Form 5500-SF		m 5500-SF	Short Form Annual Re	/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 Employee				2	2012		
Department of Labor Employee Benefits Security Administration			Retirement Income Security Act of 1974 (ERISA), and sections 6057(b) and 6058 the Internal Revenue Code (the Code).			8(a) of This Form is Op Inspect		•		-
Complete all entries in accordance with the instructions to the Form 5500-SF.										
For ca		Annual Report Id Ir plan year 2012 or fisca	entification Information Il plan year beginning 01/01/2012		and ending 1	2/31/2	2012			
-						2/31/1				
		urn/report is for:			an (not multiemployer)		a one-particip	bant pla	in	
B This return/report is: the first return/report the final return/report the final return/report the final return/report the final return/report (less than 12 months)										
-		L			/report (less than 12 mo					
C Cł	heck b	ox if filing under:		automatic extension			DFVC progra	Im		
			special extension (enter description							
Par			nation—enter all requested informat	ion		46				
		of plan /AREHOUSING, INC. 40				10	Three-digit plan number			
		AILEH0001100, 1100. 40					(PN)	C	001	
						1c	Effective date o	f plan		
							01/01	/2006		
		onsor's name and addre /AREHOUSING, INC.	ess; include room or suite number (em	ployer, if for a single-e	employer plan)	2b	Employer Identi (EIN) 91-18	fication 74515	Number	
600 SE	E ASSI	EMBLY AVENUE				2c	Sponsor's telephone number 360-694-4084			
SUITE	185	R, WA 98661				2d	Business code (see instructions) 493100			
3a P	Plan ac	Iministrator's name and	address 🛛 Same as Plan Sponsor Na	me Same as Plan	Sponsor Address	3b	Administrator's EIN			
			—	—		3c				
_										
4 If	f the n name.	ame and/or EIN of the p EIN, and the plan numb	lan sponsor has changed since the last er from the last return/report.	st return/report filed fo	r this plan, enter the	4b	EIN			
		pr's name				4c	PN			
5a ⊺	Total n	umber of participants at	the beginning of the plan year			5a	ja 10)2
b T	Total n	umber of participants at	the end of the plan year			5b			ę	96
			count balances as of the end of the pla			_				
						5c				96
			uring the plan year invested in eligible					X	Yes No	0
			e annual examination and report of ar See instructions on waiver eligibility ar					×	Yes 🗌 No	0
			er line 6a or line 6b, the plan canno							
			incomplete filing of this return/repo							
SB or	Śche		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	PAMELA CALCAGNO					
HERE	Ξ [Signature of plan adm	ninistrator	Date	Enter name of individu	ual sig	gning as plan adr	ninistra	tor	
SIGN		Filed with authorized/va	id electronic signature.	09/24/2013	PAMELA CALCAGNO					
HERE	= [Signature of employe	r/plan sponsor	Date	Enter name of individu	ual sig	gning as employe	r or pla	n sponsor	
Preparer's name (including firm name, if applicable) and address; include room or suite number (optio							parer's telephone			

