## 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). 1210-0089

OMB Nos. 1210-0110

2011

This Form is Open to Public Inspection

			Complete all entries in accord	uance with	i the instructions to the Form 550	U-OI .					
			t Identification Information								
For	calendar p	olan year 2011 or	fiscal plan year beginning 01/01/201	1	and ending 1	2/31/2	2011				
Α	This return	n/report is for:	🛚 a single-employer plan	a multiple	e-employer plan (not multiemployer)		a one-particip	ant plan			
В	This return	n/report is:	the first return/report	the final r	eturn/report						
			an amended return/report	a short pla	an year return/report (less than 12 mo	onths)					
С	Check box	c if filing under:	X Form 5558	automatic	extension		DFVC progra	m			
		o .	special extension (enter description	on)			<u> </u>				
Pá	art II E	Basic Plan Inf	formation—enter all requested information	ation							
	Name of		orici an requested internit	ation		1b	Three-digit				
			ROFIT SHARING PLAN				plan number				
							(PN) <b>•</b>	001			
						1c	Effective date of	•			
							01/01/				
	Plan spor V ADVISO		address; include room or suite number (e	mployer, if	for a single-employer plan)	2b	Employer Identif		er		
		,				20	(=114)				
4000	OFOONE	AVENUE OUT	- 4500			20	Sponsor's teleph	ione number 5-2380			
	TTLE, WA	AVENUE, SUITE 98104	: 1580			2d	Business code (s	see instruction	ns)		
							52390		-,		
			and address (if same as plan sponsor, e	nter "Same	9")	3b	Administrator's E				
MRW	/ ADVISOF	RY, LLC	1000 SECON SEATTLE, W		E, SUITE 1580	0 -	26-02				
			<u> </u>	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		3C	Administrator's to 206-515		nber		
4	If the nan	ne and/or EIN of t	he plan sponsor has changed since the I	ast return/	report filed for this plan, enter the	4b					
			umber from the last return/report.		, ,						
	Sponsor's					4c	PN				
5a			ts at the beginning of the plan year			5a					
b	Total nun	nber of participan	ts at the end of the plan year			5b			10		
С			h account balances as of the end of the p			5c			8		
62	'	,	ets during the plan year invested in eligib			30		X Yes	No		
b		•	of the annual examination and report of		,	 ⊃∆\		A 103	110		
-			6? (See instructions on waiver eligibility					X Yes	No		
			either 6a or 6b, the plan cannot use Fe	orm 5500-	SF and must instead use Form 55	00.					
Pa	rt III F	inancial Info	rmation								
7	Plan Ass	ets and Liabilities			(a) Beginning of Year		(b) End				
а	Total plan	n assets		. 7a	506133			645689	)		
b	Total plan	n liabilities		. 7b							
<u> </u>	Net plan	assets (subtract I	ine 7b from line 7a)	. 7c	506133			645689	)		
8	Income, I	Expenses, and Tr	ansfers for this Plan Year		(a) Amount		(b) T	otal			
а		tions received or r		90/4)	57730						
	., .	•		` '	115500						
	` ,	•		8a(2)	0						
h	` '	, ,	vers)	8a(3)	-24553						
b		` ,	(4) 0-(0) 0-(0)	8b	-24555			148677	,		
q C			(1), 8a(2), 8a(3), and 8b)rect rollovers and insurance premiums	. 8c				140077			
d			ect rollovers and insurance premiums	. 8d	9121						
е	•	ŕ	rrective distributions (see instructions)	. 8e	0						
f	Administr	rative service prov	viders (salaries, fees, commissions)	. 8f	0						
g	Other exp	penses		. 8g							
h			8d, 8e, 8f, and 8g)					9121			
i			t line 8h from line 8c)					139556	j		
j	Transfers	s to (from) the pla	n (see instructions)	8j							

Form 5500-SF 2011	Page <b>2</b> - 1	

Part IV	Plan Characteristics
Pall IV	Fian Characteristics

**9a** If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 2A 2E 2F 2G 2J 2K 2T 3D

**b** If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:

art	V Compliance Questions							
0	During the plan year:		Yes	No		Amo	unt	
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					60000
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		Χ				
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		X				
art	VI Pension Funding Compliance			•				
	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and com 5500))						Yes	X No
	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code (If "Yes," complete 12a or 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 instruction granting the waiver	ctions,	and e	enter th	e date of	the le		
-	ou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.		Г	12b	<u> </u>			
	Enter the minimum required contribution for this plan year			12c				
	Enter the amount contributed by the employer to the plan for this plan year	of a		12d				
e	Will the minimum funding amount reported on line 12d be met by the funding deadline?				Yes	П	lo	N/A
art								
	Has a resolution to terminate the plan been adopted in any plan year?				'es X	No		
	If "Yes," enter the amount of any plan assets that reverted to the employer this year							
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought of the PBGC?					П	Yes	X No
С	If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the which assets or liabilities were transferred. (See instructions.)							_
1	3c(1) Name of plan(s):		13	<b>c(2)</b> El	N(s)		13c(3)	PN(s)
auti	on: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable	le cau	se is	establ	ished.			
Inde B or	penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this retu Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/ it is true, correct, and complete.	ırn/rep	ort, ir	cludin	g, if applic			

SIGN	Filed with authorized/valid electronic signature.	07/26/2012	ROBERT WAGNER
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

	irtil Annual Report Identification Information						
For	calendar plan year 2011 or fiscal plan year beginning 01/01/201	1	and ending 12	2/31/2	2011		
A	This return/report is for:	a multiple	-employer plan (not multiemployer)		a one-participant plan		
	This return/report is:	the final re	eturn/report		_		
		a short pla	n year return/report (less than 12 mo	nths)	•		
G (	Check box if filing under: Form 5558	•	extension	,	DFVC program		
•	special extension (enter description)				LJ Program		
D-	rt II Basic Plan Information—enter all requested informa	<u></u>					
		auon		1h	Three-digit		
	Name of plan / ADVISORY, LLC 401(K) PROFIT SHARING PLAN			110	plan number		
MEXV	ADVISORT, ELO 40 T(R) PROFIT STIARING PEAR			(PN) • 001			
			· · · · · · · · · · · · · · · ·	1c	Effective date of plan		
					01/01/2008		
2a MRW	Plan sponsor's name and address; include room or suite number (er / ADVISORY, LLC	mployer, if	for a single-employer plan)	2b	Employer Identification Number		
			·		(EIN) 26-0242071		
				2c	Sponsor's telephone number 206-515-2380		
	SECOND AVENUE, SUITE 1580			24	Business code (see instructions)		
SEA	ITLE WA 98104			£U	523900		
	Plan administrator's name and address (if same as plan sponsor, er	nter "Same	")	3b	Administrator's EIN		
SAM		22,,,,0	·		26-0242071		
				3с	Administrator's telephone number		
4	If the name and/or EIN of the plan sponsor has changed since the la	aet roturn/r	aport filed for this plan, enter the	4h	206-515-2380 EIN		
_	name, EIN, and the plan number from the last return/report.	ast returni	eport filed for this plant, enter the	40	EIN		
а	Sponsor's name			4c PN			
5a	Total number of participants at the beginning of the plan year			5a	11		
b	Total number of participants at the end of the plan year	•••••		5b	. 10		
С	Number of participants with account balances as of the end of the p	olan year (d	defined benefit plans do not		_		
	complete this item)	<u></u>		5c	8		
	Were all of the plan's assets during the plan year invested in eligible				X Yes No		
b	Are you claiming a waiver of the annual examination and report of a				X Yes ☐ No		
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility a lf you answered "No" to either 6a or 6b, the plan cannot use Fo				A 765 1140		
Pa	rt III Financial Information			<u> </u>			
7	Plan Assets and Liabilities		(a) Beginning of Year		(b) End of Year		
а	Total plan assets	7a	506133		645689		
b	Total plan liabilities.	7b		<del></del>	- Marie - Mari		
С	Net plan assets (subtract line 7b from line 7a)	7c	506133		645689		
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount	-	(b) Total		
а	Contributions received or receivable from:				(2) 10 m		
	(1) Employers	8a(1)	57730				
	(2) Participants	8a(2)	115500				
	(3) Others (including rollovers)	8a(3)	0				
b	Other income (loss)	d8	-24553				
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c		il _	148677		
d	Benefits paid (including direct rollovers and insurance premiums						
	to provide benefits)	8d 8e	9121				
е	Certain deemed and/or corrective distributions (see instructions)	0	-				
f	Administrative service providers (salaries, fees, commissions)		0	44			
g	Other expenses	8g		Lian)			
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h			9121		
-	Net income (loss) (subtract line 8h from line 8c)	. <u>8i</u>			139556		
i	Transfers to (from) the plan (see instructions)	0:					

