For	m 5500-SF	Short Form Annual Ret	/ee	OMB Nos. 1210-0110 1210-0089						
Department of the Treasury Internal Revenue Service		Be This form is required to be filed u	nefit Plan	nd 4065 of the Employee	e	2013				
	partment of Labor enefits Security Administration	Retirement Income Security Act of 19		tions 6057(b) and 6058		This Form is Open to Public				
Pension Benefit Guaranty Corporation Complete all entries in accordance with the instructions to the Form 5500-SF.										
Part I Annual Report Identification Information										
For calendar plan year 2013 or fiscal plan year beginning 01/01/2014 and ending 10/31/2014										
	urn/report is for:			an (not multiemployer)		a one-participant plan				
B This ret	B This return/report is:									
•		f H		/report (less than 12 mo	onths)	-				
C Check I	pox if filing under:		tomatic extension			DFVC program				
De st II		special extension (enter description)								
Part II		nation—enter all requested informatio	n		1h	Three-digit				
1a Name	GINEERING, INC. PROF	TT SHARING PLAN			ID.	plan number				
	,,					(PN) ▶ 001				
					1c	Effective date of plan				
2a Plan si	onsor's name and addr	ess; include room or suite number (emp	lover if for a single-	amplover plan)	2h	01/01/1998 Employer Identification Number				
	GINEERING, INC.				20	(EIN) 91-1992036				
23412 68TH	AVES				2c	Sponsor's telephone number 253-826-9003				
KENT, WAS					2d	Business code (see instructions)				
20 Diama	durini - to - to - to			On an an Address	2h	541330 Administrator's EIN				
Ja Plan a	aministrator's name and	address XSame as Plan Sponsor Nam	le Same as Plan	Sponsor Address	20	Administrator S EIN				
	 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. 									
	or's name				4c	PN				
5a Total r	number of participants at	the beginning of the plan year			5a	4				
b Total r	number of participants at	the end of the plan year			5b	0				
		count balances as of the end of the plan			5c	0				
		uring the plan year invested in eligible a								
b Are yo	ou claiming a waiver of th	e annual examination and report of an i	ndependent qualified	d public accountant (IQI	PA)					
		See instructions on waiver eligibility and er line 6a or line 6b, the plan cannot u								
-		plan, is it covered under the PBGC insur								
				,						
		incomplete filing of this return/report r penalties set forth in the instructions.								
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.	12/09/2014	TAMSEN M. CORBIN						
HERE	Signature of plan adn	ninistrator	Date	Enter name of individu	ual sig	ning as plan administrator				
SIGN										
HERE	Signature of employe		Date			ning as employer or plan sponsor				
Preparer's	name (including firm nan	ne, if applicable) and address; include ro	oom or suite number	(optional)	Prep	arer's telephone number (optional)				

Pa	t III Financial Information										_
7	Plan Assets and Liabilities	Assets and Liabilities (a) Beginning of Y					(b) End	of Y	ear		
а	Total plan assets	7a	42683	3					0		
b	Total plan liabilities	7b									
С	Net plan assets (subtract line 7b from line 7a)	7c	42683	3	0						
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b) ⁻	Fotal			
а	Contributions received or receivable from:										
	(1) Employers	8a(1)									
	(2) Participants	8a(2)									
	(3) Others (including rollovers)	8a(3)	2075	0							
					_				00750		
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) Benefits paid (including direct rollovers and insurance premiums	8c			_				20759		
	to provide benefits)	8d	44322	7							
е	Certain deemed and/or corrective distributions (see instructions)	8e									
f	Administrative service providers (salaries, fees, commissions)	8f	436	5							
g	Other expenses	8g									
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h						4	147592		
i	Net income (loss) (subtract line 8h from line 8c)	8i						-4	126833		
j	Transfers to (from) the plan (see instructions)	8j									
Par	t IV Plan Characteristics										
9a	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	:		
	2E 2F 2G 3D										
b	If the plan provides welfare benefits, enter the applicable welfare fe	eature cod	es from the List of Plan Charac	cterist	IC COO	les in t	he instruc	ions:			
Par	V Compliance Questions										
10	During the plan year:				Yes	No		Amo	ount		
	Was there a failure to transmit to the plan any participant contribu	tions withi	n the time period described in			~		7 411	June		
	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu	uciary Corr	ection Program)	10a		Х					
b	Were there any nonexempt transactions with any party-in-interest on line 10a.)			10b		х					
	,				Х						_
с 	Was the plan covered by a fidelity bond?			10c						7000	0
d	Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?	•	•	10d		Х					
e	Were any fees or commissions paid to any brokers, agents, or oth										—
	insurance service, or other organization that provides some or all	of the ben	efits under the plan? (See	4.0		х					
	instructions.)			10e		Х					
f	Has the plan failed to provide any benefit when due under the pla	n?		10f							
g	Did the plan have any participant loans? (If "Yes," enter amount a	s of year e	nd.)	10g		X					
h		•		4.01		х					
—i	2520.101-3.) If 10h was answered "Yes," check the box if you either provided the			10h							
•	exceptions to providing the notice applied under 29 CFR 2520.10			10i							
Part	Part VI Pension Funding Compliance										
11											
11a	Enter the unpaid minimum required contribution for current year fr					11a				<u> </u>	
12	Is this a defined contribution plan subject to the minimum funding		· · ·				FRISA?		Yes	X N	0
14	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,			01 50		502 UI				<u> </u>	_
а	If a waiver of the minimum funding standard for a prior year is bein	ng amortizo	ed in this plan year, see instruc		, and e	-	ne date of			ng	
lf	granting the waiver. you completed line 12a, complete lines 3, 9, and 10 of Scheduk					Day		Yea			—
	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?	. X Y	′es	No	
	If "Yes," enter the amount of any plan assets that reverted to the employer this year	. 13a			0
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the of the PBGC?	control		X 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):	3c(2) El	N(s)	13c(3)	PN(s)
Part	VIII Trust Information (optional)				
14a	Name of trust	14b Tr	ust's EIN		

For	m 5500-SF	Short Form Annual I	/ee		OMB Nos. 1210-0110 1210-0089						
	ment of the Treasury al Revenue Service	This form is required to be fi	e	2013							
	partment of Labor nefits Security Administration	Retirement Income Security Act		tions 6057(b) and 6058			s Open to Public				
	nefit Guaranly Corporation	Complete all entries in acco	ordance with the instruct	tions to the Form 5500	0-SF.		spection				
Part I	Annual Report Ic r plan year 2013 or fisc	dentification Information	01/01/2014	and ending		10/31/2014	1				
		X a single-employer plan	_								
	urn/report is for: urn/report is: [\mathbf{X} a multiple-employer place \mathbf{X} the final return/report	an (not mutternployer)			pant plan				
D misteu	inneportis. [\overline{X} a short plan year return	/report (less than 12 m	onths)						
C Chack b	ox if filing under:	Form 5558	automatic extension		511115)		m				
Check b		special extension (enter descrip									
Part II	Basic Plan Infor	mation—enter all requested infor									
1a Name o		inditori - enter an requested inton	mation		1b	Three-digit					
		Inc. Profit Sharing P	lan			plan number	001				
					1.	(PN)					
					IC	Effective date of 01/01/1998					
		ress; include room or suite number Inc .	(employer, if for a single-e	employer plan)	2b	Employer Ident					
					2c	(EIN) 91-199 Sponsor's telep					
23412 6	S8TH AVE S				24	253-826-9					
KENT		WA 98032			Zu	d Business code (see instructions 541330					
3a Plan ad	dministrator's name and	l address XSame as Plan Sponsor	r Name XSame as Plan	Sponsor Address	3b	Administrator's	EIN				
					3c Administrator's telephone number						
					30	Administrators	telephone number				
4											
		plan sponsor has changed since the ber from the last return/report.	e last return/report filed fo	r this plan, enter the	4b	EIN					
a Sponse					4c PN						
		at the beginning of the plan year			5a						
b Total r	number of participants a	at the end of the plan year			- 5b						
	the second s	ccount balances as of the end of the			5c		0				
		during the plan year invested in elig					X Yes No				
		the annual examination and report									
		(See instructions on waiver eligibilit					X Yes No				
		her line 6a or line 6b, the plan ca									
C If the p	blan is a defined benefit	plan, is it covered under the PBGC	insurance program (see	ERISA section 4021)?		Yes No	Not determined				
	al a la	r incomplete filing of this return/									
Under pena	alties of perjury and othe	er penalties set forth in the instructi d signed by an enrolled actuary, as	ons, I declare that I have	examined this return/report	port i t and	ncluding, if appli-	cable, a Schedule				
belief, it is f	true, correct, and completed	lete,	well as the electronic ven	sion of this return report	i, anu	to the best of m	y knowledge and				
	Ant	1	11/26/14	TAMSEN M. COR	BIN						
	gun										
	Signature of plan ad	Iministrator	Date	Enter name of individ	lual si	gning as plan ad	ministrator				
SIGN HERE							3				
	Signature of employ	/er/plan sponsor ame, if applicable) and address; inc	Date	Enter name of individ			er or plan sponsor e number (optional)				
