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).

1210-0089

OMB Nos. 1210-0110

2012

This Form is Open to Public Inspection

Pension I	Benefit Guaranty Corporation	▶ Complete all entries in acco	rdance with the instruc	tions to the Form 550	0-SF.	-p		
Part I	Annual Report I	dentification Information						
For calend	dar plan year 2012 or fisc	cal plan year beginning 01/01/20	13	and ending 0	04/20/2013			
	turrir oport is for:	a single-employer plan	a multiple-employer pl	an (not multiemployer)	a one-partic	ipant plan		
B This re	eturn/report is:	the first return/report	the final return/report					
		an amended return/report	a short plan year returr	n/report (less than 12 m	onths)			
C Check	box if filing under:	Form 5558	automatic extension		DFVC progr	am		
		special extension (enter descripti	ion)					
Part II	Basic Plan Infor	mation—enter all requested inform	mation					
1a Name	of plan	·			1b Three-digit			
GUENTHE	RS ROBIN HOOD LANE	S, INC. 401(K) PROFIT SHARING P	PLAN & TRUST		plan number			
					(PN) •	002		
					1c Effective date of	•		
22 Plan	noncer's nome and add	Irono, in alluda room ar quita numbar ((ampleyer if for a single	ampleyer plan)		1/2005		
	RS ROBIN HOOD LANE	Iress; include room or suite number (ES, INC.	employer, il for a single-	employer plan)	2b Employer Ident (EIN) 91-17	147093		
					(EIIV)			
0001 EDM	ONDS WAY				2c Sponsor's telep	76-2101		
	, WA 98020-5901				2d Business code	(see instructions)		
					7139	` ,		
3a Plan	administrator's name and	d address XSame as Plan Sponsor	Name Same as Plan	Sponsor Address	3b Administrator's	EIN		
		ь .	ш					
					3c Administrator's	telephone number		
4 If the	name and/or EIN of the	plan sponsor has changed since the	last roturn/roport filed fo	ur this plan, optor the	4b FIN			
		ber from the last return/report.	riast return/report med to	ir triis plant, enter trie	4b EIN			
	sor's name	·			4c PN			
5a Total	number of participants a	at the beginning of the plan year			5a	25		
b Total	number of participants a	at the end of the plan year			5b	0		
	•	ccount balances as of the end of the			0.0			
			. , ,	•	5c	0		
6a Wer	e all of the plan's assets	during the plan year invested in eligi	ble assets? (See instruc	tions.)		X Yes No		
		the annual examination and report of						
		(See instructions on waiver eligibility	•			X Yes No		
		her line 6a or line 6b, the plan can						
		r incomplete filing of this return/re						
		er penalties set forth in the instruction d signed by an enrolled actuary, as w						
	true, correct, and compl		ven de the electronic ven	sion of this return report	i, and to the best of my	y knowledge and		
			0=11010010	<u> </u>				
SIGN	Filed with authorized/v	ralid electronic signature.	07/12/2013	MARINA I.G. EKONOI	MAKIS			
HERE	Signature of plan ad	ministrator	Date	Enter name of individ	dividual signing as plan administrator			
SIGN	Filed with authorized/v	ralid electronic signature.	07/12/2013	MARINA I.G. EKONO	ONOMAKIS			
HERE	Signature of employ	ver/plan sponsor	Date	Enter name of individ	ual signing as employe	al signing as employer or plan sponsor		
Preparer's name (including firm name, if applicable) and address; include room or suite number (optional)					Preparer's telephone number (optional)			

