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).

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OMB Nos. 1210-0110

1210-0089

2012

This Form is Open to Public Inspection

		F Complete all entries in accord	ance with the mstru	ctions to the Form 55	ии-ог.		
Part I		dentification Information					
For calenda	ar plan year 2012 or fis			and ending	12/31/2	2012	
A This ret	turn/report is for:	X a single-employer plan	a multiple-employer p	olan (not multiemployer))	a one-particip	oant plan
B This ret	turn/report is:	the first return/report	the final return/report				
		an amended return/report	a short plan year retu	rn/report (less than 12 r	nonths))	
C Check	box if filing under:	X Form 5558	automatic extension			DFVC progra	ım
		special extension (enter description	n)				
Part II	Basic Plan Infor	mation—enter all requested informa	tion				
1a Name	of plan				1b		
HUSSEY EN	IGINEERING INCORPO	ORATED 401K PROFIT SHARING PLA	AN			•	004
					10		
					10		•
2a Plan s	ponsor's name and add	dress; include room or suite number (en	nployer, if for a single	e-employer plan)	2b		
				, , , ,			
					2c		
KENNEWIC	K, WA 99336-8622				2d		
33 Plan o	dministrator's name and	d addraga Cama as Dian Spansor No	ama Deama aa Bla	n Changar Address	3h		
	A This return/report is for: B This return/report is: the first return/report is a short plan year return/report (less than 12 months) Part II Basic Plan Information—enter all requested information Ia Name of plan USSEY ENGINEERING INCORPORATED 401K PROFIT SHARING PLAN In C Effective date of plan USSEY ENGINEERING INCORPORATED 401K PROFIT SHARING PLAN In C Effective date of plan USSEY ENGINEERING INCORPORATED In C Effective date of plan USSEY ENGINEERING INCORPORATED In C Effective date of plan USSEY ENGINEERING INCORPORATED In C Effective date of plan USSEY ENGINEERING INCORPORATED In C Effective date of plan USSEY ENGINEERING INCORPORATED In C Effective date of plan USSEY ENGINEERING INCORPORATED In C Effective date of plan USSEY ENGINEERING INCORPORATED In C Effective date of plan USSEY ENGINEERING INCORPORATED In C Effective date of plan USSEY ENGINEERING INCORPORATED In C Effective date of plan USSEY ENGINEERING INCORPORATED In C Effective date of plan USSEY ENGINEERING INCORPORATED In C Effective date of plan USSEY ENGINEERING INCORPORATED In C Effective date of plan USSEY ENGINEERING INCORPORATED In C Effective date of plan USSEY ENGINEERING INCORPORATED In C Effective date of plan USSEY ENGINEERING IN C PROFIT AND IN CORPORATED In C Effective date of plan USSEY ENGINEERING IN CORPORATED In C Effective date of plan USSEY ENGINEERING IN CORPORATED In C Effective date of plan USSEY ENGINEERING IN CORPORATED In C Effective date of plan USSEY ENGINEERING IN CORPORATED In C Effective date of plan USSEY ENGINEERING IN CORPORATED In C Effective date of plan Under School In C Effective date of plan USSEY ENGINEERING IN CORPORATED In C Effective date of plan Under School In C Effective date of pla						
IUSSET ENG	SINEERING INCORPO				3с		
						509-737	7-8333
1 If the a					41-		
			ist return/report filed i	or this plan, enter the	40	EIN	
		·			4c	PN	
5a Total r	number of participants a	at the beginning of the plan year			. 5a		24
b Total r	number of participants a	at the end of the plan year			. 5b		29
	· ·	•	•		50		25
·	•						
							X Yes No
lf you	answered "No" to eit	ther line 6a or line 6b, the plan canno	ot use Form 5500-SF	and must instead us	e Form	5500.	
Caution: A	A penalty for the late o	r incomplete filing of this return/rep	ort will be assessed	unless reasonable ca	use is	established.	
			ii as the electronic ve	rsion of this return/repo	it, and	to the best of my	knowledge and
	Elle deside es de este est.	and the state of the atoms of the	40/00/0040				
SIGN HERE							
	Signature of plan ad	Iministrator	Date	Enter name of indivi	dual siç	gning as plan adn	ninistrator
SIGN							
Preparer's	name (including firm na	ame, if applicable) and address; include	e room or suite numbe	er (optional)	Prep	parer's telephone	number (optional)
					1		
					1		

