## 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).

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OMB Nos. 1210-0110

1210-0089

2012

This Form is Open to Public Inspection

Pension Be	enerit Guaranty Corporation	▶ Complete all entries in accorda	nce with the instruc	tions to the Form 5500	O-SF.	
Part I	Annual Report	Identification Information				
For calend	lar plan year 2012 or fi	scal plan year beginning 01/01/2012		and ending 1:	2/31/2012	
	turn/report is for:			an (not multiemployer)	a one-partici	pant plan
<b>B</b> This ref	turn/report is:	the first return/report	ne 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:	Form 5558	utomatic extension		DFVC progra	am
	ŭ	special extension (enter description)	)		_	
Part II	Rasic Plan Info	rmation—enter all requested informati				
		illiation—enter all requested informati	1011		<b>1b</b> Three-digit	
1a Name		DUP, LLC 401(K) PROFIT SHARING PL	ΔNI		plan number	
LDOLWATE	IN CONCOLLING CIN	SOL, ELO FOLKY LIKOLLI CHARING LE			(PN) •	001
					1c Effective date of	f plan
						/2012
	ponsor's name and ad ER CONSULTING GR	dress; include room or suite number (em OUP, LLC	ployer, if for a single-	employer plan)	<b>2b</b> Employer Identi (EIN) 26-39	fication Number
27450 40 <b>T</b> U	LAVENUE COUTU				2c Sponsor's telep	
	H AVENUE SOUTH WAY, WA 98003				2d Business code	(see instructions)
3a Plan a	administrator's name ar	nd address Same as Plan Sponsor Na	me Same as Plan	Sponsor Address	<b>3b</b> Administrator's	
					2	
					<b>3c</b> Administrator's	telephone number
4 If the r	name and/or FIN of the	e plan sponsor has changed since the las	st return/report filed fo	r this plan enter the	<b>4b</b> EIN	
		mber from the last return/report.	retain/report med to	r the plan, onter the	TD LIN	
	sor's name	•			4c PN	
<b>5a</b> Total	number of participants	at the beginning of the plan year			5a	15
<b>b</b> Total	number of participants	at the end of the plan year			5b	15
		account balances as of the end of the pla			OD .	10
			• '	-	5c	15
6a Were	all of the plan's assets	s during the plan year invested in eligible	assets? (See instruct	tions )		X Yes No
_		f the annual examination and report of ar				
•	· ·	? (See instructions on waiver eligibility ar			,	X Yes No
If you	ı answered "No" to e	ither line 6a or line 6b, the plan cannot	use Form 5500-SF	and must instead use	Form 5500.	
Caution: A	A penalty for the late	or incomplete filing of this return/repo	rt will be assessed	unless reasonable cau	se is established.	
Under pena	alties of perjury and ot	her penalties set forth in the instructions,	I declare that I have	examined this return/rep	ort, including, if applic	able, a Schedule
	edule MB completed artrue, correct, and comp	nd signed by an enrolled actuary, as well plete.	as the electronic vers	sion of this return/report,	, and to the best of my	knowledge and
SIGN HERE	Filed with authorized/	valid electronic signature.	06/26/2013	ROBERT HOSKINS		
			Date	Enter name of individu	ual signing as plan adr	
IILKE	Signature of plan a	dministrator	Date		0 0 1	ministrator
	Signature of plan a	dministrator	Bato		<u> </u>	ministrator
SIGN HERE						
SIGN HERE	Signature of emplo	yer/plan sponsor	Date	Enter name of individu	ual signing as employe	er or plan sponsor
SIGN HERE	Signature of emplo		Date	Enter name of individu		er or plan sponsor
SIGN HERE	Signature of emplo	yer/plan sponsor	Date	Enter name of individu	ual signing as employe	er or plan sponsor
SIGN HERE	Signature of emplo	yer/plan sponsor	Date	Enter name of individu	ual signing as employe	er or plan sponsor
SIGN HERE	Signature of emplo	yer/plan sponsor	Date	Enter name of individu	ual signing as employe	er or plan sponsor

