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.

2042

OMB Nos. 1210-0110

1210-0089

2012

This Form is Open to Public Inspection

Pa		Annual Report Identification Information					
For c	calenda	ar plan year 2012 or fiscal plan year beginning 01/01/2012		and ending 1	2/31/2	2012	
A T	his ret	urn/report is for: 🗵 a single-employer plan 🔲 a multi	ple-employer pla	n (not multiemployer)		a one-particip	oant plan
Вт	his ret	urn/report is:	al return/report				
		an amended return/report a short	plan year return/	report (less than 12 m	onths)	1	
C 0	heck b	oox if filing under: Form 5558 automa	atic extension			DFVC progra	ım
		special extension (enter description)				_	
Pai	rt II	Basic Plan Information—enter all requested information					
	Name (·			1b	Three-digit	
VP PE	RI PAI	NTING COMPANY RETIREMENT PLAN				plan number (PN) ▶	001
					10	Effective date o	
					.0	01/01	•
2a I	Plan sp RI PA	onsor's name and address; include room or suite number (employer INTING COMPANY	r, if for a single-e	mployer plan)	2b	Employer Identi (EIN) 91-20	fication Number
D ()	BOX 24	470			2c	Sponsor's telep	
		WA 98073			2d		see instructions)
3a	Plan ad	dministrator's name and address X Same as Plan Sponsor Name	Same as Plan	Sponsor Address	3b	Administrator's	
					30	Administrator's	telephone number
						Administrator 3	icicprione number
1	lf tha n	ame and/or FIN of the plan approach has about a dines the last return	ro/roport filed for	this plan antar the	415		
		ame and/or EIN of the plan sponsor has changed since the last return EIN, and the plan number from the last return/report.	гп/герогт пеа тог	this plan, enter the	40	EIN	
		or's name			4c	PN	
5a	Total n	number of participants at the beginning of the plan year			5a		8
b	Total n	number of participants at the end of the plan year			5b		10
		er of participants with account balances as of the end of the plan yea ete this item)			5c		5
		all of the plan's assets during the plan year invested in eligible asset					X Yes No
		u claiming a waiver of the annual examination and report of an inder 29 CFR 2520.104-46? (See instructions on waiver eligibility and con-					X Yes No
		answered "No" to either line 6a or line 6b, the plan cannot use I					M 163 140
		penalty for the late or incomplete filing of this return/report will					
		alties of perjury and other penalties set forth in the instructions, I decl					able, a Schedule
		dule MB completed and signed by an enrolled actuary, as well as the rue, correct, and complete.	e electronic versi	ion of this return/report	, and	to the best of my	knowledge and
SIGN		Filed with authorized/valid electronic signature. 03/	/21/2013	LINDA PERI			
HER	E	Signature of plan administrator Date	te	Enter name of individ	ual siç	ning as plan adn	ninistrator
SIGN	١						
HER	E	Signature of employer/plan sponsor Date	te	Enter name of individ	ual sic	ning as employe	r or plan sponsor
Prep	arer's ı	name (including firm name, if applicable) and address; include room					number (optional)

Form 5500-SF 2012 Page **2**

Par	t III Financial Information										
	Plan Assets and Liabilities		(a) Beginning of Yea	ar			(b) En	d of Y	ear		
	Total plan assets	7a	11794				(5) =1.		136936	6	
	Total plan liabilities	7b									
	Net plan assets (subtract line 7b from line 7a)	7c	11794	10					136936	3	
	Income, Expenses, and Transfers for this Plan Year		(a) Amount				(h)	Total			
	Contributions received or receivable from:		(a) Amount				(15)	Total			
	(1) Employers	8a(1)									
	(2) Participants	8a(2)									
	(3) Others (including rollovers)	8a(3)									
b	Other income (loss)	8b	1899	96							
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							18996	6	
	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d									
е	Certain deemed and/or corrective distributions (see instructions)	8e									
f	Administrative service providers (salaries, fees, commissions)	8f									
g	Other expenses	8g									
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h									
i	Net income (loss) (subtract line 8h from line 8c)	8i							18996	6	
j	Transfers to (from) the plan (see instructions)	8j									
Par	t IV Plan Characteristics	, ,	l								
	If the plan provides pension benefits, enter the applicable pension 2A 2E 3D	feature co	des from the List of Plan Char	acteris	stic Co	odes in	the instr	uctions	;:		
b	If the plan provides welfare benefits, enter the applicable welfare fe	eature cod	les from the List of Plan Chara	cterist	ic Coc	des in t	he instru	ctions:			
Part	V Compliance Questions										
	•				Vac	No					
10	During the plan year:	tiono withi	n the time period described in	I	Yes	No		Amo	ount		
a	Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidure 1997).	ıciary Corı	rection Program)	10a		X					
	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					100	000
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 cinstructions.)	of the bene	efits under the plan? (See	10e		X					
f	Has the plan failed to provide any benefit when due under the plan					X					
				10f							
<u>g</u>	Did the plan have any participant loans? (If "Yes," enter amount a		<u>, </u>	10g		X					
h 	2520.101-3.)			10h		X					
i 	If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10			10i							
Part	VI Pension Funding Compliance										
11	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)							[Yes		No
11a						11a					
12	Is this a defined contribution plan subject to the minimum funding	requireme	ents of section 412 of the Code	or se	ction :	302 of	ERISA?		Yes	X	No
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,										
	If a waiver of the minimum funding standard for a prior year is beir granting the waiver.		Mon		and e	enter th Day	ne date o	f the le Yea		ling	_
If	you completed line 12a, complete lines 3, 9, and 10 of Schedule	e MB (For	m 5500), and skip to line 13.		-		Ī				
b	Enter the minimum required contribution for this plan year					12b					

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	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?		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?		Yes X No	
	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?	control		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) which assets or liabilities were transferred. (See instructions.)	to		
1	3c(1) Name of plan(s):	1 3c(2) E	IN(s)	13c(3) PN(s)
Part	VIII Trust Information (optional)			
	Name of trust	14b ⊤	rust'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.

2012

OMB Nos. 1210-0110 1210-0089

This Form is Open to Public Inspection

Part I	Annual Report Identification					
For calend	ar plan year 2012 or fiscal plan yea	r beginning 01/01/2012	2	and ending	12/31/2012	
A This re	turn/report is for: X a single-	employer plan	a multiple-employer pl	an (not multiemployer)	☐ a one-pa	articipant plan
B This ref	lurn/report is:		the final return/report	10 0		10 MORT SOMO
	an amer	nded return/report	a short plan vear returr	/report (less than 12 m	onthe)	
C Check	box if filing under; Form 55		automatic extension	and the state of t	**************************************	
• oncon		extension (enter description			DFVC p	rogram
Part II		A CONTRACTOR OF THE PARTY OF TH	1			
La contraction of the contractio	Basic Plan Information—	enter all requested informa	ition	7	T.	
1a Name	or plan AINTING COMPANY RETIREMENT	F DI ANI			1b Three-digit	
VP PERIPA	AINTING COMPANY RETIREMENT	PLAN			plan numbe (PN) ▶	001
					1c Effective da	
-						/01/2004
2a Plan s	ponsor's name and address; includ	e room or suite number (er	mployer, if for a single-	employer plan)	2b Employer le	dentification Number
VP PERI PA	AINTING COMPANY					2011098
					2c Sponsor's	telephone number
P. O. BOX 2	2470					58988494
					2d Business co	ode (see instructions)
REDMOND						8300
3a Plan a	dministrator's name and address	Same as Plan Sponsor N	ame Same as Plan	Sponsor Address	3b Administrat	or's EIN
					20 11	
					3C Administrat	or's telephone number
					Ç.	
4 If the	name and/or EIN of the plan sponso	or has changed since the k	ast return/report filed for	r this plan, enter the	4b EIN	
name	, EIN, and the plan number from the	ast return/report.	200-00. 1992-200-190 (200-20. 🗷 200-00.000) (200-00.000)		40 CM	·
	or's name				4c PN	
	number of participants at the beginn				5a	8
b Total	number of participants at the end of	the plan year			5b	10
C Numb	er of participants with account bala	nces as of the end of the p	lan year (defined bene	fit plans do not		
	lete this item)				5c	5
6a Were	all of the plan's assets during the p	lan year invested in eligibl	e assets? (See instruc	tions.)	***************************************	X Yes No
b Are yo	ou claiming a waiver of the annual e 29 CFR 2520.104-46? (See instruc	examination and report of a	in independent qualifie	d public accountant (IQ	IPA)	
If you	answered "No" to either line 6a	or line 6b, the plan cann	of use Form 5500-SE	and muct instead use	F F500	X Yes No
Under nen	A penalty for the late or incomple- alties of perjury and other penalties	set forth in the instruction	I deglare that I have	uniess reasonable cau	use is established	<u> </u>
SB or Sche	edule MB completed and signed by	an enrolled actuary, as we	ell as the electronic ver	sion of this return/report	port, including, if a 1, and to the hest o	pplicable, a Schedule
belief, it is	true, correct, and complete.				q and to the begt o	Tilly knowledge and
	(A. () V	· · · · · · · · · · · · · · · · · · ·	12 10 12	1.10		70 XX
SIGN		u	13-19-13	1 Linda to		~
	Signature of plan administrator	<u> </u>	Date	Enter name of individ	ual signing as plar	administrator
SIGN	1000000				- At-	KIII (1192-200 APS) 2.00
HERE	Signature of employer/plan spo	onsor	Date	Enter name of individ	ual signing as emr	oloyer or plan sponsor
Preparer's	name (including firm name, if applied			(optional)	Preparer's teleph	none number (optional)
				nn 40. 1850k		, (opuonal)
1						

	III Financial Information	,1232-112-24/2-2					
7 F	Plan Assets and Liabilities		(a) Beginning of Yea	r.			(b) End of Year
ат	otal plan assets	7a	117940)			136936
b T	otal plan liabilities	7b					
<u> </u>	Net plan assets (subtract line 7b from line 7a)	7c	117940)		A A Service	136936
8 1	ncome, Expenses, and Transfers for this Plan Year		(a) Amount				(b) Total
	Contributions received or receivable from:	2	3				
	1) Employers	8a(1)			-		
	2) Participants	8a(2)					
	3) Others (including rollovers)	8a(3)			-		
	Other income (loss)	8b	18990	3			
	Fotal income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c			_		18996
	o provide benefits)	8d			ł		
е (Dertain deemed and/or corrective distributions (see instructions)	8e					
f /	Administrative service providers (salaries, fees, commissions)	8f					
g	Other expenses	. 8g					
h 7	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h			1,0,000	No.	1770
i	Net income (loss) (subtract line 8h from line 8c)	. 8i					18996
_ j	Transfers to (from) the plan (see instructions)	. 8j					
Part	IV Plan Characteristics	-538193			t		
9a	If the plan provides pension benefits, enter the applicable pension	feature co	des from the List of Plan Chara	acteris	tic Co	des in	the instructions:
	2A 2E 3D	=4 301 00					
b	If the plan provides welfare benefits, enter the applicable welfare f	eature code	es from the List of Plan Charac	cterist	ic Cod	es in t	he instructions:
Part	V Compliance Questions						
10	During the plan year:			_	Yes	No	
-	Was there a failure to transmit to the plan any participant contribu	itions within	the time period described in		165	140	Amount
	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fid			10a		Х	
b	Were there any nonexempt transactions with any party-in-interes on line 10a.)			10b		Х	
С	Was the plan covered by a fidelity bond?			10c	х		100000
d	Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?			10d		х	100000
е	Were any fees or commissions paid to any brokers, agents, or ot						
	insurance service or other organization that provides some or all	of the bene	Stornder the sland /Cas				
	inclinictions)		ants under the plan? (See	100		×	
f	instructions.)			10e		X	
	Has the plan failed to provide any benefit when due under the pla			10f		х	
g	Has the plan failed to provide any benefit when due under the plan bid the plan have any participant loans? (If "Yes," enter amount a	as of year e	and.)	8		****	
-1 -	Has the plan failed to provide any benefit when due under the plan bid the plan have any participant loans? (If "Yes," enter amount of this is an individual account plan, was there a blackout period? 2520.101-3.)	as of year e (See instru	end.)	10f		х	
g	Has the plan failed to provide any benefit when due under the plan bid the plan have any participant loans? (If "Yes," enter amount of this is an individual account plan, was there a blackout period?	as of year e	and.)	10f 10g		x	
g	Has the plan failed to provide any benefit when due under the plan bid the plan have any participant loans? (If "Yes," enter amount of this is an individual account plan, was there a blackout period? 2520.101-3.) If 10h was answered "Yes," check the box if you either provided exceptions to providing the notice applied under 29 CFR 2520.10	as of year e	and.)	10f 10g 10h		x	
g h	Has the plan failed to provide any benefit when due under the plan bid the plan have any participant loans? (If "Yes," enter amount of this is an individual account plan, was there a blackout period? 2520.101-3.) If 10h was answered "Yes," check the box if you either provided exceptions to providing the notice applied under 29 CFR 2520.10	(See instruction of the required of the requir	and.)dictions and 29 CFR dinotice or one of the	10f 10g 10h 10i	Scheo	X X X	3 (Form Yes No
g h i Part 11	Has the plan failed to provide any benefit when due under the plan bid the plan have any participant loans? (If "Yes," enter amount of this is an individual account plan, was there a blackout period? 2520.101-3.) If 10h was answered "Yes," check the box if you either provided exceptions to providing the notice applied under 29 CFR 2520.10 VI Pension Funding Compliance Is this a defined benefit plan subject to minimum funding requirer	s of year e (See instru- the required 01-3	end.)d notice or one of the Yes," see instructions and con	10f 10g 10h 10i		X X X	3 (Form Yes No
g h i Part 11	Has the plan failed to provide any benefit when due under the plan bid the plan have any participant loans? (If "Yes," enter amount a lif this is an individual account plan, was there a blackout period? 2520.101-3.) If 10h was answered "Yes," check the box if you either provided exceptions to providing the notice applied under 29 CFR 2520.10 VI Pension Funding Compliance Is this a defined benefit plan subject to minimum funding requirer 5500) and line 11a below)	es of year e (See instru- the required 01-3	end.) uctions and 29 CFR d nolice or one of the Yes," see instructions and con	10f 10g 10h 10i		X X X dule SE	Yes No
9 h i Part 11 11a 12	Has the plan failed to provide any benefit when due under the plan bid the plan have any participant loans? (If "Yes," enter amount of this is an individual account plan, was there a blackout period? 2520.101-3.) If 10h was answered "Yes," check the box if you either provided exceptions to providing the notice applied under 29 CFR 2520.10 VI Pension Funding Compliance Is this a defined benefit plan subject to minimum funding requirer 5500) and line 11a below) Enter the amount from Schedule SB line 39 Is this a defined contribution plan subject to the minimum fundin (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below	the required of the requirements?	end.)d notice or one of the Yes," see instructions and contents of section 412 of the Code able.)	10f 10g 10h 10i nplete	ection	X X X dule Si	ERISA? Yes No
9 h i Part 11 11a 12	Has the plan failed to provide any benefit when due under the plan benefit the plan have any participant loans? (If "Yes," enter amount of this is an individual account plan, was there a blackout period? 2520.101-3.) If 10h was answered "Yes," check the box if you either provided exceptions to providing the notice applied under 29 CFR 2520.10 VI Pension Funding Compliance Is this a defined benefit plan subject to minimum funding requirer 5500) and line 11a below) Enter the amount from Schedule SB line 39. Is this a defined contribution plan subject to the minimum funding (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below If a waiver of the minimum funding standard for a prior year is be grantling the waiver.	the required of the required of the required of the required of the requirements? (If """ of the requirements of the requirements of the requirement of the requireme	end.)	10f 10g 10h 10i nplete	ection	X X X dule Si	ERISA? Yes X No
9 h i Part 11 11a 12 a	Has the plan failed to provide any benefit when due under the plan benefit the plan have any participant loans? (If "Yes," enter amount a lift this is an individual account plan, was there a blackout period? 2520.101-3.) If 10h was answered "Yes," check the box if you either provided exceptions to providing the notice applied under 29 CFR 2520.10 VI Pension Funding Compliance Is this a defined benefit plan subject to minimum funding requirer 5500) and line 11a below) Enter the amount from Schedule SB line 39. Is this a defined contribution plan subject to the minimum funding (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below If a waiver of the minimum funding standard for a prior year is be	the required of the requirements? (If """), as applicing amortiz	end.)	10f 10g 10h 10i 10i nplete	ection , and e	X X X dule St 11a 302 of	ERISA? Yes X No