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Pai	t III Financial Information						
	rt III Financial Information Plan Assets and Liabilities		(a) Beginning of Ves				(h) End of Voor
	Total plan assets	7a	(a) Beginning of Yea		+		(b) End of Year 558510
	Total plan liabilities	7a 7b	33038	, O	+		330310
	Net plan assets (subtract line 7b from line 7a)	7c	55659	90			558510
	Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b) Total
	Contributions received or receivable from:		(a) Amount				(b) Total
	(1) Employers	8a(1)	3561	3			
	(2) Participants	8a(2)	5624	16			
	(3) Others (including rollovers)	8a(3)					
<u>b</u>	Other income (loss)	8b	5025	8			
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c					142117
	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	10498	88			
е	Certain deemed and/or corrective distributions (see instructions)	8e	3520	9			
f	Administrative service providers (salaries, fees, commissions)	8f					
g	Other expenses	8g					
<u>h</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h					140197
<u>_i</u>	Net income (loss) (subtract line 8h from line 8c)	8i					1920
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 2F 2G 2J 2K 3D	feature co	des from the List of Plan Char	acteris	stic Co	odes in	the instructions:
b	If the plan provides welfare benefits, enter the applicable welfare fe	eature cod	les from the List of Plan Chara	cterist	ic Coc	des in t	he instructions:
Dow	V Compliance Overtions						
Part	•				Yes	No	A
a	During the plan year: Was there a failure to transmit to the plan any participant contribu	tions withi	n the time period described in		162	NO	Amount
	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu	ciary Cor	rection Program)	10a		X	
b	Were there any nonexempt transactions with any party-in-interest on line 10a.)	`	•	10b		X	
С	Was the plan covered by a fidelity bond?			10c	X		25000
d	Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?	•		10d		X	
е							
	insurance service or other organization that provides some or all cinstructions.)	of the bene	efits under the plan? (See	10e	X		8321
f	Has the plan failed to provide any benefit when due under the plan					X	0321
				10f	V		
<u>g</u>		-		10g	X		7432
h	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 2520.10			10i	X		
Part	VI Pension Funding Compliance					-	
11	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)						
11a	Enter the amount from Schedule SB line 39					11a	
12	Is this a defined contribution plan subject to the minimum funding	requireme	ents of section 412 of the Code	or se	ction	302 of	ERISA? Yes X No
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,	as applic	able.)				
a	If a waiver of the minimum funding standard for a prior year is beir granting the waiver.	•	The state of the s		, and e	enter th Day	ne date of the letter ruling Year
If	you completed line 12a, complete lines 3, 9, and 10 of Schedule	e MB (For	m 5500), and skip to line 13.				
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 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

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	Annual Report I	Identification Information			0-01.				
For calenda	ar plan year 2012 or fis		01/2012	and ending		12/31/2012			
A This ret	urn/report is for:	X a single-employer plan	er plan a multiple-employer plan (not multiemployer) a one-participant plan						
B This ret	um/report is:	the first return/report	ne final return/report						
		/report (less than 12 mo	onths)						
C Check box if filing under: Form 5558 automatic extension						DFVC program			
		special extension (enter description)							
Part II	Basic Plan Infor	rmation—enter all requested informati	on						
1a Name					1b	Three-digit			
HUSSEY	ENGINEERING 1	INCORPORATED 401K PROFIT	SHARING PLAN	l.		plan number (PN) 001			
					1c	Effective date of plan			
					01/01/2003				
	ponsor's name and add ENGINEERING I	dress; include room or suite number (em NCORPORATED	ployer, if for a single-	employer plan)	2b Employer Identification Number (EIN) 91-1959414				
9228 WE	EST CLEARWATER	R DRIVE			2c Sponsor's telephone number 509-737-8333				
KENNEW	ICK	WA 99336-8622			2d	Business code (see instructions) 541330			
		d address Same as Plan Sponsor Nar	me Same as Plan	Sponsor Address	3b	Administrator's EIN			
HUSSEY	ENGINEERING I	NCORPORATED	u	*	_	91-1959414			
					3c Administrator's telephone number 509–737–8333				
9228 WE	EST CLEARWATER	R DRIVE				309-737-6333			
KENNEW	ICV	WA 99336-8622							
4 If the name.	name and/or EIN of the . EIN, and the plan num	plan sponsor has changed since the las nber from the last return/report.	t return/report filed fo	r this plan, enter the	4b EIN				
a Sponso					4c	PN			
5a Total r	number of participants	at the beginning of the plan year	***************************************		5a	24			
b Total r	number of participants	at the end of the plan year			5b	29			
		account balances as of the end of the pla			5c	25			
		during the plan year invested in eligible				X Yes No			
b Are yo	ou daiming a waiver of	the annual examination and report of an (See instructions on waiver eligibility an	independent qualifie	d public accountant (IQ	PA)	X Yes ∏ No			
		ther line 6a or line 6b, the plan cannot							
		or incomplete filing of this return/repo							
Under pena	alties of perjury and oth	ner penalties set forth in the instructions,	I declare that I have	examined this return/rep	port. ir	ncluding, if applicable, a Schedule			
SB or Sche	edule MB completed an true, correct, and comp	id signed by an enrolled actuary, as well	as the electronic ver	sion of this return/report	, and	to the best of my knowledge and			
SIGN HERE									
TILIXL	Signature of plan ac	dministrator	Date	Enter name of Individ	ual sig	ning as plan administrator			
SIGN Janu dussey 10.8.13 DWW						Up.			
HERE	Signature of employ	yer/plan sponsor	Date	Enter name of individ		gning as employer or plan sponsor			
Preparer's name (including firm name, if applicable) and address; include room or suite number (optional)						parer's telephone number (optional)			
					l	1			

