Form 5500	Annual Return/Report of Employee Benefit Plan	OMB Nos. 1210-0110 1210-0089		
	This form is required to be filed for employee benefit plans under sections 104			
Department of the Treasury Internal Revenue Service	and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6047(e), 6057(b), and 6058(a) of the Internal Revenue Code (the Code).	2011		
Department of Labor Employee Benefits Security Administration	Complete all entries in accordance with the instructions to the Form 5500.			
Pension Benefit Guaranty Corporation		This Form is Open to Public Inspection		
Part I Annual Report Ider	tification Information	•		
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 multiemployer plan; a multiple-employer plan; or			
	X a single-employer plan; A DFE (specify)			
B This return/report is:	the first return/report; the final return/report;			
·	an amended return/report; a short plan year return/report (less t	than 12 months).		
C If the plan is a collectively-bargain	ed plan, check here.	ъП		
D Check box if filing under:	☐ Form 5558; ☐ automatic extension;	the DFVC program;		
	special extension (enter description)			
Part II Basic Plan Inform	nation—enter all requested information			
1a Name of plan OPPORTUNITY COUNCIL 403(B) PL		1b Three-digit plan number (PN) ▶		
		1c Effective date of plan 01/01/1999		
2a Plan sponsor's name and addres	s, including room or suite number (Employer, if for single-employer plan)	2b Employer Identification Number (EIN) 91-0787820		
	1111 CORNWALL AVENUE	2c Sponsor's telephone number 360-734-5121		
1111 CORNWALL AVENUE STE C BELLINGHAM, WA 98225	2d Business code (see instructions) 541930			

Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.

Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including accompanying schedules, statements and attachments, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.

SIGN HERE	Filed with authorized/valid electronic signature.	09/27/2012	DAVID FINET
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
HERE	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
neke	Signature of DFE	Date	Enter name of individual signing as DFE

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	Plan administrator's name and address (if same as plan sponsor, enter "Same") PORTUNITY COUNCIL	3b Administrator's EIN 91-0787820			
ST	1111 CORNWALL AVENUE STE C BELLINGHAM, WA 98225		3c Administrator's telephone number 360-734-5121		
4	If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN the plan number from the last return/report:	and	4b EIN		
а	Sponsor's name		4c PN		
5	Total number of participants at the beginning of the plan year	5	292		
6	Number of participants as of the end of the plan year (welfare plans complete only lines 6a, 6b, 6c, and 6d).				
а	Active participants	6a	146		
b	Retired or separated participants receiving benefits	6b	177		
С	Other retired or separated participants entitled to future benefits	6c			
d	Subtotal. Add lines 6a, 6b, and 6c	6d	323		
е	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	6e	2		
f	Total. Add lines 6d and 6e	6f	325		
g	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	6g	302		
	Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	6h			
7	Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7			

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 2G 2L 2M

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

9a	a Plan funding arrangement (check all that apply)			9b	9b Plan benefit arrangement (check all that apply)		
	(1)		Insurance		(1)		Insurance
	(2)		Code section 412(e)(3) insurance contracts		(2)		Code section 412(e)(3) insurance contracts
	(3)	X	Trust		(3)	Х	Trust
	(4)		General assets of the sponsor		(4)		General assets of the sponsor
10	10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)						
а	a Pension Schedules			b	General	Sc	hedules
	(1)	×	R (Retirement Plan Information)		(1)	X	H (Financial Information)
	(2)		MB (Multiemployer Defined Benefit Plan and Certain Money		(2)		I (Financial Information – Small Plan)
			Purchase Plan Actuarial Information) - signed by the plan		(3)		A (Insurance Information)
			actuary		(4)	Х	C (Service Provider Information)
	(3)	Π	SB (Single-Employer Defined Benefit Plan Actuarial		(5)		D (DFE/Participating Plan Information)
			Information) - signed by the plan actuary		(6)		G (Financial Transaction Schedules)

SCHEDULE C	Service Provider	Information	OMB No. 1210-0110	
(Form 5500)	(Form 5500)			
Department of the Treasury Internal Revenue Service	This schedule is required to be filed unde Retirement Income Security A	2011		
Department of Labor Employee Benefits Security Administration	File as an attachment	to Form 5500.	This Form is Open to Public Inspection.	
Pension Benefit Guaranty Corporation For calendar plan year 2011 or fiscal pla	n vear beginning 01/01/2011	and ending 12/31	•	
A Name of plan OPPORTUNITY COUNCIL 403(B) PLA		B Three-digit plan number (PN)	001	
C Plan sponsor's name as shown on lin	20.20 of Earm 5500	D Employer Identification	on Number (EIN)	
OPPORTUNITY COUNCIL	le 2a 01 F0111 5500	1.,	on Number (EIN)	
		91-0787820		
Part I Service Provider Info	rmation (see instructions)			
 plan during the plan year. If a persor answer line 1 but are not required to 1 Information on Persons Rea a Check "Yes" or "No" to indicate wheth indirect compensation for which the p b If you answered line 1a "Yes," enter received only eligible indirect comper- 	toney or anything else of monetary value) in con neceived only eligible indirect compensation include that person when completing the remain ceiving Only Eligible Indirect Com mer you are excluding a person from the remain an received the required disclosures (see instant the name and EIN or address of each person meand EIN or address of person who provide	for which the plan received the required of this Part. pensation nder of this Part because they receir tructions for definitions and condition providing the required disclosures for I (see instructions).	uired disclosures, you are required to ved only eligible ns) Yes No for the service providers who	
(b) Enter na	me and EIN or address of person who provide	ed you disclosure on eligible indirect	t compensation	
(b) Enter na	me and EIN or address of person who provide	d vou disclosures on eligible indireg	t companyation	

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

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(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

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Page 3 -	1
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2. Information on Other Service Providers Receiving Direct or Indirect Compensation. Except for those persons for whom you answered "Yes" to line 1a above, complete as many entries as needed to list each person receiving, directly or indirectly, \$5,000 or more in total compensation (i.e., money or anything else of value) in connection with services rendered to the plan or their position with the plan during the plan year. (See instructions).

