## 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).

2012

OMB Nos. 1210-0110

1210-0089

This Form is Open to Public Inspection

			Complete all entries in acc	cordance with the motiful	dions to the Form 55	UU-JF.				
	art I		dentification Information							
For	calenda	ar plan year 2012 or fis	cal plan year beginning 01/01/2	2012 	and ending	12/31/2012				
Α	This retu	urn/report is for:	a single-employer plan	a multiple-employer pl	an (not multiemployer)	) a one- <sub>l</sub>	participant plan			
В	This retu	urn/report is:	X the first return/report	the final return/report						
			an amended return/report	a short plan year return	n/report (less than 12 r	· —				
С	Check b	oox if filing under:	Form 5558	automatic extension		DFVC	program			
			special extension (enter descri	· · ·						
Pa	art II	Basic Plan Infor	mation—enter all requested info	ormation						
	Name o	•	Z DETIDEAMENT DI ANI			<b>1b</b> Three-dig				
<b>SAIVII</b>	PBELL,	ANDREWS & ARBEN	Z RETIREMENT PLAN			(PN) ▶	001			
						1c Effective	date of plan			
							01/01/2012			
		oonsor's name and add ANDREWS & ARBEN	dress; include room or suite numbe	r (employer, if for a single-	employer plan)		Identification Number			
IXAIVI	I DELL,	ANDREWS & ARBEN	Z, I LLO			(EIN)	45-3866954			
1011	DUCTO	ON WAY, SUITE 200					s telephone number 53-564-2088			
		/A 98402					code (see instructions)			
							541110			
3a	Plan ac	dministrator's name and	d address XSame as Plan Spons	or Name Same as Plar	Sponsor Address	<b>3b</b> Administra	ator's EIN			
						30 Administr	ator's telephone number			
						JC Administra	ator s telephone number			
4	If the n	name and/or EIN of the	plan sponsor has changed since t	he last return/report filed fo	or this plan, enter the	4b EIN				
_		•	nber from the last return/report.			4				
		or's name				4c PN				
			at the beginning of the plan year			- Ju	0			
			at the end of the plan year			5b	4			
С			ccount balances as of the end of the		•	5c	1			
6a		,	during the plan year invested in el			<u> </u>	X Yes No			
			the annual examination and report							
			(See instructions on waiver eligibil				X Yes No			
_			ther line 6a or line 6b, the plan ca				_			
			or incomplete filing of this return							
			er penalties set forth in the instruct d signed by an enrolled actuary, as							
		rue, correct, and comp				,	,			
SIG	:NI	Filed with authorized/v	valid electronic signature.	04/17/2013	ANNIE N. ARBENZ					
HE	'''					dual signing as plan administrator				
010		Signature of plan ac	aministrator	Date	Enter name or maivi	duai signing as pi	an administrator			
SIG										
		Signature of employer/plan sponsor  Date  Enter name of individue name (including firm name, if applicable) and address; include room or suite number (optional)					nployer or plan sponsor phone number (optional)			
rie	parer 5 i	name (moluding mill ha	ame, ii applicable) and address, inc	Jude 100m of Suite mullibe	ι (υμιιστιαι)	Freparer Stele	priorie number (optional)			

Form 5500-SF 2012 Page **2** 

Par	t III Financial Information									
	Plan Assets and Liabilities		(a) Beginning of Year			(b) End	(b) End of Year			
	Total plan assets	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \			3				ı.	
	Total plan liabilities	7b								
	Net plan assets (subtract line 7b from line 7a)	7c		0				39264		
	Income, Expenses, and Transfers for this Plan Year		(a) Amount			(b)	(b) Total			
	Contributions received or receivable from:		(a) runount			(2)	- Otal			
	(1) Employers	8a(1)	828	2						
	(2) Participants	8a(2)	1200	00						
	(3) Others (including rollovers)	8a(3)	1617	74						
b	Other income (loss)	8b	280	8(						
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c					3	39264		
	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						39264	ļ	
	Transfers to (from) the plan (see instructions)	8j								
Par	t IV Plan Characteristics	, <u>°,</u>								
	If the plan provides pension benefits, enter the applicable pension 2E 2G 2J 2K 2T 3B 3D	feature co	des from the List of Plan Char	acteris	tic Codes i	n the instru	ictions:			
b	If the plan provides welfare benefits, enter the applicable welfare fe	eature cod	es from the List of Plan Chara	cteristi	c Codes in	the instruc	tions:			
Part	•			I						
10	During the plan year:			ı	Yes No		Amo	unt		
a	Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidure)	ıciary Corı	rection Program)	10a	X					
	Were there any nonexempt transactions with any party-in-interest on line 10a.)			10b	X					
С	Was the plan covered by a fidelity bond?			10c	X					
d	Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?	-		10d	X					
е	Were any fees or commissions paid to any brokers, agents, or oth insurance service or other organization that provides some or all cinstructions.)	of the bene	efits under the plan? (See	10e	X					
f	Has the plan failed to provide any benefit when due under the plan				X					
				10f						
<u>g</u>	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 requirem 5500) and line 11a below)						. 🛮 🔻	Yes		No
11a		inter the amount from Schedule SB line 39								
12	Is this a defined contribution plan subject to the minimum funding							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 beir granting the waiver.		Mon		and enter Da		the let		ing	_
If	you completed line 12a, complete lines 3, 9, and 10 of Schedule	e MB (For	m 5500), and skip to line 13.		1	1				
b	Enter the minimum required contribution for this plan year				12b					

