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.

OMB Nos. 1210-0110 1210-0089

2012

This Form is Open to Public Inspection

Part I	Annual Report Identification Information							
For calenda	For calendar plan year 2012 or fiscal plan year beginning 09/01/2012 and ending 12/31/2012							
A This ret	urn/report is for:	report is for:						
B This ret	urn/report is: the first return/report the	ne final return/report						
	an amended return/report X a	short plan year retui	rn/report (less than 12 m	onths)			
C Check I	pox if filing under: Form 5558	utomatic extension		DFVC program				
	special extension (enter description)				_			
Part II	Basic Plan Information—enter all requested informati	on						
1a Name	· · · · · · · · · · · · · · · · · · ·			1b	Three-digit			
RMC ARCHI	TECTS, PLLC RMC ARCHITECTS, PLLC 401(K) PLAN				plan number	004		
				10	(PN)	001		
				10	Effective date o	•		
2a Plan si	ponsor's name and address; include room or suite number (em	plover. if for a single	e-employer plan)	2b	Employer Identi			
	ITECTS, PLLC	. , ,	, , , ,			38685		
				2c	Sponsor's telep	hone number		
	OAD AVENUE				360-670			
BELLINGHA	M, WA 98225			2d	Business code (
22 Dlan a	dministrator's name and address Same as Plan Sponsor Nar	ma Veama sa Dia	n Changer Address	2h	54131			
		me Same as Pla	n Sponsor Address	30	Administrator's 91-13	38685		
INC ARCHIT	ECTS, PLLC			3c Administrator's telephone number				
4 If the r	name and/or EIN of the plan sponsor has changed since the las	t return/report filed f	or this plan, enter the	4h	EIN			
	EIN, and the plan number from the last return/report.	a rotarry roport mod r	or time plant, enter the	710	LIIV			
a Spons	or's name			4c	PN			
5a Total r	number of participants at the beginning of the plan year			5a		15		
b Total r	number of participants at the end of the plan year			5b		15		
	er of participants with account balances as of the end of the pla ete this item)	• •	-	5c		15		
6a Were	all of the plan's assets during the plan year invested in eligible	assets? (See instru	ctions.)			X Yes No		
b Are yo	ou claiming a waiver of the annual examination and report of an	independent qualifi	ed public accountant (IQ	PA)				
	29 CFR 2520.104-46? (See instructions on waiver eligibility an					X Yes No		
	answered "No" to either line 6a or line 6b, the plan cannot							
	a penalty for the late or incomplete filing of this return/repo- alties of perjury and other penalties set forth in the instructions,					able a Schedule		
SB or Sche	edule MB completed and signed by an enrolled actuary, as well							
belief, it is t	true, correct, and complete.							
SIGN	Filed with authorized/valid electronic signature.	07/26/2013	BRAD CORNWELL					
HERE	Signature of plan administrator	Date	Enter name of individ	ual siç	gning as plan adn	ninistrator		
SIGN	Filed with authorized/valid electronic signature.	07/26/2013	BRAD CORNWELL					
HERE	Signature of employer/plan sponsor	Date	Enter name of individ					
Preparer's	name (including firm name, if applicable) and address; include	room or suite numbe	er (optional)	Prep	parer's telephone	number (optional)		

