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).

OMB Nos. 1210-0110

1210-0089

2011

This Form is Open to Public Inspection

Р	rension Benefit Guaranty Corporation • Complete all entries in accor	dance wit	h the instructions to the Form 550	O-SF.	Inspection			
Part I Annual Report Identification Information								
For	calendar plan year 2011 or fiscal plan year beginning 01/01/201	11	and ending 1	2/31/20)11			
A	This return/report is for:	a multiple	e-employer plan (not multiemployer)	Γ	a one-participant plan			
	This return/report is: the first return/report		eturn/report	_				
	x an amended return/report	1	an year return/report (less than 12 mo	nnthe)				
_	H_	1		лин <i>э)</i> Г	DEVC program			
C	Check box if filing under: Form 5558	1	extension	DFVC program				
_	special extension (enter description)	,						
	art II Basic Plan Information—enter all requested inform	nation						
	Name of plan				Three-digit olan number			
AER	DSPACE DISTRIBUTORS, INC. 401(K) PROFIT SHARING PLAN				(PN) • 001			
					Effective date of plan			
					01/01/1995			
	Plan sponsor's name and address; include room or suite number (e	employer, if	for a single-employer plan)	2b 1	Employer Identification Number			
AER	OSPACE DISTRIBUTORS, INC.				EIN) 91-1632399			
				2c 3	Sponsor's telephone number			
3411	0 9TH AVE. S.				253-661-9600			
FEDE	ERAL WAY, WA 98003-6710			2d [Business code (see instructions)			
				01	424990			
	Plan administrator's name and address (if same as plan sponsor, e DSPACE DISTRIBUTORS, INC. 34110 9TH A		; ")	3b /	Administrator's EIN 91-1632399			
	FEDERAL W		8003-6710	3c /	Administrator's telephone number			
				253-661-9600				
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			
_	name, EIN, and the plan number from the last return/report.			40	DNI.			
	Sponsor's name			4c				
	Total number of participants at the beginning of the plan year			5a	,			
b	Total number of participants at the end of the plan year			5b	3			
С	Number of participants with account balances as of the end of the complete this item)		•	5c	2			
62	Were all of the plan's assets during the plan year invested in eligib				X Yes No			
b	Are you claiming a waiver of the annual examination and report of		· ·					
-	under 29 CFR 2520.104-46? (See instructions on waiver eligibility				X Yes No			
	If you answered "No" to either 6a or 6b, the plan cannot use F	orm 5500-	SF and must instead use Form 55	00.				
Pa	rt III Financial Information							
7	Plan Assets and Liabilities		(a) Beginning of Year		(b) End of Year			
а	Total plan assets	7a	1747193		1686271			
b	Total plan liabilities	7b	2547		0			
С	Net plan assets (subtract line 7b from line 7a)	. 7с	1744646		1686271			
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount		(b) Total			
а	Contributions received or receivable from:	0-(4)	0					
	(1) Employers	8a(1)	74507					
	(2) Participants	, ,	348273					
	(3) Others (including rollovers)							
b	Other income (loss)		-80639		2424.44			
C	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	. 8c			342141			
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	393347					
е	Certain deemed and/or corrective distributions (see instructions)		0					
f	Administrative service providers (salaries, fees, commissions)		7169					
g g	Other expenses		0					
9 h	Total expenses (add lines 8d, 8e, 8f, and 8g)				400516			
i	Net income (loss) (subtract line 8h from line 8c)				-58375			
:	Transfers to (from) the plan (see instructions)				00010			
	Transfers to (from) the plan (see instructions)	·· 8i						

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Part IV	Plan	Cnara	cteristics

- If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 9a 3D 2E 2F 2H 2J 2K 2T
- 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	Α	mount				
а	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)	10a		X						
b	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	10b		X						
С	Was the plan covered by a fidelity bond?	10c	X				150000			
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						
е	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				939			
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.)	10g		X						
h	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	10h		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								
Part	VI Pension Funding Compliance									
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and com 5500))					Yes	No			
	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA? Yes No (If "Yes," complete 12a or 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 letter ruling granting the waiver									
lf y	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			12b						
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 negative amount)			12d						
<u>e</u>	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	1	3a							
b	b Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?									
С										
1	3c(1) Name of plan(s):	13	c(2) EI	N(s)	13c(3)	PN(s)				
Caut	ion: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonab	le cau	ıse is	establ	ished.					
SB o	er penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this ret r Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return, f, it is true, correct, and complete.									

SIGN	Filed with authorized/valid electronic signature.	01/26/2015	ROBERT LITTLETON					
HERE	Signature of plan administrator	Date	Enter name of individual signing as plan administrator					
SIGN								
HERE	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor					

