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

2012

OMB Nos. 1210-0110

1210-0089

This Form is Open to Public Inspection

				Complete all entries in a	ccordanc	e with the instru	ictions to the Form 550	00-SF.		
					1					
For c	calenda	ar plan year 2012 or fis	scal p	plan year beginning 01/01	1/2012		and ending	12/31/	2012	
A T	This retu	urn/report is for:	X	a single-employer plan	am	ultiple-employer p	olan (not multiemployer)		a one-partici	pant plan
Вт	his retu	urn/report is:	Ц	the first return/report	the	final return/report				
			Ц	an amended return/report	a sh	ort plan year retu	rn/report (less than 12 n	nonths)	
C (Check b	oox if filing under:	Ц	Form 5558	auto	matic extension			DFVC progra	am
			Щ	special extension (enter desc	cription)					
Pa	rt II	Basic Plan Info	rma	ation—enter all requested in	nformation					
1a	Name o	of plan						1b		
GENE	RAL P	UMP MECHANICS IN	C. P	ROFIT SHARING PLAN					•	004
								4 -	\ /	
								10		•
2a	Plan sp	onsor's name and add	dres	s; include room or suite numb	per (emplo	yer, if for a single	e-employer plan)	2b	Employer Identi	ification Number
GENE	ERAL P	UMP MECHANICS IN	IC.						(EIN) 91-20	054601
								2c		
								_		
SPUR	VAINE, V	WA 99206		COLBE	KI, WA 9	9003		2d		
3a	Plan ac	dministrator's name an	nd ac	ddress Same as Plan Spor	sor Name	Same as Pla	ın Sponsor Address	3b		
-				Mount do Fian Open			an Openicon / taancoo			
								3с	Administrator's	telephone number
1	If the n	ama and/or FINI of the	n nla	n anangar has shangad sings	the lest r	aturn/rapart filad	for this plan, anter the	46	FINI	
					tile last i	eturr/report illeu	ioi triis piari, eriter trie	40	EIN	
				'				4c	PN	
5a	Total n	number of participants	at th	e beginning of the plan year				. 5a		3
b	A This return/report is for: B This return/report is: I the first return/report I a a multiple-employer plan (not multiemployer) I a one-participant plan This return/report is: I the first return/report I a short plan year return/report (less than 12 months) C Check box if filing under: Form 5558 Special extension (enter description) Part II Basic Plan Information—enter all requested information 1a Name of plan SENERAL PUMP MECHANICS INC. PROFIT SHARING PLAN 2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) 25 Employer Identification Number (EIN) 91-2054601 2c Sponsor's telephone number S09452006 2d Business code (see instructions) 221300 3a Plan administrator's name and address Same as Plan Sponsor Name Same as Plan Sponsor Address 4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN, and the plan number from the last return/report. a Sponsor's name 4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN, and the plan number from the last return/report. a Sponsor's name 5a Total number of participants at the beginning of the plan year. 5b Total number of participants at the end of the plan year. C Number of participants with account balances as of the end of the plan year (defined benefit plans do not									
С								50		3
6a		,								
		•		•	-	,	•			
	under	29 CFR 2520.104-46?	? (Se	ee instructions on waiver eligi	bility and o	conditions.)				X Yes No
	If you	answered "No" to ei	ther	line 6a or line 6b, the plan	cannot us	se Form 5500-SF	and must instead use	Form	1 5500.	
Caut	tion: A	penalty for the late of	or in	complete filing of this retur	n/report	will be assessed	unless reasonable ca	use is	established.	
					as well as	the electronic ve	rsion of this return/repo	rt, and	to the best of my	knowledge and
DONO	,, it is t	rue, correct, and comp	71010				T			
		Filed with authorized/	valid	electronic signature.		05/17/2013	MARK HAUKELI			
HER	E	Signature of plan a	dmir	nistrator		Date	Enter name of individ	dual si	gning as plan adr	ministrator
HER	E	Signature of emplo	yer/ı	plan sponsor		Date	Enter name of individ	dual si	gning as employe	er or plan sponsor
Prep	arer's r				nclude roo	om or suite numb				
SCHO	ושפרי	& SCHOEDEL CDAG	2							
)							

