	Form 5500-SF	Report of Small Employ	ee	OMB Nos. 1210-0110 1210-0089				
	Department of the Treasury Internal Revenue Service					2011		
	Department of Labor nployee Benefits Security Administration	ISA), and sections 6057(b) and 6058( Code (the Code).						
P	ension Benefit Guaranty Corporation		rdance witl	h the instructions to the Form 5500	-SF.		pection	
		lentification Information	4.4	and and ing		2044		
	calendar plan year 2011 or fisca	al plan year beginning 01/01/20	-		2/31/2			
	This return/report is for:			e-employer plan (not multiemployer)		a one-partici	pant plan	
В	This return/report is:	the first return/report	_	eturn/report				
		an amended return/report	-	an year return/report (less than 12 mo	nths)	—		
С	Check box if filing under:	Form 5558	automatic	extension		DFVC progra	am	
-		special extension (enter description						
		nation—enter all requested inform	nation				r	
	Name of plan				1b	Three-digit plan number		
VVES	TERN INTEGRATED TECHNO	LOGIES, INC. 401(K) PLAN				(PN) ►	001	
				F	1c	Effective date o	f plan	
						01/01		
	Plan sponsor's name and addre	ess; include room or suite number ( LOGIES, INC.	employer, if	for a single-employer plan)	2b	Employer Identi (EIN) 91-08	fication Number 47960	
1340	6 SE 32ND STREET				2c	Sponsor's telep 425-74		
BELLEVUE, WA 98005					2d	Business code (see instructions) 423800		
<b>3a</b> Plan administrator's name and address (if same as plan sponsor, enter "Same") WESTERN INTEGRATED TECHNOLOGIES, INC. 13406 SE 32ND STREET						Administrator's EIN 91-0847960		
		BELLEVUE,			3c	Administrator's 425-74	telephone number 7-0927	
4	If the name and/or EIN of the p name, EIN, and the plan numb	lan sponsor has changed since the	last return/	report filed for this plan, enter the	4b	EIN		
а	Sponsor's name	ici nom the last return/report.			4c	PN		
5a Total number of participants at the beginning of the plan year					5a		99	
b	Total number of participants at	the end of the plan year			5b			
C Number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item)					5c		67	
6a Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)							X Yes No	
b	b 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.)							
	If you answered "No" to eith	er 6a or 6b, the plan cannot use F		SF and must instead use Form 550				
Pa	rt III Financial Informa	ation						
7	Plan Assets and Liabilities			(a) Beginning of Year				
a	•			5087028			4663157	
b	•			1770			1175 4661982	
<u> </u>		7b from line 7a)	7c	5085258				
8	Income, Expenses, and Transf Contributions received or recei			(a) Amount	(b) Total		fotal	
а			8a(1)	87188				
	(2) Participants		8a(2)	239910				
		)		194				
b	Other income (loss)		8b	-37708				
С	Total income (add lines 8a(1),	8a(2), 8a(3), and 8b)	8c				289584	
d		rollovers and insurance premiums	8d	710323				
е	Certain deemed and/or correct	ive distributions (see instructions)	8e	0				
f	Administrative service provider	s (salaries, fees, commissions)	8f	2537				
g	Other expenses		8g	0				
h		8e, 8f, and 8g)					712860	
i	Net income (loss) (subtract line	e 8h from line 8c)	8i				-423276	
	Transfers to (from) the plan (se	e instructions)	··· 8j	0				

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## Part IV Plan Characteristics

**9a** If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:

2A 2E 2F 2G 2J 2K 2T 3D

**b** If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:

Part	V Compliance Questions						
10	During the plan year:	_	Yes	No	А	mount	
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)						
b	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)						
С							500000
d	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		Х				
е	<ul> <li>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.)</li> </ul>						21447
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 of year end.)						79561
h	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	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		x			
Part	VI Pension Funding Compliance						
11 Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form Yes X No							
12	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code					Yes	s 🗙 No
<ul> <li>(If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)</li> <li>a If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, and enter the date of the letter ruling</li> </ul>							
granting the waiver							
-	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						
	Enter the amount contributed by the employer to the plan for this plan year			12b 12c			
d	Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left negative amount)	of a		12d			
е	<ul> <li>Will the minimum funding amount reported on line 12d be met by the funding deadline?</li> </ul>				Yes	No	N/A
Part VII Plan Terminations and Transfers of Assets							
	Has a resolution to terminate the plan been adopted in any plan year?			Γì	′es X No		
	If "Yes," enter the amount of any plan assets that reverted to the employer this year						
b Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?						s 🗙 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.)	ne pla	n(s) to	1			
1	3c(1) Name of plan(s):		13	c(2) El	N(s)	13c(3	<b>8)</b> PN(s)
Caut	on: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonab	le cau	ise is	establ	ished.		

