Form 5500-SF Short Form Annual Return/Report of Small Emplo			of Small Employ	/ee	OMB Nos. 1210-0110 1210-0089				
Department of the Treasury Internal Revenue Service		Benefit Plan This form is required to be filed under sections 104 and 4065 of the Employe			Ð	2012			
Department of Labor Retirement Income Security Act of 1974 (ERISA), and sections 6057(b Employee Benefits Security Administration the Internal Revenue Code (the Code).			ctions 6057(b) and 6058		This Form is Open to Public				
Pension Be	nefit Guaranty Corporation	Complete all entries in accordar	nce with the instruc	tions to the Form 5500)-SF.	Inspection			
Part I		entification Information			0/04/	2010			
_	ar plan year 2012 or fisca	· · · · · □			2/31/2				
	urn/report is for:		1 1 7 1	an (not multiemployer)		a one-participant plan			
B This ret	urn/report is:		e final return/report	n/report (less than 12 mc					
_		╡	-						
C Check b	box if filing under:	Form 5558 automatic extension				DFVC program			
		special extension (enter description)							
Part II		nation—enter all requested information	on		16	Thursday Maria			
1a Name	•	1(K) PROFIT SHARING PLAN			D	Three-digit plan number			
						(PN) • 001			
					1c	Effective date of plan			
0						03/01/2007			
	oonsor's name and addre	ess; include room or suite number (emp	bloyer, if for a single-	employer plan)	2b	Employer Identification Number (EIN) 91-1233786			
16026 WOO	DINVILLE-REDMOND R	OAD NE			2c	Sponsor's telephone number 425-488-4888			
	LE, WA 98072				2d	Business code (see instructions) 444190			
3a Plan ad	dministrator's name and	address 🛛 Same as Plan Sponsor Nam	ne Same as Plan	Sponsor Address	3b	Administrator's EIN			
					_	C Administrator's telephone number			
 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN, and the plan number from the last return/report. 									
a Sponso		the beginning of the plan year				4C PN			
		the end of the plan year		-	<u>5a</u>				
		count balances as of the end of the plan			5b	23			
		count balances as of the end of the plat			5c	22			
6a Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.) X Yes No b Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) X Yes No winder 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.) X Yes No									
If you answered "No" to either line 6a or line 6b, the plan cannot use Form 5500-SF and must instead use Form 5500.									
Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.									
Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including, if applicable, a Schedule SB or Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.									
SIGN HERE	Filed with authorized/va	lid electronic signature.	02/25/2013	DONNA DUNCAN					
	Signature of plan adn	ninistrator	Date	Enter name of individual signing as plan administrator					
SIGN					- U				
HERE	Signature of employe	r/nlan sponsor	Date	Enter name of individu	ual signing as employer or plan sponsor				
Preparer's		ne, if applicable) and address; include r			Preparer's telephone number (optional)				
				-					

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

b Total plan liabilities 7b 7b c Nar plan assets (statistic file 7b from line 7a)	Part III Financial Information								
b Total plan labilities Tb c Net plan assets (subtract line 7b from line 7a) 7c 373283 401100 c Net plan assets (subtract line 7b from line 7a) 7c 373283 401100 a Contributions received or receivable from. 8a(1) 41674 (a) Amount (b) Total a Contributions received or receivable from. 8a(1) 41674 (c) Participants. 8a(1) 41674 (d) Determine (loss) 8e(3) 71215 (c) Total 6e 169255. d) Other income (loss) 8e(3) 42306 (c) Total 6e 169255. d) Benefits paid (including circle rolewars and insurance premiums to provide benefits) 6d 41378 6e 169255. g) Other expenses 8g 41378 6e 1178277 g) Other expenses 8g 41378 6e 1178277 g) Total expenses (abd lines 8d, 8e, 81, and 8g) 8h 41378 1178277 g) Total expenses 8g 1178277 g) Total expenses 8g 1178277 g) Total expenses 8g 1178277 g	7 Plan Assets and Liabilities		(a) Beginning of Year			(b) End of Year			
C Net plan assets (subtract line 7b from line 7a)	a Total plan assets	7a					491160		
8 Income, Expenses, and Transfers for this Plan Year (a) Amount (b) Total a Contributions received or receivable from: 8a(1) 41674 (2) Participants. 8a(2) 71215 (3) Others (nondung rollowers) 8a(3) 1 b Dorber income (add lines 8a(1), 8a(2), 8a(3), and 8b) 8c 150255 C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) 8c 150255 G Bernetin pack (including rollowers) and insurance premiums 41378 150255 G Contrain demed and/or corrective distributions (see instructions). 8d 41378 150255 G Other expenses (add lines 8d, 8c, 8f, and 8g) 8d 41378 117377 Total expenses (add lines 8d, 8c, 8f, and 8g) 8i 117377 117377 Total expenses (add lines 8d, 8c, 8f, and 8g) 8i 117377 117377 Total expenses (add lines 8d, 8c, 8f, and 8g) 8i 117377 117377 Total expenses (add lines 8d, 8c, 8f, and 8g) 8i 117377 117377 Total expenses (add lines 8d, 8c, 8f, and 8g) 8i 117377 117477 Total expe	b Total plan liabilities	7b							
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(1) Employers 8 a(1) 41674 (2) Participants 8 a(2) 71215 (3) Other income (loss) 8 a(3) 45366 (5) Total income (loss) 8 a(3) 45366 (7) Total income (loss) 8 a(3) 41378 (8) Other income (loss) 8 a(3) 41378 (9) Cartain deemed and/or concervive distributions (see instructions). 8 a(1) 41378 (9) Other exponess. 8 a(1) 41378 (9) Other exponess. 8 a(1) 41378 (10) Total expenses (add lines 8d, 6e, 6f, and 8g). 8 h 41378 (11) Transfers to (from) the plan (see instructions). 8 g 1178277 (11) Transfers to (from) the plan (see instructions). 8 g 1178277 (22) Cartain deemed and/or concervice distributions within the sequence of the structions: 2 to	8 Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b) Total		
(a) Participants									
(3) Others (including rollovers) 8x(3) 8x(3) (3) Others (including rollovers) 8x(3) 8x(3) (4) Detrincome (loss) 8x(1), 8x(2), 8x(3), and 8b) 8x(3) (5) Other income (loss) 8x(1), 8x(2), 8x(3), and 8b) 8x(2) (5) Other expenses 9x(1), 8x(2), 8x(3), 8x(2), 8x(3), 8x(2), 8x(3), 8x(2), 8x(3), 8x(4),		· · · ·			_				
