 91-1978007			
					2c Sponsor's telephone number 425-251-9800			
P.O. BOX 3562 SEATTLE, WA 98214-3562			17035 W. VALLEY HIGHWAY TUKWILA, WA 98188					
Caution	: A penalty for the late or inc	complete filing of this return/repor	rt will be assessed	unless reasonable cause is	established.			
Under pe	enalties of perjury and other p	enalties set forth in the instructions, is the electronic version of this return	I declare that I have	examined this return/report, i	ncluding accompanying schedules,			
SIGN	Filed with authorized/valid ele	ctronic signature.	10/15/2012	FRANK RIPOLL				
HERE	Signature of plan administ	e of plan administrator		Enter name of individual signing as plan administrator				
SIGN			Date					
HERE	Signature of employer/pla	n sponsor	Date	Enter name of individual sign	gning as employer or plan sponsor			
SIGN								

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

Form 5500 (2011) Page **2**

	Plan administrator's name and address (if same as plan sponsor, enter "San RNISH GROUP INC.	me")			ministrator's EIN 1978007	
	P.O. BOX 3562 SEATTLE, WA 98214-3562				3c Administrator's telephone number 425-251-9800	
4	If the name and/or EIN of the plan sponsor has changed since the last return the plan number from the last return/report:	n/report filed for	this plan, enter the i	name, EIN and	4b EIN	
а	Sponsor's name				4c PN	
5	Total number of participants at the beginning of the plan year			5	1137	
6	Number of participants as of the end of the plan year (welfare plans complete	e only lines 6a,	6b, 6c, and 6d).		,	
а	Active participants			6a	1008	
b	Retired or separated participants receiving benefits			6b	0	
С	Other retired or separated participants entitled to future benefits			6c	150	
d	Subtotal. Add lines 6a , 6b , and 6c			6d	1158	
е	Deceased participants whose beneficiaries are receiving or are entitled to re	ceive benefits		6e	3	
f	Total. Add lines 6d and 6e			6f	1161	
g	Number of participants with account balances as of the end of the plan year complete this item)	6g	1121			
h	Number of participants that terminated employment during the plan year with less than 100% vested			6h	11	
7	Enter the total number of employers obligated to contribute to the plan (only	multiemployer	plans complete this	item) 7		
8a b	If the plan provides pension benefits, enter the applicable pension feature con the plan provides welfare benefits, enter the applicable welfare feature continued by the plan provides welfare benefits, enter the applicable welfare feature continued by the plan provides welfare benefits, enter the applicable welfare feature continued by the plan provides welfare benefits, enter the applicable welfare feature continued by the plan provides welfare benefits, enter the applicable welfare feature continued by the plan provides welfare benefits, enter the applicable pension feature continued by the plan provides welfare benefits, enter the applicable welfare feature continued by the plan provides welfare benefits, enter the applicable welfare feature continued by the plan provides welfare benefits, enter the applicable welfare feature continued by the plan provides welfare benefits, enter the applicable welfare feature continued by the plan provides welfare benefits and the plan provi					
9a	Plan funding arrangement (check all that apply) (1) Insurance	9b Plan ben	efit arrangement (ch	neck all that apply)		
	(2) Code section 412(e)(3) insurance contracts (3) Trust	(2) (3)	Code section X Trust	412(e)(3) insuranc	e contracts	
10	(4) General assets of the sponsor Check all applicable boxes in 10a and 10b to indicate which schedules are a	(4)		ts of the sponsor	hed (See instructions)	
	Pension Schedules (1) R (Retirement Plan Information) (2) MB (Multiemployer Defined Benefit Plan and Certain Money		Schedules H (Finar	ncial Information)		
	Purchase Plan Actuarial Information) - signed by the plan actuary (3) SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary	(3) (4) (5) (6)	C (Servi	rance Information) ice Provider Inform /Participating Plan ncial Transaction S	Information)	
	mornation, signed by the plan actuary	(0)	U IIIai	Total Fransaction C	onoduloo,	

SCHEDULE C (Form 5500)

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).

Service Provider Information

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 01/01/2011	and ending 12/31/2011	
A Name of plan HARNISH GROUP, INC. RETIREMENT PLAN	B Three-digit plan number (PN)	
Plan sponsor's name as shown on line 2a of Form 5500 HARNISH GROUP INC.	D Employer Identification Number (EIN) 91-1978007	
Part I Service Provider Information (see instructions)		
You must complete this Part, in accordance with the instructions, to report the information re or more in total compensation (i.e., money or anything else of monetary value) in connection plan during the plan year. If a person received only eligible indirect compensation for which answer line 1 but are not required to include that person when completing the remainder of t	n with services rendered to the plan or the pers the plan received the required disclosures, yo	son's position with the
Information on Persons Receiving Only Eligible Indirect Compensation Check "Yes" or "No" to indicate whether you are excluding a person from the remainder of the indirect compensation for which the plan received the required disclosures (see instructions).	nis Part because they received only eligible	∐Yes ⊠No
If you answered line 1a "Yes," enter the name and EIN or address of each person providing received only eligible indirect compensation. Complete as many entries as needed (see inst		ders who
(b) Enter name and EIN or address of person who provided you dis	sclosures on eligible indirect compensation	
(b) Enter name and EIN or address of person who provided you dis	sclosure on eligible indirect compensation	
(b) Enter name and EIN or address of person who provided you dis	closures on eligible indirect compensation	
(b) Enter name and EIN or address of person who provided you dis	closures on eligible indirect compensation	

