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).

1210-0089

OMB Nos. 1210-0110

2012

This Form is Open to Public Inspection

г	ension be	ment Guaranty Corporation	 Complete all entries in ac 	cordance with the instr	uctions to the Form 550	0-SF.		
Pa	art I	Annual Report	Identification Information					
For	calenda	ar plan year 2012 or fis	scal plan year beginning 01/01/	/2012	and ending 1	2/31/2	2012	
Α -	This ret	urn/report is for:	X a single-employer plan	a multiple-employer	plan (not multiemployer)		a one-partici	pant plan
В	This ret	urn/report is:	the first return/report	the final return/repor	t			
			an amended return/report	a short plan year retu	urn/report (less than 12 m	onths))	
C	Check b	oox if filing under:	Form 5558	automatic extension			DFVC progra	am
			special extension (enter descr	ription)				
Pa	rt II	Basic Plan Info	rmation—enter all requested inf	formation				
1a	Name	of plan	·			1b	Three-digit	
HYDF	RA PLA	STICS, INC. PROFIT	SHARING PLAN				plan number	
							(PN) •	001
						1C	Effective date of	of plan /1977
2a	Plan sr	oonsor's name and ad	dress; include room or suite numbe	er (emplover, if for a single	e-emplover plan)	2b		ification Number
		ASTICS, INC.		(,			762596
						2c	Sponsor's telep	
		DINVILLE SNOHOMIS LE, WA 98072	SH ROAD				425-48	
vvOO	אווטי	LE, WA 90072				2d	Business code	(see instructions)
3a	Plan ad	dministrator's name ar	nd address XSame as Plan Spons	sor Name Same as Pla	an Sponsor Address	3b	Administrator's	
		a	Mount as than open		an oponion riadioco			
						3с	Administrator's	telephone number
4	If the n	name and/or FIN of the	e plan sponsor has changed since	the last return/report filed	for this plan, enter the	4h	EIN	
•			mber from the last return/report.	the last return/report med	for this plan, enter the	40	EIIN	
а	Sponso	or's name				4c	PN	
5a	Total r	number of participants	at the beginning of the plan year			5a		45
b	Total r	number of participants	at the end of the plan year			5b		49
С			account balances as of the end of		•	5c		20
6a		,	s during the plan year invested in e					X Yes No
_		· ·	f the annual examination and repor	•	*			
			? (See instructions on waiver eligib					X Yes No
	If you	answered "No" to ei	ither line 6a or line 6b, the plan c	annot use Form 5500-S	F and must instead use	Form	5500.	
			or incomplete filing of this return	•				
			her penalties set forth in the instruc					
		rue, correct, and comp	nd signed by an enrolled actuary, a plete.	as well as the electronic ve	ersion of this return/report	i, and	to the best of my	knowledge and
					T			
SIG		Filed with authorized/	valid electronic signature.	07/21/2013	LARRY MUMAW			
	`	Signature of plan a	dministrator	Date	Enter name of individ	ual siç	gning as plan adr	ninistrator
SIG								
HER		Signature of emplo		Date	Enter name of individ	ual sig	ning as employe	er or plan sponsor
Prep	parer's	name (including firm n	name, if applicable) and address; in	clude room or suite numb	per (optional)	Prep	arer's telephone	number (optional)

