Benefit Plan           Department of the Treasury Internal Revenue Service         Benefit Plan           Department of Labor Employee Bandle Socially Administration Pension Benefit Guaranty Corporation         Complete all entries in accordance with the instructions to the Form 5505(f) and 6058(a) of the Internal Revenue Code (the Code).         This Form is Open to Public Inspection           Pension Benefit Guaranty Corporation         Complete all entries in accordance with the instructions to the Form 5505(f) and 6058(a) of the Internal Revenue Code (the Code).         This Form is Open to Public Inspection           Port Identification Information           For calendar plan year 2012 or fiscal plan year beginning         01/01/2012         and ending         12/31/2012           A This return/report is:         a single-employer plan         a multiple-employer plan (not multiemployer)         a one-participant plan           B This return/report         a short plan year return/report         a one-participant plan           B This form sis open to Public           Benefit Plan           Complete all entries in accordance with the instructions to the Form 5500-SF.           Deport Identification Information           B This return/report           In first return/report         a multiple-e	For	m 5500-SF	of Small Employ	vee		OMB Nos. 1210-0110 1210-0089			
Department of Labor Employee Benefits Security Action 1974 (ERISA), and sections 6037(b) and 6036(a) of the Internal Revenue Code (the Code).       This Form is Open to Public Inspection         Pension Benefit Guaranty Corporation       > Complete all entries in accordance with the instructions to the Form 5500-SF.       This Form is Open to Public         Part I       Annual Report Identification Information       a single-employer plan       and ending       12/31/2012         A       This return/report is for:       a single-employer plan       and ending       12/31/2012         A       This return/report is       the first return/report       a short plan year return/report       a one-participant plan         B       This return/report is:       form 5558       automatic extension       DFVC program         Special extension (enter description)       Special extension (enter description)       DFVC program         Part II       Basic Plan Information—enter all requested information       1b       Three-digit plan number (PN) > 001         1c       Effective date of plan 02/01/2000       22       Sponsor's name and address; include room or suite number (employer, if for a single-employer plan) 00. NC.       2c       Sponsor's telephone number 425-451-8889         2d       Business code (see instructions) 522292       3a       Plan administrator's name and address [XSame as Plan Sponsor Name       Same as Plan Sponsor Address       3b							2	012	
Periodic berlein Gualanty Coporation       Complete all entries in accordance with the instructions to the Form 5500-SF.         Part I       Annual Report Identification Information         For calendar plan year 2012 or fiscal plan year beginning       01/01/2012       and ending       12/31/2012         A       This return/report is for:       Image: a single-employer plan       Image: a multiple-employer information       Image: a multiple-employer information       Image: a multiple-employer information       Image: a multiple-employer information       Image: a multiple-employer informatin       Image: a multiple-employer informati	De	partment of Labor	ctions 6057(b) and 6058(		This Form i	s Open to Public			
Part I       Annual Report Identification Information         For calendar plan year 2012 or fiscal plan year beginning       01/01/2012       and ending       12/31/2012         A This return/report is for:       a single-employer plan       a nultiple-employer plan (not multiemployer)       a one-participant plan         B This return/report is:       the first return/report       the final return/report       a short plan year return/report (less than 12 months)         C C check box if filing under:       Form 5558       automatic extension       DFVC program         Part II       Basic Plan Information—enter all requested information       1b       Three-digit plan number (PN) ▶         I a Name of plan       001       1c       Effective date of plan 02/01/2000         LO, INC.       401(K)/PROFIT SHARING PLAN       001       1c       Effective date of plan 02/01/2000         LO, INC.       RELIANCE MORTGAGE, INC.       2b       Employer Identification Number (EIN) 91-1529683         2001 2000       2a       Plan administrator's name and address Same as Plan Sponsor Name       Same as Plan Sponsor Address       3b         3a       Plan administrator's name and address       Same as Plan Sponsor Address       3b       Administrator's EIN	Pension Be	nefit Guaranty Corporation	Complete all entries in acco	rdance with the instru	ctions to the Form 5500	-SF.	Ins	pection	
A This return/report is for:       a single-employer plan       a multiple-employer plan (not multiemployer)       a one-participant plan         B This return/report is:       the first return/report       the final return/report       a one-participant plan         C Check box if filing under:       Form 5558       automatic extension       DFVC program         g action       special extension (enter description)       DFVC program         Part II       Basic Plan Information—enter all requested information       1         1a Name of plan       (PN) ▶       001         LO, INC. 401(K)/PROFIT SHARING PLAN       1b Three-digit plan number (PN) ▶       001         2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan)       2b Employer Identification Number (EIN) 91-1529683         1008 - 140TH AVE, N.E., SUITE 101       BELLEVUE, WA 98005       2c Sponsor's telephone number 425-451-8889         2d Business code (see instructions)       522292         3a Plan administrator's name and address [Same as Plan Sponsor Name [Same as Plan Sponsor Address]       3b Administrator's EIN			entification Information						
B       This return/report is:       in the first return/report       in the final return/report       in a short plan return/report       in a short plan return/report         C       C Check box if filing under:       Form 5558       in automatic extension       DFVC program         Part II       Basic Plan Information—enter all requested information       information       information         1a       Name of plan       information—enter all requested information         1a       Name of plan       information       information         LO, INC. 401(K)/PROFIT SHARING PLAN       information       information         2a       Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan)       2b       Employer Identification Number (EIN)         LO, INC.       RELIANCE MORTGAGE, INC.       2b       Employer Identification Number (EIN)       91-1529683         2c       Sponsor's name and address; Name as Plan Sponsor Name       Same as Plan Sponsor Address       3b       Administrator's EIN	For calenda	ar plan year 2012 or fisca		12	and ending 12	2/31/2	2012		
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C       Check box if filing under:       Form 5558       automatic extension       DFVC program         Part II       Basic Plan Information—enter all requested information       1b       Three-digit plan number (PN) ▶       001         1a       Name of plan       Ib       Three-digit plan number (PN) ▶       001         1c       Effective date of plan 02/01/2000       2a       Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan)       2b       Employer Identification Number (EIN) 91-1529683         1008 - 140TH AVE. N.E., SUITE 101       2c       Sponsor's telephone number 425-451-8889       2c         3a       Plan administrator's name and address Xame as Plan Sponsor Name       Same as Plan Sponsor Address       3b       Administrator's EIN	B This ret	urn/report is:	the first return/report	the final return/report					
