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

2013

This Form is Open to Public Inspection

Pension Be	enefit Guaranty Corporation	▶ Complete all entries in accord	ance with the instruc	ctions to the Form 550	0-SF.		.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
Part I	Annual Report lo	dentification Information					
For calenda	ar plan year 2013 or fisc	al plan year beginning 01/01/2013		and ending 1	2/31/2	2013	
A This ret	urn/report is for:	_ =	a multiple-employer pl the final return/report	an (not multiemployer)		a one-partici	pant plan
B This ret	urn/report is:						
		n/report (less than 12 mg	· 				
C Check b	oox if filing under:	☐ DFVC program					
Down II	Desir Dieseleten	special extension (enter description	,				
Part II		mation—enter all requested informa	tion		41-		I
1a Name RAMCO COI	•	INC. 401K SAVINGS PLAN			10	Three-digit plan number	004
					10	(PN) ▶ Effective date o	001 f plan
					10	07/01	
2a Plan sp RAMCO CO	ponsor's name and addr NSTRUCTION TOOLS,	ress; include room or suite number (er INC.	nployer, if for a single-	employer plan)	2b	Employer Identi (EIN) 91-11	fication Number 92689
21213 76TH	AVE S				2c	Sponsor's telep	
KENT, WA 9					2d	Business code	(see instructions)
3a Plan a	dministrator's name and	address Same as Plan Sponsor Na	ame Same as Plan	Sponsor Address	3b	Administrator's	EIN 92689
AMCO CONSTRUCTION TOOLS, INC. 21213 76TH AVE S KENT, WA 98032-2443					3c		telephone number
4 If the r	name and/or EIN of the p	olan sponsor has changed since the la	st return/report filed fo	or this plan, enter the	4b	EIN	
name, a Sponse		ber from the last return/report.			4c	PN	
5a Total r	number of participants a	t the beginning of the plan year			5a		11
b Total r	number of participants a	t the end of the plan year			5b		0
		count balances as of the end of the p	• •	•	5c		0
_	•	during the plan year invested in eligible	•	,			X Yes No
under	29 CFR 2520.104-46? (he annual examination and report of a (See instructions on waiver eligibility a ner line 6a or line 6b, the plan canno	nd conditions.)				X Yes No
-		plan, is it covered under the PBGC ins			_		Not determined
Caution: A	penalty for the late or	incomplete filing of this return/rep	ort will be assessed	unless reasonable cau	ıse is	established.	-
Under pena SB or Sche	alties of perjury and othe	er penalties set forth in the instructions I signed by an enrolled actuary, as we	, I declare that I have	examined this return/rep	ort, ir	ncluding, if applic	
SIGN	Filed with authorized/va	alid electronic signature.	06/17/2014	WILLIAM D BLACKBU	JRN		
HERE	Signature of plan adı	ministrator	Date	Enter name of individu	ual sig	ning as plan adr	ministrator
SIGN							
HERE	Signature of employe		Date	Enter name of individu	ual siç	ning as employe	er or plan sponsor
Preparer's	name (including firm nai	me, if applicable) and address; include	e room or suite numbe	r (optional)	Prep	parer's telephone	number (optional)

