Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation

Short Form Annual Return/Report of Small Employee Benefit Plan

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

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

OMB Nos. 1210-0110

1210-0089

2012

This Form is Open to Public Inspection

Part I	Annual Report Identification Information						
For calend	ar plan year 2012 or fiscal plan year beginning 01/01/2012		and ending 1	2/31/2	2012		
A This re	return/report is for:						
	is return/report is: the first return/report the final return/report						
1111216		•	n/ranart (laga than 12 mg	ontha)			
			n/report (less than 12 mo	onuns)	⊓ DFVC progra		
C Check box if filing under: automatic extension						m	
	special extension (enter description)						
Part II	Basic Plan Information—enter all requested information	on					
1a Name				1b	Three-digit		
TREFTZ CC	PRPORATION 401(K) SALARY REDUCTION PLAN & TRUST				plan number	004	
				4.	(PN) •	001	
				10	Effective date of 01/01/	•	
2a Plan s	sponsor's name and address; include room or suite number (emp	Nover if for a single-	employer plan)	2h	Employer Identif		
	DRPORATION	noyer, ir for a sirigie-	employer plan	20	(EIN) 91-11:		
				2c	Sponsor's telep	hone number	
2655 151ST	PI NE			20	425-64		
REDMOND				2d	Business code (see instructions)	
					56171	0	
3a Plan a	ndministrator's name and address XSame as Plan Sponsor Nam	ne Same as Plar	Sponsor Address	3b	Administrator's I	ΞIN	
	-	_					
				3c	Administrator's t	elephone number	
4 If the	name and/or EIN of the plan sponsor has changed since the las	t return/report filed fo	or this plan, enter the	4h	EIN		
	e, EIN, and the plan number from the last return/report.	rotaninoport mod it	or this plant, enter the	TD	LIIN		
	sor's name			4c	PN		
5a Total	number of participants at the beginning of the plan year			5a		18	
b Total	number of participants at the end of the plan year			5b		23	
C Numb	per of participants with account balances as of the end of the pla	n year (defined bene	efit plans do not				
	lete this item)	• •	•	5c		8	
6a Were	e all of the plan's assets during the plan year invested in eligible	assets? (See instruc	tions.)			X Yes No	
	ou claiming a waiver of the annual examination and report of an					N v □ N.	
	r 29 CFR 2520.104-46? (See instructions on waiver eligibility and					X Yes No	
	answered "No" to either line 6a or line 6b, the plan cannot						
	A penalty for the late or incomplete filing of this return/repor						
	alties of perjury and other penalties set forth in the instructions, ledule MB completed and signed by an enrolled actuary, as well						
	true, correct, and complete.		ordinar and rotality opens	,		omeage and	
	Filed with a thening distribute a constant	07/00/0040	DIANA GUEDIDAN				
SIGN HERE	Filed with authorized/valid electronic signature.	07/23/2013	DIANA SHERIDAN				
HEKE	Signature of plan administrator	Date	Enter name of individual signing as plan administrator				
SIGN	Filed with authorized/valid electronic signature.	07/23/2013	DIANA SHERIDAN				
HERE	Signature of employer/plan sponsor	Date	Enter name of individu	r or plan sponsor			
Preparer's	name (including firm name, if applicable) and address; include r	oom or suite numbe				number (optional)	
			-				
Ī							

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Por	t III Financial Information								
<u> Par</u>			(a) Beginning of Ves				(h) End of Voor		
	Plan Assets and Liabilities	7-	(a) Beginning of Year			(b) End of Year			
	Total plan assets	7a 7b	204285				163739		
	Net plan assets (subtract line 7b from line 7a)	76 7c	204285			400700			
		76		55		163739			
	Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from:		(a) Amount			(b) Total			
	(1) Employers	8a(1)	136	5					
	(2) Participants	8a(2)	1485	56					
	(3) Others (including rollovers)	8a(3)							
b	Other income (loss)	8b	1210)3					
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c					28324		
	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	6887	0					
e	Certain deemed and/or corrective distributions (see instructions)	8e							
f	Administrative service providers (salaries, fees, commissions)	8f							
g	Other expenses	8g							
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h					68870		
i	Net income (loss) (subtract line 8h from line 8c)	8i					-40546		
j	Transfers to (from) the plan (see instructions)	8j							
Par	t IV Plan Characteristics								
9a	If the plan provides pension benefits, enter the applicable pension 2E 2F 2J 2K 3D	feature co	des from the List of Plan Char	acteris	stic Co	des in	the instructions:		
b	If the plan provides welfare benefits, enter the applicable welfare fe	eature cod	les from the List of Plan Chara	cterist	ic Cod	les in t	he instructions:		
Part	V Compliance Questions								
10	During the plan year:				Yes	No	Amount		
a	Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu			10a		X	Amount		
b		? (Do not	include transactions reported	10b		X			
	Was the plan covered by a fidelity bond?				Χ		40000		
				10c			40000		
d	or dishonesty?			10d		X			
е	Were any fees or commissions paid to any brokers, agents, or oth insurance service or other organization that provides some or all cinstructions.)	of the bene	efits under the plan? (See	10e		X			
f	Has the plan failed to provide any benefit when due under the plan					X			
				10f					
<u>g</u>	Did the plan have any participant loans? (If "Yes," enter amount a	-		10g	X		99		
h —	If this is an individual account plan, was there a blackout period? (2520.101-3.)			10h		X			
<u>i</u>	If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10			10i					
Part	VI Pension Funding Compliance								
11	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)								
11a	Enter the amount from Schedule SB line 39					11a			
12	2 Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA?								
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,								
	If a waiver of the minimum funding standard for a prior year is beir granting the waiver.		Mon	ith	and e	enter th Day	ne date of the letter ruling Year		
If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.									
b	Enter the minimum required contribution for this plan year					12b			

