## 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

|      |           | • •  | Complete all entries in           | n accordance with the in      | structions to the Form 550    | 00-SF.                      |                                      |  |  |  |
|------|-----------|--|-----------------------------------|-------------------------------|-------------------------------|-----------------------------|--------------------------------------|--|--|--|
|      | art I     |  | Identification Informati          |                               |                               |                             |                                      |  |  |  |
| For  | calenda   | ar plan year 2012 or fis                       | scal plan year beginning 01       | 1/01/2012                     | and ending                    | 12/31/2                     | 2012                                 |  |  |  |
| Α    | This retu | urn/report is for:                             | X a single-employer plan          | a multiple-employ             | yer plan (not multiemployer)  | yer) a one-participant plan |                                      |  |  |  |
| В    | This retu | urn/report is:                                 | x the first return/report         | the final return/re           | port                          |                             |                                      |  |  |  |
|      |           |  | an amended return/report          | a short plan year             | return/report (less than 12 n | nonths)                     | 1                                    |  |  |  |
| С    | Check b   | oox if filing under:                           | Form 5558                         | automatic extens              | ion                           |                             | DFVC program                         |  |  |  |
|      |           |  | special extension (enter d        | lescription)                  |                               |                             | _                                    |  |  |  |
| Pa   | art II    | Basic Plan Info                                | rmation—enter all requeste        | d information                 |                               |                             |                                      |  |  |  |
| 1a   | Name      | of plan  | ·                                 |                               |                               | 1b                          | Three-digit                          |  |  |  |
| JWA  | CONSU     | JLTING 401(K) PLAN                             |                                   |                               |                               |                             | plan number                          |  |  |  |
|      |           |  |                                   |                               |                               |                             | (PN) • 001                           |  |  |  |
|      |           |  |                                   |                               |                               | 1C                          | Effective date of plan<br>01/01/2012 |  |  |  |
| 2a   | Plan sr   | onsor's name and add                           | dress; include room or suite nu   | ımher (employer if for a si   | ngle-employer plan)           | 2h                          | Employer Identification Number       |  |  |  |
| JOAI | N WELL    | MAN AND ASSOCIAT                               | TES, INC.                         | amber (employer, ir for a si  | rigie-employer plan           | 25                          | (EIN) 91-1994204                     |  |  |  |
|      |           |  |                                   |                               |                               | 2c                          | Sponsor's telephone number           |  |  |  |
| 7426 | SE 27T    | H STREET, STE 100                              |                                   |                               |                               |                             | 206-329-2064                         |  |  |  |
| MER  | CER IS    | LAND, WA 98040                                 |                                   |                               |                               | 2d                          | Business code (see instructions)     |  |  |  |
|      |           |  |                                   |                               |                               |                             | 541600                               |  |  |  |
| 3a   | Plan ad   | dministrator's name an                         | nd address 🏻 Same as Plan Sp      | ponsor Name Same as           | Plan Sponsor Address          | 3b                          | Administrator's EIN                  |  |  |  |
|      |           |  |                                   |                               |                               | 20                          | Administrator's talanhana numbar     |  |  |  |
|      |           |  |                                   |                               |                               | 30                          | Administrator's telephone number     |  |  |  |
|      |           |  |                                   |                               |                               |                             |                                      |  |  |  |
