	Form 5500-SF		eturn/F Benefit	Report of Small Employ	/ee		OMB Nos. 1210-0110 1210-0089
	Department of the Treasury Internal Revenue Service	_		ctions 104 and 4065 of the Employee	_	2	2011
Er	Department of Labor nployee Benefits Security Administration	Retirement Income Security Act of	1974 (ERI	SA), and sections 6057(b) and 6058 Code (the Code).		This Form i	s Open to Public
P	ension Benefit Guaranty Corporation	Complete all entries in accord	dance with	n the instructions to the Form 5500)-SF.	Ins	pection
		entification Information					
	calendar plan year 2011 or fisca			<u> </u>	2/31/2		
	This return/report is for:	a single-employer plan	•	-employer plan (not multiemployer)		a one-partici	oant plan
B	This return/report is:	the first return/report		eturn/report			
			•	in year return/report (less than 12 mc	onths)	_	
C	Check box if filing under:	Form 5558	automatic	extension		DFVC progra	ım
		special extension (enter descriptio	,				
		nation—enter all requested information	ation		41.		
	Name of plan	INC. PROFIT SHARING 401(K) PLA	N N		10	Three-digit plan number	
	NOAN METER & ATTEIANOE,					(PN) ►	001
					1c	Effective date o 04/01	•
	Plan sponsor's name and addre RICAN METER & APPLIANCE,	ess; include room or suite number (er INC.	mployer, if	for a single-employer plan)	2b	Employer Identi (EIN) 91-07	fication Number 57152
1001	WESTLAKE AVENUE NORTH				2c	Sponsor's telep 800-56	
	TLE, WA 98109				2d	Business code (44311	,
	Plan administrator's name and RICAN METER & APPLIANCE,		AKE AVEN		3b	Administrator's 91-07	EIN 57152
		SEATTLE, W	A 98109		3c	Administrator's 800-562	elephone number 2-2858
4	If the name and/or EIN of the p name, EIN, and the plan numb	lan sponsor has changed since the la	ast return/i	report filed for this plan, enter the	4b	EIN	
а	Sponsor's name				4c	PN	
5a	Total number of participants at	the beginning of the plan year			5a		39
b	Total number of participants at	the end of the plan year			5b		38
C		count balances as of the end of the p			5c		27
6a				(See instructions.)			X Yes No
b	Are you claiming a waiver of th	e annual examination and report of a	an indepen	dent qualified public accountant (IQF	PA)		
		• •		ons.) SF and must instead use Form 550			X Yes No
Pa	rt III Financial Informa		5111 5500-	or and must mateau use rorm out			
7	Plan Assets and Liabilities			(a) Beginning of Year		(b) End	of Year
а	Total plan assets		7a	2662742			2706311
b	Total plan liabilities		7b				
C	Net plan assets (subtract line 7	b from line 7a)	7c	2662742			2706311
8	Income, Expenses, and Transf	ers for this Plan Year		(a) Amount		(b) 1	otal
а	Contributions received or recei	vable from:	8a(1)	71500			
			8a(2)	84160	-		
)	8a(3)				
b				-31912			
С	Total income (add lines 8a(1),	8a(2), 8a(3), and 8b)	8c				123748
d	Benefits paid (including direct i	ollovers and insurance premiums	8d	63457			
е	. ,	ive distributions (see instructions)	8e	921			
f	Administrative service provider	s (salaries, fees, commissions)	8f	15801			
g	Other expenses		8g				
h	Total expenses (add lines 8d, 8	3e, 8f, and 8g)	8h				80179
i	() ()	e 8h from line 8c)					43569
j	Transfers to (from) the plan (se	ee instructions)	8j				

For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500-SF.

Page 2 - 1

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 2G 2J 2K 2T 3D 3H

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	D	uring the plan year:		Yes	No		Amo	ount		
а		as there a failure to transmit to the plan any participant contributions within the time period described in 9 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)	10a		X					
b		ere there any nonexempt transactions with any party-in-interest? (Do not include transactions reported n line 10a.)	10b		x					
С	v	Vas the plan covered by a fidelity bond?	10c	Х					500000	
d		id the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud dishonesty?	10d		Х					_
е	in	ere any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, surance service or other organization that provides some or all of the benefits under the plan? (See structions.)	10e		x					
f	Н	as the plan failed to provide any benefit when due under the plan?	10f		X					
g	D	id the plan have any participant loans? (If "Yes," enter amount as of year end.)	10g	Х					16585	
h		this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 520.101-3.)	10h		x					
i		10h was answered "Yes," check the box if you either provided the required notice or one of the cceptions to providing the notice applied under 29 CFR 2520.101-3	10i							
Part	VI	Pension Funding Compliance								
11		this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and com (00))					. [Yes	X No	_
lf y b c d	(If If gr you Er Er Su	this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.) a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instruc- anting the waiver	th of a	, and (12b 12c 12d	ne date of	f the le Yea	.r	Ling	
		ill the minimum funding amount reported on line 12d be met by the funding deadline?				Yes	ſ	No	N/A	—
Part					<u> </u>		<u></u>			
13a		as a resolution to terminate the plan been adopted in any plan year?	r	1	<u> </u>	Yes X	No			-
		"Yes," enter the amount of any plan assets that reverted to the employer this year		3a						
b	of	ere all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought t the PBGC? during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify th						Yes	X No	
C		hich assets or liabilities were transferred. (See instructions.)	ie pia	n(s) it)					
1	3c	(1) Name of plan(s):		13	c(2) E	IN(s)		13c(3) PN(s)	
Caut	ion	: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonab	e cai	use is	estab	lished.				
م اسم ت م اسم ا					من المن الم		aabla	a Cab	adula	-

Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including, if applicable, a Schedule SB or Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.

SIGN	Filed with authorized/valid electronic signature.	07/09/2012	EMILY LEE
HERE	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN			
HERE	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor

Form 5500-SF Short Form Annua		Report of Small Employ	ee	OMB Nos. 1210-0110 1210-0089
Department of the Treasury Internal Revenue Service	Benefit			2011
Department of Labor Retirement Income Security A	ct of 1974 (ERI	tions 104 and 4065 of the Employee SA), and sections 6057(b) and 6058 Code (the Code).	a) of	This Form is Open to Public
Pension Benefit Guaranty Corporation > Complete all entries in au	cordance with	the instructions to the Form 5500	-SF.	Inspection
Part I Annual Réport Identification Information	1			10/01/0011
For calendar plan year 2011 or fiscal plan year beginning	01/01/20		 ſ	12/31/2011
A This return/report is for:	E ·	employer plan (not multlemployer)	l	a one-participant plan
B This return/report is:	님	lurn/report	niha)	
an amended return/report		n year return/report (less than 12 mo	nins) (DFVC program
C Check box if filling under: Form 5558	automatic	extension	1	
special extension (enter desc				
Part II Basic Plan Information—enter all requested in 1a Name of plan	tormation		1b	Three-digit
American Meter & Appliance, Inc.				plan number
Profit Sharing 401(k) Plan				(PN) > 001
Flotte Sharing for(x) rian				Effective date of plan 04/01/1985
2a Plan sponsor's name and address; include room or suite numb	er (emplover, if	for a single-employer plan)		Employer Identification Number
American Meter & Appliance, Inc.				(EIN) 91-0757152
				Sponsor's telephone number
1001 Westlake Avenue North				(800) 562-2858 Business code (see instructions)
		WA 98109	zu	443111
Seattle 3a Pian administrator's name and address (if same as plan spons	or. enter "Same		3b	Administrator's EIN
Same		•		
			3C	Administrator's telephone number
4 If the name and/or EIN of the plan sponsor has changed since	the last return/r	eport filed for this plan, enter the	4b	EIN
name, EIN, and the plan number from the last return/report.		, , ,	4.	
a Sponsor's name			40	PN 39
5a Total number of participants at the beginning of the plan year.			5a 5b	33
b Total number of participants at the end of the plan year			5b	38
C Number of participants with account balances as of the end of complete this item)			5c	27
6a Were all of the plan's assets during the plan year invested in	eligible assets?	(See instructions.)		X Yes 🗌 No
b Are you claiming a waiver of the annual examination and report under 29 CFR 2520,104-46? (See instructions on waiver eligit	ort of an indepen	dent qualified public accountant (IQ	PA)	X Yes No
If you answered "No" to either 6a or 6b, the plan cannot u				
Part III Financial Information				······································
7 Plan Assets and Liabilities		(a) Beginning of Year		(b) End of Year
a Total plan assets		2,662,74	12	2,706,311
b Total plan llabilities		0.000.72		2 706 211
C Net plan assets (subtract line 7b from line 7a)		2,662,74	2	2,706,311
 8 Income, Expenses, and Transfers for this Plan Year a Contributions received or receivable from: 		(a) Amount	_	(b) Total
(1) Employers		71,50	0	
(2) Participants		84,16	50	
(3) Others (including rollovers)				
b Other income (loss)	8b	(31,912	2)	100 010
C Total Income (add lines 8a(1), 8a(2), 8a(3), and 8b)				123,748
d Benefits paid (Including direct rollovers and insurance premiu to provide benefits)		63,45	57	
e Certain deemed and/or corrective distributions (see instruction		92	_	
f Administrative service providers (salaries, fees, commissions)		15,80)1	
g Other expenses				
h Total expenses (add lines 8d, 8e, 8f, and 8g)	<u>8h</u>			80,179
i Net income (loss) (subtract line 8h from line 8c)			_	43,569
j Transfers to (from) the plan (see instructions)	<u> </u>			
For Paperwork Reduction Act Notice and OMB Control Numbers, see the instruction	ons for Form 5500-S	F		Form 5500-SF (2011)

Form	5500	-SF	201	1
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Page 2 - [

