Form 5500-SF	Short Form Annual Return/Report of Small Employee						210-0110 210-0089			
Department of the Treasury Internal Revenue Service This form is required to be filed under sections 104 and 4065 of the Employ			nd 4065 of the Employee	÷	20	12				
Department of Labor Employee Benefits Security Administration					58(a) of This Form is Open to					
Pension Benefit Guaranty Corporation						Inspection 00-SF.				
	entification Information				•					
For calendar plan year 2012 or fiscal			and ending 12	2/31/2	2012					
A This return/report is for:		multiple-employer pla	an (not multiemployer)		a one-participar	it plan				
<b>B</b> This return/report is:	· 🚽	e final return/report								
	an amended return/report a s	/report (less than 12 mc								
C Check box if filing under:	DFVC program									
	special extension (enter description)									
	ation—enter all requested informatic	n		1h	Thuse disit					
<b>1a</b> Name of plan FALL CITY SERVICES, INC. PROFIT	SHARING PLAN			aı	Three-digit plan number					
,					(PN) ▶	001				
				1c	Effective date of p 01/01/19					
<b>2a</b> Plan sponsor's name and addres FALL CITY SERVICES, INC.	ss; include room or suite number (emp	loyer, if for a single-e	employer plan)	2b	Employer Identifica (EIN) 91-1061		nber			
15750 N.E. 15TH ST.				2c	Sponsor's telepho 425-641-4		er			
BELLEVUE, WA 98008				2d	Business code (see instructions) 623000					
<b>3a</b> Plan administrator's name and a	ddress 🛛 Same as Plan Sponsor Nam	ne Same as Plan	Sponsor Address	3b	Administrator's EI	1				
<b>3c</b> Administrator's telephone nut						umber				
4 If the name and/or EIN of the planame, EIN, and the plan number	an sponsor has changed since the last er from the last return/report.	return/report filed for	r this plan, enter the	4b	EIN					
a Sponsor's name	· · · · · · · · · · · · · · · · · · ·			4c	PN					
5a Total number of participants at t	he beginning of the plan year			5a			9			
	he end of the plan year			5b			10			
	ount balances as of the end of the plar			5c			9			
	ring the plan year invested in eligible a					X Yes	No			
<b>b</b> Are you claiming a waiver of the	annual examination and report of an	independent qualified	d public accountant (IQF	PA)						
	ee instructions on waiver eligibility and	,				X Yes	No			
	r line 6a or line 6b, the plan cannot									
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 Filed with authorized/vali	d electronic signature.	03/29/2013	MARK A. CHAVERS							
HERE Signature of plan admi										
SIGN										
HERE Signature of employer	/plan sponsor	Date	Enter name of individu	ial sic	ning as employer o	r plan sp	onsor			
Preparer's name (including firm name	e, if applicable) and address; include r		(optional)		parer's telephone nu					

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

Pa	t III Financial Information						
7	Plan Assets and Liabilities		(a) Beginning of Yea	ar			(b) End of Year
а	Total plan assets	7a	129532	26			1290920
b	Total plan liabilities	7b					
С	Net plan assets (subtract line 7b from line 7a)	7c	129532	.6			1290920
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b) Total
а	Contributions received or receivable from:	0-(4)					
	(1) Employers	8a(1)					
	<ul><li>(2) Participants</li><li>(3) Others (including rollovers)</li></ul>	8a(2) 8a(3)					
b	Other income (loss)	8b	8089	2			
-	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c		-			80892
	Benefits paid (including direct rollovers and insurance premiums						00032
	to provide benefits)	8d	8036	5			
	Certain deemed and/or corrective distributions (see instructions)	8e					
f	Administrative service providers (salaries, fees, commissions)	8f					
<u> </u>	Other expenses	8g	493	3			
	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h					85298
	Net income (loss) (subtract line 8h from line 8c)	8i			_		-4406
, ,	Transfers to (from) the plan (see instructions) t IV Plan Characteristics	8j					
b Par	2E 3D If the plan provides welfare benefits, enter the applicable welfare fe t V Compliance Questions	eature code	s from the List of Plan Charad	cterist	ic Cod	es in th	ne instructions:
10	During the plan year:				Yes	No	Amount
	<ul> <li>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)</li> </ul>					Х	
b	Were there any nonexempt transactions with any party-in-interest on line 10a.)			10b		x	
С	Was the plan covered by a fidelity bond?			10c	X		120000
d	Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?	•	-	10d		X	
e	Were any fees or commissions paid to any brokers, agents, or oth insurance service or other organization that provides some or all o instructions.)	of the benef	its under the plan? (See	10e		X	
f	Has the plan failed to provide any benefit when due under the plan	n?		10f		Х	
g	Did the plan have any participant loans? (If "Yes," enter amount a	s of year en	nd.)	10g		Х	
h	If this is an individual account plan, was there a blackout period? (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)						
<u>11a</u>	Enter the amount from Schedule SB line 39					11a	
12	Is this a defined contribution plan subject to the minimum funding	requiremer	nts of section 412 of the Code	e or se	ection 3	302 of I	ERISA? Yes 🗙 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	e date of the letter ruling Year
	you completed line 12a, complete lines 3, 9, and 10 of Schedule	e MB (Form	n 5500), and skip to line 13.				
	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	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 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	13c(1) Name of plan(s):				<b>13c(3)</b> PN(s)				
Part	VIII	Trust Information (optional)							

14a Name of trust	14b Trust's EIN

		Chart Form Annual De	to some /D a some of a				OUD Nes 1910 0110
FO	m 5500-SF	0-SF Short Form Annual Return/Report of Small Employ Benefit Plan					OMB Nos, 1210-0110 1210-0089
	tmenl of the Treasury nal Revenue Service	This form is required to be filed u	This form is required to be filed under sections 104 and 4065 of the Employe				2012
	epartment of Labor enefits Security Administration	Retirement Income Security Act of 1974 (ERISA), and sections 6057(b) and 608 the Internal Revenue Code (the Code).				This Form i	s Open to Public
Pension Be	nefit Guaranty Corporation	▶ Complete all entries in accorda		18	0-SE		spection
Part I		Ientification Information		along to the 1 onn 300	0-01-		
For calenda	ar plan year 2012 or fisca			and ending	12/31/2	2012	
A This ret	urn/report is for:	X a single-employer plan	multiple-employer pl	an (not multiemployer)		a one-partici	pant plan
<b>B</b> This ret	urn/report is: [	] the first return/report [] th	ne final return/report				
an amended return/report a short plan year return/report (less than 12 months)							
C Check box if filing under:						ım	
special extension (enter description)							
Part II		mation—enter all requested information	on				
<b>1a</b> Name	Seld Constraints	20095			1b	Three-digit	
Fall City Ser	vices, Inc. Profit Sharing	j Plan				plan number (PN)	001
					1c	Effective date o	Consideration of Consideration
	1					01/01/	
2a Plan sp FALL CITY S	consor's name and address SERVICES, INC.	ess; include room or suite number (emp	ployer, if for a single-	employer plan)	2b	Employer Identi	
				-		(EIN) 911061	
					2c	Sponsor's lelep	
15750 N.E.	15TH ST.				4256414900 2d Business code (see instructions)		
BELLEVUE,				_		623000	
3a Plan ad	dministrator's name and	address XSame as Plan Sponsor Nar	me Same as Plan	Sponsor Address	3b	Administrator's I	EIN
				0	30		
					30	Automistrators	elephone number
A 16 th = -			1 1 1 1 1 1 1 1 1 1		_		
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, and the plan number from the last return/report.					4b	EIN	
a Sponso	or's name				4c	PN	
5a Total r	number of participants at	the beginning of the plan year			5a		9
<b>b</b> Total r	umber of participants at	the end of the plan year			5b		10
C Numbe	er of participants with ac	count balances as of the end of the pla	n year (defined bene	fit plans do not	-		and a second second second
					5c		9
b Are vo	all of the plan's assets d u claiming a waiver of th	luring the plan year invested in eligible he annual examination and report of an	assets? (See instruct	lions.)			X Yes No
under	29 CFR 2520.104-46? (	See instructions on waiver eligibility and	d conditions.)	·····			X Yes 🗌 No
lf you	answered "No" to eith	er 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	rt will be assessed i	unless reasonable cau	se is (	established.	
SB or Sche	ilties of perjury and other dule MB completed and	r penalties set forth in the instructions, signed by an enrolled actuary, as well	I declare that I have as the electronic very	examined this return/rep	ort, in	cluding, if applica	able, a Schedule
belief, it is t	rue, correct, and comple	te.	/ /	son of any retainineport,	, anu t	o the best of my	knowledge and
SIGN	Mark	Maires	13/25/13	MARKA	NU	Aumo	
HERE	Simplify of allow and		19 - 100	IVIARA I		AVER5	
	Signature of plan adn	inistrator	Dale	Enter name of individu	ial sigi	ning as plan adm	ninistrator
SIGN HERE					_		
	Signature of employe	r/plan sponsor ne, if applicable) and address; include i	Date	Enter name of individu	al sig	ning as employe	r or plan sponsor
	iano (inoicong inti tian			(optional)	Prepa	arer's telephone	number (oplional)
For Panenwo	ork Reduction Act Notice	and OMB Control Numbers, see the insta-	ictions for Form FERR	25	11000		1
	For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500-SF. Form 5500-SF (2012) 2010-05-05103 (2010) v. 120126						