|      |           |  |                                   |                               |                               |                             |                                      |  |  |  |
|      |           |  |                                   |                               |                               |                             |                                      |  |  |  |
| 4    | If the n  | ame and/or EIN of the                          | e plan sponsor has changed si     | nce the last return/report fi | led for this plan, enter the  | 4b                          | EIN                                  |  |  |  |
| _    |           |  | mber from the last return/report  | t.                            |                               | 4-                          |                                      |  |  |  |
|      |           | or's name                                      | at the headerstand the other sec  |                               |                               | 4c                          |                                      |  |  |  |
|      |           |  | at the beginning of the plan ye   |                               |                               | - 5a                        | 0                                    |  |  |  |
| b    |           |  | at the end of the plan year       |                               |                               | 5b                          | 7                                    |  |  |  |
| С    |           |  | account balances as of the end    | , , ,                         | •                             | . 5c                        | 7                                    |  |  |  |
| 62   |           |  | s during the plan year invested   |                               |                               |                             |                                      |  |  |  |
| b    |           | •  | f the annual examination and re   | • •                           | •                             |                             |                                      |  |  |  |
|      | under     | 29 CFR 2520.104-46?                            | ? (See instructions on waiver e   | ligibility and conditions.)   |                               |                             |                                      |  |  |  |
|      | If you    | answered "No" to ei                            | ither line 6a or line 6b, the pla | an cannot use Form 5500       | 0-SF and must instead use     | Form                        | 5500.                                |  |  |  |
| Cau  | ution: A  | penalty for the late of                        | or incomplete filing of this re   | eturn/report will be asses    | sed unless reasonable ca      | use is                      | established.                         |  |  |  |
|      |           |  |                                   |                               |                               |                             | ncluding, if applicable, a Schedule  |  |  |  |
|      |           | dule MB completed ar<br>rue, correct, and comp |                                   | iry, as well as the electroni | c version of this return/repo | rt, and                     | to the best of my knowledge and      |  |  |  |
|      |           |  |                                   | <u> </u>                      |                               |                             |                                      |  |  |  |
| SIG  |           | Filed with authorized/                         | valid electronic signature.       | 07/15/2013                    | ROBERT BOEHM                  |                             |                                      |  |  |  |
| HEI  | RE        | Signature of plan a                            | dministrator                      | Date                          | Enter name of individ         | dual sig                    | gning as plan administrator          |  |  |  |
| SIG  | iN        |  |                                   |                               |                               |                             |                                      |  |  |  |
| HE   | RE        | Signature of emplo                             | ver/plan sponsor                  | Date                          | Enter name of individ         | dual sid                    | gning as employer or plan sponsor    |  |  |  |
| Pre  | parer's i |  | name, if applicable) and addres   |                               |                               |                             | parer's telephone number (optional)  |  |  |  |
|      |           | -  |                                   |                               |                               | 1                           |                                      |  |  |  |
|      |           |  |                                   |                               |                               |                             |                                      |  |  |  |
|      |           |  |                                   |                               |                               |                             |                                      |  |  |  |
|      |           |  |                                   |                               |                               |                             |                                      |  |  |  |
