## 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

			Complete all entries in acc	ordance with the instruc	tions to the Form 550	<del>10-</del> 3г.				
	art I		Identification Information							
Fo	r calenda	ar plan year 2012 or fis	scal plan year beginning 01/01/2	012 	and ending	12/31/2	2012 			
A	This ret	urn/report is for:	a single-employer plan	a multiple-employer pla	an (not multiemployer)	r) a one-participant plan				
В	This ret	urn/report is:	the first return/report	the final return/report						
			an amended return/report	a short plan year return	/report (less than 12 m	onths)				
С	Check b	oox if filing under:	X Form 5558	automatic extension			DFVC progra	ım		
			special extension (enter descri	otion)			_			
Р	art II	Basic Plan Info	rmation—enter all requested info	rmation						
1a	Name	of plan				1b	Three-digit			
WOL	FSTON	E, PANCHOT & BLOC	CH, P.S., INC. PROFIT SHARING A	ND 401(K) PLAN			plan number			
							(PN) <b>•</b>	001		
						10	Effective date o	•		
<b>2</b> a	l Plan sp	oonsor's name and add	dress; include room or suite number	(employer, if for a single-e	employer plan)	2b	Employer Identi	fication Number		
WO	LFSTON	IE, PANCHOT & BLOO	CH, PS INC.				(EIN) 91-15	04890		
						2c	Sponsor's telep	hone number		
		AVENUE, SUITE 180	0				206-682-3840			
SEA	ATTLE, V	VA 98101				2d		see instructions)		
				П			54111			
3a	l Plan ad	dministrator's name an	id address XSame as Plan Sponso	or Name Same as Plan	Sponsor Address	3b	Administrator's	EIN		
						3c	Administrator's	telephone number		
4			e plan sponsor has changed since the	ne last return/report filed fo	r this plan, enter the	4b	EIN			
9		, EIN, and the plan nun or's name	nber from the last return/report.			4c	DNI			
			at the haginning of the plan year			+	T	0.4		
			at the beginning of the plan year			5a		24		
b			at the end of the plan year			5b		24		
С			account balances as of the end of th		•	5c		23		
6a	Were	all of the plan's assets	during the plan year invested in eli	gible assets? (See instruct	ions.)			X Yes No		
b			the annual examination and report							
			? (See instructions on waiver eligibil	•				X Yes   No		
			ther line 6a or line 6b, the plan ca							
			or incomplete filing of this return/	•						
			ner penalties set forth in the instruct nd signed by an enrolled actuary, as							
		true, correct, and comp		well as the electronic vers	ion or this return/repon	ı, anu i	to the best of my	knowledge and		
				1						
	GN RE	Filed with authorized/v	valid electronic signature.	10/11/2013	EDWIN G. WOODWA	RD				
		Signature of plan a	dministrator	Date	Enter name of individ	lual sig	ning as plan adn	ninistrator		
SIC	SN RE	Filed with authorized/v	valid electronic signature.	10/11/2013	EDWIN G. WOODWA	ARD				
		Signature of employer/plan sponsor Date Enter name of individ								
Pre	eparer's	name (including firm na	ame, if applicable) and address; inc	lude room or suite number	(optional)	Prep	arer's telephone	number (optional)		

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Par	t III Financial Information									
	Plan Assets and Liabilities		(a) Beginning of Year			(b) End of Year				
	al plan assets						4302194			
	Total plan liabilities	7b							302.0	
	Net plan assets (subtract line 7b from line 7a)	7c	423006	57				4:	302194	4
	Income, Expenses, and Transfers for this Plan Year			(a) Amount		(b) Total			0210	
	Contributions received or receivable from:		(a) Amount				(15)	Total		
	(1) Employers	<b>8a(1)</b> 2680								
	(2) Participants	8a(2)	6377	<b>7</b> 5						
	(3) Others (including rollovers)	8a(3)								
b	Other income (loss)	8b	55080	)4						
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						6	641380	)
	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	56925	3						
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							56925	3
	Net income (loss) (subtract line 8h from line 8c)	8i							7212	7
	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 2F 2E 2J 3D	feature co	des from the List of Plan Char	acteris	stic Co	des in	the instr	uctions	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 instru	ctions:		
Don	V Commission of Oscartions									
Part	•				<b>V</b>	NI -	l			
10	During the plan year:	4:		1	Yes	No		Am	ount	
a	Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidure 1997).	ıciary Corı	rection 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					500000
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		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										
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?							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		, and 6	enter th Day	ne date o	f the le		ling ———
	you completed line 12a, complete lines 3, 9, and 10 of Schedul	•			-		1			
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 <b>3c(2)</b> E	IN(s)	<b>13c(3)</b> PN(s)
Part	VIII Trust Information (optional)			
	Name of trust	<b>14b</b> ⊤	rust's EIN	

