Fo	rm 5500-SF	Short Form Annual		of Small Emplo	yee	C	0MB Nos. 1210-0110 1210-0089
	artment of the Treasury ernal Revenue Service		Benefit Plan			2	012
C	Department of Labor Benefits Security Administration	This form is required to be f Retirement Income Security Act the Inter		sections 6057(b) and 6058		This Form is	Open to Public
Pension B	Benefit Guaranty Corporation	Complete all entries in acc	ordance with the inst	ructions to the Form 550	0-SF.		pection
Part I	Annual Report Id	entification Information					
For calend	dar plan year 2012 or fisca	al plan year beginning 01/01/2	012	and ending	12/31/2	2012	
A This re	eturn/report is for:	a single-employer plan	a multiple-employer	r plan (not multiemployer)		a one-particip	ant plan
B This re	eturn/report is:	the first return/report	the final return/repo	ort			
		an amended return/report	a short plan year ret	urn/report (less than 12 m	onths)	)	
C Check	box if filing under:	Form 5558	automatic extension	า		DFVC program	n
		special extension (enter descrip	ption)				
Part II	Basic Plan Inform	nation—enter all requested info	rmation				
<b>1a</b> Name GLACIER R					1b	Three-digit plan number (PN) ▶	001
					1c	Effective date of	plan
2a Plan s GLACIER F		ess; include room or suite number	(employer, if for a sing	le-employer plan)	2b	Employer Identifi (EIN) 71-103	cation Number
813 R ST. N	NW				2c	Sponsor's teleph 253-333	
AUBURN, V	NA 98001				2d	Business code (s 484110	,
3a Plan a	administrator's name and	address Same as Plan Sponso	r Name Same as P	lan Sponsor Address	3b	Administrator's E	
4 If the	name and/or EIN of the p	lan sponsor has changed since th	e last return/report filed	t for this plan, enter the	4b	253-333 EIN	-0000
name	e, EIN, and the plan numb	er from the last return/report.					
	sor's name					PN	
		the beginning of the plan year			5a		17
		the end of the plan year			5b		11
		count balances as of the end of th			5c		11
6a Were	e all of the plan's assets d	uring the plan year invested in elig	gible assets? (See instr	uctions.)			X Yes 🗌 No
		e annual examination and report					X Yes 🗌 No
	,	See instructions on waiver eligibili er line 6a or line 6b, the plan ca	•				
		incomplete filing of this return/					
Under per SB or Sch	nalties of perjury and othe	r penalties set forth in the instructi signed by an enrolled actuary, as	ons, I declare that I hav	ve examined this return/re	port, ir	ncluding, if applica	
SIGN	Filed with authorized/va	lid electronic signature.	03/18/2013	CHERI WILSON			
HERE	Signature of plan adm	ninistrator	Date	Enter name of individ	lual sig	gning as plan adm	inistrator
SIGN							
HERE	Signature of employe		Date	Enter name of individ	-		
Preparer's	s name (including firm nar	ne, if applicable) and address; inc	lude room or suite num	ber (optional)	Prep	parer's telephone i	number (optional)
For Paperv	vork Reduction Act Notice a	and OMB Control Numbers, see the	instructions for Form 550	00-SF.		F	orm 5500-SF (2012)

