	rm 5500-SF	Short Form Annual	of Small Employ	yee		OMB Nos. 1210-0110 1210-0089				
	rtment of the Treasury rnal Revenue Service	This form is required to be fi	е		2013					
Employee B	epartment of Labor enefits Security Administration	Retirement Income Security Act the Intern	(a) of	f This Form is Open to Publi Inspection						
Pension Be	enefit Guaranty Corporation	ctions to the Form 550	0-SF.		pection					
Part I		lentification Information		<u>.</u>						
For calend	ar plan year 2013 or fisca		013	and ending 1	2/31/2	2013				
A This ret	turn/report is for:	X a single-employer plan	a multiple-employer pla	lan (not multiemployer)		a one-particip	oant plan			
B This ret	turn/report is:	the first return/report	the final return/report							
	L	an amended return/report	a short plan year returr	n/report (less than 12 mo	onths	)				
C Check	box if filing under:	Form 5558		DFVC progra	ım					
	[	special extension (enter descrip	otion)			_				
Part II	Basic Plan Inforn	nation—enter all requested infor	mation							
1a Name	of plan				1b	Three-digit				
SPAETH TR	ANSFER, INC. 401(K) P	ROFIT SHARING PLAN				plan number	001			
					10	(PN) ►	001 f plan			
						Effective date of 01/01/	•			
	ponsor's name and addre	ess; include room or suite number	(employer, if for a single-	employer plan)	2b		fication Number			
1231 HOLLI					2c	Sponsor's telepl 360-373				
	DN, WA 98310				2d	Business code (see instructions) 484120				
3a Plan a	dministrator's name and	address Same as Plan Sponsor	r Name Same as Plan	Sponsor Address	3b	Administrator's E				
4 If the r	name and/or EIN of the p	olan sponsor has changed since the	e last return/report filed fc	or this plan, enter the	4b	EIN				
name		per from the last return/report.		• •		4c PN				
<b>_</b>		the beginning of the plan year			40 5a					
_		t the end of the plan year			5a 5b		19			
		count balances as of the end of the			50		10			
					5c		18			
6a Were	all of the plan's assets d	luring the plan year invested in elig	gible assets? (See instruct	 tions.)			🗙 Yes 🗌 No			
	5	ne annual examination and report of See instructions on waiver eligibilit	• •	•	,		X Yes No			
		er line 6a or line 6b, the plan car								
C If the p	plan is a defined benefit p	plan, is it covered under the PBGC	; insurance program (see	ERISA section 4021)? .	[	Yes No	Not determined			
Caution: /		incomplete filing of this return/r	report will be assessed i	uniose reasonable cau			<u>.</u>			
Under pena SB or Sche	alties of perjury and other	r penalties set forth in the instruction signed by an enrolled actuary, as	ons, I declare that I have	examined this return/rep	oort, ir	ncluding, if applica				
SIGN	Filed with authorized/val	lid electronic signature.	02/12/2014	ROBERT LOIDHAME	MER					
HERE	Signature of plan adn	ninistrator	Date	Enter name of individu	gning as plan adm	ninistrator				
SIGN										
HERE	Signature of employe	er/plan sponsor	Date	Enter name of individu	ual sid	aning as employe	r or plan sponsor			
Preparer's		ne, if applicable) and address; inclu			_		number (optional)			
					I					

Pa	t III Financial Information	-			-						
7	an Assets and Liabilities (a) Beginning of Yea						(b) Enc	l of Y	ear		
а	Total plan assets	4				11	01742				
b	al plan liabilities								35		
С	Net plan assets (subtract line 7b from line 7a) 7c 128248							11	01707		
8	8 Income, Expenses, and Transfers for this Plan Year (a) Amount						(b)	Total			
а	Contributions received or receivable from:										
	Employers       8a(1)       1865         Participants       8a(2)       1865										
	(2) Participants										
	(3) Others (including rollovers)	4									
		her income (loss)									
_	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c			_			2	19852		
	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	39258	6							
-	Certain deemed and/or corrective distributions (see instructions)	8e									
f	Administrative service providers (salaries, fees, commissions)	8f	804	3							
g	Other expenses	8g									
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							400629		
i	Net income (loss) (subtract line 8h from line 8c)	8i						-	180777		
