For	m 5500-SF	Short Form Annual Return/Report of Small Employee						210-01 <sup>-</sup> 210-008	
	tment of the Treasury nal Revenue Service	This form is required to be filed	е	2012					
	partment of Labor nefits Security Administration	Retirement Income Security Act of 1 the Internal	6058(a) of This Form is C			Public	;		
Pension Be	on Benefit Guaranty Corporation Inspection								
Part I		entification Information							
For calenda	ar plan year 2012 or fisca			and ending 1	2/31/2	2012			
A This ret	urn/report is for:	a single-employer plan	a multiple-employer pla	an (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 return/report (less than 12 m					onths	)			
C Check box if filing under: Form 5558 automatic extension DFVC program						ım			
		special extension (enter description	ı)						
Part II	<b>Basic Plan Inform</b>	nation—enter all requested informat	tion						
1a Name CASTLE ANI		CO., INC. PROFIT SHARING PLAN			1b	Three-digit plan number (PN) ►	001		
					1c	Effective date or 10/01/	•		
2a Plan sp CASTLE AN	oonsor's name and addre	ess; include room or suite number (em cO., INC.	nployer, if for a single-	employer plan)	2b	Employer Identii (EIN) 91-07		nber	
PO BOX 176	0				2c	Sponsor's telep 360-426		er	
SHELTON, V	VA 98584				2d	2d Business code (see instructions) 113310			
3a Plan ad	dministrator's name and	address XSame as Plan Sponsor Na	ame Same as Plan	Sponsor Address	<b>3b</b> Administrator's EIN				
		lan sponsor has changed since the la er from the last return/report.	st return/report filed fo	or this plan, enter the	4b	EIN			
a Sponso					4c	PN			
5a Total r	umber of participants at	the beginning of the plan year			5a				14
<b>b</b> Total r	umber of participants at	the end of the plan year			5b				15
C Number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item)						15			
6a Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)					N	lo			
under	29 CFR 2520.104-46? (	e annual examination and report of an See instructions on waiver eligibility and	nd conditions.)		····		X Yes	<u></u> м	١o
		er line 6a or line 6b, the plan canno							
		incomplete filing of this return/report r penalties set forth in the instructions.					abla a Cab	o dulo	
SB or Sche		signed by an enrolled actuary, as well							
SIGN	Filed with authorized/va	lid electronic signature.	10/07/2013	LYLE D COLEMAN					
HERE	Signature of plan adn	ninistrator	Date	Enter name of individu	ual sig	gning as plan adn	ninistrator		
SIGN	Filed with authorized/va	lid electronic signature.	10/07/2013	LYLE D COLEMAN					
HERE	Signature of employe		Date	Enter name of individu			i		
Preparer's	harne (including firm nan	ne, if applicable) and address; include	room or suite number	(optional)	Prep	parer's telephone	number (o	ptional	)