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Pa	rt III Financial Information										
7	Plan Assets and Liabilities		(a) Beginning of Yea	or.	T		(b) End (	of Vo	ar .		
<u>′</u> а	Total plan assets	70	(a) Beginning of rea	0	+	(b) End of Year 19548			<b>)</b>		
	Total plan liabilities	7a 7b		0			19348				
	Net plan assets (subtract line 7b from line 7a)	7c		0	405			19548			
8	Income, Expenses, and Transfers for this Plan Year	70		0	+		(b) T		19540	)	
	Contributions received or receivable from:		(a) Amount				(b) To	nai			
	(1) Employers	8a(1)	1873	7							
	(2) Participants	8a(2)	307	<b>7</b> 8							
	(3) Others (including rollovers)	8a(3)									
b	Other income (loss)	8b	-207	0							
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						1	19745		
d	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	19	7							
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							197	7	
<u>i</u>	Net income (loss) (subtract line 8h from line 8c)	8i							19548	3	
j	Transfers to (from) the plan (see instructions)	8j									
Pai	rt IV Plan Characteristics										
9a	If the plan provides pension benefits, enter the applicable pension 2E 2G 2J 2T 3D	feature co	des from the List of Plan Char	acteris	stic Co	odes in	the instruct	ions:			
b	If the plan provides welfare benefits, enter the applicable welfare fe	eature cod	es from the List of Plan Chara	cterist	ic Cod	des in t	he instruction	ns:			
Par	t V Compliance Questions										
10	During the plan year:				Yes	No		Amo	unt		
а				10a		X					
b		? (Do not	include transactions reported	10b		X					
c				10c	Χ					500	000
d	Did the plan have a loss, whether or not reimbursed by the plan's	fidelity bo	nd, that was caused by fraud			X				300	000
	or dishonesty?			10d							
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						197
f	Has the plan failed to provide any benefit when due under the pla			10f		Χ					
						X					
g h	If this is an individual account plan, was there a blackout period?	(See instru	uctions and 29 CFR	10g		X					
i	If 10h was answered "Yes," check the box if you either provided the pr	he required	d notice or one of the	10h							
Part	exceptions to providing the notice applied under 29 CFR 2520.10  VI Pension Funding Compliance	1-3		10i							
11	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)							П	Yes	X	No
	· · · · · · · · · · · · · · · · · · ·					11a					
11a	Enter the amount from Schedule SB line 39					Y	No				
			ents of section 412 of the Code	or se	ction	302 of	FRISA?		Yes		
11a	Is this a defined contribution plan subject to the minimum funding	requireme		or se	ction	302 of	ERISA?		Yes	^	-10
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, If a waiver of the minimum funding standard for a prior year is being	requireme , as applicates ng amortiz	able.) ed in this plan year, see instru	ctions		enter th	ne date of th	e lett	ter rul		
12 a	Is this a defined contribution plan subject to the minimum funding (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 beir granting the waiver.	requirement, as applications amortization	able.) ed in this plan year, see instru Mon	ctions			ne date of th		ter rul		
a If	Is this a defined contribution plan subject to the minimum funding (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 being	requirement, as applications amortizations de MB (For	able.) ed in this plan year, see instruMon m 5500), and skip to line 13.	ctions, th	and	enter th	ne date of th	e lett	ter rul		

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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 <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.

