Form 5500-SF		Short Form Annual Return/Report of Small Employ				OMB Nos. 1210-0110 1210-0089					
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration		Benefit Plan This form is required to be filed under sections 104 and 4065 of the Employe Retirement Income Security Act of 1974 (ERISA), and sections 6057(b) and 6058 the Internal Revenue Code (the Code).			2013						
					(a) of	This Form is Open to Public					
	enefit Guaranty Corporation	tions to the Form 5500	)-SF.	Inspection							
Part I Annual Report Identification Information											
For calend	ar plan year 2013 or fisca			and ending 1	2/31/2	2013					
A This ref	turn/report is for:	a single-employer plan	multiple-employer pla	an (not multiemployer)		a one-participant plan					
B This ref	turn/report is:		e final return/report								
	Ļ	an amended return/report									
C Check	box if filing under:		utomatic extension			DFVC program					
		special extension (enter description)									
Part II		nation—enter all requested information	on								
1a Name	of plan , INC. EMPLOYEE 401(K	() SAVINGS PLAN			10	Three-digit plan number					
or invertion,						(PN) ▶ 001					
					1c	Effective date of plan					
			leven if fer e single :		02/01/2001						
SPIRATION		ess; include room or suite number (emp	bioyer, il lor a single-e	employer plan)	2b	Employer Identification Number (EIN) 94-3331159					
6675 185TH					2c	Sponsor's telephone number 425-497-1700					
	WA 98052-8524				2d	Business code (see instructions) 339110					
3a Plan a	dministrator's name and	address XSame as Plan Sponsor Nam	ne Same as Plan	Sponsor Address	3b						
		—	—		<b>3c</b> Administrator's telephone number						
	name and/or EIN of the p , EIN, and the plan numb	4b	EIN								
	or's name				<b>4c</b> PN						
		the beginning of the plan year			5a	81					
<b>b</b> Total number of participants at the end of the plan year					5b	84					
		count balances as of the end of the plar			5c	68					
		luring the plan year invested in eligible a									
<b>b</b> Are yo	ou claiming a waiver of th	ne annual examination and report of an i	independent qualifie	d public accountant (IQI	PA)						
		See instructions on waiver eligibility and er line 6a or line 6b, the plan cannot									
•		blan, is it covered under the PBGC insul			_						
		incomplete filing of this return/report									
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/valid electronic signature.         09/12/2014         CRAIG EUDY											
HERE	Signature of plan adn	ninistrator	Date	Enter name of individual signing as plan administrator							
SIGN	Filed with authorized/va	lid electronic signature.	09/12/2014	CRAIG EUDY	CRAIG EUDY						
HERE	Signature of employe		Date		lual signing as employer or plan sponsor						
Preparer's	name (including firm nan	ne, if applicable) and address; include r	oom or suite number	r (optional)	Prep	arer's telephone number (optional)					

a       Total plan assets       7a       4677610       5         b       Total plan labilities       7b       7b       7b         c       Net plan assets (subtract line 7b from line 7a)       7c       4677610       5         a       Contributions received or receivable from:       7c       4677610       5         a       Contributions received or receivable from:       8a(1)       7366       7366         (2)       Participants       8a(2)       6539       5       5         b       Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)       8e       1007899       1       1         C       Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)       8e       1028488       1       1         G       Certain devende and/or corrective distributions (see instructions)       8e       1	(b) End of Year								
b       Total pain alabilities       7b         c       Note plan assets (subtract line 7b from line 7a)       7c       4677610       55         a       Contributions received or receivable from:       8a(1)       796       (b) Total         a       Contributions received or receivable from:       8a(1)       7966       (c) Total         (a)       Differ formed (c)       8a(2)       633091       (c)       7c         (b)       Differ formed (c)       8a(3)       66539       (c)       10         (b)       Other income (c)       8a(3)       6659       (c)       11         d       Benefits paid (ncluding direct rollowers and insurance premiums to provide benefits)       8c       1028499       (c)         (c)       Catal ademnets and (ncluding direct rollowers and insurance premiums to provide benefits)       8d       1028499       (c)         (c)       Catal ademnets and (ncluding direct rollowers and insurance premiums to provide benefits)       8d       1028499       (c)       (c)         g)       Other income (c)       Bat       1028499       (c)       (c) <t< th=""><th colspan="3">(b) End of Year 5327548</th></t<>	(b) End of Year 5327548								
c Net plan assets (subtract line 7b from line 7a)	3327340								
8       income, Expenses, and Transfers for this Plan Year       (a) Amount       (b) Tota         a       Contributions received or receivable from:       8a(1)       7366         (a) Detres (including rolevers).       8a(2)       593991         (b) Encloyers       8a(2)       593991         (c) Detres (including rolevers).       8a(3)       9639         b Other income (cos)       6b       1067999         c Total income (add lines 8a(1), 8a(2), 8a(3), and 8b).       8e       1028488         e Certain deemed and/or corrective distributions (see instructions)       8e       1028488         e Certain deemed and/or corrective distributions (see instructions)       8e       6         f Administrative service providers (salaries, fiese, commissions)	5327548								
a Contributions receivable from:       8a(1)       7366         (1) Employers       8a(2)       933991         (2) Participants       8a(2)       933991         (3) Others (including rolewers)       8a(3)       9639         (3) Others (including rolewers)       8a(3)       9639         (4) Others (including rolewers)       8a(3)       9639         (5) Others (including rolewers)       8a(1)       1067999         (7) Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)       8c       1024488         (7) Carlain deemed and/or corrective distributions (see instructions).       8e       1024488         (7) Carlain deemed and/or corrective distributions (see instructions).       8e       100         (7) An other pervises       8d       1024488       102         (7) Transfers (infom) the plan characteristics       8g       10       1         (8) If the plan provides person benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instruction 2f 2 (20 (2) (2) (2) (2) (2) (2) (2) (2) (2) (2)									
(1)       Employers       8a(1)       7366         (2)       Participanis       8a(2)       933991         (3)       Other income (loss)       8a(3)       9633         b       Other income (loss)       8b       1067999         C       Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)       8c       1028488         C       Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)       8c       1028488         C       Cartial income (add lines 8a(1), 8a(2), 8a(3), and 8b)       8c       1028488         C       Cartial income (add lines 8d, 8e, 8f, and 8g)       8f       569         G       Other expenses       8g       101       11         Total expenses (add lines 8d, 8e, 8f, and 8g)       8h       11       11         Total expenses (add lines 8d, 8e, 8f, and 8g)       8i       11       11         Total expenses (add lines 8d, 8e, 8f, and 8g)       8i       11       11         Total expenses (add lines 8d, 8e, 8f, and 8g)       8i       11       11         Total expenses (add lines 8d, 9b, 8e, 8f, and 8g)       8i       11       11         Total expenses (add lines 8d, 8e, 8f, and 8g)       8i       11       11         Total expenses (add lines 8d, 9b, 8e, 8e, 8d, 8d)       8i	11								
(a) Others (including rollovers)       Ba(3)       96.39         (b) Other income (loss)       Bb       1067999         (c) Total income (loss)       Bb       1028488         (c) Other income (loss)       Bc       1         (c) Other income (loss)       Bc       1         (c) Other income (loss)       Bc       1         (c) Other expenses       Bc       1         (c) Other expenses       Bg       1         (c) Other expenses <td></td>									
Image: Control (Interced)       Control (Control (Contro) (Control (Control (Control (Contro) (Con									
C       Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)       8c       1         d       Benefits paid (including direct rollovers and insurance premiums to provide benefits).       8d       1028488         e       Certain deemed and/or corrective distributions (see instructions).       8e       569         g       Other expenses.       8g       569         g       Other expenses.       8g       569         f       Administrative service providers (salaries, fees, commissions).       8f       569         g       Other expenses.       8g       1         f       Total expenses.       8g       1         j       Transfers to (from) the plan (see instructions).       8i       1         j       Transfers to (from) the plan (see instructions and set).       8i       1         g       If the plan provides gension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions 2E or Z ad 2J at 73 0 3 H       1         b       If the plan provides weifare benefits, enter the applicable weifare feature codes from the List of Plan Characteristic Codes in the instructions at 29 CFR 2510-3102 (26 estimations and DOL's Voluntary Fiduciary Correction Program).       10a       X         0       During the plan year:       Yes       No       Arr         d									
d       Benefits paid (including direct rollovers and insurance premiums to provide benefits)									
Bd       1028488         e       Certain deemed and/or corrective distributions (see instructions)	1678995								
e       Certain deemed and/or corrective distributions (see instructions)									
f       Administrative service providers (salaries, fees, commissions)       8f       589         g       Other expenses       8g       8g         h       Total expenses (add lines 8d, 8e, 8f, and 8g)       8h       1         i       Net income (coss) (subtract line 8h rom line 8c)       8i       9         j       Transfers to (from) the plan (see instructions)       8j       9         g       If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions at 2 a 2 a 3 3 d 4       10         g       Use the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions at 2 a CT 2 a 3 3 d 4       10a         p       Ouring the plan year:       Yes       No       Arr         a       Was there a failure to transmit to the plan any participant contributions within the time period described in 2 a CFR 2510.3-102? (See instructions and DoL's Voluntary Fiduciary Correction Program)       10a       X         b       Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)       10b       X       10b       X         c       Was the plan covered by a fidelity bond?       10c       X       10d       X       10d       X       10d       X       10d <td< td=""><td></td></td<>									
g Other expenses       6g         h Total expenses (add lines 8d, 8e, 8f, and 8g)									
h       Total expenses (add lines 8d, 8e, 8f, and 8g)       8h       1         i       Net income (loss) (subtract line 8h from line 8c)       8i       1         j       Transfers to (from) the plan (see instructions)       8j       1         9a       If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions         9a       If the plan provides pension benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions         Part V       Compliance Questions         10       During the plan year:         a       Was there a failure to transmit to the plan any participant contributions within the time period described in on line 10a.       X         c       Was there any nonexempt transactions and DOL's Voluntary Fiduciary Correction Program.       10a       X         d       Did the plan nave a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonestry?       10c       X         e       Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service, or other organization that provides some or all of the benefits under the plan? (See instructions and 29 CFR 250:01-03.       10d       X         f       Has the plan failed to provide any benefit when due under the plan?       10f       X       10g									
i       Net income (loss) (subtract line 8h from line 8c)       8i         j       Transfers to (from) the plan (see instructions)       8j         ga       If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instruction 2E 2F 2G 2J 2T 3D 3H         b       If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions         Part V       Compliance Questions         10       During the plan year:         a       Was there a failure to transmit to the plan any participant contributions within the time period described in 129 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)         b       Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)         c       Was the plan covered by a fidelity bond?       10c         d       Did the plan nave a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonest?       10d         c       Was there any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service, or other organization that provides some or all of the benefits under the plan? (See instructions.)       10d         f       Has the plan failed to provide any benefit when due under the plan? (See instructions and 29 CFR 250.01-3.)       10d       X         g	1029057								
j       Transfers to (from) the pian (see instructions)	649938								
