For	m 5500-SF	Short Form Annual Return/Report of Small Employ			/ee OMB Nos. 1210-0110 1210-0089		
Department of the Treasury Internal Revenue Service		Benefit Plan This form is required to be filed under sections 104 and 4065 of the Employe			2012		
	partment of Labor enefits Security Administration	Retirement Income Security Act of 1974 (ERISA), and sections 6057(b) and 6058 the Internal Revenue Code (the Code).					
Pension Be	nefit Guaranty Corporation	Complete all entries in accorda	nce with the instruc	tions to the Form 5500)-SF.	Inspection	
Part I Annual Report Identification Information							
For calenda	ar plan year 2012 or fisca			and ending 1	2/31/2		
A This ret	urn/report is for:	a single-employer plan	multiple-employer pla	an (not multiemployer)		a one-participant plan	
B This ret	urn/report is:	the first return/report the	ne final return/report				
	>	an amended return/report a short plan year return/report (less than 12 months)					
C Check b	box if filing under:	Form 5558 automatic extension DFVC program					
	Γ	special extension (enter description)					
Part II	Basic Plan Inforn	nation—enter all requested informati	on				
1a Name	of plan				1b	Three-digit	
TEMPRESS	TECHNOLOGIES, INC.	401(K) PLAN				plan number	
					10	(PN) ▶ 001	
					1c	Effective date of plan 01/01/2007	
	oonsor's name and addre TECHNOLOGIES, INC.	ess; include room or suite number (em	ployer, if for a single-e	employer plan)	2b	Employer Identification Number (EIN) 91-1789249	
					2c	Sponsor's telephone number 425-251-8120	
18858 72ND KENT, WA 9					2d	Business code (see instructions) 333200	
3a Plan a	dministrator's name and	address XSame as Plan Sponsor Nar	me Same as Plan	Sponsor Address	3b	Administrator's EIN	
				oponioon / dureoo	0.0		
4 If the r	name and/or EIN of the p	lan sponsor has changed since the las	t return/report filed fo	r this plan, enter the	4b	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. a Sponsor's name 					4c PN		
5a Total r	number of participants at	the beginning of the plan year			5a 5		
b Total r	number of participants at	the end of the plan year			5b	7	
C Numbe	er of participants with acc	count balances as of the end of the pla	n year (defined benef	fit plans do not			
C Number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item)						6	
6a Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)						X Yes No	
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.)							
		er line 6a or line 6b, the plan cannot					
-		incomplete filing of this return/repo					
Under pena SB or Sche	alties of perjury and other	r penalties set forth in the instructions, signed by an enrolled actuary, as well	I declare that I have e	examined this return/rep	ort, ir	ncluding, if applicable, a Schedule	
SIGN	Filed with authorized/val	lid electronic signature.					
HERE	Signature of plan adm	ninistrator	Date	Enter name of individual signing as plan administrator			
SIGN							
HERE	Signature of employer/plan sponsor Date Enter name of individu					ning as employer or plan sponsor	
Preparer's		ne, if applicable) and address; include		(optional)		parer's telephone number (optional)	
					-		

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

a Total plan assets 7a 497053 (a) b Total plan liabilities 7b 7c 497053 (a) c Net plan assets (subtract line 7b from line 7a) 7c 497053 (b) Total a Contributions received or receivable from: 7c 497053 (c) (b) Total a Contributions received or receivable from: (a) Amount (b) Total (b) Total a Contributions received or receivable from: 8a(1) 36780 (c) (c) (2) Participants 8a(2) 94089 (c) (c						
b Total plan liabilities 7b 7c 497053 6 8 Income, Expanses, and Transfers for this Plan Year 7c 497053 6 8 Income, Expanses, and Transfers for this Plan Year 8a(1) 367780 (b) Total 10 Emptyses 8a(2) 94069 363(3) 366 2 (2) Participants 8a(2) 94069 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	(b) End of Year					
C Net plan assets (subtract line 7b from line 7a)	00643					
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11 Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form						
11 Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form						
	Yes No					
a Enter the amount from Schedule SB line 39 11a						
12 Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA?						
(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)						
a If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, and enter the date of the letter rulin granting the waiver						
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						

С	Enter the amount contributed by the employer to the plan for this plan year					
d						
е	e Will the minimum funding amount reported on line 12d be met by the funding deadline?				No N/A	
Part	Part VII Plan Terminations and Transfers of Assets					
13a	Has a	a resolution to terminate the plan been adopted in any plan year?	, ,	Yes X No		
	If "Yes," enter the amount of any plan assets that reverted to the employer this year					
b		all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the pBGC?	control		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	13c(1) Name of plan(s): 1		3c(2) EIN(s)		13c(3) PN(s)	
Part	VIII	Trust Information (optional)				

14a Name of trust	14b Trust's EIN