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	t IV Plan Characteristics							
9a	If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan C 2E 2G 2J 2K 2T 3D	Characteri	stic Co	des in	the inst	ruction	3:	-
b	If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Ch	naracteris	lic Cod	es in t	he instri	ictions:		
Part	V Compliance Questions							
10	During the plan year:		Yes	No		Am	ount	
	Was there a failure to transmit to the plan any participant contributions within the time period described 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 report on line 10a.)	ed 10b		x				
С	Was the plan covered by a fidelity bond?	10c	X				50	0,00
d	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by france or dishonesty?	ud 10d		х				
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.)	10e		x				
f	Has the plan failed to provide any benefit when due under the plan?	101		X				<u>.</u>
g	Did the plan have any participant loans? (If "Yes," enter amount as of year end.)	10g	X				1	6,58
	If this is an individual account plan, was there a blackout period? (See Instructions and 29 CFR 2520.101-3.)	10g	Δ	х				07.50
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	101						
Part	VI Pension Funding Compliance							-
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and 5500))	complete	Sched	ule SE	3 (Form	Г	l vee	X No
	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the C (If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)						-	X No
a Ify b	(If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.) If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see in granting the waiver. you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line Enter the minimum required contribution for this plan year.	structions Month 13.	, and e	nter th Day 12b	e date	of the la	otter ruli	X No
a Ify b c d	(If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.) If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see in granting the waiver. You completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line	structions Month 13. left of a	, and e	nter th Day	e date	of the la	otter ruli	X No
a Ify b c d	(If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.) If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see ing granting the waiver	structions Month 13. left of a	, and e	nter th Day 12b 12c 12d	e date	of the la	otter ruli	X No
a Ify b c d Part	(If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.) If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see ingranting the waiver. You completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line Enter the minimum required contribution for this plan year. Enter the amount contributed by the employer to the plan for this plan year. Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the negative amount) Will the minimum funding amount reported on line 12d be met by the funding deadline? VII Plan Terminations and Transfers of Assets	structions Month 13. left of a	, and e	nter th Day 12b 12c 12d	e date (of the la Yea	at	X No
a Ify b c d Part	(If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.) If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see im- granting the waiver	structions Month 13. left of a	, and e	nter th Day 12b 12c 12d	e date (of the la Yea	at	X No
a Ify b c d <u>e</u> Part 13a	(If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.) If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see insignating the waiver. rou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line Enter the minimum required contribution for this plan year. Enter the amount contributed by the employer to the plan for this plan year. Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the negative amount) Will the minimum funding amount reported on line 12d be met by the funding deadline? VII Plan Terminations and Transfers of Assets Has a resolution to terminate the plan been adopted in any plan year? If "Yes," enter the amount of any plan assets that reverted to the employer this year	structions Month 13. left of a	, and e	12b 12c 12d	e date (of the la Yea	at	X No
a Ify b c d Part 13a b	(If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.) If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see insignating the waiver. rou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line Enter the minimum required contribution for this plan year. Enter the amount contributed by the employer to the plan for this plan year. Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the negative amount) Will the minimum funding amount reported on line 12d be met by the funding deadline? VII Plan Terminations and Transfers of Assets Has a resolution to terminate the plan been adopted in any plan year? If "Yes," enter the amount of any plan assets that reverted to the employer this year	structions Month 13. left of a 1 ght under	, and e	12b 12c 12d	e date (of the la Yea	No	X No
a Ify b c d Part 13a b c	(If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.) If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see insignating the waiver. rou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line Enter the minimum required contribution for this plan year. Enter the amount contributed by the employer to the plan for this plan year. Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the negative amount) Will the minimum funding amount reported on line 12d be met by the funding deadline? VII Plan Terminations and Transfers of Assets Has a resolution to terminate the plan been adopted in any plan year? If "Yes," enter the amount of any plan assets that reverted to the employer this year	structions Month 13. left of a 1 ght under	, and e	12b 12c 12d	e date (of the la Yea	No	X No
a lfy b c d Part 13a b c	(If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.) If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see insignating the waiver. rou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line Enter the minimum required contribution for this plan year. Enter the amount contributed by the employer to the plan for this plan year. Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the negative amount) Will the minimum funding amount reported on line 12d be met by the funding deadline? VII Plan Terminations and Transfers of Assets Has a resolution to terminate the plan been adopted in any plan year? If "Yes," enter the amount of any plan assets that reverted to the employer this year	structions Month 13. left of a 1 ght under	, and e	12b 12c 12d	re date (of the la Yea	No	X No
