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).

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OMB Nos. 1210-0110

1210-0089

2012

This Form is Open to Public Inspection

Pension Be	enefit Guaranty Corporation	▶ Complete all entries in accord	dance with the instru	ctions to the Form 550	0-SF.		
Part I		t Identification Information					
For calend	ar plan year 2012 or t	fiscal plan year beginning 01/01/2013	2	and ending 1	2/31/2	2012	
	turn/report is for:	a single-employer plan		olan (not multiemployer)		a one-particip	oant plan
B This ref	turn/report is:	the first return/report	the final return/report				
		an amended return/report	a short plan year retu	rn/report (less than 12 m	onths)	ı	
C Check	box if filing under:	Form 5558	automatic extension			DFVC progra	ım
		special extension (enter description	on)			_	
Part II	Basic Plan Info	ormation—enter all requested information	ation				
1a Name		onto an requested missing			1b	Three-digit	
	•	MENT STORE, INC. 401(K) PLAN & TR	UST			plan number	
						(PN) •	001
						Effective date o	f plan
						01/01	/2010
	ponsor's name and a RNMENT PROCURE	ddress; include room or suite number (e	mployer, if for a single	e-employer plan)	2b	Employer Identi	
THE GOVE	KNIVIENT PROCURE	WENT STORE, INC.				(=114)	37718
					2c	Sponsor's telep	
800 NORTH SUITE 110-3	IEAST TENNEY ROA	ND			•	360-55	
VANCOUVE	ER, WA 98685				2a	Business code (,
20.01			. По в	0 11	26	23821	
Ja Plan a	aministrator's name a	and address XSame as Plan Sponsor N	iameSame as Pia	n Sponsor Address	30	Administrator's	EIN
					3c	Administrator's	elephone number
							•
		ne plan sponsor has changed since the l	ast return/report filed t	for this plan, enter the	4b	EIN	
	, EIN, and the plan nu or's name	umber from the last return/report.			4c	DNI	
		s at the beginning of the plan year			-	FIN	2
_		0 0 , ,			5a		2
		s at the end of the plan year			5b		2
		account balances as of the end of the p	• '	•	5c		2
6a Were	all of the plan's asse	ts during the plan year invested in eligib	le assets? (See instru	ctions.)			X Yes No
		of the annual examination and report of					
		6? (See instructions on waiver eligibility a					X Yes No
		either line 6a or line 6b, the plan cann					
		or incomplete filing of this return/rep					
SB or Sche		ther penalties set forth in the instruction and signed by an enrolled actuary, as we aplete.					
SIGN	Filed with authorized	d/valid electronic signature.	09/05/2013	DEBORAH GROVER			
HERE	Signature of plan	administrator	Date	Enter name of individ	ual sig	ning as plan adn	ninistrator
SIGN	Filed with authorized	d/valid electronic signature.	09/05/2013	DEBORAH GROVER			
HERE		oyer/plan sponsor	Date	Enter name of individ	ual sig	ning as employe	r or plan sponsor
Preparer's	name (including firm	name, if applicable) and address; includ	e room or suite numb	er (optional)	Prep	arer's telephone	number (optional)