FIDELITY INVESTMENTS

04-2647786

(b) Service Code(s)	(C) Relationship to employer, employee organization, or person known to be a party-in-interest	by the plan. If none,		(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0	
64 65	RECORDKEEPER	6045	Yes 🕺 No 🗌	Yes 🕺 No 🗌	0	Yes 🗙 No 🗌
		(a) Enter name and EIN or	address (see instructions)		

(b)	(c)	(d)	(e)	(f)	(g)	(h)			
Service Code(s)	Relationship to employer, employee organization, or person known to be a party-in-interest	Enter direct compensation paid by the plan. If none, enter -0	Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0	Did the service provider give you a formula instead of an amount or estimated amount?			
			Yes 🗌 No 🗌	Yes 🗌 No 🗌		Yes 🗌 No 🗍			
	(a) Enter name and EIN or address (see instructions)								

(b) Service Code(s)	(C) Relationship to employer, employee organization, or person known to be a party-in-interest	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0	
		Yes 🗌 No 🗌	Yes No		Yes No

2. Information on Other Service Providers Receiving Direct or Indirect Compensation. Except for those persons for whom you answered "Yes" to line 1a above, complete as many entries as needed to list each person receiving, directly or indirectly, \$5,000 or more in total compensation (i.e., money or anything else of value) in connection with services rendered to the plan or their position with the plan during the plan year. (See instructions).

	(a) Enter name and EIN or address (see instructions)								
(b) Service Code(s)	(C) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0	(h) Did the service provider give you a formula instead of an amount or estimated amount?			
			Yes 🗌 No 🗌	Yes 🗌 No 🗌		Yes No			
		(a) Enter name and EIN or	address (see instructions)					
					-				
(b) Service Code(s)	(C) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0	(h) Did the service provider give you a formula instead of an amount or estimated amount?			
			Yes 🗌 No 🗌	Yes 🗌 No 🗌		Yes 🗌 No 🗌			
		(a) Enter name and EIN or	address (see instructions)					
(b) Service Code(s)	(C) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0	(h) Did the service provider give you a formula instead of an amount or estimated amount?			
			Yes 🗌 No 🗌	Yes 🗌 No 🗍		Yes 🗌 No 🗌			

Part I Service Provider Information (continued)

3 If you reported on line 2 receipt of indirect compensation, other than eligible indirect compensation, by a service provider, and the service provider is a fiduciary or provides contract administrator, consulting, custodial, investment advisory, investment management, broker, or recordkeeping services, answer the following questions for (a) each source from whom the service provider received \$1,000 or more in indirect compensation and (b) each source for whom the service provider gave you a formula used to determine the indirect compensation instead of an amount or estimated amount of the indirect compensation. Complete as many entries as needed to report the required information for each source.

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(C) Enter amount of indirect compensation
		componidation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect c	ompensation, including any
	formula used to determine	the service provider's eligibility ne indirect compensation.
(a) Enter service provider name as it appears on line 2	(b) Service Codes	(C) Enter amount of indirect
	(see instructions)	compensation
(d) Enter name and EIN (address) of source of indirect compensation		ompensation, including any the service provider's eligibility
		ne indirect compensation.
(a) Enter service provider name as it appears on line 2	(b) Service Codes	(C) Enter amount of indirect
	(see instructions)	compensation
(d) Enter name and EIN (address) of source of indirect compensation	formula used to determine	ompensation, including any the service provider's eligibility
	for or the amount of the	ne indirect compensation.

Page **5-** 1

P	Part II Service Providers Who Fail or Refuse to Provide Information									
4	4 Provide, to the extent possible, the following information for each service provider who failed or refused to provide the information necessary to complete this Schedule.									
	(a) Enter na	me and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(C) Describe the information that the service provider failed or refused to provide						
	(a) Enter na	me and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(C) Describe the information that the service provider failed or refused to provide						
	(a) Enter na	me and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(C) Describe the information that the service provider failed or refused to provide						
	(a) Enter na	me and EIN or address of service provider (see instructions)	(b) Nature of Service	(C) Describe the information that the service provider failed or refused to provide						
	(a) Enter na	me and EIN or address of service provider (see	(b) Nature of	(C) Describe the information that the service provider failed or refused to						
		instructions)	Service Code(s)	provide						
	(a) Enter na	me and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(C) Describe the information that the service provider failed or refused to provide						

Pa	rt III	Termination Information on Accountants and Enroller (complete as many entries as needed)	d Actuaries (see instructions)
а	Name		b EIN:
С	Positic	on:	
d	Addre	SS:	e Telephone:
Exp	olanatio	n:	

а	Name:	b EIN:
С	Position:	
d	Address:	e Telephone:

Explanation:

а	Name:	b EIN:
С	Position:	
d	Address:	e Telephone:
-		

Explanation:

а	Name:	b EIN:
С	Position:	
d	Address:	e Telephone:

Explanation:

а	Name:	b EIN:
С	Position:	
d	Address:	e Telephone:

Explanation:

