For	m 5500-SF		Form Annual Return/Report of Small Employee					
	tment of the Treasury nal Revenue Service	Benefit Plan This form is required to be filed under sections 104 and 4065 of the Emplo				2012		
	epartment of Labor enefits Security Administration	ctions 6057(b) and 6058 ode).		This Form is Open to Public				
Pension Be	enefit Guaranty Corporation	tions to the Form 5500)-SF.	Inspection				
Part I		lentification Information				·		
For calenda	ar plan year 2012 or fisca			<u> </u>	2/31/2			
	urn/report is for:			an (not multiemployer)	nployer) a one-participant plan			
B This ret	urn/report is:		ne final return/report					
		룩	short plan year returr	n/report (less than 12 mo	onths)			
C Check b	box if filing under:	Form 5558 a	utomatic extension			DFVC program		
		special extension (enter description)						
Part II		nation—enter all requested informati	on		41			
1a Name	of plan ORY, LLC 401(K) PROF				1b	Three-digit plan number		
		TI SHARING I LAN				(PN) ▶ 001		
					1c	Effective date of plan		
						01/01/2008		
2a Plan sp MRW ADVIS	oonsor's name and addressory, LLC	ess; include room or suite number (emp	oloyer, if for a single-	employer plan)	2b	Employer Identification Number (EIN) 26-0242071		
1000 SECO	ND AVENUE, SUITE 158	30			2c	Sponsor's telephone number 206-515-2380		
SEATTLE, V					2d	Business code (see instructions) 523900		
3a Plan ad	dministrator's name and	address XSame as Plan Sponsor Nar	ne Same as Plan	Sponsor Address	3b	Administrator's EIN		
A 10 th a s						Administrator's telephone number		
		lan sponsor has changed since the las per from the last return/report.	t return/report filed fo	or this plan, enter the	4b EIN			
a Sponso	or's name				4c	PN		
5a Total r	number of participants at	the beginning of the plan year			5a	10		
b Total r	number of participants at	the end of the plan year			5b	10		
	· ·	count balances as of the end of the pla			5c	8		
_		luring the plan year invested in eligible						
b Are you under	ou claiming a waiver of th 29 CFR 2520.104-46? (he annual examination and report of an See instructions on waiver eligibility an er line 6a or line 6b, the plan cannot	independent qualifie d conditions.)	d public accountant (IQF	PA)	X Yes No		
		incomplete filing of this return/repo						
Under pena SB or Sche	alties of perjury and othe	r penalties set forth in the instructions, signed by an enrolled actuary, as well	I declare that I have	examined this return/rep	ort, in	cluding, if applicable, a Schedule		
SIGN Filed with authorized/valid electronic signature. 05/28/2013 ROBERT WAGNER					2			
HERE	Signature of plan adn	ninistrator	Date	Enter name of individual signing as plan administrator				
SIGN								
HERE	Signature of employe	bloyer/plan sponsor Date Enter name of individual signing as employer or plan spo						
Preparer's	Preparer's name (including firm name, if applicable) and address; include room or suite number (optional) Preparer's telephone number (optional) Preparer's telephone number (optional)							

