For	rm 5500-SF	Short Form Annual Re	eturn/Report o Senefit Plan	of Small Employ	ee	OMB Nos. 1210-0110 1210-0089		
	rtment of the Treasury nal Revenue Service	B This form is required to be filed	nd 4065 of the Employee		2012			
Employee Be	epartment of Labor enefits Security Administration	Retirement Income Security Act of 1		ctions 6057(b) and 6058(a		This Form is Open to Public Inspection		
Pension Be	enefit Guaranty Corporation	Complete all entries in accordation	ance with the instruc	tions to the Form 5500	-SF.			
Part I		Ientification Information			12.1.14			
For calenda	ar plan year 2012 or fisca	· · · · ·		e	7/31/2			
A This ret	turn/report is for:	Ξ Η	1 1 7 1	an (not multiemployer)		a one-participant plan		
B This ret	turn/report is:		the final return/report					
	ļ	an amended return/report	short plan year return	n/report (less than 12 mor	nonths)			
C Check b	box if filing under:	Form 5558	Form 5558 automatic extension DFVC program					
		special extension (enter description	ı)					
Part II	Basic Plan Inform	mation—enter all requested informat	tion					
1a Name	-				1b	Three-digit		
VP PERI PAI	INTING COMPANY RET	IREMENT PLAN				plan number (PN) ▶ 001		
				F	1c	Effective date of plan		
					••	01/01/2004		
	ponsor's name and addre	ess; include room or suite number (em	ployer, if for a single-	employer plan)	2b	Employer Identification Number (EIN) 91-2011098		
P. O. BOX 2	2470				2c	Sponsor's telephone number 425-898-8494		
REDMOND,					2d	Business code (see instructions) 238300		
3a Plan a	dministrator's name and	address XSame as Plan Sponsor Na	ame Same as Plan	Sponsor Address	3b	Administrator's EIN		
		blan sponsor has changed since the last return/report.	st return/report filed fo	or this plan, enter the	4b	EIN		
	or's name				4c	PN		
5a Total r	number of participants at	t the beginning of the plan year			5a	10		
		t the end of the plan year			5b	0		
C Numb	er of participants with ac	count balances as of the end of the pla	an year (defined bene					
compl	ete this item)				5c	0		
b Are you under	ou claiming a waiver of th 29 CFR 2520.104-46? (during the plan year invested in eligible ne annual examination and report of ar See instructions on waiver eligibility ar ner line 6a or line 6b, the plan canno	n independent qualifie nd conditions.)	ed public accountant (IQP	PA)	Yes 🗌 No		
Caution: A	penalty for the late or	incomplete filing of this return/repo	ort will be assessed	unless reasonable caus	se is	established.		
Under pena SB or Sche	alties of perjury and othe	r penalties set forth in the instructions, signed by an enrolled actuary, as well	, I declare that I have	examined this return/repo	ort, in	ncluding, if applicable, a Schedule		
SIGN	Filed with authorized/va	lid electronic signature.	10/30/2013	LINDA PERI				
HERE	Signature of plan adn	ninistrator	Date	Enter name of individua	lividual signing as plan administrator			
SIGN								
HERE Signature of employ		er/plan sponsor	Date	Enter name of individu:	ter name of individual signing as employer or plans			
Preparer's		me, if applicable) and address; include		mber (optional) Preparer's telephone number (o				
				-				

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	13693				0
b Total plan liabilities	. 7b					
C Net plan assets (subtract line 7b from line 7a)	. 7c	13693	6			0
8 Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b) Total
a Contributions received or receivable from:						
(1) Employers	. 8a(1)					
(2) Participants	. 8a(2)					
(3) Others (including rollovers)	. 8a(3)			_		
b Other income (loss)	. 8b	1529	2	_		
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	. 8c					15292
d Benefits paid (including direct rollovers and insurance premiums to provide benefits)	. 8d	14926	7			
e Certain deemed and/or corrective distributions (see instructions)	. 8e					
f Administrative service providers (salaries, fees, commissions)	. 8f					
g Other expenses	. 8g	296	1			
h Total expenses (add lines 8d, 8e, 8f, and 8g)	. 8h	200				152228
i Net income (loss) (subtract line 8h from line 8c)						-136936
j Transfers to (from) the plan (see instructions)						100000
Part IV Plan Characteristics	oj					
 9a If the plan provides pension benefits, enter the applicable pension 2A 2E 3D b If the plan provides welfare benefits, enter the applicable welfare for the applicable welfare for the plan provides welfare benefits. 						
