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.

0040

2012

OMB Nos. 1210-0110

1210-0089

This Form is Open to Public Inspection

Part I		entification Information						
For calenda	ar plan year 2012 or fisca	al plan year beginning 01/01/201	2	and ending 1	12/31/2012			
A This ret	turn/report is for:	a single-employer plan	a multiple-employer	olan (not multiemployer)	a one-part	icipant plan		
B This ret	turn/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	onths)			
C Check I	box if filing under:	Form 5558	automatic extension		DFVC pro	gram		
		special extension (enter description	n)					
Part II	Basic Plan Inform	nation—enter all requested informa	ation					
1a Name	•				1b Three-digit			
URBAN REN	NAISSANCE 401K PLAN	AND TRUST			plan number (PN) ▶	001		
					1c Effective date			
						01/2007		
2a Plan s	ponsor's name and addre	ess; include room or suite number (e _C	mployer, if for a single	e-employer plan)		ntification Number		
					2c Sponsor's tel	lenhone number		
701 FIFTH AVENUE SUITE 3540 SEATTLE, WA 98104			206-381-3344					
			2d Business cod	le (see instructions)				
					531	1310		
3a Plan a	dministrator's name and a	address XSame as Plan Sponsor N	lame Same as Pla	in Sponsor Address	3b Administrator	's EIN		
					3c Administrator	's telephone number		
						·		
4 If the r	name and/or FIN of the pl	lan sponsor has changed since the l	ast return/report filed	for this plan, enter the	4b EIN			
	•	er from the last return/report.	ast return/report med	ioi tilis piari, eriter tile	40 EIN			
a Spons	or's name				4c PN			
5a Total	number of participants at	the beginning of the plan year			5a	25		
b Total i	number of participants at	the end of the plan year			5b	51		
C Number of participants with account balances as of the end of the plan year (defined benefit plans do not			5c	47				
	•							
		uring the plan year invested in eligib e annual examination and report of a				X Yes No		
		See instructions on waiver eligibility				X Yes No		
If you	ı answered "No" to eithe	er line 6a or line 6b, the plan cann	ot use Form 5500-SF	and must instead use	Form 5500.			
Caution: A	A penalty for the late or i	incomplete filing of this return/rep	ort will be assessed	l unless reasonable cau	use is established.			
SB or Sche		r penalties set forth in the instruction signed by an enrolled actuary, as we te.						
SIGN	Filed with authorized/val	lid electronic signature.	10/08/2013	SHARI WADSWORTH	Н			
HERE	0:	•	Date	Enter name of individual signing as plan administrator				
	Signature of plan adm	ninistrator	Date	Enter name of maivid		administrator		
SIGN	Signature of plan adm	ninistrator	Date	Enter name of marva		administrator		
SIGN HERE	Signature of employe	r/plan sponsor	Date	Enter name of individ	lual signing as emplo			
SIGN HERE	Signature of employe		Date	Enter name of individ				
SIGN HERE	Signature of employe	r/plan sponsor	Date	Enter name of individ		oyer or plan sponsor		
SIGN HERE	Signature of employe	r/plan sponsor	Date	Enter name of individ		oyer or plan sponsor		