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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	111376				(8) =1.		40932	4	
	Total plan liabilities	7b						•		•	
	Net plan assets (subtract line 7b from line 7a)	7c	111376	35				1,	40932	4	
	Income, Expenses, and Transfers for this Plan Year		(a) Amount			(b) Total					
	Contributions received or receivable from:		(a) Amount				(15)	Total			
	(1) Employers	8a(1)	7262	26							
	(2) Participants	8a(2)	10316	64							
	(3) Others (including rollovers)	8a(3)	6	67							
b	Other income (loss)	8b	13355	52							
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						3	309409	9	
	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		0							
е	Certain deemed and/or corrective distributions (see instructions)	8e		0							
f	Administrative service providers (salaries, fees, commissions)	8f	1385	50							
g	Other expenses	8g									
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							1385	0	
	Net income (loss) (subtract line 8h from line 8c)	8i							29555	9	
	Transfers to (from) the plan (see instructions)	8j									
Par	t IV Plan Characteristics	, <u>°,</u>									
	If the plan provides pension benefits, enter the applicable pension 2E 2F 2G 2J 2K 3D	feature co	des from the List of Plan Char	acteris	stic Co	des in	the instr	uctions	S:		
b	If the plan provides welfare benefits, enter the applicable welfare fe	eature cod	es from the List of Plan Chara	cterist	ic Coc	les in t	he instru	ctions:			
Dor	V Compliance Questions										
Pari	•				Vac	Na					
10 a	During the plan year: Was there a failure to transmit to the plan any participant contribu	tiono with:	n the time period described in	1	Yes	No		Am	ount		
	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu	ıciary Corı	rection Program)	10a		X					
	Were there any nonexempt transactions with any party-in-interest on line 10a.)			10b		X					
С	Was the plan covered by a fidelity bond?			10c	X					1700	000
d	Did the plan have a loss, whether or not reimbursed by the plan's 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 of					Х					
	instructions.)			10e							
f	Has the plan failed to provide any benefit when due under the plan	n?		10f		X					
g	Did the plan have any participant loans? (If "Yes," enter amount a	s of year e	end.)	10g	X					92	259
h	If this is an individual account plan, was there a blackout period? (2520.101-3.)	•		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			10i	X						
Part	VI Pension Funding Compliance										
11	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)								Yes	X	No
11a						11a					
12	Is this a defined contribution plan subject to the minimum funding				ction		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 e	enter th Day	ne date o	f the le		ling	
If	you completed line 12a, complete lines 3, 9, and 10 of Schedulo	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):	3c(2) E	IN(s)	13c(3) PN(s)
Part	VIII Trust Information (optional)			
	Name of trust	14b ⊤	rust's EIN	

EN 91-0762596 /PN 001 /ECM 022012 FORM 5500SF RF12

Form 5500-SF

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2012

This Form is Open to Public

Pension Benefit Guaranty Co	Alaco Second	> Complete all entries in a	ccordance with the instru	ctions to the Form 550	0-SF.	ins	pection	
Part I Annual I	Report Ide	entification Information		100000000000000000000000000000000000000				
For calendar plan year 2	Control of the last of the las		01/01/2012	and ending		12/31/201	2	
A This return/report is: B This return/report is:	for:	the first return/report	the final return/report		[a one-particip	pant plan	
12 32 19 95 W		an amended return/report	a short plan year retu	m/report (less than 12 r	nonths)			
C Check box if filing un		Form 5558 special extension (enter des			55	DFVC progra	im	
Part II Basic Pi	an Inform	ation—enter all requested in	formation					
1a Name of plan Hydra Plasti	cs, Inc	. Profit Sharing P	lan		1	Three-digit plan number (PN)	001	
						Effective date of 01/01/1977		
2a Plan sponsor's nam Hydra Plasti	e and addre cs, Inc	ss; include room or suite numb •	er (employer, if for a single-	employer plan)	2b (Employer Identifi EIN) 91-076	ication Num 2596	ber
		ANNOUNCE VALUE OF THE PROPERTY OF				Sponsor's teleph (425) 483-		3F
WOODINVILLE	VILLE S	NOHOMISH ROAD	WA	98072		Business code (s 326100	see instructi	ons)
3a Plan administrator's	name and a	ddress XSame as Plan Spor	sor Name Same as Plan	Sponsor Address	3b /	Administrator's E	IN	
name, EIN, and the	IN of the pla plan number	an sponsor has changed since or from the last return/report.	the last return/report filed for	or this plan, enter the	4b (Sour		
a Sponsor's name	W F 2 2 2				4c	N		
		he beginning of the plan year.			5a			45
		he end of the plan year			5b			4.9
 Number of participal complete this item). 	nts with acc	ount balances as of the end of	the plan year (defined bene	fit plans do not	5c			20
6a Were all of the plan b Are you claiming a under 29 CFR 2520	o's assets du waiver of the 0.104-46? (S	ring the plan year invested in annual examination and repo ee instructions on waiver eligit r line 6a or line 6b, the plan	eligible assets? (See instruc rt of an independent qualifie pility and conditions.)	tions.) d public accountant (IQ	PA)		X Yes	□No □No
Caution: A penalty for	he late or in	ncomplete filing of this retur	n/report will be assessed	unless reasonable cau	se is e	stablished.		
Under penalties of perjur SB or Schedule MB com belief, it is true, correct, a	pleted and s	penalties set forth in the instru igned by an enrolled actuary, a.	ctions, I declare that I have as well as the electronic ver	examined this return/report sion of this return/report	oort, inc	luding, if applica the best of my l	ible, a Sche knowledge :	dule and
SIGN CONTRACTOR	When	an Contro	1/18/13	Larry 1	Μ,	ender		
SIGN SIGNATURE O	of plan admi	inistrator	Date	Enter name of individ	ual sign	ing as plan adm	inistrator	+
HERE	of employer	plan sponsor	Date	Enter name of individ	ual einn	ing as employer	or plan end	nene
		e, if applicable) and address; in				rer's telephone		

