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

Pension Be	enefit Guaranty Corporation	▶ Complete all entries in ac	cordance with the inst	uctions to the Form 5500	-SF.		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
Part I	Annual Report	Identification Information					
For calenda		iscal plan year beginning 01/01/	2012	and ending 12	2/31/20)12	
A This ret	turn/report is for:	a single-employer plan		plan (not multiemployer)		a one-particip	pant plan
B This ret	turn/report is:	the first return/report	the final return/repo	rt			
		an amended return/report	a short plan year ret	urn/report (less than 12 mo	nths)		
C Check I	box if filing under:	Form 5558	automatic extension	1		DFVC progra	m
	-	special extension (enter descr	iption)		_	_	
Part II	Basic Plan Info	ormation—enter all requested info	ormation				
1a Name		orner an requested line	Simulon		1h T	Three-digit	
	NC. 401(K) PLAN					olan number	
					(PN) 🕨	001
					1c E	Effective date of	f plan
						01/01/	/2005
2a Plan s		ddress; include room or suite numbe	er (employer, if for a sing	le-employer plan)		Employer Identif	fication Number 33139
				-		Sponsor's telep	hone number
1124 FIR A\	/FNUF					360-332	
BLAINE, WA				-	2d B	Business code (see instructions)
						48899	00
3a Plan a	idministrator's name a	nd address XSame as Plan Spons	or Name Same as P	an Sponsor Address	3b A	Administrator's I	ΞIN
					3c A	Administrator's t	elephone number
4 If the r	name and/or EIN of th	e plan sponsor has changed since t	he last return/report filed	I for this plan, enter the	4b E	ΞIN	
		imber from the last return/report.					
	or's name				4c F	PN	
5a Total i	number of participants	s at the beginning of the plan year			5a		35
b Total i	number of participants	s at the end of the plan year			5b		15
		account balances as of the end of t	. , ,	•	5c		13
		ts during the plan year invested in el			<u> </u>		X Yes No
		of the annual examination and report					
		6? (See instructions on waiver eligibi					X Yes No
If you	ı answered "No" to e	either line 6a or line 6b, the plan c	annot use Form 5500-S	F and must instead use I	Form 5	500.	
Caution: A	A penalty for the late	or incomplete filing of this return	/report will be assesse	d unless reasonable caus	se is es	stablished.	
Under pena	-10	than papalties sat forth in the instruc	tions, I declare that I have	e examined this return/rep	ort, incl		
						the best of my	knowledge and
	edule MB completed a	and signed by an enrolled actuary, a			and to	the best of my	Knowicage and
		and signed by an enrolled actuary, a			and to	the best of my	Knowicage and
	edule MB completed a true, correct, and com	and signed by an enrolled actuary, a			and to	The best of my	Knowledge and
belief, it is	edule MB completed a true, correct, and com	and signed by an enrolled actuary, an plete. I/valid electronic signature.	s well as the electronic v	ersion of this return/report,			
SIGN HERE	edule MB completed a true, correct, and com	and signed by an enrolled actuary, an plete. I/valid electronic signature.	s well as the electronic v	CHRISTINE S. CLINE			
belief, it is	Filed with authorized Signature of plan	and signed by an enrolled actuary, a aplete. I/valid electronic signature. administrator	06/10/2013 Date	CHRISTINE S. CLINE Enter name of individu	ıal signi	ing as plan adn	ninistrator
SIGN HERE SIGN HERE	edule MB completed a true, correct, and com Filed with authorized Signature of plan a Signature of emple	and signed by an enrolled actuary, a hiplete. I/valid electronic signature. administrator oyer/plan sponsor	06/10/2013 Date Date	CHRISTINE S. CLINE Enter name of individu Enter name of individu	ıal signi ıal signi	ing as plan adn	ninistrator r or plan sponsor
SIGN HERE SIGN HERE	edule MB completed a true, correct, and com Filed with authorized Signature of plan a Signature of emple	and signed by an enrolled actuary, a aplete. I/valid electronic signature. administrator	06/10/2013 Date Date	CHRISTINE S. CLINE Enter name of individu Enter name of individu	ıal signi ıal signi	ing as plan adn	ninistrator
SIGN HERE SIGN HERE	edule MB completed a true, correct, and com Filed with authorized Signature of plan a Signature of emple	and signed by an enrolled actuary, a hiplete. I/valid electronic signature. administrator oyer/plan sponsor	06/10/2013 Date Date	CHRISTINE S. CLINE Enter name of individu Enter name of individu	ıal signi ıal signi	ing as plan adn	ninistrator r or plan sponsor
SIGN HERE SIGN HERE	edule MB completed a true, correct, and com Filed with authorized Signature of plan a Signature of emple	and signed by an enrolled actuary, a hiplete. I/valid electronic signature. administrator oyer/plan sponsor	06/10/2013 Date Date	CHRISTINE S. CLINE Enter name of individu Enter name of individu	ıal signi ıal signi	ing as plan adn	ninistrator r or plan sponsor
SIGN HERE SIGN HERE	edule MB completed a true, correct, and com Filed with authorized Signature of plan a Signature of emple	and signed by an enrolled actuary, a hiplete. I/valid electronic signature. administrator oyer/plan sponsor	06/10/2013 Date Date	CHRISTINE S. CLINE Enter name of individu Enter name of individu	ıal signi ıal signi	ing as plan adn	ninistrator r or plan sponsor