b Other income (loss) 8b 46396 c Total income (add lines 8a(1), 6a(2), 8a(3), and 8b) 8c 1592755 G Benefits paid (including direct followers and insurance premiums of a direct followers) 8d 41376 G Cortail income (add lines 8a(1), 6a(2), 8a(3), and 8b) 8d 41376 G Cherta demend and/or corrective distributions (see instructions) 8d 41376 G Cherta demend and/or corrective distributions (see instructions) 8d 41376 Total segmenses (add lines 8d, 8e, 8f, and 8g) 8h 413778 I Net income (loss) (subtract line 8h from line 8c) 8i 413778 J Transfers to (from) the plan (see instructions) 8j 117877 J Transfers to (from) the plan (see instructions) 8j 117877 J Transfers to (from) the plan (see instructions) 8j 10 117877 J Transfers to (from) the plan (see instructions) 8j 10 117877 J Transfers to (from) the plan (see instructions) 10 10 10 10 10 10 10 10 10 10 10			7121	5					
c Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)									
d Benits paid (including direct rollovers and insurance premiums to provide benefits)			4636	6	_				
to provide benefits)	-	8c			_		159255		
e Certain deemed and/or corrective distributions (see instructions)		8d	4137	8					
f Administrative service providers (salaries, fees, commissions)									
g Other expenses. Bg Attal expenses (and lines Bd, Be, Bt, and Bg). Bh Attal argenese (and lines Bd, Be, Bt, and Bg). Bh Attal argenese (and lines Bd, Be, Bt, and Bg). Bh Attal argenese (and lines Bd, Be, Bt, and Bg). Bh Attal argenese (and lines Bd, Be, Bt, and Bg). Bt Attal argenese (and lines Bd, Be, Bt, and Bg). Attal argenese (and lines Bd, Be, Bt, and Bg). Bt Attal argenese (and lines Bd, Be, Bt, and Bg). Attal argenese (and lines Bd, Be, Bt, and B	•								
h Total expenses (add lines 8d, 8e, 8f, and 8g)									
i Net income (loss) (subtract line 8h from line 8c)							41378		
j Transfers to (from) the plan (see instructions) g 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 2F 2G 2J 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 Yes No Amount 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 Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a) 10b X 10c X c Was the plan covered by a fidelity bond? 10c X 10c X 10d X c Was the plan covered by a fidelity bond? 10b X 10c X 10c X 10c X 10c X 10d X 10d X <th< td=""><td></td><td></td><td></td><td></td><td></td><td colspan="3"></td></th<>									
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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 Were 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 X e Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, instructions.) 10d X X f Has the plan failed to provide any benefit when due under the plan? 10d X X g Did the plan have any participant loans? (If "Yes," enter amount as of year end.) 10g X X i If 10a 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. 10d X X ii If 10a was answered "Yes," check the box if you either provided the requireenotice or one of the exceptions to providing t	2E 2F 2G 2J 2K 3D b If the plan provides welfare benefits, enter the applicable welfare feature								
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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 g Did the plan have any participant loans? (If "Yes," enter amount as of year end.) 10g X h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) 10h X i If 10h was answered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3. 10h X Part VI Pension Funding Compliance 10i X Image: Second and a complete Schedule SB (Form 10i) Yes 11a Enter the amount from Schedule SB line 39. 11a Image: Second and 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.) Image: Month Day Year a If a waiver of the minimum funding require stop section 412 of the Code or section 302 of ERISA? Yes Yes (If "Yes," complete line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.<	d Did the plan have a loss, whether or not reimbursed by the plan's	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud					100000		
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 of	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					5658		
g Did the plan have any participant loans? (If "Yes," enter amount as of year end.)	f Has the plan failed to provide any benefit when due under the pla	n?		10f		X			
h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 10h X 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 Part VI Pension Funding Compliance 10i 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) 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.) 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 ruli granting the waiver. Month	Q Did the plan have any participant loans? (If "Yes." enter amount a								
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?	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR							
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 11a Enter the amount from Schedule SB line 39 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.) 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 ruli granting the waiver. Month Day Year If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13. Inter 12a Inter 12a	If 10h was answered "Yes," check the box if you either provided the required notice or one of the								
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)									
11a Intermediate the amount from Schedule SB line 39	11 Is this a defined benefit plan subject to minimum funding requirem	ents? (If "Ye	s," see instructions and com	plete	Scheo	lule SB	(Form		
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	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								
. 1 1									
b Enter the minimum required contribution for this plan year	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						
d	•						
е		he minimum funding amount reported on line 12d be met by the funding deadline?		Yes	No N/A		
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			
	If "Yes," enter the amount of any plan assets that reverted to the employer this year						
b	b Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the of the PBGC?				Yes X No		
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.)							
13c(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