Fo	rm 5500-SF Short Form Annual Return/Report of Small Employee Benefit Plan						CMB Nos. 1210-0110 1210-0089			
	artment of the Treasury rnal Revenue Service	This form is required to be file		and 4065 of the Employe	20	2	2012			
	epartment of Labor Benefits Security Administration	Retirement Income Security Act of		ections 6057(b) and 6058		This Form i	s Open to Public			
Pension B	enefit Guaranty Corporation	Complete all entries in acco	rdance with the instru	ctions to the Form 550	0-SF.	Ins	spection			
Part I		entification Information	10		0/04/	0040				
	ar plan year 2012 or fisca آ	al plan year beginning 01/01/20			12/31/2					
	turn/report is for:			olan (not multiemployer)		a one-partici	pant plan			
<b>B</b> This re	turn/report is:	the first return/report	the final return/report							
•		an amended return/report		m/report (less than 12 m	onths)					
C Check	box if filing under:	Form 5558	automatic extension			DFVC progra	am			
		special extension (enter descripti	,							
Part II		nation—enter all requested inform	nation		16	Three-digit	[			
<b>1a</b> Name MCCARROL	L ENTERPRISES, INC.	401(K) PLAN				plan number (PN)	001			
					1c	Effective date o	f plan			
						01/01	/1999			
	ponsor's name and addre	ess; include room or suite number (	employer, if for a single	-employer plan)	2b	Employer Identi (EIN) 91-13	fication Number 96676			
	H TACOMA WAY				2c	Sponsor's telep 253-47				
TACOMA, V	VA 98409				2d	Business code 4411	(see instructions)			
3a Plan a	dministrator's name and	address Same as Plan Sponsor	Name Same as Pla	n Sponsor Address	3b	Administrator's	EIN 96676			
4 If the	name and/or EIN of the n	lan sponsor has changed since the	last return/report filed	or this plan enter the	4b	EIN				
name	e, EIN, and the plan numb	per from the last return/report.								
· · ·	or's name	the beginning of the plan year			4c	PN				
					5a		87			
		the end of the plan year			5b		74			
		count balances as of the end of the			5c		42			
		luring the plan year invested in eligi					X Yes No			
<b>b</b> Are ye	ou claiming a waiver of th	ne annual examination and report of	an independent qualifi	ed public accountant (IQ	PA)					
		See instructions on waiver eligibility er line 6a or line 6b, the plan can	,				X Yes 🗌 No			
		incomplete filing of this return/re								
Under pen SB or Sche	alties of perjury and othe	r penalties set forth in the instruction signed by an enrolled actuary, as w	ns, I declare that I have	examined this return/rep	port, ir	ncluding, if applic	,			
SIGN	Filed with authorized/va	lid electronic signature.	04/02/2013	RON LOPER						
HERE	Signature of plan adn	ninistrator	Date	Enter name of individ	ual sig	gning as plan adr	ninistrator			
SIGN										
HERE	Signature of employe	r/plan sponsor	Date	Enter name of individ	ual sig	gning as employe	er or plan sponsor			
Preparer's	name (including firm nar	ne, if applicable) and address; inclu	de room or suite numb	er (optional)	Prep	parer's telephone	number (optional)			
For Paperw	ork Reduction Act Notice a	and OMB Control Numbers, see the in	structions for Form 5500	-SF.			Form 5500-SF (2012)			