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

7 Plan Assets and Liabilities		(a) Beginning of Yea	a) Beginning of Year			(b) End of Year
a Total plan assets	. 7a	64568	9			891844
b Total plan liabilities	. 7b					
C Net plan assets (subtract line 7b from line 7a)	. 7c	64568	9			891844
8 Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b) Total
a Contributions received or receivable from:						
(1) Employers	. 8a(1)	5722		_		
(2) Participants	. 8a(2)	11195	0			
(3) Others (including rollovers)	. 8a(3)		_	_		
b Other income (loss)	. 8b	7698	5	_		
 C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) d Benefits paid (including direct rollovers and insurance premiums 	. 8c			_		246155
d Benefits paid (including direct rollovers and insurance premiums to provide benefits)	. 8d					
e 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)						
i Net income (loss) (subtract line 8h from line 8c)	. 8i					246155
j Transfers to (from) the plan (see instructions)	. 8j					
Part IV Plan Characteristics						
b If the plan provides welfare benefits, enter the applicable welfare for Part V Compliance Questions						
10 During the plan year:						
				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			10a	Yes	No	Amount
	uciary Correct t? (Do not inc	tion Program) lude transactions reported	10a 10b	Yes		Amount
29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fide b Were there any nonexempt transactions with any party-in-interest	uciary Correct t? (Do not inc	tion Program) lude transactions reported		Yes	x	Amount 6500
 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fide b Were there any nonexempt transactions with any party-in-interest on line 10a.) 	uciary Correct t? (Do not inc fidelity bond,	tion Program) lude transactions reported that was caused by fraud	10b		x	
 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fide b Were there any nonexempt transactions with any party-in-interest on line 10a.) c Was the plan covered by a fidelity bond? d Did the plan have a loss, whether or not reimbursed by the plan's 	t? (Do not inc t? (Do not inc fidelity bond, her persons b of the benefits	tion Program) lude transactions reported that was caused by fraud y an insurance carrier, s under the plan? (See	10b 10c		x x	
 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fide b Were there any nonexempt transactions with any party-in-interest on line 10a.) c Was the plan covered by a fidelity bond? d Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty? e Were any fees or commissions paid to any brokers, agents, or oth insurance service or other organization that provides some or all of 	uciary Correct t? (Do not incl fidelity bond, her persons b of the benefits	tion Program) lude transactions reported that was caused by fraud y an insurance carrier, s under the plan? (See	10b 10c 10d		x x x	
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 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fide b Were there any nonexempt transactions with any party-in-interest on line 10a.) c Was the plan covered by a fidelity bond? d Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty? e Were any fees or commissions paid to any brokers, agents, or oth insurance service or other organization that provides some or all or instructions.) f Has the plan failed to provide any benefit when due under the plan g Did the plan have any participant loans? (If "Yes," enter amount an 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 the exceptions to providing the notice applied under 29 CFR 2520.10 Part VI Pension Funding Compliance 11 Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)	uciary Correct t? (Do not inc fidelity bond, her persons b of the benefits an? as of year end (See instruction he required not 1-3	tion Program) lude transactions reported that was caused by fraud y an insurance carrier, s under the plan? (See 	10b 10c 10d 10e 10f 10g 10h 10i	X	X X X X X X X X X X Ule SB	(Form
 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fide b Were there any nonexempt transactions with any party-in-interest on line 10a.) c Was the plan covered by a fidelity bond? d Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty? e Were any fees or commissions paid to any brokers, agents, or oth insurance service or other organization that provides some or all or instructions.) f Has the plan failed to provide any benefit when due under the plan g Did the plan have any participant loans? (If "Yes," enter amount a 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 the exceptions to providing the notice applied under 29 CFR 2520.10 Pension Funding Compliance 11 Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below) 	uciary Correct (Do not inc i fidelity bond, her persons b of the benefits as of year end (See instruction he required not 1-3	tion Program) lude transactions reported that was caused by fraud y an insurance carrier, s under the plan? (See 	10b 10c 10d 10e 10f 10g 10h 10i	Sched	X X X X X X X X X ule SB ((Form
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 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fide b Were there any nonexempt transactions with any party-in-interest on line 10a.) c Was the plan covered by a fidelity bond? d Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty? e Were any fees or commissions paid to any brokers, agents, or oth insurance service or other organization that provides some or all or instructions.) f Has the plan failed to provide any benefit when due under the plan g Did the plan have any participant loans? (If "Yes," enter amount a 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 the exceptions to providing the notice applied under 29 CFR 2520.10 art VI Pension Funding Compliance 11 Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below) 12 Is this a defined contribution plan subject to the minimum funding (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 being the set of the minimum funding standard for a prior year is being the set of the minimum funding standard for a prior year is being the set of the minimum funding standard for a prior year is being the set of the minimum funding standard for a prior year is being the set of the minimum funding teacher is plane. 	uciary Correct (Do not incl if idelity bond, her persons b of the benefits as of year end (See instruction he required not 1-3	tion Program) lude transactions reported that was caused by fraud y an insurance carrier, s under the plan? (See 	10b 10c 10d 10e 10f 10g 10h 10i 0 or se ctions,	X Sched	X X X X X X X X X X Ule SB (11a 302 of E	(Form

С	Enter the amount contributed by the employer to the plan for this plan year					
d						
е	e Will the minimum funding amount reported on line 12d be met by the funding deadline?					
Part	art VII Plan Terminations and Transfers of Assets					
13a	Has a	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	b Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?					
С		ing this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) n 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)				