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answered	d "Yes" to line 1a abov	e, complete as many	entries as needed to list ea	or Indirect Compensation ach person receiving, directly or the plan or their position with the	indirectly, \$5,000 or more in t	total compensation
-			(a) Enter name and EIN or	address (see instructions)		
FIRST INT	ERSTATE BANK		(4,			
	_					
81-602316	9					
(b) Service Code(s)	Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15	TRUSTEE	230604	Yes X No	Yes 🗵 No 🗌	0	Yes No X
			(a) Enter name and EIN or	address (see instructions)		
WURTS &	ASSOCIATES, INC.					
91-132011 (b)	1 (c)	(d)	(e)	(f)	(g)	(h)
Service Code(s)	Relationship to employer, employee organization, or person known to be a party-in-interest	Enter direct	Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0	Did the service provider give you a formula instead of an amount or estimated amount?
27	INVESTMENT ADVISOR	44229	Yes No 🗵	Yes No		Yes No
			(a) Enter name and EIN or	address (see instructions)		
MOSS ADA	AMS					
91-018931	8					
(b) Service Code(s)	Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10	AUDITOR	15716	Yes No X	Yes No		Yes No

Page 🕻	3 -	2
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answered	d "Yes" to line 1a above	e, complete as many	entries as needed to list ea	r Indirect Compensation in the person receiving, directly or the plan or their position with the	indirectly, \$5,000 or more in t	total compensation
		((a) Enter name and EIN or	address (see instructions)		
				·		
(b) Service Code(s)	Relationship to employer, employer organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0	
			Yes No	Yes No		Yes No
		((a) Enter name and EIN or	address (see instructions)		
(b) Service Code(s)	Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0	
			Yes No	Yes No		Yes No
		((a) Enter name and EIN or	address (see instructions)		
(b) Service Code(s)	Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0	(h) Did the service provider give you a formula instead of an amount or estimated amount?
			Yes No	Yes No		Yes No

Part I Service Provider Information (continued)

3 If you reported on line 2 receipt of indirect compensation, other than eligible indirect compens or provides contract administrator, consulting, custodial, investment advisory, investment ma questions for (a) each source from whom the service provider received \$1,000 or more in inc provider gave you a formula used to determine the indirect compensation instead of an amount many entries as needed to report the required information for each source.	nagement, broker, or recordkeepinç direct compensation and (b) each so	g services, answer the following ource for whom the service
(a) Enter service provider name as it appears on line 2	(b) Service Codes	(c) Enter amount of indirect
	(see instructions)	compensation
(d) Enter name and EIN (address) of source of indirect compensation	formula used to determine	compensation, including any the service provider's eligibility he indirect compensation.
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	formula used to determine	compensation, including any the service provider's eligibility he indirect compensation.
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	formula used to determine	compensation, including any the service provider's eligibility he indirect compensation.

Part II Service Providers Who Fail or Refuse to Provide Information					
4 Provide, to the extent possible, the following information for ear this Schedule.	ch service provide	r who failed or refused to provide the information necessary to complete			
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide			
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(C) Describe the information that the service provider failed or refused to provide			
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(C) Describe the information that the service provider failed or refused to provide			
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(C) Describe the information that the service provider failed or refused to provide			
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(C) Describe the information that the service provider failed or refused to provide			
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide			

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Pa	rt III	Termination Information on Accountants and Enrolled Actuaries (see insection) (complete as many entries as needed)	structions)
а	Name		b ein:
С	Positio	n:	
d	Addres	es:	e Telephone:
Ex	olanatio	1:	
а	Name:		b EIN:
C	Positio		<u> </u>
d	Addres		e Telephone:
Exp	olanatio	n:	
а	Name:		b EIN:
С	Positio		
d	Addres		e Telephone:
Ex	olanatio	n:	
а	Name:		b EIN:
C	Positio		
d	Addres		e Telephone:
Ex	olanatio	n:	
а	Name:		b EIN:
C	Positio	n:	
d	Addres		e Telephone:
Ex	planatio	1:	

SCHEDULE H (Form 5500)

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Financial Information

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

Pension Benefit Guaranty Corporation				Inspection
For calendar plan year 2011 or fiscal plan year beginning 01/01/2011		and (ending 12/31/201	1
A Name of plan			B Three-digit	
HARNISH GROUP, INC. RETIREMENT PLAN			plan number ((PN) • 001
C Plan sponsor's name as shown on line 2a of Form 5500			D Employer Ident	tification Number (EIN)
HARNISH GROUP INC.			91-1978007	
			91-1970007	
Part I Asset and Liability Statement				
1 Current value of plan assets and liabilities at the beginning and end of the plan the value of the plan's interest in a commingled fund containing the assets of m lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance benefit at a future date. Round off amounts to the nearest dollar. MTIAs, Common the common of the plan that provides the plan that plan the plan that provides the plan that plan th	ore than one le contract whi	plan on a ch guarar	line-by-line basis unl tees, during this plar	less the value is reportable on nyear, to pay a specific dollar
and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See		14 100 12	120 do not completo	
Assets		(a) B	eginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a			
b Receivables (less allowance for doubtful accounts):				
(1) Employer contributions	1b(1)		251195	5590890
(2) Participant contributions	1b(2)			114407
(3) Other	1b(3)			
C General investments: (1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)			
(2) U.S. Government securities	1c(2)			
(3) Corporate debt instruments (other than employer securities):				
(A) Preferred	1c(3)(A)			
(B) All other	1c(3)(B)			
(4) Corporate stocks (other than employer securities):				
(A) Preferred	1c(4)(A)		525	7881
(B) Common	1c(4)(B)		40455	369859
(5) Partnership/joint venture interests	1c(5)		194	1308
(6) Real estate (other than employer real property)	1c(6)			
(7) Loans (other than to participants)	1c(7)			
(8) Participant loans	1c(8)		383317	3625264
(9) Value of interest in common/collective trusts	1c(9)			
(10) Value of interest in pooled separate accounts	1c(10)			
(11) Value of interest in master trust investment accounts	1c(11)			
(12) Value of interest in 103-12 investment entities	1c(12)			
(13) Value of interest in registered investment companies (e.g., mutual	1c(13)		9076879	96477004

1c(14)

1c(15)

funds)..... (14) Value of funds held in insurance company general account (unallocated

contracts).....

