Form 5500-SF		Short Form Annual Return/Report of Small Employ				OMB Nos. 121 121			
Department of the Treasury Internal Revenue Service		Benefit Plan This form is required to be filed under sections 104 and 4065 of the Employe			e	2	2012		
Department of Labor Employee Benefits Security Administration		Retirement Income Security Act of 1974 (ERISA), and sections 6057(b) and 6058 the Internal Revenue Code (the Code).				s Open to Public			
Pension Benefit Guaranty Corporation Complete all entries in accordance with the instructions to the Form 550						Ins	pection		
Part I Annual Report Identification Information									
For calenda	ar plan year 2012 or fisca	_		and ending 1	2/31/2	2012			
A This ret	urn/report is for:		multiple-employer pla	an (not multiemployer)		a one-particip	oant plan		
B This ret	urn/report is:		ne final return/report						
an amended return/report a short plan year return/report (less t Check box if filing under: Form 5558 automatic extension					onths	—			
C Check b	box if filing under:		DFVC program						
Dent II	Desis Dise Inform	special extension (enter description)							
Part II		nation—enter all requested informati	on		16	Thursday (Fact)			
1a Name	of plan , INC. EMPLOYEE INCE	NTIVE SAVINGS PLAN			'ID	Three-digit plan number			
ON LELICONTO						(PN) ▶	001		
					1c	Effective date of 08/01/	•		
2a Plan sp CALLISONS		ess; include room or suite number (em	ployer, if for a single-	employer plan)	2b	Employer Identif (EIN) 91-062	ication Number		
2400 CALLIS	SON ROAD NE				2c	Sponsor's telephone number 360-412-3340			
LACEY, WA					2d	Business code (see instructions) 113210			
3a Plan a	dministrator's name and	address 🛛 Same as Plan Sponsor Na	me Same as Plan	Sponsor Address	3b	3b Administrator's EIN			
					50		elephone number		
		lan sponsor has changed since the las	st return/report filed fo	or this plan, enter the	4b EIN				
name, a Sponse	•	er from the last return/report.			4c PN				
		the beginning of the plan year			5a 96				
b Total r	number of participants at	the end of the plan year			5b	·~			
C Number of participants with account balances as of the end of the plan year (defined benefit plans do not									
complete this item)						91			
 6a Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.) b Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.) If you answered "No" to either line 6a or line 6b, the plan cannot use Form 5500-SF and must instead use Form 5500. 									
		incomplete filing of this return/repo							
Under pena SB or Sche	alties of perjury and other	r penalties set forth in the instructions, signed by an enrolled actuary, as well	I declare that I have e	examined this return/rep	oort, ir	ncluding, if applica			
SIGN HERE	Filed with authorized/va	lid electronic signature.	04/25/2013	ELIZABETH JONES	S				
	Signature of plan adn	ninistrator	Date	Enter name of individu	Enter name of individual signing as plan administrator				
SIGN									
HERE	Signature of employe		Date	Enter name of individu					
Preparer's	name (including firm nan	ne, if applicable) and address; include	room or suite number	r (optional)	Prep	parer's telephone	number (optional)		

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

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 base parametrizing theory? 10f X	Part III Financial Information								
b Total plan labilities Tb Tc Belation Belat	7 Plan Assets and Liabilities		(a) Beginning of Year			(b) End of Year			
c Net plan assets (subtract line 7b from Ime 7a)	a Total plan assets	7a	884386	6		9603499			
8 Income, Expenses, and Transfers for this Plan Year (a) Amount (b) Total a Contributions received or receivable from: 8a(1) 377155 (2) Participants. 8a(2) 515230 2 (3) Others (nonloding rollwers) 8a(3) 28430 204430 C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) 8c 2045196. G Benefits pack (including rollwers) 8d 1257016 2045196. G Control income (add lines 8a, 8e, 8f, and 8g) 8c 2045196. G Other expenses (add lines 8a, 8e, 8f, and 8g) 8d 1257016 2045196. G Other expenses (add lines 8a, 8e, 8f, and 8g) 8d 1266503 12760533 Transfers to (from) the pain (see instructions). 8j 7069033 12766533 Transfers to (from) the pain (see instructions). 8j 7069033 12766533 Transfers to (from) the pain (see instructions). 8j 7069033 12766533 Transfers to (from) the pain (see instructions). 8j 7069033 1286 22 22 22 22 22 22 22 <t< td=""><td>b Total plan liabilities</td><td>7b</td><td></td><td></td><td></td><td></td><td></td></t<>	b Total plan liabilities	7b							
a Controlutions received or receivable from: 8a(1) 377155 (2) Participants	C Net plan assets (subtract line 7b from line 7a)	7c	884386	8843866			9603499		
(1) Employers 8a(1) 377155 (2) Participants 8a(2) 515230 (3) Other income (bas) 8a(3) 20430 (3) Other income (bas) 8b 1124371 2046185 (4) Derifts paid (including direct rolevers and insurance preniums to provide breadts), and 80, and 81 2045176 2045176 (5) Other scenes 8g 20537 1 205337 (6) Other scenes 8g 20537 1 2056237 (7) Total expenses 8g 20537 1 2066233 (7) Total expenses 8g 20537 1 2056233 (7) Total expenses 8g 20537 1 2066233 (7) Total expenses 8g 20537 1 2066233 (8) Total expenses 8g 20537 1 2066233 (8) Total expenses 8g 20537 1 20578233 202233 202333 202333 202333 20333 203333 <td>8 Income, Expenses, and Transfers for this Plan Year</td> <td></td> <td>(a) Amount</td> <td></td> <td></td> <td></td> <td>(b) Total</td>	8 Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b) Total		
(2) Participants		a (1)	07745	-					
(3) Others (including rollovers) 8x(3) 29430 (3) Others (including rollovers) 8b 1124371 2046185 (4) Denvise (add) lines (add) lines (add), 8x(2), 8x(3), and 8b) 8c 1257016 2046185 (5) Other science (add) increase and insurance premiums is to provide benefits) 8d 1257016 2046185 (5) Other expenses (add lines 63, 6e, 61, and 8g) 8d 1257016 204537 (7) Other expenses (add lines 63, 6e, 61, and 8g) 8d 1206553 140 205937 (7) Transfers to (from) the plan (see instructions) 8g 29537 1206553 (7) Transfers to (from) the plan (see instructions) 8g 759633 17 (7) Plan Characteristics 9g 9g 1206783 1206553 (8) Use plan provides welfare benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 2f 2f 2g 2f 2g 2g </td <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>									
b Other income (loss) 8b 1124371 c Total income (add lines 8a(1), 6a(2), 8a(3), and 8b) 8c 2046186. Benefits paid (including direct followers and insurance premiums of provide benefits) 8d 1257016 G Contrain come (loss) 8d 1257016 G Contrain come (loss) 8d 1257016 G Cherta deemed and/or corrective distributions (see instructions) 8d 1257016 G Cherta deemed and/or corrective distributions (see instructions) 8d 120637 Total segments (add lines 8d, 8e, 8f, and 8g) 8h 1206573 Farnt V Plan Characteristics 756633 9a If the plan provides persion benofits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 2tz 2tf - 2ff - 2gf - 2									
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d Benefits paid (including direct rollovers and insurance premiums to provide benefits)			112437	1					
to provide benefits). ed 1257016 e Cartain deemed and/or corrective distributions (see instructions)	-	80					2046186		
f Administrative service providers (salaries, fees, commissions)		8d	125701	6					
g Other expenses (add lines 8d, 8e, 8f, and 8g) 8g 24637 I Net income (loss) (subtract line 8h from line 8c) 8h 1286553 I Net income (loss) (subtract line 8h from line 8c) 8i 759633 Part IV Plan Characteristics 9j 17000000000000000000000000000000000000		8e							
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h Total expenses (add lines 8d. 8e, 8f, and 8g)			2953	29537					
i Net income (loss) (subtract line 8h from line 8c)						1286553			
j Transfers to (from) the plan (see instructions) g gat If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: ZE E2F 23 Z X 30 30 ZT b If the plan provides pension 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 28 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 d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud 10d X 2 g Did the plan have any participant loans? (If 'Yes," enter amount as of year end). 10g X 2 2 2	· · · · · · · · · · · · · · · · · · ·	8i							
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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 10c X c Was the plan covered by a fidelity bond? 10c X 10d X 10d X c Was the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? 10d X		eature codes	from the List of Plan Charac	cterist	ic Cod	es in the ir	nstructions:		
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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 nistructions.) 10d 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 f Has the plan have any participant loans? (If "Yes," enter amount as of year end.) 10g X f Has the plan have any participant loans? (If "Yes," enter amount as of year end.) 10g X f Has the plan have any participant loans? (If "Yes," enter amount as of year end.) 10g X g Did the plan have any participant loans? (If "Yes," enter amount as of year end.) 10g X expections to providing the notice applied under 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 X l1 Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instru	b Were there any nonexempt transactions with any party-in-interest	ciary Correct ? (Do not incl	ion Program)ude transactions reported						
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g Did the plan have any participant loans? (If "Yes," enter amount as of year end.)	 b Were there any nonexempt transactions with any party-in-interest on line 10a.) c Was the plan covered by a fidelity bond? d Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty? e Were any fees or commissions paid to any brokers, agents, or oth insurance service or other organization that provides some or all or the provides some or the provides some or all or the provides some or the provides so	iciary Correct ? (Do not incl fidelity bond, her persons b of the benefits	that was caused by fraud y an insurance carrier, s under the plan? (See	10b 10c 10d	X	X X	500000		