Image: Special extension (enter description)         Part II       Basic Plan Information—enter all requested information         1a Name of plan       Ib Three-digit plan number (PN) ▶         LO, INC. 401(K)/PROFIT SHARING PLAN       001         1c       Effective date of plan 02/01/2000         2a       Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan)       2b         LO, INC.       RELIANCE MORTGAGE, INC.       2b         1008 - 140TH AVE. N.E., SUITE 101       2c         BELLEVUE, WA 98005       2d       Business code (see instructions) 522292         3a       Plan administrator's name and address       Same as Plan Sponsor Address       3b			an amended return/report	a short plan year return	n/report (less than 12 mo	nths)			
Part II       Basic Plan Information—enter all requested information         1a Name of plan       1b Three-digit plan number (PN) ▶         LO, INC. 401(K)/PROFIT SHARING PLAN       001         1c       Effective date of plan 02/01/2000         2a       Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan)       2b         LO, INC.       RELIANCE MORTGAGE, INC.       2b         1008 - 140TH AVE. N.E., SUITE 101       2c         BELLEVUE, WA 98005       2d       Business code (see instructions) 522292         3a       Plan administrator's name and address Xsame as Plan Sponsor Name       Same as Plan Sponsor Address	C Check b	box if filing under:	Form 5558	automatic extension			DFVC progra	ım	
1a Name of plan       1b Three-digit plan number (PN) ▶       001         1c Effective date of plan 02/01/2000       1c Effective date of plan 02/01/2000         2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan)       2b Employer Identification Number (EIN) 91-1529683         1008 - 140TH AVE. N.E., SUITE 101       2c Sponsor's telephone number 425-451-8889         2d Business code (see instructions) 522292         3a Plan administrator's name and address XSame as Plan Sponsor Name Same as Plan Sponsor Address			special extension (enter descript	ion)					
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2a       Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan)       2b       Employer Identification Number (EIN)         LO, INC.       RELIANCE MORTGAGE, INC.       2c       Sponsor's telephone number         1008 - 140TH AVE. N.E., SUITE 101       2c       Sponsor's telephone number         BELLEVUE, WA 98005       2d       Business code (see instructions)         522292       3a       Plan administrator's name and address       Same as Plan Sponsor Address					-	10	( )		
LO, INC.       RELIANCE MORTGAGE, INC.         1008 - 140TH AVE. N.E., SUITE 101         BELLEVUE, WA 98005 <b>3a</b> Plan administrator's name and address Same as Plan Sponsor Name Same as Plan Sponsor Address						10		•	
1008 - 140TH AVE. N.E., SUITE 101       2c       Sponsor's telephone number         1008 - 140TH AVE. N.E., SUITE 101       2d       Business code (see instructions)         2d       Business code (see instructions)       522292         3a       Plan administrator's name and address       Same as Plan Sponsor Address       3b         Administrator's EIN       -	LO, INC.		ess; include room or suite number (	employer, if for a single-	employer plan)	2b			
BELLEVUE, WA 98005       2d Business code (see instructions)         522292         3a Plan administrator's name and address Same as Plan Sponsor Name       Same as Plan Sponsor Address	1008 - 140T	H AVE. N.E., SUITE 101			-	2c			
	BELLEVUE,	WA 98005			-	2d			
<b>3c</b> Administrator's telephone number	3a Plan a	dministrator's name and	address XSame as Plan Sponsor	Name Same as Plar	n Sponsor Address	3b	Administrator's EIN		
						30	Administrators	elephone number	
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	name,	EIN, and the plan numb		e last return/report filed for	or this plan, enter the				
a Sponsor's name     4c PN       5a Total number of participants at the beginning of the plan year	· _ ·		the beginning of the plan year				PN T	20	
								29	
C       Number of participants with account balances as of the end of the plan year (defined benefit plans do not       5b       26					-	50		29	
					-	5c		29	
6a Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)	6a Were	all of the plan's assets d	uring the plan year invested in eligi	ble assets? (See instruc	tions.)			X Yes No	
<b>b</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.) 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.	Under pena SB or Sche	alties of perjury and othe dule MB completed and	r penalties set forth in the instructio signed by an enrolled actuary, as v	ns, I declare that I have	examined this return/rep	ort, ir	cluding, if applic		
SIGN Filed with authorized/valid electronic signature. 06/27/2013 HANK S. LO		Filed with authorized/va	lid electronic signature.	06/27/2013	HANK S. LO				
HERE         Signature of plan administrator         Date         Enter name of individual signing as plan administrator	HERE	Signature of plan adn	ninistrator	Date	Enter name of individu	al sig	ning as plan adr	ninistrator	
SIGN									
HERE         Signature of employer/plan sponsor         Date         Enter name of individual signing as employer or plan sponsor									
Preparer's name (including firm name, if applicable) and address; include room or suite number (optional) Preparer's telephone number (optional)	Preparer's	name (including firm nan	ne, if applicable) and address; inclu	ide room or suite numbe	r (optional)	Prep	arer's telephone	number (optional)	
For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500-SF.					<u></u>				

Part III Financial Information								
7 Plan Assets and Liabilities		(a) Beginning of Yea	ır		()	o) End of Year		
a Total plan assets	7a	160041	6			2073145		
<b>b</b> Total plan liabilities	7b							
C Net plan assets (subtract line 7b from line 7a)	7c	160041	6		2073145			
8 Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b) Total		
a Contributions received or receivable from:	80(1)	2444	2					
(1) Employers		2441 22636						
(3) Others (including rollovers)		22000	0					
<b>b</b> Other income (loss)	8b	22534	.0					
<b>C</b> Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)		22004				476119		
<ul> <li>d Benefits paid (including direct rollovers and insurance premiums to provide benefits).</li> </ul>	8d					470119		
e Certain deemed and/or corrective distributions (see instructions)	8e							
f Administrative service providers (salaries, fees, commissions)	8f							
g Other expenses	8g	339	0					
h Total expenses (add lines 8d, 8e, 8f, and 8g)						3390		
i Net income (loss) (subtract line 8h from line 8c)	8i					472729		
j Transfers to (from) the plan (see instructions)								
Part IV Plan Characteristics				•				
b If the plan provides welfare benefits, enter the applicable welfare Part V Compliance Questions	feature codes	from the List of Plan Charac	cterist	ic Cod	es in the i	nstructions:		
10 During the plan year:				Yes	No	Amount		
<ul> <li>a Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fid</li> </ul>	utions within th	a the second set of the second set is				Anoun		
			10a		Х			
<ul> <li>b Were there any nonexempt transactions with any party-in-interess on line 10a.)</li> </ul>	luciary Correct st? (Do not incl	ion Program) ude transactions reported	10a 10b		x x			
<b>b</b> Were there any nonexempt transactions with any party-in-interest	luciary Correct st? (Do not incl	ion Program) ude transactions reported	10b	X		250000		
<b>b</b> Were there any nonexempt transactions with any party-in-interes on line 10a.)	luciary Correct st? (Do not incl s fidelity bond,	ion Program) ude transactions reported  that was caused by fraud		×		250000		
<ul> <li>b Were there any nonexempt transactions with any party-in-interest on line 10a.)</li> <li>c Was the plan covered by a fidelity bond?</li> <li>d Did the plan have a loss, whether or not reimbursed by the plan's</li> </ul>	luciary Correct st? (Do not incl s fidelity bond, ther persons b of the benefits	ion Program) ude transactions reported that was caused by fraud y an insurance carrier, under the plan? (See	10b 10c	x	X			
<ul> <li>b Were there any nonexempt transactions with any party-in-interest on line 10a.)</li> <li>c Was the plan covered by a fidelity bond?</li> <li>d Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?</li> <li>e Were any fees or commissions paid to any brokers, agents, or ot insurance service or other organization that provides some or all</li> </ul>	s fidelity bond, ther persons b of the benefits	ion Program) ude transactions reported that was caused by fraud y an insurance carrier, s under the plan? (See	10b 10c 10d		X			