Part V Compliance Questions				×		
10 During the plan year:		a time manipul described in		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 Fide			10a		X	
b Were there any nonexempt transactions with any party-in-interest on line 10a.)	t? (Do not inc	lude transactions reported	10b		х	
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?		3	10d		x	
e Were any fees or commissions paid to any brokers, agents, or oth insurance service or other organization that provides some or all instructions.)	of the benefits	s under the plan? (See	10e		x	
f Has the plan failed to provide any benefit when due under the pla	ın?		10f		Х	
g Did the plan have any participant loans? (If "Yes," enter amount a	as of year end	.)	10q		Х	
h If this is an individual account plan, was there a blackout period? 2520.101-3.)	(See instructi	ons and 29 CFR	10g		x	
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)						
11a Enter the amount from Schedule SB line 39					11a	
12 Is this a defined contribution plan subject to the minimum funding						RISA? Yes 🗙 No
(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below						
			ationa	and	nter the	date of the letter ruling
a If a waiver of the minimum funding standard for a prior year is bein granting the waiver.				<u> </u>	Day_	Year
		Mon				-

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	VII Plan Terminations and Transfers of Assets			
13a	Has a resolution to terminate the plan been adopted in any plan year?	X	Yes No	
	If "Yes," enter the amount of any plan assets that reverted to the employer this year	13a		0
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under t of the PBGC?	e control		X Yes No
С	If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan which assets or liabilities were transferred. (See instructions.)	s) to		_
1	13c(1) Name of plan(s):	13c(2) E	IN(s)	13c(3) PN(s)
Part	t VIII Trust Information (optional)			

14a Name of trust	14b Trust's EIN

	rm 5500-SF	Short Form Annua	al Return/Report o Benefit Plan	of Small Empl	oyee		OMB Nos. 1210-011 1210-008		
	artment of the Treasury ernal Revenue Service	This form is required to b	e filed under sections 104 a	nd 4065 of the Emplo	Vee	2	2012		
	Department of Labor Benefits Security Administration	Retirement Income Security A	Retirement Income Security Act of 1974 (ERISA), and sections 6057(b) and 6 the Internal Revenue Code (the Code).						
	Benefit Guaranty Corporation	▶ Complete all entries in a	ccordance with the instruc	A380)	500-SF.		s Open to Public pection		
Part I	Annual Repor	t Identification Information	1						
192		X a single-employer plan	1/2013	and ending	07/31/2	2013			
10. 10.	eturn/report is for:	the first return/report	a multiple-employer pl	ian (not multiemploye	r)	a one-particip	pant plan		
B This re	eturn/report is:	1	X the final return/report						
•	a contra a c	an amended return/report	a short plan year return	n/report (less lhan 12	months)	-			
C Check	box if filing under:	Form 5558	automatic extension			DFVC progra	im		
Dort II	Pacio Plan Inf	special extension (enter desc	And the second s						
Part II 1a Name		ormation—enter all requested ir	formation		1.46				
		RETIREMENT PLAN				Three-digit plan number			
					1	(PN) ▶	001		
					1c	Effective date of			
2a Plant	spansor's name and a	ddress; include room or suite numb	nor (omploues if feels single	2		01/01/2			
P PERI P	AINTING COMPANY	duress, include room of suite num	ber (employer, it for a single-	employer plan)		Employer Identif (EIN) 91-201			
						(EIN) 91-201 Sponsor's telep			
Р. О. ВОХ	2470					(425) 89			
. 0. 607	2470				2d	Business code (
	D. WA 98073					238300			
Ja Plana	administrator s name a	and address XSame as Plan Spor	isor Name Same as Plan	n Sponsor Address	3b	Administrator's E	TIM		
							elephone number		
4 If the name	name and/or EIN of ti e, EIN, and the plan n	he plan sponsor has changed since umber from the last return/report.	e the last return/report filed fo			Administrator's t			
name a Spons	e, EIN, and the plan n sor's name	umber from the last return/report.		or this plan, enter the	3c 4b 4c	Administrator's t EIN			
