## 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). 1210-0089

OMB Nos. 1210-0110

2011

This Form is Open to Public Inspection

		uance wit	in the instructions to the Form 5500	-ог.			
	art I Annual Report Identification Information						
For	calendar plan year 2011 or fiscal plan year beginning 10/01/201	1	and ending 09	9/30/2	2012		
Α .	This return/report is for:	a multiple	e-employer plan (not multiemployer)		a one-participant	plan	
В .	This return/report is: the first return/report	the final r	eturn/report				
	an amended return/report	a short pla	an year return/report (less than 12 mo	nths)			
C	Check box if filing under: X Form 5558	automatic	extension		DFVC program		
	special extension (enter description	on)			<del>_</del>		
Pa	art II Basic Plan Information—enter all requested inform	ation					
1a	Name of plan			1b	Three-digit		
	RN, INC. PENSION PLAN				plan number		
					(PN) ▶	002	
				1c	Effective date of plan 09/30/199		
2a	Plan sponsor's name and address; include room or suite number (e	mplover. it	for a single-employer plan)	2h	Employer Identificati		r
	RN, INC.		rer a emigre empreyer plany		(EIN) 91-086350		
				2c	Sponsor's telephone	number	
РО В	3OX 87				509-382-43		
	TON, WA 99328			2d	Business code (see	instructions	s)
					111100		
	Plan administrator's name and address (if same as plan sponsor, et RN, INC. PO BOX 87	nter "Same	e")	3b	Administrator's EIN 91-086350	06	
11101	DAYTON, WA	A 99328		3c	Administrator's telep		oer
					509-382-432	24	
4	If the name and/or EIN of the plan sponsor has changed since the I name, EIN, and the plan number from the last return/report.	ast return/	report filed for this plan, enter the	4b	EIN		
а	Sponsor's name			4c	PN		
	Total number of participants at the beginning of the plan year			5a			_
b	Total number of participants at the end of the plan year		<u> </u>	5b			
C	Number of participants with account balances as of the end of the		<u> </u>	JU			
	complete this item)			5c			3
6a	Were all of the plan's assets during the plan year invested in eligib	le assets?	(See instructions.)			Yes	No
b	Are you claiming a waiver of the annual examination and report of				<b>□</b>	l voo □	Nia
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility of you answered "No" to either 6a or 6b, the plan cannot use F.		•		<u>C</u>	Yes	No
Pa	art III Financial Information	01111 3300-	SF and must instead use Form 550	<u>u.</u>			
7	Plan Assets and Liabilities		(a) Basinning of Vacu	1	(b) End of V	·	
-	Total plan assets	70	(a) Beginning of Year 2086313		(b) End of Y	1551864	
a b	Total plan liabilities						
C	Net plan assets (subtract line 7b from line 7a)	7c	2086313			1551864	
8	Income, Expenses, and Transfers for this Plan Year	76			/b) Tatal		
а	Contributions received or receivable from:		(a) Amount		(b) Total		
_	(1) Employers	8a(1)	18000				
	(2) Participants	8a(2)					
	(3) Others (including rollovers)	8a(3)					
b	Other income (loss)	. 8b	60366				
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c				78366	
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	. 8d	612815				
е	Certain deemed and/or corrective distributions (see instructions)	8e					
f	Administrative service providers (salaries, fees, commissions)						
g	Other expenses						
h	Total expenses (add lines 8d, 8e, 8f, and 8g)					612815	
i	Net income (loss) (subtract line 8h from line 8c)					-534449	
j	Transfers to (from) the plan (see instructions)						
			1				

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Form	5500	1-SE	2011

Page 2 -	1	
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Part IV	Plan	Charac	teristics
railiv	ı Fiaii	Charac	teristics

- If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 9a
  - If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:

0	During the plan year:		Yes	No		Δr	nour	nt	
а	Was there a failure to transmit to the plan any participant contributions within the time period described in			X			iloui		
<b>L</b>	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)	10a							
D	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	10b		X					
С	Was the plan covered by a fidelity bond?	10c	X					20	00000
d	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?								
е	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 instructions.)	10e X					1633		
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 as of year end.)	10g		X					
h	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	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	10i							
art	VI Pension Funding Compliance								
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and con 5500))						Пү	'es	No
2	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code						Η.	,	<del></del>
		- 01 3-	ction	302 of 1	ERISA	۱?	Y	es >	X No
	(If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)	C 01 3C	ction	302 of	ERISA	۱?	Y	es 2	× No
а	(If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)  If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instrugranting the waiver	ctions,	and e	enter th	e date	e of the	lette	r rulin	<u> </u>
		ctions,	and e	enter th	e date	e of the	lette	r rulin	ıg
lf y	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instrugranting the waiver.	ctions, nth	and e	enter th	e date	e of the	lette	r rulin	ıg
lf y b	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instrugranting the waiver	ctions,	and e	enter th Day	e date	e of the	lette	r rulin	ıg
lf y b	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instrugranting the waiver	ctions,	and e	enter th Day 12b	e date	e of the	lette	r rulin	ıg
lf y b c d	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instrugranting the waiver	of a	and e	12b 12c 12d	e date	e of the	lette	r rulin	ıg
lf y b c d	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instrugranting the waiver.  Mor ou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13. Enter the minimum required contribution for this plan year.  Enter the amount contributed by the employer to the plan for this plan year.  Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left negative amount).  Will the minimum funding amount reported on line 12d be met by the funding deadline?	of a	and e	12b 12c 12d	e date	e of the	letter	r rulin	ng ——
lf y b c d e art	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instrugranting the waiver.  Mor you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13. Enter the minimum required contribution for this plan year.  Enter the amount contributed by the employer to the plan for this plan year.  Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left negative amount).  Will the minimum funding amount reported on line 12d be met by the funding deadline?	of a		12b 12c 12d	e date	e of the	letter	r rulin	ng ——
lf y b c d e art	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instrugranting the waiver	of a		12b 12c 12d	e date	e of the Ye	letter	r rulin	ng ——
lf y c d e art	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instrugranting the waiver.  Mor you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13. Enter the minimum required contribution for this plan year.  Enter the amount contributed by the employer to the plan for this plan year.  Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left negative amount).  Will the minimum funding amount reported on line 12d be met by the funding deadline?  VII Plan Terminations and Transfers of Assets  Has a resolution to terminate the plan been adopted in any plan year?	of a	and e	12b 12c 12d	e date	e of the Ye	letteear _	r rulin	ng 
b c d e art 3a	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instrugranting the waiver	of a	and e	12b 12c 12d	e date	e of the Ye	letteear _	r rulin	ng ——
b c d art 3a b c	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instrugranting the waiver	of a	and e	12b 12c 12d	Ye	e of the Ye	No Y	r rulin	N/A  No
b c d erart 3a b c	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instrugranting the waiver.  Mor you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13. Enter the minimum required contribution for this plan year.  Enter the amount contributed by the employer to the plan for this plan year.  Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left negative amount).  Will the minimum funding amount reported on line 12d be met by the funding deadline?  VII Plan Terminations and Transfers of Assets  Has a resolution to terminate the plan been adopted in any plan year?  If "Yes," enter the amount of any plan assets that reverted to the employer this year.  Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought of the PBGC?  If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the which assets or liabilities were transferred. (See instructions.)	of a	and e	12b 12c 12d	Ye	e of the Ye	No Y	r rulin	N/A  No
b c d erart 3a b c	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instrugranting the waiver.  Mor you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13. Enter the minimum required contribution for this plan year.  Enter the amount contributed by the employer to the plan for this plan year.  Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left negative amount).  Will the minimum funding amount reported on line 12d be met by the funding deadline?  VII Plan Terminations and Transfers of Assets  Has a resolution to terminate the plan been adopted in any plan year?  If "Yes," enter the amount of any plan assets that reverted to the employer this year.  Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought of the PBGC?  If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the which assets or liabilities were transferred. (See instructions.)	of a	and e	12b 12c 12d	Ye	e of the Ye	No Y	r rulin	N/A  No

SIGN	Filed with authorized/valid electronic signature.	07/11/2013	ERIC THORN
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

FAX NO. :

## 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 5057(b) and 6058(a) of the Internal Revenue Code (the Code).

OMB Nos. 1210-0110 1210-0089

2011

This Form is Open to Public

Emplo	yee Benefits Security Administration	_ ine internal F				1	Ins	pection
Pens	ion Benefit Guaranty Corporation	<ul> <li>Complete all entries in accorda</li> </ul>	nce with th	ie instructi	ons to the Form 5500	)-SF.		
Parl	I Annual Report	Identification Information	<del>- 7</del> =- /00	<u> </u>	and anding	0	9/30/2012	2
For ca	lendar plan year 2011 or fis	cal plan year beginning 11	0/01/20		and ending		LANGE C	
	is return/report is for:	X a single-employer plan	multiple-er	np <mark>loye</mark> r plar	(not multiemployer)	Ĺ.	a one-partici	pant plan
		the first return/report	ne final retu	rn/report				
<b>D</b> 103	is return/report is:	an amended return/report	short plan	year return/r	eport (less than 12 mi	onths)		
		H H	utomatic e			Г	DFVC progra	am
C Ch	eck box if filling under:	☐ . O.W. 2222		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		_	*	
		special extension (enter description					· · ·	
Par	II Basic Plan Info	rmation—enter all requested informat	ion			1b 7	hree-digit	
1a N	ame of plan	_					lan number	
Tho	rn, Inc. Pension	Plan				(	PN) ▶	002
							iffective date	
						1	9/30/1993	
22 0	lan enongor's rieme and ad	idress; include room or suite number (eπ	ployer, if fo	or a single-e	mployer plan)			tification Number
	rn, Inc.						EIN) 91-08	
	- ···· •						- •	phone number
PO	Box 87						309-382 <b>-4</b>	
						1		(see Instructions)
Day	ton	WA 99328		<del>,</del>			111100	
3a F	lan administrators name a	nd address (if same as plan sponsor, en	ter "Same")	)			Administrator's 91 - 08635(	
Thọ	rn, Inc.					1		s telephone number
PO	Box 87	wa 99328					509-382-4	1324
Day	ton	WA 99328 he plan sponsor has changed since the la	est return/re	port filed fo	this plan, enter the	4b	EIN	
4	If the name and/or EIN of it	mber from the last return/report.			•		*	
	Sponsor's name	100 100 100 100 100 100 100 100 100 100				4c	PN	
5a	Total number of participant	s at the beginning of the plan year			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	- <u>5a</u>		. 4
h	Takes number of porticinant	s at the end of the plan year		,,		. 5b	İ	3
	Intel statinet of barrehers	account balances as of the end of the p	ian vear (d	efined bene	fit plans do not	_		3
	complete this tem)				The state of the s	. 5c	<u> </u>	
<u> </u>	thin at the single seed	to during the plan year invested in eligib	le assets? (	See instruc	ions.)		.127471	X Yes \ No
6a h		ruIiiii and raport of :	on indenent	aant awanie	n bubic accountant o	W 771		⊠ Yes ∏ No
U		27 /Saa instructions on Walver excipitity :	ano conom	٠ د د د د د د د د د د د و د چکا اثار	8141-4444-44			₩ 102 U
	If you answered "No" to	either 6a or 6b, the plan cannot use F	orm 5600-5	of and mus	t instead use rorm t	5000.		
Pa	rt III Financial Info	rmation	т і			<u> </u>	/b\ E-	ad at Vant
7	Plan Assets and Liabilities			(a)_	Beginning of Year		(D) E	nd of Year 1551864
а	Total plan assets	,	7a		20863	5 1.5		**************************************
b	Total plan liabilities		. 7b					4553064
C	Net plan assets (subtract )	ine 7b from line 7a)	. 7c		20863	313		1551864
8	Income, Expenses, and Ti				(a) Amount		<u> </u>	o) Total
a	Contributions received or	receivable from:			<b>ጎ Ω</b> ሰ	000		
	(1) Employers					-		
	(3) Others (including rollo	vers)	. 8a(3)					
b	Other income (loss)	***************************************	. 8b		60	366		
C	Total income (add lines 8a	a(1), 8a(2), 8a(3), and 8b)	. 8c	ļ				78366
d	Benefits paid (including di	rect rollovers and insurance premiums	ļ		612	815		
e		rrective distributions (see instructions)		<del>                                     </del>		-+		
f		viders (salaries, fees, commissions)	i					
g	Other expenses		<u>8g</u>		A.M. A.M. Commercial C			
h		8d, 8e, 8f, and 8g)		<b></b>				612815
i	Net Income (loss) (subtra	ct line 8h from line 8c)	81				100000	-534445
i	Transfers to (from) the pla	an (see instructions)	ai	1	,			
For	Paperwork Reduction Aut Notice	and OMB Control Numbers, see the instructions fo	x Form 6600-9	3F.				Porm 5500-SF (2011) v.012811

