Form 5500-SF		Short Form Annual Return/Report of Small Employ				OMB Nos. 1210-0110 1210-0089		
Department of the Treasury Internal Revenue Service		Benefit Plan This form is required to be filed under sections 104 and 4065 of the Employe			е	2012		
Department of Labor Employee Benefits Security Administration		Retirement Income Security Act of 1974 (ERISA), and sections 6057(b) and 6058 the Internal Revenue Code (the Code).		ctions 6057(b) and 6058		This Form is	s Open to Public	
Pension Be	enefit Guaranty Corporation	Complete all entries in accord	, , , , , , , , , , , , , , , , , , ,	,	0-SF.	Ins	pection	
Part I	Annual Report Id	entification Information						
For calend	ar plan year 2012 or fisca	al plan year beginning 01/01/2012	2	and ending 1	2/31/2	2012		
A This ret	turn/report is for:	a single-employer plan	a multiple-employer pl	an (not multiemployer)		a one-particip	oant plan	
B This ret	turn/report is:		the final return/report					
an amended return/report a short plan year return/report (less than 12 months)								
C Check box if filing under:						DFVC program		
		special extension (enter description	,					
Part II		nation—enter all requested informa	ation					
	•	RAGE CO., INC. 401K PS PLAN			1b	Three-digit plan number		
	COS. TRANSFER & STO	NAGE CO., INC. 4011(1 51 EAN				(PN)	001	
					1c	Effective date of	f plan	
0					-	06/01/		
	ponsor's name and addre ROS. TRANSFER & STO	ess; include room or suite number (er RAGE CO., INC.	nployer, if for a single-	employer plan)	2b	Employer Identif (EIN) 91-08		
	CREEK PKY S.E.				2c	Sponsor's telephone number 425-277-5500		
NEWCASTL	.E, WA 98059				2d	Business code (see instructions) 493100		
3a Plan a	dministrator's name and	address 🗙 Same as Plan Sponsor N	ame Same as Plan	Sponsor Address	3b	Administrator's EIN		
					30	c Administrator's telephone number		
		lan sponsor has changed since the la	ast return/report filed fo	or this plan, enter the	4b	EIN		
	, EIN, and the plan humb or's name	er from the last return/report.			4c	PN		
5a Total number of participants at the beginning of the plan year				5a 70				
b Total	number of participants at	the end of the plan year			5b 70			
C Number of participants with account balances as of the end of the plan year (defined benefit plans do not								
					5c			
 6a Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.) b Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.) If you answered "No" to either line 6a or line 6b, the plan cannot 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 cause is established. Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including, if applicable, a Schedule SB or Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.								
SIGN	Filed with authorized/val	alid electronic signature. 09/25/2013 DAVID CULLEN ministrator Date Enter name of individe						
HERE	Signature of plan adm				idual signing as plan administrator			
SIGN								
HERE	Signature of employe		Date	Enter name of individu	ual sig	gning as employe	r or plan sponsor	
Preparer's	name (including firm nan	ne, if applicable) and address; include	e room or suite number	r (optional)	Prep	parer's telephone	number (optional)	

For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500-SF.

d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? 10d X e 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 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 Image: Compliance 20 CFR 2520.101-3. 11 Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form Compliance 20 CFR 2520.101-3. 10i Image: Complete Schedule SB (Form Complete Sched	Part III Financial Information								
b Total plan labilities 7b c Net plan assets (subtractine 7b from line 7a) 7c 1137083 1420701 d Income, Expense, and Transfers for his Plan Year (a) Amount (b) Total 1420701 a Contributions received or receivable from. 8a(1) 12965 12965 (d) Participents 8a(2) 127399 12965 (d) Other income (loss) 8a(3) 12965 286371 (d) Benefits and functioning received or receivable from. 8a(3) 12965 (e) Other income (loss) 8a(1) 22653 (f) Contrait income (loss) 8a 146017 286371 (f) Genefits and functioning refere toneses and instructions (loss income previous set of the species) 8d 2763 (g) Other expenses 9g 1 1 (f) Commissions 8d 2763 2 (g) Other expenses 8g 1 200015 (g) Other expenses 8g 1 200016 (f) Transfers to from the fand, 6d, 6d, ed, and 8g) 8h 2763 (g) Other participant contributions within the line period description 200016 220016 (g)<	7 Plan Assets and Liabilities		(a) Beginning of Year			(b) End of Year			
C Net plan assets (subtract line 7b from line 7a)	a Total plan assets	7a	113708	3	1420701				
8 Income, Expenses, and Transfers for this Plan Year (a) Amount (b) Total a Contributions received or receivable from: 32 12065 (1) Engleyers. 84(1) 12065 (2) Participants. 84(2) 12739 (3) Others (nondeliga cellularity) 86 206371 C Total income (add lines 84(1), 84(2), 84(3), and 8b). 8c 20753 C Total income (add lines 84(1), 84(2), 84(3), and 8b). 8c 20753 C Context cellularity of the converse and insurance premiums 8d 2753 G Other openeds 6e 30 4f G Other openeds 6g 6f 4f G Other openes 6g 6f 4f G </td <td>b Total plan liabilities</td> <td>7b</td> <td colspan="3"></td> <td colspan="3"></td>	b Total plan liabilities	7b							
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d Bendits paid (including direct rollovers and insurance premiums by provide bendits)			14601	/			000074		
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insurance service or other organization that provides some or all of the benefits under the plan? (See instructions.)						x			
g Did the plan have any participant loans? (If "Yes," enter amount as of year end.)	insurance service or other organization that provides some or all o	of the benefits	s under the plan? (See	10e	Х		3062		
b Item is a individual account plan, was there a blackout period? (See instructions and 29 CFR Item is a individual account plan, was there a blackout period? (See instructions and 29 CFR i If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 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	f Has the plan failed to provide any benefit when due under the plan	n?		10f		Х			
b Item is a individual account plan, was there a blackout period? (See instructions and 29 CFR Item is a individual account plan, was there a blackout period? (See instructions and 29 CFR i If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 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	g Did the plan have any participant loans? (If "Yes," enter amount a	s of year end	.)	-	Х		35247		
exceptions to providing the notice applied under 29 CFR 2520.101-3	h If this is an individual account plan, was there a blackout period?	(See instructi	ons and 29 CFR	Ū		x	33247		
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) Yes 11a Enter the amount from Schedule SB line 39 11a 12 Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA? Yes (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 being amortized in this plan year, see instructions, and enter the date of the letter rulir granting the waiver. Month Day Year If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13. 121		•		10i					
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) Yes 11a Enter the amount from Schedule SB line 39 11a 12 Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA? Yes (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 being amortized in this plan year, see instructions, and enter the date of the letter rulir granting the waiver. Month Day Year If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13. 121	Part VI Pension Funding Compliance								
11a Intermediate the amount from Schedule SB line 39									
(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.) a If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, and enter the date of the letter rulir granting the waiver. Month Day Year If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.									
(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.) a If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, and enter the date of the letter rulir granting the waiver. Month Day Year If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.	12 Is this a defined contribution plan subject to the minimum funding	requirements	s of section 412 of the Code	or se	ection :	302 of E	RISA? Yes 🗙 No		
A If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, and enter the date of the letter rulir granting the waiver	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)								
	a If a waiver of the minimum funding standard for a prior year is beir	ng amortized	in this plan year, see instruc		, and e		u		
b Enter the minimum required contribution for this plan year	If you completed line 12a, complete lines 3, 9, and 10 of Schoduly	MD /Corm	5500) and skin to line 13						
	n you completed mie 12a, complete mies 5, 5, and 10 01 Schedul	е мь (гогт	5500 <i>)</i> , and skip to line 15.						