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Par	t III Financial Information						-			
7	Plan Assets and Liabilities		(a) Beginning of Yea	r	T		(b) End	of Ye	ar	
a `	Total plan assets	7a	13693					0110	0	
b _	Total plan liabilities	7ь								
C	Net plan assets (subtract line 7b from line 7a)	7c	13693	6					0	
8 Income, Expenses, and Transfers for this Plan Year			(a) Amount				(b) 1	otal		
	Contributions received or receivable from:	0.443								
15 - 21	(1) Employers	8a(1)								
	 (2) Participants	8a(2)								
	Other income (loss)	di secono de			_					
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8b 8c	1529	2	-					
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	14020		-			1	<u>5292</u>	
	Certain deemed and/or corrective distributions (see instructions)	8e	14926	/						
24507	Administrative service providers (salaries, fees, commissions)	8f							-	
2	Other expenses	8g	000	1						
	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h	296	1						<u></u>
ATTL: NO STORE	Net income (loss) (subtract line 8h from line 8c)	81		ber i Diffe	+-				2228	
	Transfers to (from) the plan (see instructions)	8i			+-			-13	6936	
Par	t IV Plan Characteristics		1914							
	If the plan provides pension benefits, enter the applicable pension 2A 2E 3D	feature co	des from the List of Plan Char	acteris	lic Co	des in	the instruc	tions:	- 12	
b	If the plan provides welfare benefits, enter the applicable welfare fe	aatura cod	os from the List of Dise Chara			· · ·				
Ĩ		sature cou	es nom me ciscor Plan Chara	cleristi	ic Cod	es in t	he instruct	ions:		
Part	V Compliance Questions									
10	During the plan year:				Yes	No	[A		
a	Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fide	tions within clary Corr	n the time period described in rection Program)	10a		x		Amou		
b	Were there any nonexempt transactions with any party-in-interest on line 10a.)	? (Do not i	include transactions reported	10b		x				
c	Was the plan covered by a fidelity bond?			10c	х					
d	A REAL PROPERTY OF THE REAL PR	fidelity bo	nd, that was caused by fraud	10d	~	~			10	0000
e	Were any fees or commissions paid to any brokers, agents, or oth			100		X				
	insurance service or other organization that provides some or all of	of the bene	efits under the plan? (See	i.						
	instructions.)			10e	_	Х				
f	Has the plan failed to provide any benefit when due under the pla	n?		10f		х	0			
g	Did the plan have any participant loans? (If "Yes," enter amount a		19	10g		х				
h	If this is an individual account plan, was there a blackout period? 2520.101-3.)			10h		x				
1	If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10	he required 1-3	d nolice or one of the	101						
Part				1.119						
11	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)	ients? (If "	Yes," see instructions and com	plete	Sched	ule SE	(Form	Г <u>п</u> .	Yes [
11a	Enter the amount from Schedule SB line 39								103	No
12	Is this a defined contribution plan subject to the minimum funding						ERISA2	Π	Yes	No
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below.			01 30	outri c	JZ 01	LINGA(. 03 X	
a	If a waiver of the minimum funding standard for a prior year is being ranking the waiver.	ng amortizi	ed in this plan year, see instruc	ctions, th	and e	nter th Day	e date of t	he lette Year	er ruling	,
lfy	you completed line 12a, complete lines 3, 9, and 10 of Schedul				11	Day		i edi	_	
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 sign to the left of a negative amount)	124			
e 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?	x '	Yes N	0	
if "Yes," enter the amount of any plan assets that reverted to the employer this year	13a	T		0
b Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought uncof the PBGC?	ler the control		X Yes	
C If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the p which assets or liabilities were transferred. (See instructions.)				
13c(1) Name of plan(s):	13c(2) E	IN(s)	13c(3)	PN(s)
Part VIII Trust Information (optional)		100 (2000) 100 (2000) 100 (2000)		
14a Name of trust	14b T	rust's EIN		