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).

0040

OMB Nos. 1210-0110

1210-0089

2012

This Form is Open to Public Inspection

Pension	Benefit Guaranty Corporation	▶ Complete all entries in ac	cordance with the inst	ructions to the Form 550	0-SF.		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
Part I	Annual Report	Identification Information					
For calen	dar plan year 2012 or fi	iscal plan year beginning 01/01/	2013	and ending 0	06/30/2	2013	
	eturn/report is for:	a single-employer plan		plan (not multiemployer)		a one-partici	oant plan
B This re	eturn/report is:	the first return/report	the final return/repo				
		an amended return/report	a short plan year ret	urn/report (less than 12 m	onths)	_	
C Check	box if filing under:	Form 5558	automatic extension	١		DFVC progra	ım
		special extension (enter descr	iption)				
Part II	Basic Plan Info	ormation—enter all requested info	ormation				
1a Name		•			1b	Three-digit	
	NC. 401(K) PROFIT SI	HARING PLAN				plan number	
						(PN) •	001
						Effective date o	•
2a Diss		dalara da la dalara		11	Ol-	01/01	
DEL SOL,		ddress; include room or suite numbe	er (employer, if for a sing	le-employer plan)	20	Employer Identi (EIN) 91-21	fication Number 44944
					2c	Sponsor's telep	hone number
	COLUMBIA STREET,	SUITE 1					
PASCO, W	/A 99301				2d		see instructions)
• -			🗖 -		01	56172	
3a Plan	administrator's name a	nd address XSame as Plan Spons	or Name Same as P	lan Sponsor Address	36	Administrator's	EIN
					3c	Administrator's	telephone number
		e plan sponsor has changed since t	he last return/report filed	I for this plan, enter the	4b	EIN	
	•	imber from the last return/report.			4c	DNI	
	sor's name	at the beginning of the plan year			1	T	
		s at the beginning of the plan year			5a		23
		s at the end of the plan year			5b		0
		account balances as of the end of t	. , ,	•	5c		0
_		ts during the plan year invested in e					X Yes No
_	· ·	of the annual examination and repor	•	•			
		? (See instructions on waiver eligible					X Yes No
If yo	u answered "No" to e	either line 6a or line 6b, the plan c	annot use Form 5500-5	F and must instead use	Form	5500.	
		or incomplete filing of this return					
		ther penalties set forth in the instruc and signed by an enrolled actuary, a					
	s true, correct, and com		s well as the electronic v	ersion of this return/report	i, and i	to the best of my	knowledge and
			<u> </u>				
SIGN HERE	Filed with authorized	/valid electronic signature.	11/08/2013	MARTIN RODRIGUEZ	<u>Z</u>		
HEKE	Signature of plan a	administrator	Date	Enter name of individ	ual sig	ning as plan adr	ninistrator
SIGN							
HERE	Signature of emplo		Date	Enter name of individ			
Preparer's	s name (including firm i	name, if applicable) and address; in	clude room or suite num	ber (optional)	Prep	arer's telephone	number (optional)

Form 5500-SF 2012 Page **2**

Pai	t III Financial Information									
7	Plan Assets and Liabilities		(a) Beginning of Yea	ar			(b) Eı	nd of `	Year	
а	Total plan assets	7a		220144			0			
	Total plan liabilities									
С	Net plan assets (subtract line 7b from line 7a)	7c	22014	14						0
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b) Tota	ı	
	Contributions received or receivable from:		, ,					•		
	(1) Employers	8a(1)		0						
	(2) Participants	8a(2)		0						
	(3) Others (including rollovers)	8a(3)		0						
	Other income (loss)	8b	1278	30						
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							1278	30
	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	22911	5						
	Certain deemed and/or corrective distributions (see instructions)	8e								
f	Administrative service providers (salaries, fees, commissions)	8f	380)9						
g	Other expenses	8g								
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							2329	 24
	Net income (loss) (subtract line 8h from line 8c)	8i							-2201	
	Transfers to (from) the plan (see instructions)	8j								
Par	t IV Plan Characteristics	-,	1							
	If the plan provides pension benefits, enter the applicable pension 2A 2E 2F 2G 2J 2K 2T 3D	feature co	odes from the List of Plan Char	acteris	stic Co	des in	the inst	ruction	ns:	
b	If the plan provides welfare benefits, enter the applicable welfare fe	eature cod	les from the List of Plan Chara	cterist	ic Coc	les in t	he instru	ıctions	s:	
Daw	V Compliance Questions									
Pari	•				Yes	NI-	Γ			
10 a	During the plan year: Was there a failure to transmit to the plan any participant contribution.	tions withi	n the time period described in		res	No		An	nount	
b	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu	iciary Cori	rection Program)	10a		X				
	on line 10a.)			10b		X				
C	Was the plan covered by a fidelity bond?			10c	X					22100
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 of	of the bene	efits under the plan? (See			X				
	instructions.)			10e		X				
f	Has the plan failed to provide any benefit when due under the plan			10f						
g	Did the plan have any participant loans? (If "Yes," enter amount a			10g		X				
h	If this is an individual account plan, was there a blackout period? (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						
Part	VI Pension Funding Compliance									
11	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)								Yes	s X No
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	e or se	ection	302 of	ERISA?		Yes	s X No
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)									
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									
If	you completed line 12a, complete lines 3, 9, and 10 of Schedule									
b	Enter the minimum required contribution for this plan year					12b				

