	Form 5500-SF	Benefit Plan					OMB Nos. 1210-0110 1210-0089		
	Department of the Treasury Internal Revenue Service	_	ctions 104 and 4065 of the Employee	2011					
Department of Labor Retirement Income Security Act of 1974 (ERISA), and sections 6057(b) and 6 Employee Benefits Security Administration the Internal Revenue Code (the Code).						This Form is	s Open to Public		
P	ension Benefit Guaranty Corporation		dance with	n the instructions to the Form 5500	-SF.	1115	pection		
		entification Information	4			2011			
	calendar plan year 2011 or fisca	al plan year beginning 01/01/201		.	2/31/2				
	This return/report is for:		•	-employer plan (not multiemployer)		a one-particip	oant plan		
B	This return/report is:	the first return/report		eturn/report					
_				in year return/report (less than 12 mo	nths)	_			
C	Check box if filing under:	Form 5558		extension		DFVC progra	m		
special extension (enter description)									
		nation—enter all requested information	ation		16	There are the h			
	Name of plan	1K PROFIT SHARING PLAN & TRU	ST		D	Three-digit plan number			
00101			01			(PN) ►	001		
					1c	Effective date of 05/01	•		
	Plan sponsor's name and addre PONENT CONCEPTS, INC.	ess; include room or suite number (er	mployer, if	for a single-employer plan)	2b	Employer Identif (EIN) 91-14			
3220	PINE ST.				2c	Sponsor's telep	hone number		
	RETT, WA 98201-4536				2d	Business code (33431			
	Plan administrator's name and PONENT CONCEPTS, INC.	address (if same as plan sponsor, er 3229 PINE ST	Г.			b Administrator's EIN 91-1434680			
EVERETT, W						3c Administrator's telephone number 425-259-6289			
4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN, and the plan number from the last return/report.									
а	Sponsor's name				4c	PN			
5a Total number of participants at the beginning of the plan year					5a		19		
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 p complete this item).					5c		12		
6a	Were all of the plan's assets d	uring the plan year invested in eligibl	e assets?	(See instructions.)			X Yes No		
b	Are you claiming a waiver of th	e annual examination and report of a	an indeper	ident qualified public accountant (IQP	PA)				
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.									
Pa	rt III Financial Informa		5111 5500-	or and must instead use rorm 550	0.				
7	Plan Assets and Liabilities			(a) Beginning of Year		(b) End	of Year		
а	Total plan assets		7a	61434			53534		
b	Total plan liabilities		7b						
С	Net plan assets (subtract line 7	b from line 7a)	7c	61434			53534		
8	Income, Expenses, and Transf	ers for this Plan Year		(a) Amount		(b) T	otal		
а	Contributions received or recei	vable from:	8a(1)						
			8a(2)	2682					
			8a(3)						
b	() ()		8b	-4001					
С	(<i>)</i>	8a(2), 8a(3), and 8b)	8c				-1319		
d	Benefits paid (including direct r	ollovers and insurance premiums	. 8d	6206					
е	Certain deemed and/or correct	ive distributions (see instructions)	8e						
f	Administrative service provider	s (salaries, fees, commissions)	8f	375					
g	Other expenses		8g						
h	Total expenses (add lines 8d, 8	3e, 8f, and 8g)	8h				6581		
i		e 8h from line 8c)					-7900		
j	Transfers to (from) the plan (se	ee instructions)	8j						

For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500-SF.

Page 2 - 1

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: 2E 2G 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:

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)	10a		х				
b	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	10b		х				_
С	Was the plan covered by a fidelity bond?	10c	Х				50000	_
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		Х				_
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.)	10e	X				375	
f	Has the plan failed to provide any benefit when due under the plan?	10f		Х				
g	Did the plan have any participant loans? (If "Yes," enter amount as of year end.)	10g	X				0	
h	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	10h		Х				
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						
Part	VI Pension Funding Compliance							
11	11 Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form 5500))							_
lf y b c d	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code (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 ou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13. Enter the minimum required contribution for this plan year Enter the amount contributed by the employer to the plan for this plan year 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)	tions, th of a	and e	nter th Day 12b 12c 12d	e date of the	ear	Lling	
	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	3a Has a resolution to terminate the plan been adopted in any plan year?							
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?								
13c(1) Name of plan(s): 13c(2) EIN(s) 13c(3) PN(s)							B) PN(s)	-
Caut	13c(1) Name of plan(s): 13c(2) EIN(s) 13c(3) PN(s) Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established. Image: Caution is a complete filing of this return/report will be assessed unless reasonable cause is established.							
IInde	Inder nenalties of perjury and other penalties set forth in the instructions. I declare that I have examined this return/report, including, if applicable, a Schedule						nedule	