	Form 5500-SF 2012 Page <b>3</b> - 1			
	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 <b>3c(2)</b> E	IN(s)	<b>13c(3)</b> PN(s)
Part	VIII Trust Information (optional)			
	Name of trust	<b>14b</b> ⊤	rust's EIN	

## 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

2012

This Form is Open to Public Inspection

Part i		t Identification Informat	tion							
For calenda	ar plan year 2012 or		01/01/2012		and ending	12/31/	/2012			
A This ret	urn/report is for:	X a single-employer plan  —	🗌 аг	multiple-employer pla	an (not multiemployer)		a one-partici	pant plan		
<b>B</b> This ret	urn/report is:	the first return/report		e final return/report						
		an amended return/repor	nt ∐as	hort plan year returr	/report (less than 12 m	onths	)			
C Check b	oox if filing under:	Form 5558	au	tomatic extension			DFVC progra	am		
		special extension (enter	description)				57. 99.47			
Part II	Basic Plan Inf	ormation—enter all request	ed informatio	n						
1a Name	of plan	, , , , , , , , , , , , , , , , , , , ,			8-22-2	1b	Three-digit			
KAMPBELL, ANDREWS & ARBENZ RETIREMENT PLAN							plan number (PN) ▶`	001		
						1c	Effective date of 01/01/			
2a Plan sp KAMPBELL,	ponsor's name and a , ANDREWS & ARB	address; include room or suite r ENZ, PLLC	number (emp	loyer, if for a single-	employer plan)	2b	2b Employer Identification Number (EIN) 453866954			
4044 BUCT	ON MAY CHITE 20	0				2c	2c Sponsor's telephone number 2535642088			
TACOMA, V	ON WAY, SUITE 20 WA 98402	U.				2d		(see instructions)		
		and address XSame as Plan	Sponsor Nam	ne Same as Plan	Sponsor Address	3b	Administrator's	EIN		
	9					3c Administrator's telephone number				
4 If the r	name and/or EIN of	the plan sponsor has changed	since the last	return/report filed fo	or this plan, enter the	4b	EIN	The state of the s		
	, EIN, and the plan r or's name	number from the last return/repo	ort.			40	PN			
	A STATE OF THE STA	its at the beginning of the plan	vear			-		0		
	\$: 10	its at the end of the plan year				ou		4		
		th account balances as of the e				90				
						5c		İ		
		ets during the plan year investe					*********	X Yes No		
under	29 CFR 2520.104-4	of the annual examination and 46? (See instructions on waiver	eligibility and	d conditions.)	· · · · · · · · · · · · · · · · · · ·			Yes ∏ No		
		either line 6a or line 6b, the				0.000				
		e or incomplete filing of this								
SB or Sche	alties of perjury and edule MB completed true, correct, and co	other penalties set forth in the i and signed by an enrolled actumplete.	nstructions, lary, as well	I declare that I have as the electronic ver	examined this return/re sion of this return/repor	port, i t, and	including, if appli to the best of m	cable, a Schedule y knowledge and		
SIGN HERE	x alm	nn		14.11.13	I Annie N.	AV	benz			
HERE	Signature of plan	administrator		Date	Enter name of individ	dual si	gning as plan ad	ministrator		
SIGN				1	100 may					
HERE		oloyer/plan sponsor	==	Date	Enter name of individ	dual si	gning as employ	er or plan sponsor		
Preparer's	name (including firm	n name, if applicable) and addr	ess; include ı	room or suite numbe	r (optional)	Pre	parer's lelephone	e number (optional)		

