Form 5500-SF

Department of the Treasury

Employee Benefits Security Administration Pension Benefit Guaranty Corporation

Internal Revenue Service This form is required to be filed under sections 104 and 4065 of the Employee Department of Labor

1210-0089

OMB Nos. 1210-0110

2012

This Form is Open to Public Inspection

Retirement Income Security Act of 1974 (ERISA), and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

Short Form Annual Return/Report of Small Employee

Benefit Plan

 Complete all entries in accordance with the instructions to the Form 5500-SF **Annual Report Identification Information** For calendar plan year 2012 or fiscal plan year beginning and ending a single-employer plan a one-participant plan A This return/report is for: a multiple-employer plan (not multiemployer) **B** This return/report is: the first return/report the final return/report an amended return/report a short plan year return/report (less than 12 months) Form 5558 DFVC program automatic extension **C** Check box if filing under: special extension (enter description) Part II Basic Plan Information—enter all requested information 1a Name of plan Three-digit plan number THE PEDIMENT GROUP, INC. EMPLOYEES 401(K) PROFIT SHARING PLAN AND TRUST AGREEMENT 001 (PN) • 1c Effective date of plan 12/01/1998 2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) 2b Employer Identification Number THE PEDIMENT GROUP, INC. 91-1833393 (EIN) Sponsor's telephone number 360-254-5212 14804 NE 117TH CIRCLE VANCOUVER, WA 98682 Business code (see instructions) 511130 **3a** Plan administrator's name and address | Same as Plan Sponsor Name Same as Plan Sponsor Address Administrator's EIN 91-1833393 THE PEDIMENT GROUP, INC. 14804 NE 117TH CIRCLE VANCOUVER, WA 98682 Administrator's telephone number 360-254-5212 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the 4b EIN name, EIN, and the plan number from the last return/report. a Sponsor's name 4c PΝ Total number of participants at the beginning of the plan year 5a 10 **b** Total number of participants at the end of the plan year..... 5_b 9 Number of participants with account balances as of the end of the plan year (defined benefit plans do not 9 complete this item) 6a Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.) **b** Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) Yes under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.)..... If you answered "No" to either line 6a or line 6b, the plan cannot use Form 5500-SF and must instead use Form 5500. Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established. Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including, if applicable, a Schedule SB or Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete. Filed with authorized/valid electronic signature. 10/15/2013 WENDY FENISON SIGN **HERE** Signature of plan administrator Date Enter name of individual signing as plan administrator SIGN **HERE** Signature of employer/plan sponsor Date Enter name of individual signing as employer or plan sponsor

Preparer's name (including firm name, if applicable) and address; include room or suite number (optional)

Preparer's telephone number (optional)

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Dor	t III Financial Information		<u> </u>							
Par	<u> </u>				<u> </u>		#\			
	Plan Assets and Liabilities	_	(a) Beginning of Yea			(b) End of Year				
	Total plan assets	7a	139056	1390564			1245058			
	Total plan liabilities	7b _	400056		-					
	Net plan assets (subtract line 7b from line 7a)	7c	139056	54	-	1245058				
	Income, Expenses, and Transfers for this Plan Year		(a) Amount			(b) Total				
	Contributions received or receivable from: (1) Employers	8a(1)								
	(2) Participants	8a(2)								
	(3) Others (including rollovers)	8a(3)								
	Other income (loss)	. 8b	-12355	54						
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c					-123554			
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	. 8d	1826	64						
е	Certain deemed and/or corrective distributions (see instructions)	. 8e								
f	Administrative service providers (salaries, fees, commissions)	8f	368	88						
g	Other expenses	8g								
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h					21952			
i	Net income (loss) (subtract line 8h from line 8c)	8i					-145506			
j	Transfers to (from) the plan (see instructions)	8i								
Par	t IV Plan Characteristics									
9a										
b	If the plan provides welfare benefits, enter the applicable welfare fe	eature cod	es from the List of Plan Chara	cterist	ic Coc	les in t	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				
	,			10c	X		400000			
d	<u> </u>	/as the plan covered by a fidelity bond?d the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud					100000			
	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 plan			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	he require	d notice or one of the							
Dowt	1 1 5 11	1-3		10i						
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	11a Enter the amount from Schedule SB line 39									
12	2 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 applicable.)									
а	If a waiver of the minimum funding standard for a prior year is beir granting the waiver.	ng amortiz	ed in this plan year, see instru		and e	enter th Day	ne date of the letter ruling Year			
lf	you completed line 12a, complete lines 3, 9, and 10 of Schedule	e MB (For	m 5500), and skip to line 13.							
b	b Enter the minimum required contribution for this plan year									

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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).