Part III Financial Information						
7 Plan Assets and Liabilities		(a) Beginning of Yea	ır			(b) End of Year
a Total plan assets	7a	5146	5			37707
<b>b</b> Total plan liabilities						
C Net plan assets (subtract line 7b from line 7a)	7c	5146	5			37707
8 Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b) Total
<ul> <li>a Contributions received or receivable from:</li> <li>(1) Employers</li> </ul>	8a(1)					
(2) Participants						
(3) Others (including rollovers)						
b Other income (loss)		608	4			
<b>C</b> Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)						6084
<b>d</b> Benefits paid (including direct rollovers and insurance premiums						0004
to provide benefits)		1981	7			
e Certain deemed and/or corrective distributions (see instructions)	8e					
f Administrative service providers (salaries, fees, commissions)	8f					
g Other expenses		2	5			
h Total expenses (add lines 8d, 8e, 8f, and 8g)	8h					19842
i Net income (loss) (subtract line 8h from line 8c)						-13758
j Transfers to (from) the plan (see instructions) Part IV Plan Characteristics						
<ul> <li>9a If the plan provides pension benefits, enter the applicable pension 2E 2G 2J 2K 3D 2F</li> <li>b If the plan provides welfare benefits, enter the applicable welfare</li> <li>Part V Compliance Questions</li> </ul>						
10 During the plan year:				Yes	No	Amount
<ul> <li>a Was there a failure to transmit to the plan any participant contrib</li> <li>29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fic</li> </ul>			10a		X	Aniount
<b>b</b> Were there any nonexempt transactions with any party-in-interest		0 /				
on line 10a.)	•		10b		x	
				X	Х	1000
	s fidelity bond,	that was caused by fraud	10b 10c 10d	X	X X	1000(
<ul><li><b>c</b> Was the plan covered by a fidelity bond?</li><li><b>d</b> Did the plan have a loss, whether or not reimbursed by the plan's</li></ul>	s fidelity bond, ther persons b of the benefits	that was caused by fraud y an insurance carrier, s under the plan? (See	10c	X		10000
<ul> <li>C Was the plan covered by a fidelity bond?</li> <li>d Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?</li> <li>e Were any fees or commissions paid to any brokers, agents, or of insurance service or other organization that provides some or all</li> </ul>	s fidelity bond, ther persons b l of the benefits	that was caused by fraud y an insurance carrier, s under the plan? (See	10c 10d	X	X	1000
<ul> <li>C Was the plan covered by a fidelity bond?</li> <li>d Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?</li> <li>e Were any fees or commissions paid to any brokers, agents, or of insurance service or other organization that provides some or all instructions.)</li> </ul>	s fidelity bond, ther persons b of the benefits an?	that was caused by fraud y an insurance carrier, s under the plan? (See	10c 10d 10e 10f	×	x x	1000
<ul> <li>c Was the plan covered by a fidelity bond?</li> <li>d Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?</li> <li>e Were any fees or commissions paid to any brokers, agents, or of insurance service or other organization that provides some or all instructions.)</li> <li>f Has the plan failed to provide any benefit when due under the plane</li> </ul>	s fidelity bond, ther persons b of the benefits an? as of year end c (See instructi	that was caused by fraud y an insurance carrier, s under the plan? (See .)	10c 10d 10e	×	× × ×	1000
<ul> <li>c Was the plan covered by a fidelity bond?</li> <li>d Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?</li> <li>e Were any fees or commissions paid to any brokers, agents, or of insurance service or other organization that provides some or all instructions.)</li> <li>f Has the plan failed to provide any benefit when due under the plane g Did the plan have any participant loans? (If "Yes," enter amount is an individual account plan, was there a blackout period?</li> </ul>	s fidelity bond, ther persons b of the benefits an? as of year end ? (See instructi the required n	that was caused by fraud y an insurance carrier, s under the plan? (See 	10c 10d 10e 10f 10g	×	x x x x x	1000
<ul> <li>C Was the plan covered by a fidelity bond?</li></ul>	s fidelity bond, ther persons b of the benefits an? as of year end ? (See instructi the required n	that was caused by fraud y an insurance carrier, s under the plan? (See 	10c 10d 10e 10f 10g 10h	×	x x x x x	1000
<ul> <li>c Was the plan covered by a fidelity bond?</li></ul>	s fidelity bond, ther persons b of the benefits an? as of year end c (See instruction the required no 01-3	that was caused by fraud y an insurance carrier, s under the plan? (See .) ons and 29 CFR otice or one of the s," see instructions and corr	10c 10d 10e 10f 10g 10h 10i	Schec	X X X X X	(Form
<ul> <li>C Was the plan covered by a fidelity bond?</li></ul>	s fidelity bond, ther persons b of the benefits an? as of year end ? (See instruction the required no 01-3	that was caused by fraud y an insurance carrier, s under the plan? (See 	10c 10d 10e 10f 10g 10h 10i	Schec	X X X X X	(Form
<ul> <li>C Was the plan covered by a fidelity bond?</li></ul>	s fidelity bond, ther persons b of the benefits an? as of year end ? (See instruction the required no 01-3 ments? (If "Yes	that was caused by fraud y an insurance carrier, s under the plan? (See 	10c 10d 10e 10f 10g 10h 10i	Schee	X X X X X Iule SB	(Form
<ul> <li>C Was the plan covered by a fidelity bond?</li></ul>	s fidelity bond, ther persons b of the benefits an? as of year end ? (See instructi the required no 01-3 ments? (If "Yes g requirements	that was caused by fraud y an insurance carrier, s under the plan? (See 	10c 10d 10e 10f 10g 10h 10i	Schee	X X X X X Iule SB	(Form
<ul> <li>C Was the plan covered by a fidelity bond?</li></ul>	s fidelity bond, ther persons b of the benefits an? as of year end ? (See instructi the required no 01-3 ments? (If "Yes g requirements v, as applicable ing amortized	that was caused by fraud y an insurance carrier, s under the plan? (See 	10c 10d 10e 10f 10g 10h 10i e or see ctions,	Schec	X X X X X Iule SB 11a 302 of E	RISA? Yes No
<ul> <li>c Was the plan covered by a fidelity bond?</li></ul>	s fidelity bond, ther persons b of the benefits an? as of year end ? (See instructi the required no 01-3 ments? (If "Yes g requirements v, as applicable ing amortized <b>ILE MB (Form</b>	that was caused by fraud y an insurance carrier, s under the plan? (See 	10c 10d 10e 10f 10g 10h 10i plete cor see ctions, th	Schec	X X X X X Iule SB 11a 302 of E	(Form

