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

2012

This Form is Open to Public Inspection

Pension Be	enefit Guaranty Corporation	▶ Complete all entries in ac	cordance with the	instructions to the Form 550	0-SF.		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
Part I	Annual Report	Identification Information								
For calenda	ar plan year 2012 or fi	scal plan year beginning 01/01/	2012	and ending	12/31/2	2012				
	turn/report is for:	a single-employer plan		oloyer plan (not multiemployer)	yer) a one-participant plan					
B This ret	turn/report is:	the first return/report	the final return	/report						
		an amended return/report	a short plan ye	ar return/report (less than 12 m	onths)					
C Check I	box if filing under:	Form 5558	automatic exte	nsion		DFVC progra	am			
		special extension (enter descr	ription)							
Part II	Basic Plan Info	rmation—enter all requested inf	ormation							
1a Name	•	200 2 00 20 2 40 2000			1b	Three-digit				
	TONIC SYSTEMS, INC	C. 401(K) PLAN				plan number				
						(PN) •	001			
					1c	f plan				
0			-	01/01						
	ponsor's name and ad TONIC SYSTEMS, IN	dress; include room or suite numbe C.	er (employer, if for a	single-employer plan)	2b	Employer Identi (EIN) 91-15	fication Number 87604			
					2c	Sponsor's telep	hone number			
14797 N.E. 9						425-70	2-8706			
REDMOND,	WA 98052				2d	Business code ((see instructions)			
3a Plan a	dministrator's name ar	nd address XSame as Plan Spons	or Name Same	as Plan Sponsor Address	3b	Administrator's	EIN			
					3c	Administrator's	telephone number			
						Administrator 5	telephone number			
		e plan sponsor has changed since	the last return/repor	t filed for this plan, enter the	4b EIN					
		mber from the last return/report.			4-					
	or's name				4c	PN				
		at the beginning of the plan year			5a		5			
		at the end of the plan year			5b		5			
		account balances as of the end of t		•	5c		5			
6a Were	all of the plan's assets	s during the plan year invested in e	ligible assets? (See	instructions.)			X Yes No			
b Are yo	ou claiming a waiver of	the annual examination and repor	t of an independent	qualified public accountant (IC	PA)					
		? (See instructions on waiver eligib					X Yes No			
lf you	ı answered "No" to e	ither line 6a or line 6b, the plan c	annot use Form 5	500-SF and must instead use	Form	5500.				
		or incomplete filing of this returr								
		her penalties set forth in the instructed actuary, a								
	true, correct, and com		is well as the electro	ornic version or this return/repor	i, anu	to the best of my	knowledge and			
·	· · · · · · · · · · · · · · · · · · ·									
SIGN HERE	Filed with authorized/	valid electronic signature.	02/26/2013							
TILIXL	Signature of plan a	dministrator	Date	Enter name of individ	lual sig	ıning as plan adr	ninistrator			
SIGN										
HERE	HERE Signature of employer/plan sponsor Date Enter name of indiv				ndividual signing as employer or plan sponsor					
Preparer's	Preparer's name (including firm name, if applicable) and address; include room or suite number (optional)						number (optional)			

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Pai	t III Financial Information										
7	Plan Assets and Liabilities				(b) End of Year						
a	tal plan assets						(5) =1.	476856			
	Total plan liabilities	7b									
	Net plan assets (subtract line 7b from line 7a)	7c	42796	64			476856				
		come, Expenses, and Transfers for this Plan Year (a) Amount					(b) Total				
	Contributions received or receivable from:		(a) Amount				(10)	Total			
	(1) Employers	8a(1)	159	0							
	(2) Participants	8a(2)	646	61							
	(3) Others (including rollovers)	8a(3)									
b	Other income (loss)	8b	4084	11							
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							48892	2	
	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d									
е	Certain deemed and/or corrective distributions (see instructions)	8e									
f	Administrative service providers (salaries, fees, commissions)	8f									
g	Other expenses	8g									
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h									
	Net income (loss) (subtract line 8h from line 8c)	8i							48892	2	
	Transfers to (from) the plan (see instructions)	8j									
Par	t IV Plan Characteristics	<u> </u>	l								
	If the plan provides pension benefits, enter the applicable pension 2E 2G 2J 2K 2T 3D	feature co	des from the List of Plan Char	acteris	stic Co	odes in	the instr	uctions	; :		
b	If the plan provides welfare benefits, enter the applicable welfare fe	eature cod	les from the List of Plan Chara	cterist	ic Coc	des in t	he instru	ctions:			
Dawl	W Commission of Oscartions										
Part	•				V		I				
10	During the plan year:	4: · · · · · · · · · · · ·			Yes	No		Am	ount		
a	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu	ıciary Corı	rection Program)	10a		X					
	Were there any nonexempt transactions with any party-in-interest on line 10a.)			10b		X					
C	Was the plan covered by a fidelity bond?			10c	X					195	000
d	Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?	-		10d		X					
е	insurance service or other organization that provides some or all of	of the bene	efits under the plan? (See	10e		X					
f	instructions.) Has the plan failed to provide any benefit when due under the plan					X					
				10f							
g	Did the plan have any participant loans? (If "Yes," enter amount a		<u>, </u>	10g		X					
h	2520.101-3.)			10h		X					
i	If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10			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) and line 11a below)											
11a											
12								No			
	(If "Yes," complete line 12a or lines 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. Month Day Year										
If	you completed line 12a, complete lines 3, 9, and 10 of Schedule	e MB (For	m 5500), and skip to line 13.		-		1				
b	Enter the minimum required contribution for this plan year					12b					

