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).

OMB Nos. 1210-0110

1210-0089

2012

This Form is Open to Public Inspection

Pension Be	enerit Guaranty Corporation	▶ Complete all entries in acc	cordance with the instru	uctions to the Form 550	0-SF.		
Part I		Identification Information					
For calenda	ar plan year 2012 or fi	iscal plan year beginning 01/01/2	2012	and ending 1	2/31/2	2012	
	curn/report is for:	x a single-employer plan the first return/report	a multiple-employer the final return/report	plan (not multiemployer)		a one-particip	oant plan
- 11110101	arrivioport io.	an amended return/report	H '	rn/report (less than 12 m	onths)	1	
C Charlet	hav if filing undam	Form 5558	automatic extension	minopoli (1000 than 12 m	0111110)	DFVC progra	ım
C Check i	box if filing under:	븓				☐ bi ve piogia	,1111
D (II	Daria Blancia	special extension (enter descri					
Part II		ormation—enter all requested info	ormation		46		
1a Name	of plan ETIREMENT PLAN				10	Three-digit plan number	
MODBATK	LTINLIVILINI FLAN					(PN) •	001
					1c	Effective date of	f plan
						01/01/	/2010
2a Plan sp MUD BAY, I	ponsor's name and ac NC.	ddress; include room or suite numbe	er (employer, if for a single	e-employer plan)	2b	Employer Identification (EIN) 91-20	fication Number 60015
3045 - 32ND	AVE SW				2c	Sponsor's telep	
	R, WA 98512				2d	Business code (,
3a Plan a	dministrator's name a	nd address XSame as Plan Sponse	or Name Same as Pla	an Sponsor Address	3b	Administrator's I	EIN
					3c	Administrator's	telephone number
					_		
		e plan sponsor has changed since to mber from the last return/report.	he last return/report filed	for this plan, enter the	4b	EIN	
	, Eliv, and the plan hu or's name	mber from the last return/report.			4c	PN	
		s at the beginning of the plan year			5a	<u> </u>	82
		s at the end of the plan year			5b	_	160
		account balances as of the end of the			30	_	100
				•	5c		24
6a Were	all of the plan's asset	s during the plan year invested in el	ligible assets? (See instru	ictions.)			X Yes No
_		of the annual examination and report	-				
		? (See instructions on waiver eligibil					X Yes No
lf you	answered "No" to e	either line 6a or line 6b, the plan ca	annot use Form 5500-SI	F and must instead use	Form	5500.	
		or incomplete filing of this return					
•	, , ,	ther penalties set forth in the instruct and signed by an enrolled actuary, as	•	•		O, 11	,
	true, correct, and com		s well as the electronic ve	rision of this return/report	i, and	to the best of my	knowledge and
		·		T			
SIGN HERE		/valid electronic signature.	07/18/2013	MARISA L. WULFF			
	Signature of plan a	idministrator	Date	Enter name of individ	ual siç	jning as plan adn	ninistrator
SIGN HERE							
	Signature of emplo		Date	Enter name of individ			
Preparer's	name (including firm i	name, if applicable) and address; inc	clude room or suite numb	er (optional)	Prep	arer's telephone	number (optional)

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Par	t III Financial Information										
	Plan Assets and Liabilities		(a) Beginning of Yea	ar			(b) E	nd of \	'ear		
	Total plan assets	7a	10438				(~) =		16141	1	
	Total plan liabilities	7b									
	Net plan assets (subtract line 7b from line 7a)	7c	10438	35					16141	1	
	Income, Expenses, and Transfers for this Plan Year		(a) Amount				(t) Tota			
	Contributions received or receivable from:		(a) runount					, . o.u			
	(1) Employers	8a(1)									
	(2) Participants	8a(2)	4471	5							
	(3) Others (including rollovers)	8a(3)									
b	Other income (loss)	8b	1805	6							
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							6277	1	
	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	230	16							
е	Certain deemed and/or corrective distributions (see instructions)	8e	343	9							
f	Administrative service providers (salaries, fees, commissions)	8f									
g	Other expenses	8g									
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							574	5	
	Net income (loss) (subtract line 8h from line 8c)	8i							5702	6	
	Transfers to (from) the plan (see instructions)	8j									
Par	t IV Plan Characteristics	, <u>°,</u>									
	If the plan provides pension benefits, enter the applicable pension 2E 2G 2J 2K 2T 3D	feature co	des from the List of Plan Char	acteris	tic Code	s in	the inst	ruction	s:		
b	If the plan provides welfare benefits, enter the applicable welfare fe	eature cod	es from the List of Plan Chara	cteristi	c Codes	in t	he instr	uctions	:		
Part	•			1	Т.						
10	During the plan year:				Yes N	No		Am	ount		
a	Was there a failure to transmit to the plan any participant contribution 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidure)	ıciary Corı	rection Program)	10a)	X					
	Were there any nonexempt transactions with any party-in-interest on line 10a.)			10b		X					
С	Was the plan covered by a fidelity bond?			10c		X					
d	Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?	-		10d		X					
е	insurance service or other organization that provides some or all of	of the bene	efits under the plan? (See	10e	,	X					
f	instructions.) Has the plan failed to provide any benefit when due under the plan					X					
				10f							
<u>g</u>	Did the plan have any participant loans? (If "Yes," enter amount a		<u> </u>	10g	,	X					
h	2520.101-3.)			10h	2	X					
i	If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10			10i							
Part	VI Pension Funding Compliance										
11	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)							Г	Yes	П	No
11a					11						
12	Is this a defined contribution plan subject to the minimum funding	requireme	ents of section 412 of the Code	or se	ction 302	2 of	ERISA	·	Yes	X	No
	(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.		Mon			er th Day	e date	of the I Ye		ıling	
If	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				12	2b					