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Page 2

7 Plan Assets and Liabilities			(a) Beginning of Yea	ır			(b) End	of Year	
a Total plan assets		7a	1,113		5		-		409,32
b Total plan liabilities		7b							
C Net plan assets (subtract line 7b from line 7a	i)	7c	1,11	3,76	5			1,	409,32
8 Income, Expenses, and Transfers for this Pla	an Year		(a) Amount				(b) T		
a Contributions received or receivable from:	111.——111.—111.	PHILIP CONTROL OF		on nonesyan					
(1) Employers		8a(1)		2,62	_				
(2) Participants		8a(2)	103	3,16					
(3) Others (including rollovers)		8a(3)		6				-	_
b Other income (loss)		8b	13:	3,55	2				
C Total income (add lines 8a(1), 8a(2), 8a(3), a		8c		_	-	_			309,40
d Benefits paid (including direct rollovers and in to provide benefits)	nsurance premiums	8d			0				
e Certain deemed and/or corrective distribution		8e			0				
f Administrative service providers (salaries, fe-		8f	11	3,85	0				
g Other expenses		8g				SIL.			
h Total expenses (add lines 8d, 8e, 8f, and 8g)		8h							13,85
Net income (loss) (subtract line 8h from line		8i					10.0		295,55
j Transfers to (from) the plan (see instructions		8j							
Part IV Plan Characteristics		0)		_			_		
9a If the plan provides pension benefits, enter to 2E 2F 2G 2J 2K 3D b If the plan provides welfare benefits, enter the	ne saletelini ze zastoci zas	300 SMIT - 200 SV			Stille-S-		Windle State		
Part V Compliance Questions During the plan year:					Yes	No		Amour	
Was there a failure to transmit to the plan a	ny participant contribut	tions within th	ne time period described in		1.00	100		Allioui	
29 CFR 2510.3-102? (See instructions and				10a		X			
b Were there any nonexempt transactions wi on line 10a.)				10b		х			
						Λ			
C Was the plan covered by a fidelity bond?				10c	х	Λ			170,00
Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not rei or dishonesty?	imbursed by the plan's	fidelity bond,	that was caused by fraud	10c	Х	X			170,00
d Did the plan have a loss, whether or not rei	imbursed by the plan's brokers, agents, or oth It provides some or all of	fidelity bond, er persons b of the benefits	that was caused by fraud by an insurance carrier, s under the plan? (See		Х				170,00
d Did the plan have a loss, whether or not rei or dishonesty? e Were any fees or commissions paid to any insurance service or other organization tha	imbursed by the plan's brokers, agents, or oth t provides some or all o	fidelity bond, er persons b	that was caused by fraud by an insurance carrier, s under the plan? (See	10d	Х	х			170,00
d Did the plan have a loss, whether or not recordishonesty? Were any fees or commissions paid to any insurance service or other organization that instructions.) Has the plan failed to provide any benefit w	imbursed by the plan's brokers, agents, or oth it provides some or all o when due under the plan	fidelity bond, er persons b of the benefits	that was caused by fraud by an insurance carrier, is under the plan? (See	10d 10e 10f		x			
d Did the plan have a loss, whether or not rei or dishonesty? Were any fees or commissions paid to any insurance service or other organization that instructions.)	brokers, agents, or oth t provides some or all of when due under the plan f "Yes," enter amount as ere a blackout period? (fidelity bond, er persons b of the benefits n?	that was caused by fraud by an insurance carrier, s under the plan? (See	10d	x x	x			9,25
d Did the plan have a loss, whether or not recordishonesty? e Were any fees or commissions paid to any insurance service or other organization that instructions.) f Has the plan failed to provide any benefit with the plan have any participant loans? (If this is an individual account plan, was the	brokers, agents, or oth t provides some or all of when due under the plan "Yes," enter amount as ere a blackout period? (fidelity bond, er persons b of the benefits n? s of year end (See instructione required n	that was caused by fraud by an insurance carrier, s under the plan? (See	10d 10e 10f 10g	Х	x			