Form 5500-SF	Benefit Plan				OMB Nos. 1210-		
Department of the Treasury Internet Revenue Service					2012		
Department of Labor Employee Benefits Security Administration	Retirement Income Security Act of the Internal	1974 (ERISA), and se Revenue Code (the	ection 60\$7(b) and 6056(8 Code).			Open to Public	
Pension Benefit Guaranty Corporation	► Complete all entries in accorda	ince with the instru	ctions to the Form 5500-	SF.			
<b>Partia</b> Annual Report	Identification Information	01/01/2012	and ending	12	/31/2012		
or calendar plan year 2012 or fi			lan (not multiemployer)		a one-particip	ant nian	
A This return/report is for:			ian (not momemployer)	L	_ a one-particip	on pan	
B This return/report is:		he final return/report	/ // // #				
	<u></u>		m/report (less than 12 mo	ruris) T	DFVC progra	OT.	
C Check box if filing under:	<u>N</u> 14	automatic extension		L	T DE AC brodia	111	
	5pecial extension (enter description	)					
Basic Plan Inf	ormation enter all requested inform	nation		46	Three-digit		
1a Name of plan					plan number nnee-oigit		
Wolfstone, Panchot	& Bloch, P.S., Inc. Profit	Sharing and	401(k) Plan		(PN) ►	001	
					Effective date of 01/01/1991	f plan	
23. Elen connecte name and a	address; include room or suite number (en	nnlover if for a single	-employer plan)			fication Number	
Wolfstone, Panchot	& Bloch, PS Inc.				(EIN) 91-15		
				<b>2</b> c	Sponsor's telep (206) 682-		
1111 Third Avenue	, Suite 1800			2d	Business code	(see instructions)	
US Seattle	WA 98101			541110			
3a Plan administrator's name	and address X Same as Plan Sponsor	Name 🔲 Same as	Plan Sponsor Address	3b	Administrator's	EIN	
4 If the name and/or EIN of	the plan sponsor has changed since the la	ast return/report filed	for this plan, enter the	4b	EIN		
name, EIN, and the plan n	umber from the last return/report.						
a Sponsor's name				4c	PN	24	
	ts at the beginning of the plan year			<u>5a</u> 5b		24	
	ts at the end of the plan yearh account balances as of the end of the p			Δn			
• • • • • • • • • • • • • • • • • • • •	in account balances as of the end of the p			5c		23	
6a Were all of the plan's asse	ets during the plan year invested in eligible	assets? (See instruc	tions.)		**************	X Yes No	
under 29 CFR 2520.104-4	of the annual examination and report of a 6? (See instructions on waiver eligibility a	nd conditions.)		*******		X Yes No	
	either line 6a or line 6b, the plan canno						
	te or incomplete filing of this return/re						
Under penalties of perjury and SB or Schedule MB completed belief, it is true, correct, and ca	other penalties set forth in the Instruction d and signed by an enrolled actuary, as wo complete.	is, I declare that I hav ell as the electronic v	e examined this return/report	ont, in , and t	to the best of m	cable, a Schedule y knowledge and	
Solum !	1. Woodward	10/10/13	Edwin G. Woodwa	-d			
HERE Signature of plan a	dministrator	Date	Enter name of individua	l signi	ing as plan adm	inlstrator	
Coll duran 1	Woodward CEO	10/10/13	Edwin G. L	ماط	dward,	CEO	
HERE Signature of emplo	yer/plan sponsor	Date	Enter name of individua	l signi	ing as employer	or plan sponsor	
	m name, if applicable) and address; includ					number (optional)	
				Signal and	20145000000000	and the second	