Page	2	_	1

Form	5500-SF	201	1
------	---------	-----	---

P	art I\	/	Plan	Chara	cteristics

9a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 2A 2E 2F 2G 2J 2K 2T 3D

**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	A	mount	
а	Was there a failure to transmit to the plan any participant contributions 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciang			10a		Х			
b	Were there any nonexempt transactions with any party-in-interest? (Do on line 10a.)	•	10b		Х				
С	Was the plan covered by a fidelity bond?			10c	Х			-	60000
d	Did the plan have a loss, whether or not reimbursed by the plan's fidel or dishonesty?			10d		Χ			
е	Were any fees or commissions paid to any brokers, agents, or other pinsurance service or other organization that provides some or all of the instructions.)	e benefits under the	plan? (See	10e		Х			
f	Has the plan failed to provide any benefit when due under the plan?			10f		Х			
g	Did the plan have any participant loans? (If "Yes," enter amount as of	year end.)		10g		Х			
h	If this is an individual account plan, was there a blackout period? (See 2520.101-3.)		a de la companya de	10h		Х			
i	If 10h was answered "Yes," check the box if you either provided the re exceptions to providing the notice applied under 29 CFR 2520.101-3	quired notice or on	e of the	10i		Х			
Part	VI Pension Funding Compliance								
11	Is this a defined benefit plan subject to minimum funding requirements 5500))							Yes	X No
12	Is this a defined contribution plan subject to the minimum funding requ	uirements of section	1 412 of the Code	or se	ction 3	302 of	ERISA?	Yes	⊠ No
	(If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable $$	•							
	If a waiver of the minimum funding standard for a prior year is being ar granting the waiver.		Mont						
_	ou completed line 12a, complete lines 3, 9, and 10 of Schedule ME				Г	12b	Τ .		
	Enter the minimum required contribution for this plan year		•			12c			
	Enter the amount contributed by the employer to the plan for this plan Subtract the amount in line 12c from the amount in line 12b. Enter the negative amount)	result (enter a minu	us sign to the left	of a		12d			
6	Will the minimum funding amount reported on line 12d be met by the fu				h		Yes	No	1 N/A
Part	FINAL (1911)	anding deadine :	***************************************				<u> </u>		
	Has a resolution to terminate the plan been adopted in any plan year?						res X No		
100	If "Yes," enter the amount of any plan assets that reverted to the emplo						.00 [/].10		
b	Were all the plan assets distributed to participants or beneficiaries, trai					ntrol			
c	of the PBGC?							Yes	X No
	which assets or liabilities were transferred. (See instructions.)	nis pian to another	——————————————————————————————————————	T					
1	3c(1) Name of plan(s):			13c(2) EIN(s) 13c(3) F			PN(s)		
Caut	ion: A penalty for the late or incomplete filing of this return/report	will be assessed ι	ınless reasonab	le cau	ıse is	estab	lished.		
SB o	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, perfect, and complete.								
SIG	ROBERT WAR						-2	<u> </u>	
HER		Date Date	Enter name of in	ndividi	ual sia	nina a	s plan admin	strator	
SIG									
HER	IERE Signature of employer/plan sponsor Date Enter name of individual signing as employer or plan sponsor						nsor		