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Do	t III Financial Information								
Pal	rt III Financial Information	<u> </u>	I		<u> </u>				
7	Plan Assets and Liabilities		(a) Beginning of Yea				(b) End o	f Year	
	Total plan assets	. 7a	2896	0					0
	Total plan liabilities				-				0
	Net plan assets (subtract line 7b from line 7a)		2896	28969		(0
	Income, Expenses, and Transfers for this Plan Year		(a) Amount			(b) Total			
а	Contributions received or receivable from: (1) Employers	8a(1)		0					
	(2) Participants	8a(2)	1430						
	(3) Others (including rollovers)	8a(3)							
	Other income (loss)	8b	194	4					
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						33	74
	Benefits paid (including direct rollovers and insurance premiums	- 00							· ·
	to provide benefits)	. 8d	3229	5					
<u>e</u>	Certain deemed and/or corrective distributions (see instructions)	. 8e							
f	Administrative service providers (salaries, fees, commissions)	. 8f	4	8					
g	Other expenses	. 8g							
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	. 8h						323	43
i	Net income (loss) (subtract line 8h from line 8c)	. 8i						-289	69
j	Transfers to (from) the plan (see instructions)	8j							
Pai	t IV Plan Characteristics								
9a									
b	If the plan provides welfare benefits, enter the applicable welfare fe	eature cod	les from the List of Plan Chara	cterist	ic Cod	es in t	he instruction	ns:	
Par	t V Compliance Questions								
10	During the plan year:				Yes	No		Amount	
	Was there a failure to transmit to the plan any participant contribu	tions withi	in the time period described in		. 55		<u> </u>	Amount	•
	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu Were there any nonexempt transactions with any party-in-interest	uciary Cor	rection Program)	10a		X			
	on line 10a.)	•	•	10b		X			
С	Was the plan covered by a fidelity bond?			10c	X				100000
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		• •	100	X				48
	instructions.)			10e		Χ			40
f	Has the plan failed to provide any benefit when due under the pla	n?		10f					
g		-		10g		Х			
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)							Υe	es No
11a	Enter the unpaid minimum required contribution for current year fr					11a	•		-
12	Is this a defined contribution plan subject to the minimum funding	requirem	ents of section 412 of the Code	e or se	ection 3	302 of	ERISA?	Ye	es 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 beir granting the waiver.	ng amortiz	ed in this plan year, see instru		, and e	enter th Day		e letter Year	ruling
If	you completed line 12a, complete lines 3, 9, and 10 of Schedule	e MB (For	rm 5500), and skip to line 13.						
b	Enter the minimum required contribution for this plan year			_		12b			

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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	es 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 confidence of the PBGC?	control		X Yes	No
С	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			
1	3c(1) Name of plan(s):	3 c(2) El	N(s)	13c(3)	PN(s)
Part	VIII Trust Information (optional)				
14a	Name of trust	14b Tr	ust's EIN	•	

Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor

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 6059(c)

