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

2011

This Form is Open to Public Inspection

	Complete all entries in accordance	rdance wit	h the instructions to the Form 5500)-SF.				
Pa	art I Annual Report Identification Information							
For	calendar plan year 2011 or fiscal plan year beginning 01/01/20	11	and ending 1.	2/31/2	2011			
Α.	This return/report is for:	a multiple	e-employer plan (not multiemployer)		a one-particip	ant plan		
	This return/report is: the first return/report	-	eturn/report			•		
Ь		<u> </u>	•					
	an amended return/report	a short pla	an year return/report (less than 12 mo	onths)				
С	Check box if filing under: Form 5558	automatio	extension		DFVC progra	m		
	special extension (enter descripti	on)						
Pa	art II Basic Plan Information—enter all requested inform	nation						
	Name of plan			1b	Three-digit			
	FTZ CORPORATION 401(K) SALARY REDUCTION PLAN & TRUS	Τ			plan number			
	, ,				(PN) ▶	001		
				1c	Effective date of	plan		
					01/01/	2001		
	Plan sponsor's name and address; include room or suite number (employer, if	for a single-employer plan)	2b	Employer Identif		r	
IKE	FTZ CORPORATION				(EIN) 91-11:	25065		
				2c	Sponsor's telepl			
	151ST PL NE				425-641			
REDI	MOND, WA 98052			2d	Business code (s)	
					56171			
	Plan administrator's name and address (if same as plan sponsor, 6- TZ CORPORATION 2655 151ST		e")	3b	Administrator's E			
IKER	REDMOND,			30	91-1125065 3c Administrator's telephone numbe			
				36	425-641		bei	
4	If the name and/or EIN of the plan sponsor has changed since the	last return/	report filed for this plan, enter the	4b	FIN			
-	name, EIN, and the plan number from the last return/report.		repert med for time plant, eriter time					
а	Sponsor's name			4c	PN			
5a	Total number of participants at the beginning of the plan year			5a			18	
b	b Total number of participants at the end of the plan year			5b			17	
С	Number of participants with account balances as of the end of the		•	0.0				
·	complete this item)		·	5c			10	
6a	Were all of the plan's assets during the plan year invested in eligit	ole assets?	(See instructions.)			X Yes	No	
b	Are you claiming a waiver of the annual examination and report of	an indeper	ndent qualified public accountant (IQF	PA)				
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility	and condit	ions.)			X Yes	No	
	If you answered "No" to either 6a or 6b, the plan cannot use F	orm 5500-	SF and must instead use Form 550	00.				
Pa	rt III Financial Information							
7	Plan Assets and Liabilities		(a) Beginning of Year		(b) End	of Year		
а	Total plan assets	7a	225845			204285		
b	Total plan liabilities	7b						
С	Net plan assets (subtract line 7b from line 7a)	7с	225845			204285		
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount		(b) T	otal		
а	Contributions received or receivable from:		, ,		\-7:			
	(1) Employers	8a(1)	1285					
	(2) Participants	8a(2)	13910					
	(3) Others (including rollovers)	8a(3)						
b	Other income (loss)		-24422					
C	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)					-9227		
d	Benefits paid (including direct rollovers and insurance premiums	00						
u	to provide benefits)	8d	12333					
е	Certain deemed and/or corrective distributions (see instructions)							
f	Administrative service providers (salaries, fees, commissions)							
g g	Other expenses							
	·					12333		
h :	Total expenses (add lines 8d, 8e, 8f, and 8g)					-21560		
 	Net income (loss) (subtract line 8h from line 8c)					-21000		
J	Transfers to (from) the plan (see instructions)	··· 8j						

Form	5500-	SF	201

Page 2 -	1
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Part IV	Plan	Charac	teristics
railiv	ı Fiaii	Charac	teristics

