Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation

Short Form Annual Return/Report of Small Employee Benefit Plan

This form is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA), and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

OMB Nos. 1210-0110 1210-0089

2011

This Form is Open to Public Inspection

P	Pension Benefit Guaranty Corporation Complete all entries in accord	dance witl	n the instructions to the Form 5500)-SF.		p		
	rt I Annual Report Identification Information							
For	calendar plan year 2011 or fiscal plan year beginning 09/01/201	1	and ending 0	8/31/20	012			
A	This return/report is for:	a multiple	e-employer plan (not multiemployer)		a one-particip	oant plan		
В -	This return/report is: the first return/report the final return/report							
	an amended return/report a short plan year return/report (less than 12 months)							
C	Check box if filing under: Form 5558	·Γ	DFVC progra	ım				
	special extension (enter description		extension	L				
Do		,						
	rt II Basic Plan Information—enter all requested information	ation		1h -	Three-digit			
	Name of plan IMBIA MARKETING INTERNATIONAL CORPORATION RETIREME	NT PLAN			plan number			
0020					(PN) •	001		
				1c	Effective date of	f plan		
					01/01	/1992		
	Plan sponsor's name and address; include room or suite number (er JMBIA MARKETING INTERNATIONAL CORPORATION	mployer, if	for a single-employer plan)		Employer Identif		er	
COL	DINDIA MARKETINO INTERNATIONAL CORFORATION				(EIN) 91-14			
				2C 3	Sponsor's telep 509-663			
	EUCLID AVENUE ATCHEE, WA 98801-5909			2d :	Business code (ac)	
VVLIV.	ATOTILE, WA 30001 3303			Zu	42450		15)	
3a	Plan administrator's name and address (if same as plan sponsor, er	nter "Same	3")	3b /	Administrator's I			
COLL	MBIA MARKETING INTERNATIONAL 2525 EUCLID	AVENUE				52007		
COR	PORATION WENATCHEE	=, WA 988	01-5909	3c /	Administrator's t		nber	
1	If the name and/or FIN of the plan appear has abandon since the l	0.04 #04: #0/	report filed for this plan contex the	4h :	509-663	3-1955		
4	If the name and/or EIN of the plan sponsor has changed since the landame, EIN, and the plan number from the last return/report.	ast return/i	report filed for this plan, enter the	4b	EIN			
а	Sponsor's name			4c	PN			
5a	Total number of participants at the beginning of the plan year			5a	4			
b	Total number of participants at the end of the plan year			5b			4	
С	Number of participants with account balances as of the end of the p	olan year (d	defined benefit plans do not					
	complete this item)	······		5c			4	
6a	Were all of the plan's assets during the plan year invested in eligible	e 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		•			<u> </u>	110	
Pa	rt III Financial Information	21111 0000	or and mast motera ase rorm soc	,				
7	Plan Assets and Liabilities		(a) Beginning of Year		(b) End	of Year		
a	Total plan assets	7a	5172475		(5) 2.10	5899540)	
b	Total plan liabilities							
С	Net plan assets (subtract line 7b from line 7a)	7c	5172475			5899540)	
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount		(b) T	otal		
а	Contributions received or receivable from:		, ,		(∞) 1			
	(1) Employers	8a(1)	230802					
	(2) Participants	8a(2)	239666					
	(3) Others (including rollovers)	8a(3)	9916					
b	Other income (loss)	8b	249074					
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c				729458	3	
d	Benefits paid (including direct rollovers and insurance premiums	ļ <u>.</u> .	1413					
-	to provide benefits)	. 8d	1410					
e	Certain deemed and/or corrective distributions (see instructions)	. 8e	000					
f	Administrative service providers (salaries, fees, commissions)	. 8f	980					
g	Other expenses	. 8g						
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h				2393		
i	Net income (loss) (subtract line 8h from line 8c)					727065)	
j	Transfers to (from) the plan (see instructions)	8j						

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Form	5500	-SE	201	1

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Part IV	Plan	Charac	teristics