(15) Other.....

86477094

90768796

1d	Employer-related investments:		(a) Beginning of Year	(b) End of Year
	(1) Employer securities	1d(1)		
	(2) Employer real property	1d(2)		
е	Buildings and other property used in plan operation	1e		
f	Total assets (add all amounts in lines 1a through 1e)	1f	97525679	96186703
	Liabilities			
g	Benefit claims payable	1g		
h	Operating payables	1h		
i	Acquisition indebtedness	1i		
j	Other liabilities	1j		
k	Total liabilities (add all amounts in lines 1g through1j)	1k	0	0
	Net Assets			
I	Net assets (subtract line 1k from line 1f)	11	97525679	96186703

Part II Income and Expense Statement

2 Plan income, expenses, and changes in net assets for the year. 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. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 2a, 2b(1)(E), 2e, 2f, and 2g.

Income		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)	5590890	
(B) Participants	2a(1)(B)	3834965	
(C) Others (including rollovers)	2a(1)(C)	101478	
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A), (B), (C), and line 2a(2)	2a(3)		9527333
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)		
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)	173958	
(F) Other	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		173958
(2) Dividends: (A) Preferred stock	2b(2)(A)	671	
(B) Common stock	2b(2)(B)	11603	
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	1808060	
(D) Total dividends. Add lines 2b(2)(A), (B), and (C)	2b(2)(D)		1820334
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions)	OL (4)(D)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		0

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		(a) Amount	(b) Total
2b (5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		0
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		-3218003
C Other income	2c		
d Total income. Add all income amounts in column (b) and enter total	. 2d		8303622
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	9352049	
(2) To insurance carriers for the provision of benefits	. 2e(2)		
(3) Other	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		9352049
f Corrective distributions (see instructions)	. 2f		
g Certain deemed distributions of participant loans (see instructions)			
h Interest expense	01		
i Administrative expenses: (1) Professional fees	0:/4)		
(2) Contract administrator fees	0:(0)	290549	
(3) Investment advisory and management fees	2:(2)		
(4) Other			
(5) Total administrative expenses. Add lines 2i(1) through (4)	0:(5)		290549
j Total expenses. Add all expense amounts in column (b) and enter total	··		9642598
Net Income and Reconciliation			
k Net income (loss). Subtract line 2j from line 2d	2k		-1338976
Transfers of assets:			
	2l(1)		
(1) To this plan	21(1)		
(2) From this plan			
Part III Accountant's Opinion			
3 Complete lines 3a through 3c if the opinion of an independent qualified public attached.	accountant is att	ached to this Form 5500. Com	plete line 3d if an opinion is not
a The attached opinion of an independent qualified public accountant for this pla	an is (see instruc	tions):	
(1) Unqualified (2) Qualified (3) Disclaimer (4)	Adverse		
b Did the accountant perform a limited scope audit pursuant to 29 CFR 2520.10	3-8 and/or 103-1	2(d)?	X Yes No
C Enter the name and EIN of the accountant (or accounting firm) below:			
(1) Name: MOSS ADAMS		(2) EIN: 91-0189318	
d The opinion of an independent qualified public accountant is not attached bed			
(1) This form is filed for a CCT, PSA, or MTIA. (2) It will be attached	ched to the next	Form 5500 pursuant to 29 CFF	R 2520.104-50.

Pai	rt IV	Compliance Questions					
4	CCTs 103-12	and PSAs do not complete Part IV. MTIAs, 103-12 IEs, and GIAs do not complete 4a, 4e, 2 IEs also do not complete 4j and 4l. MTIAs also do not complete 4l.	4f, 4g,	4h, 4k, 4	m, 4n, or	5.	
	During	the plan year:		Yes	No	Amo	unt
а	period	nere a failure to transmit to the plan any participant contributions within the time described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures illy corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)	4a		X		
b	close o	any loans by the plan or fixed income obligations due the plan in default as of the of the plan year or classified during the year as uncollectible? Disregard participant loans and by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is ed.)	4b		X		
С	Were	any leases to which the plan was a party in default or classified during the year as ectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	4c		X		
d	reporte	there any nonexempt transactions with any party-in-interest? (Do not include transactions ed on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is ed.)	4d		X		
		'		X			1000000
e		nis plan covered by a fidelity bond?	4e				1000000
f	by frau	e plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused ud or dishonesty?	4f		X		
g		e plan hold any assets whose current value was neither readily determinable on an ished market nor set by an independent third party appraiser?	4g		X		
h		e plan receive any noncash contributions whose value was neither readily ninable on an established market nor set by an independent third party appraiser?	4h		X		
i		e plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, ee instructions for format requirements.)	4i	Х			
j	value	any plan transactions or series of transactions in excess of 5% of the current of plan assets? (Attach schedule of transactions if "Yes" is checked, and structions for format requirements.)	4j		X		
k		all the plan assets either distributed to participants or beneficiaries, transferred to another or brought under the control of the PBGC?	4k		X		
ı	Has th	e plan failed to provide any benefit when due under the plan?	41		X		
m	If this i	is an individual account plan, was there a blackout period? (See instructions and 29 CFR 101-3.)	4m		X		
n		was answered "Yes," check the "Yes" box if you either provided the required notice or one exceptions to providing the notice applied under 29 CFR 2520.101-3	4n				
5a		esolution to terminate the plan been adopted during the plan year or any prior plan year? "enter the amount of any plan assets that reverted to the employer this year	Yes	s X No	Amou	nt:	
5b	transfe	ng this plan year, any assets or liabilities were transferred from this plan to another plan(s) erred. (See instructions.)	, identi	fy the pla	an(s) to wh	nich assets or liabi	lities were
	5b(1)	Name of plan(s)			5b(2) EIN	(s)	5b(3) PN(s)

