Fo	rm 5500-SF	Short Form Annual R	-	of Small Emplo	yee		OMB Nos. 1210-0110 1210-0089		
Department of the Treasury Internal Revenue Service		Benefit Plan This form is required to be filed under sections 104 and 4065 of the Employe			20	2012			
Department of Labor Retirement Income Security Act of 1974 (ERISA), and sections 6057(b) and 605 Employee Benefits Security Administration the Internal Revenue Code (the Code).									
Pension B	enefit Guaranty Corporation	Complete all entries in accor	dance with the instru	ctions to the Form 550	0-SF.	1118	pection		
Part I	Annual Report Id	lentification Information	2	and ending	12/31/2	2012			
_		a single-employer plan			12/31/		ant plan		
	turn/report is for:	the first return/report	the final return/report	blan (not multiemployer)		a one-partici	bant pian		
B This re	turn/report is:	an amended return/report			onthe				
					DFVC program				
C Check box if filing under:									
Part II	Basic Plan Inform	nation—enter all requested inform	,						
1a Name					1b	Three-digit			
	ST MILLS, INC. 401(K) P	PLAN .				plan number			
						(PN) ►	001		
					IC	Effective date o 07/01			
	ponsor's name and addre	ess; include room or suite number (e	employer, if for a single	e-employer plan)	2b	Employer Identification Number (EIN) 91-0719980			
PO BOX 48	0				2c	Sponsor's telep 360-74			
CHEHALIS,	WA 98532				2d	Business code (see instructions) 321110			
3a Plan a	administrator's name and	address Same as Plan Sponsor N	Name Same as Pla	in Sponsor Address	3b	Administrator's	EIN 19980		
A 1616 -				for this relation to the					
name	e, EIN, and the plan numb	lan sponsor has changed since the er from the last return/report.	last return/report filed	for this plan, enter the		4b EIN			
	or's name	the beginning of the plan year			4c	PN	37		
		the end of the plan year			5a				
		count balances as of the end of the			5b		22		
					5c		14		
6a Were	all of the plan's assets d	uring the plan year invested in eligib	ole assets? (See instru	ctions.)			🗙 Yes 🗌 No		
		e annual examination and report of See instructions on waiver eligibility					X Yes 🗌 No		
		er line 6a or line 6b, the plan canr							
		incomplete filing of this return/re							
Under pen SB or Scho	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	e examined this return/re	port, ir	ncluding, if applic			
SIGN	Filed with authorized/va	lid electronic signature.	05/14/2013	TIFFINY WRIGHT					
HERE	Signature of plan adm	ninistrator	Date	Enter name of individ	ual sig	gning as plan adr	ninistrator		
SIGN									
HERE	Signature of employe	er/plan sponsor	Date	Enter name of individ	ual sig	gning as employe	r or plan sponsor		
Preparer's	name (including firm nar	ne, if applicable) and address; includ	de room or suite numb	er (optional)	Prep	parer's telephone	number (optional)		
For Paperw	ork Reduction Act Notice	and OMB Control Numbers, see the ins	structions for Form 5500	-SF.			Form 5500-SF (2012)		

b Total plan liabilities	Par	t III Financial Information								
b Total plan assets (subtract line Zh from line Za)	7	Plan Assets and Liabilities		(a) Beginning of Yea	(a) Beginning of Year			(b) End of Year		
C Net plan assets (subtract line 7b from line 7a)	а	Total plan assets	7a				623637			
8 income, Expenses, and Transfers for this Plan Year (a) Amount (b) Total a Contributions received or receivable from: 8a(1) (b) Total (c) Participants. 8a(2) 7840 (d) Other income (loss) 8a(3) (c) Other income (loss) 8a(3) (e) Other income (loss) 8a(3) 787 (f) Banefits paid (including dired to toleves and insurance premiums in to provide benefits) 8d 222482 (f) Administrative sortice providers (salarites, fees, commissions) 8f 5151 (g) Other expenses (add lines 8d, 6d, 8d, ed, ed, ed, ed, ed, ed, ed, ed, ed, e	b	Total plan liabilities	7b		0			254		
