## 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.

1210-0089

OMB Nos. 1210-0110

2013

This Form is Open to Public Inspection

	rt I		t Identification Informa	ation								
For	calenda	ar plan year 2013 or	fiscal plan year beginning	01/01/2013		and ending	12/31/2	2013				
<b>A</b> 1	Γhis ret	urn/report is for:	X a single-employer plan	а	multiple-employer pl	an (not multiemployer)		a one-particip	pant plan			
ВТ	Γhis ret	urn/report is:	the first return/report	th	e final return/report							
			an amended return/rep	ort as	short plan year returr	n/report (less than 12 m	onths	)				
C	Check b	oox if filing under:	Form 5558	aı	utomatic extension		DFVC program					
			special extension (ente	er description)								
Pa	rt II	Basic Plan Inf	ormation—enter all reques	sted information	on							
	Name o	•					1b	Three-digit				
IMPA(	CT ENC	GINEERING, INC. PI	ROFIT SHARING PLAN					plan number (PN) ▶	001			
							1c	Effective date or				
								01/01				
		oonsor's name and a GINEERING, INC.	ddress; include room or suite	e number (emp	oloyer, if for a single-	employer plan)	2b	Employer Identification (EIN) 91-19	fication Number 92036			
00.446	00 <b>T</b> U	A) / E O					2c	Sponsor's telep				
	2 68TH , WA 9						2d	Business code (				
								54133				
3a	Plan ad	dministrator's name	and address XSame as Plan	Sponsor Nan	ne Same as Plan	Sponsor Address	3b	Administrator's l	EIN			
							3с	Administrator's t	telephone number			
4			he plan sponsor has changed		return/report filed fo	or this plan, enter the	4b	EIN				
2		EIN, and the plan notes or's name	umber from the last return/rep	oort.			40	PN				
	•		ts at the beginning of the plan	vear			5a	FIN	4			
_			ts at the end of the plan year.	•			5b		4			
			n account balances as of the				30		4			
				•	•	•	5c		4			
6a		·	ets during the plan year invest	•	,	•			X Yes No			
b			of the annual examination and 6? (See instructions on waive						X Yes □ No			
			either line 6a or line 6b, the						<u> </u>			
С	If the p	lan is a defined ben	efit plan, is it covered under th	ne PBGC insu	rance program (see	ERISA section 4021)?		Yes No	Not determined			
Caus	tion: A	nonalty for the late	or incomplete filing of this	roturn/ronor	t will be assessed i	unloss roasonablo car	uso is	ostablished	<u>-</u>			
		•	other penalties set forth in the						able, a Schedule			
SB c	or Šche		and signed by an enrolled act									
SIGI		Filed with authorized	d/valid electronic signature.		04/03/2014	TAMSEN M. CORBIN						
HER	(E	Signature of plan	administrator		Date	Enter name of individ	ual sig	gning as plan adn	ninistrator			
SIGI												
HER	RE	Signature of empl	loyer/plan sponsor		Date	Enter name of individ	ual sig	gning as employe	er or plan sponsor			
Prep	arer's i	name (including firm	name, if applicable) and add	ress; include r	oom or suite numbe	r (optional)	Prep	parer's telephone	number (optional)			

