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).

0040

OMB Nos. 1210-0110

1210-0089

2012

This Form is Open to Public Inspection

Pensi	on Benefit Guaranty Corporation	▶ Complete all entries in ac	cordance with the instruc	tions to the Form 5500	0-SF.	
Part	I Annual Report	Identification Information				
For cal	endar plan year 2012 or f	iscal plan year beginning 01/01/	2012	and ending 1	2/31/2012	
	s return/report is for:	a single-employer plan		an (not multiemployer)	a one-partic	ipant plan
B Thi	s return/report is:	the first return/report	the final return/report			
		an amended return/report	a short plan year return	n/report (less than 12 mo	onths)	
C Che	eck box if filing under:	Form 5558	automatic extension		DFVC progr	am
	-	special extension (enter descr	iption)		_	
Part	II Basic Plan Info	ormation—enter all requested info				
	me of plan	citter an requested into	omation		1b Three-digit	
	INC. PROFIT SHARING I	PLAN			plan number	
,					(PN) ▶	001
					1c Effective date of	of plan
					01/01	1/1979
2a Pla TIMCO,		ddress; include room or suite numbe	er (employer, if for a single-	employer plan)	2b Employer Ident (EIN) 91-09	tification Number 984021
1926 PC	ORT OF TACOMA ROAD				2c Sponsor's telep	phone number 72-0397
TACOM	A, WA 98421				2d Business code 4441	,
3a Pla	an administrator's name a	nd address XSame as Plan Spons	or Name Same as Plan	Sponsor Address	3b Administrator's	EIN
					3c Administrator's	telephone number
		e plan sponsor has changed since t	he last return/report filed fo	r this plan, enter the	4b EIN	
	•	imber from the last return/report.			4	
	onsor's name				4c PN	
5a To	otal number of participants	s at the beginning of the plan year			5a	13
b To	otal number of participants	s at the end of the plan year			5b	12
	• •	account balances as of the end of t		'	5c	12
6a v	ere all of the plan's asset	ts during the plan year invested in e	igible assets? (See instruc	tions.)		X Yes No
_		of the annual examination and repor				
ur	nder 29 CFR 2520.104-46	6? (See instructions on waiver eligibi	lity and conditions.)			X Yes No
lf	you answered "No" to e	either line 6a or line 6b, the plan c	annot use Form 5500-SF	and must instead use	Form 5500.	
Cautio	n: A penalty for the late	or incomplete filing of this return	/report will be assessed	unless reasonable cau	se is established.	
		ther penalties set forth in the instruc	•		, 0, 11	,
	Schedule MB completed a t is true, correct, and com	and signed by an enrolled actuary, an plete.	s well as the electronic ver	sion of this return/report,	, and to the best of my	y knowledge and
SIGN HERE	Filed with authorized	l/valid electronic signature.	04/23/2013	GEORGE F. LAIBLIN		
HEKE	Signature of plan a	administrator	Date	Enter name of individu	ual signing as plan ad	ministrator
SIGN						
HERE	Signature of emple	over/plan sponsor	Date	Enter name of individu	ial signing as employ	er or plan sponsor
Prepar		name, if applicable) and address; in			Preparer's telephone	
•	. •	,		,		. , ,

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Par	t III Financial Information		<u> </u>						
	•		(a) Denimina of Ver				(h) Fuel of Voca		
	Plan Assets and Liabilities	_	(a) Beginning of Yea		(b) End of Year				
	Total plan assets	7a	119548	38	+		1286816		
	Total plan liabilities	7b	440546	20	+	4000040			
	Net plan assets (subtract line 7b from line 7a)	7c	119548	38	+	1286816			
	Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from:		(a) Amount				(b) Total		
а	(1) Employers	8a(1)	1500	00					
	(2) Participants	8a(2)							
	(3) Others (including rollovers)	8a(3)							
b	Other income (loss)	8b	12549	93					
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c					140493		
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	3237	7 8					
е	Certain deemed and/or corrective distributions (see instructions)	8e							
f	Administrative service providers (salaries, fees, commissions)	8f	1678	37					
g	Other expenses	8g							
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h					49165		
i	Net income (loss) (subtract line 8h from line 8c)	8i					91328		
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 2E 2F	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 fe	eature cod	les from the List of Plan Chara	cterist	ic Cod	les in t	he instructions:		
Part	V Compliance Questions								
10	During the plan year:				Yes	No	Amount		
a				10a		X	Amount		
b	·	? (Do not	include transactions reported	10b		X			
				10c	Χ		450000		
	Did the plan have a loss, whether or not reimbursed by the plan's			100			150000		
	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 plan			10f		X			
	Did the plan have any participant loans? (If "Yes," enter amount a					X			
<u>g</u>	If this is an individual account plan, was there a blackout period?	(See instru	uctions and 29 CFR	10g		X			
	If 10h was answered "Yes," check the box if you either provided the	ne require	d notice or one of the	10h					
D =1	exceptions to providing the notice applied under 29 CFR 2520.10	1-3		10i					
Part 11	Is this a defined benefit plan subject to minimum funding requirem								
11a	5500) and line 11a below) Enter the amount from Schedule SB line 39					11a	Tes No		
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		
lf	you completed line 12a, complete lines 3, 9, and 10 of Schedulo								
b	Enter the minimum required contribution for this plan year					12b			
				_			-		

