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

2012

This Form is Open to Public Inspection

| Pension Be | enefit Guaranty Corporation | ▶ Complete all entries in acc | cordance with the instru | ctions to the Form 550 | 0-SF. | | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | |
|--------------------------|--|---|-------------------------------|------------------------------------|------------------------------------|-------------------------------------|---|--|
| Part I | | Identification Information | | | | | | |
| For calenda | ar plan year 2012 or fi | scal plan year beginning 01/01/2 | 2012 | and ending 1 | 2/31/2 | 2012 | | |
| | urn/report is for: | X a single-employer plan | | olan (not multiemployer) | | a one-particip | oant plan | |
| B This ret | urn/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) | _ | | |
| C Check I | box if filing under: | Form 5558 | automatic extension | | | DFVC progra | ım | |
| | | special extension (enter descri | iption) | | | | | |
| Part II | Basic Plan Info | ormation—enter all requested info | ormation | | | | | |
| 1a Name | | • | | | 1b | Three-digit | | |
| | | S, INC. 401K SAVINGS PLAN | | | | plan number | | |
| | | | | | | (PN) • | 001 | |
| | | | | | 1c | Effective date o | • | |
| 0 | | | | | | 07/01 | | |
| | ponsor's name and ad INSTRUCTION TOOL | Idress; include room or suite numbe S, INC. | er (employer, if for a single | e-employer plan) | 2b | Employer Identification (EIN) 91-11 | fication Number 92689 | |
| | | | | | 20 | (=114) | | |
| 04040 76 T LI | AVEC | | | | 20 | Sponsor's telep | | |
| 21213 76TH KENT, WA 9 | | | | | 2d | | (see instructions) | |
| | | | | | 24 | 23799 | | |
| 3a Plan a | dministrator's name a | nd address Same as Plan Spons | or Name Same as Pla | ın Sponsor Address | 3b | Administrator's | EIN | |
| | STRUCTION TOOLS | | <u> </u> | | | | 92689 | |
| | | | 98032-2443 | | 3с | telephone number | | |
| | | | | | | 253-796 | 3-3057 | |
| | | | | | | | | |
| | | | | | | | | |
| 4 16.0 | | | | | 41 | | | |
| | | e plan sponsor has changed since t mber from the last return/report. | ne last return/report filed | for this plan, enter the | 4b | EIN | _ | |
| | or's name | mber from the last return/report. | | | 4c | PN | | |
| | | at the beginning of the plan year | | | 5a | | 11 | |
| | | at the end of the plan year | | | 5b | | 11 | |
| | | account balances as of the end of t | | | 30 | + | - 11 | |
| | | account balances as of the end of t | . , , | • | 5c | | 3 | |
| _ | | s during the plan year invested in el | | | ı | | X Yes No | |
| _ | • | f the annual examination and report | • | * | | | | |
| | | ? (See instructions on waiver eligibi | | | | | X Yes No | |
| If you | answered "No" to e | ither line 6a or line 6b, the plan ca | annot use Form 5500-SF | and must instead use | Form | 5500. | | |
| Caution: A | penalty for the late | or incomplete filing of this return | /report will be assessed | unless reasonable cau | ıse is | established. | | |
| | | ther penalties set forth in the instruc | | | | | | |
| | edule MB completed a true, correct, and com | nd signed by an enrolled actuary, as | s well as the electronic ve | rsion of this return/report | i, and i | to the best of my | knowledge and | |
| 501101, 1010 | rao, corroot, and com | pioto. | | T | | | | |
| SIGN | SIGN Filed with authorized/valid electronic signature. 09/23/2013 WILLIAM D BLACKB | | WILLIAM D BLACKBU | BURN | | | | |
| HERE | Signature of plan a | administrator | Date | Enter name of individ | dual signing as plan administrator | | | |
| SIGN | | | | | | | | |
| HERE | Cianatura of ample | aver/plen energy | Data | Enter name of individ | مزم امن | | | |
| Preparer's | Signature of emplo | name, if applicable) and address; inc | Date | Enter name of individer (optional) | | | number (optional) | |
| . ropuror s | (molading iiiiii i | .a, ii appiioabio, and address, iii | s.aac room or outto mullib | o. (optional) | ορ | a.o. o totoprione | | |
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| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |

Form 5500-SF 2012 Page **2**

| Por | t III Financial Information | | - | | | | | | |
|------------|--|-------------|----------------------------------|---------|---------|-----------------|------------------------|--|--|
| | | | (a) Denimina of Ver | | | | (h) Food a () / a a a | | |
| | Plan Assets and Liabilities | _ | (a) Beginning of Yea | | | (b) End of Year | | | |
| | Total plan assets | 7a | 2630 | 0 | | | 28969 | | |
| | Total plan liabilities | | | | | | 0 | | |
| | Net plan assets (subtract line 7b from line 7a) | 7c | 2630 |)3 | - | | 28969 | | |
| | Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from: | | (a) Amount | | | (b) Total | | | |
| а | (1) Employers | 8a(1) | | | | | | | |
| | (2) Participants | 8a(2) | 91 | 11 | | | | | |
| | (3) Others (including rollovers) | 8a(3) | | | | | | | |
| b | Other income (loss) | 8b | 180 |)3 | | | | | |
| | Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) | 8c | | | | | 2714 | | |
| d | Benefits paid (including direct rollovers and insurance premiums to provide benefits) | 8d | | | | | | | |
| е | Certain deemed and/or corrective distributions (see instructions) | 8e | | | | | | | |
| f | Administrative service providers (salaries, fees, commissions) | 8f | 4 | 18 | | | | | |
| g | Other expenses | 8g | | | | | | | |
| h | Total expenses (add lines 8d, 8e, 8f, and 8g) | 8h | | | | | 48 | | |
| i | Net income (loss) (subtract line 8h from line 8c) | 8i | | | | | 2666 | | |
| 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 2J 2K 3D | feature co | des from the List of Plan Char | acteris | stic Co | des in | the instructions: | | |
| b | If the plan provides welfare benefits, enter the applicable welfare fe | eature cod | les from the List of Plan Chara | cterist | ic Cod | des in t | he instructions: | | |
| Part | V Compliance Questions | | | | | | | | |
| 10 | During the plan year: | | | | Yes | No | Amazint | | |
| a | | | | 10a | 100 | X | Amount | | |
| b | | ? (Do not | include transactions reported | 10b | | X | | | |
| | | | | | Χ | | 400000 | | |
| | Did the plan have a loss, whether or not reimbursed by the plan's | | | 10c | | | 100000 | | |
| | 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 | | 111 | | |
| f | Has the plan failed to provide any benefit when due under the plan | | | 10f | | X | | | |
| | | | | | | X | | | |
| <u>g</u> | | (See instru | uctions and 29 CFR | 10g | | X | | | |
| i | If 10h was answered "Yes," check the box if you either provided the | ne require | d notice or one of the | 10h | | | | | |
| Dowl | exceptions to providing the notice applied under 29 CFR 2520.10 | 1-3 | | 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 | | | | | 11a | res [] No | | |
| 12 | 12 Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA? | | | | | | | | |
| | (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, | | | | | | | | |
| 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 | | | |
| | you completed line 12a, complete lines 3, 9, and 10 of Schedule | | | | | | | | |
| If | you completed line 12a, complete lines 3, 9, and 10 of Schedul | e MB (For | m 5500), and skip to line 13. | | | | | | |
| | 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): | 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

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.