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.	04/12/2012	STEVEN R. SCHWASNICK
HERE	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN			
HERE	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor

		Report of Small Employ Plan	yee	OMB Nos. 1210-0110 1210-0089
	<b>Benefit Plan</b> This form is required to be filed under sections 104 and 4065 of the Employee			
Department of Labor Employee Benefits Security Administration	(a) of	This Form is Open to Public		
Pension Benefit Guaranty Corporation  Complete all entries i	Inspection			
Part I Annual Report Identification Informati			<u>0-01.</u>	
For calendar plan year 2011 or fiscal plan year beginning	01/01/2	011 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
B This return/report is: I the first return/report	the final re	eturn/report		
an amended return/report	: 🗌 a short pla	n year return/report (less than 12 mo	onths)	
C Check box if filing under:	automatic	extension		DFVC program
special extension (enter d	lescription)			
Part II Basic Plan Information-enter all requester	d information	· · · · · · · · · · · · · · · · · · ·		
<b>1a</b> Name of plan			1b	Three-digit
Western Integrated Technologies, In	c. 401(k) Pl	Lan		(PN) 001
		· · · · · ·	1c	Effective date of plan
		· · ·		01/01/1974
2a Plan sponsor's name and address; include room or suite nu Western Integrated Technologies,	ımber (employer, if	for a single-employer plan)		Employer Identification Number (EIN) 91-0847960
Inc.				Sponsor's telephone number
13406 SE 32nd Street				(425) 747-0927
			2d	Business code (see instructions) 423800
Bellevue 3a Plan administrator's name and address (if same as plan spo	onsor enter "Same"	WA 98005	3b	Administrator's EIN
Same	shaor, enter ounie	,	•••	
			3c	Administrator's telephone number
4 If the name and/or EIN of the plan sponsor has changed sin		enort filed for this plan, enter the	4b	(425) 747-0927
name, EIN, and the plan number from the last return/report		eport med for this plan, ontor the	-710	
a Sponsor's name			4c	
<b>5a</b> Total number of participants at the beginning of the plan ye			5a	99
<b>b</b> Total number of participants at the end of the plan year			5b	90
C Number of participants with account balances as of the encomplete this item).			5c	67
6a Were all of the plan's assets during the plan year invested				X Yes No
<b>b</b> Are you claiming a waiver of the annual examination and re	eport of an independ	dent qualified public accountant (IQF	PA)	
under 29 CFR 2520.104-46? (See instructions on waiver el				X Yes No
If you answered "No" to either 6a or 6b, the plan canno Part III Financial Information	it use Form 5500-3	or and must instead use rorm 550	<u>.</u>	
7 Plan Assets and Liabilities		(a) Beginning of Year		(b) End of Year
a Total plan assets		5,087,02	8	4,663,15
<b>b</b> Total plan liabilities	î	1,77	0	1,175
C Net plan assets (subtract line 7b from line 7a)		5,085,25	8	4,661,982
8 Income, Expenses, and Transfers for this Plan Year		(a) Amount		(b) Total
• Contributions respired or reactuable frame		07 10	0	
a Contributions received or receivable from:		87,18		
(1) Employers		220 01	<u>ч</u>	
<ul><li>(1) Employers</li></ul>		239,91	A	entra antita e activativa da antita e a cara a cara de este de
<ol> <li>(1) Employers</li></ol>	<u>8a(2)</u> <u>8a(3)</u>	19-	-1000	
<ul> <li>(1) Employers</li></ul>			-1000	289.58
<ul> <li>(1) Employers</li></ul>	8a(2) 8a(3) 8b 8c	19 (37,708	<b>)</b>	289,584
<ul> <li>(1) Employers</li></ul>	8a(2) 8a(3) 8b 8c niums	19-	<b>)</b>	289,584
<ul> <li>(1) Employers</li></ul>	8a(2) 8a(3) 8b 8c niums 8d	19 (37,708 710,32	) 3 0	289,58
<ul> <li>(1) Employers</li></ul>	8a(2)           8a(3)           8b           8c           niums           8d           tions)	19 (37,708	) 3 0	289,58
<ul> <li>(1) Employers</li> <li>(2) Participants</li> <li>(3) Others (including rollovers)</li> <li>b Other income (loss)</li> <li>c Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)</li> <li>d Benefits paid (including direct rollovers and insurance prem to provide benefits)</li> <li>e Certain deemed and/or corrective distributions (see instruct f Administrative service providers (salaries, fees, commission g Other expenses.</li> </ul>	8a(2)         8a(3)           8b         8c           niums         8d           tions)         8e           ns)         8f	19 (37,708 710,32	) 3 0	
<ul> <li>(1) Employers</li> <li>(2) Participants</li> <li>(3) Others (including rollovers)</li> <li>b Other income (loss)</li> <li>c Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)</li> <li>d Benefits paid (including direct rollovers and insurance prem to provide benefits)</li> <li>e Certain deemed and/or corrective distributions (see instruct f Administrative service providers (salaries, fees, commission g Other expenses</li> <li>h Total expenses (add lines 8d, 8e, 8f, and 8g)</li> </ul>	8a(2)         8a(3)           8b         8c           niums         8d           tions)         8e           ns)         8f           8g         8h	19 (37,708 710,32	) 3 0	712,860
<ul> <li>(1) Employers</li> <li>(2) Participants</li> <li>(3) Others (including rollovers)</li> <li>b Other income (loss)</li> <li>c Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)</li> <li>d Benefits paid (including direct rollovers and insurance prem to provide benefits)</li> <li>e Certain deemed and/or corrective distributions (see instruct f Administrative service providers (salaries, fees, commission g Other expenses.</li> </ul>	8a(2)         8a(3)           8b         8c           niums         8d           tions)         8e           ns)         8f           8g         8h           8i         8i	19 (37,708 710,32	) 3 0	289,584 289,584 712,860 (423,276)