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	Enter the amount contributed by the employer to the plan for this plan year	12c		
d	Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a negative amount)	12d		
е	Will the minimum funding amount reported on line 12d be met by the funding deadline?		Yes	No N/A
Part	VII Plan Terminations and Transfers of Assets			
13a	Has a resolution to terminate the plan been adopted in any plan year?		Yes X No	
	If "Yes," enter the amount of any plan assets that reverted to the employer this year	. 13a		
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the of the PBGC?	control		Yes X No
С	If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) which assets or liabilities were transferred. (See instructions.)	to		
1	3c(1) Name of plan(s):	1 3c(2) E	IN(s)	13c(3) PN(s)
Part	VIII Trust Information (optional)			
	Name of trust	14b ⊤	rust's EIN	

Form 5500-SF

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Short Form Annual Return/Report of Small Employee Benefit Plan

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

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

OMB Nos. 1210-0110 1210-0089

2012

This Form is Open to Public Inspection

P	art I Annual Repor	rt Identification Information							
For	calendar plan year 2012 or	fiscal plan year beginning	01/01/2012	and ending	12/31				
A	This return/report is for:	🕱 a single-employer plan	a multiple-employer pl	an (not multiemployer)) a one-participant plan				
В	This return/report is:	the first return/report	the final return/report						
		an amended return/report	a short plan year retur	n/report (less than 12 m	onths)				
C	Check box if filing under:		DFVC program						
		special extension (enter descript	tion)						
P.	art II Basic Plan Int	formation enter all requested in	formation						
	Name of plan				1b Three	e-digit number			
	Treftz Corporation	n 401(K) Salary Reduction	Plan & Trust		(PN)	1			
						tive date of plan 01/2001			
2 a	Plan sponsor's name and a Treftz Corporation	address; include room or suite number n	(employer, if for a single-	employer plan)		oyer Identification Number 91-1125065			
					2c Sponsor's telephone number (425) 641-6264				
	2655 151st PL NE					ness code (see instructions)			
US	REDMOND	WA 98052			5617	710			
3a	Plan administrator's name	and address X Same as Plan Spon	sor Name 🔲 Same as I	Plan Sponsor Address	3b Admii	nistrator's EIN			
					3c Admi	nistrator'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									
а	Sponsor's name				4c PN				
5a		its at the beginning of the plan year			5a	18			
b	Total number of participan	ts at the end of the plan year			5b	23			
С 	complete this item)	h account balances as of the end of the	***********************		5c	8			
6a		ets during the plan year invested in eligi				X Yes No			
b	Are you claiming a waiver	of the annual examination and report of	of an independent qualifie	d public accountant (IQF	PA)	XYes No			
	under 29 CFR 2520.104-4	6? (See instructions on waiver eligibilit either line 6a or line 6b, the plan car	not use Form 5500-SF	and must instead use I		***************************************			
	it you answered "No" to	either line sa or line sb, the plan cal te or incomplete filing of this return	report will be assessed	unless reasonable car	use is estab	lished.			
Ur SE	der popultion of porium, and	other penalties set forth in the instruct d and signed by an enrolled actuary, as	ions. I declare that I have	examined this return/re	port, includir	ng, if applicable, a Schedule			
3723	1 ()10 10	Diana Sheridan	n.						
						dual signing as plan administrator			
SIGN HERE Signature of employer/plan sponsor Date Enter name of individu						ual 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)			