Form 5500-SF 2012 Page **2**

Pai	t III Financial Information										
7	Plan Assets and Liabilities		(a) Beginning of Yea	ar			(b) En	d of Y	ear		
a	Total plan assets	7a	22167				(2) =::		29812	6	
	Total plan liabilities	7b		0)		
	Net plan assets (subtract line 7b from line 7a)	7c	22167						29812		
	Income, Expenses, and Transfers for this Plan Year							20012	,		
	Contributions received or receivable from:		(a) Amount				(D)	Total			
u	(1) Employers	8a(1)	915	1							
	(2) Participants	8a(2)	3590)5							
	(3) Others (including rollovers)	8a(3)		0							
b	Other income (loss)	8b	3139)4							
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							76450)	
	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		0					70400		
e	Certain deemed and/or corrective distributions (see instructions)	8e		0							
f	Administrative service providers (salaries, fees, commissions)	8f		0							
q	Other expenses	8g		0							
	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h)	
	Net income (loss) (subtract line 8h from line 8c)	8i							7645		
	Transfers to (from) the plan (see instructions)								7043	<u> </u>	
_		8j		0							
	If the plan provides pension benefits, enter the applicable pension 2E 2F 2G 2J 2K 3D 2T	feature co	des from the List of Plan Char	acteris	stic Co	odes in	the instr	uctions	3:		
b											
Par	V Compliance Questions										
10	During the plan year:				Yes	No		Δm	ount		
a				10a		X		Ziii	June		
b	Were there any nonexempt transactions with any party-in-interest on line 10a.)	? (Do not	include transactions reported	10b		X					
				10c	Χ					250	000
d	, ,			100						250	000
	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					12	288
f	Has the plan failed to provide any benefit when due under the plan			10f		X					
						~					
<u>g</u> h	If this is an individual account plan, was there a blackout period?	(See instru	uctions and 29 CFR	10g		X					
	2520.101-3.)	ne require	d notice or one of the	10h							
_	exceptions to providing the notice applied under 29 CFR 2520.10	1-3		10i							
Part	9 :										
11	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)							[Yes		No
_11a	Enter the amount from Schedule SB line 39					11a		ı <u>-</u>			
12	Is this a defined contribution plan subject to the minimum funding	requireme	ents of section 412 of the Code	or se	ction	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		and e	enter th Day	ne date o	f the le		ling	
If	you completed line 12a, complete lines 3, 9, and 10 of Schedul	e MB (For	m 5500), and skip to line 13.		ı		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):	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

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

OMB Nos. 1210-0110 1210-0089

2012

Employee E	Benefits Security Administration	the In	ternal Revenue Code (the C	ode).			S Open to Public pection
Pension B	enefit Guaranty Corporation	▶ Complete all entries in a		tions to the Form 550	0-SF.	ilio	pection
Part I		entification Information					
For calend	lar plan year 2012 or fisca	-1	01/01/2012	and ending		_12/31/201 _	2
A This re	turn/report is for:	a single-employer plan	a multiple-employer pl	an (not multiemployer)	.[a one-partici	oant plan
B This re	turn/report is:	the first return/report	the final return/report				
		an amended return/report	a short plan year retur	n/report (less than 12 m	nonths)		•
C Check	box if filing under:	Form 5558	automatic extension		Γ	DFVC progra	ım
	Ĭ	special extension (enter desc	cription)		_		
Part II	Basic Plan Inforn	nation—enter all requested in	· · ·				
1a Name					1b	Three-digit	•
	ACK INC. 401(K)	PLAN				plan number	
						(PN) ▶	001
						Effective date of	
2a Pian a	nonnor's nome and addre	ess; include room or suite numb	or (omployer if for a single	omployer plan)		01/01/2005	
	ACK INC.	ess, include 100m of suite numb	er (employer, ir for a single-	employer plain)		Employer Identif (EIN) 91-153	
	non inc.	•		•		Sponsor's telepi	
		•				(360) 332-	
1124	FIR AVENUE				2d 1	Business code (see instructions)
BLAI	NE		WA	98230		488990	
3a Plan a	dministrator's name and	address XSame as Plan Spon	sor Name Same as Plan	Sponsor Address	3b /	Administrator's E	IN
					2-		
* .					3C /	Administrator's t	elephone number
				i e e e e e e e e e e e e e e e e e e e			
		•					• :
				4 .			•
		lan sponsor has changed since	the last return/report filed fo	r this plan, enter the	4b	EIN	
	· ·	er from the last return/report.	•		1 -	DN	
	or's name	the beginning of the plan year.			4c	PN T	2.5
_					5a		35
		the end of the plan year			5b		15
		count balances as of the end of			5¢		13
		uring the plan year invested in e					X Yes No
		e annual examination and repo				••••••	E 100 1110
under	· 29 CFR 2520.104-46? (See instructions on waiver eligib	ility and conditions.)				X Yes No
If you	answered "No" to eithe	er line 6a or line 6b, the plan o	cannot use Form 5500-SF a	and must instead use	Form 5	5500.	
Caution: A	A penalty for the late or i	incomplete filing of this retur	n/report will be assessed ι	ınless reasonable cau	se is e	stablished.	
		penalties set forth in the instru					
	edule MB completed and true, correct, and complet	signed by an enrolled actuary, a te.	as well as the electronic vers	sion of this return/report,	, and to	the best of my	knowledge and
		-/-					
SIGN	Chosh	<u> </u>	6-10-13	Christini	ر بر	<u>5, U,</u>	ne
HERE	Signature of plan adm	ninistrator	Date	Enter name of individu	ual sign	ing as plan adm	inistrator
SIGN	Culde	alle	6-10-13	Christine	.5	- Cline	ر ا
HERE	Signature of employer	r/plan sponsor	Date	Enter name of individu	ıal sign	ing as emplover	or plan sponsor
Preparer's		ne, if applicable) and address; ir					number (optional)
				•			
		· ·		· I			
					17342 18		

m.		_	~
۲a	а	е	~_

	1011110000-01-2012		r age 🚣					. 1		
Pa	t III Financial Information	1 2 2 2	:		· ·					
7	Plan Assets and Liabilities		(a) Beginning of Yea	ar		(b) End of Year				
<u>a</u>	Total plan assets	7a	22:	1,6	76	298,12				
b	Total plan liabilities	. 7b			0			0		
<u> </u>	Net plan assets (subtract line 7b from line 7a)	7c	22:	1,67	76				29	8,126
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount			(b) T			7.00	7.44
a	Contributions received or receivable from: (1) Employers	8a(1)		9,15	51					
	(2) Participants	8a(2)	3.	5,90	55			of Charge		
	(3) Others (including rollovers)	8a(3)			0	Alth	ijas ig		ķer.	
b	Other income (loss)	8b	3:	1,39	94					
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c			40				7	6,450
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d			0			1 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2		
e	Certain deemed and/or corrective distributions (see instructions)	8e			0					
f	Administrative service providers (salaries, fees, commissions)	8f			0					
g	Other expenses	8g			0					
<u>h</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h								0
<u> </u>	Net income (loss) (subtract line 8h from line 8c)	8i							. 7	6,450
j	Transfers to (from) the plan (see instructions)	8j			0	4,441.5				
Par	t IV Plan Characteristics			*						
9a	If the plan provides pension benefits, enter the applicable pension 2E 2F 2G 2J 2K 3D 2T	feature co	odes from the List of Plan Char	acteri	stic Co	odes in	the instru	ctions:		
b	If the plan provides welfare benefits, enter the applicable welfare for	eature cod	les from the List of Plan Charac	cterist	tic Co	des in	the instruct	lions:		
Part	V Compliance Questions								.•	
10	During the plan year:				Yes	No	T	Amou	ınt	-
а				10a		х				
b	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				2	5,000
d		fidelity bo	nd, that was caused by fraud	10d		х		÷.		3,000
	Were any fees or commissions paid to any brokers, agents, or oth			100	<u> </u>					
	insurance service or other organization that provides some or all of	of the ben	efits under the plan? (See				1			
	instructions.)			10e	Х		 		•	1,288
f	Has the plan failed to provide any benefit when due under the plan	n?		10f		Х	<u> </u>		<u>. </u>	
g	Did the plan have any participant loans? (If "Yes," enter amount a	s of year o	end.)	10g		Х				
h	If this is an individual account plan, was there a blackout period? (2520.101-3.)	•		10h		х	(4			
·	If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10			10i						
Part	VI Pension Funding Compliance									
11	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)							П	'es	∏No
112	Enter the amount from Schedule SB line 39					11a		<u> </u>		
12	Is this a defined contribution plan subject to the minimum funding				ection		ERISA?	Пу	es .	XNo
1 164	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,				-011011	30 <u>2 01</u>		<u>. L.</u>	-	
a	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 instruc		, and	enter tl Dav		the lette Year	er ruli	ng
	you completed line 12a, complete lines 3, 9, and 10 of Schedule									
	Enter the minimum required contribution for this plan year				[12b				

	Form 5500-SF 2012	Pag	∍3 - 🗀			4	· · · · · · · · · · · · · · · · · · ·
С	Enter the amount contributed by the employer to the plan for t	this plan year			12c		
d	Subtract the amount in line 12c from the amount in line 12b. E negative amount)	•	_	e left of a	12d		
е	Will the minimum funding amount reported on line 12d be me	t by the funding deadli	ne?	• • • • • • • • • • • • • • • • • • • •		Yes	No N/A
Part	VII Plan Terminations and Transfers of Asse	ts			: " "		-
13a	Has a resolution to terminate the plan been adopted in any plan ye	ear?			/ <u> </u>	es X N	0
	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 beneficial of the PBGC?						Yes X No
C	If during this plan year, any assets or liabilities were transferred which assets or liabilities were transferred. (See instructions.)	ed from this plan to an					· ·
1	3c(1) Name of plan(s):	:		1	3c(2) El	N(s)	13c(3) PN(s)
Part	VIII Trust Information (optional)						
	Name of trust				14b ⊤r	ust's EIN	
			*				