## 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).

1210-0089

OMB Nos. 1210-0110

2011

This Form is Open to Public Inspection

Р	Pension Benefit Guaranty Corporation  Complete all entries in accord	dance wit	h the instructions to the Form 5500	)-SF.	Inspection			
Pa	Part I Annual Report Identification Information							
For	For calendar plan year 2011 or fiscal plan year beginning 01/01/2011 and ending 12/31/2011							
A	This return/report is for:	a multiple	e-employer plan (not multiemployer)	Ī	a one-participant plan			
	This return/report is: X the first return/report							
_			an year return/report (less than 12 mo	nthe)				
_	H ' H		) i i i i i i j					
C	Check box if filing under:		extension	Ĺ	DFVC program			
_	special extension (enter description	,						
Pa	art II Basic Plan Information—enter all requested information	ation						
	Name of plan				Three-digit			
AMA.	XRA RETIREMENT PLAN				plan number (PN) • 001			
					Effective date of plan			
					01/01/2011			
	Plan sponsor's name and address; include room or suite number (el	mployer, if	for a single-employer plan)	2b	Employer Identification Number			
AMA	XRA, INC.				(EIN) 26-1199666			
				2c	Sponsor's telephone number			
2509	- 152ND AVE. N.E., SUITE E				425-749-7471			
REDI	MOND, WA 98052			2d	Business code (see instructions)			
				-	541800			
	Plan administrator's name and address (if same as plan sponsor, er XRA, INC. 2509 - 152ND			3b	Administrator's EIN 26-1199666			
7 (IVI) (J	REDMOND, \		, 00112 2	3c	Administrator's telephone number			
					425-749-7471			
4	If the name and/or EIN of the plan sponsor has changed since the la	ast return/	report filed for this plan, enter the	4b EIN				
_	name, EIN, and the plan number from the last return/report.			40	DN			
	Sponsor's name			4c	PN T			
	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	48			
С	Number of participants with account balances as of the end of the p complete this item)	,	·	5c	3			
62	,				X Yes No			
b	Were all of the plan's assets during the plan year invested in eligible.  Are you claiming a waiver of the annual examination and report of a		•					
~	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	orm 5500-	SF and must instead use Form 550	00.				
Pa	art III   Financial Information							
7	Plan Assets and Liabilities		(a) Beginning of Year		(b) End of Year			
а	Total plan assets	. 7a	0		13563			
b	Total plan liabilities	7b						
<u>C</u>	Net plan assets (subtract line 7b from line 7a)	7c	0		13563			
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount		(b) Total			
а	Contributions received or receivable from:	2 (4)						
	(1) Employers	8a(1)	12205	_				
	(2) Participants	8a(2)	13395	_				
	(3) Others (including rollovers)	8a(3)	400					
b	Other income (loss)	8b	168		40500			
C	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c			13563			
d	Benefits paid (including direct rollovers and insurance premiums 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)							
i	Net income (loss) (subtract line 8h from line 8c)	. 8i			13563			
j	Transfers to (from) the plan (see instructions)	8j						

Part IV	Plan Characteristics
raii iv	L FIAN GNAIAGRENSIUS

- 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 2K 2T 3D
- If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:

ant V						
art V Compliance Questions			<b>V</b>			
During the plan year:			Yes	No		Amount
29 CFR 2510.3-102? (See instructions ar	any participant contributions within the time period described in d DOL's Voluntary Fiduciary Correction Program)	10a		X		
, ,	ith any party-in-interest? (Do not include transactions reported	10b		X		
<b>C</b> Was the plan covered by a fidelity bond?		10c		X		
	imbursed by the plan's fidelity bond, that was caused by fraud	10d		X		
insurance service or other organization that	brokers, agents, or other persons by an insurance carrier, t provides some or all of the benefits under the plan? (See	10e		X		
<b>f</b> Has the plan failed to provide any benefit	when due under the plan?	10f		X		
<b>g</b> Did the plan have any participant loans? (	f "Yes," enter amount as of year end.)	10g		X		
•	ere a blackout period? (See instructions and 29 CFR	10h		Х		
	if you either provided the required notice or one of the under 29 CFR 2520.101-3	10i				
art VI Pension Funding Complian	ee					
1 Is this a defined benefit plan subject to mir	imum funding requirements? (If "Yes," see instructions and com					Yes
	o the minimum funding requirements of section 412 of the Code					Yes X
(If "Yes," complete 12a or 12b, 12c, 12d, a	nd 12e below, as applicable.)					
	d for a prior year is being amortized in this plan year, see instru					
If you completed line 12a, complete lines 3	9, and 10 of Schedule MB (Form 5500), and skip to line 13.		_			
<b>b</b> Enter the minimum required contribution for	r this plan year			12b		
	yer to the plan for this plan year			12c		
	nount in line 12b. Enter the result (enter a minus sign to the left		[	12d		
e Will the minimum funding amount reported	on line 12d be met by the funding deadline?				Yes	No N
rt VII Plan Terminations and Tra	nsfers of Assets					
Ba Has a resolution to terminate the plan been a	dopted in any plan year?			Y	′es X No	)
If "Yes," enter the amount of any plan asse	ts that reverted to the employer this year	1	3a		-	
	cipants or beneficiaries, transferred to another plan, or brought					п., п
						Yes X
If during this plan year, any assets or liabil which assets or liabilities were transferred	ties were transferred from this plan to another plan(s), identify t (See instructions.)	he pla	n(s) to	)		
<b>13c(1)</b> Name of plan(s):			13	<b>c(2)</b> El	N(s)	<b>13c(3)</b> PN(
aution: A penalty for the late or incomplete	iling of this return/report will be assessed unless reasonab	le cau	ıse is	establ	ished.	1
nder penalties of perjury and other penalties se	t forth in the instructions, I declare that I have examined this retrensited actuary, as well as the electronic version of this return.	urn/re	port, ir	ncludin	g, if applica	