- If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 9a 2E 2G 2J 2T 3D 2F
- 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) 10a b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.) 10b c Was the plan covered by a fidelity bond? 10c 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 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.) 10e f Has the plan failed to provide any benefit when due under the plan? 10f g Did the plan have any participant loans? (If "Yes," enter amount as of year end.) 10g h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) 10h it 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 ntr VI Pension Funding Compliance 1s this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Sc 5500))	×		All	nount	500000			
b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	X				500000			
d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	X				50000			
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.)	X							
insurance service or other organization that provides some or all of the benefits under the plan? (See instructions.) g Did the plan have any participant loans? (If "Yes," enter amount as of year end.)	X							
g Did the plan have any participant loans? (If "Yes," enter amount as of year end.) h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) 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 Int VI Pension Funding Compliance 1 Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Sci 5500)) 2 Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section (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, are granting the waiver. Month If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.	(
h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) 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								
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	X				94829			
exceptions to providing the notice applied under 29 CFR 2520.101-3								
Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Sci 5500)) Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section (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, ar granting the waiver								
 Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section (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, ar granting the waiver								
 Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section (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, ar granting the waiver				Yes	No			
a If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, ar granting the waiver								
Litter the minimum required contribution for this plan year	12b	,						
c Enter the amount contributed by the employer to the plan for this plan year	120							
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)	12d	1						
Will the minimum funding amount reported on line 12d be met by the funding deadline?		Ye	s	No	N/A			
art VII Plan Terminations and Transfers of Assets			<u> </u>					
3a Has a resolution to terminate the plan been adopted in any plan year?		Yes	X No					
If "Yes," enter the amount of any plan assets that reverted to the employer this year								
b Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the of the PBGC?		ol		Yes	X No			
c If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s which assets or liabilities were transferred. (See instructions.)) to		_	_				
13c(1) Name of plan(s):	13c(2)	EIN(s)		13c(3)	PN(s)			
aution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause nder penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/repor				- 0-1				

belief, it is true, correct, and complete.

SIGN	Filed with authorized/valid electronic signature.	10/25/2012	DAVID J. DEFINA
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

Pa	rt I Annual Report Identification Information							
For		09/01/2	011	and ending		08/31/2012		
A	his return/report is for:	a multiple-	employer pla	n (not multiemployer)	r) a one-participant plan			
B 1	This return/report is:	the final re	turn/report					
	· · · · · · · · · · · · · · · · · · ·	a short pla	n year return/	report (less than 12 mo	onths)			
C (Check box if filing under: Form 5558	automatic	extension			DFVC program		
•	special extension (enter description			_				
Pa	rt II Basic Plan Information—enter all requested informa							
	Name of plan				1b	Three-digit		
	LUMBIA MARKETING INTERNATIONAL CORPORATIONAL	ON RET	REMENT 1	PLAN		plan number 001		
					4 -	(PN) F		
						Effective date of plan 01/01/1992		
22	Plan sponsor's name and address; include room or suite number (er	molover if	for a single-e	mnlover nlan)		Employer Identification Number		
CO	LUMBIA MARKETING INTERNATIONAL CORPORATION	on ON	ioi a single ci	inproyer planty	20	(EIN) 91-1452007		
					2c	Sponsor's telephone number		
25	25 Euclid Avenue					509-663-1955		
					2d	Business code (see instructions)		
WE	NATCHEE WA 98801-5909					424500		
3a	Plan administrator's name and address (if same as plan sponsor, er LUMBIA MARKETING INTERNATIONAL CORPORATIO	nter "Same	")		3b	Administrator's EIN 91-1452007		
		511			30	Administrator's telephone number		
	25 Euclid Avenue NATCHEE WA 98801-5909				-	509-663-1955		
4	If the name and/or EIN of the plan sponsor has changed since the la	ast return/r	eport filed for	this plan, enter the	4b	EIN		
	name, EIN, and the plan number from the last return/report.				40	DN		
	Sponsor's name				4c	46		
	Total number of participants at the beginning of the plan year				5a			
b	Total number of participants at the end of the plan year				5b	47		
С	Number of participants with account balances as of the end of the p complete this item)				5c	47		
62	Were all of the plan's assets during the plan year invested in eligible					X Yes No		
b	Are you claiming a waiver of the annual examination and report of a	an indepen	dent qualified	public accountant (IQI	PA)			
-	under 29 CFR 2520.104-46? (See instructions on waiver eligibility a	and conditi	ons.)			∑ Yes ☐ No		
_	If you answered "No" to either 6a or 6b, the plan cannot use Fo	orm 5500-	SF and must	instead use Form 550	00.			
	rt III Financial Information					(In) Find of Volume		
7	Plan Assets and Liabilities	_	(a) B	eginning of Year 517247		(b) End of Year 5899540		
	Total plan assets			51/24/	7	5699540		
b	Total plan liabilities			517247	, 5	5899540		
	Net plan assets (subtract line 7b from line 7a)	7c			1			
8	Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from:			(a) Amount		(b) Total		
а	(1) Employers	8a(1)		23080	2			
	(2) Participants	8a(2)		23966	6			
	(3) Others (including rollovers)	8a(3)		991	6			
b	Other income (loss)	8b		24907	4			
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c				729458		
d	Benefits paid (including direct rollovers and insurance premiums			7.4-1	2			
	to provide benefits)	. 8d		141	- 7			
е	Certain deemed and/or corrective distributions (see instructions)	8e		0.0				
f	Administrative service providers (salaries, fees, commissions)			98				
g	Other expenses	1						
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h		TANK TANKA		2393		
į	Net income (loss) (subtract line 8h from line 8c)				_	727065		
i	Transfers to (from) the plan (see instructions)	. 8i			-			