<ul> <li>b Were there any nonexempt transactions with any party-in-interest on line 10a.)</li> <li>c Was the plan covered by a fidelity bond?</li> <li>d Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?</li> <li>e Were any fees or commissions paid to any brokers, agents, or ot insurance service or other organization that provides some or all instructions.)</li> </ul>	luciary Correct st? (Do not incl s fidelity bond, ther persons b of the benefits an?	ion Program) ude transactions reported that was caused by fraud y an insurance carrier, under the plan? (See	10b 10c 10d 10e 10f		X X			
<ul> <li>b Were there any nonexempt transactions with any party-in-interest on line 10a.)</li> <li>c Was the plan covered by a fidelity bond?</li> <li>d Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?</li> <li>e Were any fees or commissions paid to any brokers, agents, or ot insurance service or other organization that provides some or all instructions.)</li> <li>f Has the plan failed to provide any benefit when due under the plan</li> </ul>	luciary Correct st? (Do not incl s fidelity bond, ther persons b of the benefits an? as of year end (See instruction	ion Program) ude transactions reported that was caused by fraud y an insurance carrier, under the plan? (See 	10b 10c 10d 10e		x x x x			
<ul> <li>b Were there any nonexempt transactions with any party-in-interest on line 10a.)</li> <li>c Was the plan covered by a fidelity bond?</li> <li>d Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?</li> <li>e Were any fees or commissions paid to any brokers, agents, or ot insurance service or other organization that provides some or all instructions.)</li> <li>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 a h If this is an individual account plan, was there a blackout period?</li> </ul>	luciary Correct st? (Do not incl s fidelity bond, ther persons b of the benefits an? as of year end (See instruction the required not	ion Program) ude transactions reported 	10b 10c 10d 10e 10f 10g		X X			
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С	Enter	the amount contributed by the employer to the plan for this plan year	12c				
<b>d</b> 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)							
е		he 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	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>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	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	<b>3c(2)</b> E	IN(s)	<b>13c(3)</b> PN(s)		
Part	VIII	Trust Information (optional)					

14a Name of trust	14b Trust's EIN

Banefit Pian     Server Descent of the server Descent in the instructions of and Adds of the Employee     Server Descent of Law     The form is neglicited to be file meaner Code (the Code (Stript) and Code (Stript)     Server Descent Descen Descent Descent Descent Descent Descent Descent	Department at reasonable server         Benefit Plan         Complete server           Department at new methods         This form is required to be lifed under sections 040 and 0065 of the Employee the leftimement hoome Security Act of 1974 (ERISA), and sections 0507(b) and 6058(a) of the Introduced recent to be lift and under sections 1057(b) and 6058(a) of the Introduced recent boome Security Act of 1974 (ERISA), and sections 0507(b) and 6058(a) of the Introduced recent boome Security Act of 1974 (ERISA), and sections 0507(b) and 6058(a) of the Introduced recent boome Security Act of 1974 (ERISA), and sections 1057(b) and 6058(a) of the Introduced recent boome Security Act of 1974 (ERISA), and sections 1057(b) and 6058(a) of the Interference Interference of the Interference of the Interference In	For	m 5500-SF	Short Form Annual	Detum/Denset			1				
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Bustement of Lobor     Bustement of Lobor     Bustement of Lobor     Provide basility of Lo	Personnel Later Personnel Later Personnel Income Socurity Act 1974 (ERISA), and sections 0057(b) and 0058(b) of Personnel Complete all entries in accordance with the Instructions to the Form 500-5F. Personnel Later Person			This form is required to be	filed under sections 104 ar	nd 4065 of the Employe	ee	2	2012			
Part         Annual Report Medification Information         For calendar plan year 2012 of fiscal plan year beginning       0101/2012       and ending       1203/2012         A This returning on tail on:       a an elegan plan year definition of the plan year telum report       a single-employer plan       a landing-employer plan in the final returning on interaction of the plan year defination of the final returning on interaction of the plan interaction in the final returning on interaction of the plan interaction of the final returning on interaction of the plan interaction (contraction defination of plan interaction of the plan interaction interactinteractin interactintereturning of the plan interaction of the pl	Part I       Annual Report Identification Information       and ending       1231/2012         Annual Report Identification Information       and ending       1231/2012         A This return/report is       be first return/report       as and plan (cal multipreport)       a one-participant plan         B This return/report is       an amended return/report       as and plan (cal multipreport)       a one-participant plan         C Check box! If Iling unde:       pecial extension       gecial extension       be first return/report       as and plan (cal multipreport)       a one-participant plan         C Check box! If Iling unde:       pecial extension       memory plan       and multipreport       as and plan         B Nime of plan       special extension       memory plan       and multipreport       as and plan         C Check box! If Iling unde:       pecial extension       memory plan       as and plan       Diversion         D, NC. 401(k)/PROPIT SHARING PLAN       10       Three-digit plan       001         C Elective data extension       memory plan       as and plan       2020 Plan       001         D, NC. 401(k)/PROPIT SHARING PLAN       20       Diversion       202       Diversion       2020 Plan       001         D, NC. 401(k)/PROPIT SHARING PLAN       20       Dis asone and address; Incluke room or suite numb	Employee B	enefits Security Administration	Retirement Income Security Act the Inter	8(a) ol	This Form is Open to Public						
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2a Pien sponsor's name and address; include room or suite number (employer, if for a single-employer plan) Q, INC.       1C Effective date of plan 020172000         2b Employer identification Number (ELLANCE MORTGAGE, INC.       2b Employer identification Number (ELL)         000 - 140TH AVE. N.E., SUITE 101       2d Eustones under 2d States and address.         2c Sponsor's telephone number (d25) 451-6883       2c Sponsor's telephone number (d25) 451-6883         2d Business code (see instructions)       3b Administrator's EIN         3a Plan administrator's name and address.       Same as Plan Sponsor Address         3b Administrator's telephone number (address)       3c Administrator's telephone number (address)         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 form the last return/report.       3c Administrator's telephone number (address)         3a Total number of participants at the beginning of the plan year       5a       2c         3c Number of participants at the beginning of the plan year       5a       2c         3c Number of participants at the count belances as of the end of the plan year (defined benefit plans do not complete this item).       Sc       2c         3c Administrator of an independent qualified public accountant ((CPA) under 2d CFR 2520.104-487 (See instructions on waiver eligible asset? (See instructions.).       Sc       2c         3c Administrator       Start number of participants waiver	Image: CPN product and the set of plan operation of the plan sponsor has changed since the last return/report filed for this plan, enter the plan number for the last return/report filed for this plan, enter the plan number for the last return/report filed for this plan, enter the plan number for the last return/report.       Sa       Sa <td></td> <td></td> <td>PLAN</td> <td></td> <td></td> <td>in in</td> <td></td> <td></td>			PLAN			in in					
