Form 5500-SF		rm 5500-SF	Short Form Annual Return/Report of Small Employ				OMB Nos. 1210-0110 1210-0089		
Department of the Treasury Internal Revenue Service			Benefit Plan This form is required to be filed under sections 104 and 4065 of the Employe			e 20 '		2012	
Department of Labor Employee Benefits Security Administration			Retirement Income Security Act of 1974 (ERISA), and sections 6057(b) and 6058 the Internal Revenue Code (the Code).						
	Pension Benefit Guaranty Corporation Complete all entries in accordance with the instructions to the Form 550							spection	
	art I		lentification Information al plan year beginning 01/01/2012		and ending 1	2/31/2	2012		
		ar plan year 2012 or fisca				2/31/4	-		
		urn/report is for:			lan (not multiemployer)		a one-partici	pant plan	
B	This ret	urn/report is:		the final return/report					
-					n/report (less than 12 mo	onths)	-		
C	Check	box if filing under:	╡ └┘	automatic extension		DFVC program			
			special extension (enter description	,					
-	art II		nation—enter all requested informa	tion		1h	Three-digit		
	Name OFFIC	•	AN SAFE HARBOR 401(K) PLAN				plan number		
							(PN) 🕨	001	
						1c	Effective date o 01/01	•	
		ponsor's name and addre	ess; include room or suite number (en EAN	nployer, if for a single-	employer plan)	2b	Employer Identification Number (EIN) 20-4737279		
411 l	JNIVEF	SITY ST. SUITE 1200				2c	Sponsor's telep 206-83		
		VA 98101				2d	Business code (see instructions) 541110		
		dministrator's name and S OF FRANCES TUREA		ame Same as Plar	n Sponsor Address	3b	Administrator's EIN 20-4737279		
4				et automotoria ent El a d		41-			
-	name		lan sponsor has changed since the la per from the last return/report.	ist return/report med it	or this plan, enter the	4b EIN 4c PN			
			the beginning of the plan year					2	
-			the end of the plan year			5a 5b		2	
			count balances as of the end of the pl			30		۷	
				• •	-	5c		1	
6a			luring the plan year invested in eligible					X Yes No	
b			ne annual examination and report of a See instructions on waiver eligibility a					X Yes 🗌 No	
			er line 6a or line 6b, the plan canno						
Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.									
SB	or Śche		r penalties set forth in the instructions signed by an enrolled actuary, as we te.						
SIG		Filed with authorized/va	lid electronic signature.	09/10/2013	FRANCES TUREAN				
HEF	RE	Signature of plan adn	ninistrator	Date	Enter name of individu	Enter name of individual signing as plan administrator			
SIG									
HEF		Signature of employe		Date	Enter name of individu	ual sig	gning as employe	er or plan sponsor	
Preparer's name (including firm name, if applicable) and address; include room or suite number (optional) Preparer's telephone number (option						number (optional)			
	_		and OMR Control Numbers, see the inst					Form 5500, SE (2012)	

T Plan Assets and Liabilities To (a) Beginning of Year (b) End of Year a Total plan liabilities 7a 0.00001 120003 D Total plan liabilities 7b 0 107 C Net plan assets (subtract line 7b from line 7a) 7c 0.000001 120003 B Income, Expresses, and Transfers for the Plan Year (a) Amount (b) Total and the plan assets (subtract line 7b from line 7a) 377.8 B Dother income, and Transfers for the Plan Year 8c(1) 377.8 377.8 (d) Others (including rotificers) 8c(2) 195.44 31.918 C Total income (code) lines 8(1), 8c(2), 8c(3), and 8b) 8c 31.918 D Determine and anxie concretive distributions, lines premiums and the code in the statutions) 8c 31.918 G Other income (loss) 8d 9d 9d 9d G Other income (loss) 8d 9d 9d 9d 9d 9d G Other income (loss) 8d 9d 9	Part III Financial Information									
a Total plan taskets 7a 99950 128603 b Total plan taskets (addired line 7a from line 7a) 7b 0 187 C Mar plan saskets (addired line 7a from line 7a) 7c 99650 128460 B Income, Expanses, and Transfers for this Filen Year (a) Amount (b) Total (b) Total C Introlutions received or receivable from: 54(1) 3776 (c) (c) Amount (b) Total C Defraes (including reliables) 56(2) 16(3) 3776 (c)	7 Plan Assets and Liabilities		(a) Beginning of Yea	(a) Beginning of Year			(b) End of Year			
c Net plan assets (subtract line 7b from line 7a)	a Total plan assets	7a					128663			
8 Income, Expenses, and Transfers for this Plan Year (a) Amount (b) Total a Contributions received or receivable from: 9a(1) 3778 (c) Engloyers. 8a(2) 18544 (c) Engloyers. 8a(3) 1 c) Other (including rolevers) 8a(3) 1 c) Total income (add lines fa(1), 6a(2), 8a(3), and 8b) 8c 91654 c) Total income (add lines fa(1), 6a(2), 8a(3), and 8b) 8c 91616 G) Derefits gala (including circlevers and insurance promiums for provide banefits) 8d 91616 G) Other expenses. 8g 1 280 G) Other expenses (add lines 60, 6e, 8f, and 8g) 8h 280 1 G) Other expenses (add lines 60, 6e, 8f, and 8g) 8h 31538 31538 Transfers for (from) the pink (se instructions) 8g 31538 31538 Part IV Plan Characteristic Codes in the instructions: 25 2 7 6 2 3 2 X 3 30 30 D Uring the plan part Yes No Amount 40 X Q) Other plan	b Total plan liabilities	7b		0		167				