Form 5500-SF 2013 Page **2** 

Pa	rt III Financial Information										
7	Plan Assets and Liabilities		(a) Beginning of Yea	r		(b) End of Year					
	Total plan assets	7a	(a) Beginning of Tea				(b) Ella		42683	3	
	Total plan liabilities	7b								_	
	Net plan assets (subtract line 7b from line 7a)	40529	8	+			-	426833	3		
	Income, Expenses, and Transfers for this Plan Year	7c		5			(b) T			_	
	Contributions received or receivable from:		(a) Amount				(b) 1	otai			
	(1) Employers	8a(1)									
	(2) Participants	8a(2)									
	(3) Others (including rollovers)	8a(3)									
b	Other income (loss)	8b	2520	1							
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							25201	1	
	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d									
е	Certain deemed and/or corrective distributions (see instructions)	8e									
f	Administrative service providers (salaries, fees, commissions)	8f	366	6							
g	Other expenses	8g									
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							366	6	
ī	Net income (loss) (subtract line 8h from line 8c)	8i							2153	5	
j	Transfers to (from) the plan (see instructions)	8j									
Pai	t IV Plan Characteristics	<u> </u>									
9a	If the plan provides pension benefits, enter the applicable pension 3D 2E	feature co	des from the List of Plan Char	acteris	stic Co	des in	the instruc	tions	s:		
b	If the plan provides welfare benefits, enter the applicable welfare fe	eature cod	es from the List of Plan Chara	cterist	ic Cod	les in t	he instruct	ons:			
D	V O markana a O markana							—		—	
Par	•				V	N1-	1				
10	During the plan year:	4:			Yes	No		Am	ount		
a	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu	ıciary Corr	rection Program)	10a		X					
D	Were there any nonexempt transactions with any party-in-interest on line 10a.)			10b		X					
					Χ					70	2000
				10c						70	0000
d	or dishonesty?	······································		10d		X					
е	Were any fees or commissions paid to any brokers, agents, or oth insurance service, or other organization that provides some or all										
	instructions.)			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 vear e	and )	10g		Χ					
h	If this is an individual account plan, was there a blackout period? (	(See instru	uctions and 29 CFR	10g		X					
i	2520.101-3.)										
D	exceptions to providing the notice applied under 29 CFR 2520.10	1-3		10i							
Part 11	Is this a defined benefit plan subject to minimum funding requirem									_	
	5500) and line 11a below)							ഥ	Yes	Ш	No
	Enter the unpaid minimum required contribution for current year fr	om Sched	lule SB (Form 5500) line 39			11a				_	
12	Is this a defined contribution plan subject to the minimum funding	requireme	ents of section 412 of the Code	or se	ection	302 of	ERISA?	Ш	Yes	X	No
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,										
	If a waiver of the minimum funding standard for a prior year is beir granting the waiver.		Mon		, and e	enter th Day	ne date of t	he le Yea		ling	
If	you completed line 12a, complete lines 3, 9, and 10 of Schedule	e MB (For	m 5500), and skip to line 13.				Т				
b	Enter the minimum required contribution for this plan year					12b					

Page	3 -		1
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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?	Y	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 coof the PBGC?	ontrol		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) to which assets or liabilities were transferred. (See instructions.)	)		
1	<b>3c(1)</b> Name of plan(s):	c(2) Ell	V(s)	<b>13c(3)</b> PN(s)
Part	VIII Trust Information (optional)			
14a	Name of trust	l <b>4b</b> Tr	ust'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

