## 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).

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

OMB Nos. 1210-0110 1210-0089

2012

This Form is Open to Public Inspection

Pai			ntification Information							
For c	For calendar plan year 2012 or fiscal plan year beginning 01/01/2012 and ending 12/31/2012									
<b>A</b> T	his ret	urn/report is for:	a single-employer plan	a multiple-employer p	olan (not multiemployer)		a one-particip	oant plan		
В т	his ret	urn/report is:	the first return/report	the final return/report						
			an amended return/report	a short plan year retur	n/report (less than 12 m	onths)	1			
<b>C</b> c	heck b	oox if filing under:	Form 5558	automatic extension			DFVC progra	ım		
	special extension (enter description)									
Par	t II	Basic Plan Informa	tion—enter all requested inform	nation						
		of plan				1b	Three-digit			
SOARI	ING HI	ELMET CORP. PROFIT SH	HARING PLAN				plan number (PN) ▶	001		
						10	Effective date o			
						01/01/2002				
		oonsor's name and address ELMET CORP.	s; include room or suite number (e	employer, if for a single	-employer plan)	2b	<b>2b</b> Employer Identification Number (EIN) 91-1625647			
10005	OL VIV	IPIC AVENUE SOUTH				2c	2c Sponsor's telephone number			
		/A 98188				2d	2d Business code (see instructions)			
3а г	Plan ad	dministrator's name and add	dress XSame as Plan Sponsor N	Name Same as Pla	n Sponsor Address	3b	Administrator's			
					<b>G</b> pooo.					
						3с	Administrator's	telephone number		
		•	sponsor has changed since the	last return/report filed f	or this plan, enter the	4b	EIN			
		EIN, and the plan number or's name	from the last return/report.			4c	PN			
	•		e beginning of the plan year			5a		11		
<b>b</b> .	Total r	number of participants at the	e end of the plan year			5b		10		
С	Numbe	er of participants with accou	unt balances as of the end of the	plan year (defined ben	efit plans do not					
	compl	ete this item)				5c		10		
			ng the plan year invested in eligib					X Yes No		
			annual examination and report of e instructions on waiver eligibility					X Yes No		
			line 6a or line 6b, the plan cann							
Caut	ion: A	penalty for the late or inc	complete filing of this return/re	port will be assessed	unless reasonable cau	ıse is	established.			
SB or	r Śche		enalties set forth in the instruction gned by an enrolled actuary, as w							
SIGN	<i>'</i>	Filed with authorized/valid		03/14/2013	JEANNE DEMUND					
HERI		Signature of plan admin	istrator	Date	Enter name of individ	ual sic	ning as plan adn	ninistrator		
SIGN	ı	Filed with authorized/valid		03/14/2013	JEANNE DEMUND		, 5			
HERI		Signature of employer/p	olan sponsor	Date	Enter name of individ	ual sic	ning as employe	r or plan sponsor		
Prepa	arer's		if applicable) and address; include					number (optional)		

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Por	t III Financial Information							
	t III   Financial Information  Plan Assets and Liabilities		(a) Deninning of Ver		1		(h) Fuel of Voca	
					-		(b) End of Year	
	Total plan assets  Total plan liabilities	7a	137710	O	-		1729040	
	·	7b	127710	4077400			1720040	
	Net plan assets (subtract line 7b from line 7a)	7c		1377106			1729040	
	Income, Expenses, and Transfers for this Plan Year  Contributions received or receivable from:		(a) Amount				(b) Total	
а	(1) Employers	8a(1)	7122	22				
	(2) Participants	8a(2)	8073	31				
	(3) Others (including rollovers)	8a(3)						
b	Other income (loss)	8b	19998	31				
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c					351934	
	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	. 8d						
e	Certain deemed and/or corrective distributions (see instructions)	. 8e						
f	Administrative service providers (salaries, fees, commissions)	8f						
g	Other expenses	8g						
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h						
<u>i</u>	Net income (loss) (subtract line 8h from line 8c)	8i					351934	
j	Transfers to (from) the plan (see instructions)	8j						
Par	t IV Plan Characteristics							
9a	If the plan provides pension benefits, enter the applicable pension 2A 2E 2F 2J 2K 3D	feature co	des from the List of Plan Char	acteris	stic Co	des in	the instructions:	
b	If the plan provides welfare benefits, enter the applicable welfare for	eature cod	es from the List of Plan Chara	cterist	ic Coc	les in t	he instructions:	
Part	Part V Compliance Questions							
10	During the plan year:				Yes	No	Amount	
а				10a		X	7	
b		? (Do not	include transactions reported	10b		X		
				10c	X		200000	
d				100			200000	
	or dishonesty?			10d		X		
е	Were any fees or commissions paid to any brokers, agents, or oth insurance service or other organization that provides some or all cinstructions.)	of the bene	efits under the plan? (See	10e		X		
f	Has the plan failed to provide any benefit when due under the pla			10f		X		
g	Did the plan have any participant loans? (If "Yes," enter amount a					X		
h		(See instru	uctions and 29 CFR	10g 10h		X		
i	If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10	he require	d notice or one of the					
Dort	1 1 0 11	1-3		10i				
Part VI Pension Funding Compliance  11 Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form 5500) and line 11a below)								
11a	Enter the amount from Schedule SB line 39					11a	103 / 100	
12	Is this a defined contribution plan subject to the minimum funding					302 of	ERISA? Yes X No	
_	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,	•						
а	If a waiver of the minimum funding standard for a prior year is beir granting the waiver.	ng amortiz	ed in this plan year, see instru		and e	enter th Day	ne date of the letter ruling Year	
If	you completed line 12a, complete lines 3, 9, and 10 of Schedul							
b	Enter the minimum required contribution for this plan year					12b		
	<u> </u>							