2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan)       02/01/2000         2b Employer identification Number (EIN ØFT AGE, INC.       2b Employer identification Number (EIN ØFT AGE, INC.         008 - 140TH AVE. N.E., SUITE 101       2c Sponsor's telephone number (42) 545-1889         2d Business code (see instructions)       3b Administrator's telephone number (42) 545-1889         3a Plan administrator's name and address (Same as Plan Sponsor Name Same as Plan Sponsor Address 3b Administrator's telephone number (42) 541-889       3b Administrator's telephone number (42) 45 Administrator (42) 45 Adminis	2a       Pian sponsor's name and address; include room or suite number (employer, if for a single-employer plan)       2b       Employer identification Number (EM) (Se instructions (IN) (Section Section Sectin Section Section Sectin Se	10000						<ul> <li>COMPARENT: NO. PROF. 132</li> </ul>	001			
2a       Pian sponsor's name and address; include room or suite number (employer, if for a single-employer plan) O, NC.       2b       Employer identification Number (EIN) 41-152683         2c       Sonsor's name and address; include room or suite number (employer, if for a single-employer plan)       2b       Employer identification Number (EIN) 41-152683         2c       Sonsor's name and address; MSame as Plan Sponsor Name       Same as Plan Sponsor Address       3b       Administrator's telephone number (425) 451-8899         2d       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.       3b       Administrator's telephone number         3a       Total number of participants at the end of the plan year	2A       Plan sponsor's name and address; include room or suits number (employer, if for a single-employer plan)       2b       Employer identification Number (EN) 91-1526653         2D       Employer Identification Number (2D)       21-1526653       22         2D       Business code (see instructions, 52222)       20       Business code (see instructions, 52222)         2D       Plan administrator's name and address (Same as Plan Sponsor Name (Same as Plan Sponsor Address)       35       Administrator's EIN         3C       Administrator's name and address (Same as Plan Sponsor Name (Same as Plan Sponsor Address)       35       Administrator's EIN         3C       Administrator's name and address (Same as Plan Sponsor Name (Same as Plan Sponsor Address)       35       Administrator's telephone number (2D)         3C       Administrator's name and address (Same as Plan Sponsor Name (Same as Plan Sponsor Address)       35       35         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.       36       32       35       35         5       Total number of participants at the end of the plan year       54       20       20       20         6       Total number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this term).       56       20       20		2				1c	Effective date or	í plan			
O, INC.       CENDE       <	EIN 97 11-152963     EEN 91-152963     C Sonsor's telephone number     (425) 451-889     2d Business code (see instructions, 522282     deviness code (see instructions, 52288     devines and address Same as Plan Sponsor Name Same as Plan Sponsor Address     devine and for the plan number from the last return/report filed for this plan, enter the asponsor name     devine and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the asponsor name     devine and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the asponsor name     devine and of the plan number from the last return/report.     devine asponsor name     devine and of the plan number from the last return/report filed for this plan, enter the asponsor name     devine and of the plan number from the last return/report.     devine asponsor has changed since the last return/report filed for this plan, enter the asponsor name     devine and of the plan number from the last return/report.     devine and file plan number of participants at the end of the plan year.     devine and of the plan year invested in eligible assets? (See instructions, ).     devine all of the plan sets the instructions on waiver eligibility and conditions, ).     devine all of the plan sets the plan devine of of an independent qualified public accountant (IQPA)     under 28 CFR 2520.104-46? (See instructions on waiver eligibility and conditions, ).     devine and disorde by an enrolled actuary, as well as the electronic version of this return/report, including, if applicable, a Schedule and signed by an enrolled actuary, as well as the electronic version of this return/report, and to the best of my knowledge and elifet, it is rue, correct, and complete.     devine and address; include room or suite number (optional)     Preparer's telephone number (optional)     devine and address; include room or suite number (optional)     Preparer's telephone number (optional)						_	02/01/2	2000			
2008 - 140TH AVE. N.E., SUITE 101       2c       Sponsor's telephone number (425) 451-8889         23a       Plan administrator's name and address       Same as Plan Sponsor Name       Same as Plan Sponsor Address         33a       Plan administrator's name and address       Same as Plan Sponsor Name       Same as Plan Sponsor Address         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         35       Total number of participants at the beginning of the plan year       5a       2         b       Total number of participants at the end of the plan year       5b       2c         c       Number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item)       5c       2         6a       Were all of the plan's assets during the plan year invested in eligibile assets? (See instructions.)       Xers       Xers       Yes       h         b       Are you clarining a waiver of the annual examination and report of an independent qualified public accountant ((QPA)       Xers       Yes       h         define plantises of participants with account balances as of the end of this return/report will be assessed unless reasonable cause is established.       Under ponalities of projury and other ponalities on a microparticipant with account balances as of the end of the plan cannot use Form	208 - 140TH AVE. N.E., SUITE 101       22 Sponsor's telephone number (425) 451-8889         22 Business code (see instructions, 522292       22 Business code (see instructions, 522292         3a Plan administrator's name and address (Same as Plan Sponsor Name (Same as Plan Sponsor Address)       3b Administrator's ElN         3c Administrator's name and address (Same as Plan Sponsor Name (Same as Plan Sponsor Address)       3c Administrator's telephone number 522292         4 If the name and/or ElN of the plan sponsor has changed since the last return/report filed for this plan, enter the aa Total number of participants at the beginning of the plan year	.O, INC.		ess; include room or suite number	· (employer, if for a single⊣	employer plan)	2b					
3ELLEVUE, WA 98005       2d Business code (see instructions) 52239         3a Plan administrator's name and address (Same as Plan Sponsor Name Same as Plan Sponsor Address       3b Administrator's EIN         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         3a Total number of participants at the end of the plan year       5a       2         5a Total number of participants at the end of the plan year       5a       2         5a Total number of participants at the end of the plan year       5a       2         6 Number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item).       5c       2         6 Wore all of the plan sests during the plan year integet of an indegendent qualified public accountant ((DPA) or clear that 1 have examined this return/report, including, if applicable, a Schodule Stor Schodule MB complete date als gined 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.       V G file file Stor Schodule Stor Stand       V G file file Stand         Signature of endividual signing as enables and address; include room or suite number (optional)       P applicable, a ddress; include room or suite number (optional)       P reparer's telephone number	ELLEVUE. WA 98005       Zd Business code (see instructions, 522292         Ba Plan administrator's name and address Same as Plan Sponsor Name       Same as Plan Sponsor Address         3b Administrator's telephone number       3c Administrator's telephone number         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         3c Administrator's telephone number from the last return/report.       4c PN         3c Total number of participants at the beginning of the plan year       5a         2c Number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item)       5c         3c Avere all of the plan's assets during the plan year invested in eligible assets? (See instructions,)       Yes I         3c Avere all of the plan's assets during the plan year invested in eligible assets? (See instructions,)       Yes I         3c Avere all of the plan's assets during the plan year invested in eligible assets? (See instructions,)       Yes I         3c Avere all of the plan's assets during the plan year invested in eligible assets? (See instructions,)       Yes I         3f yea and there pressessed to the nemal examined this return/report, and to the pressessed to the pressesse of peliyury and other penalties of this return/report, and to the plan year invested in eligible assets? (See instructions,)         3f yea answered "No" to either line 6a or line 6b, the plan cannot u			1			2c					