belief, it is true, correct, and complete.

SIGN	Filed with authorized/valid electronic signature.	09/25/2012	ROSALYN ARNTZEN
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

	Part I Annual Report Identification Information							
For	For calendar plan year 2011 or fiscal plan year beginning 01/01/2011 and ending 12/31/2011							
A ·	This return/report is for:	a multiple	employer plan (not multiemployer)		a one-participant plan			
В	This return/report is:							
	an amended return/report	a short pla	n year return/report (less than 12 mo	onlhs)	ř.			
C	Check box if filing under: X Form 5558	automatic	extension		DFVC program			
	special extension (enter description	n)						
Pa	urt II Basic Plan Information—enter all requested information			-				
	Name of plan			1b	Three-digit			
AMA	XRA RETIREMENT PLAN				plan number			
					(PN) ▶ 001			
				1c	Effective date of plan 01/01/2011			
2a //i.//	Plan sponsor's name and address; include room or suite number (el XRA, INC.	mployer, if	for a single-employer plan)	2b	Employer Identification Number			
			1		(EIN) 26-1199666			
				2c	Sponsor's telephone number			
	- 152ND AVE, N.E., SUITE E MOND WA 98052		ł	24	425-749-7471 Business code (see instructions)			
N access	W-0112-11-1-00032			Lu	541800			
3a SAM	Plan administrator's name and address (if same as plan sponsor, er	nter "Same	")	3b	Administrator's EIN 26-1199666			
				3с	Administrator's telephone number			
4	If the name and/or EIN of the plan sponsor has changed since the la	ast return/r	eport filed for this plan, enter the	4b	EIN			
3	name, EIN, and the plan number from the last return/report.		TO THE PARTY CONTROL	10:				
	Sponsor's name  Total number of participants at the hearinging of the plan upon			4c	PN			
-	Total number of participants at the beginning of the plan year			5a	0			
b	Total number of participants at the end of the plan year			5b	48			
	Number of participants with account balances as of the end of the pomplete this item)	•		5с	3			
6a	Were all of the plan's assets during the plan year invested in eligible	e assets?	(See instructions.)	•••••	X Yes No			
D	Are you claiming a waiver of the annual examination and report of a under 29 CFR 2520.104-46? (See instructions on waiver eligibility a	an indepen	dent qualified public accountant (IQF	PA)	₩ va= □ N=			
	If you answered "No" to either 6a or 6b, the plan cannot use Fo	orm 5500-	SF and must instead use Form 550	 M.	X Yes No			
Pa	rt III Financial Information	VEC 1100-418-5		-				
7	Plan Assets and Liabilities		(a) Beginning of Year	Г	(b) End of Year			
а	Total plan assets	7a	0		13563			
b	Total plan liabilities	7b						
C	Net plan assets (subtract line 7b from line 7a)	7c	0		13563			
8	Income, Expenses, and Transfers for this Plan Year	=25.00 VS	(a) Amount		(b) Total			
а	Contributions received or receivable from:	32 7.377-5			<u> </u>			
	(1) Employers	8a(1)		4				
	(2) Participants	8a(2)	13395	4				
ы	(3) Others (including rollovers)	8a(3)		-				
b	Other income (loss)	8b	168	_				
c d	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c		-	13563			
u	to provide benefits)	8d						
е	Certain deemed and/or corrective distributions (see instructions)	8e						
f	Administrative service providers (salaries, fees, commissions)	8f	100 santo an al anti-	1				
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		+	13563			
j	Transfers to (from) the plan (see instructions)	8i		-	19000			
For P	aperwork Reduction Act Notice and OMB Control Numbers, see the Instructions for	Form 5500-Si			Form 5500.SE (2014)			

