#### Form 5500

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

HERE

Signature of DFE

## **Annual Return/Report of Employee Benefit Plan**

This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6047(e), 6057(b), and 6058(a) of the Internal Revenue Code (the Code).

▶ Complete all entries in accordance with the instructions to the Form 5500.

OMB Nos. 1210-0110 1210-0089

2011

This Form is Open to Public Inspection

					Inspection			
Part I	Annual Report Ident	ification Information						
For cale	For calendar plan year 2011 or fiscal plan year beginning 01/01/2011 and ending 12/31/2011							
A This	return/report is for:	a multiemployer plan;	a multip	le-employer plan; or				
		a single-employer plan;	☐ a DFE (	specify)				
			<u> </u>	· , ,				
<b>B</b> This	return/report is:	the first return/report;	the final	return/report;				
		an amended return/report;	a short	plan year return/report (less th	nan 12 months).			
C If the	plan is a collectively-bargained	d plan, check here						
<b>D</b> Chec	k box if filing under:	X Form 5558;	automa	tic extension;	the DFVC program;			
		special extension (enter de	escription)					
Part	II Basic Plan Inform	ation—enter all requested inform	nation					
	ne of plan	and the second s			<b>1b</b> Three-digit plan	002		
	T CORPORATION 401(K) PL	AN			number (PN) ▶			
					1c Effective date of pla	an		
0					07/01/1998			
<b>2a</b> Plan	sponsor's name and address	, including room or suite number (E	Employer, if for single	e-employer plan)	<b>2b</b> Employer Identification Number (EIN)			
RED DO	OT CORPORATION				91-0784146			
KLD DC	or controller				2c Sponsor's telephone			
					number	_		
РО ВОХ	(58270	495 AND	OVER PARK EAST		206-575-3840			
SEATTL	E, WA 98138		SEATTLE, WA 98138			<b>2d</b> Business code (see instructions)		
		omplete filing of this return/repo						
		enalties set forth in the instructions, s the electronic version of this retur						
SIGN	Filed with authorized/valid elec	ctronic signature.	10/11/2012	RICK BOMAN				
HERE	Signature of plan administrator		Date	Enter name of individual si	Enter name of individual signing as plan administrator			
SIGN								
HERE	Signature of employer/plar	n snonsor	Date	Enter name of individual of	igning as employer or plan sp	onsor		
	orginature or employer/plar	1 30011301	Date	Linter name or individual S	igning as employer or platt sp	OFISOI		
SIGN								

Date

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

Form 5500 (2011) v.012611

Enter name of individual signing as DFE

Form 5500 (2011) Page **2** 

	Plan administrator's name and address (if same as plan sponsor, enter "Same") CK BOMAN		ministrator's EIN -0784146			
	5 ANDOVER PARK EAST EATTLE, WA 98138		ministrator's telephone mber 206-575-3840			
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 the plan number from the last return/report:	and	4b EIN			
а	Sponsor's name		4c PN			
5	Total number of participants at the beginning of the plan year	5	401			
6	Number of participants as of the end of the plan year (welfare plans complete only lines 6a, 6b, 6c, and 6d).					
а	Active participants	6a	412			
b	Retired or separated participants receiving benefits	6b	0			
С	Other retired or separated participants entitled to future benefits	6с	28			
d	Subtotal. Add lines <b>6a</b> , <b>6b</b> , and <b>6c</b>	6d	440			
е	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	6e	0			
f	Total. Add lines <b>6d</b> and <b>6e</b>	6f	440			
g	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	6g	229			
h	Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	6h	10			
7	Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7				
	If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes 2E 2F 2G 2J 2K 2T 3D  If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the plan provides welfare benefits and					
	Plan funding arrangement (check all that apply)  (1) Insurance (2) Code section 412(e)(3) insurance contracts (3) X Trust (4) General assets of the sponsor  9b Plan benefit arrangement (check all that apply)  (1) Insurance (2) Code section 412(e)(3) insurance contracts (3) X Trust (4) General assets of the sponsor					
10	Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number	er attac	nea. (See instructions)			
а	The Pension Schedules  (1) R (Retirement Plan Information)  (2) MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary  (3) A (Insurance Information) - C (Service Provide)	ation – i	,			
	(3) SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary (6) D (DFE/Participating G) (Financial Trans	ng Plan	Information)			

# SCHEDULE C (Form 5500)

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).

File as an attachment to Form 5500.

**Service Provider Information** 

OMB No. 1210-0110

2011

This Form is Open to Public Inspection.

For calendar plan year 2011 or fiscal plan year beginning 01/01/2011	and ending 12/31/2011	
A Name of plan RED DOT CORPORATION 401(K) PLAN	B Three-digit plan number (PN)	002
C Plan sponsor's name as shown on line 2a of Form 5500 RED DOT CORPORATION	D Employer Identification Nu 91-0784146	imber (EIN)
Part I Service Provider Information (see instructions)		
You must complete this Part, in accordance with the instructions, to report the infor or more in total compensation (i.e., money or anything else of monetary value) in c plan during the plan year. If a person received <b>only</b> eligible indirect compensation answer line 1 but are not required to include that person when completing the remains a linear to the property of the plan year.  Information on Persons Receiving Only Eligible Indirect Com	onnection with services rendered to the p for which the plan received the required of ainder of this Part.	lan or the person's position with the
Check "Yes" or "No" to indicate whether you are excluding a person from the remainded indirect compensation for which the plan received the required disclosures (see instance).	inder of this Part because they received o	<i>'</i> '
<b>b</b> If you answered line 1a "Yes," enter the name and EIN or address of each person received only eligible indirect compensation. Complete as many entries as needed		e service providers who
(b) Enter name and EIN or address of person who provide	ed you disclosures on eligible indirect com	npensation
STANCORP FINANCIAL GROUP		
93-1253576		
(b) Enter name and EIN or address of person who provide	ed you disclosure on eligible indirect com	pensation
(b) Enter name and EIN or address of person who provide	ed you disclosures on eligible indirect com	pensation
(b) Enter name and EIN or address of person who provide	ed you disclosures on eligible indirect com	pensation

3 -	1
	3 -

answered	l "Yes" to line 1a above	e, complete as many	entries as needed to list ea	r Indirect Compensation in the person receiving, directly or the plan or their position with the	indirectly, \$5,000 or more in t	otal compensation
		(	<b>a)</b> Enter name and EIN or	address (see instructions)		
STANCOR	P FINANCIAL GROUP		•	,		
93-1253576	6					
(b) Service Code(s)	Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0	(h) Did the service provider give you a formula instead of an amount or estimated amount?
12 15 18 19 50 60	NONE	55439	Yes X No	Yes No 🗵	2787	Yes No
		(	a) Enter name and EIN or	address (see instructions)		
(L)	(2)	(4)	(2)	(6)	(2)	(1.)
(b) Service Code(s)	Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0	(h) Did the service provider give you a formula instead of an amount or estimated amount?
			Yes No	Yes No		Yes No
		(	a) Enter name and EIN or	address (see instructions)		
(b) Service Code(s)	Relationship to employer, employer organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0	(h) Did the service provider give you a formula instead of an amount or estimated amount?
			Yes No	Yes No		Yes No

Page :	3 -	2
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answered	d "Yes" to line 1a above	e, complete as many	entries as needed to list ea	or Indirect Compensation ach person receiving, directly or the plan or their position with the	indirectly, \$5,000 or more in t	total compensation
		(	(a) Enter name and EIN or	address (see instructions)		
(b) Service Code(s)	Relationship to employer, employer organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0	
			Yes No	Yes No		Yes No
		(	(a) Enter name and EIN or	· address (see instructions)		
(b) Service Code(s)	Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0	
			Yes No	Yes   No		Yes No
		(	(a) Enter name and EIN or	address (see instructions)		
(b) Service Code(s)	Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0	(h) Did the service provider give you a formula instead of an amount or estimated amount?
			Yes No	Yes No		Yes No

#### Part I Service Provider Information (continued)

3 If you reported on line 2 receipt of indirect compensation, other than eligible indirect compensation, by a service provider, and the service provider is a fiduciary or provides contract administrator, consulting, custodial, investment advisory, investment management, broker, or recordkeeping services, answer the following questions for (a) each source from whom the service provider received \$1,000 or more in indirect compensation and (b) each source for whom the service provider gave you a formula used to determine the indirect compensation instead of an amount or estimated amount of the indirect compensation. Complete as many entries as needed to report the required information for each source.

many crimes as necessaris report are required information for each estates.		
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
STANCORP FINANCIAL GROUP	19 60	2710
(d) Enter name and EIN (address) of source of indirect compensation	formula used to determine	compensation, including any e the service provider's eligibility the indirect compensation.
RELIANCE	SUBTAS	
58-1428634		
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	formula used to determine	compensation, including any e the service provider's eligibility the indirect compensation.
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	formula used to determine	compensation, including any e the service provider's eligibility the indirect compensation.

Part II Service Providers Who Fail or Refuse to Provide Information					
4 Provide, to the extent possible, the following information for earthis Schedule.	ch service provide	r who failed or refused to provide the information necessary to complete			
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide			
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(C) Describe the information that the service provider failed or refused to provide			
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(C) Describe the information that the service provider failed or refused to provide			
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(C) Describe the information that the service provider failed or refused to provide			
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(C) Describe the information that the service provider failed or refused to provide			
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide			

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Pa	rt III	Termination Information on Accountants and Enrolled Actuaries (see insection) (complete as many entries as needed)	structions)
а	Name		b ein:
С	Positio	n:	
d	Addres	es:	e Telephone:
Ex	olanatio	1:	
а	Name:		b EIN:
C	Positio		
d	Addres		<b>e</b> Telephone:
Exp	olanatio	n:	
а	Name:		<b>b</b> EIN:
С	Positio		
d	Addres		e Telephone:
Ex	olanatio	n:	
а	Name:		b EIN:
C	Positio		
d	Addres		e Telephone:
Ex	olanatio	n:	
а	Name:		b EIN:
C	Positio	n:	
d	Addres		<b>e</b> Telephone:
Ex	planatio	1:	

# SCHEDULE D (Form 5500)

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

# **DFE/Participating Plan Information**

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).

File as an attachment to Form 5500.

OMB No. 1210-0110

2011

This Form is Open to Public Inspection.

Fan aslandar plan was 2011 an fissal n		01/01/2011 and	d ending 12/31/2011	
For calendar plan year 2011 or fiscal p	Diair year begirining	01/01/2011 and		
A Name of plan RED DOT CORPORATION 401(K) PL	ΔΝ		<b>B</b> Three-digit	002
KEB BOT GOKT GKATION 401(K) TE	AIN		plan number (PN)	
			_	
C Plan or DFE sponsor's name as she	own on line 2a of Form	5500	<b>D</b> Employer Identification Number	(EIN)
RED DOT CORPORATION			91-0784146	
Part I Information on inter	ests in MTIAs, CC	Ts, PSAs, and 103-12 IEs (to be co	mpleted by plans and DFEs)	
(Complete as many	entries as needed	to report all interests in DFEs)		
a Name of MTIA, CCT, PSA, or 103-	12 IE: RELIANCE AL	OVISORY TRUST PORTFOLIOS		
<b>b</b> Name of sponsor of entity listed in	(a): RELIANCE TF	RUST COMPANY		
	· ,			
C EIN-PN 52-4128634-011	<b>d</b> Entity C	e Dollar value of interest in MTIA, CCT, P	PSA, or 103	6447405
	code	12 IE at end of year (see instructions)		· · · · · · · · · · · · · · · · · · ·
a Name of MTIA, CCT, PSA, or 103-	12 IE:			
	·-·-			
<b>b</b> Name of sponsor of entity listed in	(a):			
C FINI DAI	<b>d</b> Entity	e Dollar value of interest in MTIA, CCT, P	PSA, or 103	
C EIN-PN	code	12 IE at end of year (see instructions)	•	
2 Name of MTIA CCT DCA or 102	40 IF:			
a Name of MTIA, CCT, PSA, or 103-	12 IE:			
<b>b</b> Name of sponsor of entity listed in	(a):			
-	<b>d</b> Entity	e Dollar value of interest in MTIA, CCT, P	PSA or 103-	
C EIN-PN	code	12 IE at end of year (see instructions)	<i>57</i> 1, 61 166	
a Name of MTIA, CCT, PSA, or 103-	12 IE:			
<b>b</b> Name of sponsor of entity listed in	(a):			
C EIN-PN	<b>d</b> Entity	e Dollar value of interest in MTIA, CCT, P	PSA, or 103-	
	code	12 IE at end of year (see instructions)		
a Name of MTIA, CCT, PSA, or 103-	12 IE:			
-				
<b>b</b> Name of sponsor of entity listed in	(a):			
	al = 0.		204 400	
C EIN-PN	d Entity code	<ul> <li>Dollar value of interest in MTIA, CCT, P</li> <li>12 IE at end of year (see instructions)</li> </ul>	2SA, or 103-	
	Code	12 IL at elid di year (see ilistructions)		
a Name of MTIA, CCT, PSA, or 103-	12 IE:			
<b>b</b> Name of sponsor of entity listed in	(a):			
	al = 0.		204 400	
C EIN-PN	<b>d</b> Entity	Dollar value of interest in MTIA, CCT, P  13 IF at and of year (see instructions)	2SA, or 103-	
	code	12 IE at end of year (see instructions)		
a Name of MTIA, CCT, PSA, or 103-	12 IE:			
<b>b</b> Name of sponsor of entity listed in	(a):			
C EIN-PN	<b>d</b> Entity	e Dollar value of interest in MTIA, CCT, P	PSA, or 103-	

12 IE at end of year (see instructions)

e Dollar value of interest in MTIA, CCT, PSA, or 103-

e Dollar value of interest in MTIA, CCT, PSA, or 103-

12 IE at end of year (see instructions)

12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

**b** Name of sponsor of entity listed in (a):

a Name of MTIA, CCT, PSA, or 103-12 IE:

**b** Name of sponsor of entity listed in (a):

C EIN-PN

C EIN-PN

**d** Entity

**d** Entity

code

code

F	Part II	Information on Participating Plans (to be completed by DFEs) (Complete as many entries as needed to report all participating plans)	
а	Plan na		
b	Name o		C EIN-PN
а	Plan na	ne	
b	Name o		C EIN-PN
a	Plan na		
	Name o		C EIN-PN
_	Plan na		
	Name o		C EIN-PN
	plan spo	nsor	
	Plan na		
b	Name o		C EIN-PN
а	Plan na	ne	
b	Name o		C EIN-PN
a	Plan na	me	
b	Name o		C EIN-PN
а	Plan na	me	
b	Name o		C EIN-PN
а	Plan na	ne	
b	Name o		C EIN-PN
а	Plan na	me	
b	Name o		C EIN-PN
а	Plan na	me	
b	Name o		C EIN-PN
а	Plan na	ne	
b	Name o		C EIN-PN

### **SCHEDULE H** (Form 5500)

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

#### **Financial Information**

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code).

File as an attachment to Form 5500.

OMB No. 1210-0110

2011

This Form is Open to Public

Pension Benefit Guaranty Corporation					Inspection			
For calendar plan year 2011 or fiscal plan year beginning 01/01/2011		and o	endir	g 12/31/20	11			
A Name of plan			В	Three-digit				
RED DOT CORPORATION 401(K) PLAN				plan numbe	r (PN)	•	002	
C Plan sponsor's name as shown on line 2a of Form 5500			D	Employer Ide	ntificati	on Number (E	IN)	
RED DOT CORPORATION				04.0704440				
				91-0784146				
Part I Asset and Liability Statement								
1 Current value of plan assets and liabilities at the beginning and end of the plan the value of the plan's interest in a commingled fund containing the assets of m lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance benefit at a future date. Round off amounts to the nearest dollar. MTIAs, Co and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See	nore than one se contract wh CTs, PSAs, ar	plan on a ich guarar	line-l ntees	by-line basis u , during this pl	nless th an year	ne value is rep r, to pay a spe	oortable on cific dollar	
Assets		<b>(a)</b> B	eginr	ning of Year		<b>(b)</b> End	of Year	
a Total noninterest-bearing cash	1a							
<b>b</b> Receivables (less allowance for doubtful accounts):								
(1) Employer contributions	1b(1)							
(2) Participant contributions	1b(2)							
(3) Other	1b(3)							
C General investments:								
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)			1252	231		112212	
(2) U.S. Government securities	1c(2)							
(3) Corporate debt instruments (other than employer securities):								
(A) Preferred	1c(3)(A)							
(B) All other	1c(3)(B)							
(4) Corporate stocks (other than employer securities):								
(A) Preferred	1c(4)(A)							
(B) Common	1c(4)(B)							
(5) Partnership/joint venture interests	1c(5)							
(6) Real estate (other than employer real property)	1c(6)							
(7) Loans (other than to participants)	1c(7)							
(8) Participant loans	1c(8)			1534	67		248282	
(9) Value of interest in common/collective trusts	1c(9)			52614	55		5654591	
(10) Value of interest in pooled separate accounts	1c(10)				$\dashv$			
(11) Value of interest in master trust investment accounts	1c(11)				$\top$			
(12) Value of interest in 103-12 investment entities	1c(12)							
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)			6242	283		680613	

1c(14)

1c(15)

(14) Value of funds held in insurance company general account (unallocated

contracts).....

1d	Employer-related investments:		(a) Beginning of Year	(b) End of Year
	(1) Employer securities	1d(1)		
	(2) Employer real property	1d(2)		
е	Buildings and other property used in plan operation	1e		
f	Total assets (add all amounts in lines 1a through 1e)	1f	6164436	6695698
	Liabilities			
g	Benefit claims payable	1g		
h	Operating payables	1h		
i	Acquisition indebtedness	1i		
j	Other liabilities	1j		
k	Total liabilities (add all amounts in lines 1g through1j)	1k	0	0
	Net Assets			
I	Net assets (subtract line 1k from line 1f)	11	6164436	6695698
	-		<u> </u>	<u> </u>

### Part II Income and Expense Statement

2 Plan income, expenses, and changes in net assets for the year. Include all income and expenses of the plan, including any trust(s) or separately maintained fund(s) and any payments/receipts to/from insurance carriers. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 2a, 2b(1)(E), 2e, 2f, and 2g.

b Earnings on investments:  (1) Interest:  (A) Interest-bearing cash (including money market accounts and certificates of deposit)	
(B) Participants 2a(1)(B) 582167  (C) Others (including rollovers) 2a(1)(C) 157996  (2) Noncash contributions Add lines 2a(1)(A), (B), (C), and line 2a(2) 2a(3)  b Earnings on investments: (1) Interest: (A) Interest-bearing cash (including money market accounts and certificates of deposit) 2b(1)(A) 154  (B) U.S. Government securities 2b(1)(B)  (C) Corporate debt instruments 2b(1)(C)	
(C) Others (including rollovers)	
(2) Noncash contributions	
(3) Total contributions. Add lines 2a(1)(A), (B), (C), and line 2a(2)	
b Earnings on investments:  (1) Interest:  (A) Interest-bearing cash (including money market accounts and certificates of deposit)	
(1) Interest:  (A) Interest-bearing cash (including money market accounts and certificates of deposit)	822865
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	
Certificates of deposit)	
(C) Corporate debt instruments	
7. (1)	
25/4//D) 9123	
(D) Loans (other than to participants)	
(E) Participant loans	
(F) Other	
(G) Total interest. Add lines 2b(1)(A) through (F)	8287
(2) Dividends: (A) Preferred stock	
(B) Common stock	
(C) Registered investment company shares (e.g. mutual funds)	
(D) Total dividends. Add lines 2b(2)(A), (B), and (C) 2b(2)(D)	0
(3) Rents	
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	
(B) Aggregate carrying amount (see instructions)	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	0

		(a) Amount	(b) Total
2b (5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		0
(6) Net investment gain (loss) from common/collective trusts	2b(6)		1047
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		26444
C Other income	2c		
<b>d</b> Total income. Add all <b>income</b> amounts in column (b) and enter total	2d		858643
Expenses	•		
<b>e</b> Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	259953	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		259953
f Corrective distributions (see instructions)	-		11988
g Certain deemed distributions of participant loans (see instructions)			
h Interest expense	2h		
i Administrative expenses: (1) Professional fees	0:/4)		
(2) Contract administrator fees	0:(0)	55440	
(3) Investment advisory and management fees	2:/2\		
(4) Other			
(5) Total administrative expenses. Add lines 2i(1) through (4)	0:(5)		55440
j Total expenses. Add all <b>expense</b> amounts in column (b) and enter total			327381
Net Income and Reconciliation			1
k Net income (loss). Subtract line 2j from line 2d	2k		531262
I Transfers of assets:			
(1) To this plan	21(1)		
	2l(2)		
(2) From this plan	( - )		
Part III Accountant's Opinion			
3 Complete lines 3a through 3c if the opinion of an independent qualified public attached.	accountant is atta	ched to this Form 5500. Com	plete line 3d if an opinion is not
<b>a</b> The attached opinion of an independent qualified public accountant for this pla	an is (see instruction	ons):	
(1) Unqualified (2) Qualified (3) Disclaimer (4)	Adverse		
<b>b</b> Did the accountant perform a limited scope audit pursuant to 29 CFR 2520.10	3-8 and/or 103-12	!(d)?	X Yes No
<b>C</b> Enter the name and EIN of the accountant (or accounting firm) below:			
(1) Name: MOSS ADAMS LLP	-	(2) EIN: 91-0189318	
<b>d</b> The opinion of an independent qualified public accountant is <b>not attached</b> be			
(1) This form is filed for a CCT, PSA, or MTIA. (2) It will be atta	iched to the next F	form 5500 pursuant to 29 CFF	₹ 2520.104-50.

Pai	rt IV	Compliance Questions					
4	CCTs 103-12	and PSAs do not complete Part IV. MTIAs, 103-12 IEs, and GIAs do not complete 4a, 4e, 2 IEs also do not complete 4j and 4l. MTIAs also do not complete 4l.	4f, 4g,	4h, 4k, 4	m, 4n, or \$	5.	
	During	the plan year:		Yes	No	Amo	unt
а	period	nere a failure to transmit to the plan any participant contributions within the time described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures illy corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)	4a		X		
b	close o	any loans by the plan or fixed income obligations due the plan in default as of the of the plan year or classified during the year as uncollectible? Disregard participant loans and by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is ed.)	4b		X		
С	Were	any leases to which the plan was a party in default or classified during the year as ectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	4c		X		
d	report	there any nonexempt transactions with any party-in-interest? (Do not include transactions ed on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is ed.)	4d		X		
		<b>'</b>		Х			500000
e		nis plan covered by a fidelity bond?	4e				300000
f	by frau	e plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused ud or dishonesty?	4f		X		
g		e plan hold any assets whose current value was neither readily determinable on an ished market nor set by an independent third party appraiser?	4g		X		
h		e plan receive any noncash contributions whose value was neither readily ninable on an established market nor set by an independent third party appraiser?	4h		X		
i		e plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, ee instructions for format requirements.)	4i	Х			
j	value	any plan transactions or series of transactions in excess of 5% of the current of plan assets? (Attach schedule of transactions if "Yes" is checked, and structions for format requirements.)	4j		X		
k		all the plan assets either distributed to participants or beneficiaries, transferred to another or brought under the control of the PBGC?	4k		X		
ı	Has th	e plan failed to provide any benefit when due under the plan?	41		X		
m	If this	is an individual account plan, was there a blackout period? (See instructions and 29 CFR 101-3.)	4m		X		
n		was answered "Yes," check the "Yes" box if you either provided the required notice or one exceptions to providing the notice applied under 29 CFR 2520.101-3	4n				
	If "Yes	•		s ⊠ No	Amou		
5b	transfe	ng this plan year, any assets or liabilities were transferred from this plan to another plan(s) erred. (See instructions.)  Name of plan(s)	, ident	ty the pla	an(s) to wh	nich assets or liabil	lities were
	35(1)	Name of plants)	<b>5b(2)</b> EIN(s) 5			<b>5b(3)</b> PN(s)	

## SCHEDULE R (Form 5500)

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation **Retirement Plan Information** 

This schedule is required to be filed under section 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code).

File as an attachment to Form 5500.

OMB No. 1210-0110

2011

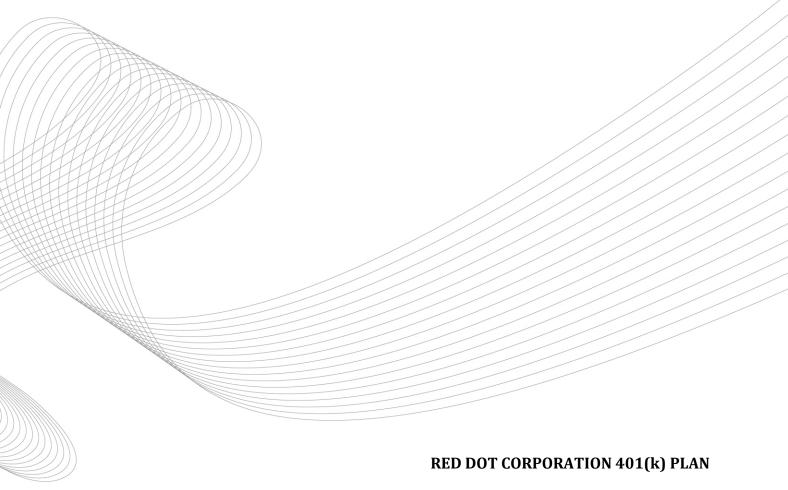
This Form is Open to Public Inspection.

For	calendar plan year 2011 or fiscal plan year beginning 01/01/2011 and er	nding		12/31/2	011				
	Name of plan DOT CORPORATION 401(K) PLAN	В	plar	e-digit n numbe	er	C	002		
			(PN	l)	<b>&gt;</b>				
<u> </u>	Discourse of the second second of the second	_	F	laa. l.al.		tian Niversia	(FIN		
	Plan sponsor's name as shown on line 2a of Form 5500 DOT CORPORATION	D	⊨mp	loyer Ide	entifica	tion Numbe	er (EIIN	)	
			91	-078414	16				
Pa	art I Distributions								
_	references to distributions relate only to payments of benefits during the plan year.								
1	Total value of distributions paid in property other than in cash or the forms of property specified in the instructions			1					0
2	Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries durin payors who paid the greatest dollar amounts of benefits):	ng th	e yeai		e than	two, enter	EINs of	the tw	vo
	02.0040000								
	Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.		ī		1				
3	Number of participants (living or deceased) whose benefits were distributed in a single sum, during the year.	•		3					
P	art II Funding Information (If the plan is not subject to the minimum funding requirements or	f sec	tion of	f 412 of	the Int	ernal Reve	nue Co	de or	
	ERISA section 302, skip this Part)				V			П.	
4	Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)?			Ш	Yes	□ г	No	_ r	N/A
	If the plan is a defined benefit plan, go to line 8.								
5	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 ruling letter granting the waiver.  Date: Monti	h		Da	V	Y	ear		
	If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the ren				hedule	 e.			_
6	a Enter the minimum required contribution for this plan year (include any prior year accumulated fund								
	deficiency not waived)			6a					
	<b>b</b> Enter the amount contributed by the employer to the plan for this plan year			6b					
	C Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount)			6c					
	If you completed line 6c, skip lines 8 and 9.		L		I.				
7	Will the minimum funding amount reported on line 6c be met by the funding deadline?				Yes		lo		N/A
8	If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or ot	her							
Ü	authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or p	plan		П	Vaa		la.	п.	AI/A
	administrator agree with the change?			Ц	Yes		lo	r	N/A
Pa	art III Amendments								
9	If this is a defined benefit pension plan, were any amendments adopted during this plan								
	year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box	ase	Γ	Decre	ase	Both	1	No	)
Pa	rt IV ESOPs (see instructions). If this is not a plan described under Section 409(a) or 4975(e	e)(7)				nue Code			
	skip this Part.	-/\'')	5. 1110	oma					
10	Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay	y any	exen	npt loan	?		Yes		No
11	a Does the ESOP hold any preferred stock?						Yes		No
	<b>b</b> If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "b (See instructions for definition of "back-to-back" loan.)						Yes		No
12	Does the ESOP hold any stock that is not readily tradable on an established securities market?						Yes	П	No

Pa	rt V	Additional Information for Multiemployer Defined Benefit Pension Plans							
13		er the following information for each employer that contributed more than 5% of total contributions to the plan during the plan year (measured in lars). See instructions. Complete as many entries as needed to report all applicable employers.							
	а	Name of contributing employer							
	b	EIN C Dollar amount contributed by employer							
	d	Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month Day Year							
	е	Contribution rate information (If more than one rate applies, check this box and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)  (1) Contribution rate (in dollars and cents)  (2) Base unit measure: Hourly Weekly Unit of production Other (specify):							
	а	Name of contributing employer							
	b	EIN C Dollar amount contributed by employer							
	d	Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month Day Year							
	Contribution rate information (If more than one rate applies, check this box and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).) (1) Contribution rate (in dollars and cents) (2) Base unit measure: Hourly Weekly Unit of production Other (specify):								
	а	Name of contributing employer							
	b	EIN C Dollar amount contributed by employer							
	d	Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month Day Year							
	е	Contribution rate information (If more than one rate applies, check this box and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)  (1) Contribution rate (in dollars and cents)  (2) Base unit measure: Hourly Weekly Unit of production Other (specify):							
	а	Name of contributing employer							
	b	EIN C Dollar amount contributed by employer							
	d	Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month Day Year							
	е	Contribution rate information (If more than one rate applies, check this box and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)  (1) Contribution rate (in dollars and cents)  (2) Base unit measure: Hourly Weekly Unit of production Other (specify):							
	а	Name of contributing employer							
	b	EIN C Dollar amount contributed by employer							
	d	Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month Day Year							
	е	Contribution rate information (If more than one rate applies, check this box and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).) (1) Contribution rate (in dollars and cents) (2) Base unit measure: Hourly Weekly Unit of production Other (specify):							
	а	Name of contributing employer							
	b	EIN C Dollar amount contributed by employer							
	d	Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month Day Year							
	е	Contribution rate information (If more than one rate applies, check this box and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)  (1) Contribution rate (in dollars and cents)  (2) Base unit measure: Hourly Weekly Unit of production Other (specify):							

_		•
Н	age	
•	~5~	-

14	Enter the number of participants on whose behalf no contributions were made by an employer as an employer of the participant for:						
	a The current year	14a					
	<b>b</b> The plan year immediately preceding the current plan year	14b					
	C The second preceding plan year	14c					
15	Enter the ratio of the number of participants under the plan on whose behalf no employer had an obligation to ma employer contribution during the current plan year to:	ke an					
	a The corresponding number for the plan year immediately preceding the current plan year	15a					
	<b>b</b> The corresponding number for the second preceding plan year	15b					
16	Information with respect to any employers who withdrew from the plan during the preceding plan year:	•					
	a Enter the number of employers who withdrew during the preceding plan year	16a					
	<b>b</b> If item 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers	16b					
17	17 If assets and liabilities from another plan have been transferred to or merged with this plan during the plan year, check box and see instructions regarding supplemental information to be included as an attachment.						
Р	art VI Additional Information for Single-Employer and Multiemployer Defined Benef	it Pens	ion Plans				
18	If any liabilities to participants or their beneficiaries under the plan as of the end of the plan year consist (in whole and beneficiaries under two or more pension plans as of immediately before such plan year, check box and see in information to be included as an attachment	struction	ns regarding supplemental				
19	If the total number of participants is 1,000 or more, complete items (a) through (c)						
	a Enter the percentage of plan assets held as: Stock:% Investment-Grade Debt:% High-Yield Debt:% Real Estate:% Other:%  b Provide the average duration of the combined investment-grade and high-yield debt: 0-3 years 3-6 years 6-9 years 9-12 years 12-15 years 15-18 years 18-21 years 21 years or more						
	C What duration measure was used to calculate item 19(b)?  ☐ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify):						



Report of Independent Auditors and Financial Statements with Supplemental Information

December 31, 2011 and 2010

# MOSS-ADAMS LLP

Certified Public Accountants | Business Consultants

Acumen. Agility. Answers.

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#### REPORT OF INDEPENDENT AUDITORS

To the Trustees Red Dot Corporation 401(k) Plan

We were engaged to audit the accompanying statements of net assets available for benefits of Red Dot Corporation 401(k) Plan (the Plan) as of December 31, 2011 and 2010, and the related statement of changes in net assets available for benefits for the year ended December 31, 2011, and the supplemental Schedule H, Line 4(i) - Schedule of Assets (Held at End of Year) as of December 31, 2011. These financial statements and supplemental schedule are the responsibility of the Plan's management.

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 5, which was certified by Reliance Trust Company, the custodian of the Plan, except for comparing the information with related information included in the financial statements and supplemental schedule. We were informed by the plan administrator that the custodian holds the Plan's investment assets and executes investment transactions. The plan administrator has obtained a certification from the custodian as of December 31, 2011 and 2010 and for the year ended December 31, 2011, that the information provided to the plan administrator by the custodian is complete and accurate.

Because of the significance of the information we did not audit, we are unable to, and do not, express an opinion on the accompanying financial statements and supplemental schedule taken as a whole. The supplemental schedule is presented for the purpose of additional analysis and is not a required part of the financial statements but is required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974. The form and content of the information included in the financial statements and supplemental schedule, other than that derived from information certified by the trustee, have been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

Mrss Klams LLP

Seattle, Washington August 7, 2012



# RED DOT CORPORATION 401(k) PLAN STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS DECEMBER 31, 2011 AND 2010

	2011	2010
ASSETS		
Investments, at fair value		
Participant directed investments	\$ 6,447,416	\$ 6,010,970
Notes receivable from participants	248,282	153,467
Cash	10	3,465
Participant contributions receivable	-	16,716
Total assets	6,695,708	6,184,618
LIABILITIES		
Due to broker	10	20,182
NET ASSETS AVAILABLE FOR BENEFITS	\$ 6,695,698	\$ 6,164,436

# RED DOT CORPORATION 401(k) PLAN STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS YEAR ENDED DECEMBER 31, 2011

INVESTMENT INCOME	
Net appreciation in fair value of investments	
Common/Collective trusts	\$ 1,124
Registered investment companies	12,510
Dividends	13,935
Interest	76
Net investment income	27,645
INTEREST INCOME ON NOTES RECEIVABLE FROM PARTICIPANTS	8,133
CONTRIBUTIONS	
Participant contributions	582,166
Employer contributions	82,702
Rollovers	157,996
Total contributions	822,864
DEDUCTIONS	
Benefits paid to participants	271,940
Administrative expenses	55,440
Total deductions	327,380
NET CHANGE	531,262
NET ASSETS AVAILABLE FOR BENEFITS	
Beginning of year	6,164,436
End of year	\$ 6,695,698

#### Note 1 - Description of Plan

The following description of the Red Dot Corporation 401(k) Plan (the Plan) provides only general information. Participants should refer to the Plan agreement for a more complete description of the Plan's provisions.

**General** - The Plan is a defined contribution plan covering substantially all employees of Red Dot Corporation (the Company) who are 18 years of age or older, except those covered by a collective bargaining agreement. Employees are eligible for employer profit sharing contributions after completing one year of service, as defined by the Plan. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974, as amended (ERISA).

**Contributions** - Participants may contribute up to 100% of their annual wages, subject to certain regulatory limits. The Company may make matching contributions equal to a discretionary percentage of the participant's elective contribution, to be determined annually by the Company. For the year ended December 31, 2011, the maximum Company matching contribution per participant was \$500. At its discretion, the Company may also make an additional profit sharing contribution to the Plan. There were no Company profit sharing contributions made for the year ended December 31, 2011. Participants may also contribute amounts representing distributions from other qualified defined benefit or defined contribution plans.

**Participant Accounts** - Each participant's account is credited with the participant's own contribution and allocations of (a) the Company contributions and (b) Plan earnings, and charged with an allocation of administrative expenses. Allocations are based on participant earnings or account balances, as defined in the Plan agreement.

**Vesting and Forfeitures** - Participants are immediately vested in their voluntary and rollover contributions plus actual earnings thereon. Vesting in Company contributions to their account plus earnings thereon is based on years of credited service. A participant vests 20% each year beginning with two years of service until they are 100% vested after six years. A participant is entitled to 100% of his or her account balance upon death or disability.

The portion of a participant's account balance that is not fully vested will be forfeited if the participant separates from service. These forfeited amounts may be allocated to the remaining eligible participants or used to offset Plan expenses.

There are \$13,270 and \$19,180 of forfeitures available at December 31, 2011 and 2010, respectively. There are no forfeitures used at December 31, 2011.

**Payment of Benefits** - On termination of service, a participant may elect to receive either a lump sum amount equal to the value of his or her vested interest in the account or annual installments over a fixed period. Terminating participants with balances of \$5,000 or less who have not requested a distribution will receive an automatic cash withdrawal.

#### Note 1 - Description of Plan (Continued)

**Notes Receivable from Participants** - The Plan provides that participants can borrow funds against their account balances. These loans are limited to the lesser of \$50,000 or 50% of the participant's vested account balance. The balance in the participant's account secures the loans. Loan principal and interest payments are made in accordance with the loan's amortization schedule and are made via payroll withholding. Participant loans bear interest at a fixed rate ranging from 4.25% to 9.25% that is determined by the plan administrator at the time the loan is initiated and are generally repaid within five years with maturities ranging through October 27, 2016.

**Plan Termination** - Although it has not expressed any intent to do so, the Company has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions of ERISA and its related regulations. In the event of Plan termination, participants will become 100% vested in their accounts.

#### **Note 2 - Summary of Accounting Policies**

**Basis of Accounting** - The financial statements have been prepared in accordance with accounting principles generally accepted in the United States of America, using the accrual method of accounting.

**Use of Estimates** - The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires the Company to make estimates and assumptions that affect certain reported amounts and disclosures. Actual results could differ from those estimates.

**Investment Valuation** - Investments are stated at fair value as certified by the Plan's custodian, Reliance Trust Company. Fair value is the price that would be received to sell an asset or paid to transfer a liability (i.e., the "exit price") in an orderly transaction between market participants at the measurement date.

FASB Accounting Standards Codification (ASC) 820, Fair Value Measurements and Disclosures, provides the framework for measuring fair value. That framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (level 1 measurement) and the lowest priority to unobservable inputs (level 3 measurements). The three levels of the fair value hierarchy under FASB ASC 820 are described as follows:

- Level 1 Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the plan has the ability to access.
- **Level 2** Quoted prices in markets that are not considered to be active or financial instruments without quoted market prices, but for which all significant inputs are observable, either directly or indirectly.
- **Level 3** Inputs to the valuation methodology are unobservable and significant to the fair value measurement.

#### **Note 2 - Summary of Accounting Policies** (Continued)

The asset or liability's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques used need to maximize the use of observable inputs and minimize the use of unobservable inputs. There have been no changes in the methodologies used at December 31, 2011 and 2010.

Shares of registered investment company funds are valued at the net asset value (NAV) of shares held by the Plan and are valued at the closing price reported on the active market on which the individual securities are traded.

Units held in common/collective trusts are valued using the NAV of the fund as reported by the fund managers. The NAV is based on the fair value of the underlying assets owned by the fund, minus its liabilities, and then divided by the number of units outstanding. The net asset value of a common/collective investment is calculated based on a compilation of primarily observable market information. The Plan has investments in the Reliance Trust which is a common/collective investment trust fund that invests mainly in securities. There are no restrictions on redeeming units of the common/collective trust.

**Notes Receivable from Participants** - Notes receivable from participants are measured at amortized cost, which represents the unpaid principal balance plus accrued but unpaid interest, and are classified as notes receivable.

**Income Recognition** - Purchases and sales of securities are recorded on a trade-date basis. Dividends are recorded on the ex-dividend date. Interest income is recorded on the accrual basis. The net appreciation in fair value of investments consists of the realized gains or losses as well as any unrealized gains and losses on those investments.

**Payment of Benefits** - Benefits are recorded when paid.

**Administrative Expenses** - Certain costs to administer the Plan are paid by the Company and are not reflected in the accompanying financial statements.

#### **Recent Accounting Pronouncements**

**ASU No. 2010-06** - In January 2010, the FASB issued Accounting Standards Update (ASU) No. 2010-06, [Fair Value Measurements and Disclosures (Topic 820) – Improving Disclosures about Fair Value Measurements.] The guidance, which was effective for reporting periods beginning after December 15, 2009, required additional disclosures about transfers between levels within the fair value hierarchy, and clarified existing disclosure requirements regarding classes of assets and liabilities measured at fair value. Additional guidance which was effective for reporting periods beginning after December 15, 2010 requires the Plan to present information about purchases, sales, issuances, and settlements on a gross basis in the reconciliation of the beginning and ending balance of Level 3 fair value measurements. Adoption did not have an impact on the financial statements.

#### **Note 2 - Summary of Accounting Policies** (Continued)

**ASU No. 2011-04 -** In May 2011, the FASB issued ASU No. 2011-04, [Fair Value Measurement (Topic 820) - Amendments to Achieve Common Fair Value Measurement and Disclosure Requirements in U.S. GAAP and IFRS.] ASU No. 2011-04 requires disclosure of valuation techniques for Level 2 and Level 3 measurements and for Level 3 measurements requires disclosure of valuation processes used by the reporting entity and quantitative information about significant unobservable inputs. ASU No. 2011-04 also removes the requirement for nonpublic companies to disclose information about transfers between Level 1 and Level 2 of the fair value hierarchy. The new guidance is effective for reporting periods beginning after December 15, 2011. Plan management does not expect the adoption of ASU No. 2011-04 to have a significant effect on the Plan's financial statements available for benefits.

**Subsequent Events** - Subsequent events are events or transactions that occur after the statement of net assets available for benefits date but before the financial statements are available to be issued. The Plan recognizes in the financial statements the effects of all subsequent events that provide additional evidence about conditions that existed at the date of the statement of net assets available for benefits, including the estimates inherent in the process of preparing the financial statements. The Plan's financial statements do not recognize subsequent events that provide evidence about conditions that did not exist at the date of the statement of net assets available for benefits but arose after the statement of net assets available for benefits date and before the financial statements were available to be issued.

The Plan has evaluated subsequent events through August 7, 2012, which is the date the financial statements were available to be issued.

#### **Note 3 - Investments**

The following presents investments that represent 5% or more of the Plan's net assets as of December 31:

	2011	2010
Reliance Advisory Trust Inv20 Portfolio	\$ 1,240,145	\$ 856,601
Reliance Advisory Trust InvLC Portfolio	\$ 1,023,765	\$ 985,461
Reliance Advisory Trust Inv40 Portfolio	\$ 944,197	\$ 687,117
Vanguard Balanced Index Fund	\$ 680,613	\$ 624,283
Reliance Advisory Trust Inv60 Portfolio	\$ 662,010	\$ 621,563
Reliance Advisory Trust InvFI Portfolio	\$ 462,015	\$ 442,293
Reliance Advisory Trust InvSM Portfolio	\$ 442,242	\$ 438,347
Reliance Advisory Trust InvIE Portfolio	\$ 348,919	\$ 381,600
Reliance Advisory Trust Inv30 Portfolio	\$ 344,180	\$ 537,576

All investments are participant directed.

#### Note 4 - Fair Value Measurements

The following tables disclose by level the fair value hierarchy discussed in Note 2 as of December 31:

	2011				
	Level 1	Level 2	Level 3	Total	
Registered investment companies					
Prime Obligations Fund	\$ 112,212	\$ -	\$ -	\$ 112,212	
Index Fund	680,613	-	-	680,613	
Common/Collective trusts					
Lifecycle funds	-	3,353,152	-	3,353,152	
Growth funds	-	1,814,926	-	1,814,926	
Fixed income funds		486,513		486,513	
	\$ 792,825	\$ 5,654,591	\$ -	\$ 6,447,416	
		20	010		
	Level 1	Level 2	Level 3	Total	
Registered investment companies					
Prime Obligations Fund	\$ 125,231	\$ -	\$ -	\$ 125,231	
Index Fund	624,283	-	-	624,283	
Common/Collective trusts					
Lifecycle funds	-	2,992,530	-	2,992,530	
Growth funds	-	1,805,408	-	1,805,408	
Fixed income funds		463,518		463,518	
	\$ 749,514	\$ 5,261,456	\$ -	\$ 6,010,970	

#### Note 5 - Information Prepared and Certified by the Custodian

The plan administrator has elected the method of compliance permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, Reliance Trust Company, the custodian of the Plan, has certified to the completeness and accuracy of:

- Amounts reported as cash and participant directed investments in the Statement of Net Assets Available for Benefits as of December 31, 2011 and 2010 and the Schedule of Assets (Held at End of Year) as of December 31, 2011.
- Net appreciation in fair value of investments, dividends, and interest included in the Statement of Changes in Net Assets Available for Benefits for the year ended December 31, 2011.

#### Note 6 - Party-In-Interest Transactions

Certain Plan investments are managed by Reliance Trust Company which is the custodian of Plan assets and, therefore, these transactions qualify as party-in-interest transactions.

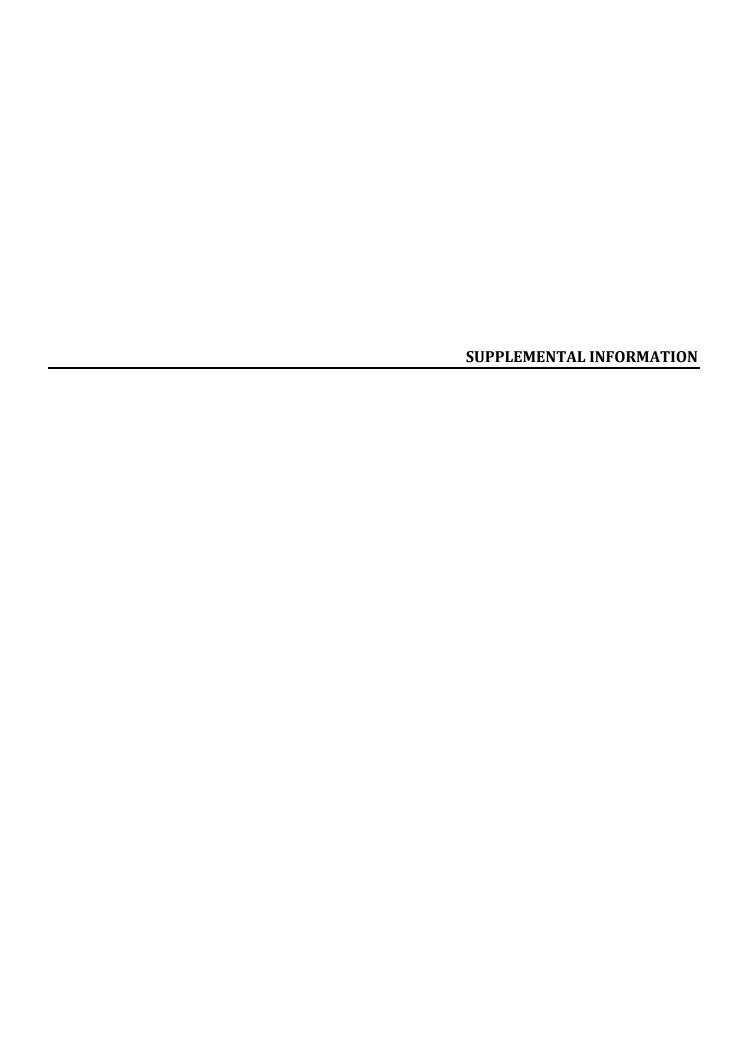
#### Note 7 - Income Tax Status

The Plan has adopted a volume submitter plan sponsored by a third party. The volume submitter plan received a letter dated March 31, 2008 from the Internal Revenue Service stating the prototype plan, as then designed, meets the requirements of the applicable sections of the Internal Revenue Code (IRC) for qualified plan status. The Plan has not filed individually with the Internal Revenue Service (IRS) for a letter regarding the Plan's qualified status and has been subsequently amended. However, the Plan administrator believes that the Plan meets the requirements to qualify as a tax-exempt Plan under IRC Section 401 and related regulations.

In accordance with guidance on accounting for uncertainty in income taxes (ASC 740-10), management evaluated the Plan's tax positions and does not believe the Plan has any uncertain tax positions that require disclosure or adjustment to the financial statements. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

#### Note 8 - Risks and Uncertainties

The Plan invests in various investment securities. Investment securities are exposed to various risks such as interest rate, market volatility, and credit risks. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect participants' account balances and the amounts reported in the Statement of Net Assets Available for Benefits.



#### **RED DOT CORPORATION 401(k) PLAN**

EIN: 91-0784146

PLAN #: 002

# SCHEDULE H, LINE 4(i) - SCHEDULE OF ASSETS (HELD AT END OF YEAR) DECEMBER 31, 2011

(c) Description of investment, (b) including maturity date, rate (e) Identity of issue, borrower, of interest, collateral, par or (d) Current lessor or similar party maturity value (a) Cost value Common/Collective trusts \*\* Reliance Trust Company \$ 1,240,145 Reliance Advisory Trust Inv20 Portfolio Reliance Trust Company Reliance Advisory Trust InvLC Portfolio 1,023,765 Reliance Trust Company Reliance Advisory Trust Inv40 Portfolio \*\* 944,197 \*\* Reliance Advisory Trust Inv60 Portfolio Reliance Trust Company 662,010 Reliance Advisory Trust InvFI Portfolio Reliance Trust Company 462,015 Reliance Trust Company Reliance Advisory Trust InvSM Portfolio 442,242 \*\* Reliance Trust Company Reliance Advisory Trust InvIE Portfolio 348,919 Reliance Trust Company Reliance Advisory Trust Inv30 Portfolio 344,180 Reliance Trust Company Reliance Advisory Trust Inv80 Portfolio 82,065 \*\* Reliance Trust Company Reliance Advisory Trust Inv70 Portfolio 80,555 \*\* Reliance Trust Company Reliance Advisory Trust InvST Portfolio 24,498 Total common/collective trusts 5,654,591 Registered investment company Vanguard Vanguard Balanced Index Fund 680,613 Goldman Sachs Goldman Sachs Prime Obligations Fund 112,212 Participant loans Interest rates ranging from 4.25% to 9.25%, maturing through October 27, 2016 248,282

\$ 6,695,698

<sup>\*</sup> Denotes party-in-interest transactions.

<sup>\*\*</sup> Information not required as investments are participant directed.

#### Form 5500

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

# Annual Return/Report of Employee Benefit Plan

This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6047(e), 6057(b), and 6058(a) of the Internal Revenue Code (the Code).

 Complete all entries in accordance with the instructions to the Form 5500. OMB Nos. 1210-0110 1210-0089

2011

Administration	the instruct	lons to the Form 550	0.		
Pension Benefit Guaranty Corporation				This Form is Open to Public Inspection	
Part   Annual Report Iden	tification Information			10/21/0011	
For calendar plan year 2011 or fiscal p	olan year beginning 01/	01/2011	and ending	12/31/2011	
A This return/report is for:	a multiemployer plan;	a multiple-	employer plan; or	·	
	🔀 a single-employer plan;	a DFE (sp	ecify)		
B This return/report is:	the first return/report;	the final re	eturn/report;		
,	an amended return/report;	a short pla	n year return/report (les	s than 12 months).	
C If the plan is a collectively-bargaine	ed plan, check here				
D Check box if filing under:	X Form 5558;	automatic	extension;	the DFVC program;	
D Chook box it ming theory	special extension (enter des	scription)			
Part II Basic Plan Inform	nation—enter all requested inform	ation			
1a Name of plan Red Dot Cor				1b Three-digit plan	
				number (PN) > 002	
				07/01/1998	
2a Plan sponsor's name and addres	s. including room or suite number (E	mployer, if for single-	employer plan)	2b Employer Identification	
				Number (EIN) 91-0784146	
Red Dot Corporation				2c Sponsor's telephone	
				number	
				(206) 575-3840	
PO Box 58270				2d Business code (see instructions)	
Seattle		AW	98138	332900	
495 Andover Park Eas	st				
		АW	98138		
<u>Seattle</u>	399				
Caution: A penalty for the late or in	complete filing of this return/repo	ort will be assessed t	inless reasonable caus	se is established.	
Under penalties of perjury and other patternents and attachments, as well	penalties set forth in the instructions, as the electronic version of this retur	I declare that I have e n/report, and to the be	examined this return/reposit of my knowledge and	ort, including accompanying schedules, belief, it is true, correct, and complete.	
100	<b>)</b>	10/9/12			
SIGN HERE	man	11/14	RICK BOMAN		
Signature of plan adminis	strator	Date	Enter name of individual signing as plan administrator		
sign Rolfo	man	10/9/12	RICK BOMA	10	
HERE Signature of employer/pl	an sponsor	Date	Enter name of individu	al signing as employer or plan sponsor	
Het 448 (4)					
SIGN	,				
HERE Signature of DFE		Date	Enter name of individu		
1 7.3	1 0 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		Form FEOO	Form 5500 (2011)	

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

rm 5500 (2011) v.012611

3a	Plan adn Rick E	ninistrator's name and address (if same as plan sponsor, enter "Sa oman	me")				ministrator's EIN 0784146
	495 An	dover Park East				3c Ad	ministrator's telephone mber (06) 575-3840
	Seattl	e	. AW	98:	138	HAM	
4		ne and/or EIN of the plan sponsor has changed since the last retunumber from the last return/report:	rn/report filed for t	his	plan, enter the name, EIN	and	4b EIN
а	Sponsor	·					4c PN
5	Total nu	nber of participants at the beginning of the plan year				5	401
6	Number	of participants as of the end of the plan year (welfare plans comple	ete only lines 6a, 6	3b, 6	6c, and 6d).	7 7 7 7	
•	A atina n	articipants				6a	412
а	-						
b	Retired o	r separated participants receiving benefits		• • • • • • •		6b	0
c	Other re	ired or separated participants entitled to future benefits				6c	28
d	Subtotal	Add lines 6a, 6b, and 6c		•••••		6d	440
_	Daggaga	d participants whose beneficiaries are receiving or are entitled to	rocciuo henefite			6e	0.
f	Total. A	dd lines 6d and 6e		••••		6f	440
g		of participants with account balances as of the end of the plan year this item)				6g	229
h		of participants that terminated employment during the plan year w				6h	10
7	Enter the	total number of employers obligated to contribute to the plan (on	ly multiemployer p	olan	s complete this item)	7	
8a	If the pla	n provides pension benefits, enter the applicable pension feature	codes from the Lis	st of	Plan Characteristic Codes	in the i	nstructions:
	2E	2F 2G 2J 2K 2T 3D					
b	If the pla	n provides welfare benefits, enter the applicable welfare feature of	odes from the List	of F	Plan Characteristic Codes i	n the in	structions:
					•		
9a		ding arrangement (check all that apply)		efit a	arrangement (check all tha	t apply)	
	(1)	Insurance .	(1)	Н	Insurance		- a-nt-oata
	(2)	Code section 412(e)(3) insurance contracts	(2)	Н	Code section 412(e)(3) in Trust	nsurano	æ contracts
	(3) (4)	X Trust  General assets of the sponsor	(3)	X	General assets of the sp	onsor	
10		I applicable boxes in 10a and 10b to indicate which schedules are		here			ched. (See instructions)
_			b General				•
d		Schedules  R (Retirement Plan Information)					
	1.7	A ( Collision of the small and small	(1)	X	H (Financial Inform	ation)	
	(2)	MB (Multiemployer Defined Benefit Plan and Certain Money		Ц	1 (Financial Inform		Small Plan)
		Purchase Plan Actuarial Information) - signed by the plan actuary	(3)	Ц	A (Insurance Inform		
		<u>.</u>	(4)	X	C (Service Provide		*
	(3)	SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary	(5) (6)	X	D (DFE/Participating G (Financial Trans	-	•

#### Attachment to 2011 Form 5500 Schedule H, line 4i - Schedule of Assets (Held at End of Year)

Plan NameRed Dot Corporation 401(k) PlanEIN: 91-0784146Plan Sponsor's NameRed Dot CorporationPN: 002

		(c) Description of investment including maturity date,		(e) Current
(a)	(b) Identity of issue, borrower, lessor, or similar party	rate of interest, collateral, par, or maturity value.	(d) Cost	value
(α)	(b) Identity of Issue, borrower, lessor, or similar party	MONEY FUND	(u) 003t	value
	GOLDMAN SACHS FIN SQ. FUND		0	112,212
		MUTUAL FUND		
		MOTORE FOND		
	VANGUARD BALANCED INDEX FUND		0	680,613
	VIEW COLUMN	GOMMON EDITOR DITAID	U	000,013
		COMMON TRUST FUND		
	RELIANCE ADV TRUST INV20		0	1 240 145
	REDIANCE ADV INOUT INVZO		U	1,240,145
		COMMON TRUST FUND		
	DELINIGE ADM MONOR TARGET			0.4.400
	RELIANCE ADV TRUST INVST		0	24,498
		COMMON TRUST FUND		
	DELINGE ADU MDUGE TAUTE			0.4.0 0.4.0
	RELIANCE ADV TRUST INVIE		0	348,919
		COMMON TRUST FUND		
	DELIANCE ADV UDITOR TARGET			460 017
	RELIANCE ADV TRUST INVFI		0	462,015
		COMMON TRUST FUND		
	RELIANCE ADV TRUST INV30		0	344,180

#### Attachment to 2011 Form 5500 Schedule H, line 4i - Schedule of Assets (Held at End of Year)

Plan NameRed Dot Corporation 401(k) PlanEIN: 91-0784146Plan Sponsor's NameRed Dot CorporationPN: 002

		(c) Description of investment including maturity date,		(e) Current
(a)	(b) Identity of issue, borrower, lessor, or similar party	rate of interest, collateral, par, or maturity value.  COMMON TRUST FUND	(d) Cost	value
		COMMON TRUST FUND		
	RELIANCE ADV TRUST INVSM		0	442,242
		COMMON TRUST FUND		
	RELIANCE ADV TRUST INVLC		0	1 000 765
	RELIANCE ADV TROST INVIC	GOMMON EDVICE DVIND	0	1,023,765
		COMMON TRUST FUND		
	RELIANCE ADV TRUST INV80		0	82,065
		COMMON TRUST FUND		
	DELTANCE ADV MDUCE TABLEO			00 555
	RELIANCE ADV TRUST INV70			80,555
		COMMON TRUST FUND		
	RELIANCE ADV TRUST INV60			662,010
		COMMON TRUST FUND		
	RELIANCE ADV TRUST INV40			044 105
	REPIANCE ADV INOST INVIO			944,197
	Participants Loans	(4.00 - 6.00)		248,282
		<u> </u>		•