For	rm 5500-SF	Short Form Annual Re		of Small Employ	yee		OMB Nos. 12 12	10-0110 10-0089	
	tment of the Treasury nal Revenue Service						2012		
	Internal Revenue Service This form is required to be filed under sections 104 and 4065 of the Employer Department of Labor Retirement Income Security Act of 1974 (ERISA), and sections 6057(b) and 605 yee Benefits Security Administration the Internal Revenue Code (the Code).							ublic	
Pension Be	enefit Guaranty Corporation	Complete all entries in accordate	nce with the instruc	tions to the Form 550	0-SF.	Ins	pection		
Part I		entification Information		and and in a state	0/04/	204.0			
	ar plan year 2012 or fisca				2/31/2				
	urn/report is for:			an (not multiemployer)		a one-particip	bant plan		
B This ret	urn/report is:		e final return/report						
				/report (less than 12 m	onths)	—			
C Check	box if filing under:		utomatic extension			DFVC progra	im		
		special extension (enter description)							
Part II		nation—enter all requested information	on						
1a Name	of plan 401(K) PLAN				1b	Three-digit plan number			
WOOKE INK	401(K) FLAN					(PN)	001		
					1c	Effective date o	•		
2a Plan s		ess; include room or suite number (emp	ployer, if for a single-	employer plan)	2b	Employer Identi		ıber	
4400 48711					2c	Sponsor's telep		ər	
SEATTLE, V	AVE SOUTH VA 98118				2d	Business code (54180		ions)	
3a Plan a	dministrator's name and	address XSame as Plan Sponsor Nar	ne Same as Plan	Sponsor Address	3b	Administrator's			
				oponicor / duroco	•••		2		
		lan sponsor has changed since the las er from the last return/report.	t return/report filed fo	r this plan, enter the	4b	EIN			
	or's name				4c	PN			
5a Total ı	number of participants at	the beginning of the plan year			5a			3	
b Total i	number of participants at	the end of the plan year			5b			2	
		count balances as of the end of the pla			F -			0	
					5c			2	
		uring the plan year invested in eligible e annual examination and report of an					× Yes	No	
		See instructions on waiver eligibility and					X Yes	No	
lf you	answered "No" to eithe	er line 6a or line 6b, the plan cannot	use Form 5500-SF	and must instead use	Form	5500.			
Caution: A	penalty for the late or	incomplete filing of this return/repor	rt will be assessed ι	unless reasonable cau	se is	established.			
SB or Sche		 penalties set forth in the instructions, signed by an enrolled actuary, as well te. 							
SIGN	Filed with authorized/val	id electronic signature.	09/24/2013	MIKE MOORE					
HERE	Signature of plan adm	ninistrator	Date	Enter name of individu	ual sig	ning as plan adr	ninistrator		
SIGN	Filed with authorized/va	lid electronic signature.	09/24/2013	MIKE MOORE					
HERE	Signature of employe		Date	Enter name of individ	ual sig	ning as employe	r or plan spo	onsor	
Preparer's	name (including firm nan	ne, if applicable) and address; include r	room or suite number	· (optional)	Prep	arer's telephone	number (op	tional)	

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

Part III Financial Information						
7 Plan Assets and Liabilities		(a) Beginning of Yea	ır			(b) End of Year
a Total plan assets	7a	40010				463410
b Total plan liabilities	7b					0
C Net plan assets (subtract line 7b from line 7a)	7c	40010	7			463410
8 Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b) Total
a Contributions received or receivable from:						
(1) Employers	8a(1)	648				
(2) Participants		4500	0			
(3) Others (including rollovers)			-			
b Other income (loss)	8b	6085	6	_		
 C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) d Benefits paid (including direct rollovers and insurance premiums 	8c			_		112336
to provide benefits)	8d	4903	3			
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					49033
i Net income (loss) (subtract line 8h from line 8c)	8i					63303
j Transfers to (from) the plan (see instructions)						
Part IV Plan Characteristics						
 9a If the plan provides pension benefits, enter the applicable pension 2A 2E 2F 2G 2J 3D b If the plan provides welfare benefits, enter the applicable welfare f 						
Part V Compliance Questions 10 During the plan year:				Yes	No	A
10 During the plan year:a Was there a failure to transmit to the plan any participant contribution	utions within th	ne time period described in		Tes	No	Amount