3a       Plan administrator's name and address       Same as Plan Sponsor Name       Same as Plan Sponsor Address       3b       Administrator's telephone number         4       If the name and/or EIN of the plan sponsor has changed since the last relum/report filed for this plan, enter the name, EIN, and the plan number from the last return/report.       4b       EIN       3c       Administrator's telephone number         5a       Total number of participants at the beginning of the plan year       5a       2       5b       2         5a       Total number of participants with account balances as of the end of the plan year       5b       2       2         6a       Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)       Xes       Yes       1         b       Total number of the plan's assets during the plan year invested in eligible assets? (See instructions.)       Xes       Yes       1         c       Number of participants with account balances as of the end of the plan sear invested in eligible assets? (See instructions.)       Xes       Yes       1         b       Arey ou claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA)       Xes       1       1         under penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.       1       1       1       1       <	Ba Plan administrator's name and address       Same as Plan Sponsor Name       Same as Plan Sponsor Address       3b Administrator's EIN         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       4c PN         If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the as ponsor's name       4c PN         If the name of participants at the beginning of the plan year       5a       2         If total number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item).       5c       2         If you answered 'No" to either line 6a or line 6b, the plan cannot use Form 5500-SF and must instead use Form 5500.       Yes       1         If you answered 'No" to either line set forth in the instructions, 1 well as the electronic version of this return/report, including, if applicable, a Schedule BS or Schedule MB complete due due panels set forth in the instructions, 2 to elect the name of individual signing as plan administrator       Yes       1         If Nor and the repland actuary, as well as the electronic version of this return/report, including, if applicable, a Schedule eleft, its return/report, including, if applica						2d	Business code (	see instructions)			
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.       3C       Administrator's telephone number         4       If the name and/or EIN of the plan sponsor has changed since the last return/report.       4D       EIN         3C       Administrator's telephone number       4D       EIN         4       Agency's name       4C       PN         5A       Total number of participants at the beginning of the plan year       5a       2         5A       Total number of participants at the end of the plan year       5b       2         C       Number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item)       5c       2         6B       Were all of the plan's assets during the plan year invested in eligible assets? (See instructions,)       Xers □       1         b       Are you claiming a waiver of the annual examination and report of an independent qualified public accountant ((ICPA)       Xers □       1         Inder penalties of periury and other penalties set forth in the instructions, i cleacer that I have examined this return/report, and to the best of my knowledge and alief. It is the, correct, and other penalties set forth in the instructions, i cleacer that I have examined thin finduluis signing as plan administrator	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.       3C       Administrator's telephone number for this plan, enter the sponsor's name       4D       EIN         a Total number of participants at the beginning of the plan year       5a       2       2         b Total number of participants at the beginning of the plan year       5a       2       2         b Total number of participants at the end of the plan year       5a       2       2         b Total number of participants at the end of the plan year       5b       2       2         b Total number of participants at the end of the plan year       5c       2       2         b Total number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item).       Sc       2         c Number of participants with account balances as of the end of report of an independent quelified public accountant (IQPA)       X       Y es □       1         attrine: A penalty for the late or incomplete filling of this return/report, including, if applicable, a Schedule B' or Schedule B' or proprise and address; includer and signed by an enrolled actuary, as well as the electronic version of this return/report, including, if applicable, a Schedule B' or participant set or incomplete       Schedule B' and multistrator         is parative of plan administrator       I of is is is including firm name, if applicable)			address XSame as Plan Sponso		Chenney Add	26					
a Sponsor's name       4c       PN         a Sponsor's name       5a       2         b Total number of participants at the end of the plan year       5a       2         c Number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item)       5b       2         c Number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item)       5c       2         c Number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item)       5c       2         c Number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item)       5c       2         b Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA)       X Yes I the arrow of the annual examination and report of an independent qualified public accountant (IQPA)       X Yes I the arrow of the or incomplete filling of this return/report will be assessed unless reasonable cause is established.         Jnder penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.       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.       Signature of plan administrator         Signature of	as ponsor's name       4c       PN         a Sponsor's name       5a       2         a Total number of participants at the beginning of the plan year       5b       2         b Total number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item).       5c       2         c Number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item).       5c       2         c Number of participants with account balances as of the end of an independent qualified public accountant (IQPA)       X Yes []       1         b Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA)       X Yes []       1         inf you answered "No" to either line 6a or line 6b, the plan cannot use Form 5500-SF and must instead use Form 5500.       X Yes []       1         aution: A penalties of periury and other penalties set forth in the instructions, I declare that I have examined this return/report, including, if applicable, a Schedule B or Schedule MB completed and signing at the electronic version of this return/report, and to the best of my knowledge and elief, it is true, correct, and complete.       Y       Image: Applicable A account Applicable	1 If the r	ame and/or EIN of the r									
