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).

2042

OMB Nos. 1210-0110

1210-0089

2012

This Form is Open to Public Inspection

| | | | ▶ Con | iplete all entries in | accordance | ce with the instr | uctions to the Form 55 | 00-SF. | | |
|-----|-----------|---------------------------|---------------|---|----------------|----------------------|---|----------|--------------------------|--------------------|
| | art I | Annual Report | | | on | | | | | |
| For | calenda | ar plan year 2012 or fis | scal plan ye | ar beginning 01/ | 01/2012 | | and ending | 12/31/ | 2012 | |
| Α | This retu | urn/report is for: | × a single | e-employer plan | am | nultiple-employer | plan (not multiemployer) |) | a one-partici | pant plan |
| В | This retu | urn/report is: | the firs | t return/report | the | final return/repor | t | | | |
| | | | an ame | ended return/report | a sh | ort plan year retu | ırn/report (less than 12 n | nonths |) | |
| С | Check b | oox if filing under: | Form 5 | 558 | aut | omatic extension | | | DFVC progra | am |
| | | | special | extension (enter de | scription) | | | | | |
| Pá | art II | Basic Plan Info | rmation- | enter all requested | information | 1 | | | | |
| 1a | Name o | of plan | | | | | | 1b | Three-digit | |
| DEL | SOL, IN | C. 401(K) PROFIT SH | IARING PLA | AN | | | | | plan number | 004 |
| | | | | | | | | 10 | (PN) | 001 |
| | | | | | | | | 10 | Effective date of 01/01 | or pian /2005 |
| 2a | Plan sp | oonsor's name and ad | dress; inclu | de room or suite nun | nber (emplo | oyer, if for a singl | e-employer plan) | 2b | Employer Identi | ification Number |
| DEL | SOL, IN | IC. | | | | | , | | | 44944 |
| | | | | | | | | 2c | Sponsor's telep | |
| | | COLUMBIA ST., SUITE | ∄ 1 | | | | | <u> </u> | 509-54 | |
| PAS | CO, WA | . 99301 | | | | | | 2d | | (see instructions) |
| 32 | Plan ac | dministrator's name ar | nd addrage | V Samo as Plan Sno | oncor Name | Samo as Bl | an Sponsor Address | 3h | 56172 Administrator's | |
| Ju | i iaii ac | ammistrator s mame ar | iu addiess | Same as rian ope | JIISOI INAIIIR | e Dame as i ii | an oponsor Address | 35 | Administrators | LIIV |
| | | | | | | | | 3с | Administrator's | telephone number |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| 4 | If the n | name and/or EIN of the | nlan cnon | cor has shanged sing | co the last r | roturn/roport filed | for this plan, enter the | 4h | FIN | |
| 7 | | EIN, and the plan nur | | | ce ine iasi i | eturi/report illeu | ioi tilis piari, eriter tile | 40 | EIN | |
| а | | or's name | | | | | | 4c | PN | |
| 5a | Total n | number of participants | at the begin | nning of the plan yea | ır | | | . 5a | | 28 |
| b | Total n | number of participants | at the end of | of the plan year | | | | . 5b | | 21 |
| С | | er of participants with a | | | | • • | nefit plans do not | . 5c | | 4 |
| 6a | | , | | | | | uctions.) | - 1 | | X Yes No |
| b | | | | | | | ied public accountant (IC | | | |
| | | | | | | | | | | X Yes No |
| | If you | answered "No" to ei | ther line 6a | or line 6b, the pla | n cannot u | se Form 5500-S | F and must instead use | e Form | 1 5500. | |
| | | | | | | | d unless reasonable ca | | | |
| | | | | | | | e examined this return/re ersion of this return/repo | | | |
| | | rue, correct, and comp | | an emoned actuary | , as well as | s the electronic ve | ersion or this return/repo | n, and | to the best of my | Knowledge and |
| | | | | | | | T | | | |
| SIG | | Filed with authorized/ | valid electro | electronic signature. 04/23/2013 MARTIN RODRIGUEZ | | | Z | | | |
| 111 | I\L | Signature of plan a | dministrato | or | | Date | Enter name of individ | dual si | gning as plan adr | ministrator |
| SIG | | | | | | | | | | |
| HE | | Signature of emplo | | | | Date | Enter name of individ | dual si | gning as employe | er or plan sponsor |
| Pre | parer's ı | name (including firm n | ame, if appl | icable) and address | ; include ro | om or suite numb | er (optional) | Prep | parer's telephone | number (optional) |
| | | | | | | | | 1 | | |
| | | | | | | | | 1 | | |
| | | | | | | | | | | |
| | | | | | | | | | | |

Form 5500-SF 2012 Page **2**

| Pa | rt III Financial Information | | | | | | | | | |
|---------------------|--|--|--------------------------------|---------|---------|----------|-----------------|------------|----|-----|
| 7 | Plan Assets and Liabilities | | (a) Beginning of Yea | ır | | | (b) End o | f Voor | | |
| _ <u></u> | Total plan assets | 7a | 20935 | | + | | (b) Liid O | 22014 | 14 | |
| | Total plan liabilities | 7b | 20000 | • | | | | 2201- | | |
| | Net plan assets (subtract line 7b from line 7a) | 7c | 20935 | 209357 | | | | 22014 | 14 | |
| 8 | Income, Expenses, and Transfers for this Plan Year | ,,, | (a) Amount | • | | | (b) To | | | |
| | Contributions received or receivable from: | | (a) Amount | | | | (1) 10 | aı | | |
| | (1) Employers | 8a(1) | | 0 | | | | | | |
| | (2) Participants | 8a(2) | | 0 | | | | | | |
| | (3) Others (including rollovers) | 8a(3) | | 0 | | | | | | |
| b | Other income (loss) | 8b | 1275 | 1 | | | | | | |
| С | Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) | 8c | | | | | | 1275 | 1 | |
| d | Benefits paid (including direct rollovers and insurance premiums to provide benefits) | 8d | 171 | 4 | | | | | | |
| <u>e</u> | Certain deemed and/or corrective distributions (see instructions) | 8e | | 0 | | | | | | |
| f | Administrative service providers (salaries, fees, commissions) | 8f | 25 | 0 | | | | | | |
| g | Other expenses | 8g | | | | | | | | |
| h | Total expenses (add lines 8d, 8e, 8f, and 8g) | 8h | | | | | | 196 | 64 | |
| <u>i</u> | Net income (loss) (subtract line 8h from line 8c) | 8i | | | | | | 1078 | 37 | |
| j | Transfers to (from) the plan (see instructions) | 8j | | | | | | | | |
| Pa | rt IV Plan Characteristics | - | | | • | | | | | |
| 9a | If the plan provides pension benefits, enter the applicable pension for the plan provides pension benefits, enter the applicable pension for the plan provides pension benefits, enter the applicable pension for the plan provides pension benefits, enter the applicable pension for the plan provides pension benefits, enter the applicable pension for the plan provides pension benefits, enter the applicable pension for the plan provides pension benefits, enter the applicable pension for the plan provides pension benefits, enter the applicable pension for the plan provides pension for the plan pension for the pension for the pension for t | feature co | des from the List of Plan Char | acteris | stic Co | des in | the instruction | ons: | | |
| b | If the plan provides welfare benefits, enter the applicable welfare fe | ature cod | es from the List of Plan Chara | cterist | ic Coc | les in t | he instruction | าร: | | |
| Par | t V Compliance Questions | | | | | | | | | |
| 10 | <u> </u> | | | | Yes | No | | | | |
| a | During the plan year: Was there a failure to transmit to the plan any participant contribut | tions withi | n the time period described in | | 163 | NO | <i>P</i> | mount | | |
| | 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu | | | 10a | | X | | | | |
| b | Were there any nonexempt transactions with any party-in-interest on line 10a.) | | | 10b | | X | | | | |
| С | Was the plan covered by a fidelity bond? | | | 10c | X | | | | 21 | 000 |
| d | Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty? | - | | 10d | | X | | | | 000 |
| —е | Were any fees or commissions paid to any brokers, agents, or oth | | | 100 | | | | | | |
| · | insurance service or other organization that provides some or all o | | | | | X | | | | |
| | instructions.) | | | 10e | | | | | | |
| f | Has the plan failed to provide any benefit when due under the plan | า? | | 10f | | X | | | | |
| g | Did the plan have any participant loans? (If "Yes," enter amount as | s of year e | end.) | 10g | | X | | | | |
| h | If this is an individual account plan, was there a blackout period? (| See instru | uctions and 29 CFR | | | X | | | | |
| | 2520.101-3.) | | | 10h | | ^ | | | | |
| i | If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.101 | | | 10i | | | | | | |
| Par | | | | | | | | | | |
| 11 | | | | | | | | | | |
| 11: | · | | | | | | | | | |
| 12 | | | | | | | | No | | |
| -12 | (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.) | | | | | | - 10 | | | |
| a | | 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 letter ruling | | | | | | | | |
| granting the waiver | | | | | | | | | | |
| If | you completed line 12a, complete lines 3, 9, and 10 of Schedule | MB (For | m 5500), and skip to line 13. | | | | 1 | | | |
| b | Enter the minimum required contribution for this plan year | | | | | 12b | | | | |

| | Form 5500-SF 2012 Page 3 - 1 | | | |
|------|--|------------------|------------|---------------------|
| | 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

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

| Part I | Annual Report Identification Information | | | | | | | |
|-----------------------------|--|---------------------------|--|---------|--------------------------------|--|--|--|
| For calenda | r plan year 2012 or fiscal plan year beginning 01/01/2012 | | and ending 1 | 2/31/2 | 2012 | | | |
| A This retu | A This return/report is for: | | | | | | | |
| B This retu | rm/report is: the first return/report the | • | | | | | | |
| | an amended return/report a s | hort plan year return/ | report (less than 12 mo | onths) | | | | |
| C Check b | ox if filing under: Form 5558 au | tomatic extension | • | | DFVC progra | ım | | |
| | special extension (enter description) | | | | | | | |
| Part II | Basic Plan Information—enter all requested informatio | on | | | | | | |
| 1a Name o | | <u></u> | • | 1b | Three-digit | | | |
| | 401(k) Profit Sharing Plan | | | | plan number (PN) ▶ | 001 | | |
| | | | | 1c | Effective date o | f plan | | |
| | | <u> </u> | | 10 | 01/01/2 | • | | |
| 2a Plan sp Del Sol, Inc. | onsor's name and address; include room or suite number (emp | loyer, if for a single-e | mployer plan) | 2b | Employer Identi (EIN) 91214 | and the second s | | |
| | | | | ·2c | Sponsor's telep | | | |
| 611 West Co | olumbia St., Suite 1 | | | 2d | Business code | (see instructions) | | |
| Pasco, WA 9 | | | | | 561720 | | | |
| 3a Plan ac | Iministrator's name and address XSame as Plan Sponsor Nam | ne Same as Plan | Sponsor Address | 3b | Administrator's | EIN | | |
| | | | | 3с | Administrator's | telephone number | | |
| | | | | | | | | |
| | | | g ver e | | | | | |
| | | | | | | | | |
| | ame and/or EIN of the plan sponsor has changed since the last | t return/report filed for | this plan, enter the | 4b | EIN | | | |
| a Sponso | EIN, and the plan number from the last return/report. or's name | | | 4c | 4c PN | | | |
| 5a Total r | number of participants at the beginning of the plan year | | | 5a | | 28 | | |
| b Total r | number of participants at the end of the plan year | | | 5b | | 21 | | |
| | er of participants with account balances as of the end of the planete this item) | | | 5c | | 4 | | |
| | all of the plan's assets during the plan year invested in eligible | | the state of the s | | | X Yes No | | |
| b Are vo | ou claiming a waiver of the annual examination and report of an | independent qualified | d public accountant (IC | PA) | •••••• | X Yes No | | |
| under | 29 CFR 2520.104-46? (See instructions on waiver eligibility and answered "No" to either line 6a or line 6b, the plan cannot | use Form 5500-SF a | and must instead use | Form | 5500. | | | |
| | penalty for the late or incomplete filing of this return/report | | | | | | | |
| Under per | penalty for the late or incomplete filling of this returning of th | I declare that I have e | examined this return/re | port. i | ncluding, if applic | cable, a Schedule | | |
| SB or Sche | dule MB completed and signed by an enrolled actuary, as well rue, correct, and complete. | as the electronic vers | ion of this return/repor | t, and | to the best of my | y knowledge and | | |
| | ne + no | 11/1/ | Martin Rodriguez | | | | | |
| SIGN | Mars Tohning | 412/2013 | Enter name of individ | lual ei | aning as plan ad | minietrator | | |
| | Signature of plan administrator | Date | Enter name of individ | iuai Si | griirig as piair au | ITHITISTIATOL | | |
| SIGN | | | | | <u> </u> | | | |
| HERE | Signature of employer/plan sponsor Date Enter name of individu | | | | | | | |
| Preparer's | name (including firm name, if applicable) and address; include | room or suite number | (optional) | Pre | parer s telephone | e number (optional) | | |
| | | | | | | | | |
| 1 | | | | L | · | | | |
| | | | · · · | | | | | |