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

Part III Financial Information					
7 Plan Assets and Liabilities		(a) Beginning of Yea	r		(b) End of Year
a Total plan assets	. 7a	81461	3		936126
<b>b</b> Total plan liabilities	. 7b				
C Net plan assets (subtract line 7b from line 7a)	. 7c	81461	3		936126
B Income, Expenses, and Transfers for this Plan Year		(a) Amount			(b) Total
a Contributions received or receivable from:	0-(4)	2000	0		
(1) Employers	. 8a(1)	2000	0		
(2) Participants	. 8a(2)				
(3) Others (including rollovers)	. 8a(3)	11025	F		
<b>b</b> Other income (loss)	. 8b	11035	0		400055
<ul> <li>C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)</li> <li>d Benefits paid (including direct rollovers and insurance premiums</li> </ul>	. 8c			-	130355
to provide benefits)	. 8d	120	7		
e Certain deemed and/or corrective distributions (see instructions)	. 8e				
f Administrative service providers (salaries, fees, commissions)	. 8f	763	5		
g Other expenses	. 8g				
h Total expenses (add lines 8d, 8e, 8f, and 8g)	. 8h				8842
i Net income (loss) (subtract line 8h from line 8c)	. 8i				121513
j Transfers to (from) the plan (see instructions)	. 8j				
Part IV Plan Characteristics					
<b>b</b> If the plan provides welfare benefits, enter the applicable welfare for					
Part V Compliance Questions					
				Yes No	Amount
	itions within th	ne time period described in			Γ
<ul><li>0 During the plan year:</li><li>a Was there a failure to transmit to the plan any participant contribution</li></ul>	itions within th uciary Correct t? (Do not incl	ne time period described in ion Program) ude transactions reported		Yes No	Γ
<ul> <li>During the plan year:</li> <li>Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fide</li> <li>Were there any nonexempt transactions with any party-in-interest</li> </ul>	itions within th uciary Correct t? (Do not incl	ne time period described in ion Program) ude transactions reported	10a	Yes No X	Γ
<ul> <li>During the plan year:</li> <li>a Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fide</li> <li>b Were there any nonexempt transactions with any party-in-interest on line 10a.)</li> <li>c Was the plan covered by a fidelity bond?</li> <li>d Did the plan have a loss, whether or not reimbursed by the plan's</li> </ul>	itions within th uciary Correct ? (Do not incl fidelity bond,	the time period described in ion Program) ude transactions reported  that was caused by fraud	10a 10b	Yes No X X	Γ
<ul> <li>During the plan year:</li> <li>Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fide</li> <li>Were there any nonexempt transactions with any party-in-interest on line 10a.)</li> <li>Was the plan covered by a fidelity bond?</li> </ul>	tions within th uciary Correct ? (Do not incl fidelity bond, ner persons b of the benefits	that was caused by fraud	10a 10b 10c	Yes No X X X X	Γ
<ul> <li>During the plan year:</li> <li>a Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fide</li> <li>b Were there any nonexempt transactions with any party-in-interest on line 10a.)</li> <li>c Was the plan covered by a fidelity bond?</li> <li>d Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?</li> <li>e Were any fees or commissions paid to any brokers, agents, or oth insurance service or other organization that provides some or all</li> </ul>	itions within th uciary Correct t? (Do not incl fidelity bond, ner persons b of the benefits	that was caused by fraud	10a 10b 10c 10d	Yes No X X X X X X	Γ
<ul> <li>0 During the plan year:</li> <li>a Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fide</li> <li>b Were there any nonexempt transactions with any party-in-interest on line 10a.)</li> <li>c Was the plan covered by a fidelity bond?</li> <li>d Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?</li> <li>e Were any fees or commissions paid to any brokers, agents, or oth insurance service or other organization that provides some or all instructions.)</li> <li>f Has the plan failed to provide any benefit when due under the plan</li> </ul>	tions within th uciary Correct ? (Do not incl fidelity bond, ner persons b of the benefits	that was caused by fraud	10a 10b 10c 10d 10e 10f	Yes No X X X X X X X	Γ
<ul> <li>During the plan year:</li> <li>a Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fide</li> <li>b Were there any nonexempt transactions with any party-in-interest on line 10a.)</li> <li>c Was the plan covered by a fidelity bond?</li> <li>d Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?</li> <li>e Were any fees or commissions paid to any brokers, agents, or oth insurance service or other organization that provides some or all instructions.)</li> <li>f Has the plan failed to provide any benefit when due under the plan</li> <li>g Did the plan have any participant loans? (If "Yes," enter amount a h If this is an individual account plan, was there a blackout period?</li> </ul>	tions within th uciary Correct t? (Do not incl fidelity bond, ner persons b of the benefits n?	that was caused by fraud y an insurance carrier, s under the plan? (See	10a 10b 10c 10d 10d	Yes No X X X X X X X X X	Γ
<ul> <li>During the plan year:</li> <li>Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fide</li> <li>Were there any nonexempt transactions with any party-in-interest on line 10a.)</li> <li>Was the plan covered by a fidelity bond?</li> <li>Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?</li> <li>Were any fees or commissions paid to any brokers, agents, or oth insurance service or other organization that provides some or all instructions.)</li> <li>Has the plan failed to provide any benefit when due under the plan</li> <li>Did the plan have any participant loans? (If "Yes," enter amount a</li> </ul>	tions within the uciary Correct t? (Do not incl fidelity bond, fidelity bond, ner persons b of the benefits as of year end (See instruction he required not	that was caused by fraud an insurance carrier, and the plan? (See	10a 10b 10c 10d 10e 10f 10g	Yes No X X X X X X X X X X	Γ