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## Part IV Plan Characteristics

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

<ul> <li>Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)</li> <li>Was the plan covered by a fidelity bond?</li> <li>Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?</li> <li>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.)</li> <li>Has the plan failed to provide any benefit when due under the plan?</li> <li>Did the plan have any participant loans? (If "Yes," enter amount as of year end.)</li> </ul>	10a 10b 10c 10d 10e 10f	Yes X X	No X X X		Amou	nt 500,00
<ul> <li>29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)</li></ul>	10b 10c 10d 10e 10f		X			500,00
<ul> <li>on line 10a.)</li></ul>	10c 10d 10e 10f					500,00
<ul> <li>Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?</li> <li>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.)</li> <li>Has the plan failed to provide any benefit when due under the plan?</li> <li>Did the plan have any participant loans? (If "Yes," enter amount as of year end.)</li> </ul>	10d 10e 10f		X			500,00
or dishonesty?       1         e 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.)       1         Has the plan failed to provide any benefit when due under the plan?       1         Did the plan have any participant loans? (If "Yes," enter amount as of year end.)       1	10e 10f	x	X			
insurance service or other organization that provides some or all of the benefits under the plan? (See instructions.)	10f	x				
Did the plan have any participant loans? (If "Yes," enter amount as of year end.)						21,44
			Х			
	10g	Х				79,56
	I If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR					
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						
t VI Pension Funding Compliance						
Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and comple 5500))					. [] Y	′es 🛛 No
Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code o	or sect	ion 3	302 of	ERISA?	.    Y	′es X No
(If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)				· .	. –	
If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instruction granting the waiver.						
you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.		_				
<b>b</b> Enter the minimum required contribution for this plan year						
C Enter the amount contributed by the employer to the plan for this plan year						
<b>d</b> 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)						
Will the minimum funding amount reported on line 12d be met by the funding deadline?			(	Yes	No No	N/A
VII Plan Terminations and Transfers of Assets						
Has a resolution to terminate the plan been adopted in any plan year?			Υ	es X	No	
If "Yes," enter the amount of any plan assets that reverted to the employer this year			<u> </u>			
Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought un of the PBGC?	nder th	e co			ΠY	es X No
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.)					-	
13c(1) Name of plan(s): 13					130	c(3) PN(s)
tion: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable	cause	e is e	establ	ished.	1	
er penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return					ahla a 🤇	

belief, it is true, correct, and complete.

SIGN	4AN	4312	Steven R. Schwasnick			
HERE	Signature of plan administrator	Date	Enter name of individual signing as plan administrator			
SIGN						
I HERE	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor			