## 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

2013

This Form is Open to Public Inspection

Pe	nsion Be	nefit Guaranty Corporation	▶ Complete all entries in acco	rdance with the instruc	tions to the Form 550	0-SF.		spection		
Pa	rt I	Annual Report I	dentification Information							
For c	calenda	ar plan year 2013 or fise	cal plan year beginning 01/01/20	13	and ending 1	2/31/2	2013			
		urn/report is for:	a single-employer plan	=	an (not multiemployer)		a one-partici	pant plan		
В	nis reti	urn/report is:	the first return/report	the final return/report						
			an amended return/report	a short plan year return automatic extension	n/report (less than 12 mo	onths)				
C	check b	oox if filing under:		DFVC progra	am					
Pai	r4 II	Basic Blan Infor	special extension (enter descript mation—enter all requested inform	<u>,                                      </u>						
			mation—enter all requested inform	nation		1h	Three-digit	1		
	Name (	•	PORATION 401(K) PLAN			טו	plan number			
IONE	LIX IL	OF INOLOGIED CORT	CITATION FOTING LAN				(PN) <b>•</b>	001		
						1c	Effective date of	f plan		
								/2006		
2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) PIONEER TECHNOLOGIES CORPORATION							Employer Identi (EIN) 91-17	fication Number 37974		
5205 (	CORPO	ORATE CTR. CT. SE, S	SLIITE A			2c	Sponsor's telephone number 360-570-1700			
OLYM	IPIA, W	/A 98503				2d	Business code 5416	(see instructions)		
3a	Plan ad	dministrator's name and	d address XSame as Plan Sponsor	Name Same as Plan	Sponsor Address	3b	Administrator's			
						3с	Administrator's	telephone number		
			plan sponsor has changed since the other from the last return/report.	last return/report filed fo	or this plan, enter the	4b	EIN			
		or's name	· · · · · · · · · · · · · · · · · · ·			4c	PN			
5a	Total r	number of participants a	at the beginning of the plan year			5a		16		
b	Total n	number of participants a	at the end of the plan year			5b		18		
			account balances as of the end of the	•	•	5c		18		
		•	during the plan year invested in eligi					X Yes No		
b	Are you	u claiming a waiver of 29 CFR 2520.104-46?	the annual examination and report of (See instructions on waiver eligibility	f an independent qualifie and conditions.)	d public accountant (IQ	PA)		X Yes No		
	•		ther line 6a or line 6b, the plan can					<b>1</b>		
C	ir the p	ian is a defined benefit	t plan, is it covered under the PBGC	insurance program (see	ERISA section 4021)?		Yes INO	Not determined		
Caut	ion: A	penalty for the late o	or incomplete filing of this return/re	eport will be assessed	unless reasonable cau	ıse is	established.			
SB o	r Śche		er penalties set forth in the instructio d signed by an enrolled actuary, as v lete.							
SIGN		Filed with authorized/v	valid electronic signature.	04/25/2014	CHRIS WALDRON					
HER	_	Signature of plan ad	dministrator	Date	Enter name of individu	ual sig	gning as plan adı	ministrator		
SIGN										
HER	E	Signature of employ	/er/plan sponsor	Date	Enter name of individu	ual sig	ning as employe	er or plan sponsor		
Prep	arer's i	name (including firm na	ame, if applicable) and address; inclu					number (optional)		