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Dor	t III Financial Information		<u> </u>		_		
Par			(a) De nieute e a (Va				(b) Ford a CV and
	Plan Assets and Liabilities	_	(a) Beginning of Yea				(b) End of Year
	Total plan assets	7a	6942	24			81831
	Total plan liabilities	7b	6040	0.4			04004
	Net plan assets (subtract line 7b from line 7a)	7c	6942	24			81831
	Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from:		(a) Amount				(b) Total
	(1) Employers	8a(1)	405	7			
	(2) Participants	8a(2)					
	(3) Others (including rollovers)	8a(3)					
b	Other income (loss)	8b	1056	69			
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c					14626
	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	221	9			
е	Certain deemed and/or corrective distributions (see instructions)	8e					
f	Administrative service providers (salaries, fees, commissions)	8f					
g	Other expenses	8g					
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h					2219
<u>i</u>	Net income (loss) (subtract line 8h from line 8c)	8i					12407
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 2G	feature co	des from the List of Plan Char	acterist	tic Cod	es in	the instructions:
b	If the plan provides welfare benefits, enter the applicable welfare fe	eature cod	es from the List of Plan Chara	cteristic	c Code	s in th	he instructions:
Part	V Compliance Questions						
10	During the plan year:			1	Yes	No	Amount
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			10a		X	Amount
b		? (Do not	include transactions reported	10b		X	
С	Was the plan covered by a fidelity bond?			10c		Χ	
d	, , ,			100			
	or dishonesty?			10d		Χ	
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		Χ	
g	Did the plan have any participant loans? (If "Yes," enter amount a				-+	Χ	
h	If this is an individual account plan, was there a blackout period?	(See instru	uctions and 29 CFR	10g 10h		X	
i	2520.101-3.) If 10h was answered "Yes," check the box if you either provided the p	ne require	d notice or one of the			Χ	
Do-t	exceptions to providing the notice applied under 29 CFR 2520.10	1-0		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					1a	103 /4 140
12	Is this a defined contribution plan subject to the minimum funding	requireme	ents of section 412 of the Code	or sec	ction 30)2 of	ERISA? Yes X No
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,	as applic	able.)				_
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 en	ter th	ne date of the letter ruling Year
lf	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				1	2b	

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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).