Form 5500-SF 2012 Page **2**

Por	+ III Eingneich Information								
	t III Financial Information Plan Assets and Liabilities	(a) Beginning of Vo		\r_			(h) End of Voor		
	Total plan assets	7a	(a) Beginning of Yea				(b) End of Year		
	Total plan liabilities	7a 7b	20043	71	-		0		
	Net plan assets (subtract line 7b from line 7a)	7c	20349	7			0		
	Income, Expenses, and Transfers for this Plan Year		(a) Amount	,,			(b) Total		
	Contributions received or receivable from:		(a) Amount				(b) Total		
	(1) Employers	8a(1)		0					
	(2) Participants	8a(2)		0					
	(3) Others (including rollovers)	8a(3)		0					
<u>b</u>	Other income (loss)	8b	920)7					
C	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c					9207		
	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	21270)4					
<u>e</u>	Certain deemed and/or corrective distributions (see instructions)	8e							
f	Administrative service providers (salaries, fees, commissions)	8f							
g	Other expenses	8g							
<u>h</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h					212704		
<u>i</u>	Net income (loss) (subtract line 8h from line 8c)	8i					-203497		
j	Transfers to (from) the plan (see instructions)	8j							
Par	t IV Plan Characteristics								
9a	If the plan provides pension benefits, enter the applicable pension 2E 2J 2K 3D	feature co	des from the List of Plan Char	acteris	stic 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 Chara	cterist	ic Coc	les in t	he instructions:		
Part	V Compliance Questions								
10	During the plan year:				Yes	No	Amount		
а				10a		Х			
b		? (Do not	include transactions reported	10b		X			
С	Was the plan covered by a fidelity bond?			10c	X		40000		
d	· · · · · · · · · · · · · · · · · · ·			100			40000		
	or dishonesty?			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.)	of the bene	efits under the plan? (See	10e		X			
f	Has the plan failed to provide any benefit when due under the plan			10f		Χ			
g	Did the plan have any participant loans? (If "Yes," enter amount a					X			
h		(See instru	uctions and 29 CFR	10g 10h		X			
i	If 10h was answered "Yes," check the box if you either provided the	ne require	d notice or one of the						
Dort	exceptions to providing the notice applied under 29 CFR 2520.10	1-3		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)									
	Enter the amount from Schedule SB line 39					11a	100 100		
12									
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,								
а	If a waiver of the minimum funding standard for a prior year is beir granting the waiver.	ng amortiz	ed in this plan year, see instru		and e	enter th Day	ne date of the letter ruling Year		
If	you completed line 12a, complete lines 3, 9, and 10 of Schedulo								
b	Enter the minimum required contribution for this plan year					12b			

	Form 5500-SF 2012 Page 3 - 1				
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	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	res 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		X Yes	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)
Part	VIII Trust Information (optional)				

14b Trust's EIN

14a Name of trust

Form 5500-SF

Department of the Treasury Internal Revenue Service

Employee Benefits Security Administration

Department of Labor

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 section 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

	Pension Benefit Guaranty Corporation Complete all entries in accordance with the instructions to the Form 5504	n_9E	In	spection					
Part I Annual Report Identification Information									
Fo	calendar plan year 2012 or fiscal plan year beginning 01/01/2013 and ending	04	/20/2013						
	This return/report is for: x a single-employer plan a multiple-employer plan (not multiemployer) This return/report is: the first return/report x the final return/report		a one-particip	ant plan					
J	H H H								
	an amended return/report a short plan year return/report (less than 12 m	onths) 	_						
C	Check box if filing under: Form 5558 automatic extension		DFVC progra	m					
_	special extension (enter description)								
P	art II Basic Plan Information enter all requested information								
1a	Name of plan		Three-digit						
	GUENTHERS ROBIN HOOD LANES, INC. 401(K) PROFIT SHARING PLAN & TRUST		olan number (PN) ►	002					
		1c (Effective date of 01/01/2005	plan					
2a	Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) GUENTHERS ROBIN HOOD LANES, INC.	2b	Employer Identif	ication Number					
			(EIN) 91-1147093						
	9801 EDMONDS WAY		Sponsor's teleph (425) 776-2						
		2d 1	Business code (see instructions)					
_	EDMONDS WA 98020-5901		713900	,					
3 a	Plan administrator's name and address 🗓 Same as Plan Sponsor Name 🗍 Same as Plan Sponsor Address	3b /	Administrator's E	IN					
		3C /	Administrator's t	elephone 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 name, EIN, and the plan number from the last return/report.	4b 8	EIN						
a	Sponsor's name	4c F	PN .						
5a	Total number of participants at the beginning of the plan year	5a	Ī	25					
b	Total number of participants at the end of the plan year	5b		0					
c	Number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item)	5c		0					
6a	Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)			X Yes No					
b	Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQP.	A)	***************	E : 40 _ 110					
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.)			X Yes No					
	If you answered "No" to either line 6a or line 6b, the plan cannot use Form 5500-SF and must instead use F								
Ca	ution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cau	80 ls et	stablished.						
Ur	der penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/rep	ort, incl	luding, if applica	ble, a Schedule					
Ot	s or Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/report, lief, it is true, correct, and complete.	and to	the best of my I	knowledge and					
No. of London	ION MUMACHER 7/11/2013 MARINA 1.69	EK	ONOMO	(1S					
Н	ERE Signature of plan administrator Date Enter name of individual	signing	as plan admin	istrator					
S	IGN MARINA 1.6	, E	KDNIOMA	kis					
	ERE Signature of employer/plan sponsor Date Enter name of individual	signing	as employer o	r plan sponsor					
Pr				umber (optional)					
			•	,					
5									

