Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation Short Form Annual Return/Report of Small Employee Benefit Plan

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

OMB Nos. 1210-0110 1210-0089

2012

This Form is Open to Public Inspection

Pension Be	enefit Guaranty Corporation	▶ Complete all entries in acc	ordance with the instru	ctions to the Form 5500	0-SF.	
Part I		Identification Information				
For calenda	ar plan year 2012 or fi	scal plan year beginning 01/01/2	2012	and ending 1	2/31/2	2012
	urn/report is for:	a single-employer plan	H	olan (not multiemployer)		a one-participant plan
B This ret	turn/report is:	the first return/report	the final return/report			
		an amended return/report	a short plan year retur	rn/report (less than 12 mo	onths)	_
C Check b	oox if filing under:	Form 5558	automatic extension			DFVC program
		special extension (enter descri	ption)			
Part II	Basic Plan Info	ormation—enter all requested info	ormation			
1a Name		ome an requested min			1b	Three-digit
	ST TECHIES, LLC 401	(K) PLAN				plan number
						(PN) ▶ 001
					1c	Effective date of plan
						08/01/2000
	ponsor's name and ad ST TECHIES, LLC	Idress; include room or suite numbe	r (employer, if for a single	-employer plan)	2b	Employer Identification Number (EIN) 20-2612078
					2c	Sponsor's telephone number
P.O. BOX 18	324					425-538-2242
BELLEVUE,	WA 98009				2d	Business code (see instructions) 611000
3a Plan a	dministrator's name a	nd address XSame as Plan Sponso	or Name Same as Pla	n Sponsor Address	3b	Administrator's EIN
					3c	Administrator's telephone number
4 If the r	name and/or EIN of the	e plan sponsor has changed since the	ne last return/report filed f	or this plan, enter the	4b	EIN
	•	mber from the last return/report.			_	
a Sponso					4c	PN
5a Total r	number of participants	at the beginning of the plan year			5a	63
b Total r	number of participants	at the end of the plan year			5b	33
		account balances as of the end of the			5c	33
6a Were	all of the plan's asset	s during the plan year invested in eli	igible assets? (See instru-	ctions.)		X Yes No
_		f the annual examination and report				
		? (See instructions on waiver eligibil				
If you	answered "No" to e	ither line 6a or line 6b, the plan ca	annot use Form 5500-SF	and must instead use	<u>Form</u>	5500.
Caution: A	penalty for the late	or incomplete filing of this return	report will be assessed	unless reasonable cau	se is	established.
		ther penalties set forth in the instruct				
	edule MB completed a true, correct, and com	nd signed by an enrolled actuary, as	well as the electronic ve	rsion of this return/report	, and t	to the best of my knowledge and
501101, 1010	rao, corroot, and com	pioto.		1		
SIGN	Filed with authorized	/valid electronic signature.	03/06/2013	STEPHEN BRUGGER	L	
HERE	Signature of plan a	administrator	Date	Enter name of individu	ual sig	ning as plan administrator
SIGN						
HERE	Signature of omple	war/nlan anangar	Doto	Enter name of individu	uol oig	uning as ampleyer or plan appear
Preparer's	Signature of emplo name (including firm r	name, if applicable) and address; inc	Date Clude room or suite number			ning as employer or plan sponsor parer's telephone number (optional)
	(oidding iiiiii			(σραστιαι)	ор	(optional)

Form 5500-SF 2012 Page **2**

Part III Financial Information									
7	Plan Assets and Liabilities		(a) Beginning of Yea	ar			(b) End of Year		
a	Total plan assets	7a	127002				1149584		
	Total plan liabilities						0		
С	Net plan assets (subtract line 7b from line 7a)	·					1149584		
8	Income, Expenses, and Transfers for this Plan Year						(b) Total		
	Contributions received or receivable from:		(4) / 1111 4 1111				(0) 10101		
	(1) Employers	8a(1)		0					
	(2) Participants	8a(2)	4101	10					
	(3) Others (including rollovers)	8a(3)		0					
b	Other income (loss)	8b	11516	67					
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c					156177		
d 	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	24089)1					
е	Certain deemed and/or corrective distributions (see instructions)	8e	765	0					
f	Administrative service providers (salaries, fees, commissions)	8f	1917	'1					
g	Other expenses	8g		0					
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h					267712		
i	Net income (loss) (subtract line 8h from line 8c)	8i					-111535		
j	Transfers to (from) the plan (see instructions)	8j		0					
Pa	rt IV Plan Characteristics	<u> </u>							
	If the plan provides pension benefits, enter the applicable pension 2A 2E 2F 2G 2J 2K 2S 2T 3B 3D	feature co	des from the List of Plan Char	acteris	stic Co	odes in	the instructions:		
b	If the plan provides welfare benefits, enter the applicable welfare fe	eature cod	es from the List of Plan Chara	cterist	ic Coc	des in t	he instructions:		
_									
	Part V Compliance Questions								
10									
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)								
b	Were there any nonexempt transactions with any party-in-interest on line 10a.)			10b		X			
C	Was the plan covered by a fidelity bond?			10c	X		200000		
d	Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?	-		10d		X			
е	Were any fees or commissions paid to any brokers, agents, or oth insurance service or other organization that provides some or all of								
	instructions.)			10e		X			
f	Has the plan failed to provide any benefit when due under the plan	n?		10f		X			
g	Did the plan have any participant loans? (If "Yes," enter amount a	s of vear e	end.)	10g	Χ		0		
h	If this is an individual account plan, was there a blackout period? ((See instru	uctions and 29 CFR	10g		X	0		
i	If 10h was answered "Yes," check the box if you either provided the required notice or one of the								
Daw	exceptions to providing the notice applied under 29 CFR 2520.101-3								
					<u> </u>		· /=		
11	5500) and line 11a below) Yes No								
<u>11a</u>	Enter the amount from Schedule SB line 39					11a	<u> </u>		
12	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 X No								
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,	as applic	able.)						
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 Day Year								
If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.									
b	b Enter the minimum required contribution for this plan year								

	Form 5500-SF 2012							
С	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 resunegative amount)			12d				
е	Will the minimum funding amount reported on line 12d be met by the funding	ng deadline?				Yes	No	N/A
Part	VII Plan Terminations and Transfers of Assets							
13a	Has a resolution to terminate the plan been adopted in any plan year?			X	Yes	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
С	If during this plan year, any assets or liabilities were transferred from this p which assets or liabilities were transferred. (See instructions.)	plan to another plan(s), identify the p	lan(s) t	0			_	
13c(1) Name of plan(s):					EIN(s	s)	13c(3) PN(s)
Part	VIII Trust Information (optional)						•	
14a 1	Name of trust			14b	Trust	's EIN		

Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation Short Form Annual Return/Report of Small Employee Benefit Plan

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

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

OMB Nos. 1210-0110 1210-0089

2012

This Form is Open to Public Inspection

Part I	Annual Report	Identification Information								
For calend	dar plan year 2012 or fi	scal plan year beginning	01/01/2012	and ending	12/31/2012					
A This re	eturn/report is for:	X a single-employer plan	a multiple-employer pla	an (not multiemployer)	a one-participant plan					
B This re	eturn/report is:	the first return/report	the final return/report							
		an amended return/report	a short plan year return	/report (less than 12 mo	onths)					
C Check	box if filing under:	Form 5558	automatic extension		DFVC program					
0.,00.	John IIII.	special extension (enter descri	ption)							
Part II	Basic Plan Info	rmation—enter all requested info								
1a Name	+	Third on one of the control of the c	illia di la		1b Three-digit					
		LLC 401(k) Plan			plan number					
					(PN) D001					
					1c Effective date of plan 08/01/2000					
	sponsor's name and ad VEST TECHIES,	ldress; include room or suite numbe	r (employer, if for a single-e	employer plan)	2b Employer Identification Number					
NORTH	VEST TECHTES,			-	(EIN) 20-2612078					
P.O. E	3OX 1824				2c Sponsor's telephone number 425-538-2242					
					2d Business code (see instructions)					
BELLEV	/UE	WA 98009			611000					
3a Plan	administrator's name a	nd address XSame as Plan Sponso	or Name XSame as Plan	Sponsor Address	3b Administrator's EIN					
					3c Administrator's telephone number					
					, tallillionates o telephone names					
4 If the	name and/or EIN of the	e plan sponsor has changed since to mber from the last return/report.	he last return/report filed for	r this plan, enter the	4b EIN					
	sor's name	mber nom the last return report.			4c PN					
		at the beginning of the plan year			5a 6					
	, ,	at the end of the plan year		l l	5b 3					
		account balances as of the end of the								
					5c 3 X Yes N					
		s during the plan year invested in el f the annual examination and report								
unde	/ou claiming a waiver o er 29 CFR 2520.104-46	? (See instructions on waiver eligibi	lity and conditions.)	u public accountant (regi	X Yes N					
If yo	u answered "No" to e	ither line 6a or line 6b, the plan ca	annot 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 per	nalties of perjury and ot	her penalties set forth in the instruct	tions, I declare that I have e	examined this return/rep	ort, 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	No. 1	Boom		Stephen	BRUGOER					
HERE	Signature of plan a	administrator /	Date 3-5-13	II	ual signing as plan administrator					
SIGN										
HERE	Signature of emplo	over/plan sponsor	Date	Enter name of individu	ual signing as employer or plan sponsor					
Preparer's	name (including firm r	name, if applicable) and address; inc		r (optional)	Preparer's telephone number (optional)					
				-						