1210-0089 2013

OMB Nos. 1210-0110

	ee Benefits Security Administration	the Interna	al Revenue Code (th	e Code).	J58(a) of	This Form is Open to Public				
	n Benefit Guaranty Corporation	► Complete all entries in accord			Enn oc	Inspection				
Part I Annual Report Identification Information Inspection										
For cale	ndar plan year 2013 or fisc		L/01/2013	and ending		12/31/2013				
A This	return/report is for:	🛛 a single-employer plan	a multiple-employe	r plan (not multiemploye		-				
B This	return/report is:	the first return/report	the final return/repo		" [a one-participant plan				
	Į	an amended return/report	a short plan year ret	um/report (less than 12	months)					
C Chec	k box if filing under:	Form 5558	automatic extension		Г	1 pg/c				
		special extension (enter descriptio			L	DFVC program				
Part il	Basic Plan Inform	mation—enter all requested informa	ation							
	ie of plan				146 -					
RAMCO	CONSTRUCTION TO	OOLS, INC. 401K SAVING	S PLAN			Three-digit Dian number				
					1 .	PN) > 001				
					1c E	ffective date of plan				
2a Plan	sponsor's name and addre	ace: include come as outle and		· · · · · · · · · · · · · · · · · · ·	0	7/01/2001				
RAMCO	CONSTRUCTION TO	ess; include room or suite number (er	nployer, if for a singl	e-employer plan)	2b E	mployer Identification Number				
						IN) 91-1192689				
21213	76TH AVE S				2c S	ponsor's telephone number				
						53-796-3057				
KENT		WA 98032-2443				usiness code (see instructions) 37990				
3a Plan	administrator's name and a	address Same as Plan Sponsor Na	ame Same as Pla	an Spansor Address		dministrator's EIN				
RAMCO	CONSTRUCTION TO	OLS, INC.	<u> </u>	- Thomas Madicas	9	1-1192689				
					3c Ad	dministrator's telephone number				
21213	76TH AVE S					53-796-3057				
7.5771.787										
KENT		WA 98032-2443								
4 If the	name and/or EIN of the pla	an sponsor has changed since the las	st return/report filed t	for this plan, enter the	Ab E	IN I				
	e, EIN, and the plan numb∈ sor's name	er from the last return/report.	-,	or the plan, enter the	4b El	IN				
					4c PN	N				
h Total	number of participants at t	he beginning of the plan year			. 5a					
O North	number of participants at t	he end of the plan year			5 b	0				
comp	per or participants with acco	ount balances as of the end of the pla	an year (defined ben	efit plans do not		<u> </u>				
6a Were	all of the plan's assets du	ting the plantage in the first			5c	0				
		ring the plan year invested in eligible annual examination and report of an								
		ee misuucalonis on walvel enginiin an	C ACCIDIDATION 1			₩ Y □ ··				
_		e ou or time ob, the plan cannot	. USB FORM 5500LSE	and must instead use	Fa 654					
C if the	plan is a defined benefit pla	an, is it covered under the PBGC insu	ırance program (see	ERISA section 4021)2	Πva	s ∏No ∏ Not determined				
Caution: A	penalty for the late or in	complete filing of this returns				S No Not determined				
		acomplete filing of this return/report penalties set forth in the instructions, l gned by an enrolled actuary, as well								
SB or Sche	dule MB completed and si	gned by an enrolled actuary, as well a	as the electronic ver	examined this return/rep sion of this return/report	ort, includ	ding, if applicable, a Schedule				
Jener, It is	irde, correct, and complete	·		тем под	, unia 10 (i)	ie best of my knowledge and				
SIGN	allean 1	Blackbur		William D Blac						
HERE	Signature of plan admir		- 1/11/-							
IGN	William D.	On hour	Date 6/16/201	Enter name of individu	ual signing	as plan administrator				
RERE		DOCKE -		William D Blac	kburn					
reparer's	Signature of employer/p	if applicable) and a disc	Det 6/2014	Enter name of individu	val signing	as employer or plan sponsor				
	the state of the s	, if applicable) and address; include ro	oom or suite number	(optional)	Preparer	's telephone number (optional)				
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<u> </u>	Plan Assets and Liabilities		(a) Beginning of Y	ear			(b) End of	Year
a	Total plan assets	. 7a			69	~ ~	(0,	1001
	Total plan liabilities	7b			a			
	Net plan assets (subtract line 7b from line 7a)	. 7c		289	69			
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b) Tota	
а	Contributions received or receivable from: (1) Employers						(0) 1012	· · · · · · · · · · · · · · · · · · ·
	(1) Employers				0			
	(2) Participants	8a(2)		14	30	····		
b	(3) Others (including rollovers)	8a(3)						
	Other income (loss)	8b		19	44			
d	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						337
	to provide benefits)	8d		322	95			
е	Certain deemed and/or corrective distributions (see instructions)	8e			-	·····		
f,	Administrative service providers (salaries, fees, commissions)	8 f	· · · · · · · · · · · · · · · · · · ·		48	·		
	Other expenses	8g			+0			
h '	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h						
i	Net income (loss) (subtract line 8h from line 8c)	8i			_			3234
j ·	Transfers to (from) the plan (see instructions)							-2896
Part		8j						
	If the plan provides welfare benefits, enter the applicable welfare fe	ature codes I	from the List of Plan Chara	cteris	tic Co	des in the i	nstructions:	
	V Compliance Questions	***************************************			·			
0	During the plan year:	***************************************			Yes	No	A	