Short Form Annual Return/Report of Small Employee

2012

OMB Nos. 1210-0110

1210-0089

This Form is Open to Public Inspection

| Part I | Annual Report Identification Information | | | | |
|-------------------|---|---|---|--|--|
| For calenda | ar plan year 2012 or fiscal plan year beginning 01/01/2 | 012 and ending | 12/31/2012 | | |
| A This ret | um/report is for: 🛛 a single-employer plan 📗 a multipl | le-employer plan (not multiemployer) | a one-participant plan | | |
| B This ret | urn/report is: the first return/report the final | | | | |
| | an amended return/report a short p | lan year return/report (less than 12 mg | onths) | | |
| C Check h | pox if filing under: Form 5558 automat | ic extension | ☐ DFVC program | | |
| • Oncore | special extension (enter description) | | | | |
| Dort II | Basic Plan Information—enter all requested information | | | | |
| Part II | | | 1b Three-digit | | |
| 1a Name | orpian CONSTRUCTION TOOLS, INC. 401K SAVINGS PLAI | NT. | plan number | | |
| RAMCO | CONSTRUCTION TOOLS, INC. 401K SAVINGS FLA | | (PN) D001 | | |
| | | | 1c Effective date of plan | | |
| | | | 07/01/2001 | | |
| 2a Plan si | consor's name and address; include room or suite number (employer, | if for a single-employer plan) | 2b Employer Identification Number | | |
| | CONSTRUCTION TOOLS, INC. | | (EIN) 91-1192689 | | |
| | | | 2c Sponsor's telephone number | | |
| 21213 ′ | 76TH AVE S | · · | 253-796-3057 | | |
| | | | 2d Business code (see instructions) | | |
| KENT | WA 98032-2443 | | 237990 | | |
| 3a Plan a | dministrator's name and address Same as Plan Sponsor Name | Same as Plan Sponsor Address | 3b Administrator's EIN | | |
| RAMCO (| CONSTRUCTION TOOLS, INC. | | 91-1192689 | | |
| | | | 3c Administrator's telephone number | | |
| 21213 | 76TH AVE S | | 253-796-3057 | | |
| | | | | | |
| KENT | WA 98032-2443 | | | | |
| 4 If the r | name and/or EIN of the plan sponsor has changed since the last return | dreport filed for this plan, enter the | 4b EIN | | |
| | EIN, and the plan number from the last return/report. | TO LIN | | | |
| a Spons | or's name | | 4c PN | | |
| 5a Total i | number of participants at the beginning of the plan year | | 5a 11 | | |
| b Total i | number of participants at the end of the plan year | | 5b 11 | | |
| C Numb | er of participants with account balances as of the end of the plan year | (defined benefit plans do not | _ | | |
| | ete this item) | | 5c 3 | | |
| | all of the plan's assets during the plan year invested in eligible assets | | | | |
| | ou claiming a waiver of the annual examination and report of an indeport 29 CFR 2520.104-46? (See instructions on waiver eligibility and cond | | | | |
| | answered "No" to either line 6a or line 6b, the plan cannot use F | | | | |
| | penalty for the late or incomplete filing of this return/report will | | | | |
| | alties of perjury and other penalties set forth in the instructions, I decla | | | | |
| SB or Sche | edule MB completed and signed by an enrolled actuary, as well as the | | | | |
| belief, it is | true, correct, and complete. | | | | |
| alan. | William D Blackbur 91 | 13 20/5 William D Blace | rkhurn | | |
| SIGN HERE | 1 | | , | | |
| | Signature of plan administrator Date | | ual signing as plan administrator | | |
| SIGN | William D Blackbur 91 | 23 23 William D Blace | ckburn | | |
| HERE | Signature of employer/plan sponsor Date | | ual signing as employer or plan sponsor | | |
| Preparer's | name (including firm name, if applicable) and address; include room of | or suite number (optional) | Preparer's telephone number (optional) | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