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Pa	Part III Financial Information										
7	Plan Assets and Liabilities		(a) Paginning of Var				(b) End	of V	00"		
		7-	(a) Beginning of Yea		+		(b) End	01 1		00	
_ <u>a</u>	Total plan assets	7a 7b	070	0					1252	0	
	Net plan assets (subtract line 7b from line 7a)	76 7c	670						1252	_	
8		70		<i>/</i> I			(b) T			.0	
	Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from:		(a) Amount				(b) T	otai			
	(1) Employers	8a(1)		0							
	(2) Participants	8a(2)	480	00							
	(3) Others (including rollovers)	8a(3)		0							
b	Other income (loss)	8b	102	27							
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							582	7	
d	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		0							
g	Other expenses	8g		0							
<u>h</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h								0	
<u>i</u>	Net income (loss) (subtract line 8h from line 8c)	8i							582	27	
j	Transfers to (from) the plan (see instructions)	8j		0							
Pa	rt IV Plan Characteristics										
9a	If the plan provides pension benefits, enter the applicable pension 2A 2F 2G 2J 2K 3D	feature co	des from the List of Plan Char	acteris	tic Co	des in	the instruc	tion	S:		
b	If the plan provides welfare benefits, enter the applicable welfare fe	eature cod	es from the List of Plan Chara	cteristic	c Cod	es in tl	he instruct	ons:			
Par	Part V Compliance Questions										
10	During the plan year:				Yes	No		Δm	ount		
a				10a		X		7	<u> </u>		
b	Were there any nonexempt transactions with any party-in-interest on line 10a.)	? (Do not	include transactions reported	10b		Χ					
				10c		Χ					
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	er person	s by an insurance carrier,								
	insurance service or other organization that provides some or all cinstructions.)			10e		X					
f	,					Χ					
				10f							
9		•	<u> </u>	10g		X					
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	ne required	d notice or one of the	10i							
Par				1	I						
11	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)	•		•			•	Γ	Yes	×	No
114	,										
12	Enter the amount from Schedule SB line 39										
14	is the discontinuous plant case por to the imministration of content of the conte						110				
a	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, If a waiver of the minimum funding standard for a prior year is being granting the waiver.	ng amortiz	ed in this plan year, see instru		and e	_	ne date of t			uling	
If	you completed line 12a, complete lines 3, 9, and 10 of Schedule					Day		Yea	al		
	Enter the minimum required contribution for this plan year	•	•			12b					
	= are minimum required contribution for this plant year				[i				

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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 section 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

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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

P	art I Annual Report Identification Information							
For	calendar plan year 2012 or fiscal plan year beginning	01/01/2012	and ending	12/31/2012				
A	This return/report is for:	a multiple-employer ı	olan (not multiemployer)	r) a one-participant plan				
В	This return/report is:	the final return/report						
	an amended return/report	a short plan year retu	rn/report (less than 12 m	ionths)				
C	Check box if filing under:	automatic extension		DFVC progr	ram			
	special extension (enter description))						
Pa	art II Basic Plan Information enter all requested inform	nation						
-	Name of plan			1b Three-digit				
	THE GOVERNMENT PROCUREMENT STORE, INC. 401(k)	PLAN & TRUST		plan number (PN) ▶	001			
	,			1c Effective date				
				01/01/2010				
2a	Plan sponsor's name and address; include room or suite number (en THE GOVERNMENT PROCUREMENT STORE, INC.	nployer, if for a single	-employer plan)	2b Employer Iden (EIN) 56-2!				
				2c Sponsor's tele (360) 553-				
	800 NORTHEAST TENNEY ROAD SUITE 110-353			2d Business code				
US	VANCOUVER WA 98685			238210	(,			
3a	Plan administrator's name and address 🗓 Same as Plan Sponsor	Name Same as	Plan Sponsor Address	3b Administrator's	EIN			
				3c Administrator's	s telephone number			
					·			
	Tell to the second seco			41				
4	If the name and/or EIN of the plan sponsor has changed since the last name, EIN, and the plan number from the last return/report.	st return/report filed f	or this plan, enter the	4b EIN				
<u>a</u>	Sponsor's name			4c PN	***************************************			
5a				5a	2			
b	Total number of participants at the end of the plan year			5b	2			
с 	Number of participants with account balances as of the end of the pla complete this item)			5c	2			
6a	Were all of the plan's assets during the plan year invested in eligible		ions \	***************************************	XYes No			
b	Are you claiming a waiver of the annual examination and report of an under 29 CFR 2520.104-46? (See instructions on waiver eligibility an		d public accountant (IQF	•	X Yes \ \ \ No			
	If you answered "No" to either line 6a or line 6b, the plan cannot							
Ca	ution: A penalty for the late or incomplete filing of this return/repo				-			
SB	der penalties of perjury and other penalties set forth in the instructions or Schedule MB completed and signed by an enrolled actuary, as wel	, I declare that I have I as the electronic ve	examined this return/report	oort, including, if appli , and to the best of m	cable, a Schedule y knowledge and			
bel	ef, it is true, correct, and complete.	rcd						
SI	GN folmant beyond	7-4-15	DEBORAH GROVER	A				
HI	RE Signature of plan administrator	Date	Enter name of individua	ıl signing as plan adm	inistrator			
SI	SIGN SIGN 9413 DEBORAH GROVER							
HI	RE Signature of employer/plan sponsor	Date	Enter name of individua	ıl signing as employer	or plan sponsor			
Pre	parer's name (including firm name, if applicable) and address; include	room or suite numb	er (optional)	Preparer's telephone	e number (optional)			
l								

