Form 5500-SF Short Form Annual Return/Report of Small Benefit Plan							OMB Nos. 1210-0110 1210-0089		
	artment of the Treasury ernal Revenue Service		DENETIT FIAN This form is required to be filed under sections 104 and 4065 of the Employee ement Income Security Act of 1974 (ERISA), and sections 6057(b) and 6058(a				012		
	Department of Labor Benefits Security Administration	ctions 6057(b) and 6058		This Form i	s Open to Public				
Employee Benefits Security Administration the Internal Revenue Code (the Code). This Form is Open to Inspection Pension Benefit Guaranty Corporation Complete all entries in accordance with the instructions to the Form 5500-SF. Part I Annual Report Identification Information For calendar plan year 2012 or fiscal plan year beginning 01/01/2012 and ending 12/31/2012 									
For calence	dar plan year 2012 or fisca			and ending 12	2/31/2	2012			
A This re	eturn/report is for:			an (not multiemployer)		a one-particip	bant plan		
B This re	eturn/report is:		ne final return/report						
	Ĺ		short plan year return	n/report (less than 12 mo	onths)	-			
C Check	box if filing under:	╡ └┘	utomatic extension			DFVC progra	m		
		special extension (enter description)							
Part II	•	nation—enter all requested informati	on		46				
1a Name	•	K) PROFIT SHARING PLAN			10	Three-digit plan number			
OLINEITALI		RY TROLLE CHARMEN LAN				(PN) ►	003		
					1c	Effective date of	•		
22 Diana	anonaria nama and addre	and include room or quite number (and	nlover if for a single i		2 h	01/01/			
	MECHANICAL, INC.	ess; include room or suite number (em	pioyer, il for a single-e	employer plan)	20	Employer Identif (EIN) 91-07			
2701 SOUT	TH J STREET				2c	Sponsor's telep 253-627			
TACOMA, WA 98409					2d	Business code (23890	,		
3a Plan a	administrator's name and	address XSame as Plan Sponsor Na	me Same as Plan	Sponsor Address	3b	Administrator's	EIN		
					30	Administrator's t	elephone number		
name	e, EIN, and the plan numb	lan sponsor has changed since the las er from the last return/report.	t return/report filed fo	r this plan, enter the		EIN			
	sor's name				4c	PN			
		the beginning of the plan year			5a		21		
		the end of the plan year			5b		19		
					5c		19		
6a Were	e all of the plan's assets d	uring the plan year invested in eligible	assets? (See instruct	tions.)			X Yes 🗌 No		
		e annual examination and report of an					X Yes 🗌 No		
		See instructions on waiver eligibility an er line 6a or line 6b, the plan cannot							
		incomplete filing of this return/repo							
Under pen SB or Sch	alties of perjury and other	r penalties set forth in the instructions, signed by an enrolled actuary, as well	I declare that I have e	examined this return/rep	ort, ir	ncluding, if applic			
SIGN	Filed with authorized/va	lid electronic signature.	10/07/2013	DANIEL KEMPF					
HERE	Signature of plan adn	ninistrator	Date	Enter name of individu	ual sig	gning as plan adn	ninistrator		
SIGN									
HERE	Signature of employe	r/plan sponsor	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	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.