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Por	t III Einangial Information						
Pai			(a) Deminute of Ver				(h) Fuel of Voca
	Plan Assets and Liabilities	_	(a) Beginning of Yea				(b) End of Year
	Total plan assets	7a		0			535547
	Total plan liabilities	7b		0			505547
	Net plan assets (subtract line 7b from line 7a)	/c	7c (535547
	Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from:		(a) Amount				(b) Total
а	(1) Employers	8a(1)	2377	9			
	(2) Participants	8a(2)	5865	55			
	(3) Others (including rollovers)	8a(3)	45240)9			
b	Other income (loss)	8b	71	9			
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c					535562
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	1	5			
g	Other expenses	8g					
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h					15
i	Net income (loss) (subtract line 8h from line 8c)	8i					535547
	Transfers to (from) the plan (see instructions)	8i					
Par	t IV Plan Characteristics	, ,	l				
9a	If the plan provides pension benefits, enter the applicable pension 2E 2J 2K 2F 2G 2R 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 fe	eature cod	les from the List of Plan Chara	cteristi	ic Cod	les in tl	he instructions:
Part	V Compliance Questions						
10	•				Yes	No	A 4
<u>10</u>	During the plan year: Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu			10a	163	X	Amount
b		? (Do not	include transactions reported	10a		X	
	Was the plan covered by a fidelity bond?				Χ		
				10c			40000
d	or dishonesty?			10d		X	
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 pla			10f		Χ	
	Did the plan have any participant loans? (If "Yes," enter amount a					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	ne require	d notice or one of the	10h			
D1	exceptions to providing the notice applied under 29 CFR 2520.10	1-3		10i			
Part 11	Is this a defined benefit plan subject to minimum funding requirem						
11a	5500) and line 11a below) Enter the amount from Schedule SB line 39					11a	165 / 140
12	Is this a defined contribution plan subject to the minimum funding					302 of	ERISA? Yes X No
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,						<u> </u>
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	

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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 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

