## 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).

1210-0089

OMB Nos. 1210-0110

2012

This Form is Open to Public Inspection

			Complete all entries in act	cordance with the instru	ictions to the Form 550	10-SF.					
	art I		Identification Information								
For	calenda	ar plan year 2012 or fis	cal plan year beginning 01/01	/2012	and ending (	05/04/2	2012				
Α	This ret	urn/report is for:	a single-employer plan	H ' '	olan (not multiemployer)		a one-participant plan				
В	This ret	urn/report is:	the first return/report	the final return/report	i .						
			an amended return/report	x a short plan year retu	rn/report (less than 12 m	onths)	_				
C	Check b	oox if filing under:	Form 5558	automatic extension			✓ DFVC program				
			special extension (enter desc	ription)							
Pa	art II	Basic Plan Info	rmation—enter all requested in	formation							
	Name					1b	Three-digit				
ALL F	PURPO	SE STRUCTURES 40°	1(K) SALARY REDUCTION PLAN	I AND TRUST			plan number (PN) ▶ 001				
						1c	Effective date of plan				
						.0	04/01/1999				
2a	Plan sp	oonsor's name and add	dress; include room or suite numb	er (employer, if for a single	e-employer plan)	2b	Employer Identification Number				
ALL I	PURPO	SE STRUCTURES, IN	IC.				(EIN) 91-1454262				
						2c	Sponsor's telephone number				
	HUBBA	ARD /A 98390					253-862-1255				
SOIVI	NEIX, W	7A 90390				2d	Business code (see instructions) 236200				
32	Dlan ar	dministrator's name an	d address XSame as Plan Spons	sor Name Same as Pla	an Sponsor Address	3h	Administrator's EIN				
Ja	riaii a	anninstrator s name an	u address Noame as Flan Spons	Soi Name Dame as Fia	in Sponsor Address	36	Administrator's Lin				
						3с	Administrator's telephone number				
4	If the n	name and/or FIN of the	plan sponsor has changed since	the last return/report filed	for this plan, enter the	4h	EIN				
•			nber from the last return/report.	the last return/report filed	ioi tilis pian, enter the	4b EIN					
а	Sponso	or's name	· 			4c PN					
5a	Total r	number of participants	at the beginning of the plan year			5a	13				
b	Total r	number of participants	at the end of the plan year			5b	0				
С			account balances as of the end of			_					
Δ-						5c	U Vaa 🗆 Na				
			during the plan year invested in ethe annual examination and repo				X Yes No				
D			' (See instructions on waiver eligib				X Yes No				
			ther line 6a or line 6b, the plan								
Cau			or incomplete filing of this return								
			ner penalties set forth in the instru								
		dule MB completed an rue, correct, and comp	nd signed by an enrolled actuary, a	as well as the electronic ve	ersion of this return/repor	t, and t	to the best of my knowledge and				
DCIII	01, 11 13 1	rue, correct, and comp	note.		1						
SIG		Filed with authorized/v	d/valid electronic signature. 11/07/2014 JEAN BURNETT								
HEF	RE	Signature of plan ac	dministrator	Date	Enter name of individ	lual sig	ning as plan administrator				
SIG	N	Filed with authorized/v	valid electronic signature.	11/07/2014	JEAN BURNETT						
HEF	RE	Signature of employ	ver/plan sponsor	Date	Enter name of individ	lual sig	ning as employer or plan sponsor				
Pre	parer's		ame, if applicable) and address; ir				parer's telephone number (optional)				