Form 5500-SF 2012	Page 3 - 1				
Enter the amount contributed by the employer to the plan for this	plan year	12c	T	T	one.
Subtract the amount in line 12c from the amount in line 12b. Enter	r the result (enter a minus sign to the left of a	12d			
			Yes	No	□ N/A
VII Plan Terminations and Transfers of Assets			L		
Has a resolution to terminate the plan been adopted in any plan year?	,	\ \ \	res X	Vo.	
If "Yes," enter the amount of any plan assets that reverted to the	employer this year				
Were all the plan assets distributed to participants or beneficiaries of the PBGC?	s, transferred to another plan, or brought under the	control		Пү	es X No
13c(1) Name of plan(s):	1	3c(2) El	N(s)	130	(3) PN(s)
t VIII Trust Information (optional)					
Name of trust		14b Tr	rust's EIN		7.
t	Enter the amount contributed by the employer to the plan for this Subtract the amount in line 12c from the amount in line 12b. Enternegative amount) Will the minimum funding amount reported on line 12d be met by VII Plan Terminations and Transfers of Assets Has a resolution to terminate the plan been adopted in any plan year? If "Yes," enter the amount of any plan assets that reverted to the Were all the plan assets distributed to participants or beneficiarie of the PBGC? If during this plan year, any assets or liabilities were transferred f which assets or liabilities were transferred. (See instructions.) 13c(1) Name of plan(s):	Enter the amount contributed by the employer to the plan for this plan year	Enter the amount contributed by the employer to the plan for this plan year	Enter the amount contributed by the employer to the plan for this plan year	Enter the amount contributed by the employer to the plan for this plan year