Part III Financial Information						
7 Plan Assets and Liabilities		(a) Beginning of Yea	r			(b) End of Year
a Total plan assets	7a	175838	0			1691954
<b>b</b> Total plan liabilities	7b				1231	
<b>C</b> Net plan assets (subtract line 7b from line 7a)		175838	1690723			
8 Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b) Total
a Contributions received or receivable from: (1) Employers		1971:	2			
(2) Participants		13019				
(3) Others (including rollovers)		1257				
<b>b</b> Other income (loss)		24487				
<b>C</b> Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)			-			407356
<b>d</b> Benefits paid (including direct rollovers and insurance pr to provide benefits)	emiums	468020	6			407000
e Certain deemed and/or corrective distributions (see instr	ructions) 8e					
f Administrative service providers (salaries, fees, commiss	sions) 8f	698	7			
g Other expenses						
h Total expenses (add lines 8d, 8e, 8f, and 8g)						475013
i Net income (loss) (subtract line 8h from line 8c)						-67657
j Transfers to (from) the plan (see instructions)	····· 8j					
Part IV Plan Characteristics						
Part V Compliance Questions						
<b>10</b> During the plan year:				Yes	No	Amount
<b>a</b> Was there a failure to transmit to the plan any participa 29 CFR 2510.3-102? (See instructions and DOL's Vol	untary Fiduciary Correct	ion Program)	10a		x	
<b>b</b> Were there any nonexempt transactions with any party on line 10a.)			10b		x	
C Was the plan covered by a fidelity bond?			10c	X		30000
<b>d</b> Did the plan have a loss, whether or not reimbursed by or dishonesty?			10d		х	
<b>e</b> Were any fees or commissions paid to any brokers, ag insurance service or other organization that provides s instructions.)	ome or all of the benefits	s under the plan? (See	10e	x		7432
${f f}$ Has the plan failed to provide any benefit when due un	der the plan?		10f		Х	
g Did the plan have any participant loans? (If "Yes," enter	r amount as of year end	.)	10g		Х	
h If this is an individual account plan, was there a blacko 2520.101-3.)			10h		x	
If 10h was answered "Yes," check the box if you either exceptions to providing the notice applied under 29 CF			10i			
Part VI Pension Funding Compliance						
11 Is this a defined benefit plan subject to minimum fundin 5500) and line 11a below)						
11a Enter the amount from Schedule SB line 39					11a	
12 Is this a defined contribution plan subject to the minimum	um funding requirements	s of section 412 of the Code	or se	ection (	302 of El	RISA? 🛛 Yes 🗙 No
(If "Yes," complete line 12a or lines 12b, 12c, 12d, and						
<b>a</b> If a waiver of the minimum funding standard for a prior granting the waiver.	year is being amortized	in this plan year, see instruc		, and e	enter the Day	date of the letter ruling Year
If you completed line 12a, complete lines 3, 9, and 10 c	f Cahadula MD (Carm)	5500) and skin to line 13				
	or Schedule MB (Form :			1	12b	

С	Enter	the amount contributed by the employer to the plan for this plan year	12c			
d	<b>d</b> 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)					
е		he minimum funding amount reported on line 12d be met by the funding deadline?		Yes	No N/A	
Part	Part VII Plan Terminations and Transfers of Assets					
13a	Has a	a resolution to terminate the plan been adopted in any plan year?	, ,	Yes X No		
	lf "Ye	es," 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 control of the PBGC?						
C 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.)						
1	3c(1)	Name of plan(s): 1	<b>3c(2)</b> E	IN(s)	<b>13c(3)</b> PN(s)	
Part	VIII	Trust Information (optional)				

14a Name of trust	14b Trust's EIN

For	m 5500-SF	Short Form Annual R		f Small Employ	/ee	OMB Nos, 1210-0110 1210-0089		
	lment of the Treasury nal Revenue Service	This form is required to be filed	Senefit Plan	nd 4065 of the Employee	e	2012		
	partment of Labor Inefits Security Administration	Retirement Income Security Act of		tions 6057(b) and 6058		This Form is Open to Public		
Pension Be	nefit Guaranty Corporation	Complete all entries in accord	ance with the instruc	tions to the Form 5500	)-SF.	Inspection		
Part I	Annual Report Id	lentification Information						
For calenda	ar plan year 2012 or fisc		/01/2012	and ending		12/31/2012		
A This retu	urn/report is for:	a single-employer plan	a multiple-employer pla	an (not multiemployer)		a one-participant plan		
B This retu	urn/report is:	the first return/report	the final return/report					
	[	an amended return/report	a short plan year return	/report (less than 12 mo	onths)			
C Check b	oox if filing under:	Form 5558	automatic extension			DFVC program		
	[	special extension (enter descriptio	n)					
Part II	Basic Plan Inform	nation—enter all requested informa	ation					
1a Name	of plan				1b	Three-digit		
MCCARRO	OLL ENTERPRISES	5, INC. 401(K) PLAN				(PN) 001		
					10	Effective date of plan		
						01/01/1999		
2a Plan sp	onsor's name and addr	ess; include room or suite number (er	nployer, if for a single-	employer plan)	2b	Employer Identification Number		
	OLL ENTERPRISES					(EIN) 91-1396676		
					2c	Sponsor's telephone number		
7802 SC	DUTH TACOMA WAY	7				253-472-2300		
					2d	Business code (see instructions)		
TACOMA		WA 98409		Q. Address	26	441110		
		address <b>Same</b> as Plan Sponsor N	ame USame as Plan	Sponsor Address	30	<b>3b</b> Administrator's EIN 91-1396676		
MCCARRO	OLL ENTERPRISES	5, INC.			3c	Administrator's telephone number		
7000 00	OUTH TACOMA WAY	7				253-472-2300		
7002 SC	OIN IACOMA WAI	L						
TACOMA		WA 98409						
		lan sponsor has changed since the la	ast return/report filed fo	r this plan, enter the	4b	EIN		
name, <b>a</b> Sponso		per from the last return/report.			40	PN		
		the beginning of the plan year			5a	87		
		t the end of the plan year			5b	74		
		count balances as of the end of the p			50			
	90 - 200000000000 - 100	count balances as of the end of the p			5c	42		
6a Were	all of the plan's assets o	luring the plan year invested in eligibl	e assets? (See instruc	tions.)		X Yes No		
		ne annual examination and report of a				X Yes 🗌 No		
		See instructions on waiver eligibility a er line 6a or line 6b, the plan cann						
		incomplete filing of this return/rep						
		r penalties set forth in the instructions						
SB or Sche	dule MB completed and rue, correct, and completed	signed by an enrolled actuary, as we	ell as the electronic vers	sion of this return/report	, and	to the best of my knowledge and		
SIGN	100		3/28/2013	RON LOPER				
HERE	Signature of plan adr	ministrator	Date	Enter name of individ	ual si	gning as plan administrator		
SIGN								
HERE	Signature of employe	er/plan sponsor	Date	Enter name of individ	ual si	gning as employer or plan sponsor		
Preparer's r		me, if applicable) and address; includ				parer's telephone number (optional)		
E	I. D. J. Min A. A. Matina	and OMB Control Numbers, see the inst	Luchiana far Carros FEOO	CT.	-	Form 5500-SF (2012)		