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Pa	rt III Financial Information							
7	Plan Assets and Liabilities		(a) Beginning of Year		(b) End of Year			
а	Total plan assets	7a	6,70				12,528	
b	Total plan liabilities	7b		0				0
С	Net plan assets (subtract line 7b from line 7a)	7c	6,70	01				12,528
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b) To	tal
а	Contributions received or receivable from:	00(4)		0				
	(1) Employers	8a(1) 8a(2)	4,80					
	(3) Others (including rollovers)	8a(3)	1,00	0				
b	Other income (loss)	8b	1,0					
c	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c	170.					5,827
d	Benefits paid (including direct rollovers and insurance premiums	"						3,027
	to provide benefits)	8d		0				
е	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>i</u>	Net income (loss) (subtract line 8h from line 8c)	8i			_			5,827
<u>j</u>	Transfers to (from) the plan (see instructions)	8j		0				
Pa	rt IV Plan Characteristics							
9a	If the plan provides pension benefits, enter the applicable pension fe	ature code	es from the List of Plan Characte	eristic	Code	s in th	e instructior	ns:
	2A 2F 2G 2J 2K 3D							
b	If the plan provides welfare benefits, enter the applicable welfare fea	ture codes	s from the List of Plan Character	ristic	Codes	in the	instructions	i:
Pa	rrt V Compliance Questions							
10	During the plan year:				Yes	No	А	mount
a	Was there a failure to transmit to the plan any participant contribut 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduc			10a		х		
_ k	Were there any nonexempt transactions with any party-in-interest? on line 10a.)	•	•	10b		х		
	Was the plan covered by a fidelity bond?	••••••		10c		х		
C	Did the plan have a loss, whether or not reimbursed by the plan's for dishonesty?	,	•	10d		х		
e	Were any fees or commisions paid to any brokers, agents, or othe	•	•					
	insurance service or other organization that provides some or all o instructions.)		• •	10e		x		
f	Has the plan failed to provide any benefit when due under the plan			10f		х		
	Did the plan have any participant loans? (If "Yes," enter amount as	of year e	nd.)	10g		х		
h	If this is an individual account plan, was there a blackout period? (: 2520.101-3.)			10h		х		
i	If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.101			10i				
Pa	Part VI Pension Funding Compliance							
11	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)							
11	a Enter the amount from Schedule SB line 39	•••••		•••••		11a		
12	Is this a defined contribution plan subject to the minimum funding r	requireme	nts of section 412 of the Code o	r sec	ion 30	2 of E	RISA?	Yes X No
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)							
	If a waiver of the minimum funding standard for a prior year is bein granting the waiver	-				_	e date of the	e letter ruling Year
	If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.							
k	Enter the minimum required contribution for this plan year	••••••		•••••	•••••	12b		

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			T	
C	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?	□ Ye	es X N	lo
	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 cord of the PBGC?			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) to which assets or liabilities were transferred. (See instructions.)			
1	3c(1) Name of plan(s): 13c(2) EIN(s)	13c(3) PN(s)
Part	VIII Trust Information (optional)			
		1/h +	rust's EIN	
144	Name of trust	140	iusi s EIN	