Part III Financial Information						
7 Plan Assets and Liabilities		(a) Beginning of Yea	ır	-		(b) End of Year
a Total plan assets	7a	129532		1290920		
b Total plan liabilities	7b					
C Net plan assets (subtract line 7b from line 7a)	7c	129532	6			1290920
8 Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b) Total
a Contributions received or receivable from:						
(1) Employers	8a(1)		_			
(2) Participants	8a(2)		12635	_		
(3) Others (including rollovers)	8a(3)					
b Other income (loss)	8b	8089	2	_		
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c					80892
d Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	8036	5			
e Certain deemed and/or corrective distributions (see instructions)	8e			_		
f Administrative service providers (salaries, fees, commissions)	8f			:		· · · · · · · · · · · · · · · · · · ·
g Other expenses	8g	493	3			
h Total expenses (add lines 8d, 8e, 8f, and 8g)	8h					85298
i Net income (loss) (subtract line 8h from line 8c)	8i			-4406		
j Transfers to (from) the plan (see instructions)	8j					
Part IV Plan Characteristics						
9a If the plan provides pension benefits, enter the applicable pension f 2E 3D	feature cod	les from the List of Plan Char	acleris	stic Co	des in	the instructions:
b If the plan provides welfare benefits, enter the applicable welfare fe Part V Compliance Questions						
10 During the plan year:				Yes	No	Amount
a Was there a failure to transmit to the plan any participant contribut 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu	tions within Iciary Corre	the time period described in ection Program)	10a		x	
b Were there any nonexempt transactions with any party-in-interest on line 10a.)	? (Do not ir	nclude transactions reported	10b		x	
C Was the plan covered by a fidelity bond?			10c	х		10.000
d Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?	fidelity bon	d, that was caused by fraud	100		x	120000
e Were any fees or commissions paid to any brokers, agents, or oth insurance service or other organization that provides some or all o instructions.)	er persons	by an insurance carrier, fits under the plan? (See	10u		x	
f Has the plan failed to provide any benefit when due under the plan			Section and	-	-	
					v	
Did the plan have any participant loans? (If "Ves." enter amount as	s of year ar		10f		x	
<ul> <li>g Did the plan have any participant loans? (If "Yes," enter amount as</li> <li>h If this is an individual account plan, was there a blackout period? (2520 404 3.)</li> </ul>	See instruc	nd.)	10g		x	
<ul> <li>h If this is an individual account plan, was there a blackout period? (2520.101-3.)</li> <li>i If 10h was answered "Yes," check the box if you either provided the</li> </ul>	See instruc	nd.) ctions and 29 CFR notice or one of the	10g 10h	-		
<ul> <li>h If this is an individual account plan, was there a blackout period? (2520.101-3.)</li> <li>i If 10h was answered "Yes," check the box if you either provided th exceptions to providing the notice applied under 29 CFR 2520.101</li> </ul>	See instruc	nd.) ctions and 29 CFR notice or one of the	10g		x	
<ul> <li>h If this is an individual account plan, was there a blackout period? (2520.101-3.)</li> <li>i If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.101</li> <li>Part VI Pension Funding Compliance</li> <li>11 Is this a defined benefit plan subject to minimum funding requirement</li> </ul>	See instruction required 1-3	nd.) ctions and 29 CFR notice or one of the "es," see instructions and com	10g 10h 10i	Schec	X X	) (Form
<ul> <li>h If this is an individual account plan, was there a blackout period? (2520.101-3.)</li> <li>i If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.101</li> <li>Part VI Pension Funding Compliance</li> </ul>	(See instruction ne required 1-3 ents? (If "Y	nd.) ctions and 29 CFR notice or one of the 'es," see instructions and com	10g 10h 10i plete	<u></u>	X X	) (Form