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	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		
е	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?	control		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):	1 3c(2) E	IN(s)	13c(3) PN(s)
Part	VIII Trust Information (optional)			
	Name of trust	14b ⊤	rust's EIN	

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**

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2012

OMB Nos. 1210-0110 1210-0089

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David			ccordance with the instruc	Stions to the Form coo	U-3F.		
Part I		Identification Information					
For calenda	ar plan year 2012 or fis	scal plan year beginning	01/01/2012	and ending		12/31/2012	2
A This ret	turn/report is for:	X a single-employer plan	a multiple-employer pl	lan (not multiemployer)		a one-partici	pant plan
B This ret	turn/report is:	the first return/report	the final return/report				
		an amended return/report	a short plan year return	n/report (less than 12 mo	onths)		
C Check t	box if filing under:	Form 5558	automatic extension			DFVC progra	am
	Ü	special extension (enter desc	cription)				
Part II	Basic Plan Info	rmation—enter all requested in	nformation				
1a Name	of plan				1b	Three-digit	
TIMCO,	INC. PROFIT	SHARING PLAN				plan number	001
						(PN)	
						Effective date o	
On Division			/ 16 f 1				
TIMCO,		dress; include room or suite numb	per (employer, if for a single-	employer plan)		Employer Identi (EIN) 91-098	
111100,	2110					Sponsor's telep	
1926 PC	ORT OF TACOMA	ROAD				253-272-01	
							(see instructions)
TACOMA		WA 98421				444190	(000)
3a Plan a	dministrator's name an	d address XSame as Plan Spon	sor Name Same as Plan	Sponsor Address	3b	Administrator's	EIN
			- 1 to 3 to 3				
					3с	Administrator's	telephone number
	3						
4 If the r	name and/or FIN of the	nlan sponsor has changed since	the last return/report filed for	or this plan enter the	4h	FIN	
		plan sponsor has changed since nber from the last return/report.	the last return/report filed for	or this plan, enter the	4b	EIN	
name,			the last return/report filed fo	or this plan, enter the	4b 4c		
name, a Sponse	, EIN, and the plan nur or's name						13
a Sponse 5a Total r	, EIN, and the plan nur or's name number of participants	nber from the last return/report.			4c		13
a Sponso 5a Total r b Total r c Number	, EIN, and the plan nur or's name number of participants number of participants er of participants with a	at the beginning of the plan year. at the end of the plan year	the plan year (defined bene	ofit plans do not	4c 5a 5b		12
name, a Sponso 5a Total r b Total r c Number	, EIN, and the plan nur or's name number of participants number of participants er of participants with a lete this item)	nber from the last return/report. at the beginning of the plan year at the end of the plan year	the plan year (defined bene	efit plans do not	4c 5a 5b 5c	PN	12
name, a Sponso 5a Total r b Total r c Number compl 6a Were	, EIN, and the plan nur or's name number of participants number of participants er of participants with a lete this item)	at the beginning of the plan year	the plan year (defined bene	efit plans do not	4c 5a 5b 5c	PN	12
name, a Sponsi 5a Total r b Total r c Number compl 6a Were b Are yo	, EIN, and the plan nur or's name number of participants number of participants er of participants with a lete this item)	at the beginning of the plan year	the plan year (defined bene eligible assets? (See instruc ort of an independent qualifie	efit plans do not tions.)d public accountant (IQ	4c 5a 5b 5c	PN	12 12 X Yes No
name, a Sponsi 5a Total r b Total r c Number compl 6a Were b Are younder	, EIN, and the plan nur or's name number of participants number of participants her of participants with a lete this item)	at the beginning of the plan year	the plan year (defined bene eligible assets? (See instruc ort of an independent qualifie bility and conditions.)	efit plans do not tions.)d public accountant (IQ	4c 5a 5b 5c	PN	12 12 X Yes No
name, a Sponsi 5a Total r b Total r c Number compl 6a Were b Are younder If you	, EIN, and the plan nur cor's name number of participants number of participants are of participants with a lete this item)	at the beginning of the plan year. at the end of the plan year account balances as of the end of during the plan year invested in a the annual examination and repo (See instructions on waiver eligit ther line 6a or line 6b, the plan	eligible assets? (See instruc ort of an independent qualifie bility and conditions.)	efit plans do not tions.) ed public accountant (IQ and must instead use	4c 5a 5b 5c	PN	12 12 X Yes No