14a Name of trust	14b Trust's EIN

Form	5500-SF	Short Form Annual Re		1210					
	ent of the Treasury Revenue Service	Benefit Plan 2012 This form is required to be filed under sections 104 and 4065 of the Employee 2012							
Employee Benef	tment of Labor its Security Administration	Retirement Income Security Act of 1974 (ERISA), and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code). Inspection							
	it Guaranty Corporation	Complete all entries in accorda	nce with the instruc	ctions to the Form 550	0-SF.	1115	pection		
	Annual Report Id	entification Information al plan year beginning 01/01/2012		and anding	12/31/	2010			
	5		multiple employers		12/31/		ant plan		
A This return			ie final return/report	an (not multiemployer)		a one-particip	bant plan		
B This return	Vreport is:			n/report (less than 12 m	onthe	(
C Charlybay			utomatic extension	meport (less than 12 m	onuis)	DFVC progra	m		
	: if filing under:	special extension (enter description)					811		
Part II E	Basic Plan Inform	nation—enter all requested information							
1a Name of		Tation-enter all requested mornation			1b	Three-digit			
1011000	, LLC 401(k) Profit Sh	aring Plan				plan number (PN) ▶	001		
					1c	Effective date of 01/01/2			
2a Plan spor MRW Advisory		ess; include room or suite number (emp	ployer, if for a single-	employer plan)	2b Employer Identification Number (EIN) 260242071				
1000 0	0 1 1500				2c	Sponsor's telep 206515			
Seattle, WA 98	venue. Suite 1580				2d	Business code (523900			
		address XSame as Plan Sponsor Nar	ne Same as Plar	Sponsor Address	3b	Administrator's I	EIN		
					3c	Administrator's t	elephone number		
		an sponsor has changed since the las	t return/report filed fo	or this plan, enter the	4b	EIN			
name, El a Sponsor's	and the second sec	er from the last return/report.			4c	PN			
		the beginning of the plan year			5a	1	10		
4		the end of the plan year			5b		10		
		count balances as of the end of the pla			5c		8		
		uring the plan year invested in eligible					X Yes No		
	and states in the second states and the second states and	e annual examination and report of an	and the second second second second second	eder ser group and a second a second second second					
		See instructions on waiver eligibility and					X Yes No		
	the set to be and the set of the set	er line 6a or line 6b, the plan cannot							
All states of the second s		incomplete filing of this return/repor		Card Contraction of the second					
SB or Schedul		penalties set forth in the instructions, signed by an enrolled actuary, as well te.							
SIGN	Robert Wagner								
SIGN HERE	ignature of plan adm		Date						
SIGN	ignature of plan aut	inistiator	Date	Enter name of individu	nter name of individual signing as plan administrator				
HERE	ignature of employe	yer/plan sponsor Date Enter name of individual signing as employer or plan sponsor							
		ne, if applicable) and address; include r	A REAL PROPERTY AND ADDRESS OF THE OWNER OWN		and a state of the	and the second se	number (optional)		
35									
For Paperwork		nd OMB Control Numbers, see the instru	ctions for Form 5500-	SF.		F	Form 5500-SF (2012) v. 120126		