(Form 5500) Description 2011 Programment of the inseard mean sectors This schedule is required to be filled under sectors 104 of the Employee Reterment income Security Act of 1574 (EFRISA), and section 5056(a) of the inseard Revenue Code (the Code). This schedule is required to 507 Programment income Security Act of 1574 (EFRISA), and section 5050(a) of the inspection The Section 5050. This Schedule is required to 507 Proceeding plan year 2011 of fincal plan year beginning OPPORTUNITY COUNCIL 403(B) FLAN B Trose-digt plan number (PN) → 001 C Plan sponsor's name as shown on line 2a of Form 5500 OPPORTUNITY COUNCIL D Employer Identification Number (EIN) 91-07578200 Part I Asset and Liability Statement 1 Out on the plan is interest in a commingled thus on a constraingle difficult of an insurance contract which guarantees, during the plan year, to pay a specific dolar the value of plan assets held in more than one trust. Report the value of the plan is interest in a commingle difficult of an insurance contract which guarantees, during the plan year, to pay a specific dolar the value of the plan is interest in a commingle difficult of an insurance contract which guarantees, during the plan year, to pay a specific dolar the value of the plan is interest in a commingle difficult of an insurance contract which guarantees, during the plan year, to pay a specific dolar the value of the plan is interest in a commingle difficult of an insurance contract which guarantees, during the plan year, to pay a specific dolar the value of the plan is interest in a domain of the plan year. Combine the value of the plan year, to pay a specific dolar the value of the p	SCHEDULE H	Financial In	formatio	on				OMB No. 1210)-0110
Description of the Head of Leader Description Description Description of Leader Description Descriptic Description Description Description Description Descr	(Form 5500)	Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the				-	2011		
Employee Statement of Law and the server (darge to server) (d									
For calendar plan year. 2011 of fiscal plan year beginning 01/01/2011 and ending 1/201/2011 A Name of plan DPPORTUNITY COUNCIL 403(8) PLAN B Three-digit 001 C Plan sponsor's name as shown on line 2a of Form 5500 D Employer Identification Number (EIN) 91-0787820 Part I Asset and Liability Statement D Employer Identification Number (EIN) 91-0787820 1 Current value of plan sests and liabilities at the beginning the sested of rotes from one plan on sine-by-line basis unless the value in reportable on time than one trust. Report the one interest of the collision of an instruction on plan on a sine-by-line basis unless the value in reportable on time that value of anounts to the nearest dollar. TMTAs, CCT, PSAs, and 103-121Es also do not complete lines to and 1e. See instructions. (a) Beginning of Year (b) End of Year a Total noninterest-bearing cash. 1a 1b(2) 46 2316 C General investments: 1b(1) 106 4404 (c) Partered 1b(3) 256880 2798025 (d) U.S. Government securities; 1c(1) 256880 2798025 (e) All other 1c(3)(A) 1c(4)(A) 1c(4)(A) (f) Partnership/oint venture interests 1c(6) 1c(6) 1c(6) 1c(6)	Employee Benefits Security Administration						This F		
A Name of plan OPPORTUNITY COUNCIL 403(8) PLAN B Three-digit 001 C Plan sponsor's name as shown on line 2a of Form 5500 OPPORTUNITY COUNCIL D Employer Identification Number (EIN) 91-0787820 Part I Asset and Liability Statement 0 Employer Identification Number (EIN) 91-0787820 1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a comminged fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines t(20) through 1(14). Do not enter the value of that portion of an insurance contract which guarantees. Jumps as pecific ddars and 11. CGTs. PSAs, and 103-12 life also do not complete lines if and 1e. See instructions. (a) Beginning of Year (b) End of Year a Total noninterest-bearing cash b Receivables (less allowance for doubtul accounts): (1) Employer contributions. 1a (a) Beginning of Year (b) End of Year (b) Interest-bearing cash (include money market accounts & certificates of deposit). 1b(1) 105 44.04 (b) Opportunity contributions. 1b(1) 105 42.04 (c) Corporate deb instruments (other than employer securities): (a) Preferred. 1c(1) 256.080 27.092.5 (c) Dorporate deb instruments (other than employer securities): (a) Preferred. 1c(3)(A) 1c(4)(A) <t< th=""><th></th><th>an year beginning 01/01/2011</th><th></th><th>and</th><th>endir</th><th>a 12/31/3</th><th>2011</th><th>Inspectio</th><th>n</th></t<>		an year beginning 01/01/2011		and	endir	a 12/31/3	2011	Inspectio	n
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benefit at a future date. Round off amounts to the nearest dollar. MTAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1d(1), 1b(2), 1d(1), 1d(1	the value of the plan's interest in a c	commingled fund containing the assets of m	nore than one	plan on a	line-l	oy-line basis	unless th	ne value is rej	portable on
and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions. (a) Beginning of Year (b) End of Year a Total noninterest-bearing cash 1a 1a b Receivables (less allowance for doubtful accounts): 1b(1) 105 4404 (2) Participant contributions 1b(1) 105 4404 (3) Other 1b(1) 105 4404 (3) Other 1b(2) 46 2316 (1) Interest-bearing cash (include money market accounts & certificates of deposit) 1c(1) 266880 279925 (2) U.S. Government securities 1c(2) 1c(3)(A) 1c(3)(A) 1c(3)(A) 1c(3)(A) (B) All other 1c(3)(A) 1c(3)(B) 1c(4)(B) 1c(4)(
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contracts)			1c(13)			335	9066		3003510
42(45)			1c(14)						
	,		1c(15)						

For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500

1d	Employer-related investments:		(a) Beginning of Year	(b) End of Year
	(1) Employer securities	1d(1)		
	(2) Employer real property	1d(2)		
е	Buildings and other property used in plan operation	1e		
f	Total assets (add all amounts in lines 1a through 1e)	1f	3616097	3290155
	Liabilities			
g	Benefit claims payable	1g		
h	Operating payables	1h		
i	Acquisition indebtedness	1i		
j	Other liabilities	1j		
k	Total liabilities (add all amounts in lines 1g through1j)	1k		
	Net Assets			
I	Net assets (subtract line 1k from line 1f)	11	3616097	3290155

Part II Income and Expense Statement

2 Plan income, expenses, and changes in net assets for the year. Include all income and expenses of the plan, including any trust(s) or separately maintained fund(s) and any payments/receipts to/from insurance carriers. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 2a, 2b(1)(E), 2e, 2f, and 2g.

Income		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)	284122	
(B) Participants	2a(1)(B)	149031	
(C) Others (including rollovers)	2a(1)(C)		
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A), (B), (C), and line 2a(2)	2a(3)		433153
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	51	
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		51
(2) Dividends: (A) Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	72847	
(D) Total dividends. Add lines 2b(2)(A), (B), and (C)	2b(2)(D)		72847
(3) Rents	2b(3)	-	
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		

			(a) Amount	(b) Total
2b	(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
	(B) Other	2b(5)(B)		
	(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		
	(6) Net investment gain (loss) from common/collective trusts	2b(6)		
	(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
	(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
	(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
((10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		-164279
С	Other income	2c		
d	Total income. Add all income amounts in column (b) and enter total	2d		341772
	Expenses			
е	Benefit payment and payments to provide benefits:			
	(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	661641	
	(2) To insurance carriers for the provision of benefits	2e(2)		
	(3) Other	2e(3)		
	(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		661641
	Corrective distributions (see instructions)	2f		
	Certain deemed distributions of participant loans (see instructions)	2g		
•	Interest expense	2h		
	Administrative expenses: (1) Professional fees	2i(1)		
	(2) Contract administrator fees	2i(2)		
	(3) Investment advisory and management fees	2i(3)	6073	
	(4) Other	2i(4)		
	(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		6073
	Total expenses. Add all expense amounts in column (b) and enter total	2j		667714
J	Net Income and Reconciliation	,		
k	Net income (loss). Subtract line 2j from line 2d	2k		-325942
	Transfers of assets:			
		2l(1)		
	(1) To this plan	21(1)		
	(2) From this plan	21(2)		
Ра	rt III Accountant's Opinion			
	Complete lines 3a through 3c if the opinion of an independent qualified public ac attached.	countant is	attached to this Form 5500. Com	plete line 3d if an opinion is not
a ⊺	The attached opinion of an independent qualified public accountant for this plan	is (see instr	uctions):	
	(1) Unqualified (2) Qualified (3) X Disclaimer (4)	Adverse		
b 🛛	Did the accountant perform a limited scope audit pursuant to 29 CFR 2520.103-8	8 and/or 10	3-12(d)?	X Yes No
CE	Enter the name and EIN of the accountant (or accounting firm) below:			
	(1) Name: AIKEN & SANDERS, INC., PS		(2) EIN: 91-0870697	
d ⊺	The opinion of an independent qualified public accountant is not attached becau (1) This form is filed for a CCT, PSA, or MTIA. (2) It will be attached		ext Form 5500 pursuant to 29 CF	R 2520.104-50.

Page **4-** 1

Ра	rt IV	Compliance Questions					
4		and PSAs do not complete Part IV. MTIAs, 103-12 IEs, and GIAs do not complete 4a, 4e, 42 2 IEs also do not complete 4j and 4l. MTIAs also do not complete 4l.	4f, 4g,	4h, 4k, 4	m, 4n, or 5.		
	During	the plan year:		Yes	No	Amo	unt
а	period	nere a failure to transmit to the plan any participant contributions within the time described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures ully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)	4a		X		
b	Were close secure	any loans by the plan or fixed income obligations due the plan in default as of the of the plan year or classified during the year as uncollectible? Disregard participant loans ad by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is ed.).	4b		x		
С	Were	any leases to which the plan was a party in default or classified during the year as ectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	4c		X		
d	report	there any nonexempt transactions with any party-in-interest? (Do not include transactions ed on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is ed.).	4d		X		
е	Was tl	nis plan covered by a fidelity bond?	4e	Х			230000
f	Did the	e plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused ud or dishonesty?	4f		X		
g		e plan hold any assets whose current value was neither readily determinable on an ished market nor set by an independent third party appraiser?	4g		X		
h		e plan receive any noncash contributions whose value was neither readily ninable on an established market nor set by an independent third party appraiser?	4h		X		
i		e plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, ee instructions for format requirements.)	4i	Х			
j	value	any plan transactions or series of transactions in excess of 5% of the current of plan assets? (Attach schedule of transactions if "Yes" is checked, and structions for format requirements.)	4j		X		
k		all the plan assets either distributed to participants or beneficiaries, transferred to another or brought under the control of the PBGC?	4k		X		
Ι	Has th	e plan failed to provide any benefit when due under the plan?	41		X		
m		is an individual account plan, was there a blackout period? (See instructions and 29 CFR 101-3.)	4m		X		
n		was answered "Yes," check the "Yes" box if you either provided the required notice or one exceptions to providing the notice applied under 29 CFR 2520.101-3.	4n		X		
5a		esolution to terminate the plan been adopted during the plan year or any prior plan year? ," enter the amount of any plan assets that reverted to the employer this year	Yes	s 🗙 No	Amount:		
5b	transfe	ng this plan year, any assets or liabilities were transferred from this plan to another plan(s) erred. (See instructions.)	, ident	fy the pla	n(s) to which a	assets or liabi	lities were
	5b(1)	Name of plan(s)			5b(2) EIN(s)		5b(3) PN(s)

	SCHEDULE R	Retirement Plan Information				(OMB No.	1210	-0110		
	(Form 5500) Department of the Treasury Internal Revenue Service	This schedule is required to be filed under section 104 and 40 Employee Retirement Income Security Act of 1974 (ERISA) ar					20	2011			
E	Department of Labor mployee Benefits Security Administration	6058(a) of the Internal Revenue Code (the Code). File as an attachment to Form 5500.				This F	orm is Inspe			ubli	C
For	Pension Benefit Guaranty Corporation calendar plan year 2011 or fiscal p	lan year beginning 01/01/2011 and e	ndin	a	12/31/2	011					
ΑN	lame of plan ORTUNITY COUNCIL 403(B) PLA		B	Thre	e-digit n numbe			00	1		
	Plan sponsor's name as shown on I ORTUNITY COUNCIL	ine 2a of Form 5500	D		loyer Id		ition Nur	nber	(EIN)		
Pa	rt I Distributions										
		only to payments of benefits during the plan year.									
1 2	instructions	n property other than in cash or the forms of property specified in the			1 r (if mor	e than	two ent	er Fl	Ns of	the	0 two
2	payors who paid the greatest doll EIN(s):						two, em		113 01	uie	
	Profit-sharing plans, ESOPs, a	nd stock bonus plans, skip line 3.									
3		deceased) whose benefits were distributed in a single sum, during th			3						
Pa	art II Funding Informat ERISA section 302, ski	ion (If the plan is not subject to the minimum funding requirements o this Part)	of se	ction o	f 412 of	the Int	ernal Re	evenu	ue Co	de o	r
4	Is the plan administrator making an	election under Code section 412(d)(2) or ERISA section 302(d)(2)?				Yes	×	No			N/A
	If the plan is a defined benefit	blan, go to line 8.									
5	plan year, see instructions and er	g standard for a prior year is being amortized in this nter the date of the ruling letter granting the waiver. Date: Mor				-		Yea	ar		
6	a Enter the minimum required of	ete lines 3, 9, and 10 of Schedule MB and do not complete the re- contribution for this plan year (include any prior year accumulated fur	ding		f this sc 6a	hedul	e.				
	• /	by the employer to the plan for this plan year			6b						
	c Subtract the amount in line 6k	o from the amount in line 6a. Enter the result of a negative amount)									
	If you completed line 6c, skip li				6c						
7	• • •	t reported on line 6c be met by the funding deadline?				Yes		No			N/A
8	authority providing automatic app	od was made for this plan year pursuant to a revenue procedure or proval for the change or a class ruling letter, does the plan sponsor o nge?	r plan			Yes	×	No			N/A
Pa	art III Amendments										
9	year that increased or decreased	n plan, were any amendments adopted during this plan the value of benefits? If yes, check the appropriate	ease	[Decre	ease	В	oth		م []	10
Par	rt IV ESOPs (see instr skip this Part.	ructions). If this is not a plan described under Section 409(a) or 4975	(e)(7)) of the	e Interna	l Reve	nue Coo	le,			
10	Were unallocated employer secu	rities or proceeds from the sale of unallocated securities used to rep	ay an	ıy exer	npt loan	?		<u>ו</u> []	/es		No
11		eferred stock?						ו 🗌	/es		No
4.5	(See instructions for definition	ding exempt loan with the employer as lender, is such loan part of a on of "back-to-back" loan.)							res		No
12	· · · · ·	hat is not readily tradable on an established securities market?							/es		No
⊦or	Paperwork Reduction Act Notic	e and OMB Control Numbers, see the instructions for Form 550	υ.			Sch	edule R	(F0			2011 2611

Pa	rt V		Additional Information for Multiemployer Defined Benefit Pension Plans				
13			llowing information for each employer that contributed more than 5% of total contributions to the plan during the plan year (measured in ee instructions. Complete as many entries as needed to report all applicable employers.				
	а	Name	of contributing employer				
	b	EIN	c Dollar amount contributed by employer				
	d		ollective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box e instructions regarding required attachment. Otherwise, enter the applicable date.) Month Day Year				
	е	Contr	pution rate information (If more than one rate applies, check this box and see instructions regarding required attachment. Otherwise,				
			ete items 13e(1) and 13e(2).) Contribution rate (in dollars and cents)				
		(2)	Base unit measure: Hourly				
	а	Name of contributing employer					
	b	EIN	C Dollar amount contributed by employer				
	d	Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month Day Year					
	е		oution rate information (If more than one rate applies, check this box] and see instructions regarding required attachment. Otherwise,				
			ete items 13e(1) and 13e(2).) Contribution rate (in dollars and cents)				
		• •	Base unit measure: Hourly Weekly Unit of production Other (specify):				
	а	Name	of contributing employer				
	b	EIN	C Dollar amount contributed by employer				
	d		ollective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box				
	е	Contribution rate information (If more than one rate applies, check this box and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).) (1) Contribution rate (in dollars and cents)					
		(2) Base unit measure: Hourly Weekly Unit of production Other (specify):					
	<u>a</u>		of contributing employer				
	b	EIN	C Dollar amount contributed by employer				
	d		ollective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box				
	е		oution rate information (If more than one rate applies, check this box and see instructions regarding required attachment. Otherwise, ete items 13e(1) and 13e(2).)				
		. ,	Contribution rate (in dollars and cents)				
		(2)	Base unit measure: Hourly Weekly Unit of production Other (specify):				
	а	Name	of contributing employer				
	b	EIN	C Dollar amount contributed by employer				
	d		ollective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box				
	e	<i>comp</i> (1)	Dution rate information (If more than one rate applies, check this box and see instructions regarding required attachment. Otherwise, Dete items 13e(1) and 13e(2).) Contribution rate (in dollars and cents) Descention of the end of				
	~	Nem					
	a b	Name EIN	of contributing employer C Dollar amount contributed by employer				
	d d						
	u	and s	ollective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box				
	е	<i>comp</i> (1)	bution rate information (<i>If more than one rate applies, check this box</i> and see instructions regarding required attachment. Otherwise, ate items 13e(1) and 13e(2).) Contribution rate (in dollars and cents) Base unit measure: Hourly Weekly Unit of production Other (specify):				

14	Enter the number of participants on whose behalf no co	ontributions were made by an	employer as an employer of the
----	--	------------------------------	--------------------------------

	participant for:						
	a The current year 14a						
	b The plan year immediately preceding the current plan year	14b					
	C The second preceding plan year						
15	Enter the ratio of the number of participants under the plan on whose behalf no employer had an obligation to ma employer contribution during the current plan year to:	ike an					
	a The corresponding number for the plan year immediately preceding the current plan year	15a					
	b The corresponding number for the second preceding plan year	15b					
16	Information with respect to any employers who withdrew from the plan during the preceding plan year.	•					
	a Enter the number of employers who withdrew during the preceding plan year	16a					
	 b If item 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers						
17	If assets and liabilities from another plan have been transferred to or merged with this plan during the plan year, c supplemental information to be included as an attachment.						
Ρ	art VI Additional Information for Single-Employer and Multiemployer Defined Benef	it Pens	ion Plans				
18	If any liabilities to participants or their beneficiaries under the plan as of the end of the plan year consist (in whole or in part) of liabilities to such participants and beneficiaries under two or more pension plans as of immediately before such plan year, check box and see instructions regarding supplemental information to be included as an attachment.						
19	If the total number of participants is 1,000 or more, complete items (a) through (c)						
	 a Enter the percentage of plan assets held as: Stock:% Investment-Grade Debt:% High-Yield Debt:% Real Estate:% Other:% b Provide the average duration of the combined investment-grade and high-yield debt: 0-3 years 3-6 years 6-9 years 9-12 years 12-15 years 15-18 years 18-21 years 21 years or more c What duration measure was used to calculate item 19(b)? 						
	Effective duration Macaulay duration Modified duration Other (specify):						



343 West Wishkah Street, Aberdeen, Washington 98520-6130

Telephone (360) 533-3370 Fax (360) 532-7123 Email: administrator@aiken-sanders.com

Independent Auditors' Report

August 28, 2012

& MANAGEMENT CONSULTANTS

Plan Administrator & Participants Of the Opportunity Council 403(b) Plan 111 Cornwall Ave, Suite C Bellingham, WA 98225

We were engaged to audit the accompanying statement of net assets available for benefits of the Opportunity Council 403(b) Retirement Plan (the "Plan") as of December 31, 2011 and 2010, and the related statement of changes in net assets available for benefits for the years ended December 31, 2011 and 2010 and the supplemental Schedule H, line 4i—Schedule of Assets (Held at End of Year) as of the year ended December 31, 2011. These financial statements and supplemental schedule are the responsibility of the Plan's management.

As permitted by 29 CFR 2520.103-8 of the Department of Labor Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note C, which was certified by Fidelity Management Trust Company, the custodian of the Plan, except for comparing such information with the related information included in the 2011 and 2010 financial statements and supplemental schedule. We have been informed by the plan administrator that the custodian holds the Plan's investment assets and executes investment transactions. The plan administrator has obtained a certification from the trustee as of December 31, 2011 and 2010 and for the year ended December 31, 2011, that the information provided to the plan administrator by the trustee is complete and accurate.

Because of the significance of the information that we did not audit, we are unable to, and do not, express an opinion on the accompanying financial statements and supplemental schedule taken as a whole. The form and content of the information included in the financial statements and supplemental schedule, other than that derived from the information certified by the trustee, have been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the Department of Labor Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

aiken & Sander

Aiken & Sanders Inc. P.S. Certified Public Accountants & Management Consultants

Schedule H, Line 4i - Schedule of Assets (Held At End of Year)

As of December 31, 2	2011	
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EIN 91-0787820 Plan 001

(A)	(B)	(C)	(D)	(E)
Party In Interest	Issuer	Description	Cost	Current Value
*	Fidelity	FID ASSET MGR 20%		\$ 11,450.42
*	Fidelity	FID ASSET MGR 50%		146,238.93
*	Fidelity	FID ASSET MGR 70%		86,077.12
*	Fidelity	FID ASSET MGR 85%		9,383.55
*	Fidelity	FID BALANCED		62,792.30
*	Fidelity	FID BLUE CHIP GR		93,354.32
*	Fidelity	FID BLUE CHIP VALUE		9,393.79
*	Fidelity	FID CANADA		23,762.05
*	Fidelity	FID CAP APPRECIATION		21,038.26
*	Fidelity	FID CAPITALS INCOME		541.48
*	Fidelity	FID CASH RESRVE		128,568.07
*	Fidelity	FID CONTRAFUND		284,957.72
*	Fidelity	FID CORP BOND		11,306.46
*	Fidelity	FID DISCIPLINED EQTY		3,050.63
*	Fidelity	FID DIVERSIFIED 1NTL		3,501.40
*	Fidelity	FID DIVIDEND GROWTH		16,838.52
*	Fidelity	FID EMERG MRKTS		12,107.74
*	Fidelity	FID EMERGING ASIA		20,617.43
*	Fidelity	FID EQUITY DIV INCOME		1,067.40
*	Fidelity	FID EQUITY INCOME		13,229.98
*	Fidelity	FID EUROPE		368.25
*	Fidelity	FID EUROPE CAP APP		443.72
*	Fidelity	FID EXP & MULTINATL		2,332.68
*	Fidelity	FID FIDELITY		73,014.79
*	Fidelity	FID FLOAT RT HI INC		4,461.69
*	Fidelity	FID FREEDOM 2000		26,154.52
*	Fidelity	FID FREEDOM 2010		24,095.51
*	Fidelity	FID FREEDOM 2015		36,509.65
*	Fidelity	FID FREEDOM 2020		42,984.64

See accompanying notes to the financial statements.

Schedule H, Line 4i - Schedule of Assets (Held At End of Year)

			EIN Plan	91-0787820 001
(A)	(B)	(C)	(D)	(E)
Party In Interest	Issuer	Description	Cost	Current Value
*	Fidelity	FID FREEDOM 2025		99,105.01
*	Fidelity	FID FREEDOM 2030		178,383.18
*	Fidelity	FID FREEDOM 2035		105,968.61
*	Fidelity	FID FREEDOM 2040		76,789.00
*	Fidelity	FID FREEDOM 2045		86,132.77
*	Fidelity	FID FREEDOM 2050		45,184.54
*	Fidelity	FID FREEDOM 2055		484.15
*	Fidelity	FID FREEDOM INCOME		18,036.34
*	Fidelity	FID GLOBAL BALANCED		8,287.53
*	Fidelity	FID GNMA		15,065.48
*	Fidelity	FID GOVT INCOME		75,665.58
*	Fidelity	FID GOVT MMKT		8,902.79
*	Fidelity	FID GR STRATEGIES		5,458.70
*	Fidelity	FID GROWTH & INCOME		30,499.18
*	Fidelity	FID GROWTH COMPANY		291,257.31
*	Fidelity	FID INDEPENDENCE		37,716.01
*	Fidelity	FID INFLAT PROT BOND		12,419.64
*	Fidelity	FID INTERMED BOND		18,062.17
*	Fidelity	FID INTL CAP APPREC		159.28
*	Fidelity	FID INTL DISCOVERY		6,862.05
*	Fidelity	FID INTL GROWTH		843.76
*	Fidelity	FID INTL REAL ESTATE		605.21
*	Fidelity	FID INTL SM CAP OPP		853.24
*	Fidelity	FID INTL SMALL CAP		10,607.33
*	Fidelity	FID JAPAN		1,994.07
*	Fidelity	FID LATIN AMERICA		658.24
*	Fidelity	FID LEVERAGED CO STK		30,858.81
*	Fidelity	FID LOW PR STK		28,024.79

As of December 31, 2011

See accompanying notes to the financial statements.

Schedule H, Line 4i - Schedule of Assets (Held At End of Year)