SCHEDULE R (Form 5500)

Department of the Treasury Internal Revenue Service

Employee Benefits Security Administration

Department of Labor

Retirement Plan Information

This schedule is required to be filed under section 104 and 4065 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

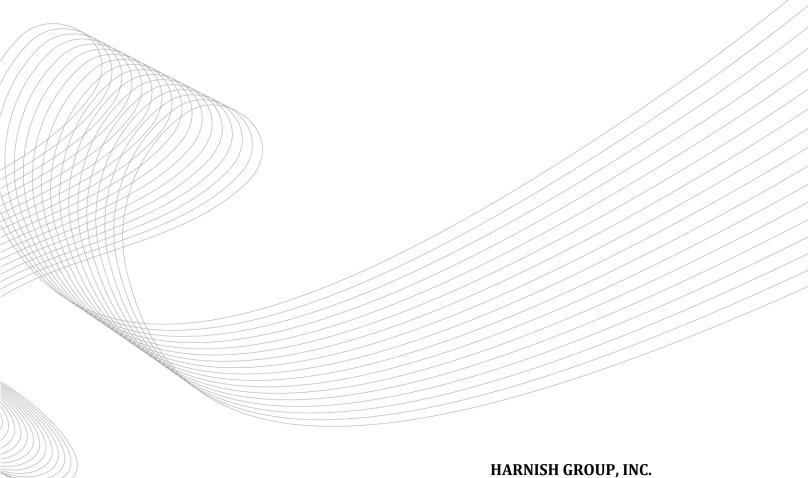
This Form is Open to Public Inspection.

	Pension Benefit Guaranty Corporation				-	
For	calendar plan year 2011 or fiscal plan year beginning 01/01/2011 and e	nding	12/31/2	011		
	Name of plan RNISH GROUP, INC. RETIREMENT PLAN		ee-digit an numbe N)	er •	001	
C F	Plan sponsor's name as shown on line 2a of Form 5500 RNISH GROUP INC.		ployer Ide		on Number (EIN	1)
Pa	art I Distributions	•				
All	references to distributions relate only to payments of benefits during the plan year.					
1	Total value of distributions paid in property other than in cash or the forms of property specified in the instructions		1			0
2	Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries dur payors who paid the greatest dollar amounts of benefits):	ing the yea	ar (if more	e than tw	o, enter EINs o	of the two
	EIN(s): 81-6023169					
	Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.					
3	Number of participants (living or deceased) whose benefits were distributed in a single sum, during the year.		3			
P	Funding Information (If the plan is not subject to the minimum funding requirements of ERISA section 302, skip this Part)	of section of	of 412 of	the Inter	nal Revenue C	ode or
4	Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)?			Yes	No	X N/A
	If the plan is a defined benefit plan, go to line 8.		<u>—</u>		_	_
5 6	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. Date: Mon If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the relation to the minimum required contribution for this plan year (include any prior year accumulated fundations and statistics are not received.)	mainder o	of this sc	y hedule.	Year	
	deficiency not waived)		-			
	b Enter the amount contributed by the employer to the plan for this plan year	•••••	6b			
	C Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount)		6c			
	If you completed line 6c, skip lines 8 and 9.					
7	Will the minimum funding amount reported on line 6c be met by the funding deadline?			Yes	No	N/A
8	If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or cauthority providing automatic approval for the change or a class ruling letter, does the plan sponsor or administrator agree with the change?	plan		Yes	☐ No	N/A
Pa	art III Amendments					
9	If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box	ase	Decre	ase	Both	☐ No
Pa	ESOPs (see instructions). If this is not a plan described under Section 409(a) or 4975(skip this Part.	e)(7) of the	e Internal	Revenu	e Code,	
10	Were unallocated employer securities or proceeds from the sale of unallocated securities used to repa	ay any exe	mpt loan	?	Yes	No
11	a Does the ESOP hold any preferred stock?				Yes	No
	b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a " (See instructions for definition of "back-to-back" loan.)				Yes	☐ No
12	Does the ESOP hold any stock that is not readily tradable on an established securities market?				Yes	No

Pa	rt V	Additional Information for Multiemployer Defined Benefit Pension Plans					
13		r the following information for each employer that contributed more than 5% of total contributions to the plan during the plan year (measured in ars). See instructions. Complete as many entries as needed to report all applicable employers.					
	а	Name of contributing employer					
	b	EIN C Dollar amount contributed by employer					
	d	Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month Day Year					
	е	Contribution rate information (If more than one rate applies, check this box and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).) (1) Contribution rate (in dollars and cents) (2) Base unit measure: Hourly Weekly Unit of production Other (specify):					
	а	Name of contributing employer					
	b	EIN C Dollar amount contributed by employer					
	d	Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month Day Year					
	е	Contribution rate information (If more than one rate applies, check this box and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).) (1) Contribution rate (in dollars and cents) (2) Base unit measure: Hourly Weekly Unit of production Other (specify):					
	а	Name of contributing employer					
	b	EIN C Dollar amount contributed by employer					
	d	Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month Day Year					
	е	Contribution rate information (If more than one rate applies, check this box and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).) (1) Contribution rate (in dollars and cents) (2) Base unit measure: Hourly Weekly Unit of production Other (specify):					
	а	Name of contributing employer					
	b	EIN C Dollar amount contributed by employer					
	d	Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month Day Year					
	е	Contribution rate information (If more than one rate applies, check this box and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).) (1) Contribution rate (in dollars and cents) (2) Base unit measure: Hourly Weekly Unit of production Other (specify):					
	а	Name of contributing employer					
	b	EIN C Dollar amount contributed by employer					
	d	Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month Day Year					
	е	Contribution rate information (If more than one rate applies, check this box and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).) (1) Contribution rate (in dollars and cents) (2) Base unit measure: Hourly Weekly Unit of production Other (specify):					
	а	Name of contributing employer					
	b	EIN C Dollar amount contributed by employer					
	d	Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month Day Year					
	е	and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month Day Year Contribution rate information (If more than one rate applies, check this box and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).) (1) Contribution rate (in dollars and cents) (2) Base unit measure: Hourly Weekly Unit of production Other (specify):					

