Form 5500-SF	Short Form Annual Ret	urn/Report o	f Small Employ	/ee		OMB Nos. 1210-0110 1210-0089		
Department of the Treasury Internal Revenue Service	Be				2012			
Department of Labor	Retirement Income Security Act of 19	required to be filed under sections 104 and 4065 of the Employee ne Security Act of 1974 (ERISA), and sections 6057(b) and 6058(a) of						
Employee Benefits Security Administration Pension Benefit Guaranty Corporation		evenue Code (the C		This Form is Open to Public Inspection				
	Complete all entries in accordar dentification Information	nce with the instruc	tions to the Form 5500)-SF.				
For calendar plan year 2012 or fis			and ending 12	2/31/2	2012			
A This return/report is for:	a single-employer plan	multiple-employer pla	an (not multiemployer)		a one-particip	oant plan		
B This return/report is:	the first return/report	e final return/report						
	an amended return/report	short plan year return	/report (less than 12 mo	onths)	_			
C Check box if filing under:		tomatic extension			DFVC progra	ım		
	special extension (enter description)							
Part II Basic Plan Infor	mation—enter all requested information	on						
1a Name of plan				1b	Three-digit			
ANGELES COMPOSITE TECHNOI	LOGIES, INC. 401(K) PLAN				plan number (PN) ▶	001		
			-	1c	Effective date of			
				10	01/01/	•		
2a Plan sponsor's name and add ANGELES COMPOSITE TECHNO	Iress; include room or suite number (emp LOGIES, INC.	loyer, if for a single-	employer plan)	2b	Employer Identit (EIN) 91-19			
2138 WEST 18TH STREET				2c	Sponsor's telep 360-452			
PORT ANGELES, WA 98362				2d	Business code (33641	,		
3a Plan administrator's name and	d address 🗙 Same as Plan Sponsor Nan	ne Same as Plan	Sponsor Address	3b	Administrator's	EIN		
				50	Administrators	elephone number		
name, EIN, and the plan num	plan sponsor has changed since the last ber from the last return/report.	return/report filed fo	r this plan, enter the		EIN			
a Sponsor's name				4c	PN			
5a Total number of participants	at the beginning of the plan year			5a		100		
b Total number of participants	at the end of the plan year			5b		0		
· ·	ccount balances as of the end of the plan			5c		0		
	during the plan year invested in eligible a					X Yes No		
, ,	the annual examination and report of an		•	'		X Yes No		
	(See instructions on waiver eligibility and ther line 6a or line 6b, the plan cannot	,				X Yes No		
	or incomplete filing of this return/repor							
Under penalties of perjury and oth	er penalties set forth in the instructions, I d signed by an enrolled actuary, as well a	declare that I have e	examined this return/rep	ort, ir	ncluding, if applic			
SIGN Filed with authorized/	valid electronic signature.	07/20/2015	MIKE RAUCH					
HERE Signature of plan ac	Iministrator	Date	Enter name of individu	ual sig	ning as plan adn	ninistrator		
SIGN								
HERE Signature of employ		Date	Enter name of individu					
Preparer's name (including firm na	ame, if applicable) and address; include r	oom or suite number	(optional)	Prep	parer's telephone	number (optional)		

Part III Financial Information								
7 Plan Assets and Liabilities		(a) Beginning of Year			(b) End of Year			
a Total plan assets	7a	69247	3			0		
b Total plan liabilities	7b	0			0			
C Net plan assets (subtract line 7b from line 7a)	7c	692473			0			
8 Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b) Total		
a Contributions received or receivable from:		75.40	_					
(1) Employers	8a(1)	7548						
(2) Participants	8a(2)	17621						
(3) Others (including rollovers)	8a(3)	802						
b Other income (loss)	8b	7914	4					
 C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) d Benefits paid (including direct rollovers and insurance premiums 	8c			-		338868		
to provide benefits)	8d	18137	7					
e Certain deemed and/or corrective distributions (see instructions)	8e							
f Administrative service providers (salaries, fees, commissions)	8f							
g Other expenses	8g	68	7					
h Total expenses (add lines 8d, 8e, 8f, and 8g)	8h					182064		
i Net income (loss) (subtract line 8h from line 8c)	8i					156804		
j Transfers to (from) the plan (see instructions)	8j	-84927	7					
Part IV Plan Characteristics				•				
b If the plan provides welfare benefits, enter the applicable welfare ference Part V Compliance Questions	eature codes	from the List of Plan Charac	cterist	ic Cod	es in the ir	istructions:		
10 During the plan year:				Yes	No	Amount		
 Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu 			10a		х			
b Were there any nonexempt transactions with any party-in-interest on line 10a.)		uda transactiona reported						
C Was the plan covered by a fidelity bond?			10b		Х			
			10b 10c	X	х	200000		
 d Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty? 	fidelity bond,	that was caused by fraud		X	x x	200000		
d Did the plan have a loss, whether or not reimbursed by the plan's	fidelity bond, her persons by of the benefits	that was caused by fraud y an insurance carrier, under the plan? (See	10c	x				
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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	4
Part	VII Plan Terminations and Transfers of Assets			
13a	Has a resolution to terminate the plan been adopted in any plan year?	. 🗌 ۲	Yes 🗙 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 of the PBGC?	control	X Yes N	lo
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	IN(s) 13c(3) PN(s))
KONI	AG 401(K) SAVINGS PLAN 92-00	42743	002	
Part	VIII Trust Information (optional)		<u>.</u>	
14a	Name of trust	14b ⊤	rust's EIN	

Forr	m 5500-SF	Chamb Frinnis Americal				
		Short Form Annual	Return/Report of Benefit Plan	of Small Employ	/ee	OME Nos, 1210-0 1210-0
	ment of the Treasury ai Revenue Service	This form is required to be fi	iled under sections 104 a			2012
Employee Ben	partment of Labor nefits Security Administration nefit Guaranty Corporation		nal Revenue Code (the C	lode).		This Form is Open to Pub Inspection
		Complete all entries in according to the second secon	ordance with the instruc	ctions to the Form 550)-SF.	
	and the second		01/01/2012	and ending		12/31/2012
-	rn/report is for:	X a single-employer plan		lan (not multiemployer)		a one-participant plan
B This retu	/m/report is:	the first return/report	the final return/report			
		X an amended return/report	a short plan year retur	n/report (less than 12 mo	onths)	
Check bo	ox if filing under:	Form 5558 special extension (enter descrip	automatic extension			DFVC program
Part II	Basic Plan Infor	mation-enter all requested infor				
1a Name o	of plan	ECHNOLOGIES, INC. 401				Three-digit plan number
					1c	(PN) 001 Effective date of plan
		dress; include room or suite number	(employer, if for a single-	employer plan)	2b	01/01/2008 Employer Identification Number
		CCHNOLOGIES, INC.			2c	(EIN) 91-1953841 Sponsor's telephone number
	ST 181H STREE				2d	360-452-6776 Business code (see instructions
PORT AN	······································	WA 98362 d address XSame as Plan Sponsor	Nome Reamo or Plar	Pooper Address		336410 Administrator's EIN
4 If the na	ame and/or EIN of the	plan sponsor has changed since the	e last return/report filed fo	or this plan, enter the	4b	EIN
4 If the na name, I a Sponso	EIN, and the plan nun	plan sponsor has changed since the nber from the last return/report.	e last return/report filed fo	or this plan, enter the	4b 4c	······································
name, l a Sponso	EIN, and the plan nun	plan sponsor has changed since the nber from the last return/report. at the beginning of the plan year	·			······································
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Form 5500-SF 2012

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7 Plan Assets and Liabilities		(a) Beginning of Yea	r'			(b) End	of Year		
a Total plan assets	7a	1		3		(0) Litu (7 1001		
b Total plan liabilities	1			0					
C Net plan assets (subtract line 7b from line 7a)	7c	65	9247	3	·····				
8 Income, Expenses, and Transfers for this Plan Year		(a) Amount			(b) Total				
a Contributions received or receivable from:	1								
(1) Employers	8a(1)	75486							
(3) Others (including rollovers)			802	_					
b Other income (loss)	ther income (loss)			4					
c Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c				3			886	
d Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	181377							
e Certain deemed and/or corrective distributions (see instructions)	8e	·	an a						
f Administrative service providers (salaries, fees, commissions)	8f								
g Other expenses	8g		68	17					
h Total expenses (add lines 8d, 8e, 8f, and 8g)	1							206	
i Net income (loss) (subtract line 8h from line 8c)	1						15 	680	
j Transfers to (from) the plan (see instructions)	8j	- 84	4927	[7]					
Part IV Plan Characteristics							·. ·		
9a If the plan provides pension benefits, enter the applicable pension 2A 2E 2F 2G 2J 2K 3D					<u></u>				
b If the plan provides welfare benefits, enter the applicable welfare for	eature coo	les from the List of Plan Charac	ctenst	ic Cod	ies in tr	ie instructi	ons:		
						,,			
Part V Compliance Questions		an a							
Part V Compliance Questions 10 During the plan year:				Yes	No		Amount		
			10a	Yes	No X	· · · · · · · · · · · · · · · · · · ·	Amount		
 10 During the plan year: a Was there a failure to transmit to the plan any participant contribution 	uciary Cor I? (Do not	rection Program) include transactions reported	10a 10b	Yes			Amount		
 10 During the plan year: a Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduble Were there any nonexempt transactions with any party-in-interest 	uciary Cor !? (Do not	rection Program) include transactions reported		Yes	X .			1000	
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 10 During the plan year: a Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidue) b Were there any nonexempt transactions with any party-in-interest on line 10a.) c Was the plan covered by a fidelity bond? d Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty? 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 p	uciary Cor I? (Do not Idelity bo her persor of the ben	rection Program) include transactions reported and, that was caused by fraud the by an insurance carrier, efits under the plan? (See	10b 10c 10d	X	X X			>000	
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Form 5500-SF 2012 Page 3 -	·······			
	T	12c		
 C Enter the amount contributed by the employer to the plan for this plan year d Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign 				
a Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign negative amount).		12d	- 	
e 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, of the PBGC?		control		X Yes No
C If during this plan year, any assets or liabilities were transferred from this plan to another plan(s which assets or liabilities were transferred. (See instructions.)	s), identify the plan(s) t	α		
13c(1) Name of plan(s):	1:	3c(2) El	N(s)	13c(3) PN(s)
Koniag 401(k) Savings Plan	92	-0042	2743	002
an a				
				1
Part VIII Trust Information (optional)		A 41		
14a Name of trust		140 1	ust's EIN	