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Pa	rt III Financial Information										
7	Plan Assets and Liabilities		(a) Beginning of Yea	ar			(b) En	d of Y	ear		
a	Total plan assets	7a	92837				(-,		373734		
	Total plan liabilities	7b		0			0				
	Net plan assets (subtract line 7b from line 7a)	7c	92837	6				1	373734		
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount		(b) To			Total			
	Contributions received or receivable from:		(a) runount				(3)	, iota			
	(1) Employers	8a(1)	5852	0							
	(2) Participants	8a(2)	12204	0							
	(3) Others (including rollovers)	8a(3)	2828	13							
b	Other income (loss)	come (loss)									
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							445358		
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		0							
e	Certain deemed and/or corrective distributions (see instructions)	8e		0							
f	Administrative service providers (salaries, fees, commissions)	. 8f		0							
g	Other expenses	8g		0							
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							(	)	
<u>i</u>	Net income (loss) (subtract line 8h from line 8c)	. 8i							445358	3	
j	Transfers to (from) the plan (see instructions)	8j									
Pa	rt IV Plan Characteristics										
9a	If the plan provides pension benefits, enter the applicable pension 2E 2F 2G 2J 2K 3D 2T 2A	feature cod	des from the List of Plan Char	acteris	stic Co	odes in	the instr	uction	s:		
b	If the plan provides welfare benefits, enter the applicable welfare fe	eature code	es from the List of Plan Chara	cterist	ic Cod	des in t	he instru	ctions			
Par	art V Compliance Questions										
10	During the plan year:				Yes	No		Λm	ount		
	Was there a failure to transmit to the plan any participant contribu	tions within	the time period described in			-110		AIII	Ount		
	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu Were there any nonexempt transactions with any party-in-interest	iciary Corre	ection Program)	10a		X					
N	on line 10a.)	•	•	10b		X					
	· · . · . · . · . · . · . · . · . ·			100	X					100000	
				10c						100000	
d	Did the plan have a loss, whether or not reimbursed by the plan's 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			10e		Х					
	instructions.)					X					
				10f							
9			,	10g		X					
h	If this is an individual account plan, was there a blackout period? (2520.101-3.)	•		10h		X					
ī	If 10h was answered "Yes," check the box if you either provided the	ne required									
-	expensions to providing the notice applied under 20 CER 2520 10	4 o .		40:							
	exceptions to providing the notice applied under 29 CFR 2520.10	1-3		10i							
Part	VI Pension Funding Compliance						2.45				
Part	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)	ents? (If "\	es," see instructions and com	plete	<u>.</u>			[	Yes	No	
Part	t VI Pension Funding Compliance Is this a defined benefit plan subject to minimum funding requirem	ents? (If "\	es," see instructions and com	plete	<u>.</u>			[	Yes	No No	
Part	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)	ents? (If "\ com Sched	/es," see instructions and comunity see instructions are seen in the second see instructions and comunity see instructions are seen in the second see instructions and comunity see instructions are seen in the second second see in the second secon	nplete		11a			Yes Yes	No No	
11 11a 12	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)  Enter the unpaid minimum required contribution for current year from the string a defined contribution plan subject to the minimum funding (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,	rents? (If "\ om Schedi requireme	/es," see instructions and comule SB (Form 5500) line 39 ents of section 412 of the Code able.)	nplete	ection	<b>11a</b> 302 of	ERISA?		Yes	X No	
11 11a 12	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)	requireme as applica	ves," see instructions and comule SB (Form 5500) line 39 ents of section 412 of the Code able.) ed in this plan year, see instru	e or se	ection	<b>11a</b> 302 of	ERISA?		Yes	X No	
11 11a 12	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)	rents? (If "\ requireme , as applicang	ves," see instructions and comunity of the Code able.)  end in this plan year, see instruments	e or se	ection	11a 302 of	ERISA?	of the le	Yes	X No	

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

## 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).

plete 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

Pension Benefit Guaranty Corporation	Complete all entries in acc	cordance with the instructi	ons to the Form 5500	SF.						
Part I Annual Report Id	dentification Information									
For calendar plan year 2013 or fisc	al plan year beginning	01/01/2013	and ending		12/31/201	3				
A This return/report is for:	n (not multiemployer)		a one-partici	pant plan						
B This return/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 box if filing under:			DFVC progra	am						
Officer box if filling direct.	special extension (enter descr	iption)								
Part II Basic Plan Infor	mation—enter all requested info									
1a Name of plan	That on to day of the			1b	Three-digit					
	CORPORATION 401(K)	PLAN			plan number	001				
				40	(PN)					
					Effective date 0 01/01/200					
2a Plan sponsor's name and add	lease, include room or quite numbe	er (employer if for a single-e	mnlover plan)			tification Number				
PIONEER TECHNOLOGIES		si (employer, il lor a amgio a	mployer plany	_~	(EIN) 91-17:					
				2c	Sponsor's tele	phone number				
5205 CORPORATE CTR.	CT. SE, SUITE A				360-570-1	.700				
				2d		siness code (see instructions)				
OLYMPIA	WA 98503				541600					
3a Plan administrator's name and	d address XSame as Plan Spons	sor Name XSame as Plan	Sponsor Address	3b	Administrator's	EIN				
				3c	Administrator's	telephone number				
					, , , , , , , , , , , , , , , , , , , ,					
4 If the name and/or EIN of the	plan sponsor has changed since	the last return/report filed for	this plan, enter the	4b	EIN					
	nber from the last return/report.			40	PN					
a Sponsor's name	the besteries of the plantage			-		16				
5a Total number of participants					-	18				
	at the end of the plan year			5b						
C Number of participants with a	account balances as of the end of	the plan year (defined benef	it plans do not	5c		18				
	during the plan year invested in e					X Yes No				
<b>b</b> Are you claiming a waiver of	the annual examination and repo	rt of an independent qualifier	d public accountant (IC	PA)						
under 29 CFR 2520.104-46?	? (See instructions on waiver eligib	oility and conditions.)				X Yes ∐ No				
If you answered "No" to ei	ther line 6a or line 6b, the plan	cannot use Form 5500-SF a	and must instead use	Form	1 5500.					
C If the plan is a defined benefit	it plan, is it covered under the PBC	GC insurance program (see I	ERISA section 4021)?		] Yes ∐ No	Not determined				
	or incomplete filing of this retur									
1 11	the state of the s	stions. I dealers that I have a	evamined this return/re	nort i	ncluding if appl	icable, a Schedule				
SB or Schedule MB completed ar	nd signed by an enrolled actuary,	as well as the electronic vers	sion of this return/repor	t, and	to the best of m	iy knowledge and				
belief, it is true correct and comp	olete.									
SIGN K ////	MACK	- DAZI114	CHRIS WALDRON							
HERE Signature of plan a	dministrator	Date	Enter name of individ	dual si	gning as plan a	dministrator				
	anninotrato <sub>1</sub>	20.0	CHRIS WALDRON		- Lundahan					
SIGN HERE OLUMBIAN OF ANNUAL		Dete	Enter name of individ		anina se emplo	ver or plan sponsor				
I Signature of emplo	yer/plan sponsor name, if applicable) and address; i	Date				ne number (optional)				
Freharer's name (including inmin	amo, il applicable, alla address, il	nershape restrict of calle framework	7-F							
				1						
				_						
				×						