| Pa | rt III Financial Information | | | | | | | | |
|-----|---|--------------------------|---|---------------------------------------|-----------|----------|----------|-------------|---------|
| 7 | Plan Assets and Liabilities | | (a) Beginning of Yea | r | | | (b) End | of Year | |
| а | Total plan assets | lan assets | | | | | | 2201 | 44 |
| b | Total plan liabilities | 7b | | | | | | | |
| С | Net plan assets (subtract line 7b from line 7a) | 7c | 20935 | | 220144 | | | | |
| 8 | Income, Expenses, and Transfers for this Plan Year | | (a) Amount | | (b) Total | | | | |
| а | Contributions received or receivable from: | | | _ | | | | | |
| : | (1) Employers | 8a(1) | | <u> </u> | | | | | |
| | (2) Participants | 8a(2) | | 0 | Same a | | | | |
| | (3) Others (including rollovers) | 8a(3) | | 0 . | | | | | |
| | Other income (loss) | 8b | 1275 | 1 | | | | | |
| | Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) | . 8c | | 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | | | | 1278 | 51 |
| u | to provide benefits) | . 8d | 171 | 4 | | | | | |
| е | Certain deemed and/or corrective distributions (see instructions) | . 8e | | 0 | | | | | |
| f | Administrative service providers (salaries, fees, commissions) | . 8f | 250 | 0 | | | | | |
| g | Other expenses | . 8g | | | | | | | |
| h | Total expenses (add lines 8d, 8e, 8f, and 8g) | . 8h | | | | | | 19 | 164 |
| i | Net income (loss) (subtract line 8h from line 8c) | . 8i | | | | | | 107 | 87 |
| j | Transfers to (from) the plan (see instructions) | · 8j | | | | | | | |
| Pa | rt IV Plan Characteristics | | | | 1 2000 | | | | |
| b | 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 2G 2J 2K 2T 3D b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions: Part V Compliance Questions | | | | | | | | |
| 10 | During the plan year: | | | | Yes | No | | Amount | |
| | Was there a failure to transmit to the plan any participant contribution 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fide | | | 10a | | Х | | | |
| k | Were there any nonexempt transactions with any party-in-interest on line 10a.) | • | • | 10b | | Х | | | |
| C | Was the plan covered by a fidelity bond? | | | 10c | Х | | | | 21000 |
| | Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty? | | | 10d | | X | | | |
| | | her persor of the ben | ns by an insurance carrier, efits under the plan? (See | 10e | | X | | | |
| f | Has the plan failed to provide any benefit when due under the pla | an? | | 10f | | Х | | | |
| | Did the plan have any participant loans? (If "Yes," enter amount a | as of year | end.) | 10g | | Х | | | |
| - | If this is an individual account plan, was there a blackout period? 2520.101-3.) | | | 10h | | X | | | |
| i | If 10h was answered "Yes," check the box if you either provided to exceptions to providing the notice applied under 29 CFR 2520.10 | | | 10i | | | | | |
| Par | tVI Pension Funding Compliance | | | <u></u> | | | | | |
| 11 | Is this a defined benefit plan subject to minimum funding requiren 5500) and line 11a below) | | | | | | | Y | es X No |
| 11 | a Enter the amount from Schedule SB line 39 | | | | | 11a | | | * . |
| 12 | Is this a defined contribution plan subject to the minimum funding | | | | | | ERISA? | Ye | es 📈 No |
| | (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below | | | | | <u> </u> | | | <u></u> |
| | a 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 letter ruling granting the waiver | | | | | | | | |
| 1. | f you completed line 12a, complete lines 3, 9, and 10 of Schedu | | | | | | | | |
| | Enter the minimum required contribution for this plan year | | | | | 12b | <u> </u> | | |
| | | | | | | | | | |

| Form 5500-SF 2012 Page 3 - 1 | · | • | | | |
|---|---------------|---------------------------------------|--------------|--|--|
| 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? | Т | 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 brought unde of the PBGC? | r the control | e control Yes X | | | |
| c If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan which assets or liabilities were transferred. (See instructions.) | an(s) to | · · · · · · · · · · · · · · · · · · · | | | |
| 13c(1) Name of plan(s): | 13c(2) El | N(s) | 13c(3) PN(s) | | |
| | | | | | |
| Part VIII Trust Information (optional) | | | | | |
| 14a Name of trust | 14b Tr | ust's EIN | | | |