Form 5500-SF Short Form Annual Return/Report of Small Employ Benefit Plan					OMB Nos. 1210-0110 1210-0089			
Department of the Treasury Internal Revenue Service	е	2013						
Department of Labor Employee Benefits Security Administration	B(a) of This Form is Open to Public Inspection							
Pension Benefit Guaranty Corporation	1112	spection						
	lentification Information		and anding 4	0/04/	2040			
For calendar plan year 2013 or fisca				2/31/2				
A This return/report is for:	an (not multiemployer)		a one-partici	bant plan				
B This return/report is:		e final return/report						
an amended return/report a short plan year return/report (less than 12 m					-			
C Check box if filing under:					DFVC progra	im		
	special extension (enter description)							
-	nation—enter all requested information	n		1h	Three-digit			
1a Name of plan H2O JET, INC. 401(K) PLAN				10	plan number (PN) ▶	001		
				1c	Effective date o	f plan		
					01/01			
2a Plan sponsor's name and addred H2O JET, INC.	ess; include room or suite number (emp	loyer, if for a single-	employer plan)	2b	Employer Identi (EIN) 91-15	fication Number 55688		
1145 85TH AVENUE, SE				2c	Sponsor's telep 360-33			
TUMWATER, WA 98501-5708				2d		Business code (see instructions) 339900		
3a Plan administrator's name and	address 🛛 Same as Plan Sponsor Nam	ne Same as Plan	Sponsor Address	3b	Administrator's	EIN		
3c Administrator's telephone number								
name, EIN, and the plan numb	olan sponsor has changed since the last per from the last return/report.				EIN			
a Sponsor's name 5a Total number of participants at	the beginning of the plan year			4 с 5а		22		
	t the end of the plan year			5a 5b		22		
	count balances as of the end of the plar			30		21		
complete this item)	·		•	5c		20		
	luring the plan year invested in eligible a	•	,			X Yes No		
	ne annual examination and report of an i See instructions on waiver eligibility and					X Yes 🗌 No		
	er line 6a or line 6b, the plan cannot							
C If the plan is a defined benefit p	plan, is it covered under the PBGC insu	rance program (see	ERISA section 4021)? .		Yes No	Not determined		
Caution: A penalty for the late or	incomplete filing of this return/report	t will be assessed u	unless reasonable cau	se is	established.			
Under penalties of perjury and othe	r penalties set forth in the instructions, I signed by an enrolled actuary, as well a	declare that I have	examined this return/rep	oort, ir	ncluding, if applic			
SIGN Filed with authorized/va	lid electronic signature.							
HERE Signature of plan administrator Date Enter name of individ				dual signing as plan administrator				
SIGN								
HERE Signature of employe		Date	Enter name of individu					
Preparer's name (including firm nar	ne, if applicable) and address; include n	oom or suite number	r (optional)	Prep	parer's telephone	number (optional)		

7 Plan Assets and Liabilities		(a) Beginning of Yea	ır			(b) End of Year	
a Total plan assets			9			931321	
b Total plan liabilities	7b						
C Net plan assets (subtract line 7b from line 7a)	7c	85188	9			931321	
8 Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b) Total	
a Contributions received or receivable from:	80(4)	6331	8				
(1) Employers	8a(1)	7311					
(2) Participants	8a(2)	7511	1				
(3) Others (including rollovers)	8a(3)	15260	6	_			
b Other income (loss)	8b	10200	<u> </u>	_		289041	
 C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) d Benefits paid (including direct rollovers and insurance premiums 	8c			_		203041	
to provide benefits)	8d	20947	3				
e Certain deemed and/or corrective distributions (see instructions)	8e						
f Administrative service providers (salaries, fees, commissions)	8f						
g Other expenses	8g	13	6				
h Total expenses (add lines 8d, 8e, 8f, and 8g)	8h					209609	
i Net income (loss) (subtract line 8h from line 8c)	8i					79432	
j Transfers to (from) the plan (see instructions)	8j						
Part IV Plan Characteristics							
Part V Compliance Questions 10 During the plan year:				Yes	No	Amount	