|      |           |  |                                   |                               |                               | 1                           |                                      |  |  |  |

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| Do              | w III Financial Information  |  |  |         |         |                      |           |         |        |    |     |  |  |  |  |  |  |
|-----------------|--|--|--|---------|---------|----------------------|-----------|---------|--------|----|-----|--|--|--|--|--|--|
| Pa              | rt III   Financial Information   |  |  |         |         |                      |           |         |        |    |     |  |  |  |  |  |  |
|                 | Plan Assets and Liabilities  |  | (a) Beginning of Yea   |         |         |                      | (b) En    | d of \  |        |    |     |  |  |  |  |  |  |
| _ <u>a</u>      | Total plan assets  | . 7a                                   |  | 0       |         |                      |           |         | 12832  |    |     |  |  |  |  |  |  |
|                 | Total plan liabilities   | . 7b                                   |  |         | -       |                      |           |         | 151    |    |     |  |  |  |  |  |  |
|                 | Net plan assets (subtract line 7b from line 7a)  | 7c                                     |  | 0       | -       |                      |           |         | 12680  | 3  |     |  |  |  |  |  |  |
| 8               | Income, Expenses, and Transfers for this Plan Year   |  | (a) Amount   |         |         |                      | (b)       | Tota    |        |    |     |  |  |  |  |  |  |
| а               | Contributions received or receivable from:  (1) Employers  | 8a(1)                                  | 3300   | 10      |         |                      |           |         |        |    |     |  |  |  |  |  |  |
|                 | (2) Participants   | 8a(2)                                  | 9470   |         |         |                      |           |         |        |    |     |  |  |  |  |  |  |
|                 | (3) Others (including rollovers)   | 8a(3)                                  |  | 0       |         |                      |           |         |        |    |     |  |  |  |  |  |  |
|                 | Other income (loss)  | 8b                                     | 66   |         |         |                      |           |         |        |    |     |  |  |  |  |  |  |
|                 | Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)   | 8c                                     |  | ,,      |         |                      |           |         | 12026  | ,  |     |  |  |  |  |  |  |
|                 | Benefits paid (including direct rollovers and insurance premiums   | 00                                     |  |         |         |                      |           |         | 128367 |    |     |  |  |  |  |  |  |
|                 | to provide benefits)   | . 8d                                   |  | 0       |         |                      |           |         |        |    |     |  |  |  |  |  |  |
| е               | Certain deemed and/or corrective distributions (see instructions)  | . 8e                                   | 151  | 8       |         |                      |           |         |        |    |     |  |  |  |  |  |  |
| f               | Administrative service providers (salaries, fees, commissions)   | 8f                                     | 4  | 6       |         |                      |           |         |        |    |     |  |  |  |  |  |  |
| g               | Other expenses   | 8g                                     |  | 0       |         |                      |           |         |        |    |     |  |  |  |  |  |  |
| h               | Total expenses (add lines 8d, 8e, 8f, and 8g)  | 8h                                     |  |         |         |                      |           |         | 156    | 4  |     |  |  |  |  |  |  |
| ī               | Net income (loss) (subtract line 8h from line 8c)  | 8i                                     |  |         |         |                      |           |         | 12680  |    |     |  |  |  |  |  |  |
| j               | Transfers to (from) the plan (see instructions)  | 8j                                     |  | 0       |         |                      |           |         |        |    |     |  |  |  |  |  |  |
| Pa              | rt IV Plan Characteristics   | , oj                                   |  |         |         |                      |           |         |        |    |     |  |  |  |  |  |  |
|                 | Part IV Plan Characteristics  9a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: |  |  |         |         |                      |           |         |        |    |     |  |  |  |  |  |  |
|                 | 2E 2J 2K 3D 2G 2F 2A   |  |  |         |         |                      |           |         |        |    |     |  |  |  |  |  |  |
| b               | If the plan provides welfare benefits, enter the applicable welfare fe   | eature cod                             | es from the List of Plan Chara   | cterist | ic Coc  | les in t             | he instru | ctions  |        |    |     |  |  |  |  |  |  |
|                 |  |  |  |         |         |                      |           |         |        |    |     |  |  |  |  |  |  |