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14	Enter the number of participants on whose behalf no contributions were made by an employer as an employer of the participant for:				
	a The current year	14a			
	b The plan year immediately preceding the current plan year	14b			
	C The second preceding plan year	14c			
15	Enter the ratio of the number of participants under the plan on whose behalf no employer had an obligation to ma employer contribution during the current plan year to:	ike an			
	a The corresponding number for the plan year immediately preceding the current plan year	15a			
	b The corresponding number for the second preceding plan year	15b			
16	Information with respect to any employers who withdrew from the plan during the preceding plan year:	•			
	a Enter the number of employers who withdrew during the preceding plan year	16a			
	b If item 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers	16b			
17	If assets and liabilities from another plan have been transferred to or merged with this plan during the plan year, c supplemental information to be included as an attachment.		_ _		
P	art VI Additional Information for Single-Employer and Multiemployer Defined Benef	it Pens	ion Plans		
18	If any liabilities to participants or their beneficiaries under the plan as of the end of the plan year consist (in whole and beneficiaries under two or more pension plans as of immediately before such plan year, check box and see in information to be included as an attachment	struction	ns regarding supplemental		
19	If the total number of participants is 1,000 or more, complete items (a) through (c)				
	a Enter the percentage of plan assets held as: Stock:% Investment-Grade Debt:% High-Yield Debt:% Real Estate:% Other:% b Provide the average duration of the combined investment-grade and high-yield debt: 0-3 years 3-6 years 6-9 years 9-12 years 12-15 years 15-18 years 18-21 years 21 years 21 years or more				
	C What duration measure was used to calculate item 19(b)? ☐ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify):				



HARNISH GROUP, INC. RETIREMENT PLAN

Report of Independent Auditors and Financial Statements with Supplemental Schedule

December 31, 2011 and 2010

MOSS-ADAMS LLP

Certified Public Accountants | Business Consultants

Acumen. Agility. Answers.

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REPORT OF INDEPENDENT AUDITORS

To the Plan Advisory Committee Harnish Group, Inc. Retirement Plan

We were engaged to audit the accompanying statements of net assets available for benefits of Harnish Group, Inc. Retirement Plan (the Plan) as of December 31, 2011 and 2010 and the related statement of changes in net assets available for benefits for the year ended December 31, 2011, and the supplemental schedule of Schedule H, Line 4(i) - Schedule of assets (held at end of year) as of December 31, 2011. These financial statements and supplemental schedule are the responsibility of the Plan's management.

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 8, which was certified by First Interstate Wealth Management, the trustee of the Plan, except for comparing such information with the related information included in the financial statements and supplemental schedule. We have been informed by the plan administrator that the trustee holds the Plan's investment assets and executes investment transactions. The plan administrator has obtained a certification from the trustee as of December 31, 2011 and 2010, and for the year ended December 31, 2011, that the information provided to the plan administrator by the trustee is complete and accurate.

Because of the significance of the information that we did not audit, we are unable to, and do not, express an opinion on the accompanying financial statements and supplemental schedule taken as a whole. The supplemental schedule is presented for the purpose of additional analysis and is not a required part of the financial statements but is required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974. The form and content of the information included in the financial statements and supplemental schedule, other than that derived from the information certified by the trustee, have been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

Mrss Klams LLP

Seattle, Washington October 12, 2012



HARNISH GROUP, INC. RETIREMENT PLAN STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS DECEMBER 31, 2011 AND 2010

ASSETS	2011	2010
Investments, at fair value	¢ 77.251.002	¢ 01 260 675
Registered investment companies	\$ 77,351,883	\$ 81,360,675
Money market account	8,473,296	8,407,725
Self directed brokerage accounts	1,011,894	1,413,616
	86,837,073	91,182,016
Notes receivable from participants	3,625,264	3,831,712
Receivables		
Employer contributions	5,609,959	2,511,951
Employee contributions	114,407	<u> </u>
	5,724,366	2,511,951
NET ASSETS AVAILABLE FOR BENEFITS	\$ 96,186,703	\$ 97,525,679

HARNISH GROUP, INC. RETIREMENT PLAN STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS YEAR ENDED DECEMBER 31, 2011

ADDITIONS	
Investment income (loss)	
Net depreciation in fair value of investments	\$ (3,221,729)
Dividends	1,799,723
	(1,422,006)
Interest income on notes receivable from participants	172,834
Contributions	
Employer	5,617,507
Employee	3,834,965
Rollovers	100,322
	9,552,794
Total additions	8,303,622
DEDUCTIONS	
Benefits paid to participants	9,352,049
Administrative expenses	290,549
Total deductions	9,642,598
NET CHANGE	(1,338,976)
NET ASSETS AVAILABLE FOR BENEFITS	
Beginning of year	97,525,679
End of year	\$ 96,186,703

Note 1 - Description of Plan

The following description of the Harnish Group, Inc. Retirement Plan (the Plan) provides only general information. Participants should refer to the Plan agreement for a more complete description of the Plan's provisions.

General - The Plan was established by Harnish Group, Inc. (the Company or Employer) to provide retirement benefits to employees. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA), as amended.

Eligibility - Each employee is eligible to participate in the Plan on the first payroll enrollment date following attainment of age 21 and completion of two months of service as defined in the Plan agreement. Employees are eligible to receive an Employer matching contribution after one year of service. Employees are eligible for the Employer profit sharing contribution upon completion of one year of service. A year of service is defined as completion of 1,000 hours of service during the year.

