	Form 5500-SF Short Form Annual Return/Report of Small Employee OMB Nos. 1210- Benefit Plan							
	Department of the Treasury Internal Revenue Service	_		ctions 104 and 4065 of the Employed	2011			
En	Department of Labor nployee Benefits Security Administration	(a) of This Form is Open to Public						
P	ension Benefit Guaranty Corporation	Complete all entries in accord	dance with	h the instructions to the Form 5500)-SF.	Inspection		
		entification Information					_	
For	calendar plan year 2011 or fisca	_	1	and ending 1	2/31/2	2011		
Α -	This return/report is for:	a single-employer plan	a multiple	-employer plan (not multiemployer)		a one-participant plan		
Β -	This return/report is:	the first return/report	the final r	eturn/report				
		an amended return/report	a short pla	an year return/report (less than 12 mo	onths)	_		
C	Check box if filing under:	Form 5558	automatic	extension		DFVC program		
		special extension (enter descriptio	n)					
		nation—enter all requested information	ation					
	Name of plan				1b	Three-digit plan number		
SFIR						(PN) ▶ 001		
					1c	Effective date of plan 11/01/2011		
	Plan sponsor's name and addre	ess; include room or suite number (er $_{\rm LC}$	mployer, if	for a single-employer plan)	2b	Employer Identification Number (EIN) 32-0097392		
					2c	Sponsor's telephone number 704-264-9051	—	
	- 120TH AVE. N.E., SUITE 100 EVUE, WA 98005				2d	Business code (see instructions) 443112		
	Plan administrator's name and AL PATH INTERNATIONAL, LL	address (if same as plan sponsor, er C 2045 - 120TH			3b	Administrator's EIN 32-0097392	_	
BELLEVUE, V					3c	Administrator's telephone number 704-264-9051		
4		lan sponsor has changed since the la	ast return/	report filed for this plan, enter the	4b	EIN		
2	name, EIN, and the plan numb Sponsor's name	er from the last return/report.			4c	DN		
	•	the beginning of the plan year			-40 5a		0	
		the end of the plan year			<u>5a</u> 5b			
c		count balances as of the end of the p					_	
	1 ,				5c		8	
	•	uring the plan year invested in eligibl a annual examination and report of a				X Yes 🗌 No)	
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility a	and conditi	ons.)	·····	X Yes 🗌 No)	
D		er 6a or 6b, the plan cannot use Fo	orm 5500-	SF and must instead use Form 550	00.		_	
	rt III Financial Informa	ation					—	
7	Plan Assets and Liabilities		70	(a) Beginning of Year	_	(b) End of Year 3304	—	
a b	•		7a 7b		-		—	
c	•	/b from line 7a)	75 7c	0		3304		
8	Income, Expenses, and Transf			(a) Amount		(b) Total	—	
а	Contributions received or recei	vable from:						
			8a(1)	3089	_			
			8a(2)	208	_			
h)	8a(3)	7	_			
_	()	(2) (2) and (2)	8b	I		3304		
c d		8a(2), 8a(3), and 8b) ollovers and insurance premiums	8c			0001	_	
•			8d					
е	Certain deemed and/or correct	ive distributions (see instructions)	8e					
f	Administrative service provider	s (salaries, fees, commissions)	8f					
g	•		8g					
h		Be, 8f, and 8g)	8h			0004		
:		e 8h from line 8c)	8i		_	3304	_	
J	i ransters to (from) the plan (se	e instructions)	8j					

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

Form 5500-SF (2011) v.012611

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Part IV Plan Characteristics

9a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:

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

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

Part	V Compliance Questions								
10	D During the plan year:					Amount			
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)								
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		Х					
d	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	10d		x					
е	Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service or other organization that provides some or all of the benefits under the plan? (See instructions.)	10e		×					
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		Х					
h	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	10h		x					
i	If 10h was answered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3	10i							
Part	VI Pension Funding Compliance								
11 Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form 5500))									
a If y	 12 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.) 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								
С	Enter the amount contributed by the employer to the plan for this plan year			12c					
d	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)								
е	e Will the minimum funding amount reported on line 12d be met by the funding deadline?					N/A			
Part	VII Plan Terminations and Transfers of Assets								
13a	a 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	1	3a						
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)			
Caut	Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.								
Unde	or papalties of pariury and other papalties set forth in the instructions. I declare that I have examined this ret	Irn/ro	oort ir	ocluding	n if annlicat	le a Sch	ماريام		