Part III Financial Information								
7 Plan Assets and Liabilities	(a) Beginning of Year		r			(b) End of Year		
a Total plan assets	7a	176755	1767556			2054572		
b Total plan liabilities	7b	537	5377					
C Net plan assets (subtract line 7b from line 7a)	7c	176217	1762179			2054572		
8 Income, Expenses, and Transfers for this Plan Year		(a) Amount			(b) Total			
a Contributions received or receivable from:	a (1)	10047	-					
(1) Employers	8a(1)	16217		-				
(2) Participants	8a(2)	7793	2	_				
(3) Others (including rollovers)	8a(3)	10550	_					
b Other income (loss)	8b	19556	/	-				
 C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) d Benefits paid (including direct rollovers and insurance premiums 	8c			_		435676		
to provide benefits)	8d	14328	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					143283		
i Net income (loss) (subtract line 8h from line 8c)	8i					292393		
j Transfers to (from) the plan (see instructions)	8j							
Part IV Plan Characteristics								
Part V Compliance Questions					[
10 During the plan year:				Yes	No	Amount		
a Was there a failure to transmit to the plan any participant contribut 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu	ciary Correct	tion Program)	10a		х			
b Were there any nonexempt transactions with any party-in-interest on line 10a.)			10b		x			
C Was the plan covered by a fidelity bond?			10c	Х		100000		
d Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?			10d		Х			
e Were any fees or commissions paid to any brokers, agents, or oth insurance service or other organization that provides some or all o instructions.)	of the benefits	s under the plan? (See	10e		Х			
${f f}$ Has the plan failed to provide any benefit when due under the plan	n?		10f		Х			
g Did the plan have any participant loans? (If "Yes," enter amount a	s of year end	.)	10q		Х			
h If this is an individual account plan, was there a blackout period? (2520.101-3.)	•		10h		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			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 "Yes	s," see instructions and com	plete	Scheo	lule SE	3 (Form		
11a Enter the amount from Schedule SB line 39					11a			
12 Is this a defined contribution plan subject to the minimum funding	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,								
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 ruling granting the waiver								
If you completed line 12a, complete lines 3, 9, and 10 of Schedule	e MB (Form	5500), and skip to line $\overline{13}$.						
······································								

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	e Will the minimum funding amount reported on line 12d be met by the funding deadline?							
Part	t 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 13a							
b	b Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?							
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	3c(2) E	IN(s)	13c(3) PN(s)			
Part	VIII	Trust Information (optional)						

14a Name of trust	14b Trust's EIN

Form 5500-SF	Short Form Annual Ret	ee	OMB Nos. 1210-0110 1210-0089						
Department of the Treasury Internal Revenue Service	Be This form is required to be filed u			2012					
Department of Labor	Retirement Income Security Act of 1	3(a) of		is Open to Public					
Employee Benefits Security Administration Pension Benefit Guaranty Corporation		Revenue Code (the		. CE	In	nspection			
	Complete all entries in accorda dentification Information	nce with the instru	ctions to the Form 5500	-31.					
For calendar plan year 2012 or fisca	al plan year beginning	01/01/2012	and ending	12	2/31/2012				
		multiple-employer p	ple-employer plan (not multiemployer) a one-participant plan						
B This return/report is:		e final return/report							
		short plan year retu	m/report (less than 12 m	onths)					
C Check box if filing under:		utomatic extension				Im			
	special extension (enter description)								
Dert III Decis Dian Infor	mation enter all requested inform.	ation							
Part II Basic Plan Infor 1a Name of plan	mation - enter an requested inform	ation		1b	Three-digit				
Vanport Warehousing,	I_{PQ} (01(k) Plan				plan number (PN) ►	001			
vanport warehousing,	111C. 401(K) FIAN			1c	Effective date o				
					01/01/2006				
2a Plan sponsor's name and add Vanport Warehousing,	ress; include room or suite number (em , Inc.	ployer, if for a single	-employer plan)	2b Employer Identification Number (EIN) 91-1874515					
600 Southeast Assemb				2c	hone number 4084				
600 Southeast Assemt	TA VALUE			2d	Business code 493100	(see instructions)			
US Vancouver	WA 98661								
3a Plan administrator's name and	address X Same as Plan Sponsor I	Name 🔄 Same as I	Plan Sponsor Address	3b Administrator's EIN					
	3C Administrator's telephone number								
A lifthe name and/or EIN of the	plan sponsor has changed since the las	t return/report filed f	or this plan, enter the	4b	FIN				
4 If the name and/or EIN of the name, EIN, and the plan number	ber from the last return/report.	at returnineport med in	or this plan, criter the						
a Sponsor's name				4c	PN				
	t the beginning of the plan year			. 5a 102					
	t the end of the plan year			5b	_	96			
	ccount balances as of the end of the pla			5c		96			
	luring the plan year invested in eligible a					XYes No			
	he annual examination and report of an		d public accountant (IQP	A)					
	(See instructions on waiver eligibility and				****	X Yes No			
	ner line 6a or line 6b, the plan cannot								
	or incomplete filing of this return/repo er penalties set forth in the instructions,					able a Sabadula			
SB or Schedule MB completed an belief, it is true, correct, and comp	d signed by an enrolled actuary, as well	as the electronic ve	rsion of this return/report	, and t	o the best of my	knowledge and			
SIGN Pamelal	SIGN Pamela Q Calcano 9-24-2013 Pamela J Calcad								
HERE Signature of plan admin	dual signing as plan administrator								
Danlad	lcaqno								
SIGN FILMULA Q HERE Signature of employer/	al signing as employer or plan sponsor								
HERE Signature of employer/plan sponsor Date Enter name of individual Preparer's name (including firm name, if applicable) and address; include room or suite number (optional)					arer's telephone	number (optional)			
				Salar and					
For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500-SF. Form 5500-SF (2012)									