•	Form 5500-SF 2012		Page 2					
Pai	到限 Financial Information	Size and	(a) Beginning of Year				(b) End of Y	ear
	Plan Assets and Liabilities	ALCONO DE	4,230,06	7	<b>-</b> -			,302,194
	otal plan assets	7a	4,250,00					
	fotal plan llabilities	. 7b . 7c	4,230,06	7	A 30			,302,194
	Net plan assets (subtract tine 7b from line 7a)		(a) Amount	· <del>-</del>		-	(b) Tota	
	ncome, Expenses, and Transfers for this Plan Year Contributions received or receivable from:		(a) Althour		1			
	1) Employers	. 8a(1)	26,80	1	444	A CONT		The second second
	2) Participants	. 8a(2)	63,77	5				
	(3) Others (including rollovers)	. 8a(3)						
b	Other income (loss)	. 8b	550,80	4	1352	The state of	<b>经区场图录题</b>	
	Total Income (add lines 8a(1), 8a(2), 8a(3), and 8b)	., 6c		-	-	Way way	THE REAL PROPERTY.	641,380
	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	. 8d	569,25	53				
	Certain deemed and/or corrective distributions (see instructions)	8e			200	5 3	CLAP & NO	
	Administrative service providers (salaries, fees, commissions)	8f			1000	FAI		ALTERNATION OF
	Other expenses				200	1	THE REAL PROPERTY.	AND W
	Total expenses (add lines 8d, 8e, 8f, and 8g)				1			569,253
	Net Income (loss) (subtract line 8h from line 8c)			27-22				72,127
	Transfers to (from) the plan (see instructions)				No.	1		
-	Plan Characteristics							
	If the plan provides pension benefits, enter the applicable pension	feature cod	es from the List of Plan Characte	edstic	Code	s In th	e instructions	:
Ja	2F 2E 2J 3D	Colore Coo	CO NOTIFICIO ESPECIA ILLES OSSOCIATIONS	2.101.0	**			
-			- f the List of Blan Charteler	detic f	Codec	in the	instructions:	
P	If the plan provides welfare benefits, enter the applicable welfare fe	satore code:	2 IIOM IIIG MƏLDI LIBIT ONDI BOISI	istro v		III LIIC	11130100000113	
W-14	FORMER A. I O I'm							
	ntVa Compliance Questions				٧٠٠	A1		
10	During the plan year:  Was there a fallure to transmit to the plan any participant contributions.	etion - seithele	the time period described in	T	Yes	No	AI	nou <b>nt</b>
а	was there a failure to transmit to the plan any participant control 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fid.			10a		x		
b		t? (Do not i	nclude transactions reported	10b		x		
				10c	x			500,00
d								
_	or dishanesty?			10d		x		
е	Were any fees or commissions paid to any brokers, agents, or oth	er persons	by an insurance carrier,					
	insurance service or other organization that provides some or all			10e		x		
	instructions.)			+				
	Has the plan failed to provide any benefit when due under the plantage of the			10f	<b>_</b>	Х	ļ	
g	Did the plan have any participant loans? (if "Yes," enter amount	as of year e	end.)	10g		х		
h	If this is an Individual account plan, was there a blackout period?							
	2520.101-3.)			10h		X	Market Street	
İ				10:				
65	exceptions to providing the notice applied under 29 CFR 2520.10  Pension Funding Compliance	U1-3	## 200 79 pro ord A&&P had discontinuous property   { 2 A& C had negative pro-	10i	L	l		2 District
			V. R. carles to the same and come	ع مدمد	-ahadı	.l. 50	/Com	
11	Is this a defined benefit plan subject to minimum funding require 5500) and line 11a below)	ments? (II	Yes," see instructions and comp		scrieot			Yes X
11	a Enter the amount from Schedule SB line 39					11a		
12	is this a defined contribution plan subject to the minimum funding	g requireme	ents of section 412 of the Code of	r sec	tion 3(	)2 of E	RISA?	Yes X
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below							
á		eing amortiz	ed In this plan year, see instruct	ions,	and e			
	granting the waiver			11111			зу	Year
	you completed line 12a, complete lines 3, 9, and 10 of Schedu				1			
!	Enter the minimum required contribution for this plan year			*****		12b		

ù.	-, Form 5500-SF 2012	Page 3-	_						
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 (congative amount)	enter a minus sign to the left of a		12d					
6	Will the minimum funding amount reported on line 12d be met by the funding	deadline?	,		Yes	□ No □ N/A			
Part	Plan Terminations and Transfers of Assets								
13a	Has a resolution to terminate the plan been adopted in any plan year?	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	*********	Y	es 🗵 N	lo			
,	If "Yes," enter the amount of any plan assets that reverted to the employer this			13a					
b	Were all the plan assets distributed to participants or beneficiaries, transferred of the PBGC?	d to another plan, or brought und		ntrol		Yes X No			
C	If during this plan year, any assets or liabilities were transferred from this plan which assets or liabilities were transferred. (See instructions.)								
	13c(1) Name of plan(s):		130	(2) EIN	(5)	13c(3) PN(s)			
Par	Will Trust Information (optional)								
14a Name of trust						14b Trușt's EIN			
	THE STEERS								
				1					