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 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	Filed with authorized/valid electronic signature.	10/08/2012	RHONDA SIMPSON				
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	Short Form Annual Return/Report of Small Employee							
	Department of the Treasury Internal Revenue Service	Benefit Plan This form is required to be filed under sections 104 and 4065 of the Employe				2011			
Emp	Department of Labor loyee Benefits Security Administration	Retirement Income Security Act of 1 the Internal I) of This Form is Open to Public Inspection					
Per	sion Benefit Guaranty Corporation	Complete all entries in accordate	nce with	the instructions to the Form 5500	-SF.	, ins	pection		
Par	t I Annual Report Ic alendar plan year 2011 or fisca	lentification Information al plan year beginning 11/01/2011	197001	and ending 1	2/31/2	0011			
				employer plan (not multiemployer)	213112	a one-particit	vant plan		
		글	he final ret				ant plan		
вп	nis return/report is:			year return/report (less than 12 mo	nthe)				
•		=	automatic e		1113)	DFVC progra	im		
CC	heck box if filing under:	☐ special extension (enter description		skiension					
Par	t II Racio Plan Infor	mation-enter all requested informat							
	Vame of plan	mation			1b	Three-digit			
	ETIREMENT PLAN					plan number	001		
					10	(PN) ▶			
					IC	Effective date o 11/01/2	- 2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2.		
2a F SIGN/	Plan sponsor's name and addi AL PATH INTERNATIONAL, L	ress; include room or suite number (en LC	ployer, if f	or a single-employer plan)	2b	Employer Identi (EIN) 32-009			
					2c	Sponsor's telep 704-264			
	- 120TH AVE . N.E., SUITE 10 EVUE WA 98005	0			2d	Business code 443112	(see instructions) 2		
3a I SAME		l address (if same as plan sponsor, en	ter "Same")	3b	Administrator's 32-009			
					3c	Administrator's 704-26	telephone number 4-9051		
4	If the name and/or EIN of the	plan sponsor has changed since the la ber from the last return/report.	ist return/re	eport filed for this plan, enter the	4b	EIN			
	Sponsor's name				4c	PN	1410-1411 - 141-141 - 141-141 - 141-141		
5a Total number of participants at the beginning of the plan year					5a		0		
	7.	at the end of the plan year			5b		8		
C		ccount balances as of the end of the p				8			
6a		during the plan year invested in eligible					X Yes No		
b	Are you claiming a waiver of	the annual examination and report of a	in indepen	dent qualified public accountant (IQ	PA)		X Yes 🗍 No		
	under 29 CFR 2520.104-46?	(See instructions on waiver eligibility a her 6a or 6b, the plan cannot use Fo	and condition	ons.) SF and must instead use Form 55	 00.				
Pa	rt III Financial Inform								
7	Plan Assets and Liabilities			(a) Beginning of Year		(b) End	l of Year		
			7a				3304		
b	Total plan liabilities		7b	11	_				
C	Net plan assets (subtract line	7b from line 7a)	7c	(3304		
8	Income, Expenses, and Tran			(a) Amount		<u>(b)</u>	Total		
а	Contributions received or rec (1) Employers	eivable from:	8a(1)	3089	9				
			8a(2)	208	3				
	- 20 A A A A A A A A A A A A A A A A A A	·s)							
b		·	D 0.000 - 0.011		7				
C), 8a(2), 8a(3), and 8b)	8c				3304		
d	Benefits paid (including direc	t rollovers and insurance premiums	8d						
•		ctive distributions (see instructions)	8e		-				
e f		ers (salaries, fees, commissions)	The second second						
g	Property of the property of the second se								
9 h	8	l, 8e, 8f, and 8g)							
I	ACCESSION PARTY PROVIDENCES CONSERVATION ACCESSION	ne 8h from line 8c)					3304		
j	and the factor of the second sec	see instructions)							

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Par	t IV Plan Characteristics							
9a	If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Char 2A 2E 2G 2J 2T 3D	acteris	slic Co	des in l	he instruc	ions:		
b	If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Chara	cterist	ic Cod	es in th	e instructio	ons:		
Par	V Compliance Questions							
10	During the plan year:		Yes	No		Amour	nt	
а	Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)	10a		x				
b	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)							
C	Was the plan covered by a fidelity bond?	10c		х				
d	or dishonesly?	10d		x				
e	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.)	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						
f	Has the plan failed to provide any benefit when due under the plan?	10f		х				
ç	Did the plan have any participant loans? (If "Yes," enter amount as of year end.)	10g		X				
	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	10h		x				
i	If 10h was answered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3	10i					Mer S	
Par	VI Pension Funding Compliance							-
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and co	mpiete	Schee	dule SB	(Form	Π,		П. н
	5500))						Yes	No X No
12	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Coc	ie or s	ection	302 of I	ERISA?		Yes	
â	(If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.) 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.							
ł	you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13	3.	Ē					
	Enter the minimum required contribution for this plan year			12b				
c	Enter the amount contributed by the employer to the plan for this plan year			12c				
	Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the le negative amount)	fl of a		12d	- Indi			-
	Will the minimum funding amount reported on line 12d be met by the funding deadline?				Yes	No.)	N/A
Par	t VII Plan Terminations and Transfers of Assets			-				
13	a Has a resolution to terminate the plan been adopted in any plan year?				res XI	No		1000
	If "Yes," enter the amount of any plan assets that reverted to the employer this year		13a					2
k	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brough of the PBGC?		•••••				Yes	X No
C	If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify which assets or liabilities were transferred. (See instructions.)	the p	5 .5					
	13c(1) Name of plan(s):	_	1	3c(2) E	IN(s)	1	3c(3)	PN(s)
Ca	ution: A penalty for the late or incomplete filing of this return/report will be assessed unless reason	able c	ause i	s estab	lished.		- 1100	
SB	der penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this r or Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this retu ief, it is true, chrrect, and complete.	eturn/r rn/repo	eport, ort, and	includir i lo lhe	ig, if applic best of my	able, a knowl	Sch edge	edule and
	104.12 RHONDASI	MPSO	N					an 71: 10 0-001

SIGN			And the second sec				
	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				