Pa	rt III Financial Information							
7	Plan Assets and Liabilities		(a) Beginning of Yea	r			(b) End o	f Year
<u>a</u>	Total plan assets	7a	203,4	97				0
<u>b</u>	Total plan liabilities	7b						0
	Net plan assets (subtract line 7b from line 7a)	7c	203,4	97				0
	Income, Expenses, and Transfers for this Plan Year		(a) Amount		(b) Total			otal
	Contributions received or receivable from: (1) Employers	8a(1)		0				
-	(2) Participants	8a(2)		0				
	(3) Others (including rollovers)	8a(3)		0	3 6			
	Other income (loss)	8b	9,2	07	3.84			
C	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						9,207
	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	212,7	04				
	Certain deemed and/or corrective distributions (see instructions)	8e						
<u>f</u>	Administrative service providers (salaries, fees, commissions)	8f						
-	Other expenses	8g				10 H 11 H		
	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h			<u> </u>			212,704
100	Net income (loss) (subtract line 8h from line 8c)	81						(203,497)
	Transfers to (from) the plan (see instructions)	8j		····				
_	rt IV Plan Characteristics						***************************************	
9a	If the plan provides pension benefits, enter the applicable pension fe	ature codes	from the List of Plan Characte	eristic	Code	s in th	e instructio	ns:
_	2E 2J 2K 3D							
b	If the plan provides welfare benefits, enter the applicable welfare fea	ture codes	from the List of Plan Character	ristic (Codes	in the	instruction	s:
Pa	rt V Compliance Questions			*************				
10	During the plan year:		**************************************		Yes	No		Amount
a	Was there a failure to transmit to the plan any participant contributi 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduc	ions within t	the time period described in tion Program)	10a		ж		
b		(Do not inc	dude transactions reported	10b		х		
С	C Was the plan covered by a fidelity bond?			10c	x			40,000
d		idelity bond	, that was caused by fraud	10d		х		
е	Were any fees or commissions paid to any brokers, agents, or other insurance service or other organization that provides some or all or instructions.)	r persons by f the benefit	y an insurance carrier, is under the plan? (See	10e		x		
f	Has the plan failed to provide any benefit when due under the plan	?	***************	10f		x		
g	Did the plan have any participant loans? (If "Yes," enter amount as			10g		х	w	
h	If this is an individual account plan, was there a blackout period? (\$2520.101-3.)	See instruct	ions and 29 CFR	10g		x		
i	If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.101	e required r	otice or one of the			^		
Dar		-3	***************************************	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)							
118	Enter the amount from Schedule SB line 39					11a		
12	Is this a defined contribution plan subject to the minimum funding n			secti	on 30	2 of EF	RISA?	Yes X No
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 being granting the waiver	g amortized	in this plan year, see instruction	ons, a	ınd en		date of the	
16.								
	you completed line 12a, complete lines 3, 9, and 10 of Schedule	MB (Form	5500), and skip to line 13.					
b	ou completed line 12a, complete lines 3, 9, and 10 of Schedule Enter the minimum required contribution for this plan year			······] .	12b		

	Form 5500-SF 2012 Page 3-					
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)	T				
e	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?	XY	es 🗆 I	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 of the PBGC?	ontrol	X Yes 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): 1:	c(2) EIN	(s)	13c(3) PN(s)		
Part	VIII Trust Information (optional)					
14a Name of trust				14b Trust's EIN		