29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fid	luciary Correct	tion Program)	10a		Х	
b Were there any nonexempt transactions with any party-in-interes on line 10a.)			10b		X	
C Was the plan covered by a fidelity bond?			10c	Х		20000
d Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?			10d		x	
e Were any fees or commissions paid to any brokers, agents, or ot insurance service or other organization that provides some or all instructions.)	of the benefits	s under the plan? (See	10e		x	
${f f}$ Has the plan failed to provide any benefit when due under the plan	an?		10f		Х	
g Did the plan have any participant loans? (If "Yes," enter amount a	as of year end	l.)	10g		Х	
h If this is an individual account plan, was there a blackout period? 2520.101-3.)	•		10h		x	
i If 10h was answered "Yes," check the box if you either provided t 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 requiren 5500) and line 11a below)	nents? (If "Yes	s," see instructions and com	plete	Scheo	lule SB	(Form
11a Enter the amount from Schedule SB line 39					11a	
					302 of E	ERISA? 🛛 Yes 🗙 No
12 Is this a defined contribution plan subject to the minimum funding	y requirements				1	· · · · · · · · · · · · · · · · · · ·
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		e.)				
	v, as applicable	in this plan year, see instrue		, and e	enter the Day _	e date of the letter ruling Year
(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e belowa If a waiver of the minimum funding standard for a prior year is being the minimum funding	v, as applicable	in this plan year, see instruc		, and e		•

С	Enter	the amount contributed by the employer to the plan for this plan year	12c		
d		act the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a tive amount)	12d		
е		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		all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the pBGC?	control		Yes X No
С		ing this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) n 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)			

14a Name of trust	14b Trust's EIN

		of Small Employ	ee		OMB Nos. 1210-011 1210-008
					2012
Department of Labor Retirement Income Security Act of 1974 (ERISA), and section 6057(b) and 605 the Internal Revenue Code (the Code).			a) of	This Form is Open to Pub Inspection	
enefil Guaranty Corporation Complete all entries in accordance with the instructions to the Form 5500-SF.					
ification Information				2/21/2012	
	· ····································		<u>، ل</u>		
ingle-employer plan	j · · · ·		Į	a one-partici	pant plan
e first return/report	1				
		rn/report (less than 12 mo	onths) r		
]		Į	_ DEVC progra	3123
ecial extension (enter descriptio	on)				
on enter all requested infor	rmation	<u> </u>	15	Three digit	1
				plan number	
		-	10		001
			ιC	Effective date c 01/01/2005	•
include room or suite number (e	employer, if for a single	e-employer plan)	2b		ification Number
			2c	Sponsor's telep (206) 721-	
			2d		(see instructions)
WA 98118			26		
ress [X] Same as Plan Sponso	or Name [] Same as	Plan Sponsor Address	30	Administrators	CIN
			3c	Administrator's	telephone number
sponsor has changed since the l	last return/report filed f	or this plan, enter the	3c 4b		telephone number
sponsor has changed since the loom the last return/report.	last return/report filed f	or this plan, enter the		EIN	telephone number
om the last return/report.			4b	EIN	telephone number
beginning of the plan year			4b 4c	EIN	
beginning of the plan year end of the plan year it balances as of the end of the p	plan year (defined beno	efit pians do not	4b 4c 5a	EIN	3
om the last return/report. beginning of the plan year end of the plan year It balances as of the end of the p	plan year (defined ben	efit pians do not	4b 4c 5a 5b	EIN	3 2
beginning of the plan year end of the plan year it balances as of the end of the p	plan year (defined ben e assets? (See instruc	efit plans do not	4b 4c 5a 5b 5c	EIN	3 2 2 X Yes No
beginning of the plan year beginning of the plan year end of the plan year at balances as of the end of the p the plan year invested in eligibil nual examination and report of a instructions on waiver eligibility a	plan year (defined ben le assets? (See instruc an independent qualific and conditions.)	efit plans do not tions.) ed public accountant (IQP/	4b 4c 5a 5b 5c A)	EIN PN	3 2 2
