## 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).

1210-0089

OMB Nos. 1210-0110

2012

This Form is Open to Public Inspection

Р	ension Be	nefit Guaranty Corporation	▶ Complete all entries in acc	ordance	with the instruc	tions to the Form 550	0-SF.			
Pa	art I	Annual Report I	dentification Information							
For	calenda	ar plan year 2012 or fisc	cal plan year beginning 01/01/20	012		and ending	12/31/2	2012		
		diffreport is for.	a single-employer plan			an (not multiemployer)		a one-particip	oant plan	
В	This ret	urn/report is:	the first return/report	the fir	nal return/report					
			an amended return/report	a sho	t plan year return	/report (less than 12 m	onths)	)		
C	Check b	oox if filing under:	X Form 5558	auton	natic extension			DFVC progra	am	
			special extension (enter descrip	otion)				_		
Pa	art II	Basic Plan Infor	rmation—enter all requested infor	rmation						
	Name		mation enter an requested into	mation			1b	Three-digit		
			PROFIT SHARING PLAN					plan number		
								(PN) <b>▶</b>	001	
							1c	Effective date o	f plan	
								01/01	/1998	
2a M. S	Plan sp	consor's name and add OSTLER, P.S.	dress; include room or suite number	(employ	er, if for a single-e	employer plan)	2b	Employer Identi (EIN) 91-17	fication Number 91089	
							2c	Sponsor's telep		
		N AVENUE WA 99352					0-1	509-943		
KIOI	illaid,	WA 33332					<b>2</b> a	Business code (62121	(see instructions)	
3a	Plan ad	dministrator's name and	d address XSame as Plan Sponso	r Name	Same as Plan	Sponsor Address	3b	Administrator's		
							20	A desiral atresta da d		
							30	Administrators	telephone number	
4	If the n	name and/or FIN of the	plan sponsor has changed since th	ne last ret	urn/report filed fo	r this plan enter the	4h	EIN		
•			nber from the last return/report.	ic last ret	ampreport mea to	i tilis piari, criter tile	40	CIIN		
а		or's name	·				4c	PN		
5a	Total r	number of participants a	at the beginning of the plan year				5a		15	
b	Total r	number of participants a	at the end of the plan year				5b		16	
С	Numbe	er of participants with a	account balances as of the end of th	e plan ye	ear (defined benef	fit plans do not				
							5c		13	
		•	during the plan year invested in elig	-	•	•			X Yes   No	
b			the annual examination and report of (See instructions on waiver eligibility)						X Yes No	
			ther line 6a or line 6b, the plan ca	-						
Car										
			or incomplete filing of this return/interpenalties set forth in the instruction						able a Schodule	
SB	or Sche		d signed by an enrolled actuary, as							
SIG	N	Filed with authorized/v	valid electronic signature.	10	0/08/2013	M. SCOTT OSTLER				
HEF						ual cic	ning as plan adn	ministrator		
CIC		Signature of plan au	illilistrator		ale	Litter flame of findivid	of individual signing as plan administr			
SIG		Clamations of american	·or/olon one near		oto	Enternance of health and	ual a'	maina on assalassa	w or plop or areas	
		Signature of employ	<pre>yer/plan sponsor ame, if applicable) and address; incl</pre>		ate n or suite number	Enter name of individ			number (optional)	
116	paiei s i	name (including initi tia	ano, n applicable, and address, incl	idu <del>e</del> 1001	ii or suite mumber	(οριιστιαι)	l i iet	Jaiei s telepilolle	number (optional)	

