For	m 5500-SF	00-SF Short Form Annual Return/Report of Small Employee OMB Nos. 1210-01 Benefit Plan						
Depar	2012							
De	nal Revenue Service epartment of Labor enefits Security Administration	nd 4065 of the Employe ctions 6057(b) and 6058 ode).	,					
Pension Be	Employee Benefits Security Administration This Form is Open to Publin Pension Benefit Guaranty Corporation Complete all entries in accordance with the instructions to the Form 5500-SF. This Form is Open to Publin Inspection 							
Part I	Annual Report Id	entification Information						
For calenda	ar plan year 2012 or fisca	al plan year beginning 01/01/2012		and ending 0	8/31/2	2012		
A This ret	urn/report is for:	🖌 a single-employer plan 🛛 🛔	a multiple-employer pl	an (not multiemployer)		a one-participant plan		
B This ret	urn/report is:	the first return/report	the final return/report			_		
		an amended return/report	a short plan year return	n/report (less than 12 mo	onths			
C Check box if filing under:						DFVC program		
		special extension (enter description						
Part II	Basic Plan Inform	nation—enter all requested information						
1a Name		nation—enter all requested information	tion		1h	Three-digit		
COOKIE JAF						plan number		
						(PN) ▶ 001		
					1c	Effective date of plan		
						01/01/2007		
2a Plan sp WILSON PU	oonsor's name and addre	ess; include room or suite number (en	nployer, if for a single-	employer plan)	2b	Employer Identification Number (EIN) 77-0696782		
1915 - 42ND	AVE. E.				2c	Sponsor's telephone number 206-838-8977		
SEATTLE, V	VA 98112				2d	Business code (see instructions) 541800		
3a Plan a	dministrator's name and	address 🛛 Same as Plan Sponsor Na	ame Same as Plan	Sponsor Address	3b	Administrator's EIN		
						3c Administrator's telephone number		
4 If the r		lan ananaa haa ahangad airaa tha la	at ration /report filed fo	r this plan, option the	41-			
		lan sponsor has changed since the la er from the last return/report.	st return/report med to	i this plan, enter the	4b EIN			
a Sponse	or's name				4c PN			
5a Total r	number of participants at	the beginning of the plan year			5a 8			
b Total r	number of participants at	the end of the plan year			5b	0		
C Numb	er of participants with ac	count balances as of the end of the pl	an year (defined bene	fit plans do not	_			
					5c			
		uring the plan year invested in eligible				X Yes No		
		e annual examination and report of a				X Yes 🗌 No		
		See instructions on waiver eligibility a er line 6a or line 6b, the plan canno	,					
		incomplete filing of this return/repo						
SB or Sche		r penalties set forth in the instructions signed by an enrolled actuary, as wel te.						
SIGN	Filed with authorized/va	lid electronic signature.	03/21/2013	TAMARA WILSON				
HERE	Signature of plan adn	ninistrator	Date	Enter name of individu	ual sig	ning as plan administrator		
SIGN								
HERE	Signature of employe	r/plan sponsor	Date	Enter name of individu	ual sid	ning as employer or plan sponsor		
Preparer's		ne, if applicable) and address; include			Preparer's telephone number (optional)			
						,		