om the last return/report. beginning of the plan year end of the plan year it balances as of the end of the p the plan year invested in eligibil nual examination and report of a instructions on waiver eligibility a ne 6a or fine 6b, the plan canne	plan year (defined ben le assets? (See instruc an independent qualific and conditions.) not use Form 5500-SF	efit plans do not tions.) ad public accountant (IQP/ and must instead use F	4b 4c 5a 5b 5c A)	EIN PN 	3 2 2 X Yes No
beginning of the plan year beginning of the plan year end of the plan year at balances as of the end of the p the plan year invested in eligibil nual examination and report of a instructions on waiver eligibility a	plan year (defined ben le assets? (See instruc an independent qualific and conditions.) not use Form 5500-SF eport will be assessed ns. I declare that I have	efit plans do not tions.) ad public accountant (IQP/ and must instead use F d unless reasonable cause e examined this return/rep	4b 4c 5a 5b 5c A) orm 5 se is a ort, in	EIN PN 5500. established. cluding, if applik	3 2 2 X Yes No X Yes No
om the last return/report. beginning of the plan year end of the plan year at balances as of the end of the p the plan year invested in eligibl nual examination and report of a instructions on waiver eligibility a ne 6a or line 6b, the plan canno omplete filing of this return/re natios set forth in the instruction	plan year (defined bendle assets? (See instruction an independent qualific and conditions.)	efit plans do not tions.) ad public accountant (IQP/ and must instead use F d unless reasonable cause e examined this return/rep	4b 4c 5a 5b 5c A) orm 5 se is a ort, in	EIN PN 5500. established. cluding, if applik	3 2 2 X Yes No X Yes No
om the last return/report. beginning of the plan year end of the plan year it balances as of the end of the p the plan year invested in eligibl nual examination and report of a instructions on waiver eligibility a the 6a or line 6b, the plan canno omplete filing of this return/re nalties set forth in the instruction and by an enrolled actuary, as w	plan year (defined bend le assets? (See instruc an independent qualific and conditions.) tot use Form 5500-SF oport will be assessed ns, I declare that I have vell as the electronic ve	efit plans do not tions.) ed public accountant (IQP/ and must instead use Fi d unless reasonable caus e examined this return/report, presion of this return/report,	4b 4c 5a 5b 5c A) orm 5 se is (ort, in and t	EIN PN 500. established. cluding, if applic o the best of my	3 2 2 X Yes No X Yes No
om the last return/report. beginning of the plan year end of the plan year it balances as of the end of the p the plan year invested in eligibl nual examination and report of a instructions on waiver eligibility a ne 6a or line 6b, the plan canno omplete filing of this return/re natios set forth in the instruction	plan year (defined bendle assets? (See instruction an independent qualific and conditions.)	efit plans do not tions.) ad public accountant (IQP/ and must instead use F d unless reasonable cause e examined this return/rep	4b 4c 5a 5b 5c A) orm 5 se is (ort, in and t	EIN PN 500. established. cluding, if applic o the best of my	3 2 2 X Yes No X Yes No
om the last return/report. beginning of the plan year end of the plan year it balances as of the end of the p nual examination and report of a instructions on waiver eligibility a ne 6a or line 6b, the plan canno omplete filing of this return/re nalties set orth in the instruction red by an enrolled actuary, as w	plan year (defined benomeration of the plan year (defined benomeration of the pendent qualifies and conditions.)	efit plans do not tions.) and must instead use Fi d unless reasonable cause e examined this return/report, Enter name of individual	4b 4c 5a 5b 5c A) orm 5 se is , ort, in and t	EIN PN S500. established. cluding, if applic o the best of my ng as plan admi	3 2 2 X Yes No X Yes No cable, a Schedule knowledge and nistrator
