Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration 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).

2012

This Form is Open to Public

2012

OMB Nos. 1210-0110

1210-0089

Inspection Pension Benefit Guaranty Corporation Complete all entries in accordance with the instructions to the Form 5500-SF. **Annual Report Identification Information** For calendar plan year 2012 or fiscal plan year beginning and ending a single-employer plan a one-participant plan A This return/report is for: a multiple-employer plan (not multiemployer) the first return/report the final return/report **B** This return/report is: an amended return/report a short plan year return/report (less than 12 months) Form 5558 automatic extension DFVC program C Check box if filing under: special extension (enter description) Basic Plan Information—enter all requested information Part II 1a Name of plan Three-digit IMPACT ENGINEERING, INC. PROFIT SHARING PLAN plan number 001 (PN) • 1c Effective date of plan 01/01/1998 2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) 2b Employer Identification Number IMPACT ENGINEERING, INC. 91-1992036 (EIN) Sponsor's telephone number 253-826-9003 14209 29TH ST E, SUITE 105 **SUMNER, WA 98390** Business code (see instructions) 541330 **3a** Plan administrator's name and address Same as Plan Sponsor Name Same as Plan Sponsor Address Administrator's EIN 3c Administrator's telephone number If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the 4b EIN name, EIN, and the plan number from the last return/report. a Sponsor's name 4c PΝ Total number of participants at the beginning of the plan year 5a **b** Total number of participants at the end of the plan year..... 5_b Number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item) Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.) **b** Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.)..... If you answered "No" to either line 6a or line 6b, the plan cannot use Form 5500-SF and must instead use Form 5500. Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established. Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including, if applicable, a Schedule SB or Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete. Filed with authorized/valid electronic signature. 04/26/2013 TAMSEN M. CORBIN SIGN **HERE** Signature of plan administrator Date Enter name of individual signing as plan administrator SIGN **HERE** Signature of employer/plan sponsor Date Enter name of individual signing as employer or plan sponsor

Preparer's name (including firm name, if applicable) and address; include room or suite number (optional)

Preparer's telephone number (optional)

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Dor	t III Financial Information		-				
Par	<u> </u>						
	Plan Assets and Liabilities		(a) Beginning of Yea				(b) End of Year
	Total plan assets	7a 	36166	54			405298
	Total plan liabilities	7b	00406				405000
	Net plan assets (subtract line 7b from line 7a)	7c	36166	54	+		405298
	Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from:		(a) Amount				(b) Total
	(1) Employers	8a(1)					
	(2) Participants	8a(2)					
	(3) Others (including rollovers)	8a(3)					
b	Other income (loss)	8b	4514	19			
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c					45149
	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d					
е	Certain deemed and/or corrective distributions (see instructions)	8e					
f	Administrative service providers (salaries, fees, commissions)	8f	151	5			
g	Other expenses	8g					
<u>h</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h					1515
<u>i</u>	Net income (loss) (subtract line 8h from line 8c)	8i					43634
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 3D 2E	feature co	des from the List of Plan Char	acteris	stic Co	des in	the instructions:
b	If the plan provides welfare benefits, enter the applicable welfare for	eature cod	es from the List of Plan Chara	cterist	ic Cod	les in tl	he instructions:
Part	V Compliance Questions						
10	During the plan year:				Yes	No	Amount
а	Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu			10a		X	7
b		? (Do not	include transactions reported	10b		X	
c	Was the plan covered by a fidelity bond?			10c	Χ		70000
d				100			70000
	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	
g	Did the plan have any participant loans? (If "Yes," enter amount a	s of year e	end)			X	
h	If this is an individual account plan, was there a blackout period? (2520.101-3.)	(See instru	uctions and 29 CFR	10g 10h		X	
i	If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10	ne require	d notice or one of the	10ii			
Part	1 1 5 11						
11	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)						
<u>1</u> 1a	Enter the amount from Schedule SB line 39					11a	
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,	as applic	able.)				
	If a waiver of the minimum funding standard for a prior year is beir granting the waiver.		Mon	ıth	and e	enter th Day	ne date of the letter ruling Year
If	you completed line 12a, complete lines 3, 9, and 10 of Schedule	e MB (For	m 5500), and skip to line 13.				
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**

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).