d Did the plan have a loss, whether or not recordishonesty? e Were any fees or commissions paid to any insurance service or other organization that instructions.) f Has the plan failed to provide any benefit with the plan have any participant loans? (If h If this is an individual account plan, was the 2520.101-3.) i If 10h was answered "Yes," check the box exceptions to providing the notice applied to	brokers, agents, or oth t provides some or all of when due under the plan ""Yes," enter amount as ere a blackout period? (if you either provided thunder 29 CFR 2520.10	fidelity bond, er persons b of the benefits n? s of year end (See instructione required n	that was caused by fraud by an insurance carrier, s under the plan? (See	10d 10e 10f 10g 10h	x	x			
d Did the plan have a loss, whether or not recordishonesty? e Were any fees or commissions paid to any insurance service or other organization that instructions.) f Has the plan failed to provide any benefit with the plan have any participant loans? (If h If this is an individual account plan, was the 2520.101-3.) i If 10h was answered "Yes," check the box exceptions to providing the notice applied the plant of the providing the notice applied the plant of the providing the notice applied the plant of t	brokers, agents, or oth trokers, agents, or oth trovides some or all of the trovides some or all of the trovides some or all of "Yes," enter amount as a blackout period? (if you either provided the trouder 29 CFR 2520.10" ie	fidelity bond, er persons both the benefits n? s of year end (See instruction required notes)	that was caused by fraud by an insurance carrier, s under the plan? (See L) cons and 29 CFR dtice or one of the s,* see instructions and con	10d 10e 10f 10g 10h 10i	X X X	X X X			
d Did the plan have a loss, whether or not recordishonesty? e Were any fees or commissions paid to any insurance service or other organization that instructions.) f Has the plan failed to provide any benefit with the plan have any participant loans? (III h If this is an individual account plan, was the 2520.101-3.) i If 10h was answered "Yes," check the box exceptions to providing the notice applied of a part VI Pension Funding Compliance 11 is this a defined benefit plan subject to minimum 5500) and line 11a below)	brokers, agents, or oth trokers, agents, or oth trovides some or all of the plants of "Yes," enter amount as a blackout period? (if you either provided thunder 29 CFR 2520.10*); if you must be the provided that the provided the provided that the provided the provided that the prov	fidelity bond, ter persons b of the benefits n? s of year end (See instruction ne required no 1-3	that was caused by fraud by an insurance carrier, s under the plan? (See 1.) bions and 29 CFR dtice or one of the s,* see instructions and con	10d 10e 10f 10g 10h 10i	X X X	X X X			9,25 es ⊠No
d Did the plan have a loss, whether or not recordishonesty? e Were any fees or commissions paid to any insurance service or other organization that instructions.) f Has the plan failed to provide any benefit w g Did the plan have any participant loans? (If h If this is an individual account plan, was the 2520.101-3.) i If 10h was answered "Yes," check the box exceptions to providing the notice applied a exception of the providing the notice applied to 1 this a defined benefit plan subject to min 5500) and line 11a below)	brokers, agents, or oth trokers, agents, or oth trovides some or all or other due under the plant "Yes," enter amount as are a blackout period? (if you either provided thunder 29 CFR 2520.10** ie imum funding requirem	fidelity bond, er persons b of the benefits n? s of year end (See instruction re required in 1-3	that was caused by fraud by an insurance carrier, s under the plan? (See L) cons and 29 CFR atice or one of the s,* see instructions and con	10d 10e 10f 10g 10h 10i	X X X	X X X dule SE			9,25
d Did the plan have a loss, whether or not recordishonesty? e Were any fees or commissions paid to any insurance service or other organization that instructions.) f Has the plan failed to provide any benefit with the plan have any participant loans? (If high the plan have any participant loans? (If 10h was answered "Yes," check the box exceptions to providing the notice applied of the plan failed benefit plan subject to min 5500) and line 11a below). 