name, a Sponsi 5a Total r b Total r c Numb- compl 6a Were b Are younder If you Caution: A	, EIN, and the plan nur or's name number of participants number of participants er of participants with a lete this item)	at the beginning of the plan year	eligible assets? (See instructor of an independent qualified bility and conditions.)	efit plans do not tions.) d public accountant (IQI and must instead use unless reasonable cau	4c 5a 5b 5c PA) Form use is a	5500. established. cluding, if applic	12 12 X Yes No X Yes No
name, a Sponsi 5a Total r b Total r c Numbicompl 6a Were b Are younder lf you Caution: A Under pena	, EIN, and the plan nur or's name number of participants number of participants er of participants with a lete this item)	at the beginning of the plan year at the end of the plan year	eligible assets? (See instructor of an independent qualified bility and conditions.)	efit plans do not tions.) d public accountant (IQI and must instead use unless reasonable cau	4c 5a 5b 5c PA) Form use is a	5500. established. cluding, if applic	12 12 X Yes No X Yes No
name, a Sponsi 5a Total r b Total r c Numbicompl 6a Were b Are younder If you Caution: A Under pena	, EIN, and the plan nur or's name number of participants number of participants er of participants with a lete this item)	at the beginning of the plan year at the end of the plan year	eligible assets? (See instructor of an independent qualified bility and conditions.)	efit plans do not tions.) d public accountant (IQI and must instead use unless reasonable cau	4c 5a 5b 5c PA) Form use is a	5500. established. cluding, if applic	12 12 X Yes No X Yes No
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name, a Sponsi 5a Total r b Total r c Numbicompl 6a Were b Are younder lf you Caution: A Under pena	, EIN, and the plan nur nor's name number of participants number of participants are of participants with a lete this item)	at the beginning of the plan year at the end of the plan year at the end of the plan year account balances as of the end of the annual examination and report (See instructions on waiver eligible ther line 6a or line 6b, the plan for incomplete filing of this returner penalties set forth in the instructions on year lines the plan for incomplete filing of this returner penalties set forth in the instructions on years.	eligible assets? (See instructor of an independent qualifies bility and conditions.)	tions.) and must instead use unless reasonable cau examined this return/report	4c 5a 5b 5c PA) Form Ise is port, in , and t	5500. established. cluding, if applic of the best of my	12 12 X Yes No X Yes No Able, a Schedule with knowledge and
name, a Sponsi 5a Total r b Total r c Number compl 6a Were b Are younder If you Caution: A Under pena SB or Sche belief, it is t	, EIN, and the plan nur or's name number of participants number of participants er of participants with a lete this item)	at the beginning of the plan year at the end of the plan year at the end of the plan year account balances as of the end of the annual examination and report (See instructions on waiver eligible ther line 6a or line 6b, the plan for incomplete filing of this returner penalties set forth in the instructions on year lines the plan for incomplete filing of this returner penalties set forth in the instructions on years.	eligible assets? (See instructor of an independent qualifies bility and conditions.)	efit plans do not tions.)	4c 5a 5b 5c PA) Form Ise is port, in , and t	5500. established. cluding, if applic of the best of my	12 12 X Yes No X Yes No Able, a Schedule whowledge and
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name, a Sponsi 5a Total r b Total r c Number compl 6a Were b Are younder If you Caution: A Under pena SB or Sche belief, it is t	, EIN, and the plan nur or's name number of participants number of participants number of participants are of participants with a lete this item) all of the plan's assets ou claiming a waiver of 29 CFR 2520.104-467 answered "No" to ei A penalty for the late of alties of perjury and oth edule MB completed ar true, correct, and comp	at the beginning of the plan year at the end of the plan year	eligible assets? (See instructor of an independent qualifies bility and conditions.)	efit plans do not tions.)	4c 5a 5b 5c PA) Form ase is a coort, in, and t	5500. established. cluding, if applic o the best of my	12 12 Yes No X Yes No Able, a Schedule knowledge and Ininistrator Per or plan sponsor

Pa	rt III Financial Information								
7	Plan Assets and Liabilities		(a) Beginning of Yea	r			(b) End		
а	Total plan assets	7a	119	5488	3			1286	816
b	Total plan liabilities	7b							
С	Net plan assets (subtract line 7b from line 7a)	7c	119	5488	3			1286	816
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b) To	otal	
а	Contributions received or receivable from:	0 (4)	1	5000					
-	(1) Employers	8a(1)							14
	(2) Participants	8a(2)						Tall QE	
	(3) Others (including rollovers)	8a(3)	1.0	25493	3	2			=,111;
	Other income (loss)	8b		10470				140	1493
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c			1000				133
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	3	32378	3				di
e	Certain deemed and/or corrective distributions (see instructions)	8e				Piggs			
f	Administrative service providers (salaries, fees, commissions)	8f	1	6787	7		Splitter in		
q	Other expenses	8g			U			=,	11781
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h						4.9	3165
ī	Net income (loss) (subtract line 8h from line 8c)	8i		XIL I				91	1328
j	Transfers to (from) the plan (see instructions)	8j						WAILER FROM	10.1
Pa	rt IV Plan Characteristics								
b	2E 2F If the plan provides welfare benefits, enter the applicable welfare for tV Compliance Questions	eature codes	from the List of Plan Charac	cteristic	Cod	es in th	ne instructi	ons:	
	Compliance Questions								
10	During the plan year:				Yes	No		Amount	
10 a	During the plan year: Was there a failure to transmit to the plan any participant contribution 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidure).	tions within t	the time period described in strongram)	10a	Yes	No X		Amount	_
a	Was there a failure to transmit to the plan any participant contribu	ciary Correct: (Do not inc	ction Program) clude transactions reported		Yes	-			
a	Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu.) Were there any nonexempt transactions with any party-in-interest on line 10a.)	ciary Correct: (Po not inc	clude transactions reported	10a	Yes	Х			0000
a k	Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu Were there any nonexempt transactions with any party-in-interest on line 10a.) Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?	ciary Correct (Do not income	clude transactions reported	10a 10b		Х			0000
k	Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fide Were there any nonexempt transactions with any party-in-interest on line 10a.) Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?	fidelity bond	clude transactions reported t, that was caused by fraud by an insurance carrier,	10a 10b 10c		X			0000
k	Was there a failure to transmit to the plan any participant contribution 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fide.) Were there any nonexempt transactions with any party-in-interest on line 10a.) Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty? Were any fees or commissions paid to any brokers, agents, or oth insurance service or other organization that provides some or all instructions.)	(Po not income fidelity bond ner persons of the benefit	I, that was caused by fraud by an insurance carrier, ts under the plan? (See	10a 10b 10c 10d		X			0000
k	Was there a failure to transmit to the plan any participant contribution 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fide Were there any nonexempt transactions with any party-in-interest on line 10a.) Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty? Were any fees or commissions paid to any brokers, agents, or oth insurance service or other organization that provides some or all instructions.) Has the plan failed to provide any benefit when due under the plan	(Do not income fidelity bonds of the benefiting in?	I, that was caused by fraud by an insurance carrier, ts under the plan? (See	10a 10b 10c 10d		X X X			0000
k c c c c c c c c c c c c c c c c c c c	Was there a failure to transmit to the plan any participant contribution 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fide Were there any nonexempt transactions with any party-in-interest on line 10a.) Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty? Were any fees or commissions paid to any brokers, agents, or oth insurance service or other organization that provides some or all instructions.) Has the plan failed to provide any benefit when due under the plan bid the plan have any participant loans? (If "Yes," enter amount a lif this is an individual account plan, was there a blackout period? 2520.101-3.)	fidelity bond for the beneficial of the beneficial of the series of year encodes of the contract of the series of year encodes	tion Program)	10a 10b 10c 10d 10e 10f		X X X			0000
	Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu Were there any nonexempt transactions with any party-in-interest on line 10a.) Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty? Were any fees or commissions paid to any brokers, agents, or oth insurance service or other organization that provides some or all instructions.) Has the plan failed to provide any benefit when due under the plan Did the plan have any participant loans? (If "Yes," enter amount a lif this is an individual account plan, was there a blackout period? 2520.101-3.)	fidelity bond fidelity bond finer persons of the benefit finer constructions of year encountry the required in	btion Program)	10a 10b 10c 10d 10e 10f 10g		X X X X			0000
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	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 negative amount).	e left of a	12d			
е	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 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 broof the PBGC?				Yes	X No
С	If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), ider which assets or liabilities were transferred. (See instructions.)					
1	13c(1) Name of plan(s):	1	I3c(2) El	N(s)	13c(3)	PN(s)
_						
Part	VIII Trust Information (optional)					
	Name of trust		14b T	rust's EIN		