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).

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

2011

OMB Nos. 1210-0110

1210-0089

This Form is Open to Public Inspection

Annual Report Identification Information For calendar plan year 2011 or fiscal plan year beginning and ending X a single-employer plan a multiple-employer plan (not multiemployer) a one-participant plan A This return/report is for: the first return/report **B** This return/report is: the final return/report an amended return/report a short plan year return/report (less than 12 months) Form 5558 automatic extension DFVC program C Check box if filing under: special extension (enter description) Part II Basic Plan Information—enter all requested information 1a Name of plan 1b Three-digit plan number CONTOUR, INC. (PN) ▶ 001 1c Effective date of plan 01/01/2010 2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) 2b Employer Identification Number CONTOUR, INC. 26-0597663 (EIN) 2c Sponsor's telephone number 206-792-5227 3131 WESTERN AVENUE, SUITE 410 2d Business code (see instructions) SEATTLE, WA 98121 334310 3a Plan administrator's name and address (if same as plan sponsor, enter "Same") 3b Administrator's EIN 3131 WESTERN AVENUE, SUITE 410 26-0597663 CONTOUR, INC. SEATTLE, WA 98121 **3c** Administrator's telephone number 206-792-5227 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..... 30 5a **b** Total number of participants at the end of the plan year..... 53 Number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item)..... **6a** Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.) **b** Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) Yes under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.)..... 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 20709 129321 Total plan assets..... 7a 7b Total plan liabilities..... 129321 20709 Net plan assets (subtract line 7b from line 7a)..... 7с Income, Expenses, and Transfers for this Plan Year (a) Amount (b) Total a Contributions received or receivable from: 8a(1) (1) Employers 112053 (2) Participants 8a(2) (3) Others (including rollovers)..... 8a(3) -3441 **b** Other income (loss)..... 8b 108612 Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) 8с Benefits paid (including direct rollovers and insurance premiums to provide benefits)..... 8d Certain deemed and/or corrective distributions (see instructions) ... 8e Administrative service providers (salaries, fees, commissions)...... 8f Other expenses..... 8g 0 Total expenses (add lines 8d, 8e, 8f, and 8g)..... 8h 108612 Net income (loss) (subtract line 8h from line 8c)..... 8i Transfers to (from) the plan (see instructions)

| Form 5500-SF 2011 | Page 2 - 1 | |
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| Part IV | Plan Cha | aracteristics |
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| | | |

- If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 9a 3D 2E 2F 2G 2J 2K
- 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 | | Amou | ınt | |
| 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 | | X | | | | |
| 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 | | X | | | | |
| 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 | | | | |
| 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 | | | | | | |
| art | VI Pension Funding Compliance | | | | | | | |
| 1 | Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and com 5500)) | | | | | | Yes | No |
| 2 | Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code | | | | | | Yes 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 | | | | | | | |
| - | Enter the minimum required contribution for this plan year | | [| 12b | | | | |
| | Enter the amount contributed by the employer to the plan for this plan year | | | 12c | | | | |
| | 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 | Will the minimum funding amount reported on line 12d be met by the funding deadline? | | | | Yes | No | 1 📗 | N/A |
| art | VII Plan Terminations and Transfers of Assets | | | | | | | |
| 3a | Has a resolution to terminate the plan been adopted in any plan year? | | | Y | res X | No | | |
| | If "Yes," enter the amount of any plan assets that reverted to the employer this year | 1 | 3a | <u>, — </u> | | | | |
| b | Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought of the PBGC? | under | the co | ntrol | | | Yes X | 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 plai | n(s) to | | | | _ | |
| 1 | 3c(1) Name of plan(s): | | 130 | c(2) EI | N(s) | 13 | 3c(3) PN | 1(s) |
| | | | | | | | | |
| aut | ion: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable | le cau | se is | establ | ished. | | | |
| nde | r penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return. | ırn/rep | ort, in | cludin | g, if applic | , | | |

belief, it is true, correct, and complete.

| SIGN | Filed with authorized/valid electronic signature. | 07/11/2012 | KARI KOBATA |
|------|---|------------|--|
| 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 |