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.

1210-0089

OMB Nos. 1210-0110

2012

This Form is Open to Public Inspection

	art I	Annual Report Identification Information								
For	calenda	ar plan year 2012 or fiscal plan year beginning 01/01/2012		and ending	2/31/2	2012				
A	This ret	urn/report is for: 🗵 a single-employer plan 🔲 a	multiple-employer pl	an (not multiemployer)	ultiemployer) a one-participant plan					
В	This ret	urn/report is: the first return/report the	ne final return/report							
		an amended return/report a	short plan year return	n/report (less than 12 m	onths))				
C	Check b	pox if filing under: X Form 5558	utomatic extension			DFVC progra	m			
		special extension (enter description))			ш .				
Pa	rt II	Basic Plan Information—enter all requested informati								
	Name				1b	Three-digit				
		C. 401(K) PLAN				plan number				
						(PN) ▶	001			
					1c	Effective date of	•			
2a	Plan sr	ponsor's name and address; include room or suite number (em	plover if for a single-	emplover plan)	2h	Employer Identif				
	JET, IN		proyer, in for a enigre	omployor plany		(EIN) 91-15				
					2c	Sponsor's telep				
1145	85TH A	VENUE, SE L. WA 98501-5708				360-338				
TOWN	WATER	,, WA 90301-3700			2d	Business code (
3a	Plan ad	dministrator's name and address XSame as Plan Sponsor Na	me Same as Plar	Sponsor Address	3b	Administrator's I	ΞIN			
					30	Administrator's	elephone number			
					30	Administrator 5 t	elepriorie riumbei			
4		ame and/or EIN of the plan sponsor has changed since the las	st return/report filed fo	or this plan, enter the	4b	EIN				
а		EIN, and the plan number from the last return/report. or's name			40	PN				
		number of participants at the beginning of the plan year			5a		25			
b	Total n	number of participants at the end of the plan year			5b		21			
С	Numbe	er of participants with account balances as of the end of the pla	an year (defined bene	fit plans do not			_ -			
		ete this item)			5c		18			
6a		all of the plan's assets during the plan year invested in eligible					X Yes No			
b		u claiming a waiver of the annual examination and report of an 29 CFR 2520.104-46? (See instructions on waiver eligibility an					X Yes No			
		answered "No" to either line 6a or line 6b, the plan cannot					<u></u>			
Cau		penalty for the late or incomplete filing of this return/repo								
		alties of perjury and other penalties set forth in the instructions,					able. a Schedule			
		dule MB completed and signed by an enrolled actuary, as well rue, correct, and complete.	as the electronic ver	sion of this return/report	t, and	to the best of my	knowledge and			
SIG	N	Filed with authorized/valid electronic signature.	10/04/2013	HALAN P. ARNOLD						
HER	RE	Signature of plan administrator	Date	Enter name of individ	ual sig	gning as plan adn	ninistrator			
SIG		Filed with authorized/valid electronic signature.	10/04/2013	HALAN P. ARNOLD	D					
HER					dual signing as employer or plan sponsor					
Prep	oarer's i	name (including firm name, if applicable) and address; include	room or suite numbe	r (optional)	Prep	parer's telephone	number (optional)			