<ul> <li>h If this is an individual account plan, was there a blackout period? (2520.101-3.)</li> <li>i If 10h was answered "Yes," check the box if you either provided th exceptions to providing the notice applied under 29 CFR 2520.101</li> <li>Part VI Pension Funding Compliance</li> <li>11 Is this a defined benefit plan subject to minimum funding requirement 5500) and line 11a below).</li> </ul>	See instruction of the required 1-3	nd.) ctions and 29 CFR notice or one of the 'es," see instructions and com	10g 10h 10i plete		X X Jule SE	
<ul> <li>h If this is an individual account plan, was there a blackout period? (2520.101-3.)</li> <li>i If 10h was answered "Yes," check the box if you either provided th exceptions to providing the notice applied under 29 CFR 2520.101</li> <li>Part VI Pension Funding Compliance</li> <li>11 Is this a defined benefit plan subject to minimum funding requirements 5500) and line 11a below).</li> <li>11a Enter the amount from Schedule SB line 39.</li> <li>12 Is this a defined contribution plan subject to the minimum funding (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below.</li> </ul>	See instruc- ne required 1-3, ents? (If "Y requirement as applica	nd.) ctions and 29 CFR notice or one of the 'es," see instructions and com nls of section 412 of the Code ble.)	10g 10h 10i plete or se	ction (	X X Iule SE 11a 302 of	ERISA?
<ul> <li>h If this is an individual account plan, was there a blackout period? (2520.101-3.)</li> <li>i If 10h was answered "Yes," check the box if you either provided th exceptions to providing the notice applied under 29 CFR 2520.101</li> <li>Part VI Pension Funding Compliance</li> <li>11 Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below).</li> <li>11a Enter the amount from Schedule SB line 39.</li> <li>12 Is this a defined contribution plan subject to the minimum funding (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, a If a waiver of the minimum funding standard for a prior year is bein granting the waiver.</li> </ul>	See instruc- ne required 1-3 ents? (If "Y requirement as applica ng amortize	nd.) ctions and 29 CFR notice or one of the 'es," see instructions and com nls of section 412 of the Code ble.) ed in this plan year, see instruc- Mon	10g 10h 10i plete or se	ction (	X X Iule SE 11a 302 of	ERISA?
<ul> <li>h If this is an individual account plan, was there a blackout period? (2520.101-3.)</li> <li>i If 10h was answered "Yes," check the box if you either provided th exceptions to providing the notice applied under 29 CFR 2520.101</li> <li>Part VI Pension Funding Compliance</li> <li>11 Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below).</li> <li>11a Enter the amount from Schedule SB line 39.</li> <li>12 Is this a defined contribution plan subject to the minimum funding (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below.</li> <li>a If a waiver of the minimum funding standard for a prior year is bein</li> </ul>	See instruc- ne required 1-3 ents? (If "Y requirement as applica as applica ang amortize	nd.) ctions and 29 CFR notice or one of the 'es," see instructions and com nls of section 412 of the Code ble.) id in this plan year, see instruc- Mon n 5500), and skip to line 13.	10g 10h 10i plete ctions	ection (	X X Iule SE 11a 302 of	ERISA? Yes No

Form 5500-SF 2012

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	4-01-02 IN	in the second				
С	Enter the amount contribu	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	12d			
e		mount reported on line 12d be met by the funding deadline?		Yes	No [	N/A
Part	VII Plan Terminati	ons and Transfers of Assets				
13a	Has a resolution to terminate	e the plan been adopted in any plan year?	ΠY	es XI	lo	
	If "Yes," enter the amount	of any plan assets that reverted to the employer this year	13a			
b	Were all the plan assets d of the PBGC?	stributed to participants or beneficiaries, transferred to another plan, or brought under the co	ontrol		Yes	X No
С	If during this plan year, an which assets or liabilities v	y assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to vere transferred. (See instructions.)	2			07-0182-0
	13c(1) Name of plan(s):	13	c(2) El	N(s)	13c(3)	PN(s)
Part	VIII Trust Informati	on (optional)				
1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.	10/10/ 07 pripting 1/10/10/10		192ACISSIN			

14a Name of trust	14b Trust's EIN