Part III	Financial Information							
7 Plan A	Assets and Liabilities		(a) Beginning of Yea	r		(b) End of Year	
a Total	plan assets	7a	540338	2			6369503	
b Total	plan liabilities	7b		0				
C Net pl	lan assets (subtract line 7b from line 7a)	7c 5403382					6369503	
8 Incom	ne, Expenses, and Transfers for this Plan Year		(a) Amount			(b) Total		
	ibutions received or receivable from:	80(1)	18845	4				
	mployers	8a(1) 8a(2)	17726					
	thers (including rollovers)	8a(3)	17720	0				
	income (loss)	8b	72159	2	_			
	income (add lines 8a(1), 8a(2), 8a(3), and 8b)	80	72133	2			1087303	
_	fits paid (including direct rollovers and insurance premiums	00					1087303	
	vide benefits)	8d	10346	9				
e Certai	in deemed and/or corrective distributions (see instructions)	8e						
f Admir	nistrative service providers (salaries, fees, commissions)	8f	1771	3				
g Other	expenses	8g						
h Total	expenses (add lines 8d, 8e, 8f, and 8g)	8h					121182	
i Net in	come (loss) (subtract line 8h from line 8c)	8i			_		966121	
j Trans	fers to (from) the plan (see instructions)	8j						
	plan provides welfare benefits, enter the applicable welfare fe	eature codes	from the List of Plan Charac	cterist	ic Cod	es in the ir	nstructions:	
					Yes	No	A	
a Was	ng the plan year: s there a failure to transmit to the plan any participant contribu CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu	tions within th	e time period described in ion Program)	10a	103	X	Amount	
b Wer	e there any nonexempt transactions with any party-in-interest ne 10a.)	? (Do not incl	ude transactions reported	10b		x		
c Was	s the plan covered by a fidelity bond?			10c	Х		500000	
d Did t	the plan have a loss, whether or not reimbursed by the plan's ishonesty?	fidelity bond,	that was caused by fraud	100		х	300000	
e Were insu	e any fees or commissions paid to any brokers, agents, or oth rance service or other organization that provides some or all o ructions.)	ner persons by of the benefits	y an insurance carrier, s under the plan? (See	10e	x		23042	
f Has	the plan failed to provide any benefit when due under the plan	n?		10f		Х		
g Did t	the plan have any participant loans? (If "Yes," enter amount a	s of year end	.)	10q	Х		872	
	is is an individual account plan, was there a blackout period? (0.101-3.)	•		10h		х	012	
	In was answered "Yes," check the box if you either provided the provided the providing the notice applied under 29 CFR 2520.10	•		10i				
Part VI	Pension Funding Compliance							
	is a defined benefit plan subject to minimum funding requirem)) and line 11a below)							
	er the amount from Schedule SB line 39					11a		
11a Ente								
	nis a defined contribution plan subject to the minimum funding	requirements	s of section 412 of the Code	or se	ction 3	302 of ERI	SA? Yes 🗙 No	
12 Is th	nis a defined contribution plan subject to the minimum funding /es," complete line 12a or lines 12b, 12c, 12d, and 12e below,			or se	ection (302 of ERI	SA? Yes X No	
12 Is th (If "Y a If a v		as applicable	e.) in this plan year, see instruc	ctions,				
12 Is the contract of the second seco	Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, waiver of the minimum funding standard for a prior year is beir	as applicable	e.) in this plan year, see instruc Mon	ctions,		enter the da	ate of the letter ruling	

С	Enter	the amount contributed by the employer to the plan for this plan year	12c				
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		he minimum funding amount reported on line 12d be met by the funding deadline?		Yes	No N/A		
Part	rt 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		all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the pBGC?	control		Yes X No		
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

Filing Authorization for the 2012 Form 5500-SF

Name of Plan: General Mechanical, Inc. 401(k) Profit Sharing Plan

EIN / PN: 91-0730696/003

Plan Year Ending: December 31, 2012

PART I Authorization of Practitioner to Electronically Sign and File

I hereby authorize Panagiotu Pension Advisors, Inc. (PPA) to electronically sign and file the above-named return/report through EFAST2.

I understand that in granting this authority that:

- I must manually sign and date page 1 of the Form 5500-SF and provide an original or scanned copy of that signature page to PPA before the electronic filing can be initiated;
- PPA will retain a copy of this written authorization in its records;
- PPA will notify the individual(s) signing below as plan administrator/employer about any inquiries and information it receives from EFAST2, DOL, IRS, or PBGC regarding this annual return/report; and
- A copy of my signature, as it appears on page 1 of the Form 5500-SF, will be included with the return/report posted by the Department of Labor on the Internet for public disclosure.
- PPA shall not be deemed an administrator or other fiduciary with respect to any Plan solely on account of the services performed under this authorization.

This authorization is applicable only to the filing for the above-named Plan and applies only for Plan year end stated above.