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v.120126

Plan Assets and Liabilities Fotal plan assets Fotal plan assets Fotal plan assets (subtract line 7b from line 7a) Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from: 1) Employers 2) Participants 3) Others (including rollovers) Deter income (loss) Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) Benefits paid (including direct rollovers and insurance premiums to provide benefits) Certain deemed and/or corrective distributions (see instructions) Other expenses Total expenses (add lines 8d, 8e, 8f, and 8g) Net income (loss) (subtract line 8h from line 8c)	7a 7b 7c 8a(1) 8a(2) 8a(3) 8b 8c 8d 8c 8d 8e 8f	(a) Beginning of Year 1,767,55 5,37 1,762,17 (a) Amount 162,17 77,93 195,56 143,28	56 77 79 77 32 57			(b) To	2,054,572 2,054,572 tal			
Total plan liabilities	7b 7c 8a(1) 8a(2) 8a(3) 8b 8c 8d 8d	5,37 1,762,17 (a) Amount 162,17 77,93 195,56	77 79 77 32			(b) To	2,054,572 tal			
Net plan assets (subtract line 7b from line 7a) ncome, Expenses, and Transfers for this Plan Year Contributions received or receivable from: 1) Employers 2) Participants 3) Others (including rollovers) Other income (loss) Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) Benefits paid (including direct rollovers and insurance premiums to provide benefits) Certain deemed and/or corrective distributions (see instructions) Administrative service providers (salaries, fees, commissions) Other expenses Total expenses (add lines 8d, 8e, 8f, and 8g)	7c 8a(1) 8a(2) 8a(3) 8a(3) 8b 8c 8d 8e	1,762,17 (a) Amount 162,17 77,93 195,56	79 77 32 57			(b) To	ital			
ncome, Expenses, and Transfers for this Plan Year Contributions received or receivable from: 1) Employers 2) Participants 3) Others (including rollovers) Other income (loss) Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) Benefits paid (including direct rollovers and insurance premiums to provide benefits) Certain deemed and/or corrective distributions (see instructions) Administrative service providers (salaries, fees, commissions) Other expenses Total expenses (add lines 8d, 8e, 8f, and 8g)	8a(1) 8a(2) 8a(3) 8a(3) 8b 8c 8c 8d 8d 8e	(a) Amount 162,17 77,93 195,56	7 32 57			(b) To	ital			
Contributions received or receivable from: 1) Employers 2) Participants 3) Others (including rollovers) Other income (loss) Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) Benefits paid (including direct rollovers and insurance premiums to provide benefits) Certain deemed and/or corrective distributions (see instructions) Administrative service providers (salaries, fees, commissions) Other expenses Total expenses (add lines 8d, 8e, 8f, and 8g)	8a(1) 8a(2) 8a(3) 8b 8c 8d 8d 8d	162,17 77,93 195,56	32 57							
1) Employers	8a(2) 8a(3) 8b 8c 8d 8e	77,93 195,56	32 57							
Certain deemed and/or corrective distributions (see instructions) Cother expenses Cother expenses (add lines 8d, 8e, 8f, and 8g)	8a(3) 8b 8c 8d 8e	195,56	57		anta part da ta					
Other income (loss)	8b 8c 8d 8e	an a					Start of the second second			
Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) Benefits paid (including direct rollovers and insurance premiums to provide benefits) Certain deemed and/or corrective distributions (see instructions) Administrative service providers (salaries, fees, commissions) Other expenses Total expenses (add lines 8d, 8e, 8f, and 8g)	8c 50 8d 8e	an a		53	Arr Carthe	a an an an Alban an Alban an Alban an Anna an Alban an A Alban an Alban an Alb				