- **9a** If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 2E 2F 2J 2K 3D
- **b** If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:

art	V Compliance Questions							
0	During the plan year:		Yes	No		Amoun	ıt	
а	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)	10a		X				
b	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	10b		X				
С	Was the plan covered by a fidelity bond?	10c	Χ				40000	
d	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	10d		X				
е	Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service or other organization that provides some or all of the benefits under the plan? (See instructions.)	10e		Χ				
f	Has the plan failed to provide any benefit when due under the plan?	10f		X				
g	Did the plan have any participant loans? (If "Yes," enter amount as of year end.)	10g	X				669	
h	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR	10h		X				
i	If 10h was answered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3	10i						
art	VI Pension Funding Compliance	•						
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and comp 5500))					Пү	es X No	
2								
	(If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)							
а	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instruct granting the waiver							
lf y	you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.			Day				
b	Enter the minimum required contribution for this plan year			12b				
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 negative amount)			12d				
е	Will the minimum funding amount reported on line 12d be met by the funding deadline?				Yes	No	N/A	
art	VII Plan Terminations and Transfers of Assets							
3a	Has a resolution to terminate the plan been adopted in any plan year?	<u></u>		<u> </u>	res X	No		
	If "Yes," enter the amount of any plan assets that reverted to the employer this year	1	3a					
b Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?					es X No			
С								
1	13c(1) Name of plan(s):			13c(2) EIN(s) 13c(3) P			(3) PN(s)	
aut	ion: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable	e cau	se is	establ	ished.	•		
Jnde	r penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return	rn/rep	ort, in	cludin	g, if applic	able, a S	chedule	

Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including, if applicable, a Schedule SB or Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.

SIGN	Filed with authorized/valid electronic signature.	03/26/2012	DIANA SHERIDAN				
HERE	Signature of plan administrator	Date	Enter name of individual signing as plan administrator				
SIGN	Filed with authorized/valid electronic signature.	03/26/2012	DIANA SHERIDAN				
HERE	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor				

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

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OMB Nos. 1210-0110 1210-0089

Retirement Income Security Act of 1974 (ERISA), and section 6057(b) and 6058(a) of

► Complete all entries in accordance with the instructions to the Form 5500-SF.

Annual Report Identification Information For the calendar plan year 2011 or fiscal plan year beginning 01/01/2011 and ending 12/31/2011 A This return/report is for: x a single-employer plan a multiple-employer plan (not multiemployer) a one-participant plan This return/report is: the first return/report the final return/report an amended return/report a short plan year return/report (less than 12 months) C Check box if filing under: Form 5558 automatic extension DFVC program special extension (enter description) Basic Plan Information --- enter all requested information 1a Name of plan 1b Three-digit plan number Treftz Corporation 401(K) Salary Reduction Plan & Trust 001 (PN) ▶ 1C Effective date of plan 01/01/2001 Plan sponsor's name and address; include room or suite number (employer, if for single-employer plan) 2b Employer Identification Number Treftz Corporation (EIN) 91-1125065 2c Plan sponsor's telephone number (425) 641-6264 2655 151st PL NE 2d Business code (see instructions) 561710 REDMOND 98052 За Plan administrator's name and address (If same as plan sponsor, enter "Same") 3b Administrator's EIN Same 3c Administrator's telephone number If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the 4b EIN name, EIN, and the plan number from the last return/report. 4c PN Sponsor's Name 5a Total number of participants at the beginning of the plan year . 5a 18 5b 17 Number of participants with account balances as of the end of the plan year (defined benefit plans do not 10 Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.) x Yes Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.) X Yes No If you answered "No" to either 6a or 6b, the plan cannot use Form 5500-SF and must instead use Form 5500. Financial Information Plan Assets and Liabilities (a) Beginning of Year (b) End of Year Total plan assets . . 7a 225,845 204,285 Total plan liabilities 7b C Net plan assets (subtract line 7b from line 7a) 7с 225,845 204,285 Income, Expenses, and Transfers for this Plan Year (a) Amount (b) Total Contributions received or receivable from: (1) Employers . . 8a(1) 1,285 (2) Participants 8a(2) 13,910 (3) Others (including rollovers). 8a(3) Other income (loss) 8b (24, 422)Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) . 8c (9,227)Benefits paid (including direct rollovers and insurance premiums 8d 12,333 Certain deemed and/or corrective distributions (see instructions) 8e Administrative service providers (salaries, fees, commissions) . 8f Other expenses 8g Total expenses (add lines 8d, 8e, 8f, and 8g) 8h 12,333 Net income (loss) (subtract line 8h from line 8c). 8i (21,560)Transfers to (from) the plan (see instructions) . 81