i iopatei s	name (monumy mm file	and, in applicable, and address, inc	inderivent of suite numbe	(optional)							
					-						
For Banary	ork Reduction Act Notice	and OMB Control Numbers, see the	instructions for Corm EEOO	SF	<u> </u>		Form 5500-SF (2013)				
r vi naperw	OIN INCLUCTION AGE NOTICE	and own control numbers, see the	mediaciona for contractor	90.000							

Pa	rt III Financial Information									
7	Plan Assets and Liabilities		(a) Beginning of Yea	r			(b) End	l of Ye	ar	
а	Total plan assets	7a	42	2683	3					0
b	Total plan liabilities	7b								
С	Net plan assets (subtract line 7b from line 7a)	7c	42	2683	3					0
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b)	Total		
а	Contributions received or receivable from:									
	(1) Employers	8a(1)			-	-				
	(2) Participants	8a(2)				_	_		-	
b	(3) Others (including rollovers)	8a(3)		2075	9		_			
-	Other income (loss) Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8b 8c		2075		-		_		20759
d	Benefits paid (including direct rollovers and insurance premiums	00				_		_		20733
	to provide benefits)	8d	44	1322	7					
е	Certain deemed and/or corrective distributions (see instructions)	8e								
f	Administrative service providers (salaries, fees, commissions)	8f		436	5					_
g	Other expenses	8g								
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h			_				4	47592
i	Net income (loss) (subtract line 8h from line 8c)	8i							- 4	26833
j	Transfers to (from) the plan (see instructions)	8j								
Pa	t IV Plan Characteristics									
9a	If the plan provides pension benefits, enter the applicable pension	feature code	es from the List of Plan Chara	acteris	tic Co	des in	the instru	ictions	:	
b	2E 2F 2G 3D If the plan provides welfare benefits, enter the applicable welfare f	antura coder	s from the List of Plan Charac	otorieti	c Cod	les in th	o instruc	tions		
D		sature coues		Jiensi	000	63 II U	e manue	alons.		
Par	t V Compliance Questions									
10	During the plan year:				Yes	No		Ame	ount	
a	Was there a failure to transmit to the plan any participant contribu					x				
	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fide			10a	_					
IC.	Were there any nonexempt transactions with any party-in-interes on line 10a.)			10b		Х				
C				10c	Х					70000
				100	_			_	-	
, c	or dishonesty?	•	•	10d						
e	Were any fees or commissions paid to any brokers, agents, or ot	ner nersons		ivu		Х				
				Tod		X				
	insurance service, or other organization that provides some or all instructions)	of the bene	fits under the plan? (See			x x				
	instructions.)	of the bene	fits under the plan? (See	10e		x				
f	instructions.) Has the plan failed to provide any benefit when due under the pla	of the bene	fits under the plan? (See	10e 10f		x x				
	instructions.) Has the plan failed to provide any benefit when due under the plan Did the plan have any participant loans? (If "Yes," enter amount a	of the bene in? is of year en	fits under the plan? (See	10e		x				
	instructions.) Has the plan failed to provide any benefit when due under the plan Did the plan have any participant loans? (If "Yes," enter amount a I f this is an individual account plan, was there a blackout period?	of the bene in? is of year en (See instruc	fits under the plan? (See d.)	10e 10f		x x				
	instructions.) Has the plan failed to provide any benefit when due under the plan Did the plan have any participant loans? (If "Yes," enter amount a If this is an individual account plan, was there a blackout period? 2520.101-3.)	of the bene in? is of year en (See instruc	fits under the plan? (See d.)	10e 10f 10g		x x x				
2 	instructions.) Has the plan failed to provide any benefit when due under the plan Did the plan have any participant loans? (If "Yes," enter amount a If this is an individual account plan, was there a blackout period? 2520.101-3.)	of the bene in? is of year en (See instruc he required	fits under the plan? (See d.)tions and 29 CFR notice or one of the	10e 10f 10g		x x x				
2 	 instructions.) Has the plan failed to provide any benefit when due under the plan Did the plan have any participant loans? (If "Yes," enter amount a If this is an individual account plan, was there a blackout period? 2520.101-3.) If 10h was answered "Yes," check the box if you either provided to exceptions to providing the notice applied under 29 CFR 2520.10 	of the bene in? is of year en (See instruc he required	fits under the plan? (See d.)tions and 29 CFR notice or one of the	10e 10f 10g 10h		x x x				
9 	 instructions.) Has the plan failed to provide any benefit when due under the plan Did the plan have any participant loans? (If "Yes," enter amount a If this is an individual account plan, was there a blackout period? 2520.101-3.) If 10h was answered "Yes," check the box if you either provided to exceptions to providing the notice applied under 29 CFR 2520.10 	of the bene in? is of year en (See instruc he required 1-3 nents? (If "Ye	fits under the plan? (See d.) tions and 29 CFR notice or one of the es," see instructions and com	10e 10f 10g 10h 10i		X X X X dule SE			Yes	No