Contributions and Funding - Participants may defer up to 50% of their annual compensation, as defined in the Plan agreement, subject to regulatory limits. Historically, the Company has matched 33 1/3% of the employee's deferral, not to exceed 2% of their total annual compensation. The Company temporarily discontinued its Employer match contribution from July 1, 2009 through December 31, 2010 and reinstated the match effective January 1, 2011.

The Employer may also make discretionary profit sharing contributions based on amounts approved by the Company's stockholders. A profit sharing contribution of \$4,800,000 was made in 2011.

Participant Accounts - Each participant's account is credited with the participant's contribution and allocations of the Company's contributions and Plan earnings and charged with an allocation of Plan expenses. Allocations are based on participant earnings or account balances, as defined by the Plan. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account. Participants may also contribute amounts representing distributions from other qualified defined benefit or defined contribution plans. Participants direct the investment of their contributions into various investment options offered by the Plan.

Vesting - Participants are immediately vested in their contributions plus actual earnings thereon. Vesting in the Company's matching and profit sharing contributions plus earnings thereon is based on years of continuous service. A participant (or beneficiary) becomes 100% vested in matching and profit sharing contributions upon completion of three years of service or at normal retirement, total disability or death.

Payment of Benefits - On termination of service due to death, disability, retirement, or other reasons, a participant or beneficiary may elect to receive an amount equal to the value of the participant's account in a lump-sum amount.

Note 1 - Description of Plan (Continued)

Notes Receivable from Participants - Participants may borrow from their accounts a minimum of \$1,000 and a maximum equal to the lesser of \$50,000 or 50% of their vested account balance. Generally, the term of a loan may not exceed five years, however, if the loan is for purchase of a primary residence, the administrator may permit longer repayment terms. The loans are secured by the balance in the participant's account and provide for a fixed rate of interest, as determined by management of the Plan. As of December 31, 2011, the rates of interest on the outstanding loans ranged from 4.25% to 10.50% with various maturities through October 2026. Principal and interest are paid ratably through payroll deductions.

Forfeited Accounts - Forfeitures on matching contributions are used to reduce matching contributions for the Plan year in which the forfeiture occurs, and forfeitures on non-elective contributions are allocated as if the forfeitures were additional Company non-elective contributions for the Plan year in which the forfeiture occurs. As of December 31, 2011 and 2010, the balance of forfeitures was \$0 and \$5,647, respectively. During 2011, forfeitures totaling \$122,524 were used to reduce employer matching contributions or were allocated to participants as an additional contribution.

Administrative Expenses - The Plan pays for all audit fees, legal expenses and other administrative costs. All administrative fees are paid by the Plan; therefore, these payments qualify as party-in-interest transactions.

Note 2 - Summary of Significant Accounting Policies

Basis of Accounting - The financial statements of the Plan are prepared under the accrual method of accounting.

Use of Estimates - The preparation of the financial statements in conformity with accounting principles generally accepted in the United States of America requires the Plan's management to make estimates and assumptions that affect the amounts reported in the financial statements and accompanying notes. Actual results could differ from those estimates.

Investment Valuation - Investments are stated at fair value as certified by the Plan's trustee, First Interstate Wealth Management.

Fair value is the price that would be received to sell an asset or paid to transfer a liability (i.e., the exit price) in an orderly transaction between market participants at the measurement date. See Note 4 for discussion of fair value measurements.

Note 2 - Summary of Significant Accounting Policies (Continued)

Income Recognition - Purchases and sales of investments are recorded on the trade date. Dividends are recorded as of the ex-dividend date. Interest income is recorded on the accrual basis. The net depreciation of investments as reflected in the statement of changes in net assets available for benefits consists of realized gains or losses and the unrealized appreciation and depreciation on those investments during the year.

Notes Receivable from Participants - Notes receivable from participants are measured at amortized cost, which represents the unpaid principal balance plus accrued but unpaid interest, and are classified as notes receivable.

Payment of Benefits - Benefit payments are recorded when paid.

Subsequent Events - Subsequent events are events or transactions that occur after the statement of net assets available for benefits date but before financial statements are available to be issued. The Plan recognizes in the financial statements the effects of all subsequent events that provide additional evidence about conditions that existed at the date of the statement of net assets available for benefits, including the estimates inherent in the process of preparing the financial statements. The Plan's financial statements do not recognize subsequent events that provide evidence about conditions that did not exist at the date of the statement of net assets available for benefits but arose after the statement of net assets available for benefits date and before financial statements are available to be issued. The Plan has evaluated subsequent events through October 12, 2012, which is the date the financial statements were available to be issued.

Note 3 - Investments

Investments - Investments that represent 5% or more net assets available for benefits consist of the following as of December 31, 2011 and 2010:

	2011	2010
American Century Strategic Allocation Fund	\$ 16,861,572	\$ 17,175,748
American Funds Growth Fund of America	\$ 12,753,065	\$ 15,098,027
Harbor International Fund	\$ 10,933,746	\$ 12,927,087
Fidelity Spartan 500 Index Fund	\$ 10,307,488	\$ 11,124,659
Fidelity Money Market Fund	\$ 8,473,296	\$ 8,407,725
T. Rowe Price Equity Income Fund	\$ 6,519,009	\$ 6,420,878
Vanguard Small Cap Index Signal	\$ 5,562,647	\$ 5,527,294

Note 4 - Fair Value Measurements

In accordance with authoritative guidance, the Plan classifies its investments based upon an established fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (level 1 measurements) and the lowest priority to unobservable inputs (level 3 measurements). The three levels of the fair value hierarchy are described below:

- **Level 1** Unadjusted quoted prices in active markets that are accessible at the measurement date for identical, unrestricted assets or liabilities;
- **Level 2** Quoted prices in markets that are not considered to be active or financial instruments without quoted market prices, but for which all significant inputs are observable, either directly or indirectly;
- **Level 3** Prices or valuations that require inputs that are both significant to the fair value measurement and unobservable.