Par	t IV	Plan Characteristics								
9a		plan provides pension benefits, enter the applicable pension feat $2G-2J-2T-3D-2F$	ure codes from the	List of Plan Chara	cteris	tic Co	des in	the instruc	tions:	
b	If the	plan provides welfare benefits, enter the applicable welfare featu	re codes from the L	ist of Plan Charac	terist	ic Cod	es in t	he instructi	ons:	
Part	t V	Compliance Questions								
10	Durii	ng the plan year:				Yes	No		Amount	
	29 (there a failure to transmit to the plan any participant contributions CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciar	y Correction Progra	ım)	10a		Х			
b		e there any nonexempt transactions with any party-in-interest? (D			10b		Х			
С	Was	s the plan covered by a fidelity bond?			10c	Х			Ę	500000
d		the plan have a loss, whether or not reimbursed by the plan's fide shonesty?			10d		Х			
е	insu	e any fees or commissions paid to any brokers, agents, or other prance service or other organization that provides some or all of the uctions.)	e benefits under the	plan? (See	10e		Х			
f	Has	the plan failed to provide any benefit when due under the plan?			10f		Х			
g	Did t	the plan have any participant loans? (If "Yes," enter amount as of	year end.)		10g	Х				94829
h		s is an individual account plan, was there a blackout period? (See			10h		Х			
i		h was answered "Yes," check the box if you either provided the reptions to providing the notice applied under 29 CFR 2520.101-3			10i					
Part		Pension Funding Compliance								
11	Is thi	s a defined benefit plan subject to minimum funding requirements							Yes	No
12		is a defined contribution plan subject to the minimum funding req							Yes	X No
	(If "Y	es," complete 12a or 12b, 12c, 12d, and 12e below, as applicable	e.)							
а	If a w	vaiver of the minimum funding standard for a prior year is being a ting the waiver.	mortized in this plar	year, see instruc	tions,	and e	nter th	e date of t	ne letter ru	ıling
lf ·		ompleted line 12a, complete lines 3, 9, and 10 of Schedule Mi			.11		Day		rear	
	-	r the minimum required contribution for this plan year				[12b			
С	Ente	r the amount contributed by the employer to the plan for this plan	year			[12c			
d		ract the amount in line 12c from the amount in line 12b. Enter the trive amount)	·				12d			
е	Will t	he minimum funding amount reported on line 12d be met by the f	funding deadline?					Yes	No	N/A
Part	VII	Plan Terminations and Transfers of Assets								
13a	Has	a resolution to terminate the plan been adopted in any plan year?						res X N	io	
	If "Ye	es," enter the amount of any plan assets that reverted to the empl	loyer this year		1	3a				
b		e all the plan assets distributed to participants or beneficiaries, tra e PBGC?			ınder	the co	ntrol		Yes	X No
С		ring this plan year, any assets or liabilities were transferred from t h assets or liabilities were transferred. (See instructions.)	this plan to another	plan(s), identify th	e pla	n(s) to				
	13c(1)	Name of plan(s):				13	c(2) El	N(s)	13c(3) PN(s)
					<u> </u>	!.		lia bad		
Unde SB o	er pen	A penalty for the late or incomplete filing of this return/report alties of perjury and other penalties set forth in the instructions, I on adule MB completed and signed by an enrolled actuary, as well as type, correct and complete.	declare that I have	examined this retu	ırn/re	oort, in	cludin	g, if applica	able, a Sch knowledge	nedule e and
			10-19-12	DAVID J. DE	ZFTN					
SIG	18 7						nine e	n nlan ad	iniotrata-	
1121	- 14	Signature of pian administrator	Date	Enter name of in	uividi	aai Sig	iiiig a	s pian aum	แกรแสเบา	
SIG	!					, -				
HER	(E 5	Signature of employer/plan sponsor	Date	Enter name of in	divid	ual sig	ning a	s employer	or plan sp	onsor

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