Form	5500.	SE	201	

Signature of employer/plan sponsor

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~	-	- 1
	2	2 -

	101111 0000-01 2011		Page Z							
Par	IV Plan Characteristics	KIN ST. A.								
9a	f the plan provides pension benefits, enter the applicable pension fea	ature cod	es from th	ne List of Plan Char	acteris	slic Co	des in	the instru	ctions:	
	2E 2G 2J 2K 21 3D									
b	If the plan provides welfare benefits, enter the applicable welfare feat	ure code	s from the	List of Plan Chara	cterist	ic Cod	es in t	he instruc	ions:	
Part	V Compliance Questions									
10	During the plan year:	-		199.50		Yes	No		Amou	nt .
	Was there a failure to transmit to the plan any participant contributio 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiducians)	ary Corre	ction Pro	gram)	10a		х	-	Alliou	nt
b	Were there any nonexempt transactions with any party-in-interest? (on line 10a.)	Do not in	clude trai	nsactions reported	10b		Х			
С	Was the plan covered by a fidelity bond?			**************	10c		Х		-	
d	Did the plan have a loss, whether or not reimbursed by the plan's fid or dishonesty?	elity bond	d, that wa	s caused by fraud	10d		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 tinstructions.)	persons he benefi	by an ins	urance carrier,	10e		X			
f							Х		750010	**************************************
g	Did the plan have any participant loans? (If "Yes," enter amount as o	f year en	d.)		- Committee		X			
h	If this is an individual account plan, was there a blackout period? (Se	e instruc	tions and	29 CFR			Х			33844.0003
i	If 10h was answered "Yes," check the box if you either provided the	required i	notice or	one of the			nd (* -			
Part					101					
11	Is this a defined benefit plan subject to minimum funding requiremen	ts? (If "Ye	es," see ii	nstructions and com	plete	Schedi	ule SB	(Form		
40	5500))							**********		Yes No
12			ts of sect	ion 412 of the Code	or se	ction 3	02 of	ERISA?	□ \	res 🛮 No
а	(II "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicab	le.) amortizac	l in this n	an your non-instance	.0	and the same of		serve an	w 2 00	27
	granting the waiver		********	Mon	ciions, th	and e	nter th Day			
	ou completed line 12a, complete lines 3, 9, and 10 of Schedule M	IB (Form	5500), a	nd skip to line 13,		-				- 31
publication of the plan have any participant loans? (If "Yes," enter amount as of year end.)										
C	Enter the amount contributed by the employer to the plan for this plan	n year			•,,,,,,,,		12c			
	negative amount)			•••••••	••••••		Dr. Addes N			18
		funding o	deadline?					Yes	No	☐ N/A
							-2-			-
13a							Y	es XN	0	
						3336		35.80	-3.00	
	Were all the plan assets distributed to participants or beneficiaries, troof the PBGC?		****	************************	200.000		ntrol 		Y	∕es ⊠ No
	If during this plan year, any assets or liabilities were transferred from which assets or liabilities were transferred. (See instructions.)	this plan	lo anolhi	er plan(s), identify th	e plar	(s) to			, , , , , , , , , , , , , , , , , , ,	HO-101
-16	c(1) Name of plan(s):					13c	(2) EII	۷(s)	13	c(3) PN(s)
Cauti	on: A penalty for the late or incomplete filing of this return/repor	t will he :	2555501	l unless reasonabl	0.000	co in a	ntob l		1	
Under SB or	penalties of perjury and other penalties set forth in the instructions, I Schedule MB completed and signed by an enrolled actuary, as well it it is true, correct, and complete.	declare t	hat I have	a eventined this retu			1		ible, a S knowier	Schedule ige and
SIGN	x A	19/1	212	ROSALYN ARN	ITZEN					
HERE		Date	2110	Enter name of in	The state of		ina aa	nlan ada	iniatrat-	
SIGN				Emo. name of m	GIVIUU	ui aiyii	ing as	high gam	nistrato	1
HERE		Date	-	Enter name of in	divid	al oia-				-

Date

Enter name of individual signing as employer or plan sponsor