Pa	rt III Financial Information						
7	Plan Assets and Liabilities		(a) Beginning of Yea	ır			(b) End of Year
а	Total plan assets	7a		0	1		39264
b	Total plan liabilities	7b				-	00204
c	Net plan assets (subtract line 7b from line 7a)	7c		0			39264
_8_	Income, Expenses, and Transfers for this Plan Year	504-51	(a) Amount				(b) Total
а	Contributions received or receivable from:					100	Action Comments
	(1) Employers	8a(1)	8282				
-	(2) Participants	8a(2)	1200		+		
	(3) Others (including rollovers)  Other income (loss)	8a(3)	1617		-		
S	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8b	280	8	+	an.	
_ <del>d</del>	Benefits paid (including direct rollovers and insurance premiums	8c			+		39264
	lo provide benefits)	8d					
<u>e</u>	Certain deemed and/or corrective distributions (see instructions)	8e					
f	Administrative service providers (salaries, fees, commissions)	8f					
g	Other expenses	8g				4	
<u>h</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h					
<u>_i</u>	Net income (loss) (subtract line 8h from line 8c)	8i ·		-			39264
j	Transfers to (from) the plan (see instructions)	8j					
	rt IV Plan Characteristics						
9a	If the plan provides pension benefits, enter the applicable pension	feature co	des from the List of Plan Char	acteris	stic Co	des in	the instructions:
b	2E 2G 2J 2K 2T 3B 3D  If the plan provides welfare benefits, enter the applicable welfare fe	naturo and	on from the Liet of Dies Chare	-11-1	- 0-		
D	If the plan provides we have benefits, effect the applicable we have k	calule cou	es nom me List of Flan Chara	cierist	ic Coo	ies in tr	ne instructions:
Par	t V Compliance Questions						
10	During the plan year:		Walter Street, and the street,		Yes	No	Amount
a	Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fide	tions withi	n the time period described in	from an 1		v	
t	Were there any nonexempt transactions with any party-in-interest	? (Do not	include transactions reported	10a	-	Х	
	on line 10a.)			10b		X	
	Did the plan have a loss, whether or not reimbursed by the plan's			10c	_	_	
	or dishonesty?			10d		Х	
e	Were any fees or commissions paid to any brokers, agents, or oth insurance service or other organization that provides some or all	of the bene	efits under the plan? (See			95.1	
	instructions.)			10e		Х	
	Has the plan failed to provide any benefit when due under the pla	in?		10f		Х	
g	Did the plan have any participant loans? (If "Yes," enter amount a	s of year e	end.)	10g		Х	
ŀ	If this is an individual account plan, was there a blackout period? 2520.101-3.)			10h		х	38-30
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			101			
Par	exceptions to providing the notice applied under 29 CFR 2520.10			10i			
Par 11	exceptions to providing the notice applied under 29 CFR 2520.10  t VI Pension Funding Compliance  Is this a defined benefit plan subject to minimum funding requirem	1-3nents? (If"	Yes," see instructions and com	nplete	Sched	lule SE	3 (Form
11	exceptions to providing the notice applied under 29 CFR 2520.10 t VI Pension Funding Compliance	11-3 nents? (If "	Yes," see instructions and com	nplete		iule SE	(Form Yes No
11	exceptions to providing the notice applied under 29 CFR 2520.10  t VI Pension Funding Compliance  Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)	11-3nents? (If "	Yes," see instructions and con	nplete		11a	Yes No
11 11: 12	exceptions to providing the notice applied under 29 CFR 2520.10  t VI Pension Funding Compliance  Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)	nents? (If "	Yes," see instructions and coments of section 412 of the Code	nplete e or se	ection	<b>11a</b> 302 of	ERISA? Yes No
11 11: 12	exceptions to providing the notice applied under 29 CFR 2520.10  t VI Pension Funding Compliance  Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)	nents? (If " g requirement, as applic	Yes," see instructions and coments of section 412 of the Code (able.)	nplete e or se	ection	<b>11a</b> 302 of	ERISA? Yes No
11 11: 12	exceptions to providing the notice applied under 29 CFR 2520.10  t VI Pension Funding Compliance  Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)	nents? (If " g requirement, as applicing amortiz	Yes," see instructions and coments of section 412 of the Code (able.)	nplete e or se clions	ection	11a 302 of enter th	ERISA? Yes No
11:	exceptions to providing the notice applied under 29 CFR 2520.10  t VI Pension Funding Compliance  Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)	nents? (If " requirement, as applicing amortiz	Yes," see instructions and coments of section 412 of the Code able.)  Led in this plan year, see instrumon Morrm 5500), and skip to line 13.	nplete e or se ctions	ection	11a 302 of enter th	ERISA? Yes No

	Form 5500-SF 2012 Page <b>3</b> - 1			
c	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 T N/A
Part	AND THE RESERVE THE STATE OF TH			
13a	Has a resolution to terminate the plan been adopted in any plan year?		es 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?	ontrol		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.)	0		
1	3c(1) Name of plan(s):	3c(2) El	N(s)	13c(3) PN(s)
ſ <u></u>				
	VIII Trust Information (optional)			
14a Name of trust				

\* **X**.]

063