<ul> <li>During the plan year:</li> <li>Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fide</li> <li>Were there any nonexempt transactions with any party-in-interest on line 10a.)</li> <li>Was the plan covered by a fidelity bond?</li></ul>	tions within the uciary Correct t? (Do not incl fidelity bond, fidelity bond, ner persons b of the benefits as of year end (See instruction he required not	that was caused by fraud an insurance carrier, and the plan? (See	10a 10b 10c 10d 10d 10e 10f 10g 10h	Yes No X X X X X X X X X X	Γ
<ul> <li>During the plan year:</li> <li>a Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fide</li> <li>b Were there any nonexempt transactions with any party-in-interest on line 10a.)</li> <li>c Was the plan covered by a fidelity bond?</li> <li>d Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?</li> <li>e Were any fees or commissions paid to any brokers, agents, or oth insurance service or other organization that provides some or all instructions.)</li> <li>f Has the plan have any participant loans? (If "Yes," enter amount a lift this is an individual account plan, was there a blackout period? 2520.101-3.)</li> <li>i If 10h was answered "Yes," check the box if you either provided t exceptions to providing the notice applied under 29 CFR 2520.10</li> <li>art VI Pension Funding Compliance</li> </ul>	tions within th uciary Correct (Do not incl fidelity bond, ner persons b of the benefits as of year end (See instruction he required not 1-3	that was caused by fraud y an insurance carrier, ude trhe plan? (See 	10a 10b 10c 10d 10d 10f 10g 10h 10h 10i	Yes No X X X X X X X X X X X X	Amount
<ul> <li>During the plan year:</li> <li>Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fide</li> <li>Were there any nonexempt transactions with any party-in-interest on line 10a.)</li> <li>Was the plan covered by a fidelity bond?</li></ul>	Itions within the uciary Correct ? (Do not incl fidelity bond, fidelity bond, ner persons b of the benefits as of year end (See instruction he required not 1-3	the time period described in ion Program)	10a 10b 10c 10d 10d 10f 10g 10h 10h 10h	Yes No X X X X X X X X X X X	Amount
<ul> <li>During the plan year:</li> <li>a Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fide</li> <li>b Were there any nonexempt transactions with any party-in-interest on line 10a.)</li></ul>	tions within th uciary Correct ? (Do not incl ? (Do not incl if delity bond, ner persons b of the benefits n? as of year end (See instruction he required no 1-3	the time period described in ion Program)	10a 10b 10c 10d 10d 10f 10g 10h 10h 10i	Yes         No           X         X           X         X           X         X           X         X           X         X           X         X           X         X           X         X           X         X           X         X           X         X           X         X           Image: State of the state of th	Amount
<ul> <li>During the plan year:</li> <li>a Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fide</li> <li>b Were there any nonexempt transactions with any party-in-interest on line 10a.)</li> <li>c Was the plan covered by a fidelity bond?</li> <li>d Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?</li> <li>e Were any fees or commissions paid to any brokers, agents, or oth instructions.)</li> <li>f Has the plan failed to provide any benefit when due under the plan</li> <li>g Did the plan have any participant loans? (If "Yes," enter amount a h If this is an individual account plan, was there a blackout period? 2520.101-3.)</li> <li>i If 10h was answered "Yes," check the box if you either provided t exceptions to providing the notice applied under 29 CFR 2520.10</li> <li>Pension Funding Compliance</li> <li>I1 Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below).</li> <li>I2 Is this a defined contribution plan subject to the minimum funding</li> </ul>	Itions within the uciary Correct t? (Do not incl fidelity bond, fidelity bond, ner persons b of the benefits as of year end (See instruction he required not 1-3	the time period described in ion Program)	10a 10b 10c 10d 10d 10f 10g 10h 10h 10i	Yes         No           X         X           X         X           X         X           X         X           X         X           X         X           X         X           X         X           X         X           X         X           X         X           X         X           Image: State of the state of th	Amount
<ul> <li>0 During the plan year:</li> <li>a Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fide</li> <li>b Were there any nonexempt transactions with any party-in-interest on line 10a.)</li></ul>	Itions within the uciary Correct (P (Do not incl fidelity bond, fidelity bond, fi	the time period described in ion Program)	10a 10b 10c 10d 10d 10e 10f 10g 10h 10g 10h 10g 0 r sec ctions,	Yes No X X X X X X X X X X X X X X I I I I I	Amount Amount
<ul> <li>During the plan year:</li> <li>a Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fide</li> <li>b Were there any nonexempt transactions with any party-in-interest on line 10a.)</li> <li>c Was the plan covered by a fidelity bond?</li></ul>	Itions within the uciary Correct ? (Do not incl fidelity bond, ner persons boof the benefits an? (See instruction he required not 1-3	the time period described in ion Program)	10a 10b 10c 10d 10d 10e 10f 10g 10h 10g 10h 10g 0 r sec ctions,	Yes No X X X X X X X X X X X X X X X X X X X	Amount Amount
<ul> <li>During the plan year:</li> <li>a Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fide</li> <li>b Were there any nonexempt transactions with any party-in-interest on line 10a.)</li></ul>	tions within th uciary Correct (Do not incl fidelity bond, ner persons by of the benefits as of year end (See instruction he required not 1-3	the time period described in ion Program)	10a 10b 10c 10d 10d 10f 10f 10f 10f 10g 0 10h 10i 0 10i 0 10i	Yes No X X X X X X X X X X X X X X X X X X X	Amount Amount

