## 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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2012

OMB Nos. 1210-0110

1210-0089

This Form is Open to Public Inspection

			F Complete all entries in acco	ruance with the instru	ctions to the Form 550	U-3F.		
	art I		Identification Information					
For	calenda	ar plan year 2012 or fis	scal plan year beginning 10/01/20	)12 	and ending (	)9/30/2	2 <u>013</u>	
Α	This ret	urn/report is for:	a single-employer plan	╡ ''''	lan (not multiemployer)		a one-particip	oant plan
В	This ret	urn/report is:	the first return/report	the final return/report				
			an amended return/report	a short plan year return	n/report (less than 12 m	onths)	1	
С	Check b	oox if filing under:	Form 5558	automatic extension			DFVC progra	m
			special extension (enter descript	tion)				
Pa	art II	Basic Plan Info	rmation—enter all requested inform	mation				
	Name					1b	Three-digit	
BALL	ARD SE	ERVICES, INC. PROF	IT SHARING PLAN				plan number	004
						4.0	(PN) •	001
						10	Effective date of 10/01/	•
2a	Plan sr	onsor's name and add	dress; include room or suite number	(employer if for a single-	employer plan)	2h	Employer Identif	
		ERVICES, INC.	areas, include room of suite number	(employer, ii for a single	ciripioyer piari)	20	(EIN) 91-09	
						2c	Sponsor's telep	hone number
1028	N. WEI	NATCHEE AVE.					509-662	
		E, WA 98801				2d	Business code (	see instructions)
							62190	00
3a	Plan ad	dministrator's name an	id address 🏻 Same as Plan Sponsor	Name Same as Plar	n Sponsor Address	3b	Administrator's I	ΞIN
						20	A -1 '- '- 1 1 1 1 1	-1
						30	Administrator's t	elephone number
4			e plan sponsor has changed since the	e last return/report filed for	or this plan, enter the	4b	EIN	
•		•	nber from the last return/report.			4c	DN	
	•	or's name	at the beginning of the plan year			+	PN	22
b			at the end of the plan year			5a 5b		21
c			account balances as of the end of the			30		21
			account balances as of the end of the		•	5c		21
6a			during the plan year invested in elig					X Yes No
b			the annual examination and report of					Voc □ No
			? (See instructions on waiver eligibility ther line 6a or line 6b, the plan can					X Yes   No
			or incomplete filing of this return/re ner penalties set forth in the instruction					abla a Cabadula
		, , ,	nd signed by an enrolled actuary, as v	•			O, 11	,
beli	ef, it is t	rue, correct, and comp	olete.		·		ĺ	· ·
CIC	NI.	Filed with authorized/v	valid electronic signature.	12/30/2013	SCOTT L. BALLARD			
SIG HEI		Signature of plan ac		Date	Enter name of individ	ual cic	mina as plan adn	ninietrator
010		Signature or plan at	Jillinstrator	Date	Linter frame of individ	uai siç	grillig as plan aun	iiiistratoi
SIG								
		Signature of employ	yer/plan sponsor ame, if applicable) and address; inclu	Date	Enter name of individ			r or plan sponsor number (optional)
116	paiti 3 l	name (moluding littl th	ano, ii applicable, and address, liteli	ado room or suite numbe	η (οριιοπαι)	1 16	arci s telephone	namber (optional)

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Pai	t III Financial Information										
7	Plan Assets and Liabilities		(a) Beginning of Yea	ır			(b) En	d of Y	ear		
a	Total plan assets	7a	247040				(5) =::		91427	4	
	Total plan liabilities	7b									
	Net plan assets (subtract line 7b from line 7a)	7c	247040	)6				29	914274	1	
	Income, Expenses, and Transfers for this Plan Year		(a) Amount				(h)	Total	)	•	
	Contributions received or receivable from:		(a) Amount				(15)	Total			
	(1) Employers	8a(1)	11500	0							
	(2) Participants	8a(2)	6736	55							
	(3) Others (including rollovers)	8a(3)									
b	Other income (loss)	8b	28658	34							
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						4	168949	)	
	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	785	7							
е	Certain deemed and/or corrective distributions (see instructions)	8e									
f	Administrative service providers (salaries, fees, commissions)	8f									
g	Other expenses	8g	1722	4							
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							2508	1	
	Net income (loss) (subtract line 8h from line 8c)	8i							14386	8	
	Transfers to (from) the plan (see instructions)	8j									
Par	t IV Plan Characteristics	<u> </u>									
	If the plan provides pension benefits, enter the applicable pension 2E 2J 2K 3D	feature co	des from the List of Plan Char	acteris	stic Co	des in	the instr	uctions	s:		
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 instru	ctions:			
Dawl	W Commission of Oscartions										
Part	•				<b>V</b>	NI.	I				
10	During the plan year:	C 20-1	andra de la compansión de		Yes	No		Am	ount		
a	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu	ıciary Corı	rection Program)	10a		X					
	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					300	000
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	100		X					
f	instructions.)  Has the plan failed to provide any benefit when due under the plan			10e		Χ					
	has the plan falled to provide any benefit when due under the plan	n?		10f							
g	Did the plan have any participant loans? (If "Yes," enter amount a	s of year e	end.)	10g		X					
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							
Part	VI Pension Funding Compliance										
11	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)								Yes		No
11a						11a					
12	Is this a defined contribution plan subject to the minimum funding	requireme	ents of section 412 of the Code	or se			ERISA?		Yes	X	No
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,										
	If a waiver of the minimum funding standard for a prior year is beir granting the waiver.		Mon		, and 6	enter th Day	ne date o	f the le		ling	_
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 <b>3c(2)</b> E	IN(s)	<b>13c(3)</b> PN(s)
Part	VIII Trust Information (optional)			
	Name of trust	<b>14b</b> ⊤	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

Foresiens		scal plan year beginning 10/0					
ror calend	iai pian year 2012 or i		/2012	and ending	09/30/	2013	
A This re	turn/report is for:	a single-employer plan	a multiple-employer	olan (not multiemployer)		a one-partici	pant plan
B This re	lurn/report is:	the first return/report	the final return/report				
		an amended return/report	a short plan year retu	rn/report (less than 12 m	onths)	)	
C Check	box if filing under:	Form 5558	automatic extension			DFVC progra	am
	##A	special extension (enter desc	ription)				
Part II	Basic Plan Info	prmation—enter all requested in				-	
1a Name			ionnator)		1h	Three-digit	
	SERVICES, INC. PRO	FIT SHARING PLAN			15	plan number	
						(PN) ▶	001
	50 ISS.W				1c	Effective date of	
2a Plan s	sponsor's name and ad SERVICES, INC.	ddress; include room or suile numb	er (employer, if for a single	e-employer plan)	2b	Employer Identi	
					2c	Sponsor's telep	hone number
1028 N. WI	ENATCHEE AVE.				24	(509) 66	COLUMN DO
	IEE, WA 98801	, , , , , , , , , , , , , , , , , , ,				62190	70
Ja Plana	administrator's name a	nd address XSame as Plan Spon	sor Name Same as Pla	n Sponsor Address	3b	Administrator's	EIN
					3с	Administrator's	telephone number
4 If the	name and/or EIN of the	e plan sponsor has changed since mber from the last return/report.	the last return/report filed	for this plan, enter the	4b	EIN	
a Spons	sor's name				4c	PN	
5a Total	number of participants	at the beginning of the plan year.			5a		22
<b>b</b> Total	number of participants	at the end of the plan year			5b		21
C Numb	per of participants with	account balances as of the end of	the plan year (defined ben	efit plans do not	5c		21
6a Were	all of the plan's asset	s during the plan year invested in	eligible assets? (See instru	ctions.)		-	X Yes No
<b>b</b> Are y unde	ou claiming a waiver o r 29 CFR 2520.104-46	f the annual examination and repo ? (See instructions on waiver eligit	rt of an independent qualifications.)	ed public accountant (IQ	PA)	and the second control of the second	X Yes ∏ No
if you	u answered "No" to e	ither line 6a or line 6b, the plan	cannot use Form 5500-SI	and must instead use	Form	5500.	
Caution:	A penalty for the late	or incomplete filing of this retur	n/report will be assessed	unless reasonable cau	ıse is	established.	
SB or Sch	alties of perjury and o edule MB completed a true, correct, and com	her penalties set forth in the instru nd signed by an enrolled actuary, plete.	ctions, I declare that I have as well as the electronic ve	e examined this return/report	oort, in	cluding, if applic to the best of my	able, a Schedule knowledge and
SIGN	x Twitt	-1 Bolland	112-19-13	XJ Scott L	B	allard	
HERE	Signature of plan	ndministrator	Date	Enter name of individ	ual sig	ning as plan adn	ninistrator
SIGN							
HERE	Signature of emplo	over/plan sponsor	Date	Enter name of individ	ual aia	alaa aa aa alaa	
Preparer's	name (including firm	name, if applicable) and address; i	nclude room or suite numb	Enter name of individer (optional)	Prep	ning as employe arer's telephone	number (optional)
					i ser	101   STILLS	