 a Was there a failure to transmit to the plan any participant contribut 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu 			10a	103	X	Amount	
 b Were there any nonexempt transactions with any party-in-interest? on line 10a.) 	? (Do not incl	ude transactions reported					
C Was the plan covered by a fidelity bond?					Х		
			10b	Х	Х	50	
			10b 10c	Х	X	50	00000
d Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?	fidelity bond,	that was caused by fraud		X	X X	50	00000
 d Did the plan have a loss, whether or not reimbursed by the plan's to or dishonesty? e Were any fees or commissions paid to any brokers, agents, or oth insurance service, or other organization that provides some or all of the plan's to other organization. 	fidelity bond, er persons b of the benefit	that was caused by fraud y an insurance carrier, s under the plan? (See	10c	×		50	
 d Did the plan have a loss, whether or not reimbursed by the plan's to or dishonesty? e Were any fees or commissions paid to any brokers, agents, or oth insurance service, or other organization that provides some or all or instructions.) 	fidelity bond, er persons by of the benefit	that was caused by fraud y an insurance carrier, s under the plan? (See	10c 10d 10e			50	
 d Did the plan have a loss, whether or not reimbursed by the plan's to or dishonesty? e Were any fees or commissions paid to any brokers, agents, or oth insurance service, or other organization that provides some or all or instructions.) f Has the plan failed to provide any benefit when due under the plan 	fidelity bond, er persons by of the benefit	that was caused by fraud y an insurance carrier, s under the plan? (See	10c 10d 10e 10f		X		2577
 d Did the plan have a loss, whether or not reimbursed by the plan's for dishonesty? e Were any fees or commissions paid to any brokers, agents, or oth insurance service, or other organization that provides some or all or instructions.) f Has the plan failed to provide any benefit when due under the plan g Did the plan have any participant loans? (If "Yes," enter amount as h If this is an individual account plan, was there a blackout period? (fidelity bond, er persons by of the benefit n? s of year end. See instruction	that was caused by fraud y an insurance carrier, s under the plan? (See) ons and 29 CFR	10c 10d 10e 10f 10g	×	X		2577
 d Did the plan have a loss, whether or not reimbursed by the plan's for dishonesty? e Were any fees or commissions paid to any brokers, agents, or oth insurance service, or other organization that provides some or all or instructions.) f Has the plan failed to provide any benefit when due under the plan g Did the plan have any participant loans? (If "Yes," enter amount as h If this is an individual account plan, was there a blackout period? (2520.101-3.) i If 10h was answered "Yes," check the box if you either provided the 	fidelity bond, er persons b of the benefit n? s of year end. See instruction re required no	that was caused by fraud y an insurance carrier, s under the plan? (See)	10c 10d 10e 10f 10g 10h	×	x		2577
 d Did the plan have a loss, whether or not reimbursed by the plan's to or dishonesty? e Were any fees or commissions paid to any brokers, agents, or oth insurance service, or other organization that provides some or all or instructions.) f Has the plan failed to provide any benefit when due under the plan g Did the plan have any participant loans? (If "Yes," enter amount as h If this is an individual account plan, was there a blackout period? (2520.101-3.) 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 	fidelity bond, er persons b of the benefit n? s of year end. See instruction re required no	that was caused by fraud y an insurance carrier, s under the plan? (See)	10c 10d 10e 10f 10g	×	x		2577