| Par             | t V   Compliance Questions   |  |  |         |         |                      |           |         |        |    |     |  |  |  |  |  |  |
| 10              | During the plan year:  |  |  |         | Yes     | No                   |           | Am      | ount   |    |     |  |  |  |  |  |  |
| а               | ' ''   |  |  |         |         | X                    |           |         |        |    |     |  |  |  |  |  |  |
|                 | <ul><li>29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fid.)</li><li>Were there any nonexempt transactions with any party-in-interest</li></ul>                          |  |  | 10a     |         |                      |           |         |        |    |     |  |  |  |  |  |  |
| Ι.              | on line 10a.)  | •                                      | •  | 10b     |         | X                    |           |         |        |    |     |  |  |  |  |  |  |
|                 |  |  |  |         | Х       |                      |           |         |        |    | 000 |  |  |  |  |  |  |
|                 |  |  |  | 10c     |         |                      |           |         |        | 50 | 000 |  |  |  |  |  |  |
| C               | Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?   |  |  | 10d     |         | X                    |           |         |        |    |     |  |  |  |  |  |  |
| e               | Were any fees or commissions paid to any brokers, agents, or oth   |  |  |         |         |                      |           |         |        |    |     |  |  |  |  |  |  |
|                 | insurance service or other organization that provides some or all of   | of the bene                            | efits under the plan? (See   |         |         | X                    |           |         |        |    |     |  |  |  |  |  |  |
|                 | instructions.)   |  |  | 10e     |         |                      |           |         |        |    |     |  |  |  |  |  |  |
| f               | Has the plan failed to provide any benefit when due under the plan   | n?                                     |  | 10f     |         | X                    |           |         |        |    |     |  |  |  |  |  |  |
| 9               | Did the plan have any participant loans? (If "Yes," enter amount a   | s of year e                            | end.)  | 10g     |         | X                    |           |         |        |    |     |  |  |  |  |  |  |
| h               | If this is an individual account plan, was there a blackout period?  | (See instru                            | uctions and 29 CFR   |         |         | Х                    |           |         |        |    |     |  |  |  |  |  |  |
|                 | 2520.101-3.)   |  |  | 10h     |         | ^                    |           |         |        |    |     |  |  |  |  |  |  |
| İ               | 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     |         |                      |           |         |        |    |     |  |  |  |  |  |  |
|                 | exceptions to providing the notice applied under 29 CFN 2320. To   | 1-3                                    |  | 101     |         |                      |           |         |        |    |     |  |  |  |  |  |  |
| Der             | WI Dencion Funding Compliance  |  |  |         |         |                      |           |         |        |    |     |  |  |  |  |  |  |
| Par             |  |  | Van II ann instructions and  |         | 0-1     | ll. 05               | ) /F=     |         |        |    |     |  |  |  |  |  |  |
| Par<br>11       | Is this a defined benefit plan subject to minimum funding requirem   | ,                                      |  | •       |         |                      | •         |         | Yes    | П  | No  |  |  |  |  |  |  |
| 11              | Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)   | ······································ |  | ·       |         |                      | •         | [       | Yes    |    | No  |  |  |  |  |  |  |
| 11              | Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)   |  |  | ·       |         | 11a                  |           | [       | 1      |    |     |  |  |  |  |  |  |
| 11              | Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)   | requireme                              | ents of section 412 of the Code  | ·       |         | 11a                  |           |         | Yes    |    | No  |  |  |  |  |  |  |
| 11<br>11a<br>12 | Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)   | requireme                              | ents of section 412 of the Code  | e or se | ction : | <b>11a</b><br>302 of | ERISA?    |         | Yes    | X  |     |  |  |  |  |  |  |
| 11<br>11a<br>12 | Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)   | requireme<br>, as applicang amortiz    | ents of section 412 of the Code<br>able.)<br>ed in this plan year, see instruc | e or se | ction : | <b>11a</b><br>302 of | ERISA?    |         | Yes    | X  |     |  |  |  |  |  |  |
| 11<br>11a<br>12 | Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)   | requireme<br>, as applicang amortiz    | ents of section 412 of the Code<br>able.)<br>ed in this plan year, see instru  | e or se | ction : | 11a<br>302 of        | ERISA?    | f the I | Yes    | X  |     |  |  |  |  |  |  |

|      | 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).