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Por	t III Financial Information		<u> </u>						
	t III   Financial Information  Plan Assets and Liabilities		(a) Paginning of Var				(b) End of Your		
	Total plan assets	7a	(a) beginning of Yea	(a) Beginning of Year			(b) End of Year		
	Total plan liabilities	7a 7b	3073	0			0		
	Net plan assets (subtract line 7b from line 7a)	7c	38731	387311			0		
	Income, Expenses, and Transfers for this Plan Year				-		-		
	Contributions received or receivable from:		(a) Amount			(b) Total			
	(1) Employers	8a(1)							
	(2) Participants	8a(2)	485	56					
	(3) Others (including rollovers)	8a(3)							
b	Other income (loss)	8b	1620	)2					
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c					21058		
	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	. 8d	40662	29					
е	Certain deemed and/or corrective distributions (see instructions)	8e							
f	Administrative service providers (salaries, fees, commissions)	8f							
g	Other expenses	8g	174	10					
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h					408369		
<u>i</u>	Net income (loss) (subtract line 8h from line 8c)	8i					-387311		
j	Transfers to (from) the plan (see instructions)	8j							
Par	t IV Plan Characteristics								
9a	If the plan provides pension benefits, enter the applicable pension 2F 2J 2K 3D	feature co	des from the List of Plan Char	acteris	stic Co	des in	the instructions:		
b	If the plan provides welfare benefits, enter the applicable welfare for	eature cod	les 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		
а				10a		X			
b		? (Do not	include transactions reported	10b		X			
С	Was the plan covered by a fidelity bond?			10c	Χ		10000		
d				100			10000		
	or dishonesty?			10d		X			
е	insurance service or other organization that provides some or all oinstructions.)	of the bene	efits under the plan? (See	10e	X		811		
f	Has the plan failed to provide any benefit when due under the pla			10f		X	-		
g	Did the plan have any participant loans? (If "Yes," enter amount a				Χ		_		
h		(See instru	uctions and 29 CFR	10g 10h	^	X	0		
i	If 10h was answered "Yes," check the box if you either provided the	he require	d notice or one of the						
Dow	exceptions to providing the notice applied under 29 CFR 2520.10	1-3		10i					
Part 11	Is this a defined benefit plan subject to minimum funding requirem								
11a	5500) and line 11a below)  Enter the amount from Schedule SB line 39					11a	1 165 1		
12	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		
If	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			
	·			_					

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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?	X	res 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		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 which assets or liabilities were transferred. (See instructions.)	) to		_	
1:	3c(1) Name of plan(s):	13c(2) E	IN(s)	13c(3)	PN(s)
Part	VIII Trust Information (optional)				

14b Trust's EIN

14a Name of trust

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Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation

## Short Form Annual Return/Report of Small Employee Benefit Plan

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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

š.R	Annual Report Identification I	nformation								
For	calendar plan year 2012 or fiscal plan year beginn	ing	01/01/2012	and ending	05/0	4/2012				
A ·	This return/report is for: x a single-employ	erplan 📗	a multiple-employer pl	an (not multlemployer)		ınt plan				
B	This return/report is:	eport 🔀	the final return/report							
	an amended ref	turn/report 🔀	a short plan year retur	m/report (less than 12 m	onths)					
C	Check box if filing under: 🔀 Form 5558		automatic extension		_ □ ı	DFVC program	1			
	special extension	on (enter descriptio	n)							
P	ert II Basic Plan Information enter	all requested infor	mation							
1a	Name of plan	****				ree-digit				
	ALL PURPOSE STRUCTURES 401(k) SE	LARY REDUCTI	ON PLAN AND TRU	ST		ın number ¥) ►	001			
					1c Eff	ective date of	plan			
2a	Plan sponsor's name and address; include room ALL PURPOSE STRUCTURES, INC.	or sulte number (e	mployer, if for a single-	employer plan)	2b Em		cation Number			
					2c Sp	onsor's telepho	one number			
	1408 HUBBARD				<u> </u>		ee instructions)			
US	SUMMER WA 98390					6200	<b>,</b>			
3a	Plan administrator's name and address X Sar	ne as Plan Sponso	r Name 🔲 Same as F	Plan Sponsor Address	3b Ad	ministrator's E	IN			
					3c Ad	ministrator's te	lephone number			
4	If the name and/or EIN of the plan sponsor has on name, EIN, and the plan number from the last re		ast return/report filed fo	or this plan, enter the	4b EIN	Ib ein				
а	Sponsor's name				4c PN	ı				
_	Total number of participants at the beginning of i	he plan year		*****	5a	-	13			
b	Total number of participants at the end of the pla	n year	~~····································	**************	5b		0			
	Number of participants with account balances as complete this item)			fit plans do not	5c		0			
6a	Were all of the plan's assets during the plan year	invested in eligible	e assets? (See instruct	lons.)	***************************************		X Yes No			
b	Are you claiming a waiver of the annual examina under 29 CFR 2520.104-46? (See instructions or	•	•		•		X Yes No			
	If you answered "No" to either line 6a or line		* ******	and must instead use I			<u> </u>			
Ca	ution: A penalty for the late or incomplete film									
SB	der penalties of perjury and other penalties set for or Schedule MB completed and signed by an en- lief, it is true, correct, and complete.									
	1 /14 1 /540	-(()		7 P						
CHEW. 62.91	IGN Allein () LUINA	WW.	- 11-h 111	Jean Burnett						
	ERE Signature of plan administrator		Date //~b / 4	Enter name of individua	al signing i	as plan admini	strator			
BILDERER!	SIGN   Complete   Comp									
Preparer's name (including firm name, if applicable) and address; include room or sulte number (optional)  Preparer's telephone number (optional)										
l <sup>`</sup> ''	-parer a mano (moscong men namo, n applicable)	ana acarece, mout		a (opuonal)	Cpare	o wiepranie ii	что (ориона)			