W	Guaranty Corporation	▶ Complete all entries in ac		tions to the Form 5500	0-SF.		
		Identification Information			12/01/00		
For calendar pl	lan year 2012 or fi	scal plan year beginning	09/01/2012	and ending	12/31/20	12	
A This return/	report is for:	X a single-employer plan	a multiple-employer pl	lan (not multiemployer)	a one-partic	pant plan	
B This return/	report is:	the first return/report	the final return/report				
		an amended return/report	a short plan year retu	rn/report (less than 12 m	nonths)		
C Check box	if filing under	☐ Form 5558	automatic extension		☐ DFVC progr	am	
• Check box	ii iiiiig diider.	special extension (enter desc					
Part II B	asic Plan Info	prmation—enter all requested inf	5/1 C 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5				
1a Name of p		Tination enter all requested in	ioimation		1b Three-digit		
		LLC RMC Architects,			plan number		
		LLC RMC Alchitects,			(PN)	001	L
PLLC 40	01(k) Plan				1c Effective date of 12/15/201		
2a Plan spons	sor's name and ad	ddress; include room or suite numb	er (employer, if for a single-	employer plan)	2b Employer Identi	fication Num	ber
RMC Arc	chitects, P	LLC			(EIN) 91-133		
					2c Sponsor's telep		er
1000 5					(360) 676		
1223 Ra	ailroad Ave	nue			2d Business code	(see instructi	ons)
Belling				98225	541310		
3a Plan admii	nistrator's name a	nd address Same as Plan Spons	sor Name X Same as Plan	Sponsor Address	3b Administrator's 91-133868		
RMC Archite	ects, PLLC				3c Administrator's		ımber
					Administrator s	telephone ne	imber
		e plan sponsor has changed since	the last return/report filed for	or this plan, enter the	4b EIN		
name, Ell	N, and the plan nu	e plan sponsor has changed since mber from the last return/report.	the last return/report filed for	or this plan, enter the			
name, Ell a Sponsor's	N, and the plan nu name	mber from the last return/report.			4c PN		15
name, Elf a Sponsor's 5a Total num	N, and the plan nu name nber of participants	mber from the last return/report.			4c PN 5a		
name, Ell a Sponsor's 5a Total num b Total num	N, and the plan nu name nber of participants nber of participants	s at the end of the plan year			4c PN		
name, Ell a Sponsor's 5a Total num b Total num c Number o	N, and the plan nu name nber of participants nber of participants of participants with	at the beginning of the plan year s at the end of the plan yearaccount balances as of the end of	the plan year (defined bene	efit plans do not	4c PN 5a		15
name, EII a Sponsor's 5a Total num b Total num c Number o complete	N, and the plan nuname Ther of participants of participants of participants with this item)	s at the beginning of the plan year	the plan year (defined bene	efit plans do not	4c PN 5a 5b	X Yes	15 15
name, Ell a Sponsor's 5a Total num b Total num c Number o complete 6a Were all o b Are you c	N, and the plan nu name ober of participants of participants with this item)	s at the beginning of the plan year account balances as of the end of the plan year s during the plan year invested in eaf the annual examination and repo	the plan year (defined bene eligible assets? (See instruc rt of an independent qualifie	efit plans do not	4c PN 5a 5b 5c	X Yes	15
name, Ell a Sponsor's 5a Total num b Total num c Number o complete 6a Were all o b Are you c under 29	N, and the plan nuname her of participants her of participants of participants with this item) of the plan's asset claiming a waiver o CFR 2520.104-46	s at the beginning of the plan year	the plan year (defined bene eligible assets? (See instruc rt of an independent qualifie pility and conditions.)	efit plans do not etions.)ed public accountant (IQ	4c PN 5a 5b 5c	X Yes	15 15
name, Ell a Sponsor's 5a Total num b Total num c Number o complete 6a Were all o b Are you c under 29 If you ans	N, and the plan nuname her of participants her of participants of participants with this item) of the plan's asset laiming a waiver o CFR 2520.104-46 swered "No" to e	at the beginning of the plan year	the plan year (defined bene- eligible assets? (See instruc rt of an independent qualifie pility and conditions.)	efit plans do not etions.)ed public accountant (IQ and must instead use	4c PN 5a 5b 5c PA)		15 15 No
name, Ell a Sponsor's 5a Total num b Total num c Number o complete 6a Were all o b Are you c under 29 If you ans Caution: A pe	N, and the plan nu name ther of participants ther of participants of participants with this item) of the plan's asset claiming a waiver of CFR 2520.104-46 swered "No" to e enalty for the late	at the beginning of the plan year at the end of the plan year account balances as of the end of st during the plan year invested in end of the annual examination and report (See instructions on waiver eligible in the fa or line 6b, the plan of or incomplete filing of this return	the plan year (defined bene eligible assets? (See instruc rt of an independent qualifie bility and conditions.) cannot use Form 5500-SF n/report will be assessed	efit plans do not etions.)ed public accountant (IQ) and must instead use unless reasonable cau	4c PN 5a 5b 5c PA) Form 5500. se is established.	X Yes	15 15 No No
name, EII a Sponsor's 5a Total num b Total num c Number o complete 6a Were all of the sponsor of the spons	N, and the plan nuname her of participants her of participants of participants with this item) of the plan's asset claiming a waiver o CFR 2520.104-46 swered "No" to e malty for the late as of perjury and ot	account balances as of the end of the plan year	the plan year (defined bene- eligible assets? (See instruct of an independent qualified polity and conditions.)	efit plans do not etions.)	4c PN 5a 5b 5c PA) Form 5500. se is established. port, including, if applic	X Yes	15 15 No No
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name, EII a Sponsor's 5a Total num b Total num c Number o complete 6a Were all o b Are you c under 29 If you ans Caution: A pe Under penaltie SB or Schedule	N, and the plan numer of participants of participants of participants of participants with this item)	at the beginning of the plan year	the plan year (defined bene eligible assets? (See instruc rt of an independent qualifie pility and conditions.) cannot use Form 5500-SF n/report will be assessed ctions, I declare that I have as well as the electronic ver	efit plans do not etions.)	4c PN 5a 5b 5c PA) Form 5500. se is established. port, including, if applic	X Yes	15 15 No No
name, EII a Sponsor's 5a Total num b Total num c Number o complete 6a Were all o b Are you c under 29 If you ans Caution: A pe Under penaltie SB or Schedul belief, it is true	N, and the plan nuname her of participants of participants with this item) of the plan's asset claiming a waiver o CFR 2520.104-46 swered "No" to e malty for the late as of perjury and ot the MB completed a	at the beginning of the plan year	the plan year (defined bene- eligible assets? (See instruc- rt of an independent qualifie- pility and conditions.) cannot use Form 5500-SF n/report will be assessed ctions, I declare that I have as well as the electronic ver	efit plans do not etions.)	4c PN 5a 5b 5c PA) Form 5500. se is established. port, including, if applic	X Yes	15 15 No No
name, EII a Sponsor's 5a Total num b Total num c Number o complete 6a Were all o b Are you c under 29 If you ans Caution: A pe Under penaltie SB or Schedule belief, it is true	N, and the plan numer of participants of participants of participants of participants with this item)	at the beginning of the plan year	the plan year (defined bene- eligible assets? (See instruc- rt of an independent qualifie- pility and conditions.) cannot use Form 5500-SF n/report will be assessed ctions, I declare that I have as well as the electronic ver	efit plans do not etions.)	4c PN 5a 5b 5c PA) Form 5500. Ise is established. Port, including, if applic, and to the best of my	X Yes	15 15 No No
name, EII a Sponsor's 5a Total num b Total num c Number o complete 6a Were all o b Are you c under 29 If you ans Caution: A pe Under penaltie SB or Schedule belief, it is true	N, and the plan number of participants of participants of participants of participants of participants of participants of the plan's asset laiming a waiver of CFR 2520.104-46 swered "No" to emalty for the late as of perjury and ot e MB completed a correct, and com	at the beginning of the plan year	the plan year (defined beneated by the plan year (defined beneated by the plan year (defined beneated by the plan year (defined by the plan year) to fan independent qualifies the plan year of the plan year.	efit plans do not etions.)	4c PN 5a 5b 5c PA) Form 5500. se is established. port, including, if applic	X Yes	15 15 No No
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name, EII a Sponsor's 5a Total num b Total num c Number o complete 6a Were all o b Are you c under 29 If you ans Caution: A pe Under penaltie SB or Schedul belief, it is true SIGN HERE Si SIGN HERE Si	N, and the plan number of participants of participants of participants of participants with this item)	at the beginning of the plan year	the plan year (defined beneated by the plan year (defined by the plan year) (see instructions) (se	efit plans do not etions.)	4c PN 5a 5b 5c PA) Form 5500. Ise is established. Port, including, if applic, and to the best of my ual signing as plan adducted as plan adduc	X Yes Sable, a Sche v knowledge a ministrator er or plan spo	15 15 No No dule and
name, EII a Sponsor's 5a Total num b Total num c Number o complete 6a Were all o b Are you c under 29 If you ans Caution: A pe Under penaltie SB or Schedul belief, it is true SIGN HERE Si SIGN HERE Si	N, and the plan number of participants of participants of participants of participants with this item)	at the beginning of the plan year	the plan year (defined beneated by the plan year (defined by the plan year) (see instructions) (se	efit plans do not etions.)	4c PN 5a 5b 5c PA) Form 5500. Ise is established. Port, including, if applic, and to the best of my	X Yes Sable, a Sche v knowledge a ministrator er or plan spo	15 15 No No dule and
name, EII a Sponsor's 5a Total num b Total num c Number o complete 6a Were all o b Are you c under 29 If you ans Caution: A pe Under penaltie SB or Schedul belief, it is true SIGN HERE Si SIGN HERE Si	N, and the plan number of participants of participants of participants of participants with this item)	at the beginning of the plan year	the plan year (defined beneated by the plan year (defined by the plan year) (see instructions) (se	efit plans do not etions.)	4c PN 5a 5b 5c PA) Form 5500. Ise is established. Port, including, if applic, and to the best of my ual signing as plan adducted as plan adduc	X Yes Sable, a Sche v knowledge a ministrator er or plan spo	15 15 No No dule and
name, EII a Sponsor's 5a Total num b Total num c Number o complete 6a Were all o b Are you c under 29 If you ans Caution: A pe Under penaltie SB or Schedul belief, it is true SIGN HERE Si SIGN HERE Si	N, and the plan number of participants of participants of participants of participants with this item)	at the beginning of the plan year	the plan year (defined beneated by the plan year (defined by the plan year) (see instructions) (se	efit plans do not etions.)	4c PN 5a 5b 5c PA) Form 5500. Ise is established. Port, including, if applic, and to the best of my ual signing as plan adducted as plan adduc	X Yes Sable, a Sche v knowledge a ministrator er or plan spo	15 15 No No dule and