Par	t III Financial Information				_		
7	Plan Assets and Liabilities	A HEW	(a) Beginning of Year	r			(b) End of Year
а	Total plan assets	7a	92	837	6		1373734
	Total plan liabilities	7b			0		0
С	Net plan assets (subtract line 7b from line 7a)	7c	92	837	6		1373734
8	Income, Expenses, and Transfers for this Plan Year	(a) Amount				(b) Total	
	Contributions received or receivable from:	0 (4)	<u> </u>	852	0		
	(1) Employers	8a(1)		204	_	1	
	(2) Participants	8a(2)		828	_		
	(3) Others (including rollovers)	8a(3)		3651	-		
	Other income (loss)	8b		,031	-		445358
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c	The Property of the American Street, and the A	_		100	
	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d			0	S C	
	Certain deemed and/or corrective distributions (see instructions)	8e			0		
$\overline{}$	Administrative service providers (salaries, fees, commissions)	8f			0	100	The state of the s
	Other expenses	8g			0		
	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h		=			0
	Net income (loss) (subtract line 8h from line 8c)	8i		1,27			445358
	Transfers to (from) the plan (see instructions)	8j			FR		
_	t IV Plan Characteristics	-7					
b	If the plan provides pension benefits, enter the applicable pension 2E 2F 2G 2J 2K 3D 2T 2A  If the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare benefits.						
Pari					Yes	No	Amount
10 a	During the plan year:  Was there a failure to transmit to the plan any participant contribution of the plan and DOL's Voluntary Fidure 1.	itions within	the time period described in ection Program)	10a		Х	, une divi
b		t? (Do not in	nclude transactions reported	10b		Х	
С	Was the plan covered by a fidelity bond?			10c	Х		100000
d		fidelity bon	d, that was caused by fraud	10d		Х	
е	Were any fees or commissions paid to any brokers, agents, or ot insurance service, or other organization that provides some or all instructions.)	of the bene	fits under the plan? (See	10e		х	
f	Has the plan failed to provide any benefit when due under the pla	an?		10f		X	
g	Did the plan have any participant loans? (If "Yes," enter amount a	as of year er	nd.)	10g		Х	
_	If this is an individual account plan, was there a blackout period? 2520.101-3.)	(See instru	ctions and 29 CFR	10h		Х	
i	If 10h was answered "Yes," check the box if you either provided to exceptions to providing the notice applied under 29 CFR 2520.10	the required 01-3	notice or one of the	10i			
Par							
11	Is this a defined benefit plan subject to minimum funding requiren 5500) and line 11a below)	nents? (If "Y	es," see instructions and con	nplete	Sched	dule SE	3 (Form Yes No
118	Enter the unpaid minimum required contribution for current year t					11a	
12	Is this a defined contribution plan subject to the minimum funding	g requireme	nts of section 412 of the Code	e or s	ection	302 of	ERISA? Yes X No
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below	v, as applica	ible.)				
	If a waiver of the minimum funding standard for a prior year is be granting the waiver.		Mor	nth	, and	enter ti Day	he date of the letter ruling Year
_	you completed line 12a, complete lines 3, 9, and 10 of Schedu					401	
t	Enter the minimum required contribution for this plan year					12b	

	Form 5500-SF 2013 Page <b>3</b> -					
C	Enter the amount contributed by the employer to the plan for this plan year		12c			
	Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus negative amount).	sign to the left of a	12d			
е	Will the minimum funding amount reported on line 12d be met by the funding deadline?			Yes	No	N/A
Part						
	Has a resolution to terminate the plan been adopted in any plan year?			Yes X	Vo	
	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 p of the PBGC?	lan, or brought under the	control		Ye	s X No
С	If during this plan year, any assets or liabilities were transferred from this plan to another purchasets or liabilities were transferred. (See instructions.)	lan(s), identify the plan(s)	to			
1	3c(1) Name of plan(s):	1	3c(2)	EIN(s)	13c(	3) PN(s)
#	Control of the Contro					
	VIII T (Information (antique))					
Part	VIII Trust Information (optional)					

14a Name of trust

14b Trust's EIN