Pa	rt III Financial Information									
7	Plan Assets and Liablities	***	(a) Beginning of Year				(b) End of Year			
а	Total plan assets	7a	387,31	.1	0					
b	Total plan liabilities	7b								
С	Net plan assets (subtract line 7b from line 7a)	7c	387,31	1	0					
	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)	4,85	56	40040000					
	(3) Others (including rollovers)	8a(3)								
	Other Income (loss)	8b	16,20	12						
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c					21,058			
	Benefits paid (including direct rollovers and insurance premiums		- przeski dzimi k tanistic k doción librar i skaz rowski ribi k Glorien i skaz kan brzykliczko dali	Elektrick Selberter.		o nestano				
	to provide benefits)	8d	406,62	29	A COLU	enumenum se				
8	Certain deemed and/or corrective distributions (see instructions)	8e			(4) 53 (6)					
f	Administrative service providers (salaries, fees, commissions)	8f								
9	Other expenses	8g	1,74	10						
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h					408,369			
<u>i</u>	Net Income (loss) (subtract line 8h from line 8c)	81		A-HARA		*******	(387,311)			
1000000000	Transfers to (from) the plan (see instructions)	8]			MODE:	erne abox				
Pa	rt IV Plan Characteristics									
9a	If the pian provides pension benefits, enter the applicable pension fe 2F 2J 2K 3D	ature code	s from the List of Plan Characte	eristic	Code	s in th	e instructions:			
ь	If the plan provides welfare benefits, enter the applicable welfare fea	ture codes	from the List of Plan Character	istic (	Codes	in the	instructions:			
Гp,	rt V Compliance Questions									
10	During the plan year:				Yes	No	Amount			
а				10a		x	7 37.4			
b		(Do not in	relude transactions reported	10b		x				
C	Was the plan covered by a fidelity bond?		***************************************	10c	ж		10,000			
d	Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?			10d		x				
в	Were any fees or commisions paid to any brokers, agents, or othe insurance service or other organization that provides some or all o									
	instructions.)			10a	x		811			
f	Has the plan failed to provide any benefit when due under the plan	1?		10f		x				
g	Did the plan have any participant loans? (If "Yes," enter amount as	of veer e	nd.)	10g	x		0			
h			•	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		notice or one of the	101						
Pa	rt VI Pension Funding Compliance						e complete e e e e e como en en el completa de la medica e e en el completa e el completa e el completa el complet			
11				lete S	Schedu	ile SB	(Form			
11	Enter the amount from Schedule SB line 39					11a	· 			
12	Is this a defined contribution plan subject to the minimum funding	requireme	nts of section 412 of the Code o	r sec	ion 30	2 of E	RISA? 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 beir granting the waiver	-					e date of the letter ruling y Year			
	you completed line 12a, complete lines 3, 9, and 10 of Schedule	MB (Form	n 5500), and skip to line 13.							
_ <u>b</u>	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 negative amount)		12d			
<u>e</u>	Will the minimum funding amount reported on line 12d be met by the funding deadline?	<del>10/02 1040 24</del> 4 021 144	🗆	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 Ye	s 🔲	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 un of the PBGC?	der the co	ntrol		X Yes No	
С	If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the which assets or liabilities were transferred. (See instructions.)	plan(s) to				
	3c(1) Name of plan(s):	13c	(2) EIN(	s)	13c(3	) PN(s)
Part	VIII Trust Information (optional)					
14a	14a Name of trust					
		- 1				