С	C Enter the amount contributed by the employer to the plan for this plan year					
d		act the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a tive amount)	12d			
е	e Will the minimum funding amount reported on line 12d be met by the funding deadline?					
Part	VII	Plan Terminations and Transfers of Assets				
13a	Has a	a resolution to terminate the plan been adopted in any plan year?	, ,	Yes X No		
	lf "Ye	es," enter the amount of any plan assets that reverted to the employer this year	13a			
b	b Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?					
С	C 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): 1	3c(2) E	IN(s)	13c(3) PN(s)	
Part	VIII	Trust Information (optional)				

14a Name of trust	14b Trust's EIN

Department of the Treasury Internal Revenue Service

Part I

Identification

Application for Extension of Time To File Certain Employee Plan Returns

For Privacy Act and Paperwork Reduction Act Notice, see instructions.
 Information about Form 5558 and its instructions is at www.irs.gov/form5558

Α	Name of filer, plan administrator, or plan sponsor (see instructions)	В	B Filer's identifying number (see instructions)				
	HANSEN BROS. TRANSFER & STORAGE CO., INC. Number, street, and room or suite no. (If a P.O. box, see instructions) 6860 COAL CREEK PKY S.E.		Employer identification number (EIN) (9 digits XX-XXXXXX) 91-0857598 Social security number (SSN) (9 digits XXX-XX-XXXX)				
	NEWCASTLE, WA 98059						
С	Plan name		Plan number		Plan year ending –		
					MM	DD	ΥΥΥΥ
	HANSEN BROS. TRANSFER & STORAGE CO., INC. 401K PS PLAN	0	0 1		12	31	2012

Part II Extension of Time To File Form 5500 Series, and/or Form 8955-SSA

- 1 Check this box if you are requesting an extension of time on line 2 to file the first Form 5500 series return/report for the plan listed in Part 1, C above.
- 2 I request an extension of time until <u>10 / 15 / 2013</u> to file Form 5500 series (see instructions). Note. A signature IS NOT required if you are requesting an extension to file Form 5500 series.
- 3 I request an extension of time until <u>10 / 15 / 2013</u> to file Form 8955-SSA (see instructions). **Note.** A signature IS NOT required if you are requesting an extension to file Form 8955-SSA.

The application **is automatically approved** to the date shown on line 2 and/or line 3 (above) if: **(a)** the Form 5558 is filed on or before the normal due date of Form 5500 series, and/or Form 8955-SSA for which this extension is requested, and **(b)** the date on line 2 and/or line 3 (above) is not later than the 15th day of the third month after the normal due date.

Part III Extension of Time To File Form 5330 (see instructions)

4	I request an extension of time until /// / to file Form 5330.
	You may be approved for up to a 6 month extension to file Form 5330, after the normal due date of Form 5330.
а	Enter the Code section(s) imposing the tax
b	Enter the payment amount attached
С	For excise taxes under section 4980 or 4980F of the Code, enter the reversion/amendment date
5	State in detail why you need the extension:
nder p	enalties of periury. I declare that to the best of my knowledge and belief, the statements made on this form are true, correct, and complete, and that I am authorized

Under penalties of perjury, I declare that to the best of my knowledge and belief, the statements made on this form are true, correct, and complete, and that I am authorized to prepare this application.

Cat. No. 12005T