Benefits paid (including direct rollovers and insurance premiums to provide benefits) Benefits provide benefits) Certain deemed and/or corrective distributions (see instructions) Administrative service providers (salaries, fees, commissions) Other expenses Total expenses (add lines 8d, 8e, 8f, and 8g)	8d 8e				2. C.N. V.					
to provide benefits)	8e	143,28					435,676			
Certain deemed and/or corrective distributions (see instructions) Administrative service providers (salaries, fees, commissions) Other expenses Total expenses (add lines 8d, 8e, 8f, and 8g)	8e	140,20	22			형상과 고망				
Administrative service providers (salaries, fees, commissions) Other expenses Total expenses (add lines 8d, 8e, 8f, and 8g)				1. (1.3). 1947 X			and the second strategy and the			
Other expenses Total expenses (add lines 8d, 8e, 8f, and 8g)	81					and the second				
Total expenses (add lines 8d, 8e, 8f, and 8g)				+						
	8g	1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 -	in co	461	- 200 G -		142 002			
Not income (loss) (subtract line 8h from line 8c)	8h						143,283			
vet acome (1055) (sublider and on normalie oc)	8i		(Clip P)				292,393			
Transfers to (from) the plan (see instructions)	<u> 8j </u>			an an an	100					
rt IV Plan Characteristics If the plan provides pension benefits, enter the applicable pension fea										
rt V Compliance Questions							•••••••			
During the plan year:				Yes	No	ļ	Amount			
Was there a failure to transmit to the plan any participant contribution 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiducian)	ons within th ary Correctic	e time period described in on Program)	10a		x					
Were there any nonexempt transactions with any party-in-interest? on line 10a.)	(Do not inclu	ude transactions reported	10b		x					
Was the plan covered by a fidelity bond?			10c	х			100,000			
Did the plan have a loss, whether or not reimbursed by the plan's fi or dishonesty?			10d	<u> </u>	x					
Were any fees or commisions paid to any brokers, agents, or other insurance service or other organization that provides some or all of instructions.)	the benefits	under the plan? (See	10e		x					
			10f		x					
Has the plan failed to provide any benefit when due under the plan										
Did the plan have any participant loans? (If "Yes," enter amount as			10g		x	Cr. Barre	and the second			
If this is an individual account plan, was there a blackout period? (\$2520.101-3.)		***************************************	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-	e required no	otice or one of the	10i							
rt VI Pension Funding Compliance										
11 Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form 5500) and line 11a below) Yes X							Yes X No			
a Enter the amount from Schedule SB line 39	*********				11a					
Is this a defined contribution plan subject to the minimum funding re-			r sect	ion 30	2 of E	RISA?	Yes X No			
(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,					Τ					
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 ruling granting the waiver Year										
you completed line 12a, complete lines 3, 9, and 10 of Schedule										

Form 5500-SF 2012

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Page 3-

с	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							
13a	Has a resolution to terminate the plan been adopted in any plan year?	□ Y	0				
	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 co	introl	[Yes X No			
c	If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)			• · · · · · · · · · · · · · · · · · · ·			
		(2) EIN	(s)	13c(3) PN(s)			
•							
Part VIII Trust Information (optional)							
14a	Name of trust	14b ⊺					