Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation

Short Form Annual Return/Report of Small Employee Benefit Plan

This form is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA), and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

1210-0089

OMB Nos. 1210-0110

2012

This Form is Open to Public Inspection

	011010111 201	nem Gaaramy Gerperanen		Complete all entries in a	ccordance w	ith the instruc	tions to the Form 550	<u>0-SF.</u>				
P	art I	Annual Report	de	entification Information	1							
For	calenda	ar plan year 2012 or fis	cal	plan year beginning 01/01	1/2012		and ending 1	2/31/	2012			
Α	This retu	urn/report is for:	X	a single-employer plan	a multip	ole-employer pla	an (not multiemployer)		a one-partici	pant plan		
В	This retu	urn/report is:	П	the first return/report	the fina	l return/report						
		·	Ī	an amended return/report	a short	olan year return	/report (less than 12 m	onths)			
С	Check h	oox if filing under:	X	Form 5558	automa	tic extension			DFVC progra	am		
Ū	OHOOK D	ox ii iiiiig dildor.	Ħ	special extension (enter desc	ш							
D	art II	Rasic Plan Info	m	ation—enter all requested in	' '							
	Name o		!!!	ation—enter all requested in	normation			1h	Three-digit			
			40	1(K) PROFIT SHARING PLAN	N			10	plan number			
		0 0202, 220		.(.)	•				(PN) •	001		
								1c	Effective date o	f plan		
									01/01	/2010		
		onsor's name and add		ss; include room or suite numb	er (employer	, if for a single-	employer plan)	2b	Employer Identi			
KOG	EKS FC	JIATO SERVICE, LEC	,						(=114)	29977		
								2c	Sponsor's telep			
) N RAIL CO, WA	ROAD AVE 99301						24				
	oo,							Zu	1112	(see instructions)		
3a	Plan ac	łministrator's name an	d a	ddress X Same as Plan Spon	sor Name	Same as Plan	Sponsor Address	3h	Administrator's			
ou	i idii de		ua	dariess Moarrie as Fran Opon	Isol Ivallic	Dame as i lan	oponsor Address		LIIV			
								3с	Administrator's	telephone number		
4				in sponsor has changed since r from the last return/report.	the last retur	n/report filed fo	r this plan, enter the	4b EIN				
а		or's name	ibc	i nom the last return/report.				4c PN				
			at t	ne beginning of the plan year.				5a				
b				he end of the plan year				5b		5		
C				ount balances as of the end of				30		<u> </u>		
·						•	-	5c		5		
6a	Were	all of the plan's assets	du	ring the plan year invested in	eligible assets	s? (See instruct	ions.)			X Yes No		
b		•		annual examination and repo	-	•	•					
				ee instructions on waiver eligib						X Yes No		
	If you	answered "No" to eit	he	r line 6a or line 6b, the plan	cannot use F	orm 5500-SF a	and must instead use	Form	5500.			
				ncomplete filing of this retur								
				penalties set forth in the instruigned by an enrolled actuary,								
		rue, correct, and comp			as well as tile	e electronic vers	sion or this return/repon	ı, anu	to the best of my	Knowledge and		
		F1 1 24 4 1 1 1/			40/	1.1/00.10						
SIG		Filed with authorized/\	/ali	d electronic signature.	10/	11/2013	JOEL ROGERS					
HEI	KE	Signature of plan ac	lmi	nistrator	Dat	e	Enter name of individ	ual siç	gning as plan adr	ministrator		
SIG	SN N											
HE	RE	Signature of employ	/er/	plan sponsor	Dat	e	Enter name of individ	ual sid	anina as emplove	er or plan sponsor		
Pre	parer's r			e, if applicable) and address; in						number (optional)		