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.	05/08/2012	MARK POTENSKY				
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				

Description Benefit Plan Description This form is required to be first under sectors 40 and 4065 of the Employee prevession. Social Advanced to the first under sectors 400 and 4065 of the Employee the first marker sectors 400 and 4065 of the Employee the first marker sectors 400 and 4065 of the Employee the first marker sectors 400 and 4065 of the Employee the first marker work to the form 5000 SF. Part II Annual Report Identification Information For estematic plan year (2010 of first plan year beginning of a single-employer plan B This returniceport is to:		Form 5500-SF	Short Form Annual R			Small Employ	/ee		OMB Nos. 1210-0110 1210-0089	
Deventment at Lator Retrement Income Beaufury Act of 1974 (ERISA), and sections 6057(b) and 6055(c) of the informal Revent Color (Bornau Schuld Pari) year Action for Color. This Form is Open to Public Inspection Part I Annual Report Identification Information Part I Annual Report Identification Information B in a return/report in the first return/report in an amender return/report in a single-employer plan (at multimed) Information - enter all requested information Information - enter all requested information Identification (Inter description) Part II Annual Report Identification (Inter description) ID FVC program Inter-odgt Identification (Inter description) Part II Basic Plan Information - enter all requested information Identification (Inter description) ID There-odgt Identification (Inter description) Part II Basic Plan Information - enter all requested information Identification (Inter description) Identification (Inter description) 2									2011	
Preson Neurification Converter > Complete all entries in accordance with the instructions to the Form 550-SF. Inspection Part I Annual Report Identification Information For calandar given year 2011 of fixed plan year beginning 01/01/2011 and undirg 12/31/2011 A This return/report is B a single-employer plan a multiple employer plan (not multiemployer) a one-participant plan B This return/report is the first return/report a sinch plan year return/report a sinch plan year return/report a sinch plan year return/report C Check box if filing under: Form 5568 undmake extension DFVC program Part II Basic Plan Information Interdedition D Three-digit plan unother OCMPONENT CONCEPTS, INC. 401K PROFIT SHARING PLAN & TRUST Ib Three-digit plan unother COMPONENT CONCEPTS, INC. 401K PROFIT SHARING PLAN & TRUST D Three-digit plan unother COMPONENT CONCEPTS, INC. 98201-4536 2c Sponor's lalephone number COMPONENT CONCEPTS, INC. 98201-4536 2c Sponor's lalephone number Size S PINE ST. WA 98201-4536 2c Administrator's telephone number Size S PINE ST. Sc Administrator's telephone number 4	E		Retirement Income Security Act of 1974 (ERISA), and sections 6057(b) and 605							
Part II Annual Report Identification Information For caladrad proy pare 2011 or factor plane year beginning 01/01/2011 and ending 12/31/2011 A This return/report is for: Image of the strutur/report a single-employer plan be final return/report be one-participant plane B This return/report is image of the return/report a short plan year return/report be one-participant plane C Check box if filing under: Form 5558 automatic extansion DFVC program Part II Basic Plan Information—enter all requested information 1 the filing the struture plane COMPONENT CONCEPTS, INC. 401K PROFIT SHARING PLAN & TRUST 1b Three-digit plane COMPONENT CONCEPTS, INC. 401K PROFIT SHARING PLAN & TRUST 201 COMPONENT CONCEPTS, INC. 201 26 Sponsor's telephone number (EM) 91-1434680 2229 PINE ST. VA 9E201-4536 26 Sponsor's telephone number (EM) 91-1434680 2229 PINE ST. VA 9E201-4536 26 Administrator's name and address (fisame as plan sponsor, enter 'Same') 303 4210 3a Plan administrator's name and address (fisame as of the gal since the last return/report filed for this plan. enter the tast 425 Se- 6289 <td< th=""><th></th><td></td><td colspan="6">anging Report Construction</td><td>en de la serie (States en series de la serie de la serie de la series)</td></td<>			anging Report Construction						en de la serie (States en series de la serie de la serie de la series)	
A This return/report is:			entification Information	uance wit		ns to the Form 5500	J-3F.			
B This return/report the first return/report the first return/report a short plan year return/report (less than 12 months) C Check box if filing under: a mannedad return/report a short plan year return/report (less than 12 months) DFVC program Part II Basic Plan Information—enter all requested information 1 The There-digit plan number (employer, if for a single-employer plan) COMPONENT CONCEPTS, INC. 401K PROFIT SHARING FLAN & TRUST 1b Three-digit plan number (employer, if for a single-employer plan) 22.0 Employer identification Number (comport's name and address; include room or suite number (employer, if for a single-employer plan) 2b Employer identification Number (EM) y 1 - 1344680 32.2.9 PINE ST. 2b Employer identification Number (EM) y 1 - 1434680 334310 S2.2.9 PINE ST. VA 98201-4536 2d Budenistrator's leiphone number 425-259-6285 EVERETT VA 98201-4536 3c definition of the plan number for the last return/report filed for this plan, enter the 425-259-6285 4 If the name and/of EN to the plan sponsor, enter 'Same') 3c definition of the plan number for the last return/report filed for this plan, enter the 425-259-6285 4 If the name and/of EN to the plan sponsor hore share thom addithe plan number for participants at the beginning of the	For			01/01/	2011	and ending		12/31/201	1	
C C C check box if filing unde:	А	This return/report is for:	a single-employer plan	a multiple	e-employer plan	(not multiemployer)		a one-partic	ipant plan	
C Check box if filing under: Form 5558 automatic extension DFVC program Part II Basic Plan Information—enter all requested information 1 The original actions of (enter description) I a Name of plan COMPONENT CONCEPTS, INC. 401K PROFIT SHARING PLAN & TRUST 1b Three-digit plan number (mployer, if for a single-employer plan) 20 2 a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) 2b Employer Identification Number (EN) 3229 PINE ST. 2b Employer Identification Number (EN) 334310 3 a Plan administrator's room consulte number (see plan, estimation) 334310 334310 3 a Plan administrator's room consort, enter 'Same') 3b Administrator's EN 3229 PINE ST. EVERETT WA 98201-4536 3c Aministrator's EN 3229 PINE ST. 3b Administrator's Conceptors, TNC. 3b Administrator's EN 2229 PINE ST. WA 98201-4536 3c Administrator's EN 2239 PINE ST. 3b Administrator's EN 3c Administrator's EN 2249 PINE ST. WA 98201-4536 3c Administrator's EN 5a Total number of participants at the beginning of the plan year. 5b 12 6a total number of participants at the beginning of the plan year. 5b 12 <th>В</th> <td>This return/report is:</td> <td></td> <td>the final r</td> <td>eturn/report</td> <td></td> <td></td> <td></td> <td></td>	В	This return/report is:		the final r	eturn/report					
gecial extension (anter description) Part III Basic Plan Information—enter all requested information 1a Name of plan COMPONENT CONCEPTS, INC. 401K PROFIT SHARING PLAN & TRUST 1b Three-digit plan number (PRN) > 001 2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) 2b Employer identification Number (ENN) > 01 22a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) 2b Employer identification Number (ENN) > 01 22a Plan administrator's name and address; include room or suite number (same") 2b Sponsor's telephone number 425-259-6289 22b Plan Sonsor's name and address; if same as plan sponsor, enter 'Same") 3b Administrator's name and address; if same as plan sponsor, enter 'Same") 3229 Plan Sonsor's name 98201-4536 3c Administrator's telephone number 425-259-6289 24 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name and/or of participants at the end of the plan year. 4c PN 5a Total number of participants at the edgring of the plan year. 5b 12 6a Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.). Yes Ne Yes Ne 7 Plan Assets and Liabilities 7a 61434 53534						port (less than 12 mo	onths)	_		
Part II Basic Plan Information—enter all requested Information 1a Name of plan COMPONENT CONCEPTS, INC. 401K PROFIT SHARING PLAN & TRUST 1b Three-digit plan number (PN) > 001 1c Effective date of plan (05/01/1998) 23 2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) (05/01/1998) 2b Employer Identification Number (EN) 3225 P1NE ST. 2vERET WA 98201-4536 2c Sponsor's telephone number 425-259-6289 2vERET WA 98201-4536 2d Business code (see instructions) 334310 3a Pian administrator's name and address (if same as plan sponsor, enter "Same") 3b Administrator's EIN 92-14336 2VERETT WA 98201-4536 3c Administrator's EIN 92-259-6289 4 If the name andor EIN of the plan spons ac charged since the last return/report filed for this plan, enter the aspensor's telephone number 425-259-6289 4c PN 5a Total number of participants at the beginning of the plan year 5a 19 19 5a Total number of participants at the beginning of the plan year invested in eligible assets? (see instructions). See 12 6a Were all of the plan's assets during the plan year invested in eligible assets? (see instructions). Se No 5a Total number of participants with account balances as of the end of constructions). Se No 6a Were all of the plan's assets duri	С	Check box if filing under:			c extension			DFVC progr	am	
1a Name of plan 1b Tree-dgit plan number COMPONENT CONCEPTS, INC. 401K PROFIT SHARING PLAN & TRUST 1b Tree-dgit plan number 2a Plan sponsor's name and address; include room or sulle number (employer, if for a single-employer plan) 2b Employer identification Number 229 PINE ST. 2c Sponsor's tabephone number 2b Employer identification Number 2UPNETT WA 98201-4536 2c Sponsor's tabephone number 3a Plan administrator's name and address; (if same as plan sponsor, enter 'Same') 3b Administrator's tabephone number 32239 PINE ST. WA 98201-4536 3c Administrator's tabephone number 2UPNENT CONCEPTS, INC. 3b Administrator's tabephone number 32239 PINE ST. WA 98201-4536 3c Administrator's tabephone number 34 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name and or the plan number from the last return/report filed for this plan, enter the fan number of participants at the end of the plan year 5a 19 50 Total number of participants at the end of the plan year 5a 19 5b 12 6 Aver all of the plan's assets during the plan year invested in eligible assets? (See instructions.) Yes No Yes No b Total number of participants at the end of the plan year invested of an independent qualified public acco	D			'						
COMPONENT CONCEPTS, INC. 401K PROFIT SHARING PLAN & TRUST	L		nation—enter all requested inform	ation			1h	Throe digit		
Za Plan sponsor's name and address; include room or sulte number (employer, if for a single-employer plan) Tc Effective date of plan 2249 PINE ST. Zb Employer Identification Number 229 PINE ST. Zc Sponsor's telephone number 220 PINE ST. Zc Sponsor's telephone number 2329 PINE ST. Zc Sponsor's telephone number 240 PINE ST. Zc Sponsor's telephone number 2329 PINE ST. Zc Sponsor's telephone number 240 PINE ST. Sc Administrator's telephone number 2529 PINE ST. Sc Administrator's telephone number 260 PINE ST. NA 270 PINE ST. NA 281 PINE ST. Sc Administrator's telephone number 270 PINE ST. NA 282 PINE ST. Sc Administrator's telephone number 282 PINE ST. NA Sc Administrator's telephone number 291 PINE ST. Sc Administrator's telephone number S			NC. 401K PROFIT SHARIN	IG PLAN	V & TRUST		ai			
2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) 2b Employer identification Number (EN) 91 - 1434680 22 29 PINE ST. 2c Sponsor's telephone number 425-259-6289 EVERETT WA 98201-4536 3a Plan administrator's name and address (if same as plan sponsor, enter 'Same') 3b Administrator's telephone number 425-259-6289 22 PURE ST. 3b Administrator's name and address (if same as plan sponsor, enter 'Same') 3b Administrator's telephone number 425-259-6289 22 PURE ST. WA 98201-4536 3c Administrator's telephone number 425-259-6289 24 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN, and the plan number from thes changed since the last return/report. 3b Administrator's telephone number 425-259-6289 4 If the name and/or EIN of the plan sponsor has changed since the last return/report. 3b administrator's telephone number for the last return/report. 5a Total number of participants at the beginning of the plan year. 5b 12 5a Verse all of the plan's assets during the plan year invested in eligible assets? (See instructions.) Ke PN 5a Verse all of the plan's assets during the plan year invested in eligible assets? (See instructions.) Ke No 5a Verse all of the plan's assets during the plan year invested in eligible accountant (IQPA) Ke No 7a Coll pla						-		\		
2a Plane sponsor's name and address; include room or suite number (employer, if for a single-employer plan) 2b Employer Identification Number (EIN, 91 - 1434680 3229 PINE ST. 2c Sponsor's telephone number 425-259-6289 EVERETT WA 98201-4536 3a Plan administrator's name and address (if same as plan sponsor, enter "Same") 3b Administrator's EIN 51. 3229 PINE ST. 3b Administrator's enter and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN, and the plan number from the last return/report. 3b Administrator's EIN 52-259-6289 4b Tthe name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the asponsor's name 3c Administrator's EIN 55 5a Total number of participants at the end of the plan year. 5a 19 5b 122 5c 122 6a Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.) Xi Yes No 6 Ave you claiming a waiver of the annual examination and report of an independent qualified public accountant (IOPA) Xi Yes No 7 Plan Assets and Liabilities (a) Beginning of Year (b) End of Year 7 A contributions received or receivable from: (a) Amount (b) Total 7 Plan Assets and Liabilities 7a 61434 53534 8 income, Expenases, and Transfers for this Plan Year <th></th> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>										
COMPONENT CONCEPTS, INC. (EN) 91-1434680 3229 PINE ST. 2C Sponsor's telephone number 4 22-259-6289 EVERETT WA 98201-4536 334310 3a Plan administrator's name and address (if same as plan sponsor, enter "Same") 304 Administrator's telephone number COMPONENT ONCEPTS, INC. 3229 PINE ST. 30 Administrator's telephone number EVERETT WA PB 201-4536 3c Administrator's telephone number EVERETT WA 98201-4536 3c Administrator's telephone number 191-1434680 3c Administrator's telephone number 19229 PINE ST. 3b Administrator's telephone number 2209 PINE ST. WA 98201-4536 4c PN 5a Total number of participants at the beginning of the plan year. 5a 5a Total number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item) 5c 6a Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.). Sh Yes No Myou answered "No" to either 6a or 6b, the plan cannot use Form 5500-SF and must instead use Form 5500. Yes No No <td< th=""><th>2a</th><td>Plan sponsor's name and addre</td><td>ess; include room or suite number (e</td><td>mployer, it</td><td>f for a single-emp</td><td>oloyer plan)</td><td></td><td></td><td></td></td<>	2a	Plan sponsor's name and addre	ess; include room or suite number (e	mployer, it	f for a single-emp	oloyer plan)				
EVERET WA 98201-4536 225-259-6289 3a Plan administrator's name and address (if same as plan sponsor, enter "Same") 334310 334310 COMPONENT CONCEPTS, INC. 334310 3229 PINE ST. WA 98201-4536 EVERETT WA 98201-4536 3c Administrator's EIN EVERETT WA 98201-4536 3c Administrator's telephone number at 25-259-6289 4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name. EIN, and the plan number from the last return/report. 3c Administrator's telephone number at 25-259-6289 5a Total number of participants at the beginning of the plan year. 5a 1g 5a 19 5b 12 5a 12 5b 12 6a Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.) Xe Yes No M you claiming a waiver of the annual examination and report of an independent qualified public accountant (ICPA) Yes No M you claiming waiver of the sinuctions on waiver eligibility and conditions. Yes No Yes No M you claiming a waiver of the ennual examination and report of an independent qualified p			NC.			-				
EVERETT WA 98201-4536 2d Business code (see instructions) 334310 334310 3a Plan administrator's name and address (if same as plan sponsor, enter "Same") 3b Administrator's tells S229 PINE ST. WA 98201-4536 3c Administrator's tells EVERETT WA 98201-4536 3c Administrator's tellsphone number A if the name and/or EIN of the plan sponsor has changed since the last return/report. 3c Administrator's tellsphone number a Sponsor's name 4c PN 5a Total number of participants at the beginning of the plan year. 5a 19 5b 12 c Number of participants at the end of the plan year. 5b 12 c Number of participants at the end of the plan year (defined benefit plans do not complete this item). 5c 12 6a Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.) Yes > No f you answered "No" to either 6a or 6b, the plan cannot use Form 5500-SF and must instead use Form 5500. Yes > No Part III Financial linformation 7a 61434 53534 7 Plan Assets and Liabi	32	29 PINE SI.					2c			
3a Plan administrator's name and address (if same as plan sponsor, enter "Same") 3b Administrator's EIN 91-1434680 3229 PINE ST. 3b Administrator's EIN 91-1434680 S229 PINE ST. 3c Administrator's EIN 91-1434680 4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN, and the plan number from the last return/report. 3c Administrator's telephone number 425-259-6289 4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN, and the plan number from the last return/report. 3c Administrator's telephone number 425-259-6289 5a Total number of participants at the beginning of the plan year. 5a 19 5b Total number of participants at the end of the plan year. 5a 12 6a Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.) Sc 12 6a Were all of the plan's assets during the plan cannot use Form 5500-SF and must instead use Form 5500. Yes No No If you answered "No" to either 6a or 6b, the plan cannot use Form 5500-SF and must instead use Form 5500. Stad 10 Stad 10 7 Plan Assets and Liabilities 7a 61434 53534 6 Net plan assets (subtract line 7b from line 7a) 7c 61434 53534 7 Total plan assets (subtract line 7b from line 7a) 7c 61434 53534 8 Income, Expenses, and Tre	EV	FRETT	WA 98201-4536			-	2d			
COMPONENT CONCEPTS, INC. 91-1434680 3229 PINE ST. 3C Administrator's telephone number 425-259-6289 4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN, and the plan number from the last return/report. 4b EIN 4 Sponsor's name 4c PN 5a Total number of participants at the end of the plan year 5b 12 6 Wumber of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item) 5c 12 6a Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.) Xest [No Xest [No b Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) Xest [No Part III Financial Information Yes [No 7 Plan Assets and Liabilities (a) Beginning of Year (b) End of Year a Total plan isselfs (subtract line 7b from line 7a) 7c 61434 53534 6 Income, Expenses, and Transfers for this Plan Year (a) Amount (b) Total 6 Contributions received or receivable from: 8a(1) 2682 2682 (2) Part IIII<			MI 90201 1990				2.0		(see instructions)	
3229 PINE ST. 32 PINE ST. EVERETT WA 98201-4536 4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN, and the plan number from the last return/report. 4 b EIN a Sponsor's name 4 c PN 5a 19 5a 5a 19 5a 5a 19 5b 12 6a Were all of the plan set the end of the plan year. 5a 6a Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.) Xere I 6a Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.) Xere I 6a Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.) Xere I 6a Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.) Xere Ne 7a 61434 53534 7a 61434 53534 7b 53334 53334 7a 61434 53534 8a(1) (a) Amount (b) Total 7a 61434 53534 8a(1) (a) Amount (b) Total 7a 61434 53534 8a(3a	Plan administrator's name and a MPONENT CONCEPTS.	address (if same as plan sponsor, er	nter "Same")			3b	Administrator's	EIN	
EVERET WA 98201-4536 425-259-6289 4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN, and the plan number from the last return/report. 4b EIN a Sponsor's name 4c PN 5a 19 5b 12 5a 19 5b 12 c Number of participants at the end of the plan year 5c 12 c Number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item). 5c 12 6a Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.) Xi Yes No b Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) Xi Yes No If you answered "No" to either 6a or 6b, the plan cannot use Form 5500-SF and must instead use Form 5500. Part III Financial Information 7 Plan Assets and Liabilities (a) Beginning of Year (b) End of Year a Total plan assets (subtract line 7b from line 7a) 7c 61434 53534 8	3229 PINE ST.									
a Sponsor's name 4c PN 5a Total number of participants at the beginning of the plan year							425-259-6289			
a Sponsor's name 4c PN 5a Total number of participants at the beginning of the plan year										
b Total number of participants at the end of the plan year 5b 12 c Number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item). 5c 12 6a Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.) X Yes No b Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) 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. Yes No Part III Financial Information (a) Beginning of Year (b) End of Year Xes 7 Plan Assets and Liabilities (a) Beginning of Year (b) End of Year 53534 b Total plan assets (subtract line 7b from line 7a) 7c 61434 53534 8 Income, Expenses, and Transfers for this Plan Year (a) Amount (b) Total a Contributions received or receivable from: 8a(1) (2) Participants 8a(2) 2682 (3) Other income (loss) 8b -4001 -1319 -1319 <th>a</th> <td></td> <td></td> <td></td> <td></td> <td></td> <td>4c</td> <td>PN</td> <td></td>	a						4c	PN		
c Number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item)							5a		19	
complete this item) 5c 12 6a Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.) X Yes No b Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) X Yes No 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. Yes No Part III Financial Information (a) Beginning of Year (b) End of Year 7 Plan Assets and Liabilities 7a 61434 53534 b Total plan assets. 7b 61434 53534 b Total plan assets (subtract line 7b from line 7a) 7c 61434 53534 8 Income, Expenses, and Transfers for this Plan Year (a) Amount (b) Total a Contributions received or receivable from: 8a(1) (b) Total (2) Participants 8a(2) 2682 2682 (3) Other income (loss) 8a -4001 -1319							5b	5b		
6a Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.) X Yes No b Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) 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. Part III Financial Information 7 Plan Assets and Liabilities (a) Beginning of Year (b) End of Year a Total plan isbilities 7a 61434 53534 b Total plan assets (subtract line 7b from line 7a) 7c 61434 53534 8 Income, Expenses, and Transfers for this Plan Year (a) Amount (b) Total a Contributions received or receivable from: 8a(1) (2) Participants 8a(2) 2682 (3) Other income (loss) 8b -4001 -1319	С					lans do not	50		12	
b Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) Image: Construction of the annual examination and report of an independent qualified public accountant (IQPA) If you answered "No" to either 6a or 6b, the plan cannot use Form 5500-SF and must instead use Form 5500. Part III Financial Information 7 Plan Assets and Liabilities (a) Beginning of Year (b) End of Year a Total plan assets. 7a 61434 53534 b Total plan assets (subtract line 7b from line 7a) 7c 61434 53534 c Net plan assets (subtract line 7b from line 7a) 7c 61434 53534 8 Income, Expenses, and Transfers for this Plan Year (a) Amount (b) Total a Contributions received or receivable from: 8a(1) (2) Participants 8a(2) 2682 (3) Other income (loss) 8b -4001 -1319	6a					s.)				
If you answered "No" to either 6a or 6b, the plan cannot use Form 5500-SF and must instead use Form 5500. Part III Financial Information 7 Plan Assets and Liabilities (a) Beginning of Year (b) End of Year a Total plan assets 7a 61434 53534 b Total plan assets (subtract line 7b from line 7a) 7c 61434 53534 8 Income, Expenses, and Transfers for this Plan Year (a) Amount (b) Total a Contributions received or receivable from: 8a(1) (2) Participants 8a(2) 2682 (3) Others (including rollovers) 8a(3) 8a(3) -4001 -1319		Are you claiming a waiver of the	e annual examination and report of a	an indeper	ndent qualified p	ublic accountant (IQF	PA)			
Part IIIFinancial Information7Plan Assets and Liabilities(a) Beginning of Year(b) End of YearaTotal plan assets7a6143453534bTotal plan liabilities7b								X Yes No		
a Total plan assets 7a 61434 53534 b Total plan liabilities 7b 61434 53534 c Net plan assets (subtract line 7b from line 7a) 7c 61434 53534 8 Income, Expenses, and Transfers for this Plan Year (a) Amount (b) Total a Contributions received or receivable from: 8a(1) 61434 61434 (2) Participants 8a(2) 2682 61434 (3) Others (including rollovers) 8a(3) 61434 61434 b Total 61434 61434 61434 61434 61434 61434 61434 7 61434 61434 61434 8 Income, Expenses, and Transfers for this Plan Year (a) Amount (b) Total a Contributions received or receivable from: 8a(1) 61434 61434 (2) Participants 8a(2) 2682 61434 61434 (3) Others (including rollovers) 8a(3) 61434 61434 61434 (3) Other income (loss) 8b -4001 -1319 (4) Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) 8c -1319 <th>Pa</th> <th></th> <th></th> <th></th> <th></th> <th></th> <th></th> <th></th> <th></th>	Pa									
b Total plan liabilities 7b c Net plan assets (subtract line 7b from line 7a) 7c 61434 53534 8 Income, Expenses, and Transfers for this Plan Year (a) Amount (b) Total a Contributions received or receivable from: 8a(1) (b) Total (2) Participants 8a(2) 2682 (3) Others (including rollovers) 8a(3) -4001 b Other income (loss) 8b -4001 c Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) 8c -1319	7	Plan Assets and Liabilities			(a) Beg	inning of Year		(b) End	d of Year	
C Net plan assets (subtract line 7b from line 7a)		And a 12 m. and an inclusion		7a		6143	4		53534	
8 Income, Expenses, and Transfers for this Plan Year (a) Amount (b) Total a Contributions received or receivable from: 8a(1) 8a(1) (2) Participants 8a(2) 2682 (3) Others (including rollovers) 8a(3) -4001 b Other income (loss) 8b -4001 c Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) 8c -1319							-			
a Contributions received or receivable from: (a) Annount (b) Total (1) Employers 8a(1) 8a(2) 2682 (2) Participants 8a(2) 2682 (3) Others (including rollovers) 8a(3) -4001 c Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) 8c -1319				7c			4			
(2) Participants 8a(2) 2682 (3) Others (including rollovers) 8a(3) b Other income (loss) 8b -4001 c Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) 8c -1319					(a)	Amount		(b)	Total	
(3) Others (including rollovers)		(1) Employers		8a(1)						
b Other income (loss) 8b -4001 c Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) 8c -1319						268	2			
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	h						-			
						-400	1		1210	
	d			00			194.9 194.9		-1319	
to provide benefits)		to provide benefits)				620	6			
Certain deemed and/or corrective distributions (see instructions) 8e			•				_			
f Administrative service providers (salaries, fees, commissions)						37.	5			
g Other expenses 8g h Total expenses (add lines 8d, 8e, 8f, and 8g)							-		CE01	
In Total expenses (add lines 8d, 8e, 8f, and 8g) 8h 6581 i Net income (loss) (subtract line 8h from line 8c) 8i -7900	i		8 · · · · · · · · · · · · · · · · · · ·							
j Transfers to (from) the plan (see instructions)	j									

Pa	t 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: 2E 2G 2J 2K 3D								
b	b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:								
Par	t V Compliance Questions								
10	During the plan year:		Yes	No		Amount			
а	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)	10a		Х					
b	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	10b		Х					
С	Was the plan covered by a fidelity bond?	10c	X				50000		
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			and the second		
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.)	10e	х				375		
f	Has the plan failed to provide any benefit when due under the plan?	10f		Х					
g	Did the plan have any participant loans? (If "Yes," enter amount as of year end.)	10g	X	X					
h	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)								
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								
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 5500))								
12	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA? 🗌 Yes 🛛 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 instructions, and enter the date of the letter ruling granting the waiver. Month Day Year f you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.								
	you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13. Enter the minimum required contribution for this plan year								
c	Enter the amount contributed by the employer to the plan for this plan year								
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)								
e	Will the minimum funding amount reported on line 12d be met by the funding deadline?						N/A		

Part VII | Plan Terminations and Transfers of Assets

13a	a Has a resolution to terminate the plan been adopted in any plan year?						
	If "Yes," enter the amount of any plan assets that reverted to the employer this year	13a					
b	b Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?						
С	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(s)	13c(3) PN(s)			

Caution: A penalty for the late or incom	plete filing of this return/report will be assesse	d unless reasonable cause is established

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		5212	Mark Potensky
HERE	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN			
UEDE	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor

Page 2 -



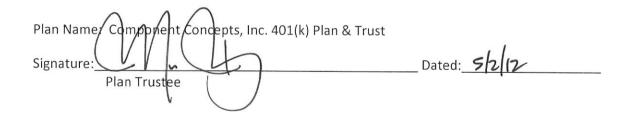
Professional Benefit Services, Inc. Affordable administration of employee benefit plans

Authorization to Electronically Sign and File 5500

I hereby authorize any employee of <u>Professional Benefit Services, Inc.</u> to electronically sign and file the 5500 forms on my behalf.

I further understand the following:

- I must sign a paper copy of the completed 5500 form.
- An image of my signature will be included with the rest of the return/report posted by the Department of Labor on the internet for public disclosure.
- I may revoke or change this authorization at any time by written notification to <u>Professional</u> <u>Benefit Services, Inc</u>.



NOTE TO USER:

A copy of this authorization must be kept in your records (but is not included in the filing). You must agree to communicate any inquiries and information received from EFAST2, DOL, IRS or PBGC regarding the return/report upon electronically signing the filing.

To sign on behalf of the plan administrator, you must register as a "signer" at the DOL EFAST2 website and a signed copy of the 5500 form should be attached to the electronic filing as an "other attachment".