	Form 5500-SF 2011	Page <b>2</b> -			~~			
Part I	he plan provides pension benefits, enter the applicable pension feat.	are codes from the Lis	t of Plan Charac	derist	ic Coo	des in th	e instructions	:
b if	2E 3D  he plan provides welfare benefits, enter the applicable welfare featur	e codes from the List	of Plan Charact	eristic	Code	s in the	instructions:	<u></u>
Part \	Compliance Questions		-W-10-1	<del></del>	T	No	A en	ount
4.5	A				Yes		Allik	70111
a v	vas there a fallure to transmit to the plan any participant contributions			10a		X		
	Vere there any nonexempt transactions with any party-in-interest? (U	O Not wedge haves		10b		X		300000
c	Mae the plan covered by a fidelity bond?			10c	X			
	Did the plan have a loss, whether or not reimbursed by the plan's fide or dishonesty?	lity bond, that was ca	used by traud	10d		х		
e	or disnonesty?  Were any fees or commissions paid to any brokers, agents, or other processes and the provides some or all of the instructions.)	persons by an insular le benefits under the	plan? (See	10e	Х			1633
_	nstructions.)  Has the plan falled to provide any benefit when due under the plan?			10f		Х		
f	Has the plan falled to provide any benefit when the broth the plant	( your and )		100		Х		
g	Did the plan have any participant loans? (If "Yes," enter amount as o	s instructions and 20	CEB	103	<del>                                     </del>	х	IX.E.	
	If this is an Individual account plan, was there a blackout period? (Se		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	10h		1		
ī	es20.101-3.)  If 10h was answered "Yes," check the box if you either provided the receptions to providing the notice applied under 29 CFR 2520.101-3	adhied Koroe At one		101	<u></u>			
Part	/I Pension Funding Compliance	SUMMYON A MUNICIPAL OF THE PROPERTY OF THE PRO			0.4.		1/5	
11	The state of the minimum funding consideration	ts? (If "Yes," see inst	uctions and com	рете	Sche	one sc		Yes No
	is this a defined benefit plan subject to frightness valuing requirements  5500))  Is this a defined contribution plan subject to the minimum funding re	aviromonte of section	412 of the Code	or se	ection	302 of	ERIŠA?	Yes X No
12		de N						
9	(if "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicab If a waiver of the minimum funding standard for a prior year is being	omadized in inis nian	year, see instru	ctions	and	enter th	e date of the	letter ruling
		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	#11.11	1,		Day	Ye	er
lf y	ou completed line 12a, complete lines 3, 9, and 10 of Schedule f	AB (Form 6600), and	skib to use 12.	•		12b	1	
þ	Enter the minimum required contribution for this plan year	11449	2/72		****	12c		<u> 12017777- 3</u>
C	Enter the amount contributed by the employer to the plan for this pla	n year					1	
d	Subtract the amount in line 12c from the amount in line 12b. Enter the negative amount)					12d	<u> </u>	No T N/A
e	Will the minimum funding amount reported on line 12d be met by the	funding deadline?		******	******		Yes	140   140
Part	VII Plan Terminations and Transfers of Assets	4					······	
13a	Has a resolution to terminate the plan been adopted in any plan year?			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		<u>.                                     </u>	Yes X No	
	If "Yes," enter the amount of any plan assets that reverted to the en	ployer this year			13a	1		
þ	Were all the plan assets distributed to participants or beneficiaries, to the PBGC?	ransferred to another	plan, or brought	t unde				Yes 🛭 No
C	If during this plan year, any assets or liabilities were transferred fror which assets or liabilities were transferred. (See Instructions.)	n this plan to another	plan(s), identify	the pl				1
-	3c(1) Name of plan(s):	- Note that	Augusti, and a second			13c(2) E	IN(\$)	13c(3) PN(5)
			•	l				
Cau	ion: A penalty for the late or incomplete filing of this return/repo	rt will be assessed	uniess reasona	ble c	ause	s estat	Mished.	lo a Schadula
SBo	r penalties of perjury and other penalties set forth in the instructions. Schedule MB completed and signed by an enrolled actuary, as well , it is true, correct, and complete.	I declare that I have as the electronic ver	examined this returi	n/repo	eport, ort, an	d to the	best of my kr	nowledge and
neix.		-1-12	ERIC THOR	N	•			,
SIG		7/10/12	····		- استداما	niar I	معدده ممام مم	ietrator
HEI	3 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Date	Enter name of			signing i	as pian aomin	iauatui
SIG	N Thom see by the Moon	1/10/13	ERIC					
HEI		Date	Enter name of	indiv	iduai :	signing	as employer o	r plan sponsor