С	Enter the amount contributed by the employer to the plan for this plan year					
d						
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		
	If "Yes," 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		ing this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) n 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)				

14a Name of trust	14b Trust's EIN

#### Δ 29055-229-11513-3 TE

17052

Department of the Treasury Internal Revenue Service OGDEN, UT 84201-0073

910774505 Date of this notice: SEP. 16, 2013 Taxpayer Identifying Number: 91-0774505 Form: 5500SF/8955-SSA Tax Period: DEC. 31, 2012 Plan Number: 001 For assistanceyou may call us at:

1-877-829-5500 Or you may write to us at the address shown at the left.

017569.222226.0055.001 1 MB 0.405 373 

CASTLE AND COLEMAN LOGGING CO PO BOX 1760 SHELTON WA

98584-5010

017569

## APPLICATION FOR EXTENSION OF TIME TO FILE CERTAIN **EMPLOYEE PLAN RETURNS**

We received your Form 5558, Application for Extension of Time to File Certain Employee Plan Returns, for the return (form), plan number, and tax period identified above. The due date to file your return is extended to OCT. 15, 2013.

Do not attach a copy of this notice to your return. This notice should be kept with your records.

### Additional Information

- If a tax practitioner or someone else prepared your form, you may want to give them a copy of this notice. (A copy was automatically sent to representatives authorized with a Power-of-Attorney for this form.)
- For tax forms, call 1-800-TAX-FORM (1-800-829-3676).
- For general information, tax forms, and publications, visit <u>www.irs.gov</u>. Employee Plan information is on the "Retirement Plans Community" tab.
- If you have questions about employee plans, call TEGE Customer Account Services at 1-877-829-5500.

Form 5500-SF Short Form Annual Return/Report of Small Employee OMB Benefit Plan								
Department of the Treasury Internal Revenue Service	and 4065 of the Employe	e	2012					
Department of Labor         Retirement Income Security Act of 1974 (ERISA), and section 6057(b) and 6058(a) of         This Form is Open to Put           Employee Benefits Security Administration         the Internal Revenue Code (the Code).         Inspection								
Pension Benefit Guaranty Corporation Complete all entries in accordance with the instructions to the Form 5500-SF.								
For calendar plan year 2012 or fiscal		01/01/2012	and ending	12/	31/2012			
			blan (not multiemployer)		a one-participant plan			
B This return/report is:		ne final return/report			a one participant plan			
an amended return/report a short plan year return/report (less than 12 months)								
Check box if filing under: x Form 5558 automatic extension DFVC program								
	special extension (enter description)			Ц	1 0			
Part II Basic Plan Inform	nation enter all requested inform							
1a Name of plan		adon			hree-digit			
Castle and Coleman Lo	ogging Co., Inc. Profit S	haring Plan			an number PN) ► 001			
					ffective date of plan			
-					0/01/1976			
2a Plan sponsor's name and addre Castle and Coleman Lo	ess; include room or suite number (em ogging Co., Inc.	ployer, if for a single	e-employer plan)		mployer Identification Number IN) 91-0774505			
PO Box 1760					ponsor's telephone number 360)   426-8262			
US Shelton	WA 98584				usiness code (see instructions) 13310			
	address X Same as Plan Sponsor i	Name 🗌 Same as	Plan Sponsor Address	3b Ad	dministrator's EIN			
					2			
				3c Ad	dministrator's telephone number			
4 If the name and/or EIN of the pl	an sponsor has changed since the las	st return/report filed	for this plan, enter the	4b ει	IN			
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 PI				
• • • • • • • • • • • • • • • • • • •	the beginning of the plan year			5a 5b	14			
	the end of the plan year ount balances as of the end of the pla			50	15			
				5c	15			
A KAN DE MAARDEN DE WEEREN DE WEEREN DE WEEREN DE WEEREN DE WEEREN.	ring the plan year invested in eligible				XYes No			
	e annual examination and report of an ee instructions on waiver eligibility an				X Yes No			
	r line 6a or line 6b, the plan cannot		and must instead use					
	incomplete filing of this return/repo							
Under penalties of perjury and other	r penalties set forth in the instructions	, I declare that I hav	e examined this return/re	port, inc	luding, if applicable, a Schedule			
SB or Schedule MB completed and belief, it is true, correct, and comple	signed by an enrolled actuary, as wel	I as the electronic ve	ersion of this return/repor	t, and to	the best of my knowledge and			
i - o Do		9-77-13	Lyle D Coleman					
HERE Signature of plan admini	strator	Date		idual signing as plan administrator				
IJAD F	2/	9-27-13		Mu				
HERE Signature of employer/pl	an enoneor	Date			as employer or plan sponsor			
All the second s	ne, if applicable) and address; include				er's telephone number (optional)			
				1				
				1 1 1 1 1 1				
For Denergy ark Deduction Act Mat	lies and OMP Control Numbers	the instructions f	or Form 5500 SE	N. A. K.	Form 5500-SF (2012)			
For Paperwork Reduction Act Not	tice and OMB Control Numbers, se	e the instructions f	01 FUTT 9900-9F.		v.120126			
		1	ί.		e X			

# Part III Financial Information

Pa	rt III Financial Information	1	30					
7	Plan Assets and Liabilities	的问题	(a) Beginning of Year	r			(b) End o	f Year
a	Total plan assets	7a	814,6	13				936,126
b	Total plan liabilities	7b						
С	Net plan assets (subtract line 7b from line 7a)	7c	814,6	13				936,126
	ncome, Expenses, and Transfers for this Plan Year	的制度是	(a) Amount				(b) To	otal
	Contributions received or receivable from:	8a(1)	20,00	00			計劃有人	State of the second
	(1) Employers		20,0		PAY-1	the state		
	(2) Participants	8a(2)			2913		an all share	B. L. S. S. S. S. S. S.
	(3) Others (including rollovers)	8a(3) 8b	110,3	55	· · · · · · · · · · · · · · · · · · ·	an a		
	Other income (loss) Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	80	110,33	55	AN CONTRACTOR	調理の方法		100.055
	Benefits paid (including direct rollovers and insurance premiums	00		18441937	12109-00	a the state		130,355
	o provide benefits)	8d	1,20	07		17. 1		
e	Certain deemed and/or corrective distributions (see instructions)	8e			界的特	目的		神经济和中国
f	Administrative service providers (salaries, fees, commissions)	8f	7,63	35	將川		1411年1月	
g	Other expenses	8g			制約			<b>利加州市</b> 1111年1
	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h		<b>推行</b>				8,842
	Net income (loss) (subtract line 8h from line 8c)	8i	the second s	1.11				121,513
	Transfers to (from) the plan (see instructions)	8j			Sites.			the fight of the second second
As a supplicity of the	t IV Plan Characteristics							
	f the plan provides pension benefits, enter the applicable pension fe	eature cod	es from the List of Plan Charac	teristic	Cod	es in	the instructi	ons:
	2E 3D							
b	f the plan provides welfare benefits, enter the applicable welfare fea	ature code	s from the List of Plan Characte	oristic	Code	s in th	e instructio	ns'
				5110110	0000	0 11 0	io monuolio	
Pa	rt V Compliance Questions							
10	During the plan year:	-			Yes	No		Amount
а								
b	Were there any nonexempt transactions with any party-in-interest					v		
	on line 10a.)			10b		X		
<u> </u>	Was the plan covered by a fidelity bond?			10c		х		
d	Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?			10d		x		
е	Were any fees or commisions paid to any brokers, agents, or other	er persons	by an insurance carrier,					
	insurance service or other organization that provides some or all o			100		х		
	instructions.)			100				
f	Has the plan failed to provide any benefit when due under the plan	17		10f		X		
g	Did the plan have any participant loans? (If "Yes," enter amount a	s of year e	nd.)	10g		х		
h	If this is an individual account plan, was there a blackout period? (	See instru	ctions and 29 CFR	Ne se en				
	2520.101-3.)			10h		x		
i	If 10h was answered "Yes," check the box if you either provided th			10:				
(1)	exceptions to providing the notice applied under 29 CFR 2520.101	-3		10i				def Antiger Frank (1990) frank
Par	t VI Pension Funding Compliance							
11	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)							Yes X No
11a	Enter the amount from Schedule SB line 39					11a		
12	Is this a defined contribution plan subject to the minimum funding					02 of	ERISA?	Yes X No
-	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,		INC. INC.				a an anna an anna an an anna an an an an	
a	If a waiver of the minimum funding standard for a prior year is beir			tions.	and e	nter t	he date of the	ne letter rulina
	granting the waiver							
lfv	you completed line 12a, complete lines 3, 9, and 10 of Schedule							
b	Enter the minimum required contribution for this plan year					12b		
~					000000			

Form 5500-SF 2012

Page 3-

С	Enter the amount contributed by the employer to the plan for this plan year	12c					
d							
е	Will the minimum funding amount reported on line 12d be met by the funding deadline?		Yes	□ No □ N/A			
Part							
13a	Has a resolution to terminate the plan been adopted in any plan year?	Y 🗌	es X	No			
	If "Yes," enter the amount of any plan assets that reverted to the employer this year	13a					
b							
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)			
研制资料							
Part	VIII Trust Information (optional)						

14a Name of trust	14b Trust's EIN

A 29055-229-11513-3 216

Department of the Treasury Internal Revenue Service OGDEN, UT 84201-0073

910774505 TE Date of this notice: SEP. 16, 2013 Taxpayer Identifying Number: 91-0774505 Form: 5500SF/8955-SSA Tax Period: DEC. 31, 2012 Plan Number: 001 For assistanceyou may call us at: 1-877-829-5500 Or you may write to us at the address shown at the left.

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CASTLE AND COLEMAN LOGGING CO PO BOX 1760 98584-5010 SHELTON WA

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## APPLICATION FOR EXTENSION OF TIME TO FILE CERTAIN **EMPLOYEE PLAN RETURNS**

We received your Form 5558, Application for Extension of Time to File Certain Employee Plan Returns, for the return (form), plan number, and tax period identified above. The due date to file your return is extended to OCT. 15, 2013.

Do not attach a copy of this notice to your return. This notice should be kept with your records.

## Additional Information

- If a tax practitioner or someone else prepared your form, you may want to give them a copy of this notice. (A copy was automatically sent to representatives authorized with a Power-of-Attorney for this form.)
- For tax forms, call 1-800-TAX-FORM (1-800-829-3676).
- For general information, tax forms, and publications, visit <u>www.irs.gov</u>. Employee Plan information is on the "Retirement Plans Community" tab.
- If you have questions about employee plans, call TEGE Customer Account Services at 1-877-829-5500.