a Combinitions received or received be from: 8a(1) 7940 (1) Employers 8a(2) 7940 (2) Participants 8a(3) 9 (2) Deters (including rolewers) 8a(3) 797 (2) Deters (including rolewers) 8a 797 (3) Others (including rolewers) 8b 71840 (2) Participants 8b 71840 (2) Catal income (add lines 8a(1), 8a(2), 8a(3), and 8b) 8c 797 (3) Others (including direct rolewers and insurance premiums to provide prevides: (stalantes, fees, commissions) 8d 232882 (3) Catal expenses (add lines 8d, 6e, 8f, and 8g) 8g 9 9 (4) Administrative service provides: (stalantes, fees, commissions) 8i 9 9 (5) Transfers to (from) the plan (see instructions) 8g 9 9 100 (5) Uright and the phore services benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions: 2E 2F 76 2J 2K 3D 2K (5) Uright ance Questions 100 100 100 100 X 2 2K 2K 2K 2K 2K <td< td=""><td>С</td><td>Net plan assets (subtract line 7b from line 7a)</td><td>7c</td><td>78163</td><td>6</td><td></td><td colspan="3">623383</td></td<>	С	Net plan assets (subtract line 7b from line 7a)	7c	78163	6		623383			
(1) Employers 8a(1) (2) Participants 8a(2) 7940 (3) Others (including rollovers) 6a(3) 7940 (3) Others (including rollovers) 6a(3) 7940 (4) Participants 8b 71840 (5) Other income (dots) 8(1), 84(2), 84(3), and 8b) 8c 797 (6) Cartain deamed and/or corrective distributions (see instructions) 8d 232882 20 (6) Cartain deamed and/or corrective distributions (see instructions) 8f 5151 9 (7) Other expenses 8g 9 1151 1151 9 (7) Transfers to (tron) the pain (see instructions) 8g 1151 1262 21 1262 21 1262 21 1262 21 1262 21 1262 21 21 1262 21 1262 21 22	8	Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b) Total		
(2) Participants	а	Contributions received or receivable from:								
(3) Others (including rolevers) 8a(3) 71840 (3) Others (including rolevers) 8b 71840 (3) Others (including direct rollovers and insurance premiums to provide benefits) 8c 797 (3) Others (including direct rollovers and insurance premiums to provide benefits) 8c 797 (3) Others (including direct rollovers and insurance premiums to provide benefits) 8c 797 (3) Others (including direct rollovers and insurance premiums to provide benefits) 8c 797 (3) Other expenses (add lines 8d, 6e, 8f, and 8g) 8e 61511 9 (3) Other expenses (add lines 8d, 6e, 8f, and 8g) 8h 61511 9 (3) Transfers to (from) the 8d, 70m line 8d) 8h 2162 <td></td> <td>(1) Employers</td> <td></td> <td></td> <td></td> <td>_</td> <td></td> <td></td>		(1) Employers				_				
b Other income (loss) Bb 71840 c Total income (add lines Ba(1), Ba(2), Ba(3), and Bb) Bc 737 Benefits paid (including direct collevers and insurance perimiss Ba 232892 80 c Certain demed and/or corrective distributions (see instructions) Ba 81 232892 c Certain demed and/or corrective distributions (see instructions) Ba 81 23892 f Administrative service providers (salaries, lees, commissions) Br 5151 91 g Other expenses. Bg 91 -1562 j Transfers to (from) line plan (see instructions) Bj -1562 g If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 22 BF 243, 23, 23, 30, 27 9a If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions: 25 BF 2630-3102 (Ee instructions and purplicipant contributions within the time period described in a 23 CFR 2510-3102 (Ee instructions and purplicipant contributions within the time period described in a 24 CFR 2510-3102 (Ee instructions and purplicipant contributions within the time period described in on ine 163, 10a X c Was there a failure				794	.0					
c Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)						_				
d Benefits paid (including direct rollovers and insurance premiums to provide benefits)				7184	0	_				
to provide benefits) 8d 232882 e Certain deemed and/or corrective distributions (see instructions). 8e 6 f Administrative service providers (salaries, fees, commissions)			8c			_	79780			
e Certain deemed and/or corrective distributions (see instructions)			8d	232882						
f Administrative service providers (salaries, fees, commissions)										
g Other expenses Bg h Total expenses (add lines 8d, 8e, 8f, and 8g) 8h 2380 i Net income (loss) (subtract line 8h from line 8c) 8i				515	1					
h Total expenses (add lines 8d, 8e, 8f, and 8g) 8h 2380 i Net income (loss) (subtract line 8h from line 8c) 8i -1582 j Transfers to (from) the plan (see instructions) 8j -1582 9a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 2E 2F 20 2X 30 2T b If the plan provides pension benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions: 2E 2F 20 2X 30 2T b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions: 2E Provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions: Part V Compliance Questions 10 Viring the plan year 10E X 0 During the plan year Yes No Amount 4 a Was there an induce welfare benefits, enter the applicable (Contection Program) 10E X 0 During the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud 10				0.0						