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	Enter the amount contributed by the employer to the plan for this plan year	12c		
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		
е	Will the minimum funding amount reported on line 12d be met by the 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?		Yes X No	
	If "Yes," enter the amount of any plan assets that reverted to the employer this year	. 13a		
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the of the PBGC?	control	Yes X No	
С	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		
1	3c(1) Name of plan(s):	1 3c(2) E	IN(s)	13c(3) PN(s)
Part	VIII Trust Information (optional)			
	Name of trust	14b ⊤	rust's EIN	

Form 5500-SF

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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

2012

This Form is Open to Public Inspection

Part I	Annual Report Identification In	formation								
For calenda	ar plan year 2012 or fiscal plan year beginn	ing 01/01/2012		and ending	12/31/	2012				
A This ret	urn/report is for: X a single-employ	er plan 🔲 a	multiple-employer pl	an (not multiemployer)						
B This ret	B 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 I	pox if filing under: Form 5558	8 6		DFVC progra	m					
	special extensio	n (enter description)								
Part II Basic Plan Information—enter all requested information										
1a Name					1b	Three-digit				
ORCA PHO	TONIC SYSTEMS, INC. 401(k) PLAN	15,0550	plan number							
			(PN) •	001						
					1c	Effective date of 01/01/2				
2a Plan sp ORCA PHO	oonsor's name and address; include room of TONIC SYSTEMS, INC.	or suite number (emp	oloyer, if for a single-	employer plan)	2b	Employer Identif				
	Professional Business Commission as a sport stars				2-	(EIN) 911587	ALTER AND THE SECOND SE			
14797 N.E.	95TH ST				20	Sponsor's telepl 425702				
iaror inc.					2d	Business code (see instructions)			
REDMOND.	WA 98052 dministrator's name and address XSame a	s Plan Sponsor Nar	ne Osame as Blan	Sponsor Address	26	334500				
	Mountains and address Mountains	ia i ian oponsor ivai	ile Daille as Flair	Sponsor Address	3b Administrator's EIN					
					3c Administrator's telephone number					
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. a Sponsor's name						D				
CANAL TRANSPORTATION	number of participants at the beginning of the	ne plan year			40 5a	PN				
	number of participants at the end of the plar			The state of the s	5b		5			
	er of participants with account balances as				90		5			
compl	ete this item)	·····			5c	-46	5			
6a Were	all of the plan's assets during the plan year	invested in eligible	assets? (See instruct	ions.)			X Yes No			
b Are you	u claiming a waiver of the annual examinat 29 CFR 2520.104-46? (See instructions on	ion and report of an	independent qualifie	d public accountant (IQI	PA)		X Yes No			
lf you	answered "No" to either line 6a or line 6	b, the plan cannot	use Form 5500-SF	and must instead use	Form	5500	X Yes ∐ No			
	penalty for the late or incomplete filing									
Under pena	alties of perjury and other penalties set forth	in the instructions.	I declare that I have a	examined this return/ren	ort in	cluding if applies	ble, a Schedule			
Sp or some	dule MB completed and signed by an enrel	led actuary, as well	as the electronic vers	sion of this return/report	, and	to the best of my	knowledge and			
001101, 1110	- 144				,					
SIGN HERE	* allling / Han		12/22/13	I WILLIAM TK	P	ENCE				
neke	Signature of plan administrator		Date /	Enter name of individu	ual sig	ning as plan adm	inistrator			
SIGN							1000 - 1000			
HERE	Signature of employer/plan sponsor		Date	Enter name of individu	nter name of individual signing as employer or plan sponsor					
Preparer's name (including firm name, if applicable) and address; include room or suite number (optional)						arer's telephone r	number (optional)			
							l			
							l			
				<u></u>						