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D-	4 III Financial Information										
Pa -	rt III   Financial Information										
	Plan Assets and Liabilities	Assets and Liabilities (a) Beginning of Ye				(b) End of Year					
<u>a</u>	Total plan assets							(	90240	1	
<u> </u>	Total plan liabilities	. 7b			_						
<u> </u>	Net plan assets (subtract line 7b from line 7a)	7c	73885	2	902401						
_8_	Income, Expenses, and Transfers for this Plan Year		(a) Amount			(b) T	otal				
а	Contributions received or receivable from: (1) Employers	8a(1)	1668	5							
	(2) Participants	8a(2)	4261								
	(3) Others (including rollovers)	8a(3)		0							
	Other income (loss)	8b		114342							
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c	11404						72626	,	
<del>d</del>	Benefits paid (including direct rollovers and insurance premiums	00							73638	)	
	to provide benefits)	. 8d		0							
е	Certain deemed and/or corrective distributions (see instructions)	8e		0							
f	Administrative service providers (salaries, fees, commissions)	8f	1008	9							
g	Other expenses	8g									
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							1008	9	
ī	Net income (loss) (subtract line 8h from line 8c)	8i							16354	9	
j	Transfers to (from) the plan (see instructions)	8j									
Pa	t IV Plan Characteristics	, oj									
	If the plan provides pension benefits, enter the applicable pension	feature co	des from the List of Plan Char	acteris	tic Co	odes in	the instruc	tions	:		
	2E 2F 2J 2K 3D 2R		( )								
b	If the plan provides welfare benefits, enter the applicable welfare fe	eature cod	es from the List of Plan Chara	cteristi	c Coc	des in t	ne instructi	ons:			
Dar	Part V Compliance Questions										
10	During the plan year:			Ī	Yes	No		Amo	nt		
a		tions within	n the time period described in			1.0		AIII	Junt		
	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu			10a	X					186	392
b	Were there any nonexempt transactions with any party-in-interest on line 10a.)	•		10b		Х					
С				10c		X					
d				10d		X					
	or dishonesty?  Were any fees or commissions paid to any brokers, agents, or oth			100							
·	insurance service or other organization that provides some or all of										
	instructions.)			10e		X					
f	Has the plan failed to provide any benefit when due under the plan	n?		10f		X					
9	Did the plan have any participant loans? (If "Yes," enter amount a	s of year e	end.)	10g	Χ					173	360
h		•				Х					
	2520.101-3.)			10h							
-	exceptions to providing the notice applied under 29 CFR 2520.10			10i		X					
Par	VI Pension Funding Compliance										
11	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)							П	Yes	X	No
11a	Enter the amount from Schedule SB line 39					11a					
12	Is this a defined contribution plan subject to the minimum funding			or se	ction		ERISA?		Yes	X	No
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,			2. 00	,	22201					
	f 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										
a		-			and	_	ie date of t				
	granting the waiver.		Mon		and (	Day		Yea			
If		e MB (For	Mon m 5500), and skip to line 13.	th		_					

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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 <b>3c(2)</b> E	IN(s)	<b>13c(3)</b> PN(s)
Part	VIII Trust Information (optional)			
	Name of trust	<b>14b</b> ⊤	rust's EIN	

## 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

: Identification Information	<u> </u>					
iscal plan year beginning 01/01	1/2012	and ending 1	12/31/2012			
X a single-employer plan	a multiple-employer pl	an (not multiemployer)	a one-par	ticipant plan		
the first return/report	the final return/report					
an amended return/report	a short plan year return	report (less than 12 mo	onths)			
X Form 5558	automatic extension			gram		
special extension (enter desc	cription)			A SAME OF THE SAME		
ormation—enter an requested in	iomation		1b Three-digit			
it Sharing Plan			plan number	001		
			1c Effective dat 01/0	e of plan 01/1998		
ddress; include room or suite numb	er (employer, if for a single-	employer plan)		entification Number 1791089		
			2c Sponsor's te	elephone number 943-2505		
			2d Business cod	ness code (see instructions) 621210		
and address XSame as Plan Spon	sor Name Same as Plan	Sponsor Address	3b Administrato			
			3c Administrato	r's telephone number		
o plan spensor has changed singe	the last return/report filed for	or this plan, enter the	Ah EIN			
imber from the last return/report.	the last return/report liled to	i tilis piali, enter the	2-1 100,000			
			4c PN			
s at the beginning of the plan year.			5a	15		
1. 0.40			5b	16		
			5c	13		
				X Yes No		
				X Yes ∏ No		
				M 100   110		
ther penalties set forth in the instru-	ctions, I declare that I have	examined this return/rep	oort, including, if ap	plicable, a Schedule my knowledge and		
	9/25/13	M. Scott Ostler				
administrator	Date	Enter name of individu	ual signing as plan	administrator		
oyer/plan sponsor						
name, if applicable) and address; if	nclude room or suite numbei	r (optional)	Preparer's telepho	one number (optional)		
	iscal plan year beginning 01/0    X   a single-employer plan     the first return/report     an amended return/report     X   Form 5558     special extension (enter descondant of the plan year invested in the annual examination and report of the annual examination of the plan or incomplete filing of this return there penalties set forth in the instruction of the plan or incomplete filing of this return there penalties set forth in the instruction of the plan or incomplete filing of this return there penalties set forth in the instruction of the plan or incomplete filing of this return there penalties set forth in the instruction of the plan or incomplete filing of this return there penalties set forth in the instruction of the plan or incomplete filing of this return there penalties set forth in the instruction of the plan or incomplete filing of this return there penalties set forth in the instruction of the plan or incomplete filing of this return there penalties set forth in the instruction of the plan or incomplete filing of this return there penalties set forth in the instruction of the plan of the plan or incomplete filing of this return the penalties set forth in the instruction of the plan	a single-employer plan	Seat plan year beginning	Scal plan year beginning   01/01/2012   and ending   12/31/2012   a single-employer plan   a nueltiple-employer plan (not multiemployer)   a one-par   the first return/report   the first return/report   a short plan year return/report (less than 12 months)   Form 5558   automatic extension   DFVC processes		