 d Did the plan have a loss, whether or not reimbursed by the plan's for dishonesty? e Were any fees or commissions paid to any brokers, agents, or oth insurance service, or other organization that provides some or all or instructions.) f Has the plan failed to provide any benefit when due under the plan g Did the plan have any participant loans? (If "Yes," enter amount as h If this is an individual account plan, was there a blackout period? (2520.101-3.) i If 10h was answered "Yes," check the box if you either provided th exceptions to providing the notice applied under 29 CFR 2520.101 Part VI Pension Funding Compliance 11 Is this a defined benefit plan subject to minimum funding requirement 	fidelity bond, er persons b of the benefit n? s of year end See instruction re required no I-3	that was caused by fraud y an insurance carrier, s under the plan? (See) ons and 29 CFR otice or one of the	10c 10d 10e 10f 10g 10h 10i	X	X X X	1 3 (Form	2577
 d Did the plan have a loss, whether or not reimbursed by the plan's to or dishonesty? e Were any fees or commissions paid to any brokers, agents, or oth insurance service, or other organization that provides some or all or instructions.) f Has the plan failed to provide any benefit when due under the plan g Did the plan have any participant loans? (If "Yes," enter amount as h If this is an individual account plan, was there a blackout period? (2520.101-3.) 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 Pension Funding Compliance 11 Is this a defined benefit plan subject to minimum funding requirements 5500) and line 11a below) 	fidelity bond, er persons by of the benefit n? s of year end. See instruction re required no I-3 ents? (If "Yes	that was caused by fraud y an insurance carrier, s under the plan? (See)	10c 10d 10e 10f 10g 10h 10i	X	X X X	1 3 (Form	2577
 d Did the plan have a loss, whether or not reimbursed by the plan's for dishonesty? e Were any fees or commissions paid to any brokers, agents, or oth insurance service, or other organization that provides some or all dinstructions.) f Has the plan failed to provide any benefit when due under the plan g Did the plan have any participant loans? (If "Yes," enter amount as h If this is an individual account plan, was there a blackout period? (2520.101-3.) 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 Part VI Pension Funding Compliance 11 Is this a defined benefit plan subject to minimum funding requirement 5500) and line 11a below)	fidelity bond, er persons by of the benefit n? s of year end See instruction re required no I-3 ents? (If "Yes	that was caused by fraud y an insurance carrier, s under the plan? (See) ons and 29 CFR otice or one of the see instructions and com SB (Form 5500) line 39	10c 10d 10e 10f 10g 10h 10i	X	X X X dule SE	3 (Form	2577 12948
 d Did the plan have a loss, whether or not reimbursed by the plan's for dishonesty? e Were any fees or commissions paid to any brokers, agents, or oth insurance service, or other organization that provides some or all or instructions.) f Has the plan failed to provide any benefit when due under the plan g Did the plan have any participant loans? (If "Yes," enter amount as h If this is an individual account plan, was there a blackout period? (2520.101-3.) i If 10h was answered "Yes," check the box if you either provided th exceptions to providing the notice applied under 29 CFR 2520.101 Part VI Pension Funding Compliance 11 Is this a defined benefit plan subject to minimum funding requirement 5500) and line 11a below) 	fidelity bond, er persons by of the benefit n? s of year end. See instruction required no I-3 ents? (If "Yes om Schedule requirements	that was caused by fraud y an insurance carrier, s under the plan? (See)	10c 10d 10e 10f 10g 10h 10i	X	X X X dule SE	3 (Form	2577 12948 K Nc
