## 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

			Complete all entries in ac	cordance with the mond	choils to the Form 550	JU-JI .			
	art I		Identification Information						
For	calenda	ar plan year 2012 or fis	scal plan year beginning 01/01/	2012 	and ending	12/31/2	2012 		
Α .	This ret	urn/report is for:	a single-employer plan		an (not multiemployer)		a one-particip	oant plan	
В	This ret	urn/report is:	the first return/report	the final return/report					
			an amended return/report	a short plan year return	n/report (less than 12 m	nonths)	)		
C	Check b	oox if filing under:	X Form 5558	automatic extension			DFVC progra	m	
			special extension (enter descr	ription)					
Pa	rt II	Basic Plan Info	rmation—enter all requested inf	ormation					
	Name	•				1b	Three-digit		
KITS	AP TEN	IANT SUPPORT SER	VICES, INC. RETIREMENT PLAN				plan number	004	
						10	(PN)	001	
						10	Effective date of 01/01/	•	
2a	Plan sr	oonsor's name and add	dress; include room or suite numbe	er (employer if for a single-	employer plan)	2h	Employer Identif		
KITS	AP TEN	NANT SUPPORT SER	VICES, INC.	or (orriproyor, ii for a orrigro	omployor plany		(EIN) 91-11		
						2c	Sponsor's telephone number		
P.O.	BOX 52	209					360-373		
BREI	MERTO	N, WA 98312				2d	Business code (see instructions)		
							56121	0	
3a	Plan ad	dministrator's name an	d address XSame as Plan Spons	or Name Same as Plar	Sponsor Address	3b	Administrator's I	ΞIN	
						30	Administrator's	elephone number	
						30	Administrator 5 t	elepriorie numbei	
4			plan sponsor has changed since	the last return/report filed fo	or this plan, enter the	4b	EIN		
а		EIN, and the plan nun or's name	nber from the last return/report.			4c	DNI		
			at the beginning of the plan year			-		104	
b			at the end of the plan year			5b		102	
			account balances as of the end of			30		102	
				. , ,	•	. 5c		49	
6a		•	during the plan year invested in e	• •	,			X Yes No	
b			the annual examination and repor					X Yes □ No	
			Y (See instructions on waiver eligib ther line 6a or line 6b, the plan c	-				X Yes   No	
Car									
			or incomplete filing of this return ner penalties set forth in the instruc					able a Schedule	
			nd signed by an enrolled actuary, a						
beli	ef, it is t	rue, correct, and comp	olete.				-	-	
SIG	NI	Filed with authorized/valid electronic signature. 09/25/2013 JANELL FREY		JANELL FREY					
HEF		Signature of plan ac		Date	Enter name of individ	dual sid	nina as nlan adn	ninistrator	
CIC	NI .	Oignature or plan at	ininistrator	Date	Enter name of marvie	addi Siç	griirig as piari adri	iiiistratoi	
SIG		Signature of employ	wor/nlan enoneor	Date	Enter name of individ	dual cic	rning as amploya	r or plan enoncor	
Prei	parer's		ame, if applicable) and address; in					number (optional)	
		- ( · · · · · · · · · · · · · · · · · ·	,,		V 1 7			( "	

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Dor	4 III   Financial Information		<u> </u>					
<u> </u>	t III Financial Information  Plan Assets and Liabilities		(a) Daniminu of Var				(h) Fud of Voor	
		70	(a) Beginning of Yea		+	(b) End of Year		
	Total plan assets	7a 7b	0373	3			1080476	
	Net plan assets (subtract line 7b from line 7a)	7c	85731	3			1080476	
	Income, Expenses, and Transfers for this Plan Year	70		<u> </u>				
	Contributions received or receivable from:		(a) Amount				(b) Total	
	(1) Employers	8a(1)	5028	8				
	(2) Participants	8a(2)	8610	)5				
	(3) Others (including rollovers)	8a(3)	151	1513				
b	Other income (loss)	8b	10473	84				
C	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c					242640	
	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	1552	.8				
е	Certain deemed and/or corrective distributions (see instructions)	8e	100	0				
f	Administrative service providers (salaries, fees, commissions)	8f						
g	Other expenses	8g	294	9				
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h					19477	
<u>i</u>	Net income (loss) (subtract line 8h from line 8c)	8i					223163	
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 2T 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 for	eature cod	les from the List of Plan Chara	cteristi	ic Cod	les in tl	he instructions:	
Part	Part V Compliance Questions							
10	During the plan year:				Yes	No	Amount	
a				10a		X	Allount	
b		? (Do not	include transactions reported	10b		X		
c	Was the plan covered by a fidelity bond?			10c		Χ		
d	Did the plan have a loss, whether or not reimbursed by the plan's	fidelity bo	nd, that was caused by fraud			X		
	or dishonesty?			10d		-		
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		10691	
f	Has the plan failed to provide any benefit when due under the plan			10f		Χ		
g	Did the plan have any participant loans? (If "Yes," enter amount a					X		
h		(See instru	uctions and 29 CFR	10g 10h		X		
i	If 10h was answered "Yes," check the box if you either provided the	ne require	d notice or one of the					
Dowt	exceptions to providing the notice applied under 29 CFR 2520.10	1-3		10i				
11								
11a	5500) and line 11a below)  Enter the amount from Schedule SB line 39					11a	Yes No	
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, as applicable.)							
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 of the letter ruling Year	
If	you completed line 12a, complete lines 3, 9, and 10 of Schedulo							
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):	1 <b>3c(2)</b> E	IN(s)	<b>13c(3)</b> PN(s)
Part	VIII Trust Information (optional)			
	Name of trust	<b>14b</b> ⊤	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 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.

