## 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).

OMB Nos. 1210-0110 1210-0089

2011

This Form is Open to Public Inspection

P		lance with	the instructions to the Form 5500	SF.		•		
Pä	art I Annual Report Identification Information							
For	calendar plan year 2011 or fiscal plan year beginning 01/01/2012	2	and ending 0	6/30/2	012			
Α .	This return/report is for:	a multiple	-employer plan (not multiemployer)	ſ	a one-particip	ant plan		
		•	eturn/report	L	_ ' '			
			·	ntha\				
_			in year return/report (less than 12 mo	ntns) r	7			
С	Check box if filing under:	automatic	extension	L	DFVC progra	m		
	special extension (enter description	n)						
Pa	art II Basic Plan Information—enter all requested informa	ation						
1a	Name of plan			1b	Three-digit			
WAR	MOTH GUITAR PRODUCTS, INC. PROFIT SHARING PLAN				plan number			
					(PN) <b>▶</b>	001		
				1c	Effective date of			
					01/01/			
	Plan sponsor's name and address; include room or suite number (er MOTH GUITAR PRODUCTS, INC.	mployer, if	for a single-employer plan)		Employer Identif		er	
VVAI	MOTT GOTTAKT RODGETS, INC.				(EIN) 91-12			
				2c	Sponsor's telep			
	112TH ST. E.			0-1	253-845			
PUY	ALLUP, WA 98373-4313			2 <b>a</b>	Business code (		าร)	
2-	District the second sec	. "0	w.	26	32190			
	Plan administrator's name and address (if same as plan sponsor, en MOTH GUITAR PRODUCTS, INC. 6424 112TH S		(*)	3D /	Administrator's E	IN 56833		
,	PUYALLUP, V		-4313	3c	Administrator's t		her	
					253-845		1001	
4	If the name and/or EIN of the plan sponsor has changed since the la	ast return/i	report filed for this plan, enter the	4b	EIN			
	name, EIN, and the plan number from the last return/report.			_				
	Sponsor's name			4c	PN			
5a	Total number of participants at the beginning of the plan year			5a	a			
b	Total number of participants at the end of the plan year			5b				
С	Number of participants with account balances as of the end of the pl	lan year (d	defined benefit plans do not					
	complete this item)			5c			-	
6a	Were all of the plan's assets during the plan year invested in eligible	e assets?	(See instructions.)			X Yes	No	
b	3			,		<b>▼ ∨ □</b>	1 N.	
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility a		· ·			X Yes	No	
Do	If you answered "No" to either 6a or 6b, the plan cannot use Fort III Financial Information	orm 5500-	SF and must instead use Form 550	<i>1</i> 0.				
7	Plan Assets and Liabilities		(a) Beginning of Year		(b) End			
а	Total plan assets	7a	359111			0		
b	Total plan liabilities	7b	2122			0		
С	Net plan assets (subtract line 7b from line 7a)	7c	356989			0	)	
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount		(b) T	otal		
а	Contributions received or receivable from:		0					
	(1) Employers	8a(1)		_				
	(2) Participants	8a(2)	0					
	(3) Others (including rollovers)	8a(3)	0					
b	Other income (loss)	8b	20222					
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c				20222	-	
d	Benefits paid (including direct rollovers and insurance premiums		276000					
	to provide benefits)	8d	376900					
е	Certain deemed and/or corrective distributions (see instructions)	8e	0					
f	Administrative service providers (salaries, fees, commissions)	8f	311					
g	Other expenses	8g	0					
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h				377211		
i	Net income (loss) (subtract line 8h from line 8c)	8i				-356989	)	
i	Transfers to (from) the plan (see instructions)		0					
,	,,,,	8j						

Form	5500.	SF.	201

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D4 IV	Diam A	Ol 4 ! - 4 !
Part IV	ı Planı	Characteristics

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

art	/ Compliance Questions								
0	During the plan year:		Yes	No		A	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	Χ					3	5699
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					
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.)	10q		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							
art	/I Pension Funding Compliance								
	s this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and comp (5500))						☐ Ye	s X	No
12	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code						Ye	s X	No
	If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)  f a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instruct granting the waiver								
	ou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.		Г	12h					
	Enter the minimum required contribution for this plan year			12b					
	Enter the amount contributed by the employer to the plan for this plan year	of a		12c 12d					
_	negative amount)		_		$\frac{1}{\Box}$	es	No	П	N/A
art					Н.	00	110		14// (
	Has a resolution to terminate the plan been adopted in any plan year?			X	Yes	No			
за				^	162	INO			(
h	If "Yes," enter the amount of any plan assets that reverted to the employer this year			ntral					
D	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought up of the PBGC?	naer	ine co	ntroi 			X Ye	s	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.)	e plar	n(s) to	1				<u> </u>	,
1:	c(1) Name of plan(s):		13	c(2) [	EIN(s)		13c(	3) Pi	N(s)
<b></b>				2042	hlioba	<b>.</b>			
Jnde	on: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/re	rn/rep	ort, ir	cludi	ng, if a	pplicabl			

belief, it is true, correct, and complete.