Pa	t III Financial Information								
7	Plan Assets and Liabilities		(a) Beginning of Yea	r			(b) End	of Year	
а	Total plan assets	. 7a			0			53	35,547
b	Total plan liabilities	. 7b							
С	Net plan assets (subtract line 7b from line 7a)	. 7c			0			53	35,547
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b) T	otal	
а	Contributions received or receivable from:					()	f hijd	Fire Committee	er gere en
	(1) Employers	8a(1)		3,77	7 345				
	(2) Participants	8a(2)		8,65					
	(3) Others (including rollovers)	8a(3)	45	2,40			<u>Lipsido</u>		and the second
	Other income (loss)	. 8b		71	9		estical systems	E .	25 562
-	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	. 8c			-				35,562
u	to provide benefits)	. 8d			4	uridi.	i dia	tig in the	
е	Certain deemed and/or corrective distributions (see instructions)	. 8e					7977		
f	Administrative service providers (salaries, fees, commissions)	. 8f		1	.5	ar a			
g	Other expenses	. 8g			Gir.	i v dan			
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h	A Paul Balance	1					15
$\overline{}$	Net income (loss) (subtract line 8h from line 8c)	1		2.0				5:	35,547
j	Transfers to (from) the plan (see instructions)	- 8j			1	J. C	- T		e film for
Pa	t IV Plan Characteristics	9					- income		
	If the plan provides pension benefits, enter the applicable pension 2E 2J 2K 2F 2G 2R 3D	feature co	odes from the List of Plan Char	acteris	stic Co	des in	the instruc	tions:	
b	If the plan provides welfare benefits, enter the applicable welfare f	eature cod	les from the List of Plan Chara	cterist	ic Cod	les in t	he instruct	ions:	
									