▶ 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 Identification Information									
	1/2012	and ending	03/31/2013						
A This return/report is for:	ultiple-employer plan (no	n (not multiemployer) a one-participant plan							
B This return/report is: the first return/report the	final return/report								
an amended return/report a sh	ort plan year return/repo	ort (less than 12 month	s)						
C Check box if filing under: Form 5558	omatic extension		DFVC program						
special extension (enter description)									
Part II Basic Plan Information—enter all requested information									
1a Name of plan		115	Three-digit						
THE PEDIMENT GROUP, INC. EMPLOYEES 401(K) PRO	LAN AND	plan number							
TRUST AGREEMENT			(PN) • 001						
	10	Effective date of plan 12/01/1998							
2a Plan sponsor's name and address; include room or suite number (emplo	yer, if for a single-emplo	oyer plan) 2b	2b Employer Identification Number						
THE PEDIMENT GROUP, INC.			(EIN) 91-1833393						
		20	Sponsor's telephone number						
14804 NE 117TH CIRCLE			360-254-5212						
112 113 00 COO		20	Business code (see instructions)						
VANCOUVER WA 98682 3a Plan administrator's name and address Same as Plan Sponsor Name	. По Di С	Add 2h	511130						
THE PEDIMENT GROUP, INC.	Same as Plan Spon	nsor Address 3L	Administrator's EIN 91-1833393						
THE PEDIMENT GROUP, INC.		30	Administrator's telephone number						
14804 NE 117TH CIRCLE			360-254-5212						
14004 NE 117111 CIRCLE									
VANCOUVER WA 98682									
4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the									
name, EIN, and the plan number from the last return/report.	plan, enter the	CIN							
a Sponsor's name		40	: PN						
5a Total number of participants at the beginning of the plan year		5a	10						
b Total number of participants at the end of the plan year		5b	9						
c Number of participants with account balances as of the end of the plan	year (defined benefit plar								
complete this item)									
6a Were all of the plan's assets during the plan year invested in eligible as			X Yes No						
b Are you claiming a waiver of the annual examination and report of an ir under 29 CFR 2520.104-46? (See instructions on waiver eligibility and			X Yes ☐ No						
If you answered "No" to either line 6a or line 6b, the plan cannot u	entering the control of the control								
Caution: A penalty for the late or incomplete filing of this return/report	will be assessed unless	s reasonable cause i	s established.						
Under penalties of perjury and other penalties set forth in the instructions, I of									
SB or Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/report, and to the best of my knowledge and									
belief, it is true, correct, and complete.									
SIGN (1) emy). tenuson)	10-15-13 Wen	ndy Fenison							
HERE Signature of plan-administrator Date Enter name of individual signing as plan admin									
	10-15-13 11	Demly Fe	enison						
HERE Signature of employer/plan sponsor			vidual signing as employer or plan sponsor						
Preparer's name (including firm name, if applicable) and address; include ro			eparer's telephone number (optional)						
			2						

Pa	t III Financial Information									
7	Plan Assets and Liabilities		(a) Beginning of Yea	ar			(b) End of Year			
а	Total plan assets	. 7a	13:	9056	64 124				5058	
b	Total plan liabilities	. 7b								
С	Net plan assets (subtract line 7b from line 7a)	7c	13	9056	4		1245058			5058
8	Income, Expenses, and Transfers for this Plan Year	9	(a) Amount				(b) Total			
а	Contributions received or receivable from:	0.40			200					
	(1) Employers	8a(1)				The same	198			
	(2) Participants	8a(2)			200.0					
	(3) Others (including rollovers)	8a(3)	_1:	2355	E A					
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c		2333	1				-12	3554
	Benefits paid (including direct rollovers and insurance premiums	80		******					12	3331
	to provide benefits)	. 8d		1826	4					
е	Certain deemed and/or corrective distributions (see instructions)	8e			146					
f	Administrative service providers (salaries, fees, commissions)	. 8f		368	8					
g	Other expenses	. 8g			Sec.					
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	. 8h	维尼尔斯 在新地区	ulti	int				2	1952
	Net income (loss) (subtract line 8h from line 8c)	. 8i							-14	5506
j_	Transfers to (from) the plan (see instructions)	- 8j								
Pai	t IV Plan Characteristics									
9a	If the plan provides pension benefits, enter the applicable pension	feature coo	les from the List of Plan Chara	acteris	tic Co	des in	the instru	ctions:		
b	3D 2E 2F 2G 2J 2T If the plan provides welfare benefits, enter the applicable welfare fe	antura and	on from the List of Dian Charac	ata ria ti	a Cad	on in t	ha inatrus	tioner		
D	In the plan provides wellare benefits, effer the applicable wellare is	eature coue	s from the List of Flan Charac	ciensii	c Cou	es iii t	ne msuuc	lions.		
Par	V Compliance Questions									
10	During the plan year:				Yes	No		Amou	ınt	
а	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		Х				
b	b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)					Х				
c	Was the plan covered by a fidelity bond?			10c	Х				10	0000
d	Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?	and the second second		10d		Х				
е				100						
	insurance service or other organization that provides some or all cinstructions.)	of the bene		10e		х				
f	Has the plan failed to provide any benefit when due under the pla	n?		10f		Х				
g	Did the plan have any participant loans? (If "Yes," enter amount a	s of year e	nd.)	10g		Х				
	If this is an individual account plan, was there a blackout period? 2520.101-3.)	(See instru	ctions and 29 CFR	10h		Х				
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 required	notice or one of the	10i						
Part										
11	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)							Τп	Yes [No
112	Enter the amount from Schedule SB line 39					11a				
12										
12	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,			01 36	CHOIT	JUE 01	LINDA:	1 4		1
a	If a waiver of the minimum funding standard for a prior year is beir granting the waiver.	ng amortize	ed in this plan year, see instruc		and e	nter th	ne date of	the lette	er ruling	9
If	you completed line 12a, complete lines 3, 9, and 10 of Schedul									
	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)						
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?			res X No			
	If "Yes," enter the amount of any plan assets that reverted to the employer thi	s year	. 13a				
b	Were all the plan assets distributed to participants or beneficiaries, transferred of the PBGC?						
С	If during this plan year, any assets or liabilities were transferred from this plan which assets or liabilities were transferred. (See instructions.)	n to another plan(s), identify the plan(s)	to				
1	3c(1) Name of plan(s):	13c(2) El	N(s)	13c(3) PN(s)			
		*					
Part	VIII Trust Information (optional)						
The state of the s				14b Trust's EIN			