SIGN	Filed with authorized/valid electronic signature.	07/31/2012	SEAN HOSFELT
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

	Complete all entries in accor			
	art I Annual Report Identification Information			06/20/0010
For		)1/01/2	2012 and ending	06/30/2012
Α	This return/report is for:	a multiple	e-employer plan (not multiemployer)	a one-participant plan
В	This return/report is:	the final r	eturn/report	
	an amended return/report	a short pla	an year return/report (less than 12 mo	onths)
C	Check box if filing under: Form 5558	automatio	extension	DFVC program
_	special extension (enter description	n)		_
D.	art II Basic Plan Information—enter all requested inform			
	Name of plan	ation		1b Three-digit
ıa.	Warmoth Guitar Products, Inc. Profit Sha	rina P	·lan	plan number
	Walkoth Gultar House, House She			(PN) ▶ 001
				1c Effective date of plan 01/01/2002
			for a single ompleyer plan)	2b Employer Identification Number
Za	Plan sponsor's name and address; include room or suite number (e Warmoth Guitar Products, Inc.	impioyer, ii	Tor a single-employer plan)	(EIN) 91-1256833
	Walkoth dultar froducts, inc.			2c Sponsor's telephone number
				(253) 845-0403
	6424 112th St. E.			2d Business code (see instructions)
	Puyallup		WA 98373-4313	321900
3a	Plan administrator's name and address (if same as plan sponsor, e	nter "Same	9")	3b Administrator's EIN
	Same			
				3c Administrator's telephone number (253) 845-0403
1	If the name and/or EIN of the plan sponsor has changed since the l	last return/	report filed for this plan, enter the	4b EIN
4	name, EIN, and the plan number from the last return/report.	idai retarr	report med for this plant, since the	TO LIN
a	Sponsor's name			4c PN
5a	Total number of participants at the beginning of the plan year			<b>5a</b> 35
b	Total number of participants at the end of the plan year			<b>5b</b> 0
c	Number of participants with account balances as of the end of the p			
	complete this item)			5c 0
6a	Were all of the plan's assets during the plan year invested in eligib	le assets?	(See instructions.)	X Yes   No
b	Are you claiming a waiver of the annual examination and report of	an indeper	ndent qualified public accountant (IQF	<sup>'A)</sup> ⊠ Yes ∏ No
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility If you answered "No" to either 6a or 6b, the plan cannot use F	and conditi orm 5500-	SF and must instead use Form 550	······· ⊔ ⊔
Pa	rt III Financial Information	OIIII OOOO	Of and mast motors and a	
7	Plan Assets and Liabilities		(a) Beginning of Year	(b) End of Year
٠,٢	Total plan assets	7a	359,11	
b		<u>'</u>		
		7h	2,12	
	Total plan liabilities	F		2 0
C R	Net plan assets (subtract line 7b from line 7a)	7b 7c	356,98	2 0 9 0
8	Net plan assets (subtract line 7b from line 7a)  Income, Expenses, and Transfers for this Plan Year	F		2 0
	Net plan assets (subtract line 7b from line 7a)	F	356,98	2 0 9 0
8	Net plan assets (subtract line 7b from line 7a)	7c	356,98	2 0 9 0
8	Net plan assets (subtract line 7b from line 7a)	7c 8a(1)	356,98	2 0 9 0
8 a	Net plan assets (subtract line 7b from line 7a)	7c 8a(1) 8a(2)	356,98	0 (b) Total
8 a b	Net plan assets (subtract line 7b from line 7a)	8a(1) 8a(2) 8a(3)	356, 98 (a) Amount	0 (b) Total
8 a	Net plan assets (subtract line 7b from line 7a)	7c 8a(1) 8a(2) 8a(3) 8b	356, 98 (a) Amount 20, 22	2 0 9 0 (b) Total 0 0 0 0 2 2 20,222
8 a b	Net plan assets (subtract line 7b from line 7a)	7c 8a(1) 8a(2) 8a(3) 8b	356, 98 (a) Amount	2 0 9 0 (b) Total 0 0 0 0 2 2 20,222
8 a b	Net plan assets (subtract line 7b from line 7a)	8a(1) 8a(2) 8a(3) 8b 8c 8d 8e	356, 98  (a) Amount  20, 22  376, 90	2 0 9 0 (b) Total 0 0 0 2 2 20,222
8 a b c	Net plan assets (subtract line 7b from line 7a)	7c 8a(1) 8a(2) 8a(3) 8b 8c	356, 98 (a) Amount 20, 22	2 0 9 0 (b) Total 0 0 0 2 2 20,222
8 a b c d	Net plan assets (subtract line 7b from line 7a)	8a(1) 8a(2) 8a(3) 8b 8c 8d 8e	356, 98  (a) Amount  20, 22  376, 90	2 0 0 0 0 (b) Total 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
8 a b c d	Net plan assets (subtract line 7b from line 7a)	7c 8a(1) 8a(2) 8a(3) 8b 8c 8d 8e	356, 98  (a) Amount  20, 22  376, 90	0 (b) Total 0 (2) 20,222 0 20,222 0 377,211
8 a b c d e f g	Net plan assets (subtract line 7b from line 7a)	8a(1) 8a(2) 8a(3) 8b 8c 8d 8e 8f 8g	356, 98  (a) Amount  20, 22  376, 90	2 0 0 0 0 (b) Total 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0