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Por	t III Einancial Information							
Par					(h) Fuel of Voca			
	Plan Assets and Liabilities	_	(a) Beginning of Yea				(b) End of Year	
	Total plan assets						39707	
	Il plan liabilities						00707	
	Net plan assets (subtract line 7b from line 7a)	7c	2313	34			39707	
	Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from:		(a) Amount				(b) Total	
	(1) Employers							
	(2) Participants							
	Others (including rollovers)							
b	Other income (loss)	8b	128	80				
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c					16573	
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d						
е	Certain deemed and/or corrective distributions (see instructions)	8e						
f	Administrative service providers (salaries, fees, commissions)	8f						
g	Other expenses	8g						
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h						
<u>i</u>	Net income (loss) (subtract line 8h from line 8c)	8i					16573	
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 2A 2E 2F 2G 2J 2K 3B 3D	feature co	des from the List of Plan Char	acteris	stic Co	des in	the instructions:	
b	If the plan provides welfare benefits, enter the applicable welfare fe	eature cod	les from the List of Plan Chara	cteristi	ic Cod	les in tl	he instructions:	
Part	V Compliance Questions							
10	During the plan year:				Yes	No	Amount	
a	Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu			10a		X	Amount	
b		? (Do not	include transactions reported	10b		X		
С	Was the plan covered by a fidelity bond?			10c	Χ		05000	
d				100			25000	
	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 cinstructions.)	of the bene	efits under the plan? (See	10e		X		
f	Has the plan failed to provide any benefit when due under the pla			10f		X		
g	Did the plan have any participant loans? (If "Yes," enter amount a					X		
h	If this is an individual account plan, was there a blackout period? 2520.101-3.)	(See instru	uctions and 29 CFR	10g 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	ne require	d notice or one of the			X		
Dort		1-3		10i				
11	Part VI Pension Funding Compliance 11 Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form 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 requirements of section 412 of the Code or section 302 of ERISA?							
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,	, as applic	able.)					
а	a If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, and enter the date of the letter ruling granting the waiver							
lf :	you completed line 12a, complete lines 3, 9, and 10 of Schedul	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 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).

OMB Nos. 1210-0110 1210-0089

2012

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Dort I	Annual Danaut	Identification Information	raance with the mistra	ctions to the rollings	00-31.				
For calend		Identification Information scal plan year beginning 01/01/20	012	and ending	12/31/	/2012			
A This re	turn/report is for:	X a single-employer plan	a multiple-employer p	olan (not multiemployer)		a one-partici	pant plan		
	turn/report is:	the first return/report	the final return/report	20 20 40	,				
		an amended return/report	-	n/report (less than 12 r	nonths)			
C Check	box if filing under:	Form 5558	automatic extension	ooksat zurite i ≢leen til stockhole (viel kirke kirke tilbek et keletik sturig). I til i med til		DFVC progra	am		
		special extension (enter descrip	tion)						
Part II	Basic Plan Info	ermation—enter all requested infor	mation			1900			
1a Name	of plan				1b	Three-digit			
Rogers Pota	ato Service, LLC 401(I		plan number (PN) ▶	001					
					1c	Effective date o			
	- XV					01/01/2010			
2a Plan s Rogers Pota	ponsor's name and ad ato Service, LLC	dress; include room or suite number	(employer, if for a single	-employer plan)	2b	Employer Identification Number (EIN) 91-1729977			
0440 N D-11	last and Asses				2c	2c Sponsor's telephone number (509) 545-9918			
6419 N Rail Pasco, WA					2d	Business code (see instructions)		
		nd address XSame as Plan Sponsor	Name Same as Pla	n Sponsor Address	3b	3b Administrator's EIN			
					3с	Administrator's	telephone number		
					at the state of t				
		e plan sponsor has changed since the mber from the last return/report.	e last return/report filed f	or this plan, enter the	4b	EIN	-		
	or's name				4c	PN			
5a Total	number of participants	at the beginning of the plan year			. 5a		7		
b Total i	number of participants	at the end of the plan year			5b		5		
		account balances as of the end of the			. 5c		5		
		s during the plan year invested in elig					X Yes No		
b Are yo	ou claiming a waiver of	f the annual examination and report o ? (See instructions on waiver eligibility	f an independent qualifie	ed public accountant (IC	QPA)		X Yes No		
		ther line 6a or line 6b, the plan can					M 163 140		
		or incomplete filing of this return/re							
Under pena	alties of perjury and ot	her penalties set forth in the instruction	ns, I declare that I have	examined this return/re	eport, ir	cluding, if applic	able, a Schedule		
	edule MB completed ar true, correct, and com	nd signed by an enrolled actuary, as valete.	vell as the electronic ver	sion of this return/repor	rt, and	to the best of my	knowledge and		
SIGN HERE	Mill	Lozu	10-10-13	Mary K. Rogers	- Jo	rel Roger	2		
HERE	Signature of plan a	dministrator	Date	Enter name of individ	dual sig	ning as plan adn	ninistrator		
SIGN	<i>V</i>								
HERE Signature of employer/plan sponsor Date Enter name of individual signing as a									
Preparer's	name (including firm n	ame, if applicable) and address; inclu	ide room or suite numbe	er (optional)	Prep	arer's telephone	number (optional)		