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		T	<u> </u>	
С	Enter the amount contributed by the employer to the plan for this plan year	120	;	
d	Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a negative amount)	12d	ı	
<u>e</u>	Will the minimum funding amount reported on line 12d be met by the funding deadline?		Yes	No N/A
Part	VII Plan Terminations and Transfers of Assets			
13a	Has a resolution to terminate the plan been adopted in any plan year?	🗌	Yes X No	
	If "Yes," enter the amount of any plan assets that reverted to the employer this year	13a		
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the of the PBGC?	contro	ol	Yes X No
С	If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s which assets or liabilities were transferred. (See instructions.)	) to		
1	3c(1) Name of plan(s):	13c(2)	EIN(s)	<b>13c(3)</b> PN(s)
Part	VIII Trust Information (optional)			
14a	Name of trust RING HELMET CORP 401K PLAN	14b	Trust's EIN 753088349	

## 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).

2012

This Form is Open to Public Inspection

OMB Nos. 1210-0110

1210-0089

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

Part I Annual Report Identification Information							
or calendar plan year 2012 or fiscal plan year beginning	01/01/2012	and ending	12/31/20	12			
A This return/report is for:	a multiple-employer plan	n (not multiemployer)	a one-p	articipant plan			
B This return/report is:	the final return/report						
an amended return/report	a short plan year return	report (less than 12 m	onths)				
C Check box if filing under: Form 5558	automatic extension		DFVC p	orogram			
special extension (enter desc	ription)						
Part II Basic Plan Information enter all requested	I information						
1a Name of plan			1b Three-digi				
Soaring Helmet Corp. Profit Sharing Plan			(PN) ►	001			
			1c Effective of 01/01/2	-			
Plan sponsor's name and address; include room or suite numb Soaring Helmet Corp.	oer (employer, if for a single-e	mployer plan)	2b Employer Identification Number (EIN) 91-1625647				
			2c Sponsor's telephone number (425) 656-0683				
18235 Olympic Avenue South			2d Business	code (see instructions)			
US Tukwila WA 98188			339900				
3a Plan administrator's name and address 🗓 Same as Plan Sp	oonsor Name	an Sponsor Address	3b Administra	ator's EIN			
			25 11 111	-1-1-1-1-1-1-1-1			
			3C Administra	ator's telephone number			
4 If the name and/or EIN of the plan sponsor has changed since name, EIN, and the plan number from the last return/report.	the last return/report filed for	this plan, enter the	4b EIN				
a Sponsor's name			4c PN				
5a Total number of participants at the beginning of the plan year	***************************************	***************************************	5a	11			
<b>b</b> Total number of participants at the end of the plan year			5b	10			
Number of participants with account balances as of the end of complete this item)			5c	10			
<b>6a</b> Were all of the plan's assets during the plan year invested in e	eligible assets? (See instruction	ns.)		X Yes No			
<b>b</b> Are you claiming a waiver of the annual examination and repounder 29 CFR 2520.104-46? (See instructions on waiver eligit		public accountant (IQI		XYes No			
If you answered "No" to either line 6a or line 6b, the plan	cannot use Form 5500-SF a	nd must instead use	Form 5500.				
Caution: A penalty for the late or incomplete filing of this retu							
Under penalties of perjury and other penalties set forth in the instr SB or Schedule MB completed and signed by an enrolled actuary, belief, it is true, correct, and complete.	uctions, I declare that I have e , as well as the electronic vers	examined this return/re ion of this return/repor	eport, including, if t, and to the best	applicable, a Schedule of my knowledge and			
No. 1. 1 Phy (TNV 11 AV)		Jeanne DeMund					
SIGN Signature of plan administrator		Enter name of individu	al signing as plan	administrator			
HERE Signature of plan administrator	Date	Jeanne !	O MA	J			
SIGN UEDE Circusture of employering energy	Date	Enter name of individu	al signing as emr	lover or plan sponsor			
HERE Signature of employer/plan sponsor  Preparer's name (including firm name, if applicable) and address;				phone number (optional)			
Treparer s traine (including ann traine, ir applicable) and address,	mode room or oute named	(-L. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2.	1	(-p//			