Employer/Plan Sponsor: <u>Cauch Konf</u> Date: <u>9/23/13</u> Daniel Kempf

PART II Acknowledgement of Receipt of Authorization

On behalf of PPA, I hereby certify that the firm will use the authority granted only for the express purposes described above; that the firm will not disclose confidential information to any parties other than the DOL, as required for EFAST filing; and that the firm will take reasonable steps to assure that confidential information provided by the Plan Administrator or Plan Sponsor is protected from unauthorized disclosure.

For PPA:	What	Date:	12213
Jennifer Vi	ant, Retirement Plan	Administrator	
	J		
The designa	ted service provide	er must retain this author	orization.
Dor	not submit this form to the	DOL unless requested to do so	

For	m 5500-SF	Short Form Annual Ret	urn/Report o	f Small Employ	/66	0	MB Nos, 121				
Depar	tment of the Treasury				0-0089						
	parlment of Labor	This form is required to be filed up Retirement Income Security Act of 19					012				
Employee Be	enefits Security Administration		evenue Code (the C		This Form Is Open to Publi Inspection						
	nefit Guaranty Corporation	Complete all entries in accordant	ice with the instruc	tions to the Form 5500	0-SF.						
Part I For calenda	Annual Report Id ar plan year 2012 or fisca	lentification Information	01/2012	and ending		12/31/2012					
				an (not multiemployer)		a one-participa	ant plan				
	urn/report is:		e final return/report	an (not matternployer)			ant plan				
D mister				n/report (less than 12 mo	onthe						
C Check h	box if filing under:		tomatic extension		on ano j	DFVC program	n				
e chourt		special extension (enter description)									
Part II	Basic Plan Inform	nation—enter all requested informatio	in								
1a Name	of plan	<i>"</i>			1b	Three-digit					
GENERAL	L MECHANICAL, 1	INC. 401(K) PROFIT SHARI	NG PLAN			plan number	03				
					1c	(PN) Effective date of	plan				
						01/01/1988	pian				
	oonsor's name and addr MECHANICAL, I	ess; include room or suite number (emp INC .	loyer, if for a single-	employer plan)	2b	Employer Identifie (EIN) 91-0730		ber			
2701 SC	OUTH J STREET				2c	S ponsor's teleph 253-627-81		r			
					2d	Business code (s		ons)			
TACOMA		WA 98409				238900					
3a Plan ad	dministrator's name and	address XSame as Plan Sponsor Nam	ne XSame as Plar	Sponsor Address	3b	Administrator's E	IN				
4 If the n	name and/or EIN of the c	lan sponsor has changed since the last	return/report filed fr	or this plan, enter the	4h	EIN					
	EIN, and the plan numb	per from the last return/report.	roturn roport mou re			PN					
1775 174 B03-07477		the beginning of the plan year						21			
		the end of the plan year			5b			19			
c Numb	er of participants with ac	count balances as of the end of the plar	n year (defined bene								
					5c		<u>F</u>	19			
-		luring the plan year invested in eligible a ne annual examination and report of an i					X Yes	No			
under	29 CFR 2520.104-46? (See instructions on waiver eligibility and	I conditions.)		anian		X Yes [No			
		er line 6a or line 6b, the plan cannot			_						
		incomplete filing of this return/report						4.4.			
SB or Sche	dule MB completed and rue, correct, and comple	r penalties set forth in the instructions, I signed by an enrolled actuary, as well a ste.	as the electronic ver	sion of this return/report	, and	to the best of my k	ble, a Schei knowledge a	and			
SIGN	1 ani 11	1.Kart	9/23/13	DANIEL KEMPF							
HERE	Signature of plan adr	ninistrator	Date	Enter name of individu	ual sig	gning as plan admi	inistrator				
SIGN HERE											
	Signature of employe	or/plan sponsor ne, if applicable) and address; include r	Date	Enter name of individu		ning as employer parer's telephone r	the second data was a	and in the latest fillen and the			
Fiehaidis		ne, il applicable) and address, include n			LIG			ional)			
For Paperwo	ork Reduction Act Notice	and OMB Control Numbers, see the instruc	ctions for Form 5500-	SF.		F	orm 5500-SF v.	(2012) 120126			