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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 3c(2) E	IN(s)	13c(3) PN(s)
Part	VIII Trust Information (optional)			
	Name of trust	14b ⊤	rust's EIN	

Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Pension Benefit Guaranty Corporation

Employee Benefits Security Administration

Short Form Annual Return/Report of Small Employee Benefit Plan

This form is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA), and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

▶ Complete all entries in accordance with the instructions to the Form 5500-SF,

OMB Nos. 1210-0110 1210-0089

2012

This Form is Open to Public Inspection

Part I		Identification Information		-				
For calenda	ar plan year 2012 or f	iscal plan year beginning	01/01/2012		and ending 1	2/31/	2012	
A This retu	urn/report is for:	a single-employer plan	a mı	ıltiple-employer pla	in (not multiemployer)		a one-partici	pant plan
B This retu	urn/report is:	the first return/report	the f	inal return/report				
		an amended return/rep	ort a sho	ort plan year return.	report (less than 12 mo	onths)	
C Check b	oox if filing under:	Form 5558	auto	matic extension			DFVC progra	am
		special extension (ente	r description)				X40 538	
Part II	Basic Plan Info	ormation—enter all reques	sted information					
1a Name o	of plan				304	1b	Three-digit	*******
MUD BAY R	RETIREMENT PLAN			61			plan number (PN) ▶	001
						1c	Effective date of	17.52
2a Plan sp MUD BAY, II		ddress; include room or suite	number (emplo	yer, if for a single-e	employer plan)	2b	Employer Identi (EIN) 91-206	
						2c	Sponsor's telep (360) 70	phone number
3045 - 32ND	D AVE. S.W.					2d	Table 1 and	(see instructions)
	R. WA 98512				100 - 100 -		45391	
3a Plan ad	dministrator's name a	and address XSame as Plar	Sponsor Name	Same as Plan	Sponsor Address	3b	Administrator's	EIN
						3с	Administrator's	telephone number
4 If the r	name and/or EIN of t	he plan sponsor has changed	d since the last re	elurn/report filed fo	r this plan, enter the	4b	EIN	
	A 5 N	umber from the last return/re	port.			10	750 F	-
	or's name	s at the beginning of the plan	n Vear				PN	
								82
0.240 (4.050ac) 8		is at the end of the plan year n account balances as of the				5b		160
		1 account balances as of the				5c		24
		ets during the plan year inves						X Yes No
b Are yo	ou claiming a waiver	of the annual examination ar	nd report of an in	dependent qualifie	d public accountant (IQ	PA)		X Yes ☐ No
		6? (See instructions on waive either line 6a or line 6b, the						₩ ies ∏ ivo
		or incomplete filing of thi			The state of the s		X-11-24	
		other penalties set forth in the						cable, a Schedule
SB or Sche	edule MB completed true, correct, and cor	and signed by an enrolled ac	tuary, as well as	the electronic vers	sion of this return/report	t, and	to the best of my	knowledge and
SIGN	1/1/5	7		17/15/13	* 1 Marisa	1	11.14	
I SIGN	10			Date			gning as plan ad	ministrator
HERE	Signature of plan	administrator			Liner harne of ingivid			ministrator
	Signature of plan	administrator			Enter hame of flidivid			ministrator
SIGN HERE				Date				
SIGN HERE	Signature of emp	administrator loyer/plan sponsor name, if applicable) and add		Date	Enter name of individ	lual si	gning as employ	
SIGN HERE	Signature of emp	loyer/plan sponsor		Date	Enter name of individ	lual si	gning as employ	er or plan sponsor
SIGN HERE	Signature of emp	loyer/plan sponsor		Date	Enter name of individ	lual si	gning as employ	er or plan sponsor
SIGN HERE	Signature of emp	loyer/plan sponsor		Date	Enter name of individ	lual si	gning as employ	er or plan sponsor