 7 Plan Assets and Liabilities a Total plan assets b Total plan liabilities c Net plan assets (subtract line 7b from line 7a) 8 Income, Expenses, and Transfers for this Plan Year a Contributions received or receivable from: 					
 b Total plan liabilities c Net plan assets (subtract line 7b from line 7a) 8 Income, Expenses, and Transfers for this Plan Year a Contributions received or receivable from: 		(a) Beginning of Yea	r		(b) End of Year
 c Net plan assets (subtract line 7b from line 7a) 8 Income, Expenses, and Transfers for this Plan Year a Contributions received or receivable from: 	7a	12593	3		0
 8 Income, Expenses, and Transfers for this Plan Year a Contributions received or receivable from: 	7b				
a Contributions received or receivable from:	7c	12593	3		0
		(a) Amount			(b) Total
	80(1)				
(1) Employers					
(2) Participants(3) Others (including rollovers)					
b Other income (loss)		878	8		
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)		010	5		878
d Benefits paid (including direct rollovers and insurance premiums	00				010
to provide benefits)	8d	8075	5		
e Certain deemed and/or corrective distributions (see instructions).	8e	5396	6		
f Administrative service providers (salaries, fees, commissions)	8f				
g Other expenses	8g				
h Total expenses (add lines 8d, 8e, 8f, and 8g)	8h				13471
Net income (loss) (subtract line 8h from line 8c)					-12593
J Transfers to (from) the plan (see instructions)	8j				
Part IV Plan Characteristics					
Part V Compliance Questions					
10 During the plan year:			Y	es No	Amount
a Was there a failure to transmit to the plan any participant contrib 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fig.	duciary Correct	ion Program)	10a	Х	
b Were there any nonexempt transactions with any party-in-intere on line 10a.)	,		10b	x	
C Was the plan covered by a fidelity bond?			10c	X	
d Did the plan have a loss, whether or not reimbursed by the plan or dishonesty?		5	10d	x	
e Were any fees or commissions paid to any brokers, agents, or o	I of the benefits	s under the plan? (See	10e	x	
insurance service or other organization that provides some or al instructions.)	lan?	f Has the plan failed to provide any benefit when due under the plan?			
insurance service or other organization that provides some or al instructions.)			10f	×	
insurance service or other organization that provides some or al instructions.)	as of year end	、	-	X X	
insurance service or other organization that provides some or al instructions.)f Has the plan failed to provide any benefit when due under the plan	? (See instruction	.) ons and 29 CFR	10f 10g 10h		
 insurance service or other organization that provides some or al instructions.) f Has the plan failed to provide any benefit when due under the pl g Did the plan have any participant loans? (If "Yes," enter amount h If this is an individual account plan, was there a blackout period? 	? (See instruction the required not	.) ons and 29 CFR 	10g	X	
 insurance service or other organization that provides some or al instructions.) f Has the plan failed to provide any benefit when due under the pl g Did the plan have any participant loans? (If "Yes," enter amount h If this is an individual account plan, was there a blackout period' 2520.101-3.) i If 10h was answered "Yes," check the box if you either provided 	? (See instruction the required not	.) ons and 29 CFR 	10g 10h	X	
 insurance service or other organization that provides some or al instructions.) f Has the plan failed to provide any benefit when due under the pl g Did the plan have any participant loans? (If "Yes," enter amount h If this is an individual account plan, was there a blackout period' 2520.101-3.) i If 10h was answered "Yes," check the box if you either provided exceptions to providing the notice applied under 29 CFR 2520.1 part VI Pension Funding Compliance 11 Is this a defined benefit plan subject to minimum funding require 	? (See instruction the required no 01-3 ments? (If "Yes	.) ons and 29 CFR otice or one of the s," see instructions and com	10g 10h 10i	X X	Form
 insurance service or other organization that provides some or al instructions.) f Has the plan failed to provide any benefit when due under the pl g Did the plan have any participant loans? (If "Yes," enter amount h If this is an individual account plan, was there a blackout period' 2520.101-3.) i If 10h was answered "Yes," check the box if you either provided exceptions to providing the notice applied under 29 CFR 2520.1 Part VI Pension Funding Compliance 11 Is this a defined benefit plan subject to minimum funding require 5500) and line 11a below). 	? (See instruction the required no 01-3 ments? (If "Yes	.) ons and 29 CFR otice or one of the s," see instructions and com	10g 10h 10i	X X	Form
 insurance service or other organization that provides some or al instructions.) f Has the plan failed to provide any benefit when due under the plan benefit and the plan have any participant loans? (If "Yes," enter amount h If this is an individual account plan, was there a blackout period' 2520.101-3.) i If 10h was answered "Yes," check the box if you either provided exceptions to providing the notice applied under 29 CFR 2520.1 Part VI Pension Funding Compliance 11 Is this a defined benefit plan subject to minimum funding require 5500) and line 11a below) 	? (See instruction the required no 01-3 ments? (If "Yes	.) ons and 29 CFR otice or one of the s," see instructions and com	10g 10h 10i	hedule SB (Yes N
 insurance service or other organization that provides some or al instructions.) f Has the plan failed to provide any benefit when due under the plan failed to provide any benefit when due under the plan benefit and the plan have any participant loans? (If "Yes," enter amount h If this is an individual account plan, was there a blackout period' 2520.101-3.) i If 10h was answered "Yes," check the box if you either provided exceptions to providing the notice applied under 29 CFR 2520.1 Part VI Pension Funding Compliance 11 Is this a defined benefit plan subject to minimum funding require 5500) and line 11a below) 	? (See instruction the required no 01-3	.) ons and 29 CFR otice or one of the s," see instructions and com s of section 412 of the Code	10g 10h 10i	hedule SB (Yes N
 insurance service or other organization that provides some or al instructions.) f Has the plan failed to provide any benefit when due under the pl g Did the plan have any participant loans? (If "Yes," enter amount h If this is an individual account plan, was there a blackout period' 2520.101-3.) i If 10h was answered "Yes," check the box if you either provided exceptions to providing the notice applied under 29 CFR 2520.1 Pension Funding Compliance I1 Is this a defined benefit plan subject to minimum funding require 5500) and line 11a below) I2 Is this a defined contribution plan subject to the minimum funding 	? (See instruction the required no 01-3 ments? (If "Yes ng requirements w, as applicable eing amortized	.)	10g 10h 10i plete Sc or secti	A X X X A A A A A A A A A A A A A A A A	Yes N
 insurance service or other organization that provides some or al instructions.) f Has the plan failed to provide any benefit when due under the pl g Did the plan have any participant loans? (If "Yes," enter amount h If this is an individual account plan, was there a blackout period' 2520.101-3.) i If 10h was answered "Yes," check the box if you either provided exceptions to providing the notice applied under 29 CFR 2520.1 Part VI Pension Funding Compliance 11 Is this a defined benefit plan subject to minimum funding require 5500) and line 11a below) 11a Enter the amount from Schedule SB line 39. 12 Is this a defined contribution plan subject to the minimum fundir (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below a If a waiver of the minimum funding standard for a prior year is been and the second stan	? (See instruction the required no 01-3 ments? (If "Yes g requirements w, as applicable ping amortized	.) ons and 29 CFR otice or one of the s," see instructions and comp s of section 412 of the Code e.) in this plan year, see instruc 	10g 10h 10i plete Sc or secti	x x hedule SB (Yes N RISA? Yes N date of the letter ruling