 d Did the plan have a loss, whether or not reimbursed by the plan's for dishonesty? e Were any fees or commissions paid to any brokers, agents, or oth insurance service, or other organization that provides some or all dinstructions.). f Has the plan failed to provide any benefit when due under the plan g Did the plan have any participant loans? (If "Yes," enter amount as h If this is an individual account plan, was there a blackout period? (2520.101-3.) 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 Part VI Pension Funding Compliance 11 Is this a defined benefit plan subject to minimum funding requirement 5500) and line 11a below)	fidelity bond, er persons by of the benefit n? s of year end. See instruction required no I-3 ents? (If "Yes om Schedule requirements as applicable g amortized	that was caused by fraud y an insurance carrier, s under the plan? (See)	10c 10d 10e 10f 10g 10h 10i 0 or see ctions,	X X Schec	X X Aule SE	3 (Form	K No
 d Did the plan have a loss, whether or not reimbursed by the plan's for dishonesty?	fidelity bond, er persons by of the benefit n? s of year end. See instruction le required no l-3 ents? (If "Yes om Schedule requirements as applicable g amortized	that was caused by fraud y an insurance carrier, s under the plan? (See)	10c 10d 10e 10f 10g 10h 10i 0 or see ctions,	X X Schec	X X X Aule SE 11a 302 of		2577 12948 K No

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 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?	Ye	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 under the of the PBGC?	control		Yes 🗙 No			
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): 1	3c(2) EIN	l(s)	13c(3) PN(s)			
Part	VIII Trust Information (optional)						
14a	Name of trust	14b Trust's EIN					

	Form 5500-SF	Short Form Annual Re B	turn/Report o enefit Plan	of Small Employ	/ee	OMB Nos. 1210-0110 1210-0089			
	Internal Revenue Service	e	2013						
_	Department of Labor ployee Benefits Security Administration	B(a) of	This Form is Open to Public Inspection						
	Pension Benefit Guaranty Corporation	Complete all entries in accordance	ance with the instru	ctions to the Form 550	0-SF.				
-		lentification Information	01/01/0010	and and the		101 10010			
-	calendar plan year 2013 or fisca		01/01/2013	and ending	12,	/31/2013			
_				olan (not multiemployer)	L	a one-participant plan			
в	This return/report is:	the first return/report	he final return/report						
		an amended return/report	a short plan year retu	rn/report (less than 12 m	ionths)				
С	Check box if filing under:	Form 5558 automatic extension				DFVC program			
		special extension (enter description)						
_		mation enter all requested inform	ation						
1a	Name of plan					hree-digit			
	H2O Jet, Inc. 401(k)	Plan				olan number PN) ► 001			
					1C E	ffective date of plan			
22	Dian ananada nama and add					01/01/2000			
Zđ	H2O Jet, Inc.	ress; include room or suite number (er	nployer, it for a single	e-employer plan)		Employer Identification Number EIN) 91-1555688			
					`				
	1145 OFth America CM					Sponsor's telephone number (360) 338-4889			
	1145 85th Avenue, SE				2d E	Business code (see instructions)			
US	Tumwater	WA 98501-5708				39900			
3a	Plan administrator's name and	address X Same as Plan Sponsor	Name 🔲 Same as	Plan Sponsor Address	3b ∧	dministrator's EIN			
					3c A	dministrator's telephone number			
4	If the name and/or FIN of the r	plan sponsor has changed since the la	st return/report filed	for this plan, enter the	4b ⊧	IN			
-	name, EIN, and the plan numb		stretumneport med	ior this plan, enter the	40 0				
a	Sponsor's name				4C F	'n			
5a		the beginning of the plan year		-	5a	22			
b	Total number of participants at	the end of the plan year	********	************************************	5b	21			
С		count balances as of the end of the pl			5c	20			
6a		uring the plan year invested in eligible				XYesNo			
		e annual examination and report of ar	•		 PA)				
		See instructions on waiver eligibility ar			,	XYes No			
	If you answered "No" to eith	er line 6a or line 6b, the plan cannot	t use Form 5500-SF	and must instead use	Form 5				
C	If the plan is a defined benefit	plan, is it covered under the PBGC ins	urance program (se	e ERISA section 4021)?		Yes No Not determined			
Са	ution: A penalty for the late or	incomplete filing of this return/rep	ort will be assesse	d unless reasonable ca	use is e	established.			