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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   | Annual Report Identi  | fication Information  |  |   |  |  |  |  |
|--|---|---|--|---|--|--|--|--|
| For calend   | ar plan year 2012 or fiscal plar  | n year beginning  | 01/01/2012   | and ending  | 12/31/20   | 12   |  |  |
| A This re  | turn/report is for:   | ingle-employer plan   | a multiple-employer pl   | an (not multiemployer)  | ver) a one-participant plan  |  |  |  |
| <b>B</b> This re   | turn/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 mo   | _  |  |  |  |
| C Check  | box if filing under:  | rm 5558   | automatic extension  |   | DFVC pro   | gram   |  |  |
|  | spe   | ecial extension (enter descr  | ription)   |   |  |  |  |  |
| Part II  | Basic Plan Information  | n—enter all requested infe  | formation  |   |  |  |  |  |
| 1a Name  |   |   |  |   | <b>1b</b> Three-digit plan number  |  |  |  |
| JWA Co   | nsulting 401(k) Pl  | .an   |  |   | (PN)   | 001  |  |  |
|  |   |   |  |   | 1c Effective date 01/01/20:  |  |  |  |
|  | ponsor's name and address; ir<br>ellman and Associa   |   | er (employer, if for a single-   | employer plan)  | 2b Employer Ide<br>(EIN) 91-19   | ntification Number<br>994204                                 |  |  |
|  |   |   |  |   | 2c Sponsor's tel   | lephone number   |  |  |
| 7426 S   | E 27th Street, Ste  | 100   |  |   | 206-329-   |  |  |  |
| Mangan   | Taland WA   | 98040   |  |   | 2d Business cod<br>541600  | le (see instructions)  |  |  |
|  | Island WA dministrator's name and addre   |   | or Name   VSame as Plan  | Snonsor Address   | 3b Administrator   | 's EIN   |  |  |
| Ja Flana   | ullillistrator s frame and addre  | ss Moanne as Flan Opons   | sol Name Abame as rial   | r oponisor / ladress  |  |  |  |  |
|  |   |   |  |   | 3c Administrator   | 's telephone number  |  |  |
|  |   |   |  |   |  |  |  |  |
|  |   |   |  |   |  |  |  |  |
|  |   |   |  |   |  |  |  |  |
|  |   |   |  |   |  |  |  |  |
| 4 If the   | name and/or EIN of the plan sp  | oonsor has changed since t  | the last return/report filed for   | or this plan, enter the   | 4b EIN   |  |  |  |
| name   | , EIN, and the plan number fro  |   | the last return/report filed fo  | or this plan, enter the   |  |  |  |  |
| name<br><b>a</b> Spons   | , EIN, and the plan number fro<br>or's name   | m the last return/report.   |  |   | 4c PN  | 0  |  |  |
| a Spons 5a Total   | , EIN, and the plan number fro<br>or's name<br>number of participants at the b  | em the last return/report.  |  |   | 4c PN 5a   | 0  |  |  |
| name a Spons 5a Total b Total  | , EIN, and the plan number fro<br>or's name<br>number of participants at the b<br>number of participants at the e   | per the last return/report.  Deginning of the plan year   |  |   | 4c PN  | 0 7  |  |  |
| name a Spons 5a Total b Total c Numb   | , EIN, and the plan number fro<br>or's name<br>number of participants at the b  | neginning of the plan year end of the plan year balances as of the end of the   | the plan year (defined bene  | efit plans do not   | 4c PN 5a   |  |  |  |
| name a Spons 5a Total b Total c Numb comp  | , EIN, and the plan number fro<br>or's name<br>number of participants at the b<br>number of participants at the e<br>er of participants with account<br>lete this item)   | peginning of the plan yearbalances as of the end of the the plan yearbalances as of the end of the plan year invested in e  | the plan year (defined bene<br>ligible assets? (See instruc  | efit plans do not   | 4c PN<br>5a<br>5b<br>5c  | 7  |  |  |
| name a Spons 5a Total b Total c Numb comp 6a Were b Are yet  | , EIN, and the plan number fro or's name number of participants at the beauther of participants at the enter of participants with account lete this item)   | peginning of the plan year  and of the plan year  balances as of the end of the plan year invested in end all reports and reports.  | the plan year (defined bene<br>ligible assets? (See instruc<br>t of an independent qualifie  | efit plans do not<br>tions.)  | 4c PN 5a 5b 5c   | 7 7 X Yes No   |  |  |
| name a Spons 5a Total b Total c Numb comp 6a Were b Are younder  | , EIN, and the plan number fro or's name number of participants at the beauther of participants at the enter of participants with account lete this item)   | peginning of the plan yearbalances as of the end of the plan year interest the plan year interest the plan year invested in end all examination and reponstructions on waiver eligibile.  | the plan year (defined bene<br>digible assets? (See instruc<br>t of an independent qualifie<br>dility and conditions.)   | efit plans do not<br>tions.)d public accountant (IQI  | 4c PN 5a 5b 5c   | 7 7 X Yes No   |  |  |