2012

OMB Nos. 1210-0110

1210-0089

This Form is Open to Public Inspection

Pension B	enefit Guaranty Corporation	→ Complete all entries in acc	ordance with the instruc	tions to the Form 5500	SF.			
Part I	Annual Report I	dentification Information						
For calend	ar plan year 2012 or fisc	cal plan year beginning	01/01/2012	and ending	1	2/31/2012		
	turn/report is for:	a single-employer plan	=	an (not multiemployer)		a one-particit	oant plan	
B This ref	turn/report ls:	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	box if filing under:	Form 5558	automatic extension			DFVC progra	ım	
		special extension (enter descrip	ption)					
Part II	Basic Plan Infor	mation—enter all requested info	rmation					
1a Name					1b T	hree-digit		
		INC. PROFIT SHARING	PLAN			olan number	0.01	
					- 1	PIN)	001	
						Effective date o 1/01/1998	· ·	
			, I					
	ponsor's name and add ENGINEERING,	lress; include room or suite number	r (employer, it for a single-	employer plan)		:mployer identi EIN) 91-199	fication Number	
IMIACI	BROTHEBRING,	1110.						
14209	29TH ST E, SUI	TE 105				Sponsor's telep 153-826-90		
14205	23111 01 11, 001	10 100					(see instructions)	
SUMNER		WA 98390				41330	ace mandonona)	
	dminietrator'e name and	d address XSame as Plan Sponso	or Name VSame as Plan	Sponsor Address		dministrator's	FIN	
ou i iaii a	diffilliation a fidific disc	Address Mounte as I fair opened	The Marie as I iai	, oponios, ridai des				
					3c A	dministrator's	telephone number	
4 If the	name and/or EIN of the	plan sponsor has changed since the	ne last return/report filed fo	or this plan, enter the	4b E	EIN		
	, Env. and the plan hum or's name	ber from the last return/report.			4c F	PN		
		at the beginning of the plan year			5a 4			
		at the end of the plan year			5b		4	
		ccount balances as of the end of the			อม	-		
		ccount balances as of the end of the			5c		4	
		during the plan year invested in eli					X Yes ∏ No	
		the annual examination and report				**************		
		(See instructions on waiver eligibili					X Yes No	
If you	answered "No" to eit	her line 6a or line 6b, the plan ca	nnot use Form 5500-SF	and must instead use	Form 5	500.		
		r incomplete filing of this return/						
Under pena	alties of perjury and oth	er penalties set forth in the instruct	ions, I declare that I have	examined this return/rep	ort, incl	luding, if applic	able, a Schedule	
SB or Sche	edule MB completed and	d signed by an enrolled actuary, as	well as the electronic vers	sion of this return/report,	, and to	the best of my	knowledge and	
beller, it is	true, compet, and compl							
SIGN	MAN		4-8-13	TAMSEN M. CORE	BIN			
HERE	Signature of plan ad	ministrator	Date	Enter name of individu	ıal signi	ing as plan adn	ninistrator	
DICH	aginatai con pian au			The state of the state of	g. II	g p		
SIGN HERE								
	Signature of employ	<i>rer/plan sponsor</i> ime, if applicable) and address; inc	Date	Enter name of individu	Jal signi Prepar	ing as employe ror's telephone	number (optional)	
Preparer \$	name (including linn ha	ine, ii applicable) and address, inc	tage toom of saite number	(optional)	1 repai	or a reseptione	namper (optional)	
1				1	21			

Pai	t III Financial Information								
7	Plan Assets and Liabilities		(a) Beginning of Yea	r			(b) End	of Year	
a	Total plan assets	7a	36	5166	4				405298
b	Total plan liabilities	7b							
С	Net plan assets (subtract line 7b from line 7a)	7c	31	61,66	4				405298
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b) T	otal	
а	Contributions received or receivable from;	0-(4)							
	(1) Employers	8a(1)			1000	STANDIN	and the line	William 9	
	(2) Participants	8a(2)			-	Maria	7 10 200		
- h	(3) Others (including rollovers)	8a(3) 8b		4514	9	7.7	A DESCRIPTION		
	Other income (loss)	8c	. 74 - FF 328 75 40					THE VILL	45149
-d	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	80	2 12 MI Je 14 14 15 15 15	PILEH	Satu	1 214			可能进
	to provide benefits)	8d			100	Flues	n_ax #		
е	Certain deemed and/or corrective distributions (see instructions)	8e			5	工艺	Transport		× 21 % 10
f	Administrative service providers (salaries, fees, commissions)	8f		151	.5	1.06			
g	Other expenses	. 8g							
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h			(1)				1515
i_	Net income (loss) (subtract line 8h from line 8c)	81		100	-				43634
j	Transfers to (from) the plan (see instructions).	8)			201			3,110	
b	If the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare benefits.	eature coo	les from the List of Plan Chara	cterist	ic Cod	les in t	he instruct	ons;	
10	During the plan year:				Yes	No	l e	Amoun	t
	Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu			10a		х			
b	Were there any nonexempt transactions with any party-in-interest on line 10a.)	•		10b		Х			
С	Was the plan covered by a fidelity bond?			10c	Х				70000
d	Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?			10d		Х			
е	Were any fees or commissions paid to any brokers, agents, or oth insurance service or other organization that provides some or all or instructions.)	of the ben	efits under the plan? (See	10e		Х			
f	Has the plan failed to provide any benefit when due under the pla	n?		10f		Х			
g	Did the plan have any participant loans? (If "Yes," enter amount a	s of year	end.)	10g		Х			
h	If this is an individual account plan, was there a blackout period? 2520.101-3.)			10h		Х		in the	
i	If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10			101					
Pari									
11	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)							☐ Y	es 🗌 No
11a	Enter the amount from Schedule SB line 39				_	11a			
12	Is this a defined contribution plan subject to the minimum funding	requirem	ents of section 412 of the Code	orse	ction (302 of	ERISA?	Y	es X No
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,								
	If a waiver of the minimum funding standard for a prior year is being ranting the waiver.		Mon		and e	nter th Day	ne date of t	he letter Year	ruling
	you completed line 12a, complete lines 3, 9, and 10 of Schedule					401			
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 p	olan year	Ī	12c	1	-		
d	Subtract the amount in line 12c from the amount in line 12b. Enter negative amount).	r the result (enter a minus sign to the le	t of a	12d				
e Part	Will the minimum funding amount reported on line 12d be met by VII Plan Terminations and Transfers of Assets	the funding deadline?			Yes		No	N/A
1000000	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 of the PBGC?			control		[Yes	X No
С	If during this plan year, any assets or liabilities were transferred fr which assets or liabilities were transferred. (See instructions.)	rom this plan to another plan(s), identify	the plan(s) t	:0				
the state of the s				13c(2) EIN(s)			13c(3) PN(s)
Part	VIII Trust Information (optional)							
POSTA COMMENS				14b ⊤	rust's E	IN		