Par	t III Financial Information	·							
	Plan Assets and Liabilities		(a) Beginning of Year (b) End of Yea			Year	/ear		
	otal plan assets	7a	204,28	5	163,7				3,739
	otal plan liabilities	7b							
	let plan assets (subtract line 7b from line 7a)	7c	204,28	35				16	3,739
	ncome, Expenses, and Transfers for this Plan Year		(a) Amount		(b) Total				
	Contributions received or receivable from:		1 24						
	1) Employers	8a(1)	1,36						
	2) Participants	8a(2)	14,0						
	3) Others (including rollovers)	8a(3)	12,10	12	STATE OF THE STATE				
	Other income (loss)	8b	12,10		20				0 274
	otal income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c			\$0058c	0.0592		4	8,324
d E	o provide benefits)	8d	68,87	70	7 202				
	Certain deemed and/or corrective distributions (see instructions)	8e							
	Administrative service providers (salaries, fees, commissions)	8f							lant Allenda
	Other expenses	8g						Alexandra (
	otal expenses (add lines 8d, 8e, 8f, and 8g)	8h		约 博				6	8,870
	Net income (loss) (subtract line 8h from line 8c)	8i				and or one or other	to to sign to the second section	(40	,546)
j 1	Transfers to (from) the plan (see instructions)	8 <u>j</u>		_	116	S)		180	
W. B. W	t IV Plan Characteristics								
	f the plan provides pension benefits, enter the applicable pension fe	ature code	es from the List of Plan Characte	eristic	Code	s in th	e instruction	ns:	
	2E 2F 2J 2K 3D								
b i	f the plan provides welfare benefits, enter the applicable welfare fea	ture codes	s from the List of Plan Character	istic (Codes	in the	instructions	S:	
	title plan provides words benefite, once the apparent								
Pai	TV Compliance Questions								
10	During the plan year:				Yes	No	Į į	Mour	it
-i-a	Was there a failure to transmit to the plan any participant contribut	ions withir	the time period described in						
	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduc	iary Corre	ction Program)	10a		X			
b	Were there any nonexempt transactions with any party-in-interest on line 10a.)		***************************************	10b		х			40.000
c	Was the plan covered by a fidelity bond?			10c	Х	-			40,000
d	Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?	***********	411000000000000000000000000000000000000	10d		x			<u></u>
е	Were any fees or commisions paid to any brokers, agents, or other	r persons	by an insurance carrier,						
	insurance service or other organization that provides some or all c instructions.)	ne bene	ands under the plant: (Occ	10e		x			
	Has the plan failed to provide any benefit when due under the plan			10f		х			
				100	х				99
g	Did the plan have any participant loans? (If "Yes," enter amount a			10g	<u> </u>	 		12 - A	
h	If this is an individual account plan, was there a blackout period? (2520.101-3.)	***********	***************************************	10h	ļ	х			
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	ne required	d notice or one of the	10i				22.53	
Par	t VI Pension Funding Compliance								
11	2 O ((A)) A structure and complete Schoolule SB (Form								
11a	Enter the amount from Schedule SB line 39		***********************************	*******	******	11a			
12	Yes X No								
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)								
а	If a waiver of the minimum funding standard for a prior year is being ranting the waiver	na amortiz	ed in this plan year, see instruct	ions, nth	and e	nter th	e date of th	e lettei Yea	r ruling r
if.	you completed line 12a, complete lines 3, 9, and 10 of Schedule	MB (For	m 5500), and skip to line 13.					***	
	Enter the minimum required contribution for this plan year				****	12b			
	Effici die minimum required contribution for this plan year.								

	Form 5500-SF 2012	Pag	ge 3-				
	The state of the s	or this plan year			12c		
-c d	Enter the amount contributed by the employer to the plan for Subtract the amount in line 12c from the amount in line 12b negative amount)	. Enter the result (enter a minu	s sign to the	left of a	12d		
e	Will the minimum funding amount reported on line 12d be n	net by the funding deadline?				Yes	□ No □ N/A
Part					Пу	es X N	No.
<u>13a</u>	Has a resolution to terminate the plan been adopted in any If "Yes," enter the amount of any plan assets that reverted to		ppgpezzoot54404074		13a		
b	Were all the plan assets distributed to participants or benef	iciaries, transferred to another					Yes X No
С	If during this plan year, any assets or liabilities were transfe which assets or liabilities were transferred. (See instruction	erred from this plan to another p					
	3c(1) Name of plan(s):			130	(2) EIN((s)	13c(3) PN(s)
Parl	VIII Trust Information (optional)				14h ⊤	rust's EIN	J
14a	Name of trust				וטדו	inata Ell	5