| name a Spons 5a Total b Total c Numb comp 6a Were b Are younder if you   | EIN, and the plan number froor's name number of participants at the beauther of participants at the elector of participants with account lete this item)  all of the plan's assets during ou claiming a waiver of the annext 29 CFR 2520.104-46? (See in answered "No" to either line   | peginning of the plan year  pend of the plan year  balances as of the end of the plan year invested in end and report in the plan year invested in end and report instructions on waiver eligible 6a or line 6b, the plan certains.   | the plan year (defined bene<br>digible assets? (See instruc<br>t of an independent qualifie<br>ility and conditions.)<br>cannot use Form 5500-SF   | efit plans do not<br>tions.)<br>ed public accountant (IQI<br>and must instead use   | 4c PN 5a 5b 5c PA) Form 5500.  | 7 7 X Yes No   |  |  |
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| Pai                  | t III   Financial Information   |  |  |         |        |                        |                 |
|----------------------|---|--|--|---------|--------|------------------------|-----------------|
| 7                    | Plan Assets and Liabilities   |  | (a) Beginning of Yea   | ır      |        |                        | (b) End of Year |
| a                    | Total plan assets   | 7a   |  |         | 0      |                        | 128321          |
|                      | Total plan liabilities  | 7b   |  |         |        |                        | 1518            |
| С                    | Net plan assets (subtract line 7b from line 7a)   | 7c   |  |         | 0      |                        | 126803          |
| 8                    | Income, Expenses, and Transfers for this Plan Year  |  | (a) Amount   |         |        |                        | (b) Total       |
| a                    | Contributions received or receivable from: (1) Employers  | 8a(1)  |  | 3300    | 0      | 1 10                   |                 |
|                      | (2) Participants  | 8a(2)  | (  | 9470    | 0      |                        | THE BEST WINDS  |
|                      | (3) Others (including rollovers)  | 8a(3)  |  |         | 0      | LIFE.                  |                 |
| b                    | Other income (loss)   | 8b   |  | 66      | 57     |                        |                 |
| С                    | Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)  | 8c   |  |         |        |                        | 128367          |
|                      | Benefits paid (including direct rollovers and insurance premiums to provide benefits)   | 8d   |  |         | 0      | H.                     |                 |
| е                    | Certain deemed and/or corrective distributions (see instructions)   | 8e   |  | 151     | . 8    |                        |                 |
| f                    | Administrative service providers (salaries, fees, commissions)  | 8f   |  | 4       | 16     | 6777                   |                 |
| g                    | Other expenses  | 8g   |  |         | 0      | . 7                    |                 |
| h                    | Total expenses (add lines 8d, 8e, 8f, and 8g)   | 8h   |  |         |        |                        | 1564            |
| ī                    | Net income (loss) (subtract line 8h from line 8c)   | 8i   |  |         |        |                        | 126803          |
| j                    | Transfers to (from) the plan (see instructions)   | 8j   |  |         | 0      |                        |                 |
| Par                  | t IV Plan Characteristics   |  |  |         |        |                        |                 |
| b                    | If the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare benefits. | eature code  | s from the List of Plan Chara  | cterist | ic Cod | les in th              | e instructions: |
| 10                   | During the plan year:   |  |  |         | Yes    | No                     | Amount          |
| a                    | Was there a failure to transmit to the plan any participant contribution 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fide  |  |  | 10a     |        | Х                      |                 |
| b                    | Were there any nonexempt transactions with any party-in-interest on line 10a.)  |  |  | 10b     |        | Х                      |                 |
| С                    | Was the plan covered by a fidelity bond?  |  |  | 10c     | Х      |                        | 50000           |