	Plan Assets and Liabilities		(a) Beginning of Yea	r	(b) End of Year					
а	Total plan assets	7a	64568			1.1			91844	
	Total plan liabilities	7b								
с	Net plan assets (subtract line 7b from line 7a)	7c	64568	9				89	91844	
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b) [·]	Total		
а	Contributions received or receivable from:	0.40	5700	•						
	(1) Employers	8a(1)	57220		-					
	 (2) Participants	8a(2)	11195	0	-	-11-10-		in in	-	
	(3) Others (including rollovers) Other income (loss)	8a(3) 8b	7698	r	-					
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c	/090	5	-			24	CAFE	
	Benefits paid (including direct rollovers and insurance premiums	00	The second second second second second	-	-			24	6155	27777-2
	to provide benefits)	8d			-	_		_		
е	Certain deemed and/or corrective distributions (see instructions)	8e								per las
f	Administrative service providers (salaries, fees, commissions)	8f			-					
	Other expenses	8g								
	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h								
	Net income (loss) (subtract line 8h from line 8c)	8i			-			24	16155	
1	Transfers to (from) the plan (see instructions)	8j								
b	2A 2E 2F 2G 2J 2K 2T 3D If the plan provides welfare benefits, enter the applicable welfare for	eature codes	from the List of Plan Charac	cterist	ic Cod	es in t	he instruc	tions:		
Dart	V Compliance Questions									
Part					Yes	No		Amo	unt	
Part 10 a	During the plan year:			10a	Yes	No X		Amo	unt	
10 a	During the plan year: Was there a failure to transmit to the plan any participant contribu	ciary Correct ? (Do not inc	tion Program)	10a 10b	Yes			Amo	unt	
10 a b	During the plan year: Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu Were there any nonexempt transactions with any party-in-interest	ciary Correc ? (Do not inc	tion Program)		Yes	x		Amo		6500
10 a b c	During the plan year: Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu Were there any nonexempt transactions with any party-in-interest on line 10a.).	iciary Correc ? (Do not inc fidelity bond	tion Program) Jude transactions reported	10b	2.04	x		Amo		6500
10 a b c d	During the plan year: Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu Were there any nonexempt transactions with any party-in-interest on line 10a.) Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan's	iciary Correc ? (Do not inc fidelity bond her persons b of the benefit	tion Program) lude transactions reported , that was caused by fraud by an insurance carrier, s under the plan? (See	10b 10c	2.04	x x		Amo		3500
10 a b c d	During the plan year: Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu Were there any nonexempt transactions with any party-in-interest on line 10a.) Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty? Were any fees or commissions paid to any brokers, agents, or oth insurance service or other organization that provides some or all of	iciary Correc ? (Do not inc fidelity bond her persons b of the benefit	tion Program) lude transactions reported , that was caused by fraud by an insurance carrier, s under the plan? (See	10b 10c 10d	2.04	x x x		Amo		6500
10 a b c d	During the plan year: Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu Were there any nonexempt transactions with any party-in-interest on line 10a.) Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty? Were any fees or commissions paid to any brokers, agents, or oth insurance service or other organization that provides some or all o instructions.)	iciary Correc ? (Do not inc fidelity bond her persons b of the benefit	tion Program) lude transactions reported , that was caused by fraud by an insurance carrier, s under the plan? (See	10b 10c 10d 10e 10f	2.04	x x x x		Amo		3500
10 a b c d e f g	During the plan year: Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu Were there any nonexempt transactions with any party-in-interest on line 10a.) Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty? Were any fees or commissions paid to any brokers, agents, or oth insurance service or other organization that provides some or all of instructions.) Has the plan failed to provide any benefit when due under the plan Did the plan have any participant loans? (If "Yes," enter amount a If this is an individual account plan, was there a blackout period? 2520.101-3.)	Iciary Correc ? (Do not inc fidelity bond her persons b of the benefit n? s of year enc (See instructi	tion Program) Jude transactions reported , that was caused by fraud by an insurance carrier, s under the plan? (See 1.)	10b 10c 10d 10e	2.04	x x x x x x		Amo		3500
10 a b c d e f g	During the plan year: Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu Were there any nonexempt transactions with any party-in-interest on line 10a.) Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty? Were any fees or commissions paid to any brokers, agents, or oth insurance service or other organization that provides some or all of instructions.) Has the plan failed to provide any benefit when due under the plan Did the plan have any participant loans? (If "Yes," enter amount a If this is an individual account plan, was there a blackout period?	iciary Correc ? (Do not inc fidelity bond her persons b of the benefit n? s of year enc (See instruction he required n	tion Program) Jude transactions reported , that was caused by fraud by an insurance carrier, s under the plan? (See 	10b 10c 10d 10e 10f 10g	2.04	x x x x x x x		Amo		6500
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Form 5500-SF 2012

Page 3 - 1

c Enter the amount contributed by the employer to the plan fo	r this plan year 12c
d Subtract the amount in line 12c from the amount in line 12b negative amount)	Enter the result (enter a minus sign to the left of a 12d
	et by the funding deadline? No N/A
Part VII Plan Terminations and Transfers of Ass	ets
13a 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	o the employer this year 13a
	ciaries, transferred to another plan, or brought under the control
c If during this plan year, any assets or liabilities were transfe which assets or liabilities were transferred. (See instructions)	rred from this plan to another plan(s), identify the plan(s) to
13c(1) Name of plan(s):	13c(2) EIN(s) 13c(3) PN(s)
Part VIII Trust Information (optional)	
14a Name of trust	14b Trust's EIN