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	Plan Assets and Liabilities	$(2n \pm 1)$	(a) Beginning of Yea	r		(b) End of Ye	ar
a	Fotal plan assets	7a		338	2			6369503
b	Total plan liabilities	7b			0			
С	Net plan assets (subtract line 7b from line 7a)	7c	540	338	2			6369503
8	ncome, Expenses, and Transfers for this Plan Year		(a) Amount				(b) Total	
	Contributions received or receivable from:		10	3845	1			
-	1) Employers	8a(1)		7726	-	1	-	
	2) Participants	8a(2)	±/	120	-			-
	(3) Others (including rollovers)	8a(3)	70	2159	2	-	-	
	Other income (loss)	8b	12	5139	4			108730
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) Benefits paid (including direct rollovers and insurance premiums	8c						108730
	to provide benefits)	8d	10	346	9		1.1	-
е	Certain deemed and/or corrective distributions (see instructions)	8e						
f.	Administrative service providers (salaries, fees, commissions)	8f	1	L771	3	110		
g	Other expenses	8g				÷ 1		
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h						12118
i	Net income (loss) (subtract line 8h from line 8c)	8i						96612
j	Transfers to (from) the plan (see instructions)	8j				6 - H (L)		1
Par	t IV Plan Characteristics							
b	If the plan provides welfare benefits, enter the applicable welfare fe	eature codes	ITOTIT LITE LIST OF FIALT CHARAC	lensi	c cou		istructions.	
Part	V Compliance Questions							
Part 10	V Compliance Questions During the plan year:				Yes	No	Amo	ount
10				10a	Yes	No X	Amo	ount
10 a	During the plan year: Was there a failure to transmit to the plan any participant contribu	ciary Correc	tion Program)	10a 10b	Yes		Amo	punt
10 a	During the plan year: Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu Were there any nonexempt transactions with any party-in-interest	ciary Correct ? (Do not inc	tion Program)		Yes	x	Amo	50000
10 a b	During the plan year: Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu Were there any nonexempt transactions with any party-in-interest on line 10a.) Was the plan covered by a fidelity bond?	iciary Correc ? (Do not inc fidelity bond	tion Program) clude transactions reported , that was caused by fraud	10b		x	Amo	
10 a b c	During the plan year: Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu Were there any nonexempt transactions with any party-in-interest on line 10a.). Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?. Were any fees or commissions paid to any brokers, agents, or oth insurance service or other organization that provides some or all of	iciary Correc ? (Do not inc fidelity bond her persons to of the benefit	tion Program) clude transactions reported , that was caused by fraud oy an insurance carrier, is under the plan? (See	10b 10c 10d		X X	Amo	50000
l0 a b c d e	During the plan year: Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu Were there any nonexempt transactions with any party-in-interest on line 10a.). Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty? Were any fees or commissions paid to any brokers, agents, or oth insurance service or other organization that provides some or all o instructions.)	iciary Correc ? (Do not inc fidelity bond her persons to of the benefit	tion Program) clude transactions reported , that was caused by fraud oy an insurance carrier, s under the plan? (See	10b 10c 10d 10e	X	X X X X	Amo	50000
10 a b c d	During the plan year: Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu Were there any nonexempt transactions with any party-in-interest on line 10a.). Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?. Were any fees or commissions paid to any brokers, agents, or oth insurance service or other organization that provides some or all of instructions.) Has the plan failed to provide any benefit when due under the plan	rciary Correc ? (Do not inc fidelity bond her persons b of the benefit	tion Program) dude transactions reported , that was caused by fraud by an insurance carrier, s under the plan? (See	10b 10c 10d 10e 10f	x	X X	Amo	50000 2304
10 a b c d e f g	During the plan year: Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu Were there any nonexempt transactions with any party-in-interest on line 10a.) Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty? Were any fees or commissions paid to any brokers, agents, or oth insurance service or other organization that provides some or all of instructions.) Has the plan failed to provide any benefit when due under the plan Did the plan have any participant loans? (If "Yes," enter amount a	iciary Correc ? (Do not inc fidelity bond her persons t of the benefit n? s of year end	tion Program)	10b 10c 10d 10e	X	X X X X	Amo	50000 2304
10 a b c d d e f g h	During the plan year: Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu Were there any nonexempt transactions with any party-in-interest on line 10a.) Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty? Were any fees or commissions paid to any brokers, agents, or other insurance service or other organization that provides some or all of instructions.) Has the plan have any participant loans? (If "Yes," enter amount a If this is an individual account plan, was there a blackout period? 2520.101-3.)	ridelity bond fidelity bond ner persons b of the benefit n? s of year end (See instruct	tion Program)	10b 10c 10d 10e 10f	x	X X X X	Amo	50000 2304
