	rm 5500-SF	0-SF Short Form Annual Return/Report of Small Emplo Benefit Plan					OMB Nos. 1210-0110 1210-0089	
	rtment of the Treasury rnal Revenue Service	This form is required to be filed	under sections 104 ar				2013	
Employee B	epartment of Labor Benefits Security Administration	Retirement Income Security Act of 1974 (ERISA), and sections 6057(b) and 605 the Internal Revenue Code (the Code).						
	enefit Guaranty Corporation	Complete all entries in accorda	ance with the instruc	tions to the Form 5500)-SF.			
Part I		Ientification Information			<u></u>			
For calend	ar plan year 2013 or fisca			and ending 1	2/31/2	2013		
A This ref	turn/report is for:	X a single-employer plan	a multiple-employer pl	an (not multiemployer)		a one-particip	oant plan	
B This ref	turn/report is:	the first return/report t	he final return/report					
	Γ	an amended return/report	short plan year return	n/report (less than 12 mo	onths))		
C Check	box if filing under:	▼ Form 5558	automatic extension		DFVC program			
		special extension (enter description)					
Part II	Basic Plan Inform	nation—enter all requested informat						
1a Name		nation—enter all requested informat	1011		1b	Three-digit		
) PROFIT SHARING PLAN AND TRU	ST			plan number		
		,				(PN) 🕨	001	
					1c	Effective date of	f plan	
						07/01	(1969	
	ponsor's name and addre	ess; include room or suite number (em	ployer, if for a single-	employer plan)	2b	Employer Identii (EIN) 91-07		
2825 SOUT	H 154TH STREET				2c	Sponsor's telep 206-242		
SEATAC, W					2d	Business code (see instructions 236200		
3a Plan a	dministrator's name and	address XSame as Plan Sponsor Na	me Same as Plan	Sponsor Address	3b			
3c Administrator's telephon					elephone 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 name, EIN, and the plan number from the last return/report.			4b EIN 4c PN					
	or's name	the beginning of the plan year				PN	18	
					5a			
		the end of the plan year			5b		15	
		count balances as of the end of the pla			5c		15	
	•	luring the plan year invested in eligible	•	,			X Yes No	
		ne annual examination and report of ar					🗙 Yes 🗌 No	
		See instructions on waiver eligibility ar						
If you answered "No" to either line 6a or line 6b, the plan cannot use Form 5500-SF and must instead use Form 5500. C If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)? Yes No Not determined								
Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.								
Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including, if applicable, a Schedule SB or Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.								
SIGN	Filed with authorized/va	lid electronic signature.	08/19/2014	MARK SCOCCOLO				
HERE	Signature of plan adn	ninistrator	Date	Enter name of individual signing as plan administrator				
SIGN								
HERE	Signature of employe	er/nlan sponsor	Date	Enter name of individu	ial sic	ining as employe	r or plan sponsor	
Preparer's		ne, if applicable) and address; include			-		number (optional)	
	-	·						

D Total plan itabilities Total 199 1199 C Net plan assets (subtract line 7b from line 7a) Total plan assets (subtract line 7b from line 7a) Total 1013014 121815 B Income: Expenses, and Transfers for this Plan Year (a) Amount (b) Total 2 Participants Ba(2) 760.4 (c) 2 Participants Ba(2) 760.4 (c) (c) 2 Participants Ba(2) 760.4 (c)	Par	t III Financial Information									
b Total pain liabilities 7b 199 199 c Not plan assets (subtract line 7b from line 7a) 7c 1013014 121815 a Contributions received or meavable from: sa(1) 72922 (a) Amount (b) Total a Contributions received or meavable from: sa(1) 72922 (c) Amount (c) Total a Contributions received or meavable from: sa(2) 7604 (c) Total (c) Total a Contributions received or meavable from: sa(2) 7604 (c) Total (c) Total (c) Dender income (loss) 8b 1930115 2 27354* c Total income (loss) 8b 1930115 2 2 c Total income (loss) 8d 0 0 6 6 d Benefits paid (including direct rollowers and insurance permiums bed 0 0 6	_			(a) Beginning of Year			(b) End of Year				
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8 Income, Expanses, and Transfers for this Plan Year (a) Amount (b) Total a Contributions received or receivable form: 8a(1) 72922 (2) Participants. 8a(2) 7604 (3) Others (including rollovers). 8a(3) 0 5 Others (including rollovers). 8a(3) 0 6 193015 27354 7 Total income (add inces 8a(1), 8a(2), 8a(3), and 8b) 8c 0 27354 6 Denter income (add inces 8a(1), 8a(2), 8a(3), and 8b) 8c 0 0 1 6 Denter spenses. 8g 0 0 1 4 6501 0 1	b	Total plan liabilities	7b	19	199			0			
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d Benefits paid (including direct rollovers and insurance premiums to provide benefits)								273541			
By provide demondant of a corrective distributions (see instructions) Be 0 f Administrative service providers (salaries, fees, commissions) Bf 6501 g Other expenses Bg 0 h Total expenses (add lines 8d, 8e, 8f, and 8g)											
0 Outline beams of concentration of the providers (salaries, fees, commissions)		· · ·	8d								
9 Other expenses 9g 0 h Total expenses (add lines 8d, 8e, 8f, and 8g) 8h 6839 i Net income (loss) (subtract line 8h from line 8c) 8i 20514 j Transfers to (from) the plan (see instructions). 8j 0 Part IV Plan Characteristics 9g 0 9a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 2E 24 24 20 3H 9d b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions: Part IV Compliance Questions 10a × 10 During the plan year: Yes No Amount a Was there a failure to transmit to the plan any participant contributions within the time period described in on line 10a. 10a × c Was the plan covered by a fidelity bond? 10c × 10b × c Was the plan covered by a fidelity bond? 10c × 10c × 10c × 10c × 10c ×	е	Certain deemed and/or corrective distributions (see instructions)	8e		<u> </u>						
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a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)											
29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)	10	During the plan year:				Yes	No	Amount			
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12 Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA?	11							3 (Form	No		
	11a	11a Enter the unpaid minimum required contribution for current year from Schedule SB (Form 5500) line 39									
(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)	12 Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA?							ERISA? Yes X	X No		
a If 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 rugranting the waiver	granting the waiver					, and e					
If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.											
b Enter the minimum required contribution for this plan year											

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 c of the PBGC?	ontrol		Yes X No			
C 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.)							
13c(1) Name of plan(s): 13				13c(3) PN(s)			
Part	VIII Trust Information (optional)		1				
14a Name of trust				14b Trust's EIN			