Par	IV Plan Characteristics							
9a	If the plan provides pension benefits, enter the applicable pension feat 2A 2E 2F 3D	ature codes from the	List of Plan Character	istic Co	odes in	the instruct	ions:	
b	If the plan provides welfare benefits, enter the applicable welfare feat	ure codes from the Li	st of Plan Characteris	tic Cod	ies in t	he instructio	ons:	······
Part	V Compliance Questions							
10	During the plan year:			Yes	No		Amount	
а	Was there a failure to transmit to the plan any participant contribution 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiducia	ary Correction Progra	m) <u>10a</u>		Х			
b	Were there any nonexempt transactions with any party-in-interest? (on line 10a.)	Do not include transa	ictions reported 10b		Х			
С	Was the plan covered by a fidelity bond?	100	X			35	,699	
d	Did the plan have a loss, whether or not reimbursed by the plan's fid or dishonesty?	*****	100		Х			
е	Were any fees or commissions paid to any brokers, agents, or other insurance service or other organization that provides some or all of t instructions.)	he benefits under the	plan? (See		Х		:	
f	Has the plan failed to provide any benefit when due under the plan?		<u>10f</u>		Х			
g	Did the plan have any participant loans? (If "Yes," enter amount as o	f year end.)	10g	<u></u>	Х			<u></u>
h	If this is an individual account plan, was there a blackout period? (Se 2520.101-3.)		<u>  10</u> h		Х			
i	If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.101-3	required notice or on	e of the <b>10</b> i					
Part	VI Pension Funding Compliance							
11	Is this a defined benefit plan subject to minimum funding requiremen 5500))	ts? (If "Yes," see inst	ructions and complete	Sched	dule SE	3 (Form	Yes X	
12	Is this a defined contribution plan subject to the minimum funding re	quirements of section	1412 of the Code or s	ection	302 of	ERISA?	Yes 2	No
	(If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable	le.)				an data of th	sa lattar rulin	<b>a</b>
а	If a waiver of the minimum funding standard for a prior year is being granting the waiver.	amortized in this plan	ı year, see instruction: Month	s, and i	enter tr Day	ne date of tr	Year	<del></del>
lf.	ou completed line 12a, complete lines 3, 9, and 10 of Schedule N	/IB (Form 5500), and	skip to line 13.					
	Enter the minimum required contribution for this plan year			]	12b			
С	Enter the amount contributed by the employer to the plan for this plan	n year			12c	ļ		
	Subtract the amount in line 12c from the amount in line 12b. Enter th negative amount)		***************************************		12d		<del>– . – –</del>	
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?				Χ,	Yes N	0	
	If "Yes," enter the amount of any plan assets that reverted to the em			13a				<u> </u>
b	Were all the plan assets distributed to participants or beneficiaries, tr of the PBGC?						X Yes	No
С	If during this plan year, any assets or liabilities were transferred from which assets or liabilities were transferred. (See instructions.)	this plan to another	plan(s), identify the pl			13.17.2	1 40-40\ E	
	3c(1) Name of plan(s):			13	c(2) E	IN(S)	13c(3) P	N(S)
Caut	ion: A penalty for the late or incomplete filing of this return/repor	t will be assessed t	uniess reasonable ca	use is	estab	lished.		
Unde SB o	r penalties of perjury and other penalties set forth in the instructions, sometimes of perjury and other penalties set forth in the instructions, sometimes of perjury and complete of the set of penalties of penalt	declare that I have e	examined this return/re	eport, i	ncludin	ig, if applica	ible, a Sched knowledge ar	lule nd
Done		7-30-7017	Sean Hosfelt		<b></b>			
SIG HER		Date 2012	Enter name of indivi	dual sig	ning a	s plan adm	inistrator	
SIG								
HER		Date	Enter name of indivi	dual sid	aning a	s employer	or plan spon	sor

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