2013

This Form is Open to Public Inspection

			cordance with the instruct						
Part I		Identification Information	as Inc. Innan	National Conference	10/21/00	SH PS			
For calenda	ir plan year 2013 or ti	scal plan year beginning	01/01/2013	and ending	12/31/20				
A This retu	urn/report is for:	x a single-employer plan	a multiple-employer pla	an (not multiemployer)	∐ a one-par	ticipant plan			
B This retu	urn/report is:	the first return/report	the final return/report						
		an amended return/report	a short plan year return	/report (less than 12 mo	onths)				
C Check b	oox if filing under:	Form 5558	automatic extension		DFVC pro	ogram			
		special extension (enter descri	iption)						
Part II	Basic Plan Info	rmation—enter all requested info	ormation						
1a Name o					1b Three-digit				
IMPACT	Engineering,	Inc. Profit Sharing	Plan		plan number (PN) ▶	001			
					1c Effective dat	te of plan			
					01/01/19				
	oonsor's name and ad ENGINEERING,	dress; include room or suite numbe INC.	er (employer, if for a single-e	employer plan)	2b Employer Identification Number (EIN) 91-1992036				
					2c Sponsor's te				
23412 6	S8TH AVE S				253-826	-9003			
						de (see instructions)			
KENT		WA 98032	Ela Bi		541330	I FIN			
3a Plan ac	dministrator's name a	nd address XSame as Plan Spons	or Name XSame as Plan	Sponsor Address	3b Administrato	OF S EIIN			
					3c Administrato	or's telephone number			
4		<del></del>			41				
		e plan sponsor has changed since t	the last return/report filed fo	r this plan, enter the	4b EIN				
name,	, EIN, and the plan nu	e plan sponsor has changed since t mber from the last return/report.	the last return/report filed fo	r this plan, enter the	4b EIN				
name, <b>a</b> Sponse	, EIN, and the plan nu or's name				4c PN	4			
a Sponso	, EIN, and the plan nu or's name number of participants	mber from the last return/report.			4c PN	4 4			
a Sponso 5a Total r b Total r	, EIN, and the plan nu or's name number of participants number of participants	mber from the last return/report.  at the beginning of the plan year  at the end of the plan year			4c PN 5a 5b	4			
name, a Sponso 5a Total r b Total r c Number	, EIN, and the plan nu or's name number of participants number of participants er of participants with	mber from the last return/report.  at the beginning of the plan year	the plan year (defined bene	fit plans do not	4c PN 5a	4			
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name, a Sponso 5a Total r b Total r c Number comple 6a Were b Are yo	EIN, and the plan nu or's name number of participants number of participants er of participants with lete this item)	mber from the last return/report.  at the beginning of the plan year  at the end of the plan year  account balances as of the end of the start of the plan year invested in each of the annual examination and report	the plan year (defined bene ligible assets? (See instruct t of an independent qualifie	fit plans do not tions.) d public accountant (IQ	4c PN 5a 5b 5c	4 X Yes No			
name, a Sponso 5a Total r b Total r c Numbe compl 6a Were b Are younder	EIN, and the plan nu or's name number of participants number of participants er of participants with lete this item)	at the beginning of the plan year	the plan year (defined bene ligible assets? (See instruct t of an independent qualifie ility and conditions.)	fit plans do not tions.) d public accountant (IQ	4c PN 5a 5b 5c	4 X Yes No			
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name, a Sponso 5a Total r b Total r C Numbe compl 6a Were b Are younder If you C If the p	EIN, and the plan nu or's name number of participants number of participants er of participants with lete this item)	mber from the last return/report.  at the beginning of the plan year	the plan year (defined bene ligible assets? (See instruct t of an independent qualifie ility and conditions.)	fit plans do not tions.) d public accountant (IQ and must instead use ERISA section 4021)?	4c PN 5a 5b 5c PPA) Form 5500 Yes No	4  4  X Yes No X Yes No Not determined			
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name, a Sponso 5a Total r b Total r C Numbe compl 6a Were b Are younder If you C If the p Caution: A Under pena SB or Schebelief, it is t	EIN, and the plan nu or's name number of participants number of participants er of participants with lete this item)	mber from the last return/report.  at the beginning of the plan year	ligible assets? (See instruct tof an independent qualifie ility and conditions.)	fit plans do not  tions.) d public accountant (IQ  and must instead use  ERISA section 4021)?  unless reasonable cau  examined this return/re	4c PN 5a 5b 5c  PPA) Form 5500 Yes No use is established port, including, if ap t, and to the best of	4  X Yes No  X Yes No  Not determined  policable, a Schedule			
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name, a Sponso 5a Total r b Total r c Numbe compl 6a Were b Are younder If you c If the p Caution: A Under pena SB or Schebelief, it is to sign HERE	EIN, and the plan number of participants with lete this item)	mber from the last return/report.  at the beginning of the plan year	ligible assets? (See instruct of an independent qualifie ility and conditions.)	fit plans do not  tions.) d public accountant (IQ  and must instead use  ERISA section 4021)?  unless reasonable cate examined this return/report  TAMSEN M. COR  Enter name of individ	4c PN 5a 5b 5c Form 5500 Yes No use is established port, including, if ap t, and to the best of	4  X Yes No  X Yes No  Not determined  Displicable, a Schedule f my knowledge and			
name, a Sponso 5a Total r b Total r C Numbe compl 6a Were b Are younder If you C If the p Caution: A Under pena SB or Schebelief, it is to sign HERE	EIN, and the plan number of participants with lete this item)	at the beginning of the plan year	ligible assets? (See instruct of an independent qualifie ility and conditions.)	fit plans do not  tions.) d public accountant (IQ  and must instead use  ERISA section 4021)?  unless reasonable cate examined this return/report  TAMSEN M. COR  Enter name of individ	4c PN 5a 5b 5c Form 5500 Yes No use is established port, including, if ap t, and to the best of	4  X Yes No  X Yes No  X Yes No  Not determined  Oplicable, a Schedule f my knowledge and  a administrator			
name, a Sponso 5a Total r b Total r C Numbe compl 6a Were b Are younder If you C If the p Caution: A Under pena SB or Schebelief, it is to sign HERE	EIN, and the plan number of participants with lete this item)	at the beginning of the plan year	ligible assets? (See instruct of an independent qualifie ility and conditions.)	fit plans do not  tions.) d public accountant (IQ  and must instead use  ERISA section 4021)?  unless reasonable cate examined this return/report  TAMSEN M. COR  Enter name of individ	4c PN 5a 5b 5c Form 5500 Yes No use is established port, including, if ap t, and to the best of	4  X Yes No  X Yes No  X Yes No  Not determined  Oplicable, a Schedule f my knowledge and  a administrator			
name, a Sponso 5a Total r b Total r C Numbe compl 6a Were b Are younder If you C If the p Caution: A Under pena SB or Schebelief, it is to sign HERE	EIN, and the plan number of participants with lete this item)	at the beginning of the plan year	ligible assets? (See instruct of an independent qualifie ility and conditions.)	fit plans do not  tions.) d public accountant (IQ  and must instead use  ERISA section 4021)?  unless reasonable cate examined this return/report  TAMSEN M. COR  Enter name of individ	4c PN 5a 5b 5c Form 5500 Yes No use is established port, including, if ap t, and to the best of	4  X Yes No  X Yes No  X Yes No  Not determined  Oplicable, a Schedule f my knowledge and  a administrator			