Pai	t III Financial Information				200		
7	Plan Assets and Liabilities		(a) Beginning of Yea	r			(b) End of Year
а	Total plan assets	7a		5659	0		558510
b	Total plan liabilities	7b					
	Net plan assets (subtract line 7b from line 7a)	7c	55	5659	0		558510
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b) Total
	ontributions received or receivable from:				3		(0) 1000
	(2) Participants	8a(2)		5624	6		
	(3) Others (including rollovers)	8a(3)			+		
	Other income (loss)	8b		50258			
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c			+		142117
	Benefits paid (including direct rollovers and insurance premiums	- 60			+		142117
	to provide benefits)	8d	10	0498	8		
	Certain deemed and/or corrective distributions (see instructions)	8e		3520	9		
f	Administrative service providers (salaries, fees, commissions)	8f			1		
	Other expenses	8g			\top		
	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h			1		140197
	Net income (loss) (subtract line 8h from line 8c)	8i			\top		1920
-	Transfers to (from) the plan (see instructions)	8j			+		
Date	t IV Plan Characteristics	0)	L				
9a b	If the plan provides pension benefits, enter the applicable pension 2E 2F 2G 2J 2K 3D If the plan provides welfare benefits, enter the applicable welfare for						
Pari	t V Compliance Questions						0.01.00
10							
а	a Was there a failure to transmit to the plan any participant contributions within the time period described 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)						
b	b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)						
С	Was the plan covered by a fidelity bond?			10c	Х		25000
d	Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?			10d		х	
е	Were any fees or commissions paid to any brokers, agents, or oth insurance service or other organization that provides some or all instructions.)	of the bene	efits under the plan? (See	10e	х		8321
f	Has the plan failed to provide any benefit when due under the pla	n?		10f		Х	
q							
22	Did the plan have any participant loans? (If "Yes," enter amount a	s of year	end.)		Х		7432
	If this is an individual account plan, was there a blackout period?	(See instr	uctions and 29 CFR	10g	x		7432
	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 to	(See instr	d notice or one of the	10g 10h	2020		7432
h	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 to exceptions to providing the notice applied under 29 CFR 2520.10	(See instr	d notice or one of the	10g	х		7432
h	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	(See instruction of the require 1-3	d notice or one of the Yes," see instructions and com	10g 10h 10i	X		3 (Form
h i Part	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)	he require	d notice or one of the Yes," see instructions and com	10g 10h 10i nplete	X X		3 (Form
h i Part	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	(See instruction (See i	d notice or one of the Yes," see instructions and com	10g 10h 10i nplete	X X	11a	3 (Form Yes No
Part 11	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 to exceptions to providing the notice applied under 29 CFR 2520.10 If VI Pension Funding Compliance Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)	(See instruction of the require 1-3	d notice or one of the Yes," see instructions and coments of section 412 of the Code	10g 10h 10i nplete	X X	11a	3 (Form Yes No
Part 11 11a 12	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 to the providing the notice applied under 29 CFR 2520.10 to the state of the providing the notice applied under 29 CFR 2520.10 to the minimum funding requirem 5500) and line 11a below) Enter the amount from Schedule SB line 39	he require 1-3 nents? (If " requirem , as applic	Yes," see instructions and coments of section 412 of the Code (able.)	10g 10h 10i nplete	X X Scheo	11a 302 of	G (Form Yes No
Part 11 11a 12 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 to the providing the notice applied under 29 CFR 2520.10 to the providing the notice applied under 29 CFR 2520.10 to the state of the state of the state of the providing the notice applied under 29 CFR 2520.10 to the state of the sta	he require 1-3 nents? (If " g requirem g as applic	Yes," see instructions and coments of section 412 of the Code (able.)	10g 10h 10i nplete	X X Scheo	11a 302 of enter th	B (Form Yes No ERISA? Yes X No ne date of the letter ruling

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С	Enter the amount contributed by the employer to the plan for this plan year		12c	Ι		
d	Subtract the amount in line 12c from the amount in line 12b. Enter the result (en negative amount)	iter a minus sign to the left of a	12d			
е	Will the minimum funding amount reported on line 12d be met by the funding de			Yes	П No	□ N/A
Part						
13a	Has a resolution to terminate the plan been adopted in any plan year?		ITI	es X N	10	
	If "Yes," enter the amount of any plan assets that reverted to the employer this y	year	13a			
b	Were all the plan assets distributed to participants or beneficiaries, transferred to fithe PBGC?	another plan, or brought under the	control		☐ Ye:	s X No
С	If during this plan year, any assets or liabilities were transferred from this plan to which assets or liabilities were transferred. (See instructions.)	another plan(s), identify the plan(s)	to			
1	3c(1) Name of plan(s):	1	3c(2) EI	N(s)	13c(3	B) PN(s)
					-	
Part	VIII Trust Information (optional)				1	
14a	Name of trust		14b Tr	ust's EIN		