a lfy b c d Part 13a b c	(If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.) If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see imgranting the waiver. rou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line Enter the minimum required contribution for this plan year. Enter the amount contributed by the employer to the plan for this plan year. Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the negative amount) Will the minimum funding amount reported on line 12d be met by the funding deadline? VII Plan Terminations and Transfers of Assets Has a resolution to terminate the plan been adopted in any plan year? If "Yes," enter the amount of any plan assets that reverted to the employer this year	structions Month 13. left of a 1 ght under	, and e	Inter the Day	re date (of the la Yea	No [X No
a Ify b c d Part 13a b c	(If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.) If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see imgranting the waiver. You completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line Enter the minimum required contribution for this plan year. Enter the amount contributed by the employer to the plan for this plan year. Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the negative amount). Will the minimum funding amount reported on line 12d be met by the funding deadline? VII Plan Terminations and Transfers of Assets Has a resolution to terminate the plan been adopted in any plan year? If "Yes," enter the amount of any plan assets that reverted to the employer this year Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brou of the PBGC? If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), ident which assets or liabilities were transferred. (See instructions.) 3c(1) Name of plan(s):	structions Month 13. left of a 	, and e	nter tr Day 12b 12c 12d 	Yes X	of the la Yea	No [X No
a If y b c d Part 13a b c 13a c 13a b c	(If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.) If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see imgranting the waiver. rou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line Enter the minimum required contribution for this plan year. Enter the amount contributed by the employer to the plan for this plan year. Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the negative amount) Will the minimum funding amount reported on line 12d be met by the funding deadline? VII Plan Terminations and Transfers of Assets Has a resolution to terminate the plan been adopted in any plan year? If "Yes," enter the amount of any plan assets that reverted to the employer this year	structions Month13. Ieft of a 	, and e	Inter th Day 12b 12c 12d I2d I2d I2d I2d I2d I2d I2d I2d I2d I	N(s)	No	No Yes 13c(3) a Sche	X No ng N/A X No PN(s)
a If y b c d Part 1 13a b c 1: Cauth Under SB or beilef, SIGN	(If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.) If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see insignanting the waiver. rou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line Enter the minimum required contribution for this plan year. Enter the amount contributed by the employer to the plan for this plan year. Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the negative amount) Will the minimum funding amount reported on line 12d be met by the funding deadline? Will Plan Terminations and Transfers of Assets Has a resolution to terminate the plan been adopted in any plan year? If "Yes," enter the amount of any plan assets that reverted to the employer this year Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brou of the PBGC? If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), ident which assets or liabilities were transferred. (See instructions.) 3a(1) Name of plan(s): on: A penalty for the late or incomplete filling of this return/report will be assessed unless reaso or penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return (report, and complete. i is true, correct, and complete.	structions Month	, and e	Inter th Day 12b 12c 12d I2d I2d I2d I2d I2d I2d I2d I2d I2d I	N(s)	No	No Yes 13c(3) a Sche	X No ng N/A X No PN(s)
a If y b c d Part 13a b c 13 c	(If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.) If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see insignating the waiver. rou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line Enter the minimum required contribution for this plan year. Enter the amount contributed by the employer to the plan for this plan year. Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the negative amount). Will the minimum funding amount reported on line 12d be met by the funding deadline? Will Plan Terminations and Transfers of Assets Has a resolution to terminate the plan been adopted in any plan year? If "Yes," enter the amount of any plan assets that reverted to the employer this year Were all the plan assets distributed to participants or beneficiarles, transferred to another plan, or brou of the PBGC? If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), ident which assets or liabilities were transferred. (See instructions.) 3c(1) Name of plan(s): on: A penalty for the late or incomplete filing of this return/report will be assessed unless reaso reaso or penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return administrator If any deco 6/29/12 <td>structions Month</td> <td>, and e</td> <td>Inter th Day 12b 12c 12d I2d I2d I2d I2d I2d I2d I2d I2d I2d I</td> <td>N(s)</td> <td>Ilicable, ny knov</td> <td>No Yes 13c(3)</td> <td>X No ng N/A X No PN(s)</td>	structions Month	, and e	Inter th Day 12b 12c 12d I2d I2d I2d I2d I2d I2d I2d I2d I2d I	N(s)	Ilicable, ny knov	No Yes 13c(3)	X No ng N/A X No PN(s)
a If y b c d Part 13a b c 13a c 13a 13a b c 13a 5 b c 13a 5 S GN	(If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.) If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see insignating the waiver. (ou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line Enter the minimum required contribution for this plan year. Enter the amount contributed by the employer to the plan for this plan year. Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the negative amount) Will Plan Terminations and Transfers of Assets Has a resolution to terminate the plan been adopted in any plan year? If "Yes," enter the amount of any plan assets that reverted to the employer this year	structions Month	, and e	Inter th Day 12b 12c 12d I2d I2d I2d I2d I2d I2d I2d I2d I2d I	N(s)	Ilicable, ny knov	No Yes 13c(3)	X No ng N/A X No PN(s)