С	Enter	the amount contributed by the employer to the plan for this plan year	12c			
d		act the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a tive amount)	12d			
е	Will t	ne 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	a resolution to terminate the plan been adopted in any plan year?	X	Yes No	)	
	lf "Ye	es," enter the amount of any plan assets that reverted to the employer this year	13a			0
b		all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the PBGC?	control		Ye	s 🗙 No
С		ing this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) in assets or liabilities were transferred. (See instructions.)	to			
1	3c(1)	Name of plan(s): 1	3 <b>c(2)</b> E	IN(s)	13c(	<b>3)</b> PN(s)
Part	VIII	Trust Information (optional)				

14a Name of trust	14b Trust's EIN

For	m 5500-SF	Short Form Annual Ret		of Small Employ	yee	OMB Nos. 1210-0110 1210-0089			
Depar Inter	tment of the Treasury nal Revenue Service	DC This form is required to be filed u	enefit Plan nder sections 104 ar	nd 4065 of the Employe	e	2012			
	partment of Labor enefits Security Administration	Retirement Income Security Act of 1974 (ERISA), and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code). This Form is Open to							
States and states and states and	Pension Benefit Guaranty Corporation  Complete all entries in accordance with the instructions to the Form 5500-SF.								
Part I Annual Report Identification Information									
For calenda	ar plan year 2012 or fisca		01/2012	and ending		12/31/2012			
A This ret	urn/report is for:	a single-employer plan	multiple-employer pl	an (not multiemployer)	er) 🗌 a one-participant plan				
B This ret	urn/report is:	the first return/report th	e final return/report						
		an amended return/report a s	short plan year returr	n/report (less than 12 m	onths)				
C Check b	box if filing under:	Form 5558 au	utomatic extension			DFVC program			
		special extension (enter description)							
Part II		nation—enter all requested information	on						
<b>1a</b> Name GLACIE		REMENT PLAN 401K			1b	Three-digit plan number (PN) > 001			
						Effective date of plan 08/01/2005			
2a Plan sp GLACIER	consor's name and addre	ess; include room or suite number (emp	loyer, if for a single-	employer plan)		Employer Identification Number (EIN) 71-1030199			
813 R S	St. NW				2c	Sponsor's telephone number 253-333-6565			
					2d	Business code (see instructions)			
AUBURN		WA 98001				484110			
	dministrator's name and R RECYCLE	address Same as Plan Sponsor Nan	ne Same as Plan	Sponsor Address	3b	Administrator's EIN 71-1030199			
813 R S					3c	Administrator's telephone number 253-333-6565			
AUBURN		WA 98001							
4 If the n name,	ame and/or EIN of the p EIN, and the plan numb	lan sponsor has changed since the last er from the last return/report.	return/report filed fo	or this plan, enter the	4b	EIN			
a Sponso		-			4c	PN			
		the beginning of the plan year			5a	17			
		the end of the plan year			5b	11			
C Numbe comple	er of participants with ac ete this item)	count balances as of the end of the plar	n year (defined bene	fit plans do not	5c	11			
6a Were	all of the plan's assets d	uring the plan year invested in eligible a	assets? (See instruct	tions.)		X Yes No			
<b>b</b> Are yo	ou claiming a waiver of th	e annual examination and report of an	independent qualifie	d public accountant (IQ	PA)				
lf you	answered "No" to eith	See instructions on waiver eligibility and er line 6a or line 6b, the plan cannot	use Form 5500-SF	and must instead use	Form	X Yes No			
		incomplete filing of this return/repor			and the second se				
Under pena SB or Sche	alties of perjury and other	r penalties set forth in the instructions, I signed by an enrolled actuary, as well a	declare that I have	examined this return/rer	ort ir	cluding if applicable a Schodule			
SIGN	1th RC		3/14/13	Cheri Wilson					
HERE	Signature of plan adn	ninistrator	Date 3-14-13		ual sig	ning as plan administrator			
SIGN HERE									
Preparer's	Signature of employe	r/plan sponsor ne, if applicable) and address; include results	Date	Enter name of individu	ual sig	ning as employer or plan sponsor			
		io, il applicable) and address, include n	oom of suite humber	r (optional)	Prep	arer's telephone number (optional)			
For Paperwo	ork Reduction Act Notice	Ind OMB Control Numbers, see the instruc	tions for Form FERR	25					
						Form 5500-SF (2012) v. 120126			