Form 5500-SF 2012 Page **2**

Des	t III Financial Information		Ŭ							
	rt III Financial Information		1 () 5		1					_
	Plan Assets and Liabilities	_	(a) Beginning of Yea		-		(b) End of		-	
	Total plan liabilities	7a	86645	94				134403	55	
	Total plan liabilities	7b	00045	. 4				404400	-	
	Net plan assets (subtract line 7b from line 7a)	7c	86645	94				134403	5	
8	Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from:		(a) Amount				(b) Tota	11		_
а	(1) Employers									
	(2) Participants	8a(2)	25311	8						
	(3) Others (including rollovers)	8a(3)	3402	29						
b	Other income (loss)	8b	15133	8						
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						56041	8	
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	8283	7						
е	Certain deemed and/or corrective distributions (see instructions)	8e								
f	Administrative service providers (salaries, fees, commissions)	8f								
g	Other expenses	8g								
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h						8283	37	
<u>i</u>	Net income (loss) (subtract line 8h from line 8c)	8i						47758	81	
j	Transfers to (from) the plan (see instructions)	8j								
Par	t IV Plan Characteristics									
9a	If the plan provides pension benefits, enter the applicable pension 2E 2F 2G 2J 2K 3D	feature co	des from the List of Plan Char	acteris	stic Co	des in	the instructio	ns:		
b	If the plan provides welfare benefits, enter the applicable welfare for	eature cod	les from the List of Plan Chara	cterist	ic Cod	les in t	he instruction	S:		
Par	V Compliance Questions									
10	During the plan year:				Yes	No	Δι	nount		_
а				10a		X				
b		? (Do not	include transactions reported	10b		X				
				10c	X				0000	00
d				100					9000	<u> </u>
	or dishonesty?	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?				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									
	instructions.)			10e		X				
f	Has the plan failed to provide any benefit when due under the plan?					X				
g	Did the plan have any participant loans? (If "Yes," enter amount as of year end.)			10q		X				
h	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)			10h		Х				
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)							☐ Yes	X N	lo.
112	Enter the amount from Schedule SB line 39					11a			<u> </u>	
12	Is this a defined contribution plan subject to the minimum funding						ERISA2	Yes	× N	lo.
14				oi se	CIIUII .	JUZ UI	LNISA!	163	^ '\	
a	(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.	ng amortiz	ed in this plan year, see instru		, and e	enter th		letter ru	ıling	
If	you completed line 12a, complete lines 3, 9, and 10 of Schedule					⊔ay		.ai		
	Enter the minimum required contribution for this plan year	•				12b				_
	and the plant your minutes of the plant your									

	Form 5500-SF 2012 Page 3 - 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 3c(2) E	IN(s)	13c(3) PN(s)
Part	VIII Trust Information (optional)			
	Name of trust	14b ⊤	rust's EIN	

Form **5558** (Rev. August 2012)

Department of the Treasury Internal Revenue Service

Application for Extension of Time To File Certain Employee Plan Returns

► For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Information about Form 5558 and its instructions is at www.irs.gov/form5558

OMB No. 1545-0212

File With IRS Only

rt I Identification									
Name of filer, plan administrator, or plan sponsor (see instructions) URBAN RENAISSANCE GROUP, LLC Number, street, and room or suite no. (If a P.O. box, see instructions) 701 Fifth Avenue Suite 3540 City or town, state, and ZIP code			B Filer's identifying number (see instructions) Employer identification number (EIN) (9 digits XX-XXXXXXX 20-5347374 Social security number (SSN) (9 digits XXX-XX-XXXX)						
Seattle, WA 98104									
Plan name						n yea			
	'	numk	er	М	М	-	טט	YYYY	
URBAN RENAISSANCE 401K PLAN AND TRUST	0	0	1	1	2		31	2012	
rt II Extension of Time To File Form 5500 Series, and/or Form 89	55-8	SA							
in Part 1, C above. I request an extension of time until	5500	serie	s (see ir			repor	t for th	e plan liste	
Note. A signature IS NOT required if you are requesting an extension to file For The application is automatically approved to the date shown on line 2 and/or the normal due date of Form 5500 series, and/or Form 8955-SSA for which and/or line 3 (above) is not later than the 15th day of the third month after the n	m 899 line this e	55-SS 3 (abo extens	SA. ove) if: ((a) the	Form				
·			ıe date	of For	n 533	0.			
a Enter the Code section(s) imposing the tax	•	а							
Enter the payment amount attached						b			
For excise taxes under section 4980 or 4980F of the Code, enter the reversion/ State in detail why you need the extension:	amen	dmer	it date			С			
	URBAN RENAISSANCE GROUP, LLC Number, street, and room or suite no. (If a P.O. box, see instructions) 701 Fifth Avenue Suite 3540 City or town, state, and ZIP code Seattle, WA 98104 Plan name URBAN RENAISSANCE 401K PLAN AND TRUST TILL Extension of Time To File Form 5500 Series, and/or Form 89 Check this box if you are requesting an extension of time on line 2 to file the in Part 1, C above. I request an extension of time until 10 / 15 / 2013 to file Form Note. A signature IS NOT required if you are requesting an extension to file Form Note. A signature IS NOT required if you are requesting an extension to file Form Note. A signature IS NOT required if you are requesting an extension to file Form Note. A signature IS not required if you are requesting an extension to file Form Note. A signature IS not required if you are requesting an extension to file Form Note. A signature IS not required if you are requesting an extension to file Form Note. A signature IS not required if you are requesting an extension to file Form Note. A signature IS not required if you are requesting an extension to file Form Note. A signature IS not required if you are requesting an extension to file Form Note. A signature IS not required if you are requesting an extension to file Form Note. A signature IS not required if you are requesting an extension to file Form Note. A signature IS not required if you are requesting an extension to file Form Note. A signature IS not file Form Note. A signature IS not file Form South Park III III III III III III III III III I	URBAN RENAISSANCE GROUP, LLC Number, street, and room or suite no. (If a P.O. box, see instructions) 701 Fifth Avenue Suite 3540 City or town, state, and ZIP code Seattle, WA 98104 Plan name URBAN RENAISSANCE 401K PLAN AND TRUST O Check this box if you are requesting an extension of time on line 2 to file the first in Part 1, C above. I request an extension of time until 10 / 15 / 2013 to file Form 5500 Note. A signature IS NOT required if you are requesting an extension to file Form 8955- Note. A signature IS NOT required if you are requesting an extension to file Form 8955- Note. A signature IS NOT required if you are requesting an extension to file Form 8955- Note. A signature IS not required if you are requesting an extension to file Form 8955- Note. A signature IS not required if you are requesting an extension to file Form 8955- Note. A signature IS not required if you are requesting an extension to file Form 8955- Note. A signature IS not required if you are requesting an extension to file Form 8955- Note. A signature IS not required if you are requesting an extension to file Form 8955- Note. A signature IS not required if you are requesting an extension to file Form 8955- Note. A signature IS not required if you are requesting an extension to file Form 8955- Note. A signature IS not required if you are requesting an extension to file Form 8955- Note. A signature IS not required if you are requesting an extension to file Form 8955- Note. A signature IS not required if you are requesting an extension to file Form 8955- Note. A signature IS not required if you are requesting an extension to file Form 8955- Note. A signature IS not required if you are requesting an extension to file Form 8955- Note. A signature IS not required if you are requesting an extension to file Form 8955- Note. A signature IS not file Form 8955- Note. A signature	URBAN RENAISSANCE GROUP, LLC Number, street, and room or suite no. (If a P.O. box, see instructions) 701 Fifth Avenue Suite 3540 City or town, state, and ZIP code Seattle, WA 98104 Plan name URBAN RENAISSANCE 401K PLAN AND TRUST O O Check this box if you are requesting an extension of time on line 2 to file the first Form in Part 1, C above. I request an extension of time until I request an extension of time than the 15th day of the third month after the normal due than the 15th day of the third month after the normal due than the 15th day of the third month after the normal due than the 15th day of the third month after the normal due than the 15th day of the third month after the normal due than the 15th day of the third month after the normal due than the 15th day of the third month after the normal due than the 2 and of the payment amount attached	URBAN RENAISSANCE GROUP, LLC Number, street, and room or suite no. (If a P.O. box, see instructions) 701 Fifth Avenue Suite 3540 City or town, state, and ZIP code Seattle, WA 98104 Plan name Plan number URBAN RENAISSANCE 401K PLAN AND TRUST 0 0 1 TILL Extension of Time To File Form 5500 Series, and/or Form 8955-SSA Check this box if you are requesting an extension of time on line 2 to file the first Form 5500 s in Part 1, C above. I request an extension of time until 10 / 15 / 2013 to file Form 5500 series (see in Note. A signature IS NOT required if you are requesting an extension to file Form 8955-SSA. I request an extension of time until 10 / 15 / 2013 to file Form 8955-SSA (see ins Note. A signature IS NOT required if you are requesting an extension to file Form 8955-SSA. The application is automatically approved to the date shown on line 2 and/or line 3 (above) if the normal due date of Form 5500 series, and/or Form 8955-SSA for which this extension is and/or line 3 (above) is not later than the 15th day of the third month after the normal due date. Extension of Time To File Form 5330 (see instructions) I request an extension of time until / / to file Form 5330. You may be approved for up to a 6 month extension to file Form 5330, after the normal due date. Enter the Code section(s) imposing the tax	URBAN RENAISSANCE GROUP, LLC Number, street, and room or suite no. (If a P.O. box, see instructions) 701 Fifth Avenue Suite 3540 City or town, state, and ZIP code Seattle, WA 98104 Plan name Plan number M URBAN RENAISSANCE 401K PLAN AND TRUST O 0 1 1 Extension of Time To File Form 5500 Series, and/or Form 8955-SSA Check this box if you are requesting an extension of time on line 2 to file the first Form 5500 series in Part 1, C above. I request an extension of time until 10 / 15 / 2013 to file Form 5500 series (see instructions) I request an extension of time until 10 / 15 / 2013 to file Form 5500 series. I request an extension of time until 10 / 15 / 2013 to file Form 5500 series. The application is automatically approved to the date shown on line 2 and/or line 3 (above) if: (a) the the normal due date of Form 5500 series, and/or Form 8955-SSA for which this extension is request and/or line 3 (above) is not later than the 15th day of the third month after the normal due date. **III** Extension of Time To File Form 5330 (see instructions) I request an extension of time until / / to file Form 5330. You may be approved for up to a 6 month extension to file Form 5330, after the normal due date of Form 544 for the normal due date of Form 545 for which this extension is request and Extension of Time To File Form 5330 (see instructions)	URBAN RENAISSANCE GROUP, LLC Number, street, and room or suite no. (If a P.O. box, see instructions) 701 Fifth Avenue Suite 3540 City or town, state, and ZIP code Seattle, WA 98104 Plan name Plan number WRBAN RENAISSANCE 401K PLAN AND TRUST URBAN RENAISSANCE 401K PLAN AND TRUST O 0 1 1 12 TILE Extension of Time To File Form 5500 Series, and/or Form 8955-SSA Check this box if you are requesting an extension of time on line 2 to file the first Form 5500 series return/ in Part 1, C above. I request an extension of time until 10 / 15 / 2013 to file Form 5500 series (see instructions). Note. A signature IS NOT required if you are requesting an extension to file Form 8955-SSA (see instructions). Note. A signature IS NOT required if you are requesting an extension to file Form 8955-SSA. The application is automatically approved to the date shown on line 2 and/or line 3 (above) if: (a) the Form the normal due date of Form 5500 series, and/or Form 8955-SSA for which this extension is requested, a and/or line 3 (above) is not later than the 15th day of the third month after the normal due date. TILL Extension of Time To File Form 5330 (see instructions) I request an extension of time until / / to file Form 5330. You may be approved for up to a 6 month extension to file Form 5330, after the normal due date of Form 5330. Enter the Code section(s) imposing the tax	URBAN RENAISSANCE GROUP, LLC Number, street, and room or suite no. (If a P.O. box, see instructions) 701 Fifth Avenue Suite 3540 City or town, state, and ZIP code Seattle, WA 98104 Plan name Plan name Plan per number URBAN RENAISSANCE 401K PLAN AND TRUST O 0 1 1 12 TILL Extension of Time To File Form 5500 Series, and/or Form 8955-SSA Check this box if you are requesting an extension of time on line 2 to file the first Form 5500 series return/repor in Part 1, C above. I request an extension of time until 10 / 15 / 2013 to file Form 5500 series (see instructions). Note. A signature IS NOT required if you are requesting an extension to file Form 8955-SSA (see instructions). Note. A signature IS NOT required if you are requesting an extension to file Form 8955-SSA (see instructions). Note. A signature IS NOT required if you are requesting an extension to file Form 8955-SSA (see instructions). Note. A signature IS NOT required if you are requesting an extension to file Form 8955-SSA (see instructions). Note. A signature IS not required if you are requesting an extension to file Form 8955-SSA (see instructions). The application is automatically approved to the date shown on line 2 and/or line 3 (above) if: (a) the Form 5558 the normal due date of Form 5500 series, and/or Form 8955-SSA for which this extension is requested, and (tean/or line 3 (above) is not later than the 15th day of the third month after the normal due date. Extension of Time To File Form 5330 (see instructions) I request an extension of time until // to file Form 5330. You may be approved for up to a 6 month extension to file Form 5330, after the normal due date of Form 5330. Enter the Code section(s) imposing the tax	URBAN RENAISSANCE GROUP, LLC Number, street, and room or suite no. (If a P.O. box, see instructions) 701 Fifth Avenue Suite 3540 City or town, state, and 2IP code Seattle, WA 98104 Plan name Plan year ending by the plan plan plan by the plan plan by the plan plan plan by the plan plan plan by the plan plan by the p	

Under penalties of perjury, I declare that to the best of my knowledge and belief, the statements made on this form are true, correct, and complete, and that I am authorized to prepare this application.