om the last return/report. beginning of the plan year end of the plan year it balances as of the end of the p the plan year invested in eligibl nual examination and report of a instructions on waiver eligibility a the 6a or line 6b, the plan came omplete filing of this return/re nalties set forth in the instruction red by an enrolled actuary, as w	plan year (defined benomination of the plan year) of the plan year of the p	efit plans do not tions.) ad public accountant (IQP) and must instead use Fi d unless reasonable cause e examined this return/report, Enter name of individual Enter name of individual	4b 4c 5a 5b 5c A) orm 5 se is ort, in and t	EIN PN S500. Established. cluding, if applic o the best of my ng as plan admi ng as employer	3 2 2 X Yes No X Yes No Sable, a Schedule knowledge and nistrator
om the last return/report. beginning of the plan year end of the plan year it balances as of the end of the p nual examination and report of a instructions on waiver eligibility a ne 6a or line 6b, the plan canno omplete filing of this return/re nalties set orth in the instruction red by an enrolled actuary, as w	plan year (defined benomination of the plan year) of the plan year of the p	efit plans do not tions.) ad public accountant (IQP) and must instead use Fi d unless reasonable cause e examined this return/report, Enter name of individual Enter name of individual	4b 4c 5a 5b 5c A) orm 5 se is ort, in and t	EIN PN S500. Established. cluding, if applic o the best of my ng as plan admi ng as employer	3 2 2 X Yes No X Yes No cable, a Schedule knowledge and nistrator
om the last return/report. beginning of the plan year end of the plan year it balances as of the end of the p the plan year invested in eligibl nual examination and report of a instructions on waiver eligibility a the 6a or line 6b, the plan came omplete filing of this return/re nalties set forth in the instruction red by an enrolled actuary, as w	plan year (defined benomination of the plan year) of the plan year of the p	efit plans do not tions.) ad public accountant (IQP) and must instead use Fi d unless reasonable cause e examined this return/report, Enter name of individual Enter name of individual	4b 4c 5a 5b 5c A) orm 5 se is ort, in and t	EIN PN S500. Established. cluding, if applic o the best of my ng as plan admi ng as employer	3 2 2 X Yes No X Yes No Sable, a Schedule (knowledge and nistrator
	This form is required to be file etirement Income Security Act the Interr Complete all entries in accor ification Information hyear beginning ingle-employer plan e first return/report amended return/report amended return/report crm 5558 ecial extension (enter description on enter all requested information on enter all requested information include room or suite number (mage 1)	Benefit Plan This form is required to be filed under sections 104 a setirement income Security Act of 1974 (ERISA), and supervised the Internal Revenue Code (the Complete all entries in accordance with the instruction in year beginning 01/01/2012 Ification Information hyear beginning 01/01/2012 ingle-employer plan a multiple-employer provide the final return/report amended return/report a short plan year returner so so a short plan year so a short plan year returner so so a short plan year returner so so a short plan year so a short p	Benefit Plan This form is required to be filed under sections 104 and 4065 of the Emolovee etirement Income Security Act of 1974 (ERISA), and section 6057(b) and 6058(the Internal Revenue Code (the Code). Complete all entries in accordance with the instructions to the Form 5500 ification Information in year beginning 01/01/2012 and ending ingle-employer plan a multiple-employer plan (not multiemployer) e first return/report a short plan year return/report (less than 12 monostic extension) on enter all requested information on enter all requested information	This form is required to be filed under sections 104 and 4065 of the Employee etirement 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. ification Information a year beginning 01/01/2012 and ending 12 ingle-employer plan a multiple-employer plan (not multiemployer) e first return/report the final return/report amended return/report a short plan year return/report (less than 12 months) rm 5558 automatic extension cial extension (enter description) 1b On enter all requested information 2b wx 98118 2c	Benefit Plan This form is required to be filed under sections 104 and 4065 of the Employee etirement 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. Complete all entries in accordance with the instructions to the Form 5500-SF. ification Information In year beginning 01/01/2012 and ending 12/31/2012 single-employer plan a multiple-employer plan (not multiemployer) a nee-particl e first return/report a short plan year return/report (less than 12 months) arrn 5558 automatic extension DFVC prograted ecial extension (enter description) 0 on enter all requested information 1b Three-digit plan number (PN) b Inc Effective date control (EIN) 20-09 2c Sponsor's teled (206) 721- way 98118 way 98118