| d                    | Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?  |  |  | 10d     |        | Х                      |                 |
| е                    |   | ner persons<br>of the bene                             | by an insurance carrier,<br>fits under the plan? (See                            | 10e     |        | х                      |                 |
| 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 er   | nd.)   | 10g     |        | Х                      |                 |
| h                    | If this is an individual account plan, was there a blackout period? 2520.101-3.)  |  |  | 10h     |        | Х                      |                 |
| 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  |  |  | 10i     |        |                        |                 |
| D .                  |   |  |  |         |        |                        |                 |
| Part                 |   |  |  |         |        |                        |                 |
| Part<br>11           |   |  |  |         |        |                        |                 |
| 11                   | VI Pension Funding Compliance Is this a defined benefit plan subject to minimum funding requirem  |  |  |         |        |                        |                 |
| 11                   | VI Pension Funding Compliance  Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)   |  |  |         |        | 11a                    | Yes No          |
| 11<br>11a<br>12      | VI Pension Funding Compliance  Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)  Enter the amount from Schedule SB line 39  Is this a defined contribution plan subject to the minimum funding (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below   | requireme  | nts of section 412 of the Code   | e or se | ection | <b>11a</b><br>302 of E | ERISA? Yes X No |
| 11<br>11a<br>12      | VI Pension Funding Compliance  Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)  Enter the amount from Schedule SB line 39  Is this a defined contribution plan subject to the minimum funding  | requireme<br>as applica                                | nts of section 412 of the Code<br>ible.)<br>ed in this plan year, see instru     | e or se | ection | <b>11a</b><br>302 of E | ERISA? Yes X No |
| 11<br>11a<br>12<br>a | VI Pension Funding Compliance  Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below).  Enter the amount from Schedule SB line 39   | requireme<br>as applica                                | nts of section 412 of the Code<br>ible.)<br>ed in this plan year, see instru<br> | e or se | ection | 302 of E               | ERISA? Yes X No |
| 11<br>11a<br>12<br>a | VI Pension Funding Compliance  Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below).  Enter the amount from Schedule SB line 39   | requireme<br>, as applica<br>ng amortize<br>e MB (Fori | nts of section 412 of the Code able.) ad in this plan year, see instru           | e or se | ection | 11a<br>302 of E        | ERISA? Yes X No |

| Form 5500-SF 2012   | Page <b>3 -</b>   |            |             |              |
|---|---|------------|-------------|--------------|
| C Enter the amount contributed by the employer to   | the plan for this plan year   | 120        |             |              |
|   | t in line 12b. Enter the result (enter a minus sign to the left of a  | 120        |             |              |
| e Will the minimum funding amount reported on lin   | ne 12d be met by the funding deadline?  |            | Yes         | □ No □ N/A   |
| Part VII Plan Terminations and Transfer   | rs of Assets  |            |             |              |
| 13a Has a resolution to terminate the plan been adopted   | d in any plan year?   |            | Yes X N     | lo           |
| If "Yes," enter the amount of any plan assets tha   | at reverted to the employer this year   | 13a        |             |              |
|   | ts or beneficiaries, transferred to another plan, or brought unde   | the contro | ol          | Yes X No     |
| C If during this plan year, any assets or liabilities w<br>which assets or liabilities were transferred. (See | vere transferred from this plan to another plan(s), identify the plantify the plantific the plantific the plantify the plantific | an(s) to   |             |              |
| 13c(1) Name of plan(s):   | ,,  | 13c(2)     | EIN(s)      | 13c(3) PN(s) |
| ,   |   |            |             |              |
| Part VIII Trust Information (optional)  | 1   |            |             |              |
| 14a Name of trust   |   | 14b        | Trust's EIN |              |
|   |   |            |             |              |
|   |   |            |             |              |