Pai	t III Financial Information						
7	Plan Assets and Liabilities		(a) Beginning of Yea	ır			(b) End of Year
а	Total plan assets	7a	73885	2			902401
b	Total plan liabilities	7b					
С	Net plan assets (subtract line 7b from line 7a)	7c	73885	2			902401
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b) Total
а	Contributions received or receivable from:	2 (1)	1000				
	(1) Employers	8a(1)	1668				
	(2) Participants	8a(2) 8a(3)	4261		+		
	(3) Others (including rollovers)	8b	V20121111111111111111111111111111111111	0			
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c	11434	2	90		470000
-	Benefits paid (including direct rollovers and insurance premiums	00					173638
	to provide benefits)	8d		0			
e	Certain deemed and/or corrective distributions (see instructions)	8e		0			
f	Administrative service providers (salaries, fees, commissions)	8f	1008	9			
g	Other expenses	8g					
<u>h</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h					10089
i_	Net income (loss) (subtract line 8h from line 8c)	8i					163549
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	feature code	s from the List of Plan Chara	acteris	stic Co	des in t	he instructions:
	2E 2F 2J 2K 3D 2R		form the Link of Dies Observ	_4! _4!	:- 0	! 11-	
b	If the plan provides welfare benefits, enter the applicable welfare fe	eature codes	from the List of Plan Charac	cterist	ic Coa	es in the	e instructions:
Par	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	Х		6000.0000.000
b	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu	ciary Correct (Do not inc	tion Program)	10a		X	18692
	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu Were there any nonexempt transactions with any party-in-interest on line 10a.)	ciary Correct? (Do not inc	tion Program)lude transactions reported	10b			6000.0000.000
b	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduliary Were there any nonexempt transactions with any party-in-interest on line 10a.)  Was the plan covered by a fidelity bond?  Did the plan have a loss, whether or not reimbursed by the plan's	ciary Correct (Do not inc	tion Program)	10b 10c		X X	6000.0000.000
c d	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu Were there any nonexempt transactions with any party-in-interest on line 10a.)  Was the plan covered by a fidelity bond?  Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?	ciary Correct (Do not inc	tion Program)lude transactions reported	10b		X	6000.0000.000
b	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu Were there any nonexempt transactions with any party-in-interest on line 10a.)	giciary Correct (Do not incomplete fidelity bond incomplete persons but the benefit	tion Program)	10b 10c		X X	6000.0000.000
c d	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduliary	fidelity bond	tion Program)	10b 10c 10d		x x	6000.0000.000
c d	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidulian Were there any nonexempt transactions with any party-in-interest on line 10a.)	fidelity bond fire persons both the benefit	tion Program)	10b 10c 10d 10e 10f	X	x x x	18692
c d e f g	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidulian Were there any nonexempt transactions with any party-in-interest on line 10a.)  Was the plan covered by a fidelity bond?  Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?  Were any fees or commissions paid to any brokers, agents, or oth insurance service or other organization that provides some or all dinstructions.)  Has the plan failed to provide any benefit when due under the plan Did the plan have any participant loans? (If "Yes," enter amount a lf this is an individual account plan, was there a blackout period?	fidelity bond fidelity bond finer persons both the benefits finer soft year end figure filters	tion Program)	10b 10c 10d 10e 10f 10g		x x x	6000.0000.000
c d e f g	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidulian Were there any nonexempt transactions with any party-in-interest on line 10a.)  Was the plan covered by a fidelity bond?  Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?  Were any fees or commissions paid to any brokers, agents, or oth insurance service or other organization that provides some or all dinstructions.)  Has the plan failed to provide any benefit when due under the plan Did the plan have any participant loans? (If "Yes," enter amount a lf this is an individual account plan, was there a blackout period? 2520.101-3.).  If 10h was answered "Yes," check the box if you either provided the	fidelity bond fidelity bond finer persons both the benefit finer constructions of year end fixed instructions required in	tion Program)	10b 10c 10d 10e 10f 10g 10h	X	x x x x x x x x	18692
