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

		F Complete all entries in accord	iance with the instru	Chons to the Form 550	UU-3F.	
Part I	Annual Report	Identification Information				
For calenda	ar plan year 2012 or fis	scal plan year beginning 01/01/2012	2	and ending	12/31/2012	
A This ret	urn/report is for:	a single-employer plan	a multiple-employer p	lan (not multiemployer)	a one-par	ticipant plan
B This ret	turn/report is:	the first return/report	the final return/report			
		an amended return/report	a short plan year retur	n/report (less than 12 m	nonths)	
C Check	box if filing under:	Form 5558	automatic extension		DFVC pro	ogram
		special extension (enter descriptio	n)			
Part II	Basic Plan Info	rmation—enter all requested informa	ation			T-
1a Name					1b Three-digit	
FORD OF KI	IRKLAND 401(K) PLAN	N			plan number	001
					(PN) •	
					1c Effective dat	te of plan 1/01/2005
2a Plan si	nonsor's name and add	dress; include room or suite number (er	mnlover if for a single	-employer plan)	+	entification Number
	ANAGEMENT, INC.	dress, include room or suite number (er	ripioyer, il lor a sirigle	-employer plan)	' '	1-1968962
FORD OF K	IRKLAND				2c Sponsor's te	alenhone number
11800 124TI	H AVENUE, NE					-821-6611
KIRKLAND,					2d Business co	de (see instructions)
						1110
3a Plan a	dministrator's name ar	nd address Same as Plan Sponsor N	ame Same as Plai	n Sponsor Address	3b Administrato	r's EIN
O.C.K. MAN	NAGEMENT, INC.	11800 124TH A	VENUE. NE		20)-1968962
	,	KIRKLAND, WA				r's telephone number
					425-	-821-6611
4						
		e plan sponsor has changed since the lander from the lander from the last return/report.	ast return/report filed for	or this plan, enter the	4b EIN	
	or's name	inber from the last return/report.			4c PN	
		at the beginning of the plan year			+ -	79
b Total r	number of participants	at the end of the plan year			H + + + + + + + + + + + + + + + + + + +	71
		account balances as of the end of the p				
			•	•	. 5c	40
6a Were	all of the plan's assets	s during the plan year invested in eligibl	e assets? (See instruc	ctions.)		X Yes No
		the annual examination and report of a				
		? (See instructions on waiver eligibility a				. X Yes No
lf you	answered "No" to ei	ther line 6a or line 6b, the plan canno	ot use Form 5500-SF	and must instead use	e Form 5500.	
Caution: A	penalty for the late	or incomplete filing of this return/rep	ort will be assessed	unless reasonable ca	use is established.	
		her penalties set forth in the instructions				
	true, correct, and comp	nd signed by an enrolled actuary, as we blete.	as the electronic vei	rsion of this return/repor	rt, and to the best of	my knowledge and
	г — - ,			T		
SIGN	Filed with authorized/	valid electronic signature.	09/23/2013	JAMES WALEN		
HERE	Signature of plan a	dministrator	Date	Enter name of individ	dual signing as plan	administrator
SIGN						
HERE	Signature of emplo	ver/plan sponsor	Date	Enter name of individ	dual signing as empl	oyer or plan sponsor
Preparer's		ame, if applicable) and address; include				one number (optional)
' ' '	, 5	, , , , , , , , , , , , , , , , , , , ,		, ,		(-1)