10 a b c d d e f f h i	During the plan year: Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu Were there any nonexempt transactions with any party-in-interest on line 10a.) Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty? Were any fees or commissions paid to any brokers, agents, or other instructions.) Has the plan failed to provide any benefit when due under the plan Did the plan have any participant loans? (If "Yes," enter amount a If this is an individual account plan, was there a blackout period? 2520.101-3.) If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10	ridelity bond fidelity bond ner persons b of the benefit n? s of year end (See instruct he required n	tion Program)	10b 10c 10d 10e 10f 10g	x	X X X X X X X X X X X X X X X X X X X	Amo	50000 2304
10 a b c d e f g h i i	During the plan year: Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu Were there any nonexempt transactions with any party-in-interest on line 10a.) Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty? Were any fees or commissions paid to any brokers, agents, or oth insurance service or other organization that provides some or all or instructions.) Has the plan failed to provide any benefit when due under the plan Did the plan have any participant loans? (If "Yes," enter amount a If this is an individual account plan, was there a blackout period? 2520.101-3.) If 10h was answerd "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10 VI Pension Funding Compliance	rciary Correc ? (Do not inc fidelity bond her persons to of the benefit n? s of year end (See instruct he required n 1-3	tion Program)	10b 10c 10d 10e 10f 10g 10h 10i	x	X X X X X X X		50000 2304
IO a b c d d e f f h i i 2art	During the plan year: Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fid. Were there any nonexempt transactions with any party-in-interest on line 10a.) Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty? Were any fees or commissions paid to any brokers, agents, or oth insurance service or other organization that provides some or all or instructions.) Has the plan failed to provide any benefit when due under the plan Did the plan have any participant loans? (If "Yes," enter amount a lf this is an individual account plan, was there a blackout period? 2520.101-3.) If 10h was answered "Yes," check the box if you either provided th exceptions to providing the notice applied under 29 CFR 2520.10 VI Pension Funding Compliance Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)	ridelity bond fidelity bond ner persons b of the benefit n? s of year end (See instruct he required r 1-3	tion Program)	10b 10c 10d 10e 10f 10g 10h 10i	X X X Schec	X X X X X X Jule SB (Fo	prm	50000
10 a b c d e f g h i 2 art 11	During the plan year: Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu Were there any nonexempt transactions with any party-in-interest on line 10a.) Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty? Were any fees or commissions paid to any brokers, agents, or oth insurance service or other organization that provides some or all or instructions.) Has the plan failed to provide any benefit when due under the plan Did the plan have any participant loans? (If "Yes," enter amount a If this is an individual account plan, was there a blackout period? 2520.101-3.) If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10 VI Pension Funding Compliance Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below) Enter the amount from Schedule SB line 39	Iciary Correc (Do not inc fidelity bond her persons to of the benefit n? is of year end (See instruct he required n 1-3 hents? (If "Ye	tion Program)	10b 10c 10d 10e 10f 10g 10h 10i	X X X Schec	X X X X X X I I I I I I I I I I I I I I	prm	50000 2304 872 Yes 🗌 No
IO a b c d d e f f h i i 2art	During the plan year: Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu Were there any nonexempt transactions with any party-in-interest on line 10a.) Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty? Were any fees or commissions paid to any brokers, agents, or oth insurance service or other organization that provides some or all or instructions.) Has the plan failed to provide any benefit when due under the plan Did the plan have any participant loans? (If "Yes," enter amount a lf this is an individual account plan, was there a blackout period? 2520.101-3.) If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10 VI Pension Funding Compliance Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below) Enter the amount from Schedule SB line 39 Is this a defined contribution plan subject to the minimum funding	requirement	tion Program)	10b 10c 10d 10e 10f 10g 10h 10i	X X X Schec	X X X X X X I I I I I I I I I I I I I I	prm	50000 2304 872 Yes 🗌 No
10 a b c d e f g h i i 20 art 11 11a 12	During the plan year: Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu Were there any nonexempt transactions with any party-in-interest on line 10a.) Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty? Were any fees or commissions paid to any brokers, agents, or oth insurance service or other organization that provides some or all or instructions.) Has the plan failed to provide any benefit when due under the plan Did the plan have any participant loans? (If "Yes," enter amount a If this is an individual account plan, was there a blackout period? 2520.101-3.) If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10 VI Pension Funding Compliance Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below) Enter the amount from Schedule SB line 39	Iciary Correct ? (Do not inc fidelity bond her persons to of the benefit n? s of year end (See instruct he required r 1-3 hents? (If "Ye requirement , as applicab ng amortized	tion Program)	10b 10c 10d 10e 10f 10g 10h 10i 10i	X X X Schec	X X X X X X Jule SB (Fc	orm	50000 2304 872 Yes No Yes No tter ruling