Par	t V Compliance Questions								
10	During the plan year:				Yes	No		Amount	·
a	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fide	uciary Cor	rection Program)	10a		х			
b	Were there any nonexempt transactions with any party-in-interes on line 10a.)			10b		х		·	
C	Was the plan covered by a fidelity bond?			10c	х				40,000
C	Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?			10d		Х			
6	Were any fees or commissions paid to any brokers, agents, or oth insurance service or other organization that provides some or all instructions.)	of the ben	efits under the plan? (See	10e		х			
f				10f		х			
9				10g		Х			
		(See instr	uctions and 29 CFR	10g		Х		n Majane i .	
i	If 10h was answered "Yes," check the box if you either provided t exceptions to providing the notice applied under 29 CFR 2520.10	he require	d notice or one of the	10i					77.
Par		, 1-5		101			<u> </u>		
11	Is this a defined benefit plan subject to minimum funding requiren 5500) and line 11a below)							∏Yes	 X No
112	Enter the amount from Schedule SB line 39					11a			
12	Is this a defined contribution plan subject to the minimum funding			or se	ection		ERISA?	Yes	XNo
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below					JUE 01			<u> </u>
а	If a waiver of the minimum funding standard for a prior year is bei granting the waiver.	ng amortiz	ed in this plan year, see instru		, and e	enter the	ne date of	he letter n Year	uling
If	you completed line 12a, complete lines 3, 9, and 10 of Schedul								
b	Enter the minimum required contribution for this plan year					12b			

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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 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		
	3c(1) Name of plan(s):	13c(2) E	IN(s)	13c(3) PN(s)
Part	Trust Information (optional)			<u> </u>
14a	Name of trust	14b T	rust's EIN	

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1300 North State Street Bellingham WA 98225

www.saturna.com

Telephone:

(360) 734-9900 (800) SATURNA (360) 734-0755

Fax:

Authorization to Electronically Sign and File 5500

I hereby authorize Saturna Capital Corporation ("Service Provider") to electronically sign and file 5500 forms on my behalf for the following filing year(s): 01/01/12 - 12/31/12.

I further understand the following:

- I must sign a paper copy of the completed 5500 form.
- An image of my signature will be included with the rest of the return/report posted by the Department of Labor on the internet for public disclosure.
- I may revoke or change this authorization at any time by written notification to Service Provider.

Dated: 26 JVM 2073

ву:___