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Part III Financial Information				+			
7 Plan Assets and Liabilities		(a) Beginning of Year				(b) End of	Year
a Totai plan assets	7a	400,10)7	ļ			463,410
b Total plan liabilities	7b			ļ			0
C Net plan assets (subtract line 7b from line 7a)			7	ļ		463,410	
8 Income, Expenses, and Transfers for this Plan Year		(a) Amount		ļ		(b) To	tal
a Contributions received or receivable from:	8 a(1)	6,48	30				
(1) Employers	8a(2)	45,00					
(2) Participants	8a(3)			<u>†</u>			
(3) Others (including rollovers)	8b	60,85	56	<u>†</u>			
b Other income (loss)	8c	00,00		<u> </u>			112,336
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	49,03	33				
e Certain deemed and/or corrective distributions (see instructions)	8e			1			
f Administrative service providers (salaries, fees, commissions)	8f						
g Cther expenses	8g						
h Total expenses (add lines 8d, 8e, 8f, and 8g)	8h						49,033
i Net income (loss) (subtract line 8h from line 8c)	8 i						63,303
1 Transfers to (from) the plan (see instructions)	8)						
Part IV Plan Characteristics							
b If the plan provides welfare benefits, enter the applicable welfare fea	ature codes	from the List of Plan Character	istic (Codes	in the	instruction	5.
Part V Compliance Questions			,		 1		
10 During the plan year:			·	Yes	No	4	mount
a Was there a failure to transmit to the plan any participant contribut 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduc	ciary Correc	tion Program)	10a		x		
b Were there any nonexempt transactions with any party-in-interest on line 10a.)	? (Do not in	clude transactions reported	10b		x		
C Was the plan covered by a fidelity bond?			10c	x			20,000
d Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?			10d		x	·····	
e Were any fees or commisions paid to any brokers, agents or other insurance service or other organization that provides some or all or instructions.)	of the benefi	its under the plan? (See	10e		x		
f Has the plan failed to provide any benefit when due under the plan	n?		10f		x		
g Did the plan have any participant loans? (If "Yes," enter amount a	s of year er	id.)	10g		x		
 h If this is an individual account plan, was there a blackout period? (2520.101-3.) 	See instruc	tions and 29 CFR	10h		x		
If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.101	ne required	notice or one of the	10i				
Part VI Pension Funding Compliance							
11 Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)	ents? (If "Y	es," see instructions and comp	lete S	chedi	ule SB	Form	Yes 🗴 No
11a Enter the amount from Schedule SB line 39					11a		
12 Is this a defined contribution plan subject to the minimum funding	requiremen	ts of section 412 of the Code o		ion 30)2 of EF	RISA?	Yes 🗶 No
 (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, a If a waiver of the minimum funding standard for a prior year is being ranking the waiver 	ng amorfize	d in this plan year, see instructi	ions, a nth	and ei	nter the Day	date of the	e letter ruling Year
If you completed line 12a, complete lines 3, 9, and 10 of Schedule							
b Enter the minimum required contribution for this plan year					12b		

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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 s negative amount)	sign to the left of a	12d	
 Will the minimum funding amount reported on line 12d be met by the funding deadline? 		🔲 Ye	s 🗌 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?		<u> </u>	X No
If "Ves." option 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 of the PBGC?			Yes X Na
C If during this plan year, any assets or liabilities were transferred from this plan to another plan which assets or liabilities were transferred. (See instructions.)	n(s), identify the plan(s) to		
13c(1) Name of plan(s)	130	(2) EIN(s)	13c(3) PN(s)
Part VIII Trust Information (optional)			

14a Name of trust	14b Trust's EIN