A financial instrument's level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement.

Following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at December 31, 2011 or 2010.

Shares of registered investment company funds are valued using the net asset value (NAV) provided by the administrator of the fund. The NAV is based on the value of the underlying assets owned by the fund, minus its liabilities, and then divided by the number of shares outstanding. The NAV is a quoted price in an active market and is classified within level 1 of the valuation hierarchy.

The following tables disclose by level, the fair value hierarchy, of the Plan's investment assets at fair value as of December 31:

	2011					
	Level 1	Le	evel 2	Le	vel 3	Total
Registered investment companies				<u>-</u>		
Growth	\$29,614,637	\$	-	\$	-	\$29,614,637
Blend	15,870,135		-		-	15,870,135
International blend	10,933,746		-		-	10,933,746
Money market	8,473,296		-		-	8,473,296
Fixed income	8,615,952		-		-	8,615,952
Value	6,519,009		-		-	6,519,009
Target date	5,798,404		-		-	5,798,404
Self directed brokerage accounts						
Mutual funds	619,132		-		-	619,132
Common stock	392,762		-		-	392,762
	\$86,837,073	\$	-	\$		\$86,837,073

Note 4 - Fair Value Measurements (Continued)

	2010					
	Level 1	Le	vel 2	Le	vel 3	Total
Registered investment companies		<u> </u>				
Growth	\$32,273,775	\$	-	\$	-	\$32,273,775
Blend	16,651,953		-		-	16,651,953
International blend	12,927,087		-		-	12,927,087
Money market	8,407,725		-		-	8,407,725
Fixed income	7,796,029		-		-	7,796,029
Value	6,420,878		-		-	6,420,878
Target date	5,290,953		-		-	5,290,953
Self directed brokerage accounts						
Mutual funds	932,157		-		-	932,157
Common stock	481,459					481,459
	\$91,182,016	\$		\$		\$91,182,016

Note 5 - Party-in-Interest Transactions

First Interstate Wealth Management is the trustee of the Plan and, therefore, transactions with First Interstate Wealth Management or their affiliates qualify as exempt party-in-interest transactions. For the year ended December 31, 2011, fees totaling \$230,604 were paid to First Interstate Wealth Management.

Note 6 - Tax Status

The Plan has adopted a non-standardized prototype plan sponsored by its third-party administrator. The prototype plan has received a favorable determination from the Internal Revenue Service on March 31, 2008. Additionally, the Company has received a determination letter as to the initial qualified status of their adoption agreement. Although the Plan has been amended since receiving the determination letters, the administrator believes the Plan is currently designed and being operated in compliance with the applicable requirements of the Internal Revenue Code.

The Company applies the authoritative guidance on accounting for uncertainty in income taxes (ASC 740-10). Management has evaluated the Plan's tax position and concluded that the Plan had maintained its tax exempt status and had taken no uncertain tax position that requires adjustment to the financial statements. Therefore, no provision or liability for income taxes has been included in the financial statements.

Note 7 - Termination of the Plan

Although it has not expressed any intent to do so, the Company has the right under the Plan agreement to discontinue its contributions at any time and to terminate the Plan subject to the provisions of ERISA. In the event of Plan termination, participants will become 100% vested in their accounts. Any unallocated assets of the Plan shall be allocated to participant accounts and distributed in such a manner as the Company may determine.

Note 8 - Information Certified by Plan Trustee

The following information in the financial statements and supplemental schedule was certified to be complete and accurate by First Interstate Wealth Management within the meaning of 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA:

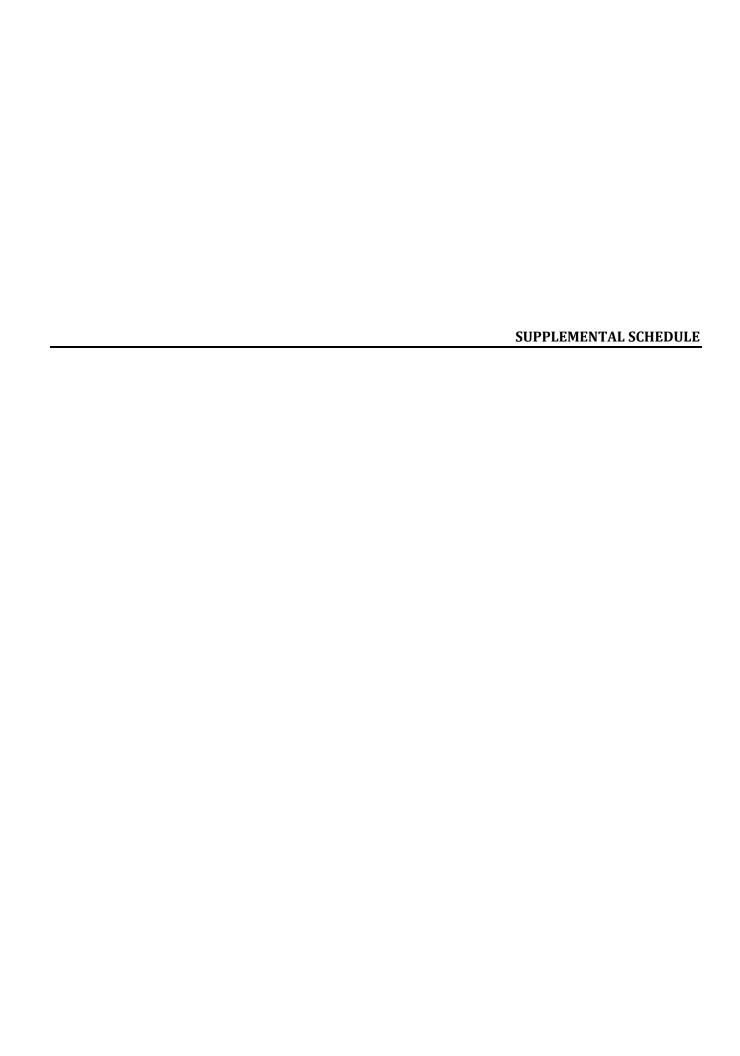
- Amounts included as investments in the statements of net assets available for benefits as of December 31, 2011 and 2010 and the supplemental schedule of assets (held at end of year) as of December 31, 2011.
- Amounts included as investment income as well as interest income on notes receivables from participants in the statement of changes in net assets available for benefits for the year ended December 31, 2011.
- Notes receivable from participants reflected on the accompanying statements of net assets available for benefits as of December 31, 2011 and 2010.