Pai	t III Financial Information				ire-c		
7	Plan Assets and Liabilities	1 2 2 1	(a) Beginning of Yea	r			(b) End of Year
а	Total plan assets	. 7a	10438	5			161411
b	Total plan liabilities	7b					
С	Net plan assets (subtract line 7b from line 7a)	7c	10438	5			161411
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount			3600	(b) Total
а	Contributions received or receivable from: (1) Employers	. 8a(1)					
	(2) Participants	8a(2)	4471	5			2200
	(3) Others (including rollovers)	8a(3)					
b	Other income (loss)	. 8b	18050	6			
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	. 8c		13			62771
d	Benefits paid (including direct rollovers and insurance premiums						
	to provide benefits)	. 8d	2300		+		
	Certain deemed and/or corrective distributions (see instructions)	. 8e	3439	9	+	-	
<u>+</u>	Administrative service providers (salaries, fees, commissions)	. 8f		H-1/1/2	+		
<u>g</u>	Other expenses	. 8g			-		
<u>n</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h	- compa	-	+		5745
	Net income (loss) (subtract line 8h from line 8c)	† ·			-		57026
	Transfers to (from) the plan (see instructions)	· 8j				-	
	rt IV Plan Characteristics	120					
9a	If the plan provides pension benefits, enter the applicable pension 2E 2G 2J 2K 2T 3D	feature co	des from the List of Plan Chara	acteris	stic Co	des in t	he instructions:
b	If the plan provides welfare benefits, enter the applicable welfare f	eature cod	es from the List of Plan Charac	cterist	ic Cod	es in th	e instructions:
	in the plant provides notice a strong party of the plant provides a strong party of the plant pl						o mondonono.
Par	t V Compliance Questions						
10	During the plan year:				Yes	No	Amount
а	Was there a failure to transmit to the plan any participant contribution 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fid			10a		х	
b	Were there any nonexempt transactions with any party-in-interes on line 10a.)			10b		х	
0	: Was the plan covered by a fidelity bond?			10c		х	
C	Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?			10d		x	
<u> </u>	Were any fees or commissions paid to any brokers, agents, or of insurance service or other organization that provides some or all	her person	s by an insurance carrier,		15		
	instructions.)		95 25	10e		Х	
f	Has the plan failed to provide any benefit when due under the plantage.	an?	***************************************	10f		х	
			ELIBORISTA CONTRACTOR DE LA CONTRACTOR D	10g		х	
r	If this is an individual account plan, was there a blackout period? 2520.101-3.)			10h		х	
i	to any the second to the base it was although and all all the second and all the second a	**	d nation or one of the			E E	
	If 10h was answered "Yes," check the box if you either provided exceptions to providing the notice applied under 29 CFR 2520.10			10i			
Par	exceptions to providing the notice applied under 29 CFR 2520.10			10i	18		
Par 11	exceptions to providing the notice applied under 29 CFR 2520.10	01-3 ments? (If "	Yes," see instructions and con	nplete	Sched	dule SB	(Form Yes No
11	exceptions to providing the notice applied under 29 CFR 2520.10 t VI Pension Funding Compliance Is this a defined benefit plan subject to minimum funding requirer 5500) and line 11a below)	01-3nents? (If "	Yes," see instructions and con	nplete		11a	Yes No
11	exceptions to providing the notice applied under 29 CFR 2520.10 t VI Pension Funding Compliance Is this a defined benefit plan subject to minimum funding requirer 5500) and line 11a below)	nents? (If "	Yes," see instructions and con	nplete		11a	Yes No
11 11:	exceptions to providing the notice applied under 29 CFR 2520.16 t VI Pension Funding Compliance Is this a defined benefit plan subject to minimum funding requirer 5500) and line 11a below)	ments? (If " g requirem v, as applic	Yes," see instructions and con	nplete	ection	11a 302 of E	RISA? Yes No
11 11:	exceptions to providing the notice applied under 29 CFR 2520.10 t VI Pension Funding Compliance Is this a defined benefit plan subject to minimum funding requirer 5500) and line 11a below)	ments? (If " g requirem w, as applic	Yes," see instructions and con ents of section 412 of the Code able.)	nplete e or se ctions	ection	11a 302 of E	RISA? Yes No
11 112 12	exceptions to providing the notice applied under 29 CFR 2520.10 t VI Pension Funding Compliance Is this a defined benefit plan subject to minimum funding requirer 5500) and line 11a below)	ments? (If " g requirem v, as applic	Yes," see instructions and con ents of section 412 of the Code able.) red in this plan year, see instru 	e or se	action , and e	11a 302 of E	RISA? Yes No

C Ente	er the amount contributed by the employer to the plan for this plan year	12c		
d Subl	tract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a	404		
	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?	Тү	es X No	
	es," enter the amount of any plan assets that reverted to the employer this year			
b Wer	e all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the PBGC?	ne control		☐ Yes ☒ No
C If du	ring this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(th assets or liabilities were transferred. (See instructions.)			
13c(1)	Name of plan(s):	13c(2) EIN	۷(s)	13c(3) PN(s)
			1000	
	Trust Information (optional)			
Part VIII			ust's EIN	

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