j	Transfers to (from) the plan (see instructions)	8j									
Par	t IV Plan Characteristics	1									
	If the plan provides pension benefits, enter the applicable pension	feature co	des from the List of Plan Chara	acteris	stic Co	des in	the instru	ctions	5:		
	2E 2J 2K 3D										
b	If the plan provides welfare benefits, enter the applicable welfare fe	eature cod	es from the List of Plan Charac	cterist	ic Cod	les in t	he instruc	tions:			
Part				1							
10	During the plan year:				Yes	No		Am	ount		
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					
b	Were there any nonexempt transactions with any party-in-interest	-				Х					
	on line 10a.)			10b		^					
C	Was the plan covered by a fidelity bond?			10c	Х					200	00
d		•				х					
	or dishonesty?			10d							
е	Were any fees or commissions paid to any brokers, agents, or oth insurance service, or other organization that provides some or all					N/					
	instructions.)		• •	10e		X					
f	Has the plan failed to provide any benefit when due under the pla	n?		10f		Х					
g	Did the plan have any participant loans? (If "Yes," enter amount a	s of year e	end.)	10g		Х					
h	If this is an individual account plan, was there a blackout period?	(See instru	uctions and 29 CFR			Х					
<u> </u>	2520.101-3.)			10h		^					
i	If 10h was answered "Yes," check the box if you either provided th exceptions to providing the notice applied under 29 CFR 2520.10	•		10i							
Dort		1-5		101							_
Part 11	VI Pension Funding Compliance Is this a defined benefit plan subject to minimum funding requirem	onte? (If "	Ves " see instructions and com	nleta	Schoo	عايراه ود	(Form	1			
	5500) and line 11a below)								Yes	1	No
11a	Enter the unpaid minimum required contribution for current year fr					11a					
12	Is this a defined contribution plan subject to the minimum funding	requireme	ents of section 412 of the Code	or se	ction 3	302 of	ERISA?	.   [	Yes	XN	No
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,										
а	If a waiver of the minimum funding standard for a prior year is beir granting the waiver.	ng amortiz	ed in this plan year, see instruc		, and e	enter th Day	ne date of	the le Yea		ng	
lf	you completed line 12a, complete lines 3, 9, and 10 of Schedul										
-	Enter the minimum required contribution for this plan year					12b					

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).	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?	Ye	es 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 🗙 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	3c(2) EIN	l(s)	<b>13c(3)</b> PN(s)		
Part	VIII Trust Information (optional)					
14a	Name of trust	14b Trust's EIN				

	rm 5500-SF	Short Form Annual	Return/Report Benefit Plan	of Small Employ	vee		OMB Nos. 1210- 1210-			
	artment of the Treasury ernal Revenue Service		Deneme Fian This form is required to be filed under sections 104 and 4065 of the Employe							
	Department of Labor Benefits Security Administration	Retirement Income Security Act		ctions 6057(b) and 6058	58(a) of This Form is Open to P Inspection					
Pension I	Benefit Guaranty Corporation	ctions to the Form 5500	-SF.	Ins	spection					
Part I		Identification Information			10	121 1001				
			01/01/2013	and ending		/31/201				
	eturn/report is for:	X a single-employer plan		lan (not multiemployer)	L 8	i one-partici	pant plan			
B This re	eturn/report is:	the first return/report	the final return/report							
_		an amended return/report		n/report (less than 12 mo	_					
C Check	box if filing under:		Grow S558 automatic extension				DFVC program			
D 411	De la Dia da fa	special extension (enter descri								
Part II 1a Name		ormation—enter all requested info	ormation		1b Thr	ee-dinit	1			
		nc. 401(k) Profit Shar	ing Plan			n number	0.1			
-			-			) 🕨	001			
						ctive date o				
2a Plan	sponsor's name and a	ddress; include room or suite numbe	r (employer, if for a single	-employer plan)			ification Numbe			
	H TRANSFER, IN		. (			) 91-066				
							phone number			
1231 H	HOLLIS STREET					0-373-6				