Form 5500-SF 2012

Page 2

7 Plan Assets and Liabilities		(a) Baainning of V			(h) =	£ Vara	
	7.	(a) Beginning of Yea	r 51465		(b) End o	or Year	37707
a Total plan assets	7a	3	1465				37707
<b>b</b> Total plan liabilities	7b	F	1465			entrester gesternesses	27705
C Net plan assets (subtract line 7b from line 7a)	7c		51465			-	37707
8 Income, Expenses, and Transfers for this Plan Year		(a) Amount			(b) To	otal	
a Contributions received or receivable from: (1) Employers	8a(1)						
(2) Participants	8a(2)						n an an
(3) Others (including rollovers)	8a(3)	Manatan Manatan ang Kangan kang di Kangan kang di Kangan Kangan Kangan Kangan Kangan Kangan Kangan Kangan Kang			a de Caracia		Sector Sector
<b>b</b> Other income (loss)	8b		6084				
c Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						6084
d Benefits paid (including direct rollovers and insurance premiums							- 154 B.L.
to provide benefits)	8d	1	.9817				
e Certain deemed and/or corrective distributions (see instructions)	8e				194 (A. 1977)		
f Administrative service providers (salaries, fees, commissions)	8f						
g Other expenses	8g		25				
h Total expenses (add lines 8d, 8e, 8f, and 8g)	8h						1984:
i Net income (loss) (subtract line 8h from line 8c)	8i						-1375
j Transfers to (from) the plan (see instructions)	8j						
Part IV Plan Characteristics							
Part V Compliance Questions							
					1		
10 During the plan year:			Y	es No		Amount	
<ul><li>During the plan year:</li><li>a Was there a failure to transmit to the plan any participant contribut</li></ul>			10a	es No X		Amount	
10 During the plan year:	ciary Correct? (Do not inc	tion Program)				Amount	
<ul> <li>During the plan year:</li> <li>a Was there a failure to transmit to the plan any participant contribut 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu</li> <li>b Were there any nonexempt transactions with any party-in-interest</li> </ul>	iciary Correc ? (Do not inc	tion Program)	10a 10b	X	· · · · · · · · · · · · · · · · · · ·	Amount	1000
<ul> <li>During the plan year:</li> <li>a Was there a failure to transmit to the plan any participant contribut 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu</li> <li>b Were there any nonexempt transactions with any party-in-interest on line 10a.)</li> </ul>	iciary Correc ? (Do not inc fidelity bond	tion Program) lude transactions reported	10a 10b	x		Amount	10000
<ul> <li>During the plan year:</li> <li>a Was there a failure to transmit to the plan any participant contribut 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu</li> <li>b Were there any nonexempt transactions with any party-in-interest' on line 10a.)</li> <li>c Was the plan covered by a fidelity bond?</li> <li>d Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?</li> <li>e Were any fees or commissions paid to any brokers, agents, or oth insurance service or other organization that provides some or all or instructions.)</li> </ul>	iciary Correc ? (Do not inc fidelity bond her persons b of the benefit	tion Program) lude transactions reported , that was caused by fraud by an insurance carrier, s under the plan? (See	10a 10b 10c	X X X		Amount	1000
<ul> <li>During the plan year:</li> <li>a Was there a failure to transmit to the plan any participant contribut 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu</li> <li>b Were there any nonexempt transactions with any party-in-interest' on line 10a.)</li> <li>c Was the plan covered by a fidelity bond?</li> <li>d Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?</li> <li>e Were any fees or commissions paid to any brokers, agents, or oth insurance service or other organization that provides some or all or</li> </ul>	iciary Correc ? (Do not inc fidelity bond her persons b of the benefit	tion Program) lude transactions reported , that was caused by fraud by an insurance carrier, s under the plan? (See	10a 10b 10c <sup>2</sup> 10d	x x x x		Amount	1000
<ul> <li>During the plan year:</li> <li>a Was there a failure to transmit to the plan any participant contribut 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu</li> <li>b Were there any nonexempt transactions with any party-in-interest' on line 10a.).</li> <li>c Was the plan covered by a fidelity bond?</li> <li>d Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?.</li> <li>e Were any fees or commissions paid to any brokers, agents, or oth insurance service or other organization that provides some or all or instructions.)</li> </ul>	iciary Correc ? (Do not inc fidelity bond her persons b of the benefit	tion Program) lude transactions reported , that was caused by fraud by an insurance carrier, s under the plan? (See	10a 10b 10c <sup>22</sup> 10d 10e 10f	X X X X X		Amount	1000