Pa	rt III Financial Information						
7	Plan Assets and Liabilities (a) Beginning of Ye			ar			(b) End of Year
а	otal plan assets						39707
b	al plan liabilities						
С	t plan assets (subtract line 7b from line 7a)						39707
8	Income, Expenses, and Transfers for this Plan Year (a) Amount						(b) Total
а	Contributions received or receivable from: (1) Employers						
	(2) Participants	8a(2)	775	9			
	(3) Others (including rollovers)	8a(3)					
b	Other income (loss)	8b	128	10			
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c					16573
d	Benefits paid (including direct rollovers and insurance premiums						
	to provide benefits)	. 8d	100		-		
	Certain deemed and/or corrective distributions (see instructions)	8e					
f_	Administrative service providers (salaries, fees, commissions)	8f					
	Other expenses	. 8g			- 98		
<u>h</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h		100 7	-		
÷	Net income (loss) (subtract line 8h from line 8c)	8i					16573
	Transfers to (from) the plan (see instructions)	8j					
	t IV Plan Characteristics		14.00				
9a	If the plan provides pension benefits, enter the applicable pension	feature code	es from the List of Plan Char	acteris	stic Co	des in	the instructions:
b	2A 2E 2F 2G 2J 2K 3B 3D If the plan provides welfare benefits, enter the applicable welfare fe		e from the List of Disa Ohave	-4!-4	:- 0	1 6	h - 1 - 1 - 1 - 1
D	In the plan provides wellare benefits, enter the applicable wellare is	eature codes	s from the List of Plan Chara	cterist	ic Coc	ies in t	ne instructions:
Pari	V Compliance Questions						
10	During the plan year:				Yes	No	Amount
a	Was there a failure to transmit to the plan any participant contribu	tions within	the time period described in				7 illouit
	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)						
b	Were there any nonexempt transactions with any party-in-interest on line 10a.)			10b		х	
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	ner persons	by an insurance carrier,				
	insurance service or other organization that provides some or all cinstructions.)			10e		Х	
f	Has the plan failed to provide any benefit when due under the plan	n?		10f		Х	
g	Did the plan have any participant loans? (If "Yes," enter amount a	s of year en	d.)	10g		Х	
h	If this is an individual account plan, was there a blackout period? (2520.101-3.)			10h		Х	
ì	If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10	ne required i	notice or one of the	10i		Х	
Part							
11	Is this a defined benefit plan subject to minimum funding requirem	ents? (If "Ye	es " see instructions and com	plete	Sched	lule SE	3 (Form
	5500) and line 11a below)			· · · · · · · · · · · · · ·			
-	Enter the amount from Schedule SB line 39					11a	EDIOLO I II VII II VII
_12	Is this a defined contribution plan subject to the minimum funding			or se	ction (302 of	ERISA? Yes No
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,			otics -	0 = 1	nt== !!	l data of the letter "
a	If a waiver of the minimum funding standard for a prior year is bein granting the waiver.				and e	enter tr Day	e date of the letter ruling Year
If	you completed line 12a, complete lines 3, 9, and 10 of Schedule	e MB (Form	5500), and skip to line 13.				
b	Enter the minimum required contribution for this plan year					12b	
	AN SCHOOL SEASON						

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	Enter the amount contributed by the employer to the plan for this plan year	T	12c			
d	Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left conegative amount)	fa	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?			es 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 u 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 which assets or liabilities were transferred. (See instructions.)	e plan(s) t	to			
1	I3c(1) Name of plan(s):	1;	3 c(2) El	N(s)	13c(3) PN(s)
Part	VIII Trust Information (optional)					
14a	Name of trust	14b Trust's EIN				