i Net income (loss) (subtract line 8h from line 8c)		•						238033		
j Transfers to (from) the plan (see instructions) 8j Part IV Plan Characteristics 9a If the plan provides persion benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 2E 2F 2G 2J 2K 3D 2T 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 Yes No Amount a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102; (See instructions and DOL's Voluntary Fiduciary Correction Program) 10a X b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a) 10b X c Was the plan covered by a fidelity bond? 10c X 10b X d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or distructions) 10d X 10c X g Did the plan have any participant loans? (If "Yes," enter amount as of year end.) 10g X 10d X 10d X 10d X <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>-158253</td>								-158253		
Part IV Plan Characteristics 9a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 2E 2F 2G 2J 2K 3D 2T b If the plan provides pension 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 a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-1027 (See instructions and DOL's Voluntary Fiduciary Correction Program) 10a X b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.) 10c X c Was the plan covered by a fidelity bond? 10c X 10d X d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? 10d X 10d X g Did the plan have any participant loans? (If "Yes," enter amount as of year end.) 10g X 10d X g Did the plan have any participant loans? (If "Yes," enter amount as								100200		
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insurance service or other organization that provides some or all of the benefits under the plan? (See instructions.)	d	Did the plan have a loss, whether or not reimbursed by the plan's	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud				х			
g Did the plan have any participant loans? (If "Yes," enter amount as of year end.)	e	Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service or other organization that provides some or all of the benefits under the plan? (See						2453		
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h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 10h X i If 10h was answered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3	g	Did the plan have any participant loans? (If "Yes," enter amount a				Х		4838		
exceptions to providing the notice applied under 29 CFR 2520.101-3	h	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR					x			
11 Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form 5500) and line 11a below)	i	i If 10h was answered "Yes," check the box if you either provided the required notice or one of the								
11 Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form 5500) and line 11a below)	Part	VI Pension Funding Compliance								
11a Enter the amount from Schedule SB line 39	11	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)	ents? (If "Ye	es," see instructions and com	plete	Scheo	lule SB ((Form		
(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.) 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 granting the waiver. Month Day Year If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.	11a									
(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.) 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 granting the waiver. Month Day Year If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.										
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 granting the waiver.										
If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.	а	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								
b Enter the minimum required contribution for this plan year	lf									
	b Enter the minimum required contribution for this plan year					12b				

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		he 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?	, ,	Yes X No		
	lf "Ye	es," enter the amount of any plan assets that reverted to the employer this year	13a			
b	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	3c(2) E	IN(s)	13c(3) PN(s)	
Part	VIII	Trust Information (optional)				

14a Name of trust	14b Trust's EIN