Parl	III Financial Information									
	lan Assets and Liabilities		(a) Beginning of Year				(b) End of '	Year		
	plan assets						1	.,729,040		
	otal plan liabilities	7b								
	Net plan assets (subtract line 7b from line 7a)			1,377,106			1,729,040			
	ome, Expenses, and Transfers for this Plan Year (a) Amount					(b) Tota	31			
a c	ontributions received or receivable from:	8a(1)	71,22	2						
	Employers       8a(1)       71,22         Participants       8a(2)       80,73			1				5 10 4 65 16 16		
	3) Others (including rollovers)	8a(3)				y also				
	ther income (loss)	8b	199,98	1					line I	
	otal income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c		153			2270-1141-1	351,934		
d B	enefits paid (including direct rollovers and insurance premiums provide benefits)									
<b>e</b> 0	certain deemed and/or corrective distributions (see instructions)	8e					<b>75 4 3</b> 1		30.3	
f A	dministrative service providers (salaries, fees, commissions)	. 8f				of the fi			100	
	Other expenses	. 8g								
	otal expenses (add lines 8d, 8e, 8f, and 8g)	. 8h								
	let income (loss) (subtract line 8h from line 8c)	. 8i						351,934		
i	ransfers to (from) the plan (see instructions)	. 8j			(20)					
Par	t IV Plan Characteristics				terrane.					
	9a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:  2A 2E 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:									
Par	t V Compliance Questions									
10	During the plan year:			,	Yes	No	A	mount		
a	Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidure)	ciary Corre	ection Program)	10a		х				
þ	Were there any nonexempt transactions with any party-in-interest on line 10a.)	? (Do not i	nclude transactions reported	10b		х				
	Was the plan covered by a fidelity bond?			10c	х			200,0	000	
d	Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?	fidelity bor	nd, that was caused by fraud	10d		х				
e	Were any fees or commisions paid to any brokers, agents, or other insurance service or other organization that provides some or all instructions.)	er persons of the bene	by an insurance carrier, efits under the plan? (See	10 <del>0</del>		х				
f	Has the plan failed to provide any benefit when due under the pla	n?	***************************************	10f		x				
	Did the plan have any participant loans? (If "Yes," enter amount a			10g		х				
<u>g</u> h	If this is an individual account plan, was there a blackout period? 2520.101-3.)	(See instru	uctions and 29 CFR	10h		х				
i	If 10h was answered "Yes," check the box if you either provided t exceptions to providing the notice applied under 29 CFR 2520.10	he required	d notice or one of the	10i						
Par										
	Is this a defined benefit plan subject to minimum funding requiren	nents? (If "	Yes " see instructions and comp	lete S	Schedu	ıle SB	(Form			
11	5500) and line 11a below)			*******	*********			Yes X	No	
11a	Enter the amount from Schedule SB line 39					11a				
12	12 Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA? Yes X No									
(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)										
a	If a waiver of the minimum funding standard for a prior year is begranting the waiver	ing amortiz	ed in this plan year, see instruct	ions, nth _	and er	nter th	e date of the	letter ruling Year		
If	you completed line 12a, complete lines 3, 9, and 10 of Schedul	e MB (For	m 5500), and skip to line 13.			—-т				
b	Enter the minimum required contribution for this plan year			*******		12b	····			

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C	Enter the amount contributed by the employer to the plan for this plan year	12c				
d	Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a negative amount)	12d				
e	Will the minimum funding amount reported on line 12d be met by the funding deadline?		Yes [	□ No □ N/A		
Part	VII Plan Terminations and Transfers of Assets					
13a	Has a resolution to terminate the plan been adopted in any plan year?		es 🗓 N	lo		
	If "Yes," enter the amount of any plan assets that reverted to the employer this year	13a				
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the of the PBGC?			Yes X No		
С	If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) which assets or liabilities were transferred. (See instructions.)	О				
1	3c(1) Name of plan(s):	3c(2) EIN	(s)	13c(3) PN(s)		
Part	VIII Trust Information (optional)					
14a	Name of trust	14b Trust's EIN				
Soaring Helmet Corp 401k Plan				75-3088349		