5a       Total number of participants at the beginning of the plan year       5a       2         b       Total number of participants at the end of the plan year       5b       2         c       Number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item).       5c       2         6a       Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)       5c       2         6a       Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)       5c       2         b       Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA)       X Yes       N         b       Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA)       X Yes       N         b       Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA)       X Yes       N         b       Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA)       X       Yes       N         b       Are you claiming a waiver of the annual examination so waiver eligibility and conditions.)       If you answered "No" to either line 6a or line 6b, the plan cannot use Form 5500-S       C       C         Caution: A penalty for the	Total number of participants at the beginning of the plan year       5a       2         b       Total number of participants at the end of the plan year       5a       2         b       Total number of participants at the end of the plan year       5b       2         c       Number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item)       5c       2         Sa       Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)       Step 1       5c       2         Sa       Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)       Step 1       Yes 1       1         b       Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA)       Yes 1       1         fyou answered "No" to either line 6a or line 6b, the plan cannot use Form 5500-SF and must instead use Form 5500.       2       2         Caution: A penaltig for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.	name,	, EIN, and the plan numb	per from the last return/report.	ie last return/report filed to	r this plan, enter the						
b       Total number of participants at the end of the plan year       Jain 2       Jain 2         c       Number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item)	b       Total number of participants at the end of the plan year       Sa	- 1694 - VALD-READ - 169		the beginning of the plan year				PN				
C       Number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item)	C       Number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item)						5a		2			
complete this item)	complete this item)						5b		2			
b       Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA)       Image: Constructions on waiver eligibility and conditions.)         In you answered "No" to either line 6a or line 6b, the plan cannot use Form 5500-SF and must instead use Form 5500.       Image: Constructions on waiver eligibility and conditions.)         Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.       Image: Construction of 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       X       V G fin fine SI         HERE       Signature of plan administrator       Date         Bignature of employer/plan sponsor       Date       Enter name of individual signing as employer or plan sponsor         Preparer's name (including firm name, if applicable) and address; include room or suite number (optional)       Preparer's telephone number (optional)	b       Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA)       Image: Comparison of the second conditions.)       Image: Comparison of the second conditentent.)       Image	compl	ete this item)				5c		2			
Under 29 CFR 2520.104-467 (See instructions on waiver eligibility and conditions.)       Yes       If         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 belief, it is true, correct, and complete.         SIGN       X       V G [:::] 2 ::] Hank S. Lo         HERE       Signature of plan administrator       Date         Signature of employer/plan sponsor       Date       Enter name of individual signing as employer or plan sponsor         Preparer's name (including firm name, if applicable) and address; include room or suite number (optional)       Preparer's telephone number (optional)	If you answered "No" to either line 6a or line 6b, the plan cannot use Form 5500-SF and must instead use Form 5500.       Image: Complete filing of this return/report will be assessed unless reasonable cause is established.         Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.       Image: Complete filing of this return/report will be assessed unless reasonable cause is established.         Inder 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 BB 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 elef, it is true, correct, and complete.         Signature of plan administrator       Image: Complete filing of this return/report         BERE       Signature of employer/plan sponsor       Date         Creparer's name (including firm name, if applicable) and address; include room or suite number (optional)       Preparer's telephone number (optional)	6a Were	all of the plan's assets of	luring the plan year invested in elig	gible assets? (See instruct	tions.)			X Yes I I			
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       X       V 6 1:0 12:13       Hank S. Lo         Signature of plan administrator       Date       Enter name of individual signing as plan administrator         SIGN       Signature of employer/plan sponsor       Date       Enter name of individual signing as employer or plan sponsor         Preparer's name (including firm name, if applicable) and address; include room or suite number (optional)       Preparer's telephone number (optional)	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.         Inder 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 BB 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 elief, it is true, correct, and complete.         Signature of plan administrator       V       V       Enter name of individual signing as plan administrator         BIGN       IERE       Signature of employer/plan sponsor       Date       Enter name of individual signing as employer or plan sponsor         Preparer's name (including firm name, if applicable) and address; include room or suite number (optional)       Preparer's telephone number (optional)	D Are yo	ou claiming a waiver of th	te annual examination and report	of an independent qualifie	d public accountant (IQ	PA)					
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       X       V       Image: Applicable in the instruction is individual signing as plan administrator         SIGN HERE       Signature of plan administrator       Date       Enter name of individual signing as employer or plan sponsor         SIGN HERE       Signature of employer/plan sponsor       Date       Enter name of individual signing as employer or plan sponsor         Preparer's name (including firm name, if applicable) and address; include room or suite number (optional)       Preparer's telephone number (optional)	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 BB 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 elief, it is true, correct, and complete.         Signature of plan administrator       Image: Complete intervalue of employer/plan sponsor         IERE       Signature of employer/plan sponsor         Preparer's name (including firm name, if applicable) and address; include room or suite number (optional)       Preparer's telephone number (optional)	lf you	answered "No" to eith	er line 6a or line 6b, the plan ca	nnot use Form 5500-SE	and must instead use			X Yes [] I			
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 Signature of plan administrator HERE Signature of employer/plan sponsor Preparer's name (including firm name, if applicable) and address; include room or suite number (optional) Preparer's telephone number (optional)	Inder 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 B 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 elief, it is true, correct, and complete.  IGN IERE Signature of plan administrator Date Date Enter name of individual signing as employer or plan sponsor Preparer's name (including firm name, if applicable) and address; include room or suite number (optional) Preparer's telephone number (optional)											