Part IV       Plan Characteristics         9a       If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instruction zet zet zf zG zJ zT 3D 3H         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         10       During the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions         Part V       Compliance Questions       Yes       No       Arr         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)	0.0000								
9a       If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instruction ZE 2F 2C 2J 2T 3D 3H         b       If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions         Part V       Compliance Questions         10       During the plan year:       Yes       No       Arr         a       Was there a failure to transmit to the plan any participant contributions within the time period described in 10a 2 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)									
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)       10a       ^         b       Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)       10b       X         c       Was the plan covered by a fidelity bond?       10c       X       10c       X         d       Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?       10d       X          e       Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service, or other organization that provides some or all of the benefits under the plan? (See instructions.)       10e       X          f       Has the plan failed to provide any benefit when due under the plan?       10g       X           g       Did the plan have any participant loans? (If "Yes," enter amount as of year end.)       10g       X           i       If 10h was answered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.       10h       X           11       Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form 5500) line 39       11a         112       Is the is a defined contribution pl	nount								
on line 10a.)       10b       ^         c       Was the plan covered by a fidelity bond?       10c       ×         d       Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?       10d       ×         e       Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service, or other organization that provides some or all of the benefits under the plan? (See 10e       ×         f       Has the plan failed to provide any benefit when due under the plan?       10f       ×         g       Did the plan have any participant loans? (If "Yes," enter amount as of year end.)									
c       Was the plan covered by a intenty only?       10c         d       Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?       10d       X         e       Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service, or other organization that provides some or all of the benefits under the plan? (See instructions.)       10e       X         f       Has the plan failed to provide any benefit when due under the plan?       10f       X									
or dishonesty?	1000000								
e       Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service, or other organization that provides some or all of the benefits under the plan? (See instructions.)       10e       X         f       Has the plan failed to provide any benefit when due under the plan?       10f       X       X         g       Did the plan have any participant loans? (If "Yes," enter amount as of year end.)       10g       X       X         h       If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)       10h       X       X         i       If 10h was answered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.       10i       X       X         Part VI       Pension Funding Compliance       10i       I       I       I         11       Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form 5500) and line 11a below)       11a         12       Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA?       I         (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)       I       I         11       Is waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions,									
f       Has the plan failed to provide any benefit when due under the plan?       10f       X         g       Did the plan have any participant loans? (If "Yes," enter amount as of year end.)									
g Did the plan have any participant loans? (If "Yes," enter amount as of year end.)									
bit the plan nace any panetplan realise (in res), encler andom as of year encly									
2520.101-3.)       10h       A         i       If 10h was answered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3       10i       10i         Part VI       Pension Funding Compliance       10i       10i       10i         11       Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form 5500) and line 11a below)       11a         12       Is this a defined contribution for current year from Schedule SB (Form 5500) line 39       11a         12       Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA?       [         (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)       1       1         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 I granting the waiver.       Day Ye	7354								
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 I granting the waiver.									
11       Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form 5500) and line 11a below)         11a       Enter the unpaid minimum required contribution for current year from Schedule SB (Form 5500) line 39         11a       Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA?         (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)         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 I granting the waiver.									
5500) and line 11a below)       11a         11a       Enter the unpaid minimum required contribution for current year from Schedule SB (Form 5500) line 39       11a         12       Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA?       [         (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)       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 I granting the waiver.       Day Yea									
12       Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA?         (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)         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 I granting the waiver.         Month       Day         Ye	Yes N								
(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)  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 I granting the waiver	<u> </u>								
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 I granting the waiver	2 Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA? Yes X No								
granting the waiver	Yes X N								
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					
С	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): 1			l(s)	<b>13c(3)</b> PN(s)					
Part	VIII Trust Information (optional)		1						
14a Name of trust			14b Trust's EIN						