OMB Nos. 1210-0110 1210-0089

2012

This Form is Open to Public Inspection

Part I		Identification Information							
For calend	For calendar plan year 2012 or fiscal plan year beginning 01/01/2012 and ending 12/31/2012								
A This re	turn/report is for:	X a single-employer plan     ☐ ;	a multiple-employer p	yer plan (not multiemployer) a one-participant plan					
B This rel	turn/report is:	the first return/report	he final return/report	W 250 W 26					
		an amended return/report	short plan year return	n/report (less than 12 m	onths	١			
C Check	box if filing under:		automatic extension		.0.11.10	DFVC progra			
		special extension (enter description				☐ Di ve piogla	111		
Part II	Basic Plan Info	rmation—enter all requested information	•		-				
1a Name		mation enter all requested infolma	lion		1 41				
		VICES, INC. RETIREMENT PLAN			1D	Three-digit plan number	r.		
		THE THE MENT I LAN			Ī	(PN)	001		
					1c	Effective date of	fplan		
						01/01/2			
Za Plan s	ponsor's name and add NANT SUPPORT SER	dress; include room or suite number (en	ployer, if for a single-	employer plan)	2b	Employer Identif	ication Number		
		41020, m.o.				(EIN) 91-112	3043		
					2c	Sponsor's telepl	hone number		
P.O. BOX 5	209				-	(360) 373			
BREMERT	ON, WA 98312				2d	Business code (			
		d address X Same as Plan Sponsor Na	me Same as Plan	Sponsor Address	3h	Administrator's E	W		
				oponsal Address	35	Administrator's E	±IIN		
					3с	Administrator's t	elephone number		
4 If the r	name and/or EIN of the	plan sponsor has changed since the la	st return/report filed fo	or this plan aptor the	46				
4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN, and the plan number from the last return/report.					4b EIN				
a Sponsor's name					4c	PN			
		at the beginning of the plan year			5a		104		
		at the end of the plan year			5b		102		
C Number of participants with account balances as of the end of the plan year (defined benefit plans do not									
					5c		49		
6a Were	all of the plan's assets	during the plan year invested in eligible	assets? (See instruc	tions.)			X Yes No		
<b>b</b> Are you	ou claiming a waiver of 29 CFR 2520 104-462	the annual examination and report of a (See instructions on waiver eligibility at	n independent qualifie	d public accountant (IQ	PA)				
If you	answered "No" to eit	ther line 6a or line 6b, the plan canno	t use Form 5500-SF	and must instead use			X Yes No		
Caution: A	penalty for the late of	or incomplete filing of this return/repo	ort will be assessed	unlana mast misteau use	rorm.	5500.			
Under pena	alties of periury and oth	per penalties set forth in the instructions	declare that I have	evamined this salue /	ise is	established.			
OD OF OCITE	saule MD completed an	d signed by an enfolied actually, as well	as the electronic ver	sion of this return/report	ort, in	lothe best of my l	ible, a Schedule		
belief, it is	true, correct, and comp	lete.			•		and modge and		
SIGN	V X	100	19/23/13	x1 Janel	ĺ	18h			
HERE	Signature of plan ac	Impletestor	1 1 1	00000		100			
alau.	Oignature of plant at	annii sti groi	Date	Enter name of individu	ual sig	ning as plan adm	inistrator		
SIGN HERE									
Signature of employer/plan sponsor   Date   Enter name of individual signing as employer or plan sponsor							or plan sponsor		
r reparer s	rianie (including iii ii ri	arie, ii applicable) and address; include	room or suite number	(optional)	Prep	arer's telephone r	number (optional)		
							L.		
							Y .		
	ork Reduction Act Notice								

Part III Financial Information	0-1-20				THE ST	-	-		м.
7 Plan Assets and Liabilities		(a) Beginning of Yea	ır		YOUNG.	(b) End	of Von		
a Total plan assets				1		(b) Liid		0476	
b Total plan liabilities						****	1000	J470	
C Net plan assets (subtract line 7b from line 7a)	t plan assets (subtract line 7b from line 7a)						1080	1476	
8 Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b) T		7110	
a Contributions received or receivable from:				a alterio		10) .	Otal	-	
(1) Employers		5028	8						
(2) Participants		8610	5						
(3) Others (including rollovers)		151	3	_					
b Other income (loss)		10473	4						
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c			_			242	640	
d Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	1552	B						
e Certain deemed and/or corrective distributions (see instructions)		100		-					-
f Administrative service providers (salaries, fees, commissions)	_	100		-					
g Other expenses		294	n	+			A11164		-
h Total expenses (add lines 8d, 8e, 8f, and 8g)		294	9	-	-	it:	120	2000	
i Net income (loss) (subtract line 8h from line 8c)	100	Transition of the second		-			10000000	9477	-
j Transfers to (from) the plan (see instructions)				-		-	223	3163	
Part IV Plan Characteristics	0		- 28/8						-
9a If the plan provides pension benefits, enter the applicable pension	n feature cor	tes from the List of Blan Char		W- C-		. Proce Process	••••		
2E 2G 2J 2K 2T 3D	ricature cot	ses from the List of Flam Ghan	actens	HIC CO	oaes in	the instruc	tions:		
b If the plan provides welfare benefits, enter the applicable welfare	feature code	es from the List of Plan Charac	cleristi	c Coc	des in t	lhe instructi	ons:	7.1	
Part V   Compliance Questions					5.752				
10 During the plan year:				Yes	No		Amou	nt	
Was there a failure to transmit to the plan any participant contrib 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fig.	duciary Corr	ection Program)	10a		x				
<b>b</b> Were there any nonexempt transactions with any party-in-interest on line 10a.)	st? (Do not i	nclude transactions reported	10b		х			***************************************	
C Was the plan covered by a fidelity bond?			10c	1187	х				-
d Did the plan have a loss, whether or not reimbursed by the plan or dishonesty?	s fidelity bor	nd, that was caused by fraud							
e Were any fees or commissions paid to any brokers, agents, or o			10d		X				
insurance service or other organization that provides some or al instructions.)	of the bene	fits under the plan? (See	10e	х					
f Has the plan failed to provide any benefit when due under the pl					· ·	-		1	0691
g Did the plan have any participant loans? (If "Yes," enter amount			10f		Х		-		
h If this is an individual account plan, was there a blackout period?			10g		X				
2520.101-3.)	••••••		10h		Х				
i If 10h was answered "Yes," check the box if you either provided exceptions to providing the notice applied under 29 CFR 2520.1	the required	I notice or one of the	10i						
Part VI Pension Funding Compliance					150				
11 Is this a defined benefit plan subject to minimum funding require 5500) and line 11a below)	ments? (If "\	es," see instructions and com	plete	Schec	dule SE	3 (Form	Пу	es [	] No
11a Enter the amount from Schedule SB line 39	1a Enter the amount from Schedule SB line 39						1 140		
	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   No						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 be granting the waiver.			clions, th_	and e	enter th Day	ne date of U	ne letter Year	r ruling	9
If you completed line 12a, complete lines 3, 9, and 10 of Schedu									
b Enter the minimum required contribution for this plan year									

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с	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 negative amount)	result (enter a minus sign to the left of a	12d		
е	Will the minimum funding amount reported on line 12d be met by the f			Yes	No □ N/A
Part					1
13a	Has a resolution to terminate the plan been adopted in any plan year?		Y	es X No	<del></del>
	If "Yes," enter the amount of any plan assets that reverted to the empl				
b	Were all the plan assets distributed to participants or beneficiaries, tra of the PBGC?	insferred to another plan, or brought under th	e control		☐ Yes ☒ No
С	If during this plan year, any assets or liabilities were transferred from twhich assets or liabilities were transferred. (See instructions.)	this plan to another plan(s), identify the plan(s	i) to		
	I3c(1) Name of plan(s):		13c(2) El	N(s)	13c(3) PN(s)
Part	VIII Trust Information (optional)				
14a	Name of trust		14b Tr	ust's EIN	

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