Total plant assets (subtract line 75 from line 75)	Par	t III Financial Information									
The bit Total plan inabilities	7	Plan Assets and Liabilities (a) Beginning of Yea			r		(b) End of Year				
C Net plan assets (subtract line 7b from line 7a)	а	Total plan assets	7a	12'	7002	20	1149584				
8 incorne, Espenses, and Transfers for this Plan Year a Contributions received or receivable from: (1) Employers			. 7b		890)1	0				
8 Income, Exponses, and Transfers for this Plan Year a Contributions received or receivable from: (1) Employers	С	Net plan assets (subtract line 7b from line 7a)	7c	12	6111	.9	9 1:				
a Contributions received or receivable from: (1) Employers				(a) Amount				(b) Total			
22 Participents 8a(2) 4±010 3 Others (including rollovers) 8a(3) 0 0 0 0 0 0 0 0 0	а	Contributions received or receivable from:	8a(1)			0					
(3) Others (including rollovers)	-	7			4101	.0					
b Other income (loss)						0					
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)			8b	1:	1516	57					
Central operation of the plan provides benefits See instructions See 7650	-		8c					156177			
to provide benefits)				2	4000	\1					
Administrative service providers (salaries, fees, commissions)				4		_	-				
g Other expenses (add lines 8d, 8e, 8f, and 8g)	е	Certain deemed and/or corrective distributions (see instructions)	. 8e			_					
In the tincome (loss) (subtract line 8h, 6e, 8f, and 8g)	f	Administrative service providers (salaries, fees, commissions)	. 8f		1917	71	_				
i Net income (loss) (subtract line 8h from line 8c)	g	Other expenses	. 8g			0					
Transfers to (from) the plan (see instructions)	_ <u>h</u> _	Total expenses (add lines 8d, 8e, 8f, and 8g)	. 8h			-					
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: 2A 2B 2F 2G 2J 2X 2S 2T 3B 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 a Was there a failure to transmit to the plan any participant contributions within the time period described in 2 9 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 2000 00 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 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.) 10b 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 if 10h 10h	L	Net income (loss) (subtract line 8h from line 8c)	. 8i			\perp		-111535			
9a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 2A 2B 2F 2G 2J 2K 2S 2T 3B 3D	j	Transfers to (from) the plan (see instructions)	8j			0					
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	Par	t IV Plan Characteristics									
No		2A 2E 2F 2G 2J 2K 2S 2T 3B 3D									
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 2000000 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 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 (See instructions and 29 CFR 2520.101-3.) 10h X i If 10h was answered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3 10i No Pension Funding Compliance 11 Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form 5500) and line 11a below) 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?. No	Part	V Compliance Questions									
29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)	10	During the plan year:				Yes	No	Amount			
on line 10a.)	а	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fide	uclary Cor	rection Program)	10a		Х				
d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	b				10b		х				
e Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service or other organization that provides some or all of the benefits under the plan? (See instructions.) f Has the plan failed to provide any benefit when due under the plan? g Did the plan have any participant loans? (If "Yes," enter amount as of year end.)	С	Was the plan covered by a fidelity bond?			10c	Х		200000			
insurance service or other organization that provides some or all of the benefits under the plan? (See instructions.) f Has the plan failed to provide any benefit when due under the plan? g Did the plan have any participant loans? (If "Yes," enter amount as of year end.)	d				10d		х				
g Did the plan have any participant loans? (If "Yes," enter amount as of year end.)	е	insurance service or other organization that provides some or all	of the ben	efits under the plan? (See	10e		х				
h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) If 10h was answered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3 Part VI Pension Funding Compliance 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 No 11a Enter the amount from Schedule SB line 39 Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA? Yes X No	f	Has the plan failed to provide any benefit when due under the pla	in?		10f		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	g	Did the plan have any participant loans? (If "Yes," enter amount a	as of year	end.)	10g	Х		0			
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				10h		х				
Part VI Pension Funding Compliance 11	ī	i 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)	Part	VI Pension Funding Compliance									
11a Enter the amount from Schedule SB line 39		Is this a defined benefit plan subject to minimum funding requirem	nents? (If '	'Yes," see instructions and con	nplete	Sched	dule SB	(Form Yes No			
12 Is this a defined contribution than subject to the minimum transfer	11a										
(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)	12	12 Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA?									
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 Day Year		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 waiverMonth DayYear									
If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.	lf										
b Enter the minimum required contribution for this plan year	b	Enter the minimum required contribution for this plan year					126				

	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 left of a negative amount)	12d			
е	Will the minimum funding amount reported on line 12d be met by the funding deadline?		1 Y	es 📗	No N/A
Part	VII Plan Terminations and Transfers of Assets				
13a	Has a resolution to terminate the plan been adopted in any plan year?	X V	Yes [No	
S t 	If "Yes," enter the amount of any plan assets that reverted to the employer this year	13a			(
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
С	If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) twhich assets or liabilities were transferred. (See instructions.)	:0			
		3c(2) E	IN(s)		13c(3) PN(s)
Part	VIII Trust Information (optional)				
		14b ⊤	rust's	EIN	