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 Inform	nation				48 		
For calendar plan year 2012 or fiscal plan year beginning	01/01/201	. 2 ar	nd end	ding	12/31/2	012	
A This return/report is for: B This return/report is: I a single-employer properties the first return/report an amended return.	ort the final	e-employer plan (not r return/report plan year return/report			a one-parti	cipant plan	
C Check box if filing under: Form 5558 special extension (ic extension	350		DFVC prog	ıram	
Part II Basic Plan Information - enter all requ	uested information						
1a Name of plan				Three-dig			
GENERAL PUMP MECHANICS INC. F	PROFIT SHARI	NG PLAN			date of plan	0.0	1
9 2		8			3/28/2006	i	
2a Plan sponsor's name and address; include room or suite nur GENERAL PUMP MECHANICS INC.	mber (employer, if for sin	gle-employer plan)	2b	Employer	Identification Nu L-2054601	umber (EIN)
GENERAL FORE MECHANICS INC.		2	2c :		s telephone num		
14815 EDENCREST DRIVE					-8658		
SPOKANE WA 992	208			Business	code (see instru 21300	ictions)	
	lan Sponsor Name X Same	as Plan Sponsor Address	3b .		rator's EIN		,
			Зс ,	Administ	rator's telephone	number	
4 If the name and/or EIN of the plan sponsor has change	ed since the last return	/report filed for this	4b	EIN		(<u> </u>	
plan, enter the name, EIN, and the plan number from the	he last return/report.						
a Sponsor's name			4c	PN			
5a Total number of participants at the beginning of the	plan year		5a		3		
b Total number of participants at the end of the plan ye			5b		3		
C Number of participants with account balances as of	the end of the plan ye	ar (defined					
benefit plans do not complete this item)			5c		3	1	
6a Were all of the plan's assets during the plan year inv					<u>P</u>	Yes	No
b Are you claiming a waiver of the annual examination					_	1	
(IQPA) under 29 CFR 2520.104-46? (See instructions						Yes	No
If you answered "No" to either line 6a or line 6b, t						research	
Caution: A penalty for the late or incomplete filing of Under penalties of perjury and other penalties set forth in							blo a
Schedule SB or Schedule MB completed and signed by a my knowledge and belief, it is true, correct, and complete	an enrolled actuary, as	well as the electronic	versi	on of this	return/report, ar	nd to the be	est of
SIGN HERE	05/20/2013	MARK HAUKE	LI				
Signature of plan auministrator	Date	Enter name of individ	dual si	gning as	plan administrat	or	
SIGN	No.						
HERE Signature of employer/plan sponsor	Date	Enter name of individ	dual s	igning as	employer or plan	n sponsor	
Preparer's name (including firm name, if applicable) and	address; include room	or suite number (opti	ional)	Prepare	er's telephone nu	mber (optio	onal)
SCHOEDEL & SCHOEDEL, CPAS 422 W. RIVERSIDE, SUITE 1420 SPOKANE WA 992	201	*		1		2	

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- 1	-auc	4

Pai	t III Financial Information							•	
7	Plan Assets and Liabilities		(a) Beginr	ing	of Yea	ar	(b)	End of Y	ear
а	Total plan assets	7a		6	9,4	24		8	1,831
b	Total plan liabilities	7b							
C	Net plan assets (subtract line 7b from line 7a)	7c		6	9,4	24		8	1,831
8	Income, Expenses, and Transfers for this Plan Year		(a) A	mou	ınt			(b) Total	
а	Contributions received or receivable from:								
	(1) Employers	8a(1)			4,0	57			
	(2) Participants	8a(2)							
	(3) Others (including rollovers)	8a(3)							
b	Other income (loss) SEE STATEMENT 1	8b		1	0,5	<u>69</u>			
<u> </u>	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						1	4,626
ď	Benefits paid (including direct rollovers and insurance premiums to provide								
	penefits)	8d			2,2	<u> 19</u>	STAT	EMENT	. 2
<u>e</u>	Certain deemed and/or corrective distributions (see instructions)	8e							
<u>f</u>	Administrative service providers (salaries, fees, commissions)	8f							
g	Other expenses	8g							
<u>h</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h					•		2,219
<u>i</u>	Net income (loss) (subtract line 8h from line 8c)	8i						1	2,407
	Transfers to (from) the plan (see instructions)	8j							
	t IV Plan Characteristics								
9a b	If the plan provides pension benefits, enter the applicable pension feature c $2E$ $2G$ If the plan provides welfare benefits, enter the applicable welfare feature contains the second								
	11/1								
Par	<u> </u>				<u></u>				
<u>10</u>	During the plan year:				Yes	No		Amount	
а	Was there a failure to transmit to the plan any participant contributions within the time		l l						
	in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Corrections)		gram.) 1	0a		<u> </u>			
D	Were there any nonexempt transactions with any party-in-interest? (Do not in								
	transactions reported on line 10a.)			0b		X		·	
	Was the plan covered by a fidelity bond?		1	0c		X			
a	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bon					l			
_	was caused by fraud or dishonesty?			0d		X			
е	Were any fees or commissions paid to any brokers, agents, or other persons								
	carrier, insurance service or other organization that provides some or all of the	e peneri		_					
	the plan? (See instructions.)			0e		X			
	Has the plan failed to provide any benefit when due under the plan?			10f		<u>X</u>			
	Did the plan have any participant loans? (If "Yes," enter amount as of year en			0g		X			
11	If this is an individual account plan, was there a blackout period? (See instruction OFF account at a)					τ,			
	and 29 CFR 2520.101-3.)			Oh		X			
,	If 10h was answered "Yes," check the box if you either provided the required					٠,			
Dat	of the exceptions to providing the notice applied under 29 CFR 2520.101-3 t VI Pension Funding Compliance			10i		Х			
11					··	•	T		
11	Is this a defined benefit plan subject to minimum funding requirements? (If ")			and	compl	ete		Π.,	X No
44.	Schedule SB (Form 5500) and line 11a below)					·····	L	Yes	X No
11a 12	Enter the amount from Schedule SB line 39	lian 440	of the Oc		- 000	11a	<u></u>	1 1 1 1	
14_	Is this a defined contribution plan subject to the minimum funding requirements of sec		or the Code or si	ectio	n 302 (n eris. T	AY]	Yes	X No
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applica						at		41 (- **
a	If a waiver of the minimum funding standard for a prior year is being amortize		•	e ins			a enter tr		tne letter
	ruling granting the waiver.		Month		Day	<u>/</u>		Year	
-	you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Forn Enter the minimum required contribution for this plan year			iie 1	J.	12b			
-	Ensor are national required exercised and two times plant years					120			