Form 5500-SF 2012 Page 3 - 1				
Enter the amount contributed by the employer to the plan for this plan year	12c			
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			
Will the minimum funding amount reported on line 12d be met by the funding deadline?		Yes	No	N/A
VII Plan Terminations and Transfers of Assets				
Has a resolution to terminate the plan been adopted in any plan year?	X	'es No		
If "Yes," enter the amount of any plan assets that reverted to the employer this year	13a			
Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the confidence of the PBGC?	ontrol		X Yes	No
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.)	0		_	
3c(1) Name of plan(s):	3 c(2) El	N(s)	13c(3) F	PN(s)
VIII Trust Information (optional)			<u> </u>	
	Nill the minimum funding amount reported on line 12d be met by the funding deadline?	Enter the amount contributed by the employer to the plan for this plan year	Enter the amount contributed by the employer to the plan for this plan year	Enter the amount contributed by the employer to the plan for this plan year

14b Trust's EIN

14a Name of trust

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		Identification Information						
For calen	dar plan year 2012 or fi	scal plan year beginning 01/01/20	13	and ending (06/30/2013			
A This re	eturn/report is for:	X a single-employer plan	a multiple-employer pl	an (not multiemployer)	a one-p	participant plan		
B This re	eturn/report is:	the first return/report	the final return/report		_			
	2000-1864 (v. v. 10 40 c. ve 100 00 (v. d. 00 v. v. 00)	an amended return/report	a short plan year returi	n/report (less than 12 m	onths)			
C Check	box if filing under:	Form 5558	automatic extension		· ·	orogram		
O Officer	box ir filling under.	special extension (enter descripti				orogram		
Dovt II	Pagia Blan Info							
Part II		ormation—enter all requested inform	nation		1b Three-dig			
1a Name	945040 1742, 1-2 JC 2000 188 188	Plan			plan numb	200c 1.1		
Dei Soi, in	c. 401(k) Profit Sharing	Fian			(PN) •	001		
					1c Effective o	date of plan 1/01/2005		
2a Plan	sponsor's name and ad	Idress; include room or suite number (emplover, if for a single-	emplover plan)		Identification Number		
Del Sol, In-		· · · · · · · · · · · · · · · · · · ·	empreyer, more aremigre	omproyer plany	(EIN) 9	1-2144944		
C44 \\\	Calumbia Charat Cuita	4			2c Sponsor's	telephone number		
	Columbia Street. Suite	1			540	code (see instructions)		
Pasco, WA		nd address XSame as Plan Sponsor	Name Same as Plar	Sponsor Address	3b Administra			
					3c Administra	ator's telephone number		
4 If the	name and/or FINI of the	e plan sponsor has changed since the	lost return/report filed fo	or this plan anter the	46 501			
		mber from the last return/report.	last return/report lileu it	i tilis plan, enter the	4b EIN			
	sor's name				4c PN			
5a Tota	number of participants	at the beginning of the plan year			5a	23		
b Tota	number of participants	at the end of the plan year			5b	0		
		account balances as of the end of the	2 2 2	(8)	5c	0		
		s during the plan year invested in eligi				X Yes No		
		f the annual examination and report of						
		? (See instructions on waiver eligibility	· · · · · · · · · · · · · · · · · · ·			X Yes No		
If yo	u answered "No" to e	ither line 6a or line 6b, the plan can	not use Form 5500-SF	and must instead use	Form 5500.			
	- Company of the Comp	or incomplete filing of this return/re	A LOUIS TO THE RESIDENCE OF THE PARTY OF THE					
Under per	nalties of perjury and ot	her penalties set forth in the instruction nd signed by an enrolled actuary, as we	ns, I declare that I have	examined this return/rep	port, including, if a	applicable, a Schedule		
	true, correct, and com		veir as the electronic ver	sion of this return/report	i, and to the best	or my knowledge and		
SIGN	Mark	Modrey	10/29/13	Martin Rodriguez				
HERE	Signature of plan a	dministrator	Date	Enter name of individ	ual signing as pla	n administrator		
SIGN								
HERE	Signature of emplo	yer/plan sponsor	Date	Enter name of individu	ual signing as em	ployer or plan sponsor		
Preparer's	s name (including firm r	name, if applicable) and address; inclu	de room or suite numbe			hone number (optional)		
				ì				