2012

OMB Nos. 1210-0110

1210-0089

This Form is Open to Public Inspection

Part I Annual Report Identification Inf				
For calendar plan year 2012 or fiscal plan year beginning	ng 01/01/2012	and ending	12/31/2012	2
A This return/report is for:	r plan a multiple-employer	plan (not multiemployer)	a one-participa	ant plan
B This return/report is:	port the final return/report	rt		
an amended retu	rn/report a short plan year ref	turn/report (less than 12 mor	nths)	
C Check box if filing under: Form 5558	automatic extension	1	DFVC prograi	m
special extension	(enter description)			
Part II Basic Plan Information—enter all	equested information			
1a Name of plan		1	lb Three-digit	
EDGEWATER CONSULTING GROUP, LL	C		plan number (PN) ▶	001
401(K) PROFIT SHARING PLAN		1	1c Effective date of	
			01/01/2012	
2a Plan sponsor's name and address; include room or EDGEWATER CONSULTING GROUP, LL		e-employer plan)	2b Employer Identifi (EIN) 26-3944	cation Number
Boomilian condolling Gnool, bu			2c Sponsor's teleph	
		1	(253) 835-	
37459 18TH AVENUE SOUTH		7	2d Business code (s	ee instructions)
FEDERAL WAY		A 98003	541990	
<b>3a</b> Plan administrator's name and address ⊠Same a	s Plan Sponsor Name ∐Same as Pla	an Sponsor Address	<b>3b</b> Administrator's E	IN
			3c Administrator's te	elenhone number
4 If the name and/or EIN of the plan sponsor has ch name, EIN, and the plan number from the last retu		for this plan, enter the	4b EIN	
name, EIN, and the plan number from the last retual Sponsor's name	ırn/report.	4	<b>4b</b> EIN <b>4c</b> PN	
name, EIN, and the plan number from the last retu	ırn/report.	4		1.5
name, EIN, and the plan number from the last return a Sponsor's name  5a Total number of participants at the beginning of the Data number of participants at the end of the plan	e plan yearyear		4c PN	
name, EIN, and the plan number from the last returnal Sponsor's name  5a Total number of participants at the beginning of the Data number of participants at the end of the plane.  C Number of participants with account balances as of the plane.	e plan yearyear defined be	nefit plans do not	4c PN 5a 5b	15
name, EIN, and the plan number from the last return a Sponsor's name  5a Total number of participants at the beginning of the boundary of participants at the end of the plane.  C Number of participants with account balances as a complete this item)	im/report. e plan year year fithe end of the plan year (defined be	nefit plans do not	4c PN 5a 5b	15 15 15 X Yes   No
name, EIN, and the plan number from the last returnation a Sponsor's name  5a Total number of participants at the beginning of the boundary of participants at the end of the plane.  C Number of participants with account balances as a complete this item)	e plan yearyearyearyearyearyear (defined be	nefit plans do not	4c PN 5a 5b	15 15 X Yes No
name, EIN, and the plan number from the last returnation and Sponsor's name  5a Total number of participants at the beginning of the boundaries of participants at the end of the plane.  C Number of participants with account balances as a complete this item)	e plan year	nefit plans do not uctions.)	4c PN 5a   5b   5c	15
name, EIN, and the plan number from the last returnal sponsor's name  5a Total number of participants at the beginning of the Dotal number of participants at the end of the plane.  c Number of participants with account balances as a complete this item)	e plan year  year  of the end of the plan year (defined be invested in eligible assets? (See instruction and report of an independent quality waiver eligibility and conditions.)  b, the plan cannot use Form 5500-S	nefit plans do not  uctions.)	4c PN 5a   5b   5c	15 15 X Yes No
name, EIN, and the plan number from the last returnal sponsor's name  5a Total number of participants at the beginning of the boundary of participants at the end of the plans of participants with account balances as a complete this item).  6a Were all of the plan's assets during the plan year boundary of the annual examination under 29 CFR 2520.104-46? (See instructions on lift you answered "No" to either line 6a or line 6.	e plan year	nefit plans do not  uctions.)	4c PN 5a 5b 5c A) orm 5500. e is established.	15  X Yes No  X Yes No
name, EIN, and the plan number from the last returnal sponsor's name  5a Total number of participants at the beginning of the Dotal number of participants at the end of the plane.  c Number of participants with account balances as a complete this item)	e plan year	nefit plans do not  uctions.)	4c PN 5a 5b 5c A) orm 5500. e is established. rt, including, if applica	15  X Yes No  X Yes No
name, EIN, and the plan number from the last returnation and Sponsor's name  5a Total number of participants at the beginning of the boundaries of participants at the end of the plan complete this item)	e plan year	nefit plans do not  uctions.)	4c PN 5a 5b 5c A) orm 5500. e is established. rt, including, if applica	15  X Yes No  X Yes No
name, EIN, and the plan number from the last returnal sponsor's name  5a Total number of participants at the beginning of the bound of participants at the end of the plan complete this item)	pe plan year	nefit plans do not  uctions.)	4c PN 5a 5b 5c A)  orm 5500.  e is established. rt, including, if applica	15  X Yes No  X Yes No  ble, a Schedule knowledge and
name, EIN, and the plan number from the last returnal Sponsor's name  5a Total number of participants at the beginning of the botal number of participants at the end of the plans.  C Number of participants with account balances as a complete this item)	e plan year	nefit plans do not  uctions.)  fied public accountant (IQPA  F and must instead use For dunless reasonable cause re examined this return/report, a  ROBERT HOSKINS  Enter name of individua	4c PN 5a 5b 5c A)  orm 5500.  e is established. rt, including, if applica	15  X Yes No  X Yes No  ble, a Schedule knowledge and
name, EIN, and the plan number from the last returnal Sponsor's name  5a Total number of participants at the beginning of the Dan Total number of participants at the end of the plan Complete this item).  6a Were all of the plan's assets during the plan year Down Are you claiming a waiver of the annual examination under 29 CFR 2520.104-46? (See instructions on If you answered "No" to either line 6a or line 60 Caution: A penalty for the late or incomplete filing of Under penalties of perjury and other penalties set forth SB or Schedule MB completed and signed by an enroll belief, it is true, correct, and complete.  SIGN HERE Signature of plan administrator	e plan year	nefit plans do not  uctions.)  fied public accountant (IQPA  F and must instead use Ford unless reasonable cause re examined this return/report, a  ROBERT HOSKINS  Enter name of individua  ROBERT HOSKINS  Enter name of individua	4c PN 5a 5b 5c A) brum 5500. e is established. rt, including, if applicated to the best of my left.	15  X Yes No  X Yes No  ble, a Schedule knowledge and

Pa	rt III Financial Information	· · · · · · · · · · · · · · · · · · ·							
7	Plan Assets and Liabilities		(a) Beginning of Ye	ar			(b) End	of Year	
<u>a</u>	Total plan assets	. 7a			0				19,548
<u>b</u>	Total plan liabilities	7b			0				0
<u> </u>	Net plan assets (subtract line 7b from line 7a)	. 7c			0				19,548
_8_	Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b)	Total	· · · · · · · · · · · · · · · · · · ·
а 	Contributions received or receivable from: (1) Employers	. 8a(1)		8 <b>,</b> 73					
	(2) Participants	8a(2)		3,0					
	(3) Others (including rollovers)	8a(3)							
b	Other income (loss)	. 8b	(2	,070	2)				
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	. 8c							19,745
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	. 8d							
е	Certain deemed and/or corrective distributions (see instructions)	. 8e							
_	Administrative service providers (salaries, fees, commissions)	8f							
	Other expenses	8g		19	37				
	Total expenses (add lines 8d, 8e, 8f, and 8g)	. 8h							197
	Net income (loss) (subtract line 8h from line 8c)	8i			+	****			19,548
j	Transfers to (from) the plan (see instructions)	8j							19,340
Par	t IV Plan Characteristics	] 0]							
9a b	If the plan provides pension benefits, enter the applicable pension 2E 2G 2J 2T 3D  If the plan provides welfare benefits, enter the applicable welfare for								
Part	V Compliance Questions								
10	During the plan year:				Yes	No		Amount	
а	Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fide	itions withi	n the time period described in	10a		Х			
b	Were there any nonexempt transactions with any party-in-interest on line 10a.)	? (Do not	include transactions reported	10b		Х			
С	Was the plan covered by a fidelity bond?			10c	Х	21			50,000
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		Х			
е	Were any fees or commissions paid to any brokers, agents, or oth insurance service or other organization that provides some or all cinstructions.)	ner person of the bene	s by an insurance carrier, efits under the plan? (See	10e	Х		:		197
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.)	10g		Х			
h	If this is an individual account plan, was there a blackout period? (2520.101-3.)	(See instru	uctions and 29 CFR	10h		Х			
Î	If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10	ne required	notice or one of the	10ii		21			
Part				101					
11	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)	ents? (If "	Yes," see instructions and com	plete	Sched	lule SE	3 (Form	∏ Yes	⊠No
11a	Enter the amount from Schedule SB line 39					11a	<u> </u>	· • •	<u> </u>
12	Is this a defined contribution plan subject to the minimum funding		<del></del>				ERISA?	Yes	X No
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,					01		1 1	11
	If a waiver of the minimum funding standard for a prior year is bein granting the waiver.	ng amortizo	ed in this plan year, see instruc	ctions th	, and e	enter th Day	ne date of	the letter ri Year	uling
	you completed line 12a, complete lines 3, 9, and 10 of Schedule	e MB (For	m 5500), and skip to line 13.						
b	Enter the minimum required contribution for this plan year				<u> </u>	12b			

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	Enter the amount contributed by the employer to the plan for this plan year	12c	T		
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			
e	Will the minimum funding amount reported on line 12d be met by the funding deadline?		Yes	□ No □	N/A
Part				<u> </u>	
13a	Has a resolution to terminate the plan been adopted in any plan year?	.] [ ]	Yes X N	lo	
	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?			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):	13c(2) E	IN(s)	13c(3)	PN(s)
				İ	
Part	VIII Trust Information (optional)				
	Name of trust	14b T	rust's EIN		