С	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	e Will the minimum funding amount reported on line 12d be met by the funding deadline?						
Part	VII Plan Terminations and Transfers of Assets						
13a	Has a resolution to terminate the plan been adopted in any plan year?	X	Yes No				
	If "Yes," enter the amount of any plan assets that reverted to the employer this year	13a		0			
b Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?							
С	If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan which assets or liabilities were transferred. (See instructions.)	s) to		_			
1	13c(1) Name of plan(s):	13c(2) E	IN(s)	13c(3) PN(s)			
Part	t VIII Trust Information (optional)						

14a Name of trust	14b Trust's EIN

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Form 5500-SF	Bowefft Dien 1210-00							
Department of the Treasury Internal Revenue Service	This form is required to be filed u	A	2012					
Department of Labor Employee Benefits Security Administration	Department of Labor keyse Banefits Security Administration Retirement Income Security Act of 1974 (ERISA), and sections 6057(b) and 6056						ıbiiç	
Penalon Benefit Guaranty Corporation	0-9F.		pection					
For calendar plan year 2012 or filson		· · · ·	and ending 0	8/31/2	040	*	·	
				013112				
		e final return/report	an (not multlemployer)	,	a one-particl;	pant plen		
B This return/report is:		100						
5/14/1			1/report (lass than 12 mo	onine)	-			
C Check box if filing under:		tomatic extension		ļ	DFVC progra	m		
An	special extension (enter description)	······				2		
	nation-enter all requested informatic	<u>m</u>		41.				
1a Name of plan					Three-digit plan number			
COOKIE JAR FUND					(PN)	001	*	
	10			1c	Effective date o 01/01/2	f plan 2007		
2a Plan sponsor's name and addre WILSON PUBLIC RELATIONS, LLC	ass; include room or sulte number (emp	loyer, if for a single-	employer plan)		Employer Identit	fication Numb	er	
				2c Sponsor's telephone number				
1915 - 42nd Ave. E.	Ъ <u>́</u>			2068388977 2d Business code (see Instructions)				
SEATTLE. WA 98112 3a Plan administrator's name and	address XSame as Plan Sponsor Nam	ne 🗌 Same as Pian	Sponsor Address	3b	541800 Administrator's I			
	-	_		_	Administrator's t			
4 If the name and/or EIN of the p neme, EIN, and the plan πυπb	lan sponsor has changed since the last er from the last return/report.	t return/report filed fo	r this plan, enter the	4b	EIN			
a Sponsor's name				4c	PN	*		
	the beginning of the plan year			5a			8	
18 N 🔍 🕸	the end of the plan year			5b			0	
	count balances as of the end of the plan	•••••••••••••••••••••••••••••••••••••••		5c			0	
	uring the plan year invested in eligible a					X Yes	No	
b Are you claiming a waiver of the under 20 CEB 2520 104 462 //	e annual examination and report of an See instructions on waiver eligibility and	Independent qualifie	d public accountant (IQI	PA)		X Yes	No	
	er line Ba or line 6b, the plan cannot]	
Arrest of the second se	incomplete filing of this return/repor	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1				Sale -	E.)	
Under penalties of perjury and other	r penalties set forth in the instructions, i signed by an enrolled actuary, as well a	declare that I have	examined this return/rep	ort, in	cluding, if applica	able, a Sched knowledge a	ule nd	
Destrancessand C 1- 1011	000	3/21/13	TAMARA WILSON					
SIGN HERE Signature of plan adm	ninistrator	Date	Enter name of Individu		ning op nien ode	Voietrator		
SIGN					ing as partaon			
HERE Signature of employe		Date	Enter name of individu	ial sign	ning as employe	r or plan apon	isor	
	ne, if applicable) and address; include n	200800001794 (5** 8 900 B		Prepa	arer's telephone	number (optic	onel)	
For Paperwork Reduction Act Notice e 2013-03-20716:21.53.53-05:00	ind OMB Control Numbers, see the instruc	ctions for Form 5500-	5F.		1	orm 5500-8F (v. 1	2012) 20126	