Sign       Image: Signature of plan administrator         Signature of plan administrator       Date         Signature of employer/plan sponsor       Date         Enter name of individual signing as employer or plan sponsor         Preparer's name (including firm name, if applicable) and address; include room or suite number (optional)	Signature of plan administrator       V	Under pena	alties of periury and othe	r penalties set forth in the instructi	ons. I declare that I have	avamined this return free	and to	-1 11 in 11				
HERE       Signature of plan administrator       Date       Enter name of individual signing as plan administrator         SIGN HERE       Signature of employer/plan sponsor       Date       Enter name of individual signing as employer or plan sponsor         Preparer's name (including firm name, if applicable) and address; include room or suite number (optional)       Preparer's telephone number (optional)	IERE       Signature of plan administrator       Date       Enter name of individual signing as plan administrator         SIGN IERE       Signature of employer/plan sponsor       Date       Enter name of individual signing as employer or plan sponsor         Oreparer's name (including firm name, if applicable) and address; include room or suite number (optional)       Preparer's telephone number (optional)		adic MD completed and	signed by an enrolled actuary, as	well as the electronic vers	sion of this return/report	t, and f	to the best of my	knowledge and			
HERE       Signature of plan administrator       Date       Enter name of individual signing as plan administrator         SIGN HERE       Signature of employer/plan sponsor       Date       Enter name of individual signing as employer or plan sponsor         Preparer's name (including firm name, if applicable) and address; include room or suite number (optional)       Preparer's telephone number (optional)	IERE       Signature of plan administrator       Date       Enter name of individual signing as plan administrator         SIGN IERE       Signature of employer/plan sponsor       Date       Enter name of individual signing as employer or plan sponsor         Oreparer's name (including firm name, if applicable) and address; include room or suite number (optional)       Preparer's telephone number (optional)		× the	~A	1 Glip 120R	Hank S. Lo	,					
SIGN       Signature of employer/plan sponsor       Date       Enter name of individual signing as employer or plan sponsor         Preparer's name (including firm name, if applicable) and address; include room or suite number (optional)       Preparer's telephone number (optional)	SIGN IERE Signature of employer/plan sponsor Date Enter name of individual signing as employer or plan sponsor Preparer's name (including firm name, if applicable) and address; include room or suite number (optional) Preparer's telephone number (optional)	HERE	Signature of plan adr	ninistrator	01.1		ual ein					
Signature of employer/plan sponsor         Date         Enter name of individual signing as employer or plan sponsor           Preparer's name (including firm name, if applicable) and address; include room or suite number (optional)         Preparer's telephone number (optional)	IERE       Signature of employer/plan sponsor       Date       Enter name of individual signing as employer or plan sponsor         Preparer's name (including firm name, if applicable) and address; include room or suite number (optional)       Preparer's telephone number (optional)         Preparer's name (including firm name, if applicable) and address; include room or suite number (optional)       Preparer's telephone number (optional)	SIGN		0		Enter Hame of Harvio	uarsiy	ning as plan aom	Inistrator			
Preparer's name (including firm name, if applicable) and address; include room or suite number (optional)  Preparer's telephone number (optional)	Preparer's name (including firm name, if applicable) and address; include room or suite number (optional) Preparer's telephone number (optional) Or Panenwork Reduction Act Notice and OMR Control Number or the inclusion of the i		Signature of employe	rinlan choncor								
	or Panenwork Reduction Act Notice and OMR Control Numbers are the instruction of a	Preparer's	name (including firm nar	me, if applicable) and address: inc	Uate lude room or suite number	Enter name of individ	ual sig	ning as employer	or plan sponso			
	or Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500-SF. Form 5500-SF (201				add room or suite number	(optional)	Prep	arer's telephone i	number (optional			
	or Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500-SF.											
	or Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500-SF.											
	or Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500-SF. Form 5500-SF (201											
	or Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500-SF. Form 5500-SF (201											

i.

ii.

Page **2** 

## Part III Financial Information

7 Plan Assets and Liabilities	11		1111	- T-			
	ir			(b) End	of Year		
a Total plan assets	C.A.	160041	6				2073145
b Total plan liabilities				_			
C Net plan assets (subtract line 7b from line 7a)	. 7c	160041	6				2073145
8 Income, Expenses, and Transfers for this Plan Year		(a) Amount		_		(b) T	otal
a Contributions received or receivable from: (1) Employers	. 8a(1)	2441	3		1		
(2) Participants		22636	6				
(3) Others (including rollovers)							
b Other income (loss)	0						
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	. 8c						476119
d Benefits paid (including direct rollovers and insurance premiums to provide benefits)						11	
e Certain deemed and/or corrective distributions (see instructions)	. 8e						
f Administrative service providers (salaries, fees, commissions)	. 8f						
g Other expenses	. 8g	339	0				
h Total expenses (add lines 8d, 8e, 8f, and 8g)	. 8h						2200
i Net income (loss) (subtract line 8h from line 8c)	. 8i						<u> </u>
j Transfers to (from) the plan (see instructions)	- 8j						412129
Part IV Plan Characteristics				-			
9a If the plan provides pension benefits, enter the applicable pension 2E 2G 2J 2K 2T 3D	feature coo	des from the List of Plan Char	acteri	stic Co	des in t	the instruct	ions:
<b>b</b> If the plan provides welfare benefits, enter the applicable welfare t	eature code	- 6 - 11 - 11 - 6 - D1 - D1	W s			-	
						e instructio	
	0000	es from the List of Plan Charac	cterist	ic Cod	es in th		ons:
		es from the List of Plan Chara	cterist	ic Cod	es in th		ons:
		as from the List of Plan Chara	cterist				
Part V         Compliance Questions           10         During the plan year:           a         Was there a failure to transmit to the plan any participant contribution	utions within	the time period described in		Yes	No		Amount
Part V       Compliance Questions         10       During the plan year:         a       Was there a failure to transmit to the plan any participant contribu         29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fid         b       Were there any nonexempt transactions with any party-in-interest	utions within uciary Corre	the time period described in ection Program)	10a		No X		
Part V       Compliance Questions         10       During the plan year:         a       Was there a failure to transmit to the plan any participant contribution 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fideric Control of the plan and the plan	utions within uciary Corre t? (Do not in	the time period described in action Program) nclude transactions reported			No		Amount
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Part V       Compliance Questions         10       During the plan year:         a       Was there a failure to transmit to the plan any participant contribuzes         29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fid         b       Were there any nonexempt transactions with any party-in-interess 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 ot insurance service or other organization that provides some or all instructions.)	utions withir uciary Corra t? (Do not in t? (Do not in t)	the time period described in ection Program) include transactions reported and, that was caused by fraud by an insurance carrier, fits under the plan? (See	10a 10b	Yes	No X		Amount 25000