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C Enter the amount contributed by the employer to the plan for this plan year	,,,,,,,,,,	12	c		·
d Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus	s sign to				
the left of a negative amount)		12	d		
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?			Yes	X No	
If "Yes," enter the amount of any plan assets that reverted to the employer this year		13	a		
b Were all the plan assets distributed to participants or beneficiaries, transferred to another under the control of the PBGC?				Yes	X No
C If during this plan year, any assets or liabilities were transferred from this plan to another p liabilities were transferred. (See instructions.)	lan(s), identify the	plar	n(s) to	which assets o	r
13c(1) Name of plan(s):	13c(2	EII	V(s)	13c(3) PN(s)
Part VIII Trust Information (optional)					
14a Name of trust	14b	Trus	t's EIN	١	

FORM 5500-SF	OTHER INCOME (LOSS)	STATEMENT	1	
DESCRIPTION		AMOUNT		
NET INVESTMENT GAIN (LOSS) FROM COMMON / COLLECTIVE TRUSTS	10,5	69.	
TOTAL TO FORM 5500-SF, LI	10,569.			
FORM 5500-SF	BENEFITS PAID	STATEMENT	2	
DESCRIPTION		AMOUNT		
PAYMENTS DIRECTLY TO PART	ICIPANTS OR BENEFICIARIES	2,2	19.	
TOTAL TO FORM 5500-SF, LI	NTE OT	2,2	10	

Service Provider Affidavit

I certify that I have been specifically authorized in writing by the plan administrator/employer, as applicable, to enter my EFAST2 PIN on this return/report in order to electronically submit this return/report. I further certify that: (1) I will retain a copy of the administrator's/employer's specific written authorization in my records; (2) I have attached to this electronic filing, in addition to any other required schedules or attachments, a true and correct PDF copy of the first two pages of the completed Form 5500 or Form 5500-SF return/report bearing the manual signature of the plan administrator/employer under penalty of perjury; (3) I advised the plan administrator/employer that by selecting this electronic signature option the PDF image of that manual signature will be included with the rest of the return/report posted by the Department of Labor (DOL) on the Internet for public disclosure; and (4) I will communicate to the plan administrator/employer any inquiries and information that I receive from EFAST2, DOL, IRS or PBGC regarding this annual return/report.

Signature of service provider (optional)

05/17/2013

Date

JAMES HARLESS

Enter name of individual signing as service provider