a Contributions received or receivable from: ad(r) 3779 (2) Participants	C Net plan assets (subtract line 7b from line 7a)	7c	9695	8			128496			
(1) Employers 8a(2) 3776 (2) Participants 8a(2) 18544 (3) Other income (loss) 8a(3) 94/96 Contrain income (loss) 8a(3) 94/96 31918 d Benefits pair (including rolevers) 8a 94/96 31918 d Benefits pair (including rolevers) 8a 94/96 31918 d Denter spendents 8d 94/96 31918 d Denter spendents 8d 94/96 31918 g Other spendents 8d 94/96 31918 g Other spendents 8d 94/96 31918 g Other spendents 8d 94/96 31918 f Administrative service provides (satisfue) (see instructions). 8g 9d 110 Transfers to (loss) (subtract line 8d, 8e, 8l, and 8g) 8d 31528 31538 g If the plan provides persists benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 2E 2 2 2 2 2 4 2 3 2 2 4 2 3 2 2 4 2 3 2 2 4 3 3 0 10 12 3 (2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	8 Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b) Total			
(2) Participants		- (1)								
(3) Others (including rolevers)										
b Other income (loss) Bb 9498 c Total income (ded lines 8a(1), 8a(2), 8a(2), 8a(3), and 8b). 8c 31816 G Benefits paid (including dire tollowers and insurance premiums 8d 31816 G Chertal meemed and/or corrective distributions (see instructions). 8d 280 G Chertal meemed and/or corrective distributions (see instructions). 8d 280 G Chertal meemed and/or corrective distributions (see instructions). 8d 280 G Net income (loss) (subtract line 8h from line 8c)			1854	4						
c Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)					_					
d Bendits paid (including direct rollows and insurance premiums to provide herefits)			949	6	_					
to provide benefits)	-	80			_		31818			
f Administrative service providers (salaries, fees, commissions)		8d								
g Other expenses Bg Bh 280 In Total expenses (add lines 8d, 8e, 8t, and 8g) 8t 31538 I Net income (loss) (subtract line 8h from line 8c) 8t 31538 Part IV Plan Characteristics 8t 31538 Part IV Compliance Questions 100 12t 62t 24 2R 3D It the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions: Part V Compliance Questions 10a X 10 During the plan year: Yes No Amount a Was there a failure to transmit to the plan any participant contributions within the time period described in 10a X 20 c Was there a failure to ronsmerk transactions with any party-in-interest? (Do not include transactions reported on ine 10a) 10a X c Was the plan covered by a fidelity bond? 10c X 2 c Was the plan neve a loss, whether or not reimbursed by the plan's f	e Certain deemed and/or corrective distributions (see instructions)	8e								
h Total expenses (add lines 8d, 8e, 8f, and 8g)	f Administrative service providers (salaries, fees, commissions)	8f	28	0						
h Total expenses (add lines 8d, 8e, 8f, and 8g)	- · · · · · · · · · · · · · · · · · · ·	8g								
i Net income (loss) (subtract line 8h from line 8c)							280			
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 2F 2G 2J 2K 3D b If the plan provides pension benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions: Part V Compliance Questions 10 During the plan year: Yes No Amount a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.31027 (See instructions and DOL's Voluntary Fluciary Correction Program) 10a X b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a,) X X X c Was the plan covered by a fidelity bond? 10c X X X c Was the plan news a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? 10d X X c Was an plan covered by a fidelity bond? 10d X 10d X c Was the plan have a loss, whether or ont reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	i Net income (loss) (subtract line 8h from line 8c)	8i					31538			
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 2F 2G 2J 2K 2R 3D b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions: Part V Compliance Questions 10 During the plan year: Yes No Amount a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-1027 (See instructions and DOL's Voluntary Fluciary Correction Program) 10a X b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on on line 10a.)	j Transfers to (from) the plan (see instructions)	8i								
9a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 2f 2f 2G 2J 2K 2R 3D b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions: Part V Compliance Questions Ves No Amount a Was there a tailure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fluciary Correction Program) 10a X b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.) 10b X c Was the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? 10d X e Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service or other organization that provides some or all of the benefits under the plan? (See instructions.) 10g X f Has the plan have any participant loans? (If "Yes," enter amount as of year end.) 10g X 2500 f Has the plan individual account plan, was there a blackout period? (See instructions and 29 CFR 2500.101-3) 10d	Part IV Plan Characteristics									