BREME	RTON	WA 98310				Iness code	(see instruction			
	administrator's name a		or Name XSame as Pla	n Sponsor Address		ninistrator's	EIN			
		e plan sponsor has changed since th	he last return/report filed f	or this plan, enter the	4b EIN					
nam	e, EIN, and the plan nu	ne plan sponsor has changed since th umber from the last return/report.	he last return/report filed f	or this plan, enter the	4b EIN 4c PN					
nam <b>a</b> Spon	e, EIN, and the plan nu sor's name									
nam a Spon 5a Total	e, EIN, and the plan nu sor's name I number of participants	umber from the last return/report.			4c PN					
nam a Spon 5a Tota b Tota c Num	e, EIN, and the plan nu sor's name I number of participants I number of participants uber of participants with	umber from the last return/report. s at the beginning of the plan year s at the end of the plan year a account balances as of the end of th	he plan year (defined ben	efit plans do not	4c PN 5a 5b					
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	7b     7c     8a(1)     8a(2)     8a(3)     8b     8c     8d     8e     8g     8h     8i     8j	7a     128       7b     128       7c     128       (a) Amount     1       8a(1)     1       8a(2)     1       8a(3)     20       8b     20       8c     39       8c     39       8c     39       8c     39       8e     39       8e     81       8g     39       8h     39       8i     39       9     8i       9     9       9     9       9     9       9     9       10     10       11     10       12     10       12     10       13     10       14     10       15     10       16     10       17     10       18     10       19     10       10     10       11     10       12     10       13     10	7b       7c     128248       (a) Amount       8a(1)     1869       8a(2)        8a(3)        8b     20116        8c        8d        8d        8f        8f        8i        8j	7a     1282484       7b     1282484       7c     1282484       8a(1)     18691       8a(2)     8691       8a(3)     201161       8c     392586       8d     392586       8e     89       8f     8043       8i     1       8i     1       8i     1       8i     1       8i     1       9     1	7a     1282484       7b     1282484       7c     1282484       (a) Amount     18691       8a(1)     18691       8a(2)     18691       8a(3)     201161       8c     392586       8d     392586       8f     8043       8g     1       8h     1       8i     1       8i     1	7a     1282484       7b     1282484       7c     1282484       (a) Amount     (b) T       8a(1)     18691       8a(2)     38(3)       8b     201161       8c     392586       8d     392586       8g     393       8h     392586       8i     392586       8g     392586       8g     392586       8g     392586       9     392586       8g     392586       8e     392586       9     3943       9     3943       9     3943       9     3943       9     3943       9     3943       9     3943       9     3943       9     3943       9     3943       10     10       11     10       12     10       13     10       14     10       15     10       16     10 <t< td=""><td>7a     1282484       7b     1282484       7c     1282484       (a) Amount     (b) Total       8a(1)     18691       8a(2)    </td><td>7a     1282484     110       7b     1282484     110       7c     1282484     110       (a) Amount     (b) Total     (b) Total       8a(1)     18691    </td></t<>	7a     1282484       7b     1282484       7c     1282484       (a) Amount     (b) Total       8a(1)     18691       8a(2)	7a     1282484     110       7b     1282484     110       7c     1282484     110       (a) Amount     (b) Total     (b) Total       8a(1)     18691

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).	12d				
е	Will the minimum funding amount reported on line 12d be met by the funding deadline?	nama	Yes	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?		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?				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				
	13c(1) Name of plan(s):	13c(2) E	IN(s)	1	3c(3) A	PN(s)
						_
Part	VIII Trust Information (optional)					
14a	Name of trust	14b Trust's EIN				