11a Enter the amount from Schedule SB line 35 this a defined contribution plan subject to (If "Yes," complete line 12a or lines 12b, 12 this acceptance or the plan subject to (If "Yes," complete line 12a or lines 12b, 12 this acceptance or the plan subject to (If "Yes," complete line 12a or lines 12b, 12 this acceptance or the plan subject to (If "Yes," complete line 12a or lines 12b, 12 this acceptance or the plan subject to (If "Yes," complete line 12a or lines 12b, 12 this acceptance or the plan subject to (If "Yes," complete line 12a or lines 12b, 12 this acceptance or the plan subject to (If "Yes," complete line 12a or lines 12b, 12 this acceptance or the plan subject to (If "Yes," complete line 12a or lines 12b, 12 this acceptance or the plan subject to (If "Yes," complete line 12a or lines 12b, 12 this acceptance or the plan subject to (If "Yes," complete line 12a or lines 12b, 12 this acceptance or the plan subject to (If "Yes," complete line 12a or lines 12b, 12 this acceptance or the plan subject to (If "Yes," complete line 12a or lines 12b, 12b, 12b, 12b, 12b, 12b, 12b, 12b,	brokers, agents, or oth trokers, agents, or oth trovides some or all of the plants of "Yes," enter amount asers a blackout period? (If you either provided the under 29 CFR 2520.10" If you either provided the under 20 CFR 2520.10" If you either provided the under 20 CFR 2520.10" If you either provided the under 20 CFR 2520.10" If you either provided the under 20 CFR 2520.10" If you either provided the under 20 CFR 2520.10" If you either provided the under 20 CFR 2520.10" If you either provided the under 20 CFR 2520.10" If you either provided the under 20 CFR 2520.10" If you either provided the under 20 CFR 2520.10" If you either provided the under 20 CFR 2520.10" If you either provided the under 20 CFR 2520.10" If you either provided the under 20 CFR 2520.10" If you either provided the under 20 CFR 2520.10" If you either provided the under 20 CFR 2520.10" If you eithe	fidelity bond, er persons b of the benefits n? s of year end See instruction required notes and the second of the	that was caused by fraud by an insurance carrier, s under the plan? (See 1.) cons and 29 CFR dtice or one of the s,* see instructions and con s of section 412 of the Code le.)	10d 10e 10f 10g 10h 10i	X X X Schec	X X X Hule SB	ERISA?		9,25 es XNo
d Did the plan have a loss, whether or not recordishonesty? e Were any fees or commissions paid to any insurance service or other organization that instructions.) f Has the plan failed to provide any benefit with the plan have any participant loans? (If this is an individual account plan, was the 2520.101-3.) i If 10h was answered "Yes," check the box exceptions to providing the notice applied of exceptions to providing the notice applied of the plan subject to min 5500) and line 11a below). 11a Enter the amount from Schedule SB line 38 is this a defined contribution plan subject to (If "Yes," complete line 12a or lines 12b, 12 if a waiver of the minimum funding standard granting the waiver.	brokers, agents, or oth the provides some or all of the provides some or all of the provides some or all of the provided t	fidelity bond, er persons b of the benefits n? s of year end (See instruction ne required notes and the second sec	that was caused by fraud by an insurance carrier, s under the plan? (See 1.) cons and 29 CFR otice or one of the s,* see instructions and con s of section 412 of the Code e.) in this plan year, see instru	10d 10e 10f 10g 10h 10i nplete	X X X Schec	X X X Hule SB	ERISA?		9,25 es XNo
d Did the plan have a loss, whether or not recordishonesty? e Were any fees or commissions paid to any insurance service or other organization that instructions.) f Has the plan failed to provide any benefit with the plan have any participant loans? (If high the plan have any participant loans? (If 10h was answered "Yes," check the box exceptions to providing the notice applied of the plan failed benefit plan subject to minimum 5500) and line 11a below). 11a Enter the amount from Schedule SB line 38 list this a defined contribution plan subject to (If "Yes," complete line 12a or lines 12b, 12 a If a waiver of the minimum funding standard.	brokers, agents, or oth the provides some or all of the provides some or all of the provides some or all of the provided t	fidelity bond, er persons b of the benefits n? s of year end (See instruction ne required notes and the second sec	that was caused by fraud by an insurance carrier, s under the plan? (See 1.) cons and 29 CFR otice or one of the s,* see instructions and con s of section 412 of the Code e.) in this plan year, see instru	10d 10e 10f 10g 10h 10i nplete	X X X Schec	X X X Idule SB 11a 302 of	ERISA?	You the lette	9,25 es XNo