a Totalina	sets and Liabilities		(a) Beginning of Yea	r			(b) End	of Year	
	in assets	7a		5838	0				1691954
b Total pla	n liabilities	7b							1231
c Net plan	assets (subtract line 7b from line 7a)	7c	175	5838	30				1690723
B Income,	Expenses, and Transfers for this Plan Year		(a) Amount				(b) T	otal	
Control to the state of	tions received or receivable from: ployers	8a(1)		L971	.2				
- 0332	icipants	8a(2)	13	3019	3				
	ers (including rollovers)	8a(3)		1257	'5				
	come (loss)	8b	24	1487	6				
c Total inc	come (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							40735
	paid (including direct rollovers and insurance premiums le benefits)	8d	4 6	5802	26				
e Certain	deemed and/or corrective distributions (see instructions)	8e			_		_		
f Adminis	trative service providers (salaries, fees, commissions)	8f		698	37				
g Other ex	penses	8g			_		_		
h Total ex	penses (add lines 8d, 8e, 8f, and 8g)	8h		_					47501
	me (loss) (subtract line 8h from line 8c)	8i		_	-				-6765
j Transfer	s to (from) the plan (see instructions)	8j							
	an provides welfare benefits, enter the applicable welfare fe	eature codes	from the List of Plan Charac	cterist	ic Cod	es in ti	he instructi	ons:	
	the plan year:				Yes	No	1	Amoui	nt
a Was th	ere a failure to transmit to the plan any participant contribu R 2510.3-102? (See instructions and DOL's Voluntary Fidu			10a	-	Х			
	here any nonexempt transactions with any party-in-interest 10a.)			10b		Х			
c Was t	ne plan covered by a fidelity bond?			10c	Х				3000
	plan have a loss, whether or not reimbursed by the plan's onesty?	•	at a second the format						
or uish		*****	-	10d		Х			
e Were a insurar	any fees or commissions paid to any brokers, agents, or oth nee service or other organization that provides some or all tions.)	ner persons of the benefi	by an insurance carrier, is under the plan? (See	10d 10e	x	X			743
e Were a insurar instruc	nce service or other organization that provides some or all o	ner persons of the benefi	by an insurance carrier, is under the plan? (See		x	X			743
<ul><li>e Were a insurar instruc</li><li>f Has the</li></ul>	nce service or other organization that provides some or all o tions.)	ner persons of the benefi n?	by an insurance carrier, is under the plan? (See	10e 10f	x				743
<ul> <li>e Were a insurar instruc</li> <li>f Has the g Did the</li> <li>h If this is 2520.1</li> </ul>	nce service or other organization that provides some or all o tions.) e plan failed to provide any benefit when due under the pla e plan have any participant loans? (If "Yes," enter amount a s an individual account plan, was there a blackout period? 01-3.)	ner persons l of the benefi n? s of year en (See instruc	by an insurance carrier, is under the plan? (See 1.)	10e	x	X			743
<ul> <li>e Were a insurar instruct</li> <li>f Has the g Did the 1f this is 2520.1</li> <li>i If 10h x</li> </ul>	nce service or other organization that provides some or all otions.) e plan failed to provide any benefit when due under the pla e plan have any participant loans? (If "Yes," enter amount a s an individual account plan, was there a blackout period?	ner persons of the benefi n? s of year en (See instruc ne required r	by an insurance carrier, is under the plan? (See 1.)	10e 10f 10g	x	X X			743
<ul> <li>e Were a insurar insurar instruct</li> <li>f Has the g Did the h If this is 2520.1</li> <li>i If 10h v except</li> </ul>	nce service or other organization that provides some or all o tions.) e plan failed to provide any benefit when due under the pla e plan have any participant loans? (If "Yes," enter amount a s an individual account plan, was there a blackout period? 01-3.) was answered "Yes," check the box if you either provided th	ner persons of the benefi n? s of year en (See instruc ne required r	by an insurance carrier, is under the plan? (See 1.)	10e 10f 10g 10h	X	X X			743