0 a	During the plan year: Was there a failure to transmit to the plan any participant contributi 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidure	iaw Correcti	on Program)		Yes	No X	Amo	ount
0 a b	During the plan year: Was there a failure to transmit to the plan any participant contribution 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiductions with any party-in-interest?) On line 10a.)	iary Correcti (Do not inclu	on Program) ude transactions reported	10a	Yes		Ame	punt
0 a b	During the plan year: Was there a failure to transmit to the plan any participant contribution 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiductions with any party-in-interest?) On line 10a.)	iary Correcti (Do not inclu	on Program) ude transactions reported	10a 10b		х	Amo	
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o a b c d	During the plan year: Was there a failure to transmit to the plan any participant contribution. 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiductions with any party-in-interest? On time 10a.). Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan's fivor dishonesty? Were any fees or commissions paid to any brokers, agents, or other insurance service, or other organization that provides some or all of instructions.)	iary Correcti (Do not included) delity bond, the persons by the benefits	on Program)	10a 10b		x	Amo	100000
o a b c d	During the plan year: Was there a failure to transmit to the plan any participant contribution 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiducial Were there any nonexempt transactions with any party-in-interest? on line 10a.) Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan's fivor dishonesty? Were any fees or commissions paid to any brokers, agents, or other insurance service, or other organization that provides some or all of instructions.) Has the plan failed to provide any benefit when due under the plan?	(Do not included little bond, the benefits	on Program)	10a 10c 10d 10d	Х	x	Am	100000
o a b c d e f g	During the plan year: Was there a failure to transmit to the plan any participant contribution. 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduce Were there any nonexempt transactions with any party-in-interest? on line 10a.). Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan's fivor dishonesty? Were any fees or commissions paid to any brokers, agents, or other insurance service, or other organization that provides some or all of instructions.) Has the plan failed to provide any benefit when due under the plan? Did the plan have any participant loans? (If "Yes," enter amount as	delity bond, to persons by the benefits	on Program) ade transactions reported that was caused by fraud an insurance carrier, under the plan? (See	10a 10b 10c 10d 10e 10f	Х	x x	Ame	100000
0 a b c d e	During the plan year: Was there a failure to transmit to the plan any participant contribution. 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduce Were there any nonexempt transactions with any party-in-interest? on line 10a.). Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan's fivor dishonesty? Were any fees or commissions paid to any brokers, agents, or other insurance service, or other organization that provides some or all of instructions.) Has the plan failed to provide any benefit when due under the plan? Did the plan have any participant loans? (If "Yes," enter amount as all this is an individual account plan, was there a blackout period? (See instructions).	delity bond, to persons by the benefits	on Program)	10a 10c 10d 10d	Х	X X	Amo	100000
0 a b c d e	During the plan year: Was there a failure to transmit to the plan any participant contribution. 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduce Were there any nonexempt transactions with any party-in-interest? on line 10a.). Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan's fivor dishonesty? Were any fees or commissions paid to any brokers, agents, or other insurance service, or other organization that provides some or all of instructions.) Has the plan failed to provide any benefit when due under the plan? Did the plan have any participant loans? (If "Yes," enter amount as if this is an individual account plan, was there a blackout period? (See 2520.101-3.)	delity bond, to persons by the benefits of year end.)	on Program)	10a 10b 10c 10d 10e 10f	Х	x x	Amo	100000
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C_E	nter the amount contributed by the employer to the plan for this plan year		12c			
u s	ubtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left egative amount)		12d			
e v	#II the minimum funding amount reported on line 12d be met by the funding deadline?			Yes	ΠNo	□ N/A
Part V	Plan Terminations and Transfers of Assets			163	140	INIA
13a ⊦	as a resolution to terminate the plan been adopted in any plan year?	7	ХY	es 🗔	No	
If	Yes," enter the amount of any plan assets that reverted to the employer this year		13a	c ₂	NO	·
0. D (V	ere all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought the PBGC?	under the o	control		X Yes	. 🗆 🗤 -
· ·	during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify t hich assets or liabilities were transferred. (See instructions.)	he plan(s) i	to	<u> </u>	A Tes	No No
13c	(1) Name of plan(s):	1;	3c(2) Ell	V(s)	13c(3) PN(s)
		ļ				
Part VI	Trust Information (optional)			<u> </u>		<u></u>
	ne of trust					
		1	i 4b Tru	st's EIN		
						