Un	der penalties of perjury and othe	er penalties set forth in the instructions	, I declare that I hav	e examined this return/re	eport, ind	luding, if applicable, a Schedule			
SB	or Schedule MB completed and	signed by an enrolled actuary, as we	Il as the electronic ve	ersion of this return/repoi	rt, and to	o the best of my knowledge and			
	ief, it is true, correct, and compl		in the first of		<u> </u>				
1000	GN Xam	landt	10/10/14	+ HACAN	PX	H2NOZI			
H	ERE Signature of plan admin	listrator	Date	Enter name of individua	al signin	g as plan administrator			
S	SIGN Silming VIO/10/19 HALAN . ARNOD								
	ERE Signature of employer/p		Date			g as employer or plan sponsor			
Pre	eparer's name (including firm na	me, if applicable) and address; include	e room or suite numb	er (optional)	Ргераг	er's telephone number (optional)			
				L.					
				()					

Pa	rt III Financial Information							
7	Plan Assets and Liabilities	-= B ((a) Beginning of Year				(b) End of Year	
а	Total plan assets	7a	851,88	39		-	931,321	
b	Total plan liabilities	7b						
С	Net plan assets (subtract line 7b from line 7a)	7c	851,88	39			931,321	
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount		(b) Total			
	Contributions received or receivable from:	ontributions received or receivable from:						
	(1) Employers	8a(1)	63,3			-		
	(2) Participants	8a(2)	73,1:	17				
	(3) Others (including rollovers)	8a(3)						
	Other income (loss)	8b	152,60	06	100			
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c			_		289,041	
	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	209,4	73				
	Certain deemed and/or corrective distributions (see instructions)	8e	· · · · · · · · · · · · · · · · · · ·			1		
	Administrative service providers (salaries, fees, commissions)	8f	······································					
	Other expenses	8g	1:	36				
	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h			-		209,609	
-	Net income (loss) (subtract line 8h from line 8c)	8i					79,432	
					1000		13,452	
	Transfers to (from) the plan (see instructions)	8j						
_	rt IV Plan Characteristics							
9a	If the plan provides pension benefits, enter the applicable pension fe	eature code	es from the List of Plan Charac	teristi	c Cod	es in	the instructions:	
	2A 2E 2F 2G 2J 2K 2T 3D 3H							
b	If the plan provides welfare benefits, enter the applicable welfare fea	ature codes	s from the List of Plan Characte	eristic	Code	s in th	ne instructions:	
	rt V Compliance Questions						<i></i>	
<u>10</u>	During the plan year:		all office and the data office of the	1	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 Fidue	ciary Corre	ction Program)	10a		x		
d	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	х		500,000	
d	Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?			10d		x		
e	Were any fees or commissions paid to any brokers, agents, or oth			100				
6	insurance service, or other organization that provides some or all							
	instructions.)			10e	х		2,577	
f	Has the plan failed to provide any benefit when due under the plan	n?		10f		x		
g	Did the plan have any participant loans? (If "Yes," enter amount a	s of year e	nd)	10g	x		12,948	
	· · · · · · · · · · · · · · · · · · ·	-	•	109			12, 540	
h	If this is an individual account plan, was there a blackout period? (2520.101-3.)	•		10h		x	2 Real Products	
i	If 10h was answered "Yes," check the box if you either provided th							
•	exceptions to providing the notice applied under 29 CFR 2520.101			10i				
Pai	t VI Pension Funding Compliance			4 <u>.</u>	·			
11								
11a	Enter the unpaid minimum required contribution for current year fr					11a		
12								
	(if "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below	, as applica	able.)				· · · · · · · · · · · · · · · · · · ·	
a	If a waiver of the minimum funding standard for a prior year is bein	ng amortize	ed in this plan year, see instruc					
	granting the waiver			iui _		- 0	ay Year	
	you completed line 12a, complete lines 3, 9, and 10 of Schedule							
b	Enter the minimum required contribution for this plan year			********		12b		

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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?		es 🗶 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 co of the PBGC?			es 🗶 No
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:	Sc(1) Name of plan(s): 13c(2) EIN(s) 13	:(3) PN(s)
Part	VIII Trust Information (optional)			

14a Name of trust

14b Trust's EIN