10 During the plan year: Yes No Amount a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program) 10a X b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.) 10b X X c Was the plan covered by a fidelity bond? 10c X X 10d X d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? 10d X X X e Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service or other organization that provides some or all of the benefits under the plan? (See instructions.) 10d X X f Has the plan have any participant loans? (If "Yes," enter amount as of year end.) 10g X X X f Has the plan failed to provide applied under 29 CFR 250.101-3. 10d X X X X f Has the plan have any participant loans? (If "Yes," see instructions and complete Schedule SB (Form 5500) and line 11a below) 10d X X X <td< th=""><th>2E 2F 2G 2J 2K 2R 3D b If the plan provides welfare benefits, enter the applicable welfare feature</th><th></th><th></th><th></th><th></th><th></th><th></th></td<>	2E 2F 2G 2J 2K 2R 3D b If the plan provides welfare benefits, enter the applicable welfare feature									
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b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)				10a		X				
Image: Interpret of the minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form 1500) and line 11a below). Image: Image		Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported				x				
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g Did the plan have any participant loans? (If "Yes," enter amount as of year end.)	e Were any fees or commissions paid to any brokers, agents, or oth insurance service or other organization that provides some or all of	er persons b	y an insurance carrier, s under the plan? (See	10e		x				
b If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 10h X 2520.101-3.) 10h X i If 10h was answered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3. 10i X Part VI Pension Funding Compliance 10i Yes 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). Yes 11a Enter the amount from Schedule SB line 39. 11a 12 Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA? Yes (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.) a If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, and enter the date of the letter ruling granting the waiver. Month Day Year If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13. A A	${f f}$ Has the plan failed to provide any benefit when due under the plan	n?		10f		Х				
h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) 10h X i If 10h was answered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3. 10h X Part VI Pension Funding Compliance 10i 10i Yes 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). Yes Yes 11a Enter the amount from Schedule SB line 39. 11a 11a 12 Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA? Yes (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.) a If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, and enter the date of the letter ruling granting the waiver. Month Day Year If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13. 42ti	g Did the plan have any participant loans? (If "Yes," enter amount a	s of year end	.)	10a	Х		0			
i If 10h was answered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3	h If this is an individual account plan, was there a blackout period?	(See instructi	ons and 29 CFR			x				
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a If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, and enter the date of the letter ruling granting the waiver										
					, and e	-				
b Enter the minimum required contribution for this plan year	If you completed line 12a, complete lines 3, 9, and 10 of Schedule	e MB (Form	5500). and skip to line 13.							
		•	<i>,</i> ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,							

С	Enter	the amount contributed by the employer to the plan for this plan year	12c					
d								
е		he minimum funding amount reported on line 12d be met by the funding deadline?		Yes	No N/A			
Part	Part VII Plan Terminations and Transfers of Assets							
13a	Has a	a resolution to terminate the plan been adopted in any plan year?	, ,	Yes X No				
	lf "Ye	es," enter the amount of any plan assets that reverted to the employer this year	13a					
b		all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the pBGC?	control		Yes X No			
С	C If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)							
1	3c(1)	Name of plan(s): 1	3c(2) E	IN(s)	13c(3) PN(s)			
Part	VIII	Trust Information (optional)						

14a Name of trust	14b Trust's EIN