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Pa	rt III Financial Information									
7	Plan Assets and Liabilities		(a) Beginning of Yea	ar			(b) End o	of Year		
a	Total plan assets	. 7a	52702				(2) 2.1.4		889	
	Total plan liabilities	7b						-	000	
-	Net plan assets (subtract line 7b from line 7a)	7c	52702	21				851	889	
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b) To		000	
	Contributions received or receivable from:		(a) Amount				(6) 10	,tai		
	(1) Employers	8a(1)	5486	6						
	(2) Participants	8a(2)	6472	29						
	(3) Others (including rollovers)	8a(3)	15959	96						
b	Other income (loss)	. 8b	6897	7						
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						348	168	
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	. 8d	2307	'5						
е	Certain deemed and/or corrective distributions (see instructions)	8e	19	3						
f	Administrative service providers (salaries, fees, commissions)	8f								
g	Other expenses	8g	3	2						
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h						23	300	
i	Net income (loss) (subtract line 8h from line 8c)	. 8i						324	1868	
j	Transfers to (from) the plan (see instructions)	8j		0						
Pai	t IV Plan Characteristics	<u> </u>								
	If the plan provides pension benefits, enter the applicable pension 2A 2E 2F 2G 2J 2K 2T 3D 3H	feature co	des from the List of Plan Char	acteris	stic Co	odes in	the instruct	ions:		
b	If the plan provides welfare benefits, enter the applicable welfare fe	eature cod	es from the List of Plan Chara	cterist	ic Cod	des in t	he instruction	ns:		
Par	t V Compliance Questions									
10	During the plan year:				Yes	No		Amoui		
a				10a	100	X	,	Ailloui		
b	Were there any nonexempt transactions with any party-in-interest on line 10a.)	? (Do not	include transactions reported	10b		X				
c	·			10c	X				51	00000
d		-		10d		X			- 0	30000
е	or dishonesty?			100						
C	insurance service or other organization that provides some or all of instructions.)	of the bene	efits under the plan? (See	10e	X					2634
f	Has the plan failed to provide any benefit when due under the plan			10f		Χ				
g					X					400==
h	If this is an individual account plan, was there a blackout period?	(See instru	uctions and 29 CFR	10g	X					10376
i	If 10h was answered "Yes," check the box if you either provided the	he require	d notice or one of the	10h	X					
Dord	exceptions to providing the notice applied under 29 CFR 2520.10: VI Pension Funding Compliance	1-3		10i	^					
Part	Is this a defined benefit plan subject to minimum funding requirem									
110	5500) and line 11a below)							\	es)	X No
11a					otio	11a	EDICAC	П	es)	X No
12	Is this a defined contribution plan subject to the minimum funding	•		or se	cuon	JU∠ OT	EKISA!	Ц,	ა	INO
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 arouting the waiver.	ng amortiz	ed in this plan year, see instru		and e	_			r rulin	g
	you completed line 12a, complete lines 3, 9, and 10 of Schedule			ıtı		Day		Year _		
		•				12b				
<u> </u>	Enter the minimum required contribution for this plan year					120	<u> </u>			

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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).

2012

OMB Nos. 1210-0110

1210-0089

This Form is Open to Public Inspection

► Complete all entries in accordance with the instructions to the Form 5500-SF.

		t Identification Information	·						
For	calendar plan year 2012 or f	iscal plan year beginning	01/01/2012	and ending	12/31/2012	<u> </u>			
Α	This return/report is for:	🗝 a single-employer plan	a multiple-employer p	lan (not multiemployer)	a one-participant plan				
В	This return/report is:	is return/report is:							
		an amended return/report	a short plan year retu	rn/report (less than 12 me	onths)				
С	Check box if filing under:		DFVC program						
		special extension (enter descri	iption)						
P	art II Basic Plan Info	ormation enter all requested i	information						
1a	Name of plan				1b Three-digit				
	H2O Jet, Inc. 401((k) Plan			plan number (PN) ▶	001			
		ľ	1c Effective dat						
_					01/01/20				
2a	Plan sponsor's name and a H2O Jet, Inc.	address; include room or suite numb	er (employer, if for a single	e-employer plan)		entification Number			
				}	(EIN) 91-				
					2C Sponsor's te (360) 33				
	1145 85th Avenue,	SE		•		de (see instructions)			
US	Tumwater	WA 98501-5708			339900	uo (ood maaaaaano)			
3a	Plan administrator's name a	and address 🕱 Same as Plan Spo	onsor Name Same as	Plan Sponsor Address	3b Administrato	or's EIN			
					3c Administrato	r's telephone number			
4	If the series and/or F(b) of th		4h	f4b!	4h En				
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.								
a	Sponsor's name				4c PN				
5a	Total number of participants	s at the beginning of the plan year .	på fydigdigger da hardh di radi raacdhahdi hadi had	NI IARDIAODIAOOOOOOOOOOOOOOOOO	5a	25			
b		s at the end of the plan year			5b	21			
C		account balances as of the end of t			5c	18			
6a		s during the plan year invested in eli			<u> </u>	X Yes No			
b		of the annual examination and report	-		PA)				
		? (See instructions on waiver eligibil		405544554444444444444444444444444444444	•	X Yes No			
	If you answered "No" to e	<u>either line 6a or line 6b, the plan ca</u>							
Ca	ution: A penalty for the late	or incomplete filing of this return	n/report will be assessed	l unless reasonable cau	ıs <u>e is establ</u> ished				
		other penalties set forth in the instru							
be	i or schedule Mb/completed lief, it is true, correct, and cor	and signed by an enrolled actuary, a	as well as the electronic ve	ersion of this return/report	t, and to the best o	f my knowledge and			
	* * * * * * * * * * * * * * * * * * * *	10 00	10/2/12	HALAN	PAR	vois			
	IGN FIGURE Signature of plan adj	Minoco	Date						
	X hel (1 21	Date / / / / / / / / / / / / / / / / / / /	Enter name of individua	LSigning as plan ac	IMINISTRATOR			
	IGN Signature of employe	miesus	17713	HALAN					
Preparer's name (including firm name, if applicable) and address; include room or suite number (optional)									
	operor a name (moluding IIIII)	name, ii applicable) allu audi655, li	iolade room of Suite Hulling	er (optional)	i reparer s terepho	ne number (optional)			