<ul> <li>During the plan year:</li> <li>a Was there a failure to transmit to the plan any participant contribut 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu</li> <li>b Were there any nonexempt transactions with any party-in-interest on line 10a.)</li> <li>c Was the plan covered by a fidelity bond?</li> <li>d Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?</li> <li>e Were any fees or commissions paid to any brokers, agents, or oth insurance service or other organization that provides some or all c instructions.)</li> <li>f Has the plan failed to provide any benefit when due under the plan</li> </ul>	iciary Correc ? (Do not inc fidelity bond her persons b of the benefit n? s of year end (See instruct	tion Program) lude transactions reported , that was caused by fraud by an insurance carrier, s under the plan? (See 1.)	10a 10b 10c <sup>2</sup> 10d 10e	X X X X X X		Amount	1000
<ul> <li>10 During the plan year:</li> <li>a Was there a failure to transmit to the plan any participant contribut 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu</li> <li>b Were there any nonexempt transactions with any party-in-interest' on line 10a.).</li> <li>c Was the plan covered by a fidelity bond?</li> <li>d Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?</li> <li>e Were any fees or commissions paid to any brokers, agents, or oth insurance service or other organization that provides some or all or instructions.)</li> <li>f Has the plan failed to provide any benefit when due under the plan</li> <li>g Did the plan have any participant loans? (If "Yes," enter amount as h If this is an individual account plan, was there a blackout period? (If the plan have a plan have a plan have a plan have a blackout period?)</li> </ul>	iciary Correc ? (Do not inc fidelity bond her persons b of the benefit n? s of year enc (See instruct me required n	tion Program) lude transactions reported , that was caused by fraud by an insurance carrier, s under the plan? (See 1.)	10a 10b 10c 2 10d 10e 10e 10f 10g	X X X X X X X X		Amount	1000
<ul> <li>During the plan year:</li> <li>a Was there a failure to transmit to the plan any participant contribut 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu</li> <li>b Were there any nonexempt transactions with any party-in-interest' on line 10a.).</li> <li>c Was the plan covered by a fidelity bond?</li> <li>d Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?</li> <li>e Were any fees or commissions paid to any brokers, agents, or oth insurance service or other organization that provides some or all c instructions.)</li> <li>f Has the plan failed to provide any benefit when due under the plan</li> <li>g Did the plan have any participant loans? (If "Yes," enter amount as</li> <li>h If this is an individual account plan, was there a blackout period? (2520.101-3.)</li> <li>i If 10h was answered "Yes," check the box if you either provided th exceptions to providing the notice applied under 29 CFR 2520.107</li> </ul>	iciary Correc ? (Do not inc fidelity bond her persons b of the benefit n? s of year enc (See instruct me required n	tion Program) lude transactions reported , that was caused by fraud by an insurance carrier, s under the plan? (See 1.)	10a 10b 10c 2 10d 10d 10e 10f 10g 10h	X X X X X X X X		Amount	1000
<ul> <li>During the plan year:</li> <li>a Was there a failure to transmit to the plan any participant contribut 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu</li> <li>b Were there any nonexempt transactions with any party-in-interest' on line 10a.).</li> <li>c Was the plan covered by a fidelity bond?</li> <li>d Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?</li> <li>e Were any fees or commissions paid to any brokers, agents, or oth insurance service or other organization that provides some or all c instructions.)</li> <li>f Has the plan failed to provide any benefit when due under the plan</li> <li>g Did the plan have any participant loans? (If "Yes," enter amount as h If this is an individual account plan, was there a blackout period? (2520.101-3.)</li> <li>i If 10h was answered "Yes," check the box if you either provided th exceptions to providing the notice applied under 29 CFR 2520.107</li> </ul>	Iciary Correc ? (Do not inc fidelity bond her persons b of the benefit n? (See instruct (See instruct ne required n 1-3 ents? (If "Ye	tion Program) lude transactions reported , that was caused by fraud by an insurance carrier, s under the plan? (See 	10a 10b 10c 2 10d 10d 10e 10f 10g 10h 10i		SB (Form	Amount	