Pai	t III Financial Information			-10		W		
7	Plan Assets and Liabilities (a) Beginning of Yea			ır			(b) End of Year	
а	Total plan assets	7a	42796				476856	
b	Total plan liabilities	7b					+70030	
С	Net plan assets (subtract line 7b from line 7a)	7c	42796	4			476856	
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b) Total	
а	Contributions received or receivable from: (1) Employers	8a(1)	159	0			(b) Total	
	(2) Participants	8a(2)	646	1	1			
	(3) Others (including rollovers)	- 0.5an.						
b	Other income (loss)	8b	4084	1	in.			
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	come (add lines 8a(1), 8a(2), 8a(3), and 8b)					48892	
d	Benefits paid (including direct rollovers and insurance premiums	10222-101					46092	
	to provide benefits)	8d						
-	Certain deemed and/or corrective distributions (see instructions)	8e						
	Administrative service providers (salaries, fees, commissions)	8f		***				
	Other expenses			_				
	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h						
	Net income (loss) (subtract line 8h from line 8c)	8i					48892	
	Transfers to (from) the plan (see instructions)	8j					3 12	
Par	t IV Plan Characteristics	Annual Control				-50		
9a	If the plan provides pension benefits, enter the applicable pension	feature co	des from the List of Plan Char	acteri	stic Co	des in	the instructions:	
b	2E 2G 2J 2K 2T 3D If the plan provides welfare benefits, enter the applicable welfare fe		t and the top of					
D	in the plan provides wellare benefits, enter the applicable wellare is	eature coo	es from the List of Plan Chara	cterist	ic Coo	les in 1	the instructions:	
Par								
10	During the plan year:				Yes	No	Amount	
a	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 on line 10a.)	? (Do not i	include transactions reported	10b		Х		
C	Was the plan covered by a fidelity bond?			10c	Х		405000	
d	Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?	fidelity bo	nd, that was caused by fraud	10d	8 8	х	195000	
е	Were any fees or commissions paid to any brokers, agents, or oth insurance service or other organization that provides some or all or instructions.)	ner persons	s by an insurance carrier, efils under the plan? (See	10e		х		
f	Has the plan failed to provide any benefit when due under the pla	n?		10f		Х		
g	Did the plan have any participant loans? (If "Yes," enter amount a	s of year e	end.)	10a		X		
h		(See instru	uctions and 29 CFR	10h		X		
ì	If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10	he required	d notice or one of the	10i		-		
Part				, , ,				
11								
11a	Enter the amount from Schedule SB line 39					11a		
12	Is this a defined contribution plan subject to the minimum funding						ERISA? Yes V No	
(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)								
а	If a waiver of the minimum funding standard for a prior year is being ranting the waiver.	ng amortize	ed in this plan year, see instru	ctions,	and e	enter the	ne date of the letter ruling Year	
lf	you completed line 12a, complete lines 3, 9, and 10 of Schedul						7 556	
b	Enter the minimum required contribution for this plan year		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			12b		

Form 5500-SF 2012 Page 3 - 1						
Enter the amount contributed by the employer to the plan for this plan year	12c	T				
Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a	12d			75-		
		ħ	Yes	Ĥ	No	N/A
VII Plan Terminations and Transfers of Assets						
Has a resolution to terminate the plan been adopted in any plan year?		Yes	Х	No		
If "Yes," enter the amount of any plan assets that reverted to the employer this year	. 13a					
Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the of the PBGC?	contro	ı		[Yes	X No
13c(1) Name of plan(s):	3c(2)	EIN(s)		13c(3) PN(s)
VIII Trust Information (optional)						
Name of trust	14b	Trust	s EIN			
	Enter the amount contributed by the employer to the plan for this plan year. 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) Will the minimum funding amount reported on line 12d be met by the funding deadline? VII Plan Terminations and Transfers of Assets 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 Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the of the PBGC? 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.)	Enter the amount contributed by the employer to the plan for this plan year	Enter the amount contributed by the employer to the plan for this plan year	Enter the amount contributed by the employer to the plan for this plan year	Enter the amount contributed by the employer to the plan for this plan year	Enter the amount contributed by the employer to the plan for this plan year