Pa	rt III Financial Information									
7	Plan Assets and Liabilities	1.55	(a) Beginning of Yea	r			(b) End	of Y	ear	
а	Total plan assets	7a	247040				(4) =114	=115	914274	
b	Total plan liabilities	7b							J 1427-	
C	Net plan assets (subtract line 7b from line 7a)	7c	247040	6				29	14274	
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount	E3			(b) T	and the same of the		
а	Contributions received or receivable from: (1) Employers	8a(1)	115000	0						
	(2) Participants	8a(2)	6736	5						
	(3) Others (including rollovers)	8a(3)			E S					
b	Other income (loss)	8b	28658	4	169			Site	11.0	With the
C	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c		JUNE .	8				68949	HIND OF A PER
d	Benefits paid (including direct rollovers and insurance premiums			-	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	128		ni:	00349	Maria
-	to provide benefits)	8d	785	7	110	7.44				
e_	Certain deemed and/or corrective distributions (see instructions)	8e			100					Table 1
<u> </u>	Administrative service providers (salaries, fees, commissions)	8f								
<u>g</u>	Other expenses	8g	1722	4			THE D			
<u>h</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h			in l				25081	
_i_	Net income (loss) (subtract line 8h from line 8c)	8i		The state	i.				143868	
_ <u>j</u>	Transfers to (from) the plan (see instructions)	8j			200					
Pai	t IV Plan Characteristics	A								
b	If the plan provides pension benefits, enter the applicable pension 2E 2J 2K 3D  If the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare benefits, enter the applicable welfare for the compliance Questions									
10	During the plan year:				Yes	No		Δm	ount	
а	Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fide	tions within thuciary Correc	ne time period described in tion Program)	10a		x		<i>-</i>	June	
b	Were there any nonexempt transactions with any party-in-interest on line 10a.)	? (Do not inc	lude transactions reported	10ъ		х				-
С	Was the plan covered by a fidelity bond?			10c	x					
d		fidelity bond,	that was caused by fraud	10d		x				300000
е	Were any fees or commissions paid to any brokers, agents, or oth insurance service or other organization that provides some or all instructions.)	ner persons b	y an insurance carrier, s under the plan? (See	10a		×				
f	Has the plan failed to provide any benefit when due under the pla	n?		10f	7	х				
g							W.			
7	If this is an individual account plan, was there a blackout period? 2520.101-3.)	(See instructi	ions and 29 CFR	10g 10h		×				
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 required n	olice or one of the	10ii		A				15,672
Parl		, , , , , , , , , , , , , , , , , , , ,		101	:451100-	-			malus (gr	38,54
11	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)	ents? (if "Ye:	s," see instructions and com	plete	Sched	ule SE	3 (Form	Г	Yes	 ∏ No
11a						2010			100	L 140
	Enter the amount from Schedule SB line 39					11a	l			
12	· · · · · · · · · · · · · · · · · · ·					40.100.00	ERISA?	П	Yes	V No
12	Is this a defined contribution plan subject to the minimum funding (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below	requirement , as applicabl	s of section 412 of the Code	or se	ction 3	302 of		L		x No
12 a	Is this a defined contribution plan subject to the minimum funding (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below If a waiver of the minimum funding standard for a prior year is being ranting the waiver.	requirement , as applicabl ng amortized	s of section 412 of the Code le.) in this plan year, see instru Mon	or se	ction 3	302 of		ne le Yea	tter ruli	
12 a	Is this a defined contribution plan subject to the minimum funding (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below If a waiver of the minimum funding standard for a prior year is being	requirement , as applicabl ng amortized e MB (Form	s of section 412 of the Code le.) in this plan year, see instruMon 5500), and skip to line 13.	e or se ctions,	ction 3	302 of enter th		1972	tter ruli	

Form 5500-SF 2012 Pa	ge <b>3</b> - 1	
C 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 negative amount)	r a minus sign to the left of a	
e Will the minimum funding amount reported on line 12d be met by the funding dead		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 yes	Common Section Common Age Common Comm	
b Were all the plan assets distributed to participants or beneficiaries, transferred to a of the PBGC?	another plan, or brought under the control	☐ Yes Ⅺ No
C If during this plan year, any assets or liabilities were transferred from this plan to a which assets or liabilities were transferred. (See instructions.)		
13c(1) Name of plan(s):	13c(2) EIN(s)	13c(3) PN(s)
Part VIII Trust Information (optional)		
14a Name of trust	14b Trust's	EIN