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

r		lance with	the instructions to the Form 5500)-SF.		•		
P	art I Annual Report Identification Information							
For	calendar plan year 2011 or fiscal plan year beginning 01/01/2011	1	and ending 1	2/31/2	011			
Α	This return/report is for:	a multiple	-employer plan (not multiemployer)	Ī	a one-particip	ant plan		
		•	eturn/report	L				
Ь			·					
	an amended return/report	a short pla	n year return/report (less than 12 mo	onths)	<u></u>			
С	Check box if filing under:	automatic	extension		DFVC progra	m		
	special extension (enter description	n)						
D:	Int II Basic Plan Information—enter all requested information	ntion						
		311011		1h	Throo digit			
	Name of plan AEL A. WINSLOW, ATTORNEY AT LAW, INC., P.S. RETIREMENT	DLAN			Three-digit plan number			
IVIICI	ALL A. WINGLOW, ATTORNET AT LAW, INC., 1.5. RETIREMENT	LAN			(PN) ▶	001		
					Effective date of			
					01/01/			
2a	Plan sponsor's name and address; include room or suite number (er	mnlover if	for a single-employer plan)	2h	Employer Identif			
	HAEL A. WINSLOW, ATTORNEY AT LAW, INC., P.S.	ripioyer, ii	Tor a single employer plany		(EIN) 91-19			
			ľ		,	hana numbar		
				20	Sponsor's telepl			
	CLEVELAND AVE. NT VERNON, WA 98273			24		see instructions)		
IVIOU	NT VERNON, WA 90213			Zu	54111 (541			
20	Dian administratorio non and address (if some as also assessed as		")	2 h				
	Plan administrator's name and address (if same as plan sponsor, en AEL A. WINSLOW, ATTORNEY AT LAW, INC., P.S. 1204 CLEVEL			30 /	Administrator's E 91-19	43067		
	MOUNT VERI			3c	Administrator's t	elephone number		
				,	360-336			
4	If the name and/or EIN of the plan sponsor has changed since the la	ast return/i	eport filed for this plan, enter the	4b	EIN			
	name, EIN, and the plan number from the last return/report.		' '					
а	Sponsor's name			4c	PN			
5a	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				
			-	JU				
С	Number of participants with account balances as of the end of the p complete this item)	• (5c				
62	Were all of the plan's assets during the plan year invested in eligible		· ·		1	X Yes No		
b	Are you claiming a waiver of the annual examination and report of a		,			A 100 140		
D	under 29 CFR 2520.104-46? (See instructions on waiver eligibility a			,		X Yes No		
	If you answered "No" to either 6a or 6b, the plan cannot use Fo		•					
Pa	rt III Financial Information							
7	Plan Assets and Liabilities		(a) Beginning of Year		(b) End	of Voor		
_	'	7-	(a) Beginning or rear		(b) Liid	34139		
a	Total plan assets	7a						
D	Total plan liabilities	7b				0.44.00		
С	Net plan assets (subtract line 7b from line 7a)	7c	0			34139		
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount		(b) T	otal		
а	Contributions received or receivable from:		4520					
	(1) Employers	8a(1)	4529					
	(2) Participants	8a(2)	29625					
	(3) Others (including rollovers)	8a(3)						
b	Other income (loss)	8b	-15					
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c				34139		
d	Benefits paid (including direct rollovers and insurance premiums	- 00						
u	to provide benefits)	8d						
е	Certain deemed and/or corrective distributions (see instructions)	8e						
f	Administrative service providers (salaries, fees, commissions)	8f						
	, , , , , , , , , , , , , , , , , , , ,							
g	Other expenses	8g						
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h						
i	Net income (loss) (subtract line 8h from line 8c)	8i				34139		
j	Transfers to (from) the plan (see instructions)	8j						

Form 5500-SF 2011	

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Part IV	Plan	Characteristics	