7 Plan Assets and Liabilities	100	(a) Beginning of Yea	,			(b) End of	 Үезг
	7a		529	8		(b) Elia oi	4268
a Total plan assets	7a 7b		,,,,,	1			1200
b Total plan liabilities  C Net plan assets (subtract line 7b from line 7a)	7c	40	)529	8			4268
8 Income, Expenses, and Transfers for this Plan Year	10	(a) Amount		1		(b) Tota	
a Contributions received or receivable from:		(a) Amount		+		(6) 100	TE A
(1) Employers	. 8a(1)			_			
(2) Participants	8a(2)						
(3) Others (including rollovers)	8a(3)						
b Other income (loss)	. 8b		2520	1			
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						252
d Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d						
Certain deemed and/or corrective distributions (see instructions)	8e						
f Administrative service providers (salaries, fees, commissions)	8f		366	6			
g Other expenses	8g						
h Total expenses (add lines 8d, 8e, 8f, and 8g)							36
Net income (loss) (subtract line 8h from line 8c)	. 8i						215
j Transfers to (from) the plan (see instructions)	8i						
Part IV Plan Characteristics	l ol l						
b If the plan provides welfare benefits, enter the applicable welfare to Part V Compliance Questions	eature codes	from the List of Plan Chara	cterist	ic Cod	es in the	e instructior	is:
10 During the plan year:				Yes	No	A	mount
a Was there a failure to transmit to the plan any participant contribution 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidelity)			10a		х		
b Were there any nonexempt transactions with any party-in-interes on line 10a.)	•		10b		Х		
C Was the plan covered by a fidelity bond?			10c	Х			70
d Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?			10d		х		
• Were any fees or commissions paid to any brokers, agents, or of insurance service, or other organization that provides some or al instructions.)	I of the benef	its under the plan? (See	10e		Х		
<b>f</b> Has the plan failed to provide any benefit when due under the pl			10f		Х		
	11011022 2010107-117				х		
g Did the plan have any participant loans? (If "Yes," enter amount  h If this is an individual account plan, was there a blackout period?			10g				Time
i If 10h was answered "Yes," check the box if you either provided			10h		Х		
exceptions to providing the notice applied under 29 CFR 2520.1			101				
Part VI Pension Funding Compliance	4.0.415154	n ' (		0-1-	J. J. OD	/Farm	
11 Is this a defined benefit plan subject to minimum funding required 5500) and line 11a below)				·····		(Form	Yes
11a Enter the unpaid minimum required contribution for current year					11a	T	Пуп
12 Is this a defined contribution plan subject to the minimum funding			e or s	ection	302 of E	ERISA?	Yes X
DESCRIPTION OF THE AGE	u ac annlicat	ole.)					
(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below			-41				
If a waiver of the minimum funding standard for a prior year is be granting the waiver.	ing amortized	d in this plan year, see instru Moi	nth	and	enter the Day	e date of the	e letter ruling /ear
a If a waiver of the minimum funding standard for a prior year is be	ing amortized	d in this plan year, see instru Mor n 5500), and skip to line 13	nth			e date of the	e letter ruling /ear

	Form 5500-SF 2013 Page <b>3</b> -							
С	Enter the amount contributed by the employer to the plan for this plan year		120	: [				
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).		120	1				
е	Will the minimum funding amount reported on line 12d be met by the funding deadline?				Y	es	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 [	ΧN	0	
	If "Yes," enter the amount of any plan assets that reverted to the employer this year	3000	13a					
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought unde of the PBGC?						Ye	es X No
С	If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plant which assets or liabilities were transferred. (See instructions.)	an(s)	to					
	3c(1) Name of plan(s):	1	3c(2)	EIN	1(s)		13c	(3) PN(s)
						-	_	
							+	
Part	VIII Trust Information (optional)							
-	Name of trust		14b	Tru	ıst's	EIN		