Part V       Compliance Questions         10       During the plan year:         a       Was there a failure to transmit to the plan any participant contribution 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fide)         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 of insurance service or other organization that provides some or all	utions withir uciary Corra t? (Do not in t? (Do not in t)	the time period described in ection Program) include transactions reported and, that was caused by fraud by an insurance carrier, fits under the plan? (See	10a 10b 10c 10d	Yes	No X X X		Amount
Part V       Compliance Questions         10       During the plan year:         a       Was there a failure to transmit to the plan any participant contribuze         29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fid         b       Were there any nonexempt transactions with any party-in-interess 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 ot insurance service or other organization that provides some or all instructions.)         f       Has the plan failed to provide any benefit when due under the plan	utions within uciary Corre t? (Do not in fidelity bor her persons of the bene	the time period described in action Program) nclude transactions reported d, that was caused by fraud by an insurance carrier, fits under the plan? (See	10a 10b 10c 10d 10e 10f	Yes	No X X X X		Amount 25000
<ul> <li>Part V Compliance Questions</li> <li>10 During the plan year: <ul> <li>a Was there a failure to transmit to the plan any participant contribut 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fid</li> <li>b Were there any nonexempt transactions with any party-in-interest on line 10a.)</li> <li>c Was the plan covered by a fidelity bond?</li> <li>d Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?</li> <li>e Were any fees or commissions paid to any brokers, agents, or ot insurance service or other organization that provides some or all instructions.)</li> <li>f Has the plan failed to provide any benefit when due under the planet plan the plan have any participant loans? (If "Yes," enter amount a h If this is an individual account plan, was there a blackout period?</li> </ul> </li> </ul>	utions within uciary Corra t? (Do not in fidelity bor her persons of the bene an? as of year en (See instru	the time period described in ection Program) include transactions reported add, that was caused by fraud by an insurance carrier, fits under the plan? (See add.)	10a 10b 10c 10d 10e 10f	Yes	No X X X X X X X		Amount 25000
Part V       Compliance Questions         10       During the plan year:         a       Was there a failure to transmit to the plan any participant contribution 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fide)         b       Were there any nonexempt transactions with any party-in-interess 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 ot insurance service or other organization that provides some or all instructions.)         f       Has the plan failed to provide any benefit when due under the plan and the plan have any participant loans? (If "Yes," enter amount a 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 the provided to the plan have any participant provides the plan have any participant provides the plan have any participant provides the plan have any participant plan, was there a blackout period?	utions within uciary Corra t? (Do not in fidelity bor her persons of the bene an? as of year en (See instru	the time period described in action Program) include transactions reported ad, that was caused by fraud by an insurance carrier, fits under the plan? (See and.)	10a 10b 10c 10d 10e 10f 10g	Yes	No X X X X		Amount 25000
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Part V       Compliance Questions         10       During the plan year:         a       Was there a failure to transmit to the plan any participant contribut 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fid         b       Were there any nonexempt transactions with any party-in-interes 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 ot insurance service or other organization that provides some or all instructions.)         f       Has the plan failed to provide any benefit when due under the plan glid the plan have any participant loans? (If "Yes," enter amount a 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 the exceptions to providing the notice applied under 29 CFR 2520.10         Part VI       Pension Funding Compliance         11       Is this a defined benefit plan subject to minimum funding requirements	utions within uciary Corre t? (Do not in fidelity bor her persons of the bene an? (See instru (See instru he required 11-3	the time period described in action Program) include transactions reported add, that was caused by fraud by an insurance carrier, fits under the plan? (See and.) ctions and 29 CFR notice or one of the	10a 10b 10c 10d 10f 10g 10h 10i	Yes X X	No X X X X X X X X X		Amount 25000
Part V       Compliance Questions         10       During the plan year:         a       Was there a failure to transmit to the plan any participant contribut 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fid         b       Were there any nonexempt transactions with any party-in-interess 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 ot insurance service or other organization that provides some or all instructions.)         f       Has the plan failed to provide any benefit when due under the plate of the plan have any participant loans? (If "Yes," enter amount and instructions.)         i       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 to exceptions to providing the notice applied under 29 CFR 2520.10         Part VI       Pension Funding Compliance         11       Is this a defined benefit plan subject to minimum funding requiren 5500) and line 11a below)	utions withir uciary Corre t? (Do not in fidelity bor her persons of the bene as of year en (See instru he required t1-3	the time period described in ection Program) include transactions reported ad, that was caused by fraud by an insurance carrier, fits under the plan? (See  ind.) ctions and 29 CFR notice or one of the 	10a 10b 10c 10d 10e 10f 10g 10h 10i	Yes X X Sched	No X X X X X X X ule SB		Amount 25000
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Part V       Compliance Questions         10       During the plan year:         a       Was there a failure to transmit to the plan any participant contribut 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fid         b       Were there any nonexempt transactions with any party-in-interess on line 10a.)	utions withir uciary Corre t? (Do not in s fidelity bor her persons of the bene an? (See instru- he required he required hers? (If "Y	the time period described in ection Program)	10a 10b 10c 10d 10e 10f 10g 10h 10i	X	No X X X X X X X X Ule SB	(Form	Amount 25000
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Part V       Compliance Questions         10       During the plan year:         a       Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fid         b       Were there any nonexempt transactions with any party-in-interes 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 of insurance service or other organization that provides some or all instructions.)         f       Has the plan failed to provide any benefit when due under the plan g         g       Did the plan have any participant loans? (If "Yes," enter amount a instructions.)         i       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 t exceptions to providing the notice applied under 29 CFR 2520.10         Part VI       Pension Funding Compliance         11       Is this a defined benefit plan subject to minimum funding requiren 5500) and line 11a below)         11a       Enter the amount from Schedule SB line 39         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	utions withir uciary Corre (Do not in fidelity bor her persons of the bene an?	the time period described in ection Program)	10a 10b 10c 10d 10e 10f 10g 10h 10i 10i or se	Yes X X Sched	No X X X X X X X X Ule SB	(Form RISA?	Amount 25000 55

Form 5500-SF 2012

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C	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			1,00		INIA
13a	Has a resolution to terminate the plan been adopted in any plan year?	ΠY			
	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 of the PBGC?			Yes 🛛	 7
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 NO
1	3c(1) Name of plan(s):	13c(2) Ell	V(s)	13c(3) P	N(s)
Part	VIII Trust Information (optional)				
14a I	Name of trust	14b Tr	ist's EIN		

14