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

Page **2** - 1

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

) a	V Compliance Questions	- 1						
а	During the plan year:		Yes	No		Amo	unt	
	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					1000
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				
_	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 \								
1	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and com 5500))						Yes	□ N
2	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code						Yes	X N
а	(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. Month of School and Mark 12a and 12	th						
-	rou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.			12b				
D	Enter the minimum required contribution for this plan year							
_								
d	Enter the amount contributed by the employer to the plan for this plan year	of a		12c 12d				
d	Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left enegative amount)	of a		12d	Yes		1o	N/A
d e	Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left negative amount)	of a		12d	Yes		lo	N/A
d e art '	Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left negative amount) Will the minimum funding amount reported on line 12d be met by the funding deadline? Plan Terminations and Transfers of Assets	of a	[12d		No	lo	N/A
d e art '	Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left onegative amount) Will the minimum funding amount reported on line 12d be met by the funding deadline? VII Plan Terminations and Transfers of Assets Has a resolution to terminate the plan been adopted in any plan year?	of a		12d			lo	N/A
d e art ' 3a	Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of negative amount) Will the minimum funding amount reported on line 12d be met by the funding deadline? VII Plan Terminations and Transfers of Assets Has a resolution to terminate the plan been adopted in any plan year? If "Yes," enter the amount of any plan assets that reverted to the employer this year Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought of the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought of the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought of the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought of the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought of the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought of the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought of the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought of the plan assets distributed to participants or beneficiaries.	of a	3a the co	12d				
d e art ' 3a b	Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of negative amount) Will the minimum funding amount reported on line 12d be met by the funding deadline? VII Plan Terminations and Transfers of Assets Has a resolution to terminate the plan been adopted in any plan year? If "Yes," enter the amount of any plan assets that reverted to the employer this year Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought of the PBGC? If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the	of a	3a the co	12d			Yes	
d eart \frac{1}{3}a b c	Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of negative amount) Will the minimum funding amount reported on line 12d be met by the funding deadline? VII Plan Terminations and Transfers of Assets Has a resolution to terminate the plan been adopted in any plan year? If "Yes," enter the amount of any plan assets that reverted to the employer this year Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought of the PBGC?	of a	3a the co	12d	Yes X	No		
d e art ' 3a b c	Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of negative amount) Will the minimum funding amount reported on line 12d be met by the funding deadline? VII Plan Terminations and Transfers of Assets Has a resolution to terminate the plan been adopted in any plan year? If "Yes," enter the amount of any plan assets that reverted to the employer this year	of a	3a the co	ntrol	Yes X	No	Yes	× N
d e art ' 3a b c	Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of negative amount) Will the minimum funding amount reported on line 12d be met by the funding deadline? VII Plan Terminations and Transfers of Assets Has a resolution to terminate the plan been adopted in any plan year? If "Yes," enter the amount of any plan assets that reverted to the employer this year	of a	3a the co	12d	Yes X	No	Yes	× N

SIGN	Filed with authorized/valid electronic signature.	08/28/2012	MICHAEL A. WINSLOW
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		1	and ending 1	2/31/2	2011			
Α	This return/report is for:	X a single-employer plan	a multiple	employer plan (not multiemployer)		a one-particip	ant plan		
В	This return/report is:	X the first return/report	the final re	eturn/report					
		an amended return/report	a short pla	n year return/report (less than 12 m	onths)				
С	Check box if filing under:	X Form 5558		extension		DFVC progra	m		
		special extension (enter description				[]	,		
Pa	art II Basic Plan Info	rmation—enter all requested information			-	The street	***************************************		
	Name of plan	and to appear a morning	aug ₁₁		1b	Three-digit			
	PROPERTY OF THE PROPERTY OF TH	NEY AT LAW, INC., P.S. RETIREMEN	T PLAN			plan number			
					į.	(PN) ▶	001		
					1c	Effective date of			
22	Dien enenger's name and ad	draggi include room or suite number (e	maniarina if	far = sis als		01/01/2	***		
MICI	HAEL A. WINSLOW, ATTORN	dress; include room or suite number (e NEY AT LAW, INC., P.S.	mpioyer, if	for a single-employer plan)	2b	Employer Identifi			
					20	(EIN) 91-1943			
200	CHENT AND AND				20	Sponsor's teleph 360-336			
	CLEVELAND AVE. INT VERNON WA 98273				2d	Business code (s	- Control of the Cont		
	***					541110			
		nd address (if same as plan sponsor, ei	nter "Same	")	3b	Administrator's E			
SAN	E					91-1943	Anticoni V		
					3C	Administrator's to 360-336	elephone number		
4	If the name and/or EIN of the	e plan sponsor has changed since the l	ast return/r	eport filed for this plan, enter the	4b		-5021		
	name, EIN, and the plan nur	mber from the last return/report.		Personal States			-		
	Sponsor's name	Mallos and Market Marke	-		4c	PN			
5a		at the beginning of the plan year			5a	5a			
b		at the end of the plan year			5b		3		
С	Number of participants with a complete this item)	account balances as of the end of the p	plan year (d	defined benefit plans do not	5c		3		
6a		s during the plan year invested in eligib					X Yes No		
b	Are you claiming a waiver of	f the annual examination and report of	an indepen	dent qualified public accountant (IOI	PAI				
	under 29 CFR 2520.104-463	? (See instructions on waiver eligibility	and conditi	ons.)			X Yes No		
Pa	rt III Financial Inform	ither 6a or 6b, the plan cannot use F	orm 5500-	SF and must instead use Form 55	00.				
7	Plan Assets and Liabilities			(-) Dii	T				
3.55			7.	(a) Beginning of Year		(b) End			
b			. 7a . 7b	, o	-		34139		
C		e 7b from line 7a)		- 0			24420		
8	Income, Expenses, and Tran		1 70	The second secon			34139		
а	Contributions received or rec			(a) Amount	-	(b) T	otal		
-			. 8a(1)	4529					
	(2) Participants		. 8a(2)	29625					
	(3) Others (including rollove	ers)	. 8a(3)						
b	Other income (loss)		. 8b	-15					
C	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	. 8c				34139		
d		ct rollovers and insurance premiums							
5.62					_				
e		ective distributions (see instructions)			_				
f		ders (salaries, fees, commissions)			_				
g			10700-6			44444			
h		d, 8e, 8f, and 8g)	. 8h						
- 12	CONTRACTOR OF THE PROPERTY OF		0.0000000000000000000000000000000000000						
i		ine 8h from line 8c)(see instructions)					34139		