Note 9 - Risks and Uncertainties

The Plan invests in various investment securities. Investment securities are exposed to various risks, such as interest rate, market volatility, and credit risks. It is reasonably possible, given the level of risk associated with investment securities, that changes in the near term could materially affect a participant's account balance and the amounts reported in the financial statements.

Note 10 - Form 5500

Form 5500, which is filed with the Department of Labor, has certain items of income that differ from the amounts shown on the accompanying statement of changes in net assets available for benefits. These differences relate to classification only and have no effect upon net assets available for benefits.



HARNISH GROUP, INC. RETIREMENT PLAN

EIN: 91-1978007

PLAN #: 001

SCHEDULE H, LINE 4(i) - SCHEDULE OF ASSETS (HELD AT END OF YEAR) DECEMBER 31, 2011

		(c)		
	(b)	Description of investment		
	Identity of issue,	including maturity date,		(e)
	borrower, lessor or	rate of interest, collateral,	(d)	Current
(a)	similar party	par, or maturity value	Cost	value
	American Century Strategic Allocation Fund	Registered Investment Company	**	\$ 16,861,572
	American Funds Growth Fund of America	Registered Investment Company	**	12,753,065
	Harbor International Fund	Registered Investment Company	**	10,933,746
	Fidelity Spartan 500 Index Fund	Registered Investment Company	**	10,307,488
	Fidelity Money Market Fund	Registered Investment Company	**	8,473,296
	T. Rowe Price Equity Income Fund	Registered Investment Company	**	6,519,009
	Vanguard Small Cap Index Signal	Registered Investment Company	**	5,562,647
	Western Asset Core Plus Institutional Fund	Registered Investment Company	**	4,340,820
	Vanguard Intermediate Term US Treasury	Registered Investment Company	**	4,275,132
	T. Rowe Price Retirement 2020	Registered Investment Company	**	1,935,249
	Self Directed Accounts	Brokerage Accounts	**	1,011,894
	T. Rowe Price Retirement 2025	Registered Investment Company	**	656,644
	T. Rowe Price Retirement 2035	Registered Investment Company	**	633,286
	T. Rowe Price Retirement Income	Registered Investment Company	**	529,193
	T. Rowe Price Retirement 2015	Registered Investment Company	**	477,504
	T. Rowe Price Retirement 2030	Registered Investment Company	**	468,370
	T. Rowe Price Retirement 2045	Registered Investment Company	**	448,888
	T. Rowe Price Retirement 2040	Registered Investment Company	**	384,045
	T. Rowe Price Retirement 2010	Registered Investment Company	**	248,652
	T. Rowe Price Retirement 2005	Registered Investment Company	**	16,573
*	Participant Loans	Interest rate ranging from 4.25% to 10.50%, with		
		maturities through October 2026	-	3,625,264
				\$ 90,462,337

^{*} Denotes party-in-interest.

^{**} Information not required as investments are participant directed.

HARNISH GROUP, INC. RETIREMENT PLAN

EIN: 91-1978007

PLAN #: 001

SCHEDULE H, LINE 4(i) - SCHEDULE OF ASSETS (HELD AT END OF YEAR) DECEMBER 31, 2011

		(c)		
	(b)	Description of investment		
	Identity of issue,	including maturity date,		(e)
	borrower, lessor or	rate of interest, collateral,	(d)	Current
(a)	similar party	par, or maturity value	Cost	value
	American Century Strategic Allocation Fund	Registered Investment Company	**	\$ 16,861,572
	American Funds Growth Fund of America	Registered Investment Company	**	12,753,065
	Harbor International Fund	Registered Investment Company	**	10,933,746
	Fidelity Spartan 500 Index Fund	Registered Investment Company	**	10,307,488
	Fidelity Money Market Fund	Registered Investment Company	**	8,473,296
	T. Rowe Price Equity Income Fund	Registered Investment Company	**	6,519,009
	Vanguard Small Cap Index Signal	Registered Investment Company	**	5,562,647
	Western Asset Core Plus Institutional Fund	Registered Investment Company	**	4,340,820
	Vanguard Intermediate Term US Treasury	Registered Investment Company	**	4,275,132
	T. Rowe Price Retirement 2020	Registered Investment Company	**	1,935,249
	Self Directed Accounts	Brokerage Accounts	**	1,011,894
	T. Rowe Price Retirement 2025	Registered Investment Company	**	656,644
	T. Rowe Price Retirement 2035	Registered Investment Company	**	633,286
	T. Rowe Price Retirement Income	Registered Investment Company	**	529,193
	T. Rowe Price Retirement 2015	Registered Investment Company	**	477,504
	T. Rowe Price Retirement 2030	Registered Investment Company	**	468,370
	T. Rowe Price Retirement 2045	Registered Investment Company	**	448,888
	T. Rowe Price Retirement 2040	Registered Investment Company	**	384,045
	T. Rowe Price Retirement 2010	Registered Investment Company	**	248,652
	T. Rowe Price Retirement 2005	Registered Investment Company	**	16,573
*	Participant Loans	Interest rate ranging from 4.25% to 10.50%, with		
		maturities through October 2026	-	3,625,264
				\$ 90,462,337

^{*} Denotes party-in-interest.

^{**} Information not required as investments are participant directed.