			EIN Plan	91-0787820 001
(A)	(B)	(C)	(D)	(E)
Party In Interest	Issuer	Description	Cost	Current Value
*	Fidelity	FID MAGELLAN		333,421.41
*	Fidelity	FID MID CAP ENH INDX		1,634.78
*	Fidelity	FID MID CAP GROWTH		4,112.49
*	Fidelity	FID MONEY MARKET		3,517.68
*	Fidelity	FID MORTGAGE SEC		3,683.71
*	Fidelity	FID NEW MILLEN		4,978.13
*	Fidelity	FID NEW MARKETS INC		56,557.74
*	Fidelity	FID NORDIC		10,667.31
*	Fidelity	FID OTC PORTFOLIO		14,461.91
*	Fidelity	FID OVERSEAS		9,302.58
*	Fidelity	FID PACIFIC BASIN		10,989.44
*	Fidelity	FID PURITAN		14,195.82
*	Fidelity	FID REAL ESTATE INC		1,655.87
*	Fidelity	FID REAL ESTATE INVS		7,666.29
*	Fidelity	FID RET GOVT MM		75,613.39
*	Fidelity	FID RETIRE MMKT		2,614.26
*	Fidelity	FID SEL AIR TRANSPRT		302.79
*	Fidelity	FID SEL AUTOMOTIVE		1,941.98
*	Fidelity	FID SEL BIOTECH		4,780.19
*	Fidelity	FID SEL CHEMICALS		2,491.88
*	Fidelity	FID SEL CONS STAPLES		27,934.07
*	Fidelity	FID SEL DEFENSE		2,898.47
*	Fidelity	FID SEL ENERGY		5,173.84
*	Fidelity	FID SEL ENERGY SVCS		2,677.55
*	Fidelity	FID SEL ENV ALT ENGY		2,851.09
*	Fidelity	FID SEL GOLD		1,396.67
*	Fidelity	FID SEL HEALTHCARE		9,209.91
*	Fidelity	FID SEL MATERIALS		1,961.25

As of December 31, 2011

See accompanying notes to the financial statements.

Schedule H, Line 4i - Schedule of Assets (Held At End of Year)

			EIN Plan	91-0787820 001
(A)	(B)	(C)	(D)	(E)
Party In Interest	Issuer	Description	Cost	Current Value
		-		
*	Fidelity	FID SEL MED EQ & SYS		3,723.25
*	Fidelity	FID SEL MONEY MARKET		60,089.05
*	Fidelity	FID SEL NATURAL GAS		305.17
*	Fidelity	FID SEL NATURAL RES		294.63
*	Fidelity	FID SEL PHARMACEUTCL		2,509.37
*	Fidelity	FID SEL RETAILING		1,629.72
*	Fidelity	FID SEL SOFTWARE		1,823.68
*	Fidelity	FID SEL TECHNOLOGY		1,157.83
*	Fidelity	FID SEL TELECOMM		236.14
*	Fidelity	FID SEL TRANSPORT		3,025.43
*	Fidelity	FID SEL UTILITIES		11,435.13
*	Fidelity	FID SHORT TERM BOND		1,491.94
*	Fidelity	FID SM CAP DISCOVERY		17,472.39
*	Fidelity	FID SMALL CAP GROWTH		1,816.05
*	Fidelity	FID SMALL CAP STOCK		4,985.37
*	Fidelity	FID STK SEL SM CAP		958.80
*	Fidelity	FID STRATEGIC INCOME		18,986.02
*	Fidelity	FID TELECOM & UTIL		13,051.73
*	Fidelity	FID TOTAL BOND		13,238.87
*	Fidelity	FID US GOVT RES		619.71
*	Fidelity	FID VALUE		3,742.76
*	Fidelity	FID VALUE STRATEGIES		4,081.37
*	Fidelity	FID WORLDWIDE		1,988.31
*	Fidelity	FID INVST GROWTH BD		14,001.70
*	Fidelity	SPARTAN 500 INDEX INV		113,607.13
*	Fidelity	SPARTAN EXTND MKT INDEX		758.49
*	Fidelity	SPARTAN INT TR INDX INV		2,726.27
*	Fidelity	SPARTAN US BD INDEX INV		458.36
				\$ 3,283,434.96

As of December 31, 2011

See accompanying notes to the financial statements.