		Form 5500-SF 2011		Page 2-						
Pai	rt I\	Plan Characteristics								
9a	If th	plan provides pension benefits, enter the applicable pension fea 2E 2F 2J 2K 3D plan provides welfare benefits, enter the applicable welfare feat								
Pa	rt V	Compliance Questions								
10		ring the plan year:		···		Yes	No	T A	mount	
а	W	as there a failure to transmit to the plan any participant contributi	ons within the time pe	riod described i	in		7,			
b	29	CFR 2510.3-102? (See instructions and DOL's Voluntary Fiducia	ary Correction Progran	n)	10a	 	X	<u> </u>		
		ere there any nonexempt transactions with any party-in-interest? line 10a.)					x			
_						1				
c d		as the plan covered by a fidelity bond?			· · 10c	X	+		40	,000
4		dishonesty?					x			
е	· w	ere any fees or commisions paid to any brokers, agents, or other	nersons by an incura	ace carrier		 	†			
	in	urance services or other organization that provides some or all o	f the benefits under th	e plan? (See			x			
		tructions.)				-				
T	Н	s the plan failed to provide any benefit when due under the plan	?		· · 10f		х			
g		the plan have any participant loans? (If "Yes," enter amount as			· · 10g	х				669
h	l If	his is an individual account plan, was there a blackout period? (S	See instructions and 29	OFR .			ж			
i		20.101-3.)			· · 10h	├	+			
	e>	ceptions to providing the notice applied under 29 CFR 2520.101-	3	e or the	101					
	t V	Pension Funding Compliance						•		
11	ls	this a defined benefit plan subject to minimum funding requireme	nts? (If "Yes," see ins	tructions and co	omplete S	chedul	le SB (Form	[] _{V=} [=	1
12		(20))							Yes x	
1 Am		his a defined contribution plan subject to the minimum funding re "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applica		412 of the Cod	de or secti	on 302	2 of EF	ISA?	Yes X	JNo
a	gr	waiver of the minimum funding standard for a prior year is being			Month	nd ent	ter the Day	date of the le	tter ruling ear	
		completed line 12a, complete lines 3, 9, and 10 of Schedule N		•		Г	401:	T		·
D		ter the minimum required contribution for this plan year				_	12b			
d		ter the amount contributed by the employer to the plan for this pla btract the amount in line 12c from the amount in line 12b. Enter t				• -	12c			
_		gative amount)		is sign to the le	•	.	12d			
_е	w	I the minimum funding amount reported on line 12d be met by th	e funding deadline?					Yes [_No _N	N/A
Par	t VI	Plan Terminations and Transfers of Assets								
13a	Ha	s a resolution to terminate the plan been adopted in any prior yea	ar?						Yes X	No
	lf	Yes," enter the amount of any plan assets that reverted to the en	ployer this year .			[13a			
b	W	ere all the plan assets distributed to participants or beneficiaries, t	transferred to another	plan, or brough	nt under th	e cont	rol			
С		he PBGC?	this plan to another r	lan(a) idantifu	· · · ·				Yes X	No
	wł	ch assets or liabilities were transferred. (See instructions.)	i this plan to another p	man(s), identity	ine pian(s) 10				
	13c() Name of plan(s):				13	Ic(2) E	N(s)	13c(3) PN(s	s)
auti	on:	penalty for the late or incomplete filing of this return/report	will be assessed uni	ess reasonabl	le cause is	s esta	hlishe		<u> </u>	
		alties of perjury and other penalties set forth in the instructions, I							Sahadula	
B or	Sch	edule MB completed and signed by an enrolled actuary, as well a true, correct, and complete.	s the electronic versio	n of this return/	report, and	d to th	e best	of my knowle	edge and	
SIG	3/2	Vigna Sheridan		Diana She	ridan					
HE		Signature of plan administrator	Date 3/20//0	1	r name of individual signing as plan administrator					
	201	Manca Shoulden	1 2 2 1 10	Lines name 0	, muiviuua	ıı əiyiil	ing as	nan auminist	ialOI	
SIG	3	Signature of ampleyer/plan and a second	D. 6/27.	5.						
	257/	Signature of employer/plan sponsor	Date 7/	≥ nter name o	of individua	I signi	ng as e	employer or p	lan sponsor	

Enter name of individual signing as employer or plan sponsor