i i 	 instructions.) Has the plan failed to provide any benefit when due under the plan base and participant loans? (If "Yes," enter amount and if this is an individual account plan, was there a blackout period? 2520.101-3.) If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.101 t VI Pension Funding Compliance Is this a defined benefit plan subject to minimum funding requirem 	of the bene in? is of year en (See instruc he required 1-3 nents? (If "Ye	fits under the plan? (See id.) itions and 29 CFR notice or one of the es," see instructions and corr	10e 10f 10g 10h 10i		X X X X dule SE			Yes	 No
i i 	 instructions.) Has the plan failed to provide any benefit when due under the plan failed to provide any benefit when due under the plan base and participant loans? (If "Yes," enter amount at If this is an individual account plan, was there a blackout period? 2520.101-3.) If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.101 t VI Pension Funding Compliance Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below) 	of the bene in? is of year en (See instruc he required 1-3 nents? (If "Ye rom Schedu	fits under the plan? (See id.) tions and 29 CFR notice or one of the es," see instructions and com le SB (Form 5500) line 39	10e 10f 10g 10h 10i		X X X X dule SE		× [□ No
i i i i i i i i	 instructions.) Has the plan failed to provide any benefit when due under the plan failed to provide any benefit when due under the plan base and participant loans? (If "Yes," enter amount a lift this is an individual account plan, was there a blackout period? 2520.101-3.) If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.101 (Section 1990) tvi Pension Funding Compliance Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below). a Enter the unpaid minimum required contribution for current year for the section of the section	of the bene in? is of year en (See instruc he required 1-3 nents? (If "Ye rom Schedu g requiremer	fits under the plan? (See id.) itions and 29 CFR notice or one of the es," see instructions and com le SB (Form 5500) line 39 hts of section 412 of the Code	10e 10f 10g 10h 10i		X X X X dule SE		-		
9 1 1 11 11: 12	 instructions.) Has the plan failed to provide any benefit when due under the plan failed to provide any benefit when due under the plan base and participant loans? (If "Yes," enter amount at If this is an individual account plan, was there a blackout period? 2520.101-3.) If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.101 t VI Pension Funding Compliance Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below) a Enter the unpaid minimum required contribution for current year for the state of the subject to the minimum funding fund	of the bene in? is of year en (See instruct he required 1-3 nents? (If "Yo rom Schedu g requirement r, as applical ng amortize	fits under the plan? (See id.) tions and 29 CFR notice or one of the es," see instructions and com le SB (Form 5500) line 39 hts of section 412 of the Code ble.) d in this plan year, see instru	10e 10f 10g 10h 10i 10i e or se	ction	X X X X dule SE 11a 302 of	ERISA?.		Yes	X No
9 1 1 11 11 11 12 2 2	 instructions.) Has the plan failed to provide any benefit when due under the plan failed to provide any benefit when due under the plan base and participant loans? (If "Yes," enter amount a lif this is an individual account plan, was there a blackout period? 2520.101-3.) If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.101 (10) (10) (10) (10) (10) (10) (10) (of the bene in? is of year en (See instruct he required 1-3 nents? (If "Y rom Schedu requirement , as applical ng amortize	fits under the plan? (See id.) itions and 29 CFR notice or one of the es," see instructions and com le SB (Form 5500) line 39 hts of section 412 of the Code ble.) d in this plan year, see instru Mor	10e 10f 10g 10h 10i 10i e or se ctions	ction	X X X X dule SE 11a 302 of	ERISA?.	f the le	Yes	X No

Form 5500-SF 2013

Page **3** -

-			-			
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?		[] 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?	X	Yes	No		
	If "Yes," enter the amount of any plan assets that reverted to the employer this year	13a			0	
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the of the PBGC?					
c	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				
2	13c(1) Name of plan(s):	3c(2) E	EIN(s)	13c(3) PN(s)		
					· · · · · · · · · · · · · · · · · · ·	
-						
					<u> </u>	
Part	VIII Trust Information (optional)	1		()		
14a	Name of trust	14b Trust's EIN				