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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 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?			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.)			
	3c(1) Name of plan(s):	3c(2) E	IN(s)	13c(3) PN(s)
Part	VIII Trust Information (optional)			2
14a	Name of trust	14b ⊺	rust's Ell	N



Application for Extension of Time To File Certain Employee Plan Returns

► For Privacy Act and Paperwork Reduction Act Notice, see instructions

File With IRS Only

	Information about Form 5558 and its instructions	s is at www	v.irs.g	ov/for	m5558		II INS ONLY				
Pa	art I Identification										
A	Name of filer, plan administrator, or plan sponsor (see instructions) GENERAL MECHANICAL, INC. Number, street, and room or suite no. (If a P.O. box, see instructions) 2701 SOUTH J STREET	B	B Filer's identifying number (see instructions) Employer identification number (EIN) (9 digits XX-XXXXXX 91-0730696 Social security number (SSN) (9 digits XXX-XX-XXXX)								
	City or town, state, and ZIP code		- Social security number (SSN) (9 digits XXX-XX-XXXX)								
	TACOMA, WA 98409	Plan name Plan Pl									
С	Plan name		Plar านmb		Plan year end						
	GENERAL MECHANICAL, INC. 401(K) PROFIT SHARING PLAN	0	0	3	12	31	2012				
Pa	rt II Extension of Time To File Form 5500 Series, and/or Form	n 8955-S	SA								
1	in Part 1, C above.					report for the	e plan listed				
2	I request an extension of time until <u>10 / 15 / 2013</u> to file For Note. A signature IS NOT required if you are requesting an extension to file				nstructions).						
3	I request an extension of time until <u>10 / 15 / 2013</u> to file For Note. A signature IS NOT required if you are requesting an extension to file				structions).						
	The application is automatically approved to the date shown on line 2 ar the normal due date of Form 5500 series, and/or Form 8955-SSA for wh and/or line 3 (above) is not later than the 15th day of the third month after t	nich this e	xtens	ion is	(a) the Form requested, a	5558 is filed Ind (b) the d	on or before late on line 2				
Par	rt III Extension of Time To File Form 5330 (see instructions)										
4	I request an extension of time until/ /to file For You may be approved for up to a 6 month extension to file Form 5330, after			e date	of Form 533	0.					
e	a Enter the Code section(s) imposing the tax	а ск. Р	a	<u> </u>							
k	b Enter the payment amount attached		4	a (%)	965 (68) (68) 🕨	b					
5	 For excise taxes under section 4980 or 4980F of the Code, enter the revers State in detail why you need the extension: 	sion/amen	dmen	t date	sector ac	_c					

		1955146-045		57.5831C							
			******	*****	*******						
Unde	er penalties of perjury, I declare that to the best of my knowledge and belief, the statements ma	de on this fo	rm are	true e	prinet and occor	ploto and that					
	epare this application.	us on this 10	ann are	aue, ci	sheet, and com	piete, anu triat i	an aunonzed				