Pai	rt III Financial Information						
7	Plan Assets and Liabilities		(a) Beginning of Yea	ar	\top		(b) End of Year
a	Total plan assets	7a	22014		\top		0
b	Total plan liabilities	7b			\top		
	Net plan assets (subtract line 7b from line 7a)	7c	22014	4			0
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b) Total
	Contributions received or receivable from:				186		
	(1) Employers	8a(1)		0		2000	
	(2) Participants	8a(2)		0			
Si lac	(3) Others (including rollovers)	8a(3)		0			
	Other income (loss)	8b	1278	0			
Property of the last of the la	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c					12780
	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	22911	5			
	Certain deemed and/or corrective distributions (see instructions)	8e	22011				
	Administrative service providers (salaries, fees, commissions)	8f	380	9			
August 18	Other expenses	8g					
	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h					222024
	Net income (loss) (subtract line 8h from line 8c)	8i					232924
Ť	Transfers to (from) the plan (see instructions)	8j					-220144
Dar	t IV Plan Characteristics	oj j					
	If the plan provides pension benefits, enter the applicable pension	feature cod	es from the List of Plan Char	acteri	stic Co	des in	the instructions:
	2A 2E 2F 2G 2J 2K 2T 3D						
b	If the plan provides welfare benefits, enter the applicable welfare fe	eature code	s from the List of Plan Chara	cterist	tic Coc	les in tl	he instructions:
		-				-2/2/	
Part							
10	During the plan year:			_	Yes	No	Amount
	a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)					Х	
b	Were there any nonexempt transactions with any party-in-interest on line 10a.)	The American State of the Control of	2000 NOVEMBER 18 CONTROL OF THE PROPERTY OF TH	10b		х	
c	Was the plan covered by a fidelity bond?			10c	X		22100
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 cinstructions.)	of the benef	its under the plan? (See	10e		X	
f	Has the plan failed to provide any benefit when due under the plan	า?		10f		Х	
g	Did the plan have any participant loans? (If "Yes," enter amount as	s of year en	d.)	10g		Х	
h	If this is an individual account plan, was there a blackout period? (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 2520.101	Carlo Contract Block Contract Contract		10i			
Part	VI Pension Funding Compliance						
11	Is this a defined benefit plan subject to minimum funding requirements 500) and line 11a below)	ents? (If "Ye	es," see instructions and com	plete	Sched	lule SB	(Form Yes X No
11a	Enter the amount from Schedule SB line 39					11a	M-1
12	Is this a defined contribution plan subject to the minimum funding	requiremen	its of section 412 of the Code	or se	ection 3	302 of E	ERISA? Yes X No
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,						
а	If a waiver of the minimum funding standard for a prior year is bein granting the waiver.	g amortize	d in this plan year, see instructionMon	ctions th	, and e	nter th	e date of the letter ruling Year
If	you completed line 12a, complete lines 3, 9, and 10 of Schedule	MB (Form	5500), and skip to line 13.				
b	Enter the minimum required contribution for this plan year					12b	

Form	FFOO	OF	ONAO

	_	$\overline{}$
Page	3 -	1
raye	J -	

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?	X	Yes	No				
	If "Yes," enter the amount of any plan assets that reverted to the employer this year	13a			0			
b Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the cont of the PBGC?					es 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):	13c(2) EIN(s)			(3) PN(s)			
Part	VIII Trust Information (optional)		200					
14a Name of trust				14b Trust's EIN				

ø