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Pa	rt III Financial Information										
7	Plan Assets and Liabilities		(a) Beginning of Yea	ar			(b) End	l of Y	ear		
a	Total plan assets	7a	85983				1041053			3	
	Total plan liabilities	7b	153	36			0				
	Net plan assets (subtract line 7b from line 7a)	7c	85830					1041053			
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b)	Total			
	Contributions received or receivable from:		(a) runount				(2)	- Otal			
	(1) Employers	8a(1)	2391	8							
	(2) Participants	8a(2)	13958	34							
	(3) Others (including rollovers)	8a(3)									
b	Other income (loss)	8b	10482	28							
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						2	268330	0	
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	7912	!1							
е	Certain deemed and/or corrective distributions (see instructions)	8e	591	6							
f	Administrative service providers (salaries, fees, commissions)	8f	54	3							
g	Other expenses	8g									
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							8558	0	
ī	Net income (loss) (subtract line 8h from line 8c)	8i							18275		
j	Transfers to (from) the plan (see instructions)	8j									
Pa	rt IV Plan Characteristics	_ vj									
9a		feature co	des from the List of Plan Char	acteris	stic Co	des in	the instru	ctions	3:		
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 instruc	tions:			
_											
Par				1			ı				
10	During the plan year:				Yes	No		Am	ount		
	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu	ıciary Corr	ection Program)	10a		X					
	Were there any nonexempt transactions with any party-in-interest on line 10a.)			10b		X					
C	Was the plan covered by a fidelity bond?			10c	X					500	000
d	Did the plan have a loss, whether or not reimbursed by the plan's 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 of	of the bene	efits under the plan? (See	4.0		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					19	301
h	If this is an individual account plan, was there a blackout period? (2520.101-3.)	•		10h	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	Χ						
Par	VI Pension Funding Compliance					·					
11	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)							T	Yes	П	No
118	Enter the amount from Schedule SB line 39					11a					
12	Is this a defined contribution plan subject to the minimum funding	requireme	ents of section 412 of the Code	or se	ction	302 of	ERISA?.	ŢĹ	Yes	X	No
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,	-									
а	If a waiver of the minimum funding standard for a prior year is beir granting the waiver.	ng amortiz	ed in this plan year, see instru		and e	enter th	ne date of	the le		ıling	
If	you completed line 12a, complete lines 3, 9, and 10 of Schedule										_
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).

▶ 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 caler	dar plan year 2012 or t	iscal plan year beginning (1/01/2012	and ending	12/31/2	012			
A This r	eturn/report is for:	X a single-employer plan	a multiple-employer	plan (not multiemployer)	a one-pa	articipant plan			
B This return/report is: the first return/report the final return/report									
		an amended return/report	a short plan year retu	urn/report (less than 12 m	nonths)				
C Check	k box if filing under:	X Form 5558	automatic extension		DFVC program				
		special extension (enter descript	ion)						
Part II	Basic Plan Info	ormation—enter all requested inform	nation						
1a Nam			300		1b Three-digit				
FORD (OF KIRKLAND 40	1(K) PLAN			plan numbe	er 001			
					(PN) 1c Effective da	33 C-085(200)			
					09/01/2				
2a Plan D.O.C.	sponsor's name and ac .K. MANAGEMENT	ddress; include room or suite number (, INC.	employer, if for a single	e-employer plan)	2b Employer id (EIN) 20 -	lentification Number			
	OF KIRKLAND					elephone number			
11800	124TH AVENUE,	NE			425-821				
KIRKLA	AND	WA 98034			2d Business co 441110	ode (see instructions)			
3a Plan	administrator's name a	nd address Same as Plan Sponsor	Name Same as Pla	an Sponsor Address	3b Administrate	or's EIN			
D.O.C.	K. MANAGEMENT	, INC.	<u> </u>		20-1968	962			
						or's telephone number			
11800	124TH AVENUE,	NE			425-821	-6611			
KIRKLA	MD	WA 98034							
name	e, EIN, and the plan nu	e plan sponsor has changed since the mber from the last return/report.	last return/report filed	for this plan, enter the	4b EIN				
a Spons	sor's name				4c PN				
		at the beginning of the plan year			5a	79			
		at the end of the plan year			5b	71			
C Numb	per of participants with plete this item)	account balances as of the end of the	plan year (defined ben	efit plans do not	5c	40			
6a Were	e all of the plan's assets	during the plan year invested in eligib	ole assets? (See instru	ctions.)		. X Yes No			
b Are y	ou claiming a waiver of	the annual examination and report of (See instructions on waiver eligibility	an independent qualifi	ed public accountant (IQI	PA)				
If you	answered "No" to ei	ther line 6a or line 6b, the plan can	and conditions.) of use Form 5500-SF	and must instead use	Form 5500	. X Yes No			
		or incomplete filing of this return/re							
Under pen	alties of perjury and oth	ner penalties set forth in the instruction	s I declare that I have	evamined this return/ren	ort including if an	alianhia - Cabada			
SD OF SCH	edule MB completed ar true, correct, and comp	iu signed by an enrolled actuary, as w	ell as the electronic ve	rsion of this return/report,	, and to the best of	my knowledge and			
		1/0							
SIGN HERE	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		09/20/2013	James Walen					
	Signature of plan a	Iministrator	Date	Enter name of individu	ual signing as plan	administrator			
SIGN HERE									
	Signature of employ	/er/plan sponsor	Date	Enter name of individu	ial signing as emplo	oyer or plan sponsor			
r reparer s	name (including firm na	ame, if applicable) and address; includ	e room or suite numbe	er (optional)	Preparer's telepho	ne number (optional)			
				Ī					