b c d e f g h	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduliance Were there any nonexempt transactions with any party-in-interest on line 10a.)  Was the plan covered by a fidelity bond?  Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?  Were any fees or commissions paid to any brokers, agents, or oth insurance service or other organization that provides some or all dinstructions.)  Has the plan failed to provide any benefit when due under the plan Did the plan have any participant loans? (If "Yes," enter amount a lf this is an individual account plan, was there a blackout period? 2520.101-3.).  If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10	fidelity bond fidelity bond finer persons both the benefit finer constructions of year end fixed instructions required in	tion Program)	10b 10c 10d 10e 10f 10g	X	x x x	18692
b c d e e f g h	Were there any nonexempt transactions with any party-in-interest on line 10a.)	fidelity bond, mer persons bof the benefit.  s of year end (See instruction required in 1-3	tion Program)	10b 10c 10d 10e 10f 10g 10h 10i	X	X X X X X X X ulle SB	18692 17360 (Form
b c d e f g h i	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduliance) Were there any nonexempt transactions with any party-in-interest on line 10a.)	fidelity bond fire persons both the benefits  s of year end (See instruction re required notes)  fine required notes  fine required not	tion Program)	10b 10c 10d 10e 10f 10g 10h 10i	X	X X X X X X X ulle SB	18692 17360 (Form
b c d e f g h i	Were there any nonexempt transactions with any party-in-interest on line 10a.)	fidelity bond, ner persons bof the benefit n? s of year end (See instruction ne required n 1-3	tion Program)	10b 10c 10d 10e 10f 10g 10h 10i	X X	X X X X X X A X A X A A A A A A A A A A	17360  (Form Yes No
b c d e f g h i	Were there any nonexempt transactions with any party-in-interest on line 10a.)  Was the plan covered by a fidelity bond?  Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?  Were any fees or commissions paid to any brokers, agents, or oth insurance service or other organization that provides some or all dinstructions.)  Has the plan failed to provide any benefit when due under the plan Did the plan have any participant loans? (If "Yes," enter amount a lf this is an individual account plan, was there a blackout period? 2520.101-3.)  If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10  VI Pension Funding Compliance  Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)  Enter the amount from Schedule SB line 39	fidelity bond, fidelity bond, firer persons be for the benefit.  s of year end (See instruction required in 1-3	tion Program)	10b 10c 10d 10e 10f 10g 10h 10i	X X	X X X X X X A X A X A A A A A A A A A A	17360  (Form Yes No
b c d e f g h i 11a 11a 12	Were there any nonexempt transactions with any party-in-interest on line 10a.)	fidelity bond, mer persons be of the benefit:  s of year end (See instruction required in 1-3	tion Program)	10b 10c 10d 10e 10f 10g 10h 10i plete	X X Sched	X X X X X X X X X 11a 302 of E	18692  17360  (Form Yes No
6 c d e e f g h i 11a 11a 12 a	Were there any nonexempt transactions with any party-in-interest on line 10a.)	fidelity bond, fidelity bond, firer persons be of the benefit.  s of year end (See instruction finer required in 1-3	tion Program)	10b 10c 10d 10e 10f 10g 10h 10i plete	X X Sched	X X X X X X A X A A A A A A A A A A A A	17360  (Form Yes No
b   c   d   e   f   g   h   i     11a   12   a     if	Were there any nonexempt transactions with any party-in-interest on line 10a.)	fidelity bond fidelity bond firer persons be of the benefit fit firer persons be of the benefit firer persons be of the benefi	tion Program)	10b 10c 10d 10e 10f 10g 10h 10i plete	X  X  Sched  ction 3	X X X X X X A X A A A A A A A A A A A A	17360  (Form Yes No

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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 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?		. Y	es X No	
	If "Yes," enter the amount of any plan assets that reverted to the employer the	is year	. 13a		
b	Were all the plan assets distributed to participants or beneficiaries, transferre of the PBGC?		control		Yes X No
С	If during this plan year, any assets or liabilities were transferred from this pla which assets or liabilities were transferred. (See instructions.)	n to another plan(s), identify the plan(s)	to		
1	3c(1) Name of plan(s):		<b>3c(2)</b> El	N(s)	13c(3) PN(s)
		037 1943 10			
Part	VIII Trust Information (optional)	•			<del> </del>
14a Name of trust					