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	 b Were there any nonexempt transactions with any party-in-interest on line 10a.) c Was the plan covered by a fidelity bond? d Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty? e Were any fees or commissions paid to any brokers, agents, or oth insurance service or other organization that provides some or all c instructions.) 	iciary Correct ? (Do not incl fidelity bond, her persons b of the benefits	that was caused by fraud y an insurance carrier, s under the plan? (See	10b 10c 10d 10e	X	x x x x	500000		
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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 12	 b Were there any nonexempt transactions with any party-in-interest on line 10a.) c Was the plan covered by a fidelity bond? d Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty? e Were any fees or commissions paid to any brokers, agents, or oth insurance service or other organization that provides some or all c 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 h If this is an individual account plan, was there a blackout period? (If 	iciary Correct ? (Do not incl fidelity bond, fidelity bond, her persons b of the benefits n? s of year end (See instructi	that was caused by fraud y an insurance carrier, s under the plan? (See	10b 10c 10d 10e 10f 10g		X X X X X	500000		
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11a Enter the amount from Schedule SB line 39	 b Were there any nonexempt transactions with any party-in-interest on line 10a.) c Was the plan covered by a fidelity bond?	iciary Correct ? (Do not incl fidelity bond, her persons b of the benefits n? s of year end (See instruction he required not	that was caused by fraud y an insurance carrier, s under the plan? (See	10b 10c 10d 10e 10f 10g 10h		X X X X X X X			
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(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 rulingranting the waiver. Month Day Year Year If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.	 b Were there any nonexempt transactions with any party-in-interest on line 10a.) c Was the plan covered by a fidelity bond?	iciary Correct ? (Do not incl fidelity bond, fidelity bond, her persons b of the benefits n? s of year end (See instruction he required not 1-3	ion Program)	10b 10c 10d 10e 10f 10g 10h 10i	X	X X X X X X ule SB (Fc	189601		
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 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. If you complete line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.	 b Were there any nonexempt transactions with any party-in-interest on line 10a.) c Was the plan covered by a fidelity bond? d Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty? e Were any fees or commissions paid to any brokers, agents, or oth insurance service or other organization that provides some or all c 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 h If this is an individual account plan, was there a blackout period? (2520.101-3.) 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 Part VI Pension Funding Compliance 11 Is this a defined benefit plan subject to minimum funding requirements500) and line 11a below). 	iciary Correct ? (Do not incl fidelity bond, fidelity bond, ner persons b of the benefits n? s of year end (See instruction the required not 1-3 ents? (If "Yes	ion Program) ude transactions reported that was caused by fraud y an insurance carrier, under the plan? (See 	10b 10c 10d 10e 10f 10g 10h 10i	Schec	X X X X X X ule SB (Fo	189601		
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b Enter the minimum required contribution for this plan year	 b Were there any nonexempt transactions with any party-in-interest on line 10a.) c Was the plan covered by a fidelity bond?	iciary Correct ? (Do not incl fidelity bond, her persons b of the benefits n? s of year end (See instruction the required not 1-3	ion Program) ude transactions reported that was caused by fraud y an insurance carrier, s under the plan? (See 	10b 10c 10d 10e 10f 10g 10h 10i 0 or se ctions	Schec	X X X X X X X Ule SB (Fc 11a 302 of ERI: onter the da	189601 0rm Yes No SA? Yes Yes No ate of the letter ruling		
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С	Enter	the amount contributed by the employer to the plan for this plan year	12c			
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		
	lf "Ye	es," enter the amount of any plan assets that reverted to the employer this year	13a			
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.)						
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