<ul> <li>During the plan year:</li> <li>a Was there a failure to transmit to the plan any participant contribut 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu</li> <li>b Were there any nonexempt transactions with any party-in-interest' on line 10a.)</li></ul>	Iciary Correc ? (Do not inc fidelity bond her persons b of the benefit n? s of year end (See instruct) he required n 1-3 ents? (If "Ye	tion Program) lude transactions reported , that was caused by fraud by an insurance carrier, s under the plan? (See 1.) ions and 29 CFR totice or one of the s," see instructions and com	10a 10b 10c 2 10d 10c 10d 10d 10g 10f 10g 10h 10i		SB (Form		
<ul> <li>During the plan year:</li> <li>a Was there a failure to transmit to the plan any participant contribut 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu</li> <li>b Were there any nonexempt transactions with any party-in-interest' on line 10a.)</li> <li>c Was the plan covered by a fidelity bond?</li> <li>d Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?</li> <li>e Were any fees or commissions paid to any brokers, agents, or oth insurance service or other organization that provides some or all c instructions.)</li> <li>f Has the plan failed to provide any benefit when due under the plan</li> <li>g Did the plan have any participant loans? (If "Yes," enter amount as h If this is an individual account plan, was there a blackout period? (2520.101-3.)</li> <li>i If 10h was answered "Yes," check the box if you either provided th exceptions to providing the notice applied under 29 CFR 2520.107</li> <li>Part VI Pension Funding Compliance</li> <li>11 Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)</li> </ul>	iciary Correc ? (Do not inc fidelity bond her persons b of the benefit n? s of year end (See instruct he required n 1-3	tion Program) lude transactions reported , that was caused by fraud by an insurance carrier, s under the plan? (See 	10a 10b 10c 2 10d 10d 10d 10f 10g 10h 10i	X X X X X X X X X X hedule S	SB (Form		s    No
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<ul> <li>10 During the plan year:</li> <li>a Was there a failure to transmit to the plan any participant contribut 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu</li> <li>b Were there any nonexempt transactions with any party-in-interest on line 10a.)</li> <li>c Was the plan covered by a fidelity bond?</li> <li>d Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?</li> <li>e Were any fees or commissions paid to any brokers, agents, or oth insurance service or other organization that provides some or all or instructions.)</li> <li>f Has the plan have any participant loans? (If "Yes," enter amount as h If this is an individual account plan, was there a blackout period? (2520.101-3.)</li> <li>i If 10h was answered "Yes," check the box if you either provided th exceptions to providing the notice applied under 29 CFR 2520.107</li> <li>Part VI Pension Funding Compliance</li> <li>11 Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)</li> <li>11a Enter the amount from Schedule SB line 39</li> <li>12 Is this a defined contribution plan subject to the minimum funding (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,</li> <li>a If a waiver of the minimum funding standard for a prior year is bein</li> </ul>	iciary Correc ? (Do not inc fidelity bond her persons b of the benefit n? s of year end (See instruct) he required n 1-3 ents? (If "Ye requirement as applicabl ng amortized	tion Program) lude transactions reported , that was caused by fraud by an insurance carrier, s under the plan? (See 	10a 10b 10c 2 10d 10d 10e 10f 10g 10h 10i 0r secti tions, ar	X X X X X X X X X X A A A A A A A A A A	SB (Form f ERISA? the date of the	Yes	s 🗌 No s 🖾 No

Form 5500-SF 2012

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Enter the amount contributed by the employer to the plan for this plan year	12c			
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			
Will the minimum funding amount reported on line 12d be met by the funding deadline?		Yes	No 🗌	N/A
VII Plan Terminations and Transfers of Assets				
Has a resolution to terminate the plan been adopted in any plan year?	. X '	Yes No		
If "Yes," enter the amount of any plan assets that reverted to the employer this year	. 13a			0
Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the of the PBGC?	control		Yes	X No
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			
3c(1) Name of plan(s):	1 <b>3c(2)</b> E	IN(s)	13c(3)	PN(s)
VIII Trust Information (optional)			L	
Name of trust	14b ⊺	rust's EIN		
	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).         Will the minimum funding amount reported on line 12d be met by the funding deadline?	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   Will the minimum funding amount reported on line 12d be met by the funding deadline? 12d   VII Plan Terminations and Transfers of Assets   Has a resolution to terminate the plan been adopted in any plan year? X   If "Yes," enter the amount of any plan assets that reverted to the employer this year 13a   Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC? 13a   If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.) 13c(2) E   VIII Trust Information (optional)	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)	Enter the amount contributed by the employer to the prantor this prantycar       12d         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)



MAR 1 8 2013

Professional Benefit Services, Inc. Affordable administration of employee benefit plans

## Authorization to Electronically Sign and File 5500

I hereby authorize any employee of <u>Professional Benefit Services</u>, Inc. to electronically sign and file the 5500 forms on my behalf.

I further understand the following:

- I must sign a paper copy of the completed 5500 form.
- An image of my signature will be included with the rest of the return/report posted by the Department of Labor on the internet for public disclosure.
- I may revoke or change this authorization at any time by written notification to <u>Professional</u> <u>Benefit Services, Inc</u>.

Plan Name:	GLACIER	RECYCLE	RETIRE	NENT	PLAN	401(K)
Signature:_	Chur LL	1	Dated:			)
	Plan Trustee					