A single-employer plan; a DFE (specidential and the final return/report; and the final return/report; and the final return/report; and the final return/report; b the final return/report; and the final return a short plan is a collectively-bargained plan, check here	and ode). 2011 This Form is Open to Public Inspection 12/31/2011 ployer plan; or
Department of the Treasury Internal Revenue Service and 4065 of the Employee Retirement income Security Act of 1974 (ERISA sections 6047(e), 6057(b), and 6058(a) of the Internal Revenue Code (the C Employee Benefits Security Administration Pension Benefit Guaranty Corporation Complete all entries in accordance with the Instructions to the Form 5500. Part I Annual Report Identification Information For calendar plan year 2011 or fiscal plan year beginning 01/01/2011 and ending A This return/report is for: a multiemployer plan; a single-employer plan; a multiple-on a DFE (speci B This return/report is: the first return/report; an amended return/report; the final reture a short plan; C If the plan is a collectively-bargained plan, check here automatic ex- special extension (enter description) automatic ex- special extension (enter description) Part II Basic Plan Information - enter all requested information 1b 1b 1a Name of plan OPPORTUNITY COUNCIL 403 (B) PLAN 1b 1c 2a Plan sponsor's name and address, including room or suite number (Employer, if for a single-employer plan) 2b 2c 360 2d E 360 2d E 360 2d 360	and ode). 2011 This Form is Open to Public Inspection 12/31/2011 ployer plan; or
Employee Benefits Security Administration Complete all entries in accordance with the instructions to the Form 5500. Part I Annual Report Identification Information For calendar plan year 2011 or fiscal plan year beginning 01/01/2011 A This return/report is for: a multiemployer plan; a single-employer plan; a multiple-en a DFE (special a single-employer plan; B This return/report is: It the first return/report; an amended return/report; It the final return a short plan; C If the plan is a collectively-bargained plan, check here In automatic expectal extension (enter description) Part II Basic Plan Information - enter all requested information 1a Name of plan 1b To PPORTUNITY COUNCIL 403 (B) PLAN 2a Plan sponsor's name and address, including room or sulte number (Employer, if for a single-employer plan) 2b E OPPORTUNITY COUNCIL 2c S 360 - 2d E	This Form is Open to Public Inspection 12/31/2011 uployer plan; or
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For calendar plan year 2011 or fiscal plan year beginning 01/01/2011 and ending A This return/report is for: a multiemployer plan; a single-employer plan; a multiple-endina DFE (special and ending) B This return/report is: the first return/report; an amended return/report; the final returnd a short plan; C If the plan is a collectively-bargained plan, check here automatic expectal extension (enter description) Part II Basic Plan Information - enter all requested information automatic expectal extension (enter description) 1a Name of plan 1b ft OPPORTUNITY COUNCIL 403 (B) PLAN ft 2a Plan sponsor's name and address, including room or sulte number (Employer, if for a single-employer plan) 2b gto 5 OPPORTUNITY COUNCIL 20 (B) 20 (B) 20 (B)	ployer plan; or
A single-employer plan; a DFE (specide B This return/report is: the first return/report; an amended return/report; an amended return/report; the final return a short plan C If the plan is a collectively-bargained plan, check here a short plan D Check box if filing under: Form 5558; special extension (enter description) automatic exists Part II Basic Plan Information - enter all requested information 1b T 1a Name of plan ft ft 0PPORTUNITY COUNCIL 403 (B) PLAN ft ft 2a Plan sponsor's name and address, including room or sulte number (Employer, if for a single-employer plan) 2b ft OPPORTUNITY COUNCIL 2c ft 36 0 2d ft 36 0 2d ft	
an amended return/report; a short plan C If the plan is a collectively-bargained plan, check here automatic expectation D Check box if filing under: Form 5558; special extension (enter description) automatic expectation Part II Basic Plan Information - enter all requested information 1b 1c 1a Name of plan 1b 1c 1c 1c 2a Plan sponsor's name and address, including room or suite number (Employer, if for a single-employer plan) 2b 2c 360 OPPORTUNITY COUNCIL 2c 360 2d 8	
D Check box if filing under: Form 5558; special extension (enter description) automatic expectation (enter description) Part II Basic Plan Information - enter all requested information 1 1a Name of plan 1 1 OPPORTUNITY COUNCIL 403 (B) PLAN 1 2a Plan sponsor's name and address, including room or suite number (Employer, if for a single-employer plan) 2 2 OPPORTUNITY COUNCIL 2 2 3 3 0PPORTUNITY COUNCIL 2 3 3 3 0PPORTUNITY COUNCIL 2 2 3	m/report; year return/report (less than 12 months)
special extension (enter description) Part II Basic Plan Information - enter all requested information 1a Name of plan 1b OPPORTUNITY COUNCIL 403(B) PLAN 1c 2a Plan sponsor's name and address, including room or suite number (Employer, if for a single-employer plan) 2b OPPORTUNITY COUNCIL 2c 5 0PPORTUNITY COUNCIL 2c 5 0CH 2d 5	▶[
Part II Basic Plan Information - enter all requested information 1a Name of plan 1b OPPORTUNITY COUNCIL 403(B) PLAN 1c 2a Plan sponsor's name and address, including room or suite number (Employer, if for a single-employer plan) 2b OPPORTUNITY COUNCIL 2c 360 2d	tension; the DFVC program;
1a Name of plan 1b OPPORTUNITY COUNCIL 403(B) PLAN 1c 2a Plan sponsor's name and address, including room or suite number (Employer, if for a single-employer plan) 2b OPPORTUNITY COUNCIL 2c 5 0PPORTUNITY COUNCIL 2c 5 0PPORTUNITY COUNCIL 2c 5 0PPORTUNITY COUNCIL 2c 5 0PPORTUNITY COUNCIL 2c 5 0C 2d 5	
OPPORTUNITY COUNCIL 403(B) PLAN 1c 1c 1c 2a Plan sponsor's name and address, including room or sulte number (Employer, if for a single-employer plan) 2b OPPORTUNITY COUNCIL 2c 360 2d 2d 2d	hree-digit
1c 1c <td< td=""><td>lan number (PN) 001</td></td<>	lan number (PN) 001
2a Plan sponsor's name and address, including room or sulte number (Employer, if for a single-employer plan) 2b 8 OPPORTUNITY COUNCIL 2c 8 360 2d 8	ffective date of plan
OPPORTUNITY COUNCIL 360 2d E	imployer Identification Number (EIN)
2d E	Sponsor's telephone number - 734 - 5121
	Business code (see instructions)
1111 CORNWALL AVENUE	
STE C	
BELLINGHAM WA 98225	
Caution: A penalty for the late or incomplete filling of this return/report will be assessed unless reasonable	
Under penalties of porjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including accompanying s as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.	chedules, statements and attachments, as well
SIGN DOLYALL FINT G 26/2012 DAVID FINET	
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
SIGN	
HERE Signature of DFE Date Enter name of individual signing	
For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500.	as DFE

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3a SA		r's I	EIN	
	30	C Administrato	or's t	elephone number
4	If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, e EIN and the plan number from the last return/report:	enter the name,		4b EIN
а	Sponsor's name			4c PN
5	Total number of participants at the beginning of the plan year		5	292
6	Number of participants as of the end of the plan year (welfare plans complete only lines 6a, 6b, 6c, and	6d).		
а	Active participants		бa	146
b			6b	177
С	Other retired or separated participants entitled to future benefits		9C	
d	Subtotal. Add lines 6a, 6b, and 6c		δd	323
	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits		6e	2
f	Total. Add lines 6d and 6e			325
g	Number of participants with account balances as of the end of the plan year (only defined contribution complete this item)		ôg	302
h	Number of participants that terminated employment during the plan year with accrued benefits that we 100% vested	ere less than	ôh	
7	Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)		7	
8a	If the plan provides popular banafits, onter the applicable papaion feature addes from the List of Plan (Characteristic C	<u></u>	o in the instructions:

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 2G 2L 2M

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

9a	Plan funding arrangement (check all that apply)					9b Plan benefit arrangement (check all that apply)					
	(1)	L I	Insura	nce		(1)		Insuran	ce		
	(2)	(2) Code section 412(e)(3) insurance contracts			(2) Code section 412(e)(3) insurance contracts				412(e)(3) insurance contracts		
	(3)	Х	Trust			(3)	Х	Trust			
	(4)		Genera	al assets of the sponsor		(4)		General	asset	ts of the sponsor	
10		Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. See instructions)									
а	Pens	Pension_Schedules				b General Schedules					
	(1)	х	R	(Retirement Plan Information)		(1)	Х		н	(Financial Information)	
	(2)	Ш	MB	(Multiemployer Defined Benefit Plan and Certain Money	/	(2)			I –	(Financial Information - Small Plan)	
				hase Plan Actuarial Information) - signed by the plan		(3)			Α	(Insurance Information)	
		_	actu	ary		(4)	Х		С	(Service Provider Information)	
	(3)		SB	(Single-Employer Defined Benefit Plan Actuarial		(5)			D	(DFE/Participating Plan Information)	
			Infor	mation) - signed by the plan actuary		(6)			G	(Financial Transaction Schedules)	

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