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

2011

This Form is Open to Public Inspection

		Identification Information				
For	calendar plan year 2011 or fis		01/01/20	11 and ending		12/31/2011
A	his return/report is for:	X a single-employer plan	a multiple-en	nployer plan (not multiemployer)		a one-participant plan
В	his return/report is:	rn/report				
	·	X an amended return/report	a short plan y	rear return/report (less than 12 mo	nths)	
C (Check box if filing under:	Form 5558	automatic ex	tension		DFVC program
•	ricon box ii iiiiig anaor.	special extension (enter descripti	ou) r			
Da	rt II Basic Plan Info	rmation—enter all requested inform				
	Name of plan	mation—enter all requested inform	iation		1b	Three-digit
		ORS, INC. 401(K) PROFIN	r sharing	PLAN		plan number
						(PN) > 001
						Effective date of plan 01/01/1995
2-	DI	d	amalanan if for	a aingle ampleyer plan		
	Plan sponsors name and ad ROSPACE DISTRIBUT	dress; include room or suite number (o	employer, it to	a single-employer plan)	20	Employer Identification Number (EIN) 91-1632399
		,			20	Sponsor's telephone number
34	110 9TH AVE. S					253-661 - 9600
					2d	Business code (see instructions)
FE	DERAL WAY	WA 98003-6710				424990
3a	Plan administrator's name ar	nd address (if same as plan sponsor, e	enter "Same")		3b	Administrator's EIN
AE.	ROSPACE DISTRIBUT	ORS, INC.		12	0 -	91-1632399
	110 9TH AVE. S. DERAL WAY	WA 98003-6710			3C	Administrator's telephone number 253 - 661 - 9600
4		e plan sponsor has changed since the	last return/rep	ort filed for this plan, enter the	4b	EIN
·		mber from the last return/report.				
a	Sponsor's name				4c	PN
5a	Total number of participants	at the beginning of the plan year			5a	28
b	Total number of participants	at the end of the plan year			5b	32
С	M1 - 5 / // / / / / / / / / / / / / / / /	account balances as of the end of the		•		27
			ADD THE STATE OF		5c	
		s during the plan year invested in eligi				X Yes No
D		f the annual examination and report of ? (See instructions on waiver eligibility				X Yes No
		ither 6a or 6b, the plan cannot use I				
Pa	rt III Financial Infor	mation				
7	Plan Assets and Liabilities		78 STON	(a) Beginning of Year		(b) End of Year
а	Total plan assets		7a	174719	3	1686271
b	Total plan liabilities		7b	254	. 7	0
c	Net plan assets (subtract lin	e 7b from line 7a)	7с	174464	6	1686271
8	Income, Expenses, and Tra	nsfers for this Plan Year		(a) Amount		(b) Total
а	Contributions received or re					
				7.5		
	''			7450		
		ers)		34827	10000	
b	ANALOS CONTRACTOR			-8063	3 9	
С	'	1), 8a(2), 8a(3), and 8b)	8c		20	342141
d		ct rollovers and insurance premiums	8d	39334	17	
е	Certain deemed and/or corr	ective distributions (see instructions)	8e		0	
f	Administrative service provi	ders (salaries, fees, commissions)	8f	716	9	
g	Other expenses		8g		0	
h	· ·	d, 8e, 8f, and 8g)			N.	400516
			100	A JAMES AND THE RESERVE OF THE STREET	140	-58375
i	Net income (loss) (subtract	line 8h from line 8c)	8i		-0	30373

Par	IV Plan Characteristics					15 - 1 - 1 - 1 - 1			
9a	3D'2E'2F 2H 2J 2K 2T								
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	Ar	nount		
	a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-1027 (See instructions and DOL's Voluntary Fiduciary Correction Program)								
b	Were there any nonexempt transactions with any party-in-interest? (Di on line 10a.)	o not include transac	tions reported	0	Х				
С	Was the plan covered by a fidelity bond?			X			150000		
d	Did the plan have a loss, whether or not reimbursed by the plan's fidel		used by fraud		х				
е	or dishonesty?	ersons by an Insura	nce carrier,	d					
v	insurance service or other organization that provides some or all of the instructions.)	e benefits under the	plan? (See	X			939		
f	Has the plan falled to provide any benefit when due under the plan?			f	Х				
g	Did the plan have any participant loans? (if "Yes," enter amount as of	year end.)	10	g	Х				
h	If this is an individual account plan, was there a blackout period? (See 2520.101-3.)	instructions and 29	CFR	h	х				
1	If 10h was answered "Yes," check the box if you either provided the reexceptions to providing the notice applied under 29 CFR 2520.101-3	aquired notice or one	of the	1					
Part	VI Pension Funding Compliance								
11	is this a defined benefit plan subject to minimum funding requirements 5500)).	3? (If "Yes," see Instr	uctions and comple	e Sche	dule St	3 (Form	Yes No		
12	is this a defined contribution plan subject to the minimum funding req						Yes X No		
	(If "Yes." complete 12s or 12b, 12c, 12d, and 12s below, as applicable	э.)							
	If a waiver of the minimum funding standard for a prior year is being a granting the waiver.	mortized in this plan	Month _	ns, and	enter ti Day	ne date of the	letter ruling ear		
	you completed line 12s, complete lines 3, 9, and 10 of Schedule Mi	B (Form 5500), and	skip to line 13.	-					
b	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 negative amount)	result (enter a minu	s 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		
Pari	VII Plan Terminations and Transfers of Assets				-				
13a	Has a resolution to terminate the plan been adopted in any plan year?	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				Yes X No			
	If "Yes," enter the amount of any plan assets that reverted to the emp	loyer this year		13a					
b	Were all the plan assets distributed to participants or beneficiaries, tra	ansferred to another	plan, or brought und	er the d	ontrol		Yes X No		
C	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.)								
2	13c(1) Name of plan(s): 13c(2) EIN(s) 13c(3) PN(s)								
Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.									
Lled	or penalties of perjury and other penalties set forth in the instructions, I or Schedule MB completed and signed by an enrolled actuary, as well a	declare that I have	examined this return	report.	includi	ng, if applicab	ile, a Schedule nowledge and		
beli	of, it is true, correct, and complete.						-		
SIC	bolet B. Chitlit	1.24.15	ROBERT LITTI	ETON					
HE		Date	Enter name of indi	vidual s	igning :	as plan admin	Istrator		
1									

Date

Enter name of individual signing as employer or plan sponsor

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Signature of employer/plan sponsor