Pa	rt III Financial Information								
7	Plan Assets and Liabilities		(a) Beginning of Ye	ar			(b) En	d of Year	 r
a	Total plan assets	7a		3598	39		(4) =		104105
b	Total plan liabilities	7b		15	36				
c	Net plan assets (subtract line 7b from line 7a)	7c	3	3583	03				104105
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b)	Total	
a 	Contributions received or receivable from: (1) Employers	8a(1)		239	18				
	(2) Participants	8a(2)	1	.395	84				
	(3) Others (including rollovers)	8a(3)			-7.		7161 0	figety = Is	
b	Other income (loss)	8b	1	048	28	5.115		N	
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							268330
d 	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		791	21				5.55
<u>e</u>	Certain deemed and/or corrective distributions (see instructions)	8e		59	16				
f	Administrative service providers (salaries, fees, commissions)	8f		5	43				
g	Other expenses	8g							
<u>h</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h			1.0	-			85580
i	Net income (loss) (subtract line 8h from line 8c)	8i							182750
j	Transfers to (from) the plan (see instructions)	8i						1160	
Pai	t IV Plan Characteristics								
9a	If the plan provides pension benefits, enter the applicable pension f 2E 2F 2G 2J 2K 3D 2T	eature code	es from the List of Plan Char	acteri	stic Co	odes i	n the instru	ctions:	
b	If the plan provides welfare benefits, enter the applicable welfare fe	ature codes	from the List of Plan Chara	cterist	tic Coc	des in	the instruc	tions:	
Par	V Compliance Questions		_						,
10	During the plan year:				Yes	No		Amoun	ıt
	Was there a failure to transmit to the plan any participant contributi 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduce)	ciary Correc	tion Program)	10a		Х			
d	Were there any nonexempt transactions with any party-in-interest? on line 10a.)	(Do not inc	clude transactions reported	10b		Х			
С	Was the plan covered by a fidelity bond?			10c	Х				500000
d	Did the plan have a loss, whether or not reimbursed by the plan's for dishonesty?	idelity bond	, that was caused by fraud	10d		Х			
	Were any fees or commissions paid to any brokers, agents, or other insurance service or other organization that provides some or all of instructions.)	er persons be the benefit	by an insurance carrier, s under the plan? (See	10e		х			
f	Has the plan failed to provide any benefit when due under the plan	?		10f		Х			4
g	Did the plan have any participant loans? (If "Yes," enter amount as	of year end	.)	10g	Х		 		19301
h	If this is an individual account plan, was there a blackout period? (S 2520.101-3.)			10h	Х				13301
i	If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.101-	required n	otice or one of the	10i	х				
Part									
11	Is this a defined benefit plan subject to minimum funding requirements 5500) and line 11a below)	nts? (If "Yes	s," see instructions and com	plete :	Sched	ule SE	3 (Form	∏ Ye	es 🗌 No
11a	Enter the amount from Schedule SB line 39				T .				5 140
12	Is this a defined contribution plan subject to the minimum funding re					11a	EDIOTO	Пи	
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, a	s applicable	2)	or sec	uon 3	UZ Of	EKISA?	Ye	s X No
	If a waiver of the minimum funding standard for a prior year is being granting the waiver.	amortized i	n this plan year, see instruc	tions,	and er		ne date of t		ruling
If y	ou completed line 12a, complete lines 3, 9, and 10 of Schedule I	VIB (Form	5500), and skip to line 13			Day		Year	
b	Enter the minimum required contribution for this plan year		,		Τ,	12b			
	, , , , , , , , , , , , , , , , , , , ,			*******					

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c	Enter the amount contributed by the employer to the plan for this plan year		12c		
d	Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the length amount)	eft of a	12d		
е	Will the minimum funding amount reported on line 12d be met by the funding deadline?			Yes	□ No □ N/A
Part					
13a	Has a resolution to terminate the plan been adopted in any plan year?			res X N	0
	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 brough of the PBGC?	nt under the c	ontrol		☐ Yes ☒ No
С	If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify which assets or liabilities were transferred. (See instructions.)	the plan(s) t	0		
1	3c(1) Name of plan(s):	13	c(2) El	N(s)	13c(3) PN(s)
		+			
Part	VIII Trust Information (optional)				
	lame of trust	1	I 4b Tr	ust's EIN	