Form 5500-SF 2012

Page 2

Par	t III Financial Information							
14	Plan Assets and Liabilities		(a) Beginning of Yea	г			(b) End of Year	
а	Total plan assets	7a	12593	201		_	0	
b	Total plan liabilities	7b						
С	Net plan assets (subtract line 7b from line 7a)	7c	12593	3			0	
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b) Total	
а	Contributions received or receivable from:							
	(1) Employers	8a(1)						
	(2) Participants	8a(2)			-			
-	(3) Others (including rollovers)	8a(3)	077		-			
	Other income (loss) Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8b 8c	878	5		enter -	070	
	Benefits paid (including direct rollovers and insurance premiums	80					878	
	to provide benefits)	8d	8075	5	_			
e	Certain deemed and/or corrective distributions (see instructions)	8e	5396	6				
f	Administrative service providers (salaries, fees, commissions)	8f	a start i se		_			
g	Olher expenses	8g	120		_			
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h					13471	
<u> i </u>	Net income (loss) (subtract line 8h from line 8c)	8i			_		-12593	
j	Transfers to (from) the plan (see instructions)	8j	and the second					
	t IV Plan Characteristics		1	20	52 1851			
9a	If the plan provides pension benefits, enter the applicable pension 2E 2G 2J 2K 2T 3D	feature co	des from the List of Plan Chara	acteris	tic Co	des in	the instructions:	
b	If the plan provides welfare benefits, enter the applicable welfare for	eature cod	les from the List of Plan Charac	cteristi	c Code	es in th	ne instructions:	
Der	Part V Compliance Questions							
10	N-A Ma							
<u>-10</u> a	Was there a failure to transmit to the plan any participant contribu	itions withi	n the time period described in	10a	Constants.			
	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					X		
	on line 10a.)			10b		х		
C				10c		х	Carrow Provide State	
d	or dishonesly?			10d		х		
e	Were any fees or commissions paid to any brokers, agents, or off insurance service or other organization that provides some or all	her person	s by an insurance carrier, efits under the plan? (See					
	instructions.)			10e		х		
f	Has the plan failed to provide any benefit when due under the pla	n?		10f		Х		
g				10g		х		
h	If this is an individual account plan, was there a blackout period? 2520.101-3.)			10h		x		
i	If 10h was answered "Yes," check the box if you either provided to exceptions to providing the notice applied under 29 CFR 2520.10	he require	d notice or one of the	10i				
Par								
11								
11.	Enter the amount from Schedule SB line 39					11a		
_116	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							
112	Is this a defined contribution plan subject to the minimum funding	requirem	ents of section 412 of the Code	e or se	Guon	102 01		
12	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below	, as applic	able.)					
12 a	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below If a waiver of the minimum funding standard for a prior year is bei granting the waiver.	r, as applic ng amortiz	able.) zed in this plan year, see instru Mon	ctions, 1th				
12 a	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below If a waiver of the minimum funding standard for a prior year is bei	r, as applic ng amortiz	able.) zed in this plan year, see instru Mon	ctions, 1th		enter tr	ne date of the letter ruling	

Form 5500-SF 2012

Page 3 - 1

c	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	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?	X	Yes 🗌 I	No		
3	If "Yes," enter the amount of any plan assets that reverted to the employer this year	13a			0	
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the of the PBGC?	control		X Yes	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.)	lo				
1	3c(1) Name of plan(s): 1	3c(2) E	lN(s)	13c(3) PN(s)	
	×					
Part	VIII Trust Information (optional)					
14a	14a Name of trust			14b Trust's EIN		