| Pa | rt III Financial Information | | | | | | | |
|----------------|--|--------------|--------------------------------|---------------|-----------|----------------|---|--|
| 7 | Plan Assets and Liabilities | | (a) Beginning of Ye | ar | | | (b) End o | of Year |
| a | Total plan assets | 7a | | 2630 | 03 | *** | <u>, , , , , , , , , , , , , , , , , , , </u> | 2896 |
| b | Total plan liabilities | 7b | | | 0 | | | |
| <u> </u> | Net plan assets (subtract line 7b from line 7a) | 7c | | 2630 | 03 | _ | | 2896 |
| 88 | Income, Expenses, and Transfers for this Plan Year (a) Amount | | | | | | (b) To | otal |
| а | Contributions received or receivable from: | | | | \exists | | | |
| | (1) Employers | 8a(1) | | | _ | | | |
| | (2) Participants | 8a(2) | | 91 | | | | |
| | (3) Others (including rollovers) | 8a(3) | | | _ | ••• | | |
| | Other income (loss) | 8b | | 180 | 13 | | | |
| _ d | Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) | 8c | | | - | | | 271 |
| | to provide benefits) | 8d | | | | | | |
| e | Certain deemed and/or corrective distributions (see instructions) | 8e | | | | | | |
| f_ | Administrative service providers (salaries, fees, commissions) | 8f | | 4 | 8 | | | |
| <u>g</u> | Other expenses | 8g | | | | | | |
| h | Total expenses (add lines 8d, 8e, 8f, and 8g) | 8h | | | | - | | 4 |
| i | Net income (loss) (subtract line 8h from line 8c) | 8i | | | | | | 266 |
| 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 2J 2K 3D | feature co | des from the List of Plan Char | acteris | stic Co | des ir | the instructi | ons: |
| b | If the plan provides welfare benefits, enter the applicable welfare fe | eature cod | es from the List of Plan Chara | cterist | ic Cod | les in | the instructio | ns: |
| Pari | V Compliance Questions | | | | | | | |
| 10 | During the plan year: | | | | Yes | No | T | |
| a | Was there a failure to transmit to the plan any participant contributing 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidulations) | tions within | n the time period described in | 10a | 163 | х | † <i>'</i> | Amount |
| b | Were there any nonexempt transactions with any party-in-interest on line 10a.) | ? (Do not i | include transactions reported | 10b | | х | | · |
| С | Was the plan covered by a fidelity bond? | | | 10c | х | | | 10000 |
| d | Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty? | fidelity bor | nd, that was caused by fraud | 10d | | Х | | |
| е | Were any fees or commissions paid to any brokers, agents, or oth insurance service or other organization that provides some or all cinstructions.) | er persons | s by an insurance carrier, | 10e | х | | | 11 |
| f | Has the plan failed to provide any benefit when due under the plan | า? | | 10f | | х | | |
| g | Did the plan have any participant loans? (If "Yes," enter amount as | s of year e | nd.) | 10g | | х | | |
| h | If this is an individual account plan, was there a blackout period? (2520.101-3.) | See instru | ctions and 29 CFR | 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 | e required | notice or one of the | 10i | | | | |
| Part | VI Pension Funding Compliance | - | | | | | | |
| 11 | Is this a defined benefit plan subject to minimum funding requirements 500) and line 11a below) | ents? (If "Y | es," see instructions and com | plete | Sched | ule SE | 3 (Form | ☐ Yes ☐ No |
| | Enter the amount from Schedule SB line 39 | | | | | 11a | <u> </u> | |
| 12 | Is this a defined contribution plan subject to the minimum funding | requireme | nts of section 412 of the Code | or se | ction 3 | 302 of | ERISA? | Yes X No |
| | (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 bein granting the waiver. | | Mon | ctions, th | and e | nter th Day | | e letter ruling Year |
| | you completed line 12a, complete lines 3, 9, and 10 of Schedule | | | | | | | 100 mg - 100 |
| <u>b</u> | Enter the minimum required contribution for this plan year | | | | | 12b | <u></u> | |

| | Form 5500-SF 2012 | Page 3 - [| |] | _ | | | |
|----------|---|-------------------------------------|--------|---------------------|--------|-------------|--------|--------------|
| | Enter the amount contributed by the employer to the plan | n for this plan year | | | 12c | 1 | · | |
| d | Subtract the amount in line 12c from the amount in line 1 negative amount) | 2b. Enter the result (enter a minu | ıs sig | gn to the left of a | 12d | | | |
| е | Will the minimum funding amount reported on line 12d be | e met by the funding deadline? | | | | Yes | No | N/A |
| Part | VII Plan Terminations and Transfers of A | assets | | | | | | |
| 13a | Has a resolution to terminate the plan been adopted in any p | olan year? | | | | Yes X | No | |
| | If "Yes," enter the amount of any plan assets that reverte | ed to the employer this year | | | 13a | | - | |
| b | Were all the plan assets distributed to participants or ber of the PBGC? | | | | | | Ye | s 🛭 No |
| С | If during this plan year, any assets or liabilities were tran which assets or liabilities were transferred. (See instruct | sferred from this plan to another p | | | | | | |
| | 3c(1) Name of plan(s): | | | | 13c(2) | EIN(s) | 13c(| 3) PN(s) |
| | | | | | | | | |
| Part | VIII Trust Information (optional) | | | • | | | ······ | - |
| <u> </u> | Name of trust | | | | 14b | Trust's EIN | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |