Fo	rm 5500-SF	Short Form Annual I		of Small Employ	yee		OMB Nos. 1210-0110 1210-0089
	artment of the Treasury rnal Revenue Service	This form is required to be fil	Benefit Plan	and 4065 of the Employe	e	2	2012
	epartment of Labor Benefits Security Administration	Retirement Income Security Act of		ections 6057(b) and 6058		This Form i	s Open to Public
Pension B	enefit Guaranty Corporation	Complete all entries in acco	rdance with the instr	uctions to the Form 550	0-SF.	ins	pection
Part I	Annual Report Id lar plan year 2012 or fisca	entification Information al plan year beginning 01/01/20	10	and ending 1	2/31/2	2012	
		a single-employer plan	7	plan (not multiemployer)	2/31/	a one-partici	
	turn/report is for:	the first return/report	the final return/repo				bant plan
D miste	turn/report is:	an amended return/report		urn/report (less than 12 m	onthe)	
C Check	box if filing under:	Form 5558	automatic extension		ontino,	, │ DFVC progra	m
Check		special extension (enter descript					
Part II	Basic Plan Inform	nation—enter all requested inforr	,				
1a Name			nation		1b	Three-digit	
	OGLANDER, INC 401K P	PROFIT SHARING PLAN				plan number	224
					10	(PN)	001
						Effective date o 03/14	•
	ponsor's name and addre	ess; include room or suite number (employer, if for a sing	e-employer plan)	2b	Employer Identi (EIN) 20-48	fication Number 37776
PO BOX 33	70				2c	Sponsor's telep 206-60	
RENTON, V	VA 98056				2d	Business code (54135	see instructions)
3a Plan a	administrator's name and	address Same as Plan Sponsor	Name Same as P	an Sponsor Address	3b	Administrator's	EIN 37776
		lan sponsor has changed since the	last return/report filed	for this plan, enter the	4b	EIN	
	e, EIN, and the plan numb sor's name	er from the last return/report.			4c	PN	
		the beginning of the plan year			5a		2
b Total	number of participants at	the end of the plan year			5b		1
		count balances as of the end of the		-	5c		1
6a Were	e all of the plan's assets d	uring the plan year invested in eligi	ble assets? (See instr	uctions.)			🗙 Yes 🗌 No
		e annual examination and report o See instructions on waiver eligibility					X Yes 🗌 No
		er line 6a or line 6b, the plan can					
		incomplete filing of this return/re					
SB or Sch		r penalties set forth in the instructio signed by an enrolled actuary, as v te.					
SIGN	Filed with authorized/va	lid electronic signature.	02/12/2013	SONIA M HOGLANDE	R		
HERE	Signature of plan adn	ninistrator	Date	Enter name of individ	ual sig	gning as plan adr	ninistrator
SIGN							
HERE	Signature of employe		Date	Enter name of individ			
		ne, if applicable) and address; inclu and OMB Control Numbers, see the ir			riep		number (optional)

Ten Pin Assets and Liabilities (a) Beginning of Year (b) End of Year a Total plan assets 7a 65201 281 Diff plan assets (subtract line 7) from line 7a 7c 65201 281 B Income, Expenses, and Transfer of the Plan Year (a) Amount (b) Total sen (b) Total 0 C Outbuilding relatives 8a(1) 0 0 0 (b) Driver former (loss) 8b 50000 50000 50000 (c) Driver former (loss) 8b 50000 50000 50000 (c) Total income (add lines 8(1), 8a(2), 8a(3), and 8b) 8c 0 50000 50000 C Total income (add lines 8(1), 8a(2), 8a(3), and 8b) 8c 0 50000 50000 C Total income (add lines 8(1), 8a(2), 8a(3), and 8b) 8c 0 50000 50000 G Deter income (loss) 8d 0 50000 50000 50000 50000 G Total income (loss) 8d 0 50000 50000 50000 50000 50000 50000 50000 50000 50000 50000 50000 50000 50000 50000 50000	Part III Financial Information							
b Total plan labilities	7 Plan Assets and Liabilities		(a) Beginning of Yea	ır			(b) End of Year	
c Net plan assets (subtract line 7b from line 7a) 7c 65261 281 8 Income, Expenses, and Transfers for fine Plan Year (a) Amount (b) Total 3 Income, Expenses, and Transfers for fine Plan Year 6a(1) 0 (1) Employers 6a(1) 0 (2) Participantis. 6a(2) 0 (3) Others (including rolewers). 5a(3) 0 b Other income (add lines 5a(1), 5a(2), 5a(3), and 8b) 8c 50000 c Total income (add lines 5a(1), 5a(2), 5a(3), and 8b) 8c 50000 c Total income (add lines 5a(1), 5a(2), 5a(3), and 8b) 8c 0 50000 G Entating benefals 50000 6 50000 50000 f Additional spenses (add lines 5a(1), 5a(2), 5a(3), and 8b) 8c 0 0 50000 g Other apprases 6g 0 6 6000 50000 50000 50000 50000 50000 50000 50000 50000 50000 50000 50000 50000 50000 500000 500000 500000 50	a Total plan assets	7a					261	
8 Income, Expenses, and Transfers for this Plan Year (a) Amount (b) Total a Contributions received or receivable form: 8e(1) 0 0 (1) Engloyees 8e(2) 0 0 (2) Participants. 8e(3) 0 0 (3) Other income (loss) 8e(3) 0 0 (4) Benefits paid (Including direct Inclovers and Insurance premiums 8d .50000 0 (5) Other income (loss) 8d .5000 0 .6000 (5) Other income (loss) (unking the law pair inclores) 8d .5000 0 .50000 0 .50000 0 .50000 0 .50000 0 .50000 .50000 0 .50000 0 .500000	b Total plan liabilities	7b		0				
a Control Ba(1) 0 (2) Participants. Ba(2) 0 (3) Others (including rollowers) Ba(3) 0 (4) Others (including rollowers) Ba(3) 0 (5) Others (including rollowers) Ba(3) 0 (5) Others (including rollowers) Ba(3) 0 (6) Others (including rollowers) Ba -50000 (7) Engroyade barefits) Be 0 (7) Engroyade barefits) Be 0 (7) Engroyade barefits) Be 0 (8) 0 0 0 0 (9) Other expenses Bg 0 0 (1) Transfers to (from) the B(2) Bi -50000 0 (1) Transfers to (from) the B(2) Bi -50000 0 0 (1) Transfers to (from) the B(2) Bi -50000 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	C Net plan assets (subtract line 7b from line 7a)	7c	5526	55261		2		
(1) Employers 8a(2) 0 (2) Participants 8a(2) 0 (3) Other income (loss) 8b -50000 Constraints 8d 50000 -50000 Constraints 8d -50000 -50000 Transferst (from) the pain (see instructions) 8g 0 -50000 Transferst (from) the pain (see instructions) g -500000 -50000 Transferst (from) the pain (see instructions) g -50000 -50000 Transferst (from) the pain (see instructions) g -50000 -50000 Transferst (from) the pain (see instructions) g -50000 -50000 Transferst (from the pain (see	8 Income, Expenses, and Transfers for this Plan Year		(a) Amount			(b) Total		
(2) Participants 8a(2) 0 (3) Others (including rolevers) 8a(3) 0 (3) Others (including rolevers) 8a(3) 0 (3) Others (including rolevers) 8a(3) 0 (2) Farlia income (add lines 8a(1), 8a(2), 8a(3), and 8b) 8c -50000 (3) Other income (add lines 8a(1), 8a(2), 8a(3), and 8b) 8c -50000 (4) Other income (add lines 8a(1), 8a(2), 8a(3), and 8b) 8d 5000 (5) Other expenses 6d 50000 -50000 (6) Other expenses 6d 5000 -50000 (7) Other expenses 6d 5000 -50000 (7) Other expenses 6d -50000 -50000 (7) Other expenses 6d -50000 -50000 (7) Other expenses 6d -50000 -50000 (7) Transfers to (from) the plan (see instructions) 6g -50000 -50000 (8) If the plan provides presion benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 2E CR 2J 2K 2R 2R 30 -50000 (7) During the plan year: 10a X - - (8) Uthe plan nex				_				
(a) Others (including rollovers) 8a(3) 0 (b) Other income (loss) 8b -50000 (c) Total income (loss) 8b -50000 (c) Total income (loss) 8c 0 (c) Others (normality) 8c 50000 (c) Others (losting) 8c 0 (c) Other expenses 8d 50000 (c) Other expenses 8g 0 (c) Other expenses 8d 50000 (c) Other expenses 8g 0 (c) Other expenses 8d 50000 (c) Transfers to (iron) the plan (see instructions) 8i -550000 (c) Transfers to (iron) the plan (see instructions) 8j -550000 (c) Transfers to (iron) the plan (see instructions) 8j -550000 (c) Transfers to (iron) the plan (see instructions) 8j -50000 (c) Transfers to (iron) the plan (see instructions) 8j -50000 (c) Transfers to (iron) the plan (see instructions) 8j -50000 (c) Transfers to (iron) the plan (see instructions) 8j -50000 (c) A transfers to (iron) the plan (see instructions) 8j -50000								
b Other income (loss) 8b -50000 c Total income (loss) 8c -60000 d Benefits paid (including direct collovers and insurance premiums in provide benefits) 8d 5000 f Administrative service providers (salaries, fees, commissions) 8f 0 - g Other expenses 8g 0 - - g Differ expenses 8g 0 -				-				
c Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)				-	-			
d Bendits paid (including direct rollovers and insurance premiums to provide bendits). 8d 5000 e Certain deemed and/or corrective distributions (see instructions)			-5000	0	-			
to provide benefits)	-	8c			_		-50000	
e Certain deemed and/or corrective distributions (see instructions)		8d	500	0				
f Administrative service providers (salaries, fees, commissions)	· · ·							
g Other expenses 8g 0 h Total expenses (add lines 8d, 8e, 8f, and 8g) 8h 50000 i Net income (loss) (subtract line 8h from line 8c) 8i 55000 J Transfers (torm) the plan (see instructions) 8j 55000 Part IV Plan Characteristics 9j 55000 g If the plan provides pension benefits, enter the applicable velfare feature codes from the List of Plan Characteristic Codes in the instructions: 2E 23 2K 2K 3D Part V Compliance Questions Yes No Amount a Was there a failure to transmit to the plan any participant contributions within the time period described in on ion 10.0. Yes No Amount b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on on ine 10.0. X Image: Compliance Questions Image: Compliance Q				-				
h Total expenses (add lines 8d, 8e, 8f, and 8g)				0				
i Net income (loss) (subtract line 8h from line 8c)	-						5000	
j Transfers to (from) the plan (see instructions) gj Part V 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: ZE EQ 24 32 No Amount 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 Yes No Amount 0 During the plan year: Yes No Amount a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-1027 (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 c Was the plan covered by a fidelity bond? 10c X d Did the plan have alos, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? 10d X g Did the plan have any participant loans? (If "Yes," enter amount as of year end.) 10f X g Did the plan have								
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 2R 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 Amount a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-1027 (See instructions and DOL's Voluntary Fluciary Correction Program) 10a X b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a,)								
9a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 2f 2G 2J 2K 2R 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 Amount a Was there a failure to transmit to the plan any participant contributions within the time period described in on line 10a.) Yes No Amount b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.) 10b X c Was the plan covered by a fidelity bond? 10c X 10d 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 10d X f Has the plan failed to provide any benefit when due under the plan? 10f X 10g X g Did the plan have any participant loans? (If "Yes," enter amount as of year end.) 10g X 10d X 10d X 10d X <td></td> <td>0j</td> <td></td> <td></td> <td></td> <td></td> <td></td>		0j						
10 During the plan year: Yes No Amount a 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 Ware there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.) 10b X X c Was the plan covered by a fidelity bond? 10c X 10d 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 10d X e Were only 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.) 10d X X f Has the plan have any participant loans? (If "Yes," enter amount as of year end.) 10g X X f It is a individual account plan, was there a blackout period? (See instructions and 29 CFR 250.101-3) 10h X X f Has the plan failed to provide applied under 29 CFR 250.101-3 10t X X X f Has the plan have any participant It a	2E 2G 2J 2K 2R 3D b If the plan provides welfare benefits, enter the applicable welfare fermion							
a 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 c 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 dishonestly? 10d X 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.) 10d X f Has the plan failed to provide any benefit when due under the plan? 10g X g Did the plan have any participant loans? (If "Yes," enter amount as of year end.) 10g X f Has the plan failed to provide any benefit when due under the required notice or one of the exceptions to providing the notice applied under 29 CFR 250.101-3 10g 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 250.101-3 10i Yes ii If 10h was answered "Yes," check the box if y				<u> </u>	Vee	Na	• •	
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 c Was the plan covered by a fidelity bond? 10c X X d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonest? 10d X X 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 f Has the plan failed to provide any benefit when due under the plan? 10f X X g Did the plan have any participant loans? (If "Yes," enter amount as of year end.) 10g X X f Has the plan failed to provide any benefit when due under the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3 10h X X g Did the plan have any sanswered "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 10h X it It to have answered "Yes," check the box if you either provided the required		ione within th	as time period described in		res	NO	Amount	
on line 10a.) 10b × c Was the plan covered by a fidelity bond? 10c × 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 × 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 10e × f Has the plan failed to provide any benefit when due under the plan? 10d × g Did the plan have any participant loans? (If "Yes," enter amount as of year end.) 10g × h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) 10h × 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. 10h × 11 Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form 15500) and line 11a below) 11a 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 [(If "Yes," complete line 12a, or lines 12b, 12c, 12d, and 12e below, as applicable.) 11a				10a		Х		
Image: Set of the plan bare and plan control of the plan is fidelity bond, that was caused by fraud or dishonesty? 10d X Image: Set of the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? 10d X Image: Set of the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? 10d X Image: Set of the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? 10d X Image: Set of the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? 10d X Image: Set of the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? 10d X Image: Set of the plan have any participant loans? (If "Yes," enter amount as of year end.) 10d X Image: Set of the plan have any participant loans? (If "Yes," enter amount as of year end.) 10g X Image: Set of the plan set of the plan was there a blackout period? (See instructions and 29 CFR 10h X Image: Set of the plan set of the plan set of the exceptions to providing the notice applied under 29 CFR 2520.101-3. 10d X Image: Set of the plan set of the plan set of the exceptions to providing the notice applied under 29 CFR 2520.101-3. 10t Yes Image: Set of the plan set of the plan set of the p				10b		x		
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g Did the plan have any participant loans? (If "Yes," enter amount as of year end.)	insurance service or other organization that provides some or all o	f the benefits	s under the plan? (See	10e		x		
h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 10h X i If 10h was answered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3	${f f}$ Has the plan failed to provide any benefit when due under the plan	וויייייייייייייייייייייייייייייייייייי		10f		Х		
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. 10h X Part VI Pension Funding Compliance 10i 10i Yes 11 Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form 5500) and line 11a below). Yes Yes 11a Enter the amount from Schedule SB line 39. 11a 11a 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 (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.) a If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, and enter the date of the letter ruling granting the waiver. Month	g Did the plan have any participant loans? (If "Yes," enter amount as	s of year end	.)	10a		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	h If this is an individual account plan, was there a blackout period? (See instructi	ons and 29 CFR			x		
11 Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form 5500) and line 11a below)	i If 10h was answered "Yes," check the box if you either provided th	e required n	otice or one of the	10i				
5500) and line 11a below) Yes 11a Enter the amount from Schedule SB line 39	Part VI Pension Funding Compliance							
11a Enter the amount from Schedule SB line 39	11 Is this a defined benefit plan subject to minimum funding requirement	ents? (If "Yes	s," see instructions and com	plete S	Schedu	ule SB	(Form	
 12 Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA? 12 Yes x (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.) a If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, and enter the date of the letter ruling granting the waiver								
(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.) a If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, and enter the date of the letter ruling granting the waiver						02 of E	RISA? Yes X No	
A If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, and enter the date of the letter ruling granting the waiver					-			
	a If a waiver of the minimum funding standard for a prior year is bein	g amortized	in this plan year, see instruc		and e			
b Enter the minimum required contribution for this plan year	If you completed line 12a, complete lines 3, 9, and 10 of Schedule	B (Form	5500), and skip to line 13.					
	b Enter the minimum required contribution for this plan year				'	12b		

С	Enter	the amount contributed by the employer to the plan for this plan year	12c					
d		act the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a tive amount)	12d					
е	e Will the minimum funding amount reported on line 12d be met by the funding deadline?							
Part	Part VII Plan Terminations and Transfers of Assets							
13a	Has a	a resolution to terminate the plan been adopted in any plan year?	, ,	Yes X No				
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) E	IN(s)	13c(3) PN(s)			
Part	VIII	Trust Information (optional)						

14a Name of trust	14b Trust's EIN

Form 5500-SF	Short Form Annual Re	turn/Report of enefit Plan	Small Employe	ee	1	OMB Nos. 1210-0110 1210-0086		
Depentment of the Treasury Internal Revenue Service	This form is required to be filed in		4065 of the Employee		2	012		
Department of Labor Employee Benefits Security Administration	Retirement Income Security Act of 1 the Internal F	974 (ERISA), and section Revenue Code (the Coo	ons 6057(b) and 6056(a le).		Inspection			
Pension Benefit Guaranty Corporation	Complete all entries in accorda	ince with the instructi	ons to the Form 5500-	SF.	L			
Annual Report I	dentification Information	01/2012	and ending		12/31/2012	2		
or calendar plan year 2012 or fis	Will Product of the State of S	a multiple-employer plan	n (not multiemployer)	ſ	a one-partici	pant plan		
This return/report is for:		the final return/report	· (···· ······························	L	4			
This return/report is:			report (less than 12 mo	othe)				
			idhnir (iess marr ie ma	1	DFVC progra			
Check box if filing under:		automatic extension		1				
	special extension (enter description	And a second						
Partil Basic Plan Info	rmation-enter all requested informat	tion	T	15	Three-digit	1		
a Name of plan	Inc 401k Profit Sharing	plan		110	plan number	207		
Sonia M Hoglander, .	Inc toik Piolic Sharing	E T OIL	ļ		(PN)	001		
					Effective date (
				and the second	1	fication Number		
a Plan sponsor's name and ad Sonia M Hoglander,	dress; include room or suite number (en Inc	nployer, if for a single-e	mployer plan)	20	(EIN) 20-48	37776		
				2¢	Spansor's tele			
PO Box 3370				0.4	206-604-0	and the second sec		
				20	541350	(see instructions)		
Renton	WA 98056		Sponsor Address	3b	Administrator's	EIN		
3a Plan administrator's name al Sonia M Hoglander,	nd address Same as Plan Sponsor N	ame Loanic as Flat	opunaul nucleos		20-483777			
PO Box 3370 Renton	WA 98056				206-604-0	2		
4. If the name and/or EIN of th	e plan sponsor has changed since the ta	ast return/report filed for	r this plan, enter the	4b	EIN			
	mber from the last return/report.			4c	PN			
a Sponsor's name	s at the beginning of the plan year			58		2		
	s at the end of the plan year			5b]		
C Aumher of participants with	account balances as of the end of the p	lan year (defined bene	fit plans do not					
complete this item)	*****			50				
69 More all of the plan's assai	ts during the plan year invested in eligib	le assets? (See instruct	tions.)		,,	Yes No		
b Are you claiming a waiver of	of the annual examination and report of a	an independent qualific and conditions.)	d public accountant (IG	PA)		X Yes 🗌 No		
If you answered "No" to e	either line 6a or line 6b, the plan cann	ot use Form 5500-SF	and must instead use	Pom	established			
Caution: A penalty for the late	or incomplete filing of this return/rep ther penalties set forth in the instruction	port will be assessed	oversided this return/rel	nort i	ncluding if app	icable, a Schedule		
Under penalties of perjury and on SB or Schedule MB completed a belief, it is true, correct, and con	and signed by an enrolled actually, as we	ell as the electronic ver	sion of this return/report	t, and	to the best of n	ny knowledge and		
en mitter	A.M		Sonia M Hogla	nde:	r			
Signature of plan	gdministrator	Date	Enter name of Individ	lual si	igning as plan a	dministrator		
	M. Hoglanda	1/31/12	Sonia	W	1.1 + 0 q	lander		
	loyer/plan sponsor	Date	Enter name of individ	luals	igning as emplo	yer or plan sponsor		
Preparer's name (including firm	name, if applicable) and address; include			Pré	parer's telepho	ne number (optional)		
				070602 10700000000				
For Paperwork Reduction Act Not	tice and OMB Control Numbers, see the in	structions for Form 5500	-SF.	1-1-14/101	and the second	Form 5500-SF (2012 v. 12012		

Form 5500-SF 2012

Page 2

Plan Assets and Liabilities		(a) Beginning of Year				(b) End of	Year	
Tight Added and the times	7a		5261					26
a Total plan assets	7b		C					
C Net plan assets (subtract line 7b from line 7a)	7c	5	5261					26
	sentra da	(a) Amount				(b) Tota	al	
Income, Expenses, and Transfers for this Plan Year a Contributions received or receivable from:	anna ann an a							HE HE
(1) Employers	8a(1)	him to be a second s				C. HARRISCH, MARKEN P.	interest in the second	Bande Anterne
(2) Participants	8a(2)		(
(3) Others (including rollovers)	8a(3)		(> 100051000		AN TONIS CONTRACTOR		hi ghay Carensi
b Other income (loss)	8b	- 5	0000		导致问题故			
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	86			f. Histori	l at a standard to be	a name name	<u>-</u> 	5000 2000
d Benefits patd (including direct rollovers and insurance premiums to provide benefits)	8d		500		Hurperen Hur			
Certain deemed and/or corrective distributions (see instructions)	8e	And the second s		1993年1993年1993年1993年1993年1993年1993年1993	genner Generation		anti segle de la calca mil antis actor actor a mil antis actor actor a	11 (* 1412) 21 (pat) (* 102) 21 (pat) (* 102)
f Administrative service providers (salaries, fees, commissions)	8f							
g Other expenses	8g			3 510(11)) 10	ntan natan Kesistan	的認知的認識	相同的目的目的	500
h Total expenses (add lines 8d, 8e, 8f, and 8g)	Bh							550
i Net income (loss) (subtract line 8h from line 8c)	Bi		Minister in	iri Referen	urrouse a	909-223-194-19 H		
Transfers to (from) the plan (see instructions)	8j			開始	新設設			and a second
Bar orbital construction If the plan provides pension benefits, enter the applicable pension 2E 2G 2J 2K 2B b If the plan provides welfare benefits, enter the applicable welfare feature							And And And	
THURSDOR	NAMES OF TAXABLE PARTY OF TAXABLE PARTY.	And and a second se			a an	and an		
Compliance Questions				Van I	No		mount	
During the plan year:	المراجع والمراجع			Yes	No	۵	mount	
 During the plan year; Was there a failure to transmit to the plan any participant contribution 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fide) 	uciary Col	In the time period described in rection Program)	10a	Yes	x	۵	mount	
 During the plan year: Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu b) Were there any nonexempt transactions with any party-in-interest on line 10a.) 	uclary Col t? (Do not	In the time period described in rection Program) include transactions reported	10a 10b	Yes	x x	A	unount	
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	Form 5500-SF 2012 Page 3 -				
	Enter the amount contributed by the employer to the plan for this plan year		12c		
d	Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the linegative amount).	eftofa	12d		
ę	Will the minimum funding amount reported on line 12d be met by the funding deadline?			Yes	NO N/A
	Plan Terminations and Transfers of Assets				Marken V
	Has a resolution to terminate the plan been adopted in any plan year?			res X No	and the second
	If "Yes," enter the amount of any plan assets that reverted to the employer this year		13a		
b	of the PBGC?				Yes X No
¢	identities and the rest in the second from the plan to prother plan(s) identities	fy the plan(s)	to		
	13c(1) Name of plan(s):	1	3c(2) El	IN(s)	13c(3) PN(s)
	Trust Information (optional)				
COLIENNA	Name of trust		14b T	rust's EIN	