Pa	rt III Financial Information						
7	Plan Assets and Liabilities		(a) Beginning of Yea	r			(b) End of Year
а	Total plan assets	7a	527,0	21			851,889
	Total plan liabilities	7b					
С	Net plan assets (subtract line 7b from line 7a)	7c	527,0	21			851,889
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount			(b) Total	
	Contributions received or receivable from:	0-/4\	54,8		ì		
	(1) Employers	8a(1)	64,7				
	(2) Participants	8a(2) 8a(3)	159,5			······································	
	Other income (loss)	8b	68,9				
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c	00,3	· ·		***************************************	
	Benefits paid (including direct rollovers and insurance premiums	00					348,168
	to provide benefits)	8d	23,0	75			
е	Certain deemed and/or corrective distributions (see instructions)	8e	1:	93			
f	Administrative service providers (salaries, fees, commissions)	8f				•	
g	Other expenses	8g	02 %	32			
<u>h</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h					23,300
<u>i</u>	Net income (loss) (subtract line 8h from line 8c)	8i					324,868
نسلم	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	eature cod	les from the List of Plan Charac	teristi	ic Cod	es in the	e instructions:
	2A 2E 2F 2G 2J 2K 2T 3D 3H						
b	f the plan provides welfare benefits, enter the applicable welfare fea	ture code	s from the List of Plan Characte	eristic	Code	s in the	instructions:
Pa	rt V Compliance Questions						
10	During the plan year:				Yes	No	Amount
а	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	
b		(Do not i	include transactions reported	10b		x	
	Was the plan covered by a fidelity bond?			10c	x		500,000
d							
	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 o instructions.)	f the bene	efits under the plan? (See	10e	x		2,634
-	Has the plan failed to provide any benefit when due under the plan					77	
_			- -	10f		Х	
g	Did the plan have any participant loans? (If "Yes," enter amount as			10g	х		10,376
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 2520.101			10i	x		
Par	t VI Pension Funding Compliance	_				.,	
11	Is this a defined benefit plan subject to minimum funding requirem						
110	Enter the amount from Schedule SB line 39					11a	Yes X No
12	Is this a defined contribution plan subject to the minimum funding a						RISA? Yes X No
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,					0, -1	100 100 110
а	If a waiver of the minimum funding standard for a prior year is being granting the waiver	g amortiz	ed in this plan year, see instruc		and e	nter the Dav	_
- If v	ou completed line 12a, complete lines 3, 9, and 10 of Schedule						
b	Enter the minimum required contribution for this plan year	•	,		I	12b	
_~	are minimum required contribution for this plan year		***************************************	40000000	*****	<u> </u>	

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	Enter the amount contributed by the employer to the plan for this plan year	12c		<u> </u>
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 🗷 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 co	control Yes X N		
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)			<u> </u>
14a I	ame of trust	14b Trust's EIN		