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Form	5500.	SE	2011

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Part IV	Diam	Chave		
railiv	rian	Unara	lcleristi	CS

- 9a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 2E 2G 2J 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	٧	Compliance Questions	3.000		*****	******	-			
10		ng the plan year:	3000	-		Yes	No	A	mount	7.45
а	29 (there a failure to transmit to the plan any participant contributions CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary	/ Correction Progra	am)	10a		х			
b	Were	e there any nonexempt transactions with any party-in-interest? (Done 10a.)	not include transa	actions reported	10b		х			
С	Was	s the plan covered by a fidelity bond?	************************	*******	10c	X				10000
d	Did t	he plan have a loss, whether or not reimbursed by the plan's fideli	ity bond, that was o	caused by fraud	10d	2.79	Х			10000
е	Were	e any fees or commissions paid to any brokers, agents, or other perance service or other organization that provides some or all of the uctions.)	ersons by an insura	ance carrier,	10e		Х			
f	Has the plan failed to provide any benefit when due under the plan?						Х			
g	Did t	he plan have any participant loans? (If "Yes," enter amount as of y	/ear end.)		10f 10g		Х	****		- 144
h	If this	s is an individual account plan, was there a blackout period? (See).101-3.)	instructions and 29	O CFR	10g		Х		70.7	- 20
İ	If 10i	h was answered "Yes," check the box if you either provided the receptions to providing the notice applied under 29 CFR 2520.101-3	quired notice or on	e of the	10i				1000	720
Part	VI	Pension Funding Compliance		1						
11	Is this 5500	s a defined benefit plan subject to minimum funding requirements?))	? (If "Yes," see inst	ructions and comp	plete	Sched	lule SB	(Form	☐ Yes	П №
12		is a defined contribution plan subject to the minimum funding requi							Yes	
1625	(If "Y	es," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.	A)							
а	grant	vaiver of the minimum funding standard for a prior year is being am ing the waiver.	nortized in this plar	year, see instruc	tions, _h	and e	nter th	e date of the		
lf y	ou co	ompleted line 12a, complete lines 3, 9, and 10 of Schedule MB	(Form 5500), and	l skip to line 13.			Day .	r	ear	-
		the minimum required contribution for this plan year				[12b	- Septiment of the sept		The second second
C	Enter	r the amount contributed by the employer to the plan for this plan y	/ear			[12c	1181		
d	Subtr nega	ract the amount in line 12c from the amount in line 12b. Enter the r tive amount)	result (enter a minu	us sign to the left o	of a		12d		16-01	
е	Will t	he minimum funding amount reported on line 12d be met by the fu	ınding deadline?					Yes	No	N/A
Part '	VII	Plan Terminations and Transfers of Assets		117 000			10000			
13a		a resolution to terminate the plan been adopted in any plan year?					Y	es X No		-
		es," enter the amount of any plan assets that reverted to the emplo								***
	of the	e all the plan assets distributed to participants or beneficiaries, trans e PBGC?							Yes	⊠ No
С	lf dur which	ring this plan year, any assets or liabilities were transferred from the assets or liabilities were transferred. (See instructions.)	nis plan to another	plan(s), identify the	e plar	ı(s) to			_	A se man
1:	3c(1)	Name of plan(s):				130	c(2) Ell	V(s)	13c(3) PN(s)
		ě								9 . 1903/2003
Cauti	on: 1	nonalty for the late or incomplete filling of the					- 1,444	1000117		-
Under	nena	penalty for the late or incomplete filing of this return/report w	vill be assessed u	inless reasonable	e cau	se is	establi	shed.		
30 0	SUITE	alties of perjury and other penalties set forth in the instructions, I deduce MB completed and signed by an enrolled actuary, as well as rue, correct, and complete.	the electronic vers	ixamined this return/re	rn/rep eport,	ort, in and t	cluding o the b	i, if applicablest of my kn	e, a Sch owledge	edule and
SIGN	V.	madhal	8/21/2012	MICHAEL A. WI	NSI C	w				7
HERE	-		Date	Enter name of inc	200		ning as	nlan admini	etrotor	
SIGN					-17/UU	ui sigi	mig as	Pian aumin	strator	
HERE	Signature of employer/plan sponsor Date Enter name of individual signing as employer or plan sponsor									