e Were a insurar instruc f Has the g Did the h If this is 2520.1 i If 10h v except art VI P 1 Is this a	nce service or other organization that provides some or all ot tions.) e plan failed to provide any benefit when due under the pla e plan have any participant loans? (If "Yes," enter amount a s an individual account plan, was there a blackout period? 01-3.) was answered "Yes," check the box if you either provided th ons to providing the notice <b>applied</b> under 29 CFR 2520.10	ner persons of the benefi n? s of year en (See instruc ne required r 1-3 	by an insurance carrier, is under the plan? (See d.) ions and 29 CFR notice or one of the es," see instructions and com	10e 10f 10g 10h 10i	Scheo	X X X dule SE	3 (Form		
<ul> <li>e Were a insurar insurar instruct</li> <li>f Has the g Did the g Did the 2520.1</li> <li>i If 10h vexcept</li> <li>art VI P.</li> <li>1 Is this a 5500) a</li> </ul>	nce service or other organization that provides some or all otions.) e plan failed to provide any benefit when due under the pla e plan have any participant loans? (If "Yes," enter amount a s an individual account plan, was there a blackout period? 01-3.) was answered "Yes," check the box if you either provided the ions to providing the notice applied under 29 CFR 2520.10 ension Funding Compliance a defined benefit plan subject to minimum funding requirem	ner persons of the benefi n? s of year en (See instruc ne required r 1-3 	by an insurance carrier, is under the plan? (See 1.)	10e 10f 10g 10h 10i	Scheo	X X X dule SE	3 (Form		
<ul> <li>e Were a insurar insurar insurar</li> <li>f Has the g Did the h If this is 2520.1</li> <li>i If 10h v except</li> <li>art VI P</li> <li>1 Is this a 5500) a</li> <li>1a Enter time to the second sec</li></ul>	nce service or other organization that provides some or all otions.) e plan failed to provide any benefit when due under the plane plan have any participant loans? (If "Yes," enter amount a s an individual account plan, was there a blackout period? 01-3.) was answered "Yes," check the box if you either provided the ions to providing the notice applied under 29 CFR 2520.10 ension Funding Compliance a defined benefit plan subject to minimum funding requirement and line 11a below)	er persons of the benefi n? s of year en- (See instruc (See instruc ne required r 1-3 	by an insurance carrier, is under the plan? (See d.) ions and 29 CFR notice or one of the es," see instructions and com	10e 10f 10g 10h 10i	Scheo	X X X Jule SE			/es 🗍 No
e Were a insurar instruc f Has the 2520.1 i If this is 2520.1 i If the vecept art VI P 1 Is this a 5500) a 1a Enter the 2 Is this (If "Yes	a defined benefit plan subject to the minimum funding removed contribution plan subject to the minimum funding	er persons of the benefi n? s of year end (See instruction (See instruction (See instruction (See instruction (See instruction (See instruction) (See instru	by an insurance carrier, is under the plan? (See d.) ions and 29 CFR notice or one of the es," see instructions and com ts of section 412 of the Code le.)	10e 10f 10g 10h 10i 10i	Scheo	X X X dule SE 11a 302 of	ERISA?		∕es ☐ No ∕es X No
e Were a insurar instruc f Has the 2520.1 i If this is 2520.1 i If 10 h vexcept art VI P. 1 Is this a 5500) a 1a Enter the 2 Is this a fa wai granting	a defined contribution plan subject to the minimum funding	ner persons of the benefi n? s of year end (See instruct ne required r 1-3 	by an insurance carrier, is under the plan? (See d.) ions and 29 CFR notice or one of the es," see instructions and com ts of section 412 of the Code le.) I in this plan year, see instruc- Mon	10e 10f 10g 10h 10i 10i	Scheo	X X X dule SE 11a 302 of	ERISA?		∕es ☐ No ∕es X No

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Page	3 -	

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 negative amount).	1		
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?	·····	res X M	10
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 un of the PBGC?	der the control		Yes X No
C If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the which assets or liabilities were transferred. (See instructions.)	plan(s) to		
13c(1) Name of plan(s):	13c(2) E	IN(s)	13c(3) PN(s)
Part VIII Trust Information (optional)			
	1.4.44		

14a Name of trust

14b Trust's EIN