## 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 acco	rdance wit	h the instructions to the Form 5500	)-SF.	Inspection
Pa	art I Annual Report Identification Information				
For	r calendar plan year 2011 or fiscal plan year beginning 01/01/20	11	and ending 1	2/31/2	011
A	This return/report is for:	a multiple	e-employer plan (not multiemployer)	Ī	a one-participant plan
	This return/report is: the first return/report	- ·	eturn/report	L	_ ' ' '
_	an amended return/report	=	an year return/report (less than 12 mo	nthe)	
_	H_ '	1		//////////////////////////////////////	
C	Check box if filing under:	_	extension	L	DFVC program
_	special extension (enter descript				
	art II Basic Plan Information—enter all requested inform	nation	1		
	Name of plan				Three-digit plan number
ARCI	CULUS, LLC 401(K) PLAN				(PN) • 001
				_	Effective date of plan
					07/01/2007
	Plan sponsor's name and address; include room or suite number (	employer, it	for a single-employer plan)	2b	Employer Identification Number
ARC	CULUS DESIGN & TECHNICAL SERVICES, PLLC				(EIN) 26-0372790
				2c	Sponsor's telephone number
6855	5 WEST CLEARWATER, SUITE K				509-783-0123
KENI	INEWICK, WA 99336			2d	Business code (see instructions)
				01	541310
	Plan administrator's name and address (if same as plan sponsor, eullus Design & Technical Services, Pllc 6855 West		e") TER, SUITE K	3D /	Administrator's EIN 26-0372790
7 11 10 1	KENNEWIC			3c	Administrator's telephone number
					509-783-0123
4	If the name and/or EIN of the plan sponsor has changed since the	last return/	report filed for this plan, enter the	4b	EIN
_	name, EIN, and the plan number from the last return/report.			40	DNI
	Sponsor's name			4c	PN T
	Total number of participants at the beginning of the plan year		}	5a	8
b	, ,		-	5b	9
С	Number of participants with account balances as of the end of the complete this item)		·	5c	7
62	Were all of the plan's assets during the plan year invested in eligi				X Yes □ No
b	, , , , , , , , , , , , , , , , , , , ,		· ·		
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility				X Yes No
	If you answered "No" to either 6a or 6b, the plan cannot use I	orm 5500-	SF and must instead use Form 550	0.	
Pa	art III Financial Information			1	
7	Plan Assets and Liabilities		(a) Beginning of Year		(b) End of Year
а	Total plan assets	7a	47324		42110
b	Total plan liabilities	7b			
<u>C</u>	Net plan assets (subtract line 7b from line 7a)	7с	47324		42110
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount		(b) Total
а		90/4)	5188		
	(1) Employers	8a(1)	1420		
	(2) Participants	` '	1420	_	
<b>L</b>	(3) Others (including rollovers)	` '	-2546		
b			-2340		4062
۲ C		<u>8c</u>			4002
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	9276		
е	·				
f	Administrative service providers (salaries, fees, commissions)				
g					
h					9276
i	Net income (loss) (subtract line 8h from line 8c)				-5214
i	Transfers to (from) the plan (see instructions)				
,	, , , , ,	··· 8j			

Form 5500-SF 2011		
FUIII 3300-SF ZUTT		

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**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:

2A 2E 2F 2G 2J 2T 3D

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

a 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)	)	During the plan year:		Yes	No		Amo	unt
b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)  c Was the plan covered by a fidelity bond?		Was there a failure to transmit to the plan any participant contributions within the time period described in					Aille	unt
d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?  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).  If the plan have any participant losns? (If "Yes," enter amount as of year end.)	b	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported	10b		X			
or dishonesty?	С	Was the plan covered by a fidelity bond?	10c	X				100
insurance service or other organization that provides some or all of the benefits under the plan? (See instructions.)  f Has the plan failed to provide any benefit when due under the plan?  g Did the plan have any participant loans? (If "Yes," enter amount as of year end.)	d		10d	d				
plot the plan have any participant loans? (If "Yes," enter amount as of year end.)	е	insurance service or other organization that provides some or all of the benefits under the plan? (See	10e		X			
If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	f	Has the plan failed to provide any benefit when due under the plan?	10f		X			
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.    Art VI	g	Did the plan have any participant loans? (If "Yes," enter amount as of year end.)	10g		X			
exceptions to providing the notice applied under 29 CFR 2520.101-3	h	·	10h		X			
Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form 5500))	i		10i					
Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form 5500))	art \	/I Pension Funding Compliance						
Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA? Yes No (If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)  If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, and enter the date of the letter ruling granting the waiver		Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and com					П	Yes X I
a If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, and enter the date of the letter ruling granting the waiver.  Month Day Year  If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.  b Enter the minimum required contribution for this plan year.  C Enter the amount contributed by the employer to the plan for this plan year.  d Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a negative amount).  e Will the minimum funding amount reported on line 12d be met by the funding deadline?  If yes No No No Mart VII Plan Terminations and Transfers of Assets  3a Has a resolution to terminate the plan been adopted in any plan year?  If yes No Mart VII plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?  C If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)  13c(1) Name of plan(s):  13c(2) EIN(s)  13c(3) PN(s)								Yes X I
b Enter the minimum required contribution for this plan year	а	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instruct granting the waiver	th					
C Enter the amount contributed by the employer to the plan for this plan year	-				401	1		
d Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a negative amount)								
e Will the minimum funding amount reported on line 12d be met by the funding deadline?	d	Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left	of a					
Art VII Plan Terminations and Transfers of Assets  3a Has a resolution to terminate the plan been adopted in any plan year?		,		_		☐ Yes	Пи	о П м/
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								<u> </u>
If "Yes," enter the amount of any plan assets that reverted to the employer this year						Yes X	No	
b Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?								
C If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)  13c(1) Name of plan(s):  13c(2) EIN(s)  13c(3) PN(s)		Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought	under	the co			П	Yes X I
13c(1) Name of plan(s): 13c(2) EIN(s) 13c(3) PN(s		If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the						Ц
Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.				130	c(2) E	IN(s)	1	3c(3) PN(
aution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.								
		on: A namelty for the late or incomplete filing of this return/report will be assessed unless reasonab	le cau	ea ie	ostak	lished		

belief, it is true, correct, and complete.

SIGN	Filed with authorized/valid electronic signature.	10/05/2012	STANLEY L. JONES
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

P	art I Annual Report Identification Information				
For	calendar plan year 2011 or fiscal plan year beginning 01/01/201	1	and ending	12/31/	2011
Α.	This return/report is for:	a multiple	-employer plan (not multiemployer)		a one-participant plan
	This return/report is: the first return/report	the final re	eturn/report		
		a short pla	n year return/report (less than 12 m	onths)	
_	Check box if filing under: X Form 5558	•	extension	,	DFVC program
	special extension (enter description)		- CALCITOTOT		☐ Bi vo biogram
		· · · · · · · · · · · · · · · · · · ·			
	art II Basic Plan Information—enter all requested information	ation		146	
	Name of plan			ar	Three-digit plan number
ARC	ULUS, LLC 401(K) PLAN				(PN) • 001
				1c	Effective date of plan
					07/01/2007
2a ARC	Plan sponsor's name and address; include room or suite number (el ULUS DESIGN & TECHNICAL SERVICES, PLLC	mployer, if	for a single-employer plan)	2b	Employer Identification Number
,				-	(EIN) 26-0372790
				2C	Sponsor's telephone number 509-783-0123
	WEST CLEARWATER, SUITE K			24	Business code (see instructions)
KEN	NEWICK WA 99336			20	541310
3a	Plan administrator's name and address (if same as plan sponsor, er	nter "Same	")	3b	Administrator's EIN
SAM	E				
				3c	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	4h	EIN
-	name, EIN, and the plan number from the last return/report.		promote the promote that the		
<u>a</u>	Sponsor's name			4c	PN
5a	Total number of participants at the beginning of the plan year		······································	5a	8
b	Total number of participants at the end of the plan year	••••••		5b	9
С	Number of participants with account balances as of the end of the promplete this item)			5c	7
6a	Were all of the plan's assets during the plan year invested in eligible	le assets?	(See instructions.)		X Yes No
b	Are you claiming a waiver of the annual examination and report of a				X Yes No
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility a If you answered "No" to either 6a or 6b, the plan cannot use Fo		•		X Yes No
Pa	rt III Financial Information	JIII 5500-3	or and must mistead use rorm 55	00.	
7	Plan Assets and Liabilities		(a) Beginning of Year		(b) End of Year
a	Total plan assets		(a) Beginning of Teal 47324	ı l	(b) End of Tear 42110
b	Total plan liabilities				
C	Net plan assets (subtract line 7b from line 7a)		47324		42110
8		7c			· · · · · · · · · · · · · · · · · · ·
a	Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from:	<u>N. 76 - 15 </u>	(a) Amount		(b) Total
-	(1) Employers	8a(1)	5188	3	
	(2) Participants	8a(2)	1420	)	
	(3) Others (including rollovers)	8a(3)			The state of the s
b	Other income (loss)	8b	-2546	5	1
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c	· .		4062
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits).	8d	9276	3	
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)		And the second s		9276
i	Net income (loss) (subtract line 8h from line 8c)			4.	-5214
i	Transfers to /from) the plan (see instructions)	<del>, ,</del>			. The second of the second of

	Form 5500-SF 2011 Page <b>2 -</b> 1		_					
ar	t IV Plan Characteristics							
	If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics	acteris	tic Co	des in	the instru	ctions	 ;:	
	2A 2E 2F 2G 2J 2T 3D							
b 	If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics.	cteristi	c Cod	es in t	ne instruct	ions:		
art	t V Compliance Questions							
)	During the plan year:		Yes	No	ļ	Amo	ount	
а	Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)	10a		Х				
b	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	10b		Х				
С	Was the plan covered by a fidelity bond?	10c	×		ĺ		the effect of	10000
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		Х				,
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		х				,
f	Has the plan failed to provide any benefit when due under the plan?	10f		Х				
g	Did the plan have any participant loans? (If "Yes," enter amount as of year end.)	10g		X				
h	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520,101-3.)	10h		Х				
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	Ì					
art	VI Pension Funding Compliance							
1	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and com 5500))	-			-		Yes	X No
2	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code	or se	ction 3	02 of	ERISA?		Yes	X No
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 instructions the waiver							
lf	you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.							
b	Enter the minimum required contribution for this plan year		[	12b				. /
С	Enter the amount contributed by the employer to the plan for this plan year		[_	12c				. j.
d	Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left negative amount)			12d				•
е	Will the minimum funding amount reported on line 12d be met by the funding deadline?		<u></u>		Yes		10	N/A
ırt	VII Plan Terminations and Transfers of Assets							
3a	Has a resolution to terminate the plan been adopted in any plan year?			\ \	res X N	lo		
	If "Yes," enter the amount of any plan assets that reverted to the employer this year	1	3a					
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought of the PBGC?		the co	ntrol			Yes	X No
С	If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the which assets or liabilities were transferred. (See instructions.)	ne plar	n(s) to					
-	13c(1) Name of plan(s):		130	(2) El	N(s)		13c(3)	PN(s)
2111	tion: A negative for the late or incomplete filing of this return/report will be assessed unless reasonab	le cau	eo ie	aeta h l	iched			

SB or Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.

SIGN 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

Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including, if applicable, a Schedule