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).

2011

OMB Nos. 1210-0110

1210-0089

This Form is Open to Public Inspection

| | Complete all entries in | accordance with | n the instructions to the Form 5500 |)-SF. | , | | |
|------|---|---------------------|---------------------------------------|-----------|----------------------------------|-------------|-----|
| Pa | art I Annual Report Identification Information | n | | | | | |
| For | calendar plan year 2011 or fiscal plan year beginning 01/ | 01/2012 | and ending 1 | 0/31/2 | 012 | | |
| Α | This return/report is for: | a multiple | -employer plan (not multiemployer) | | a one-particip | ant plan | |
| В | This return/report is: the first return/report | the final r | eturn/report | | | | |
| | an amended return/report | x a short pla | n year return/report (less than 12 mo | onths) | | | |
| С | Check box if filing under: Form 5558 | automatic | extension | | DFVC progra | m | |
| | special extension (enter de | scription) | | ı | _ | | |
| D: | art II Basic Plan Information—enter all requested | . , | | | | | |
| | Name of plan | IIIIOIIIIalioii | | 1h | Three-digit | | |
| | IALSET RETIREMENT PLAN | | | | plan number | | |
| 0.0. | WESE TREMENT EN | | | | (PN) ▶ | 001 | |
| | | | | 1c | Effective date of | plan | |
| | | | | | 01/01/ | 2011 | |
| | Plan sponsor's name and address; include room or suite nun NALSET, INC. | nber (employer, if | for a single-employer plan) | | Employer Identif (EIN) 26-338 | | er |
| | | | | 2c | Sponsor's teleph | none number | |
| P.O. | BOX 3815 | | | | 206-316 | | |
| SEA | TTLE, WA 98124 | | | 2d | Business code (| | ns) |
| | | | | | 51700 | | |
| | | OX 3815 | ") | 3b | Administrator's E 26-33 | | |
| | SEATI | ΓLE, WA 98124 | | 3с | Administrator's t | | ber |
| 4 | If the name and/or EIN of the plan sponsor has changed sind | ce the last return/ | report filed for this plan, enter the | 4b | EIN | | |
| _ | name, EIN, and the plan number from the last return/report. | | | 4- | DNI | | |
| | Sponsor's name | | | 4c | PN T | | _ |
| | Total number of participants at the beginning of the plan year | | | <u>5a</u> | | | |
| b | Total number of participants at the end of the plan year | | | 5b | | | (|
| С | Number of participants with account balances as of the end complete this item) | | • | 5c | | | (|
| 6a | Were all of the plan's assets during the plan year invested in | n eligible assets? | (See instructions.) | | | X Yes | No |
| b | . , | | | | | V v E | 1 |
| | under 29 CFR 2520.104-46? (See instructions on waiver elig | | • | | | X Yes | No |
| Da | If you answered "No" to either 6a or 6b, the plan cannot | use Form 5500- | SF and must instead use Form 550 |)0. | | | |
| | art III Financial Information | | | 1 | | | |
| 7 | Plan Assets and Liabilities | | (a) Beginning of Year | | (b) End | | |
| а | Total plan assets | | 57610 | | | 0 |) |
| b | Total plan liabilities | 7b | | | | | |
| C | Net plan assets (subtract line 7b from line 7a) | 7с | 57610 | | | 0 |) |
| 8 | Income, Expenses, and Transfers for this Plan Year | | (a) Amount | | (b) T | otal | |
| а | Contributions received or receivable from: | | | | | | |
| | (1) Employers | | 0.4057 | | | | |
| | (2) Participants | 8a(2) | 84657 | | | | |
| | (3) Others (including rollovers) | 8a(3) | | | | | |
| b | Other income (loss) | 8b | 11244 | | | | |
| C | Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) | 8c | | | | 95901 | |
| d | Benefits paid (including direct rollovers and insurance premit to provide benefits) | | 151291 | | | | |
| е | Certain deemed and/or corrective distributions (see instruction | ons) 8e | 2220 | | | | |
| f | Administrative service providers (salaries, fees, commissions | s) 8f | | | | | |
| g | Other expenses | 8g | | | | | |
| h | Total expenses (add lines 8d, 8e, 8f, and 8g) | | | | | 153511 | |
| i | Net income (loss) (subtract line 8h from line 8c) | | | | | -57610 | |
| i | Transfers to (from) the plan (see instructions) | | | | | | |
| | | ·····8j | | | | | |

| Form | 5500. | SF. | 201 |
|------|-------|-----|-----|

| Part IV | Plan | Characte | aristics |
|---------|---------|----------|----------|
| ralliv | - FIAII | Guaraci | ยเอแรอ |

- If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 9a 2E 2G 2J 2T 3D
- If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:

| During the plan year: | | Yes | No | | Λ. | nount | |
|---|--------------------------------|-------------|-----------------------|-----------------|-------------|--------|-------|
| Was there a failure to transmit to the plan any participant contributions within the time period described in | | 103 | | | AI | nount | |
| 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program) | 10a | | X | | | | |
| Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported | | | X | | | | |
| on line 10a.) | 10b | | | | | | |
| Was the plan covered by a fidelity bond? | 10c | | Χ | | | | |
| 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 | | | | |
| 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 | | | | |
| Has the plan failed to provide any benefit when due under the plan? | 10f | | Χ | | | | |
| Did the plan have any participant loans? (If "Yes," enter amount as of year end.) | 10a | | Χ | | | | |
| If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR | 109 | | | | | | |
| 2520.101-3.) | 10h | | X | | | | |
| 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 | | | | | | |
| t VI Pension Funding Compliance | | | | | | | |
| Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and cor | nolete | Schod | | / - | , | | |
| | • | | | , | | V- | п. |
| 5500)) | ······ | | | ····· | | Yes | ᆂ |
| Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Cod | ······ | | | ····· | | Ye: | 旹 |
| Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Cod | ······ | | | ····· | | | ᆂ |
| Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Cod (If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.) | e or se | ction 3 | 302 of I | ERISA | ? | Ye | s X N |
| Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Cod (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 instrugranting the waiver. | e or se | ction 3 | 302 of I | ERISA e date | ? of the | Ye: | s X N |
| Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Cod (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 instrugranting the waiver. | e or se | ction 3 | nter th | ERISA e date | ? of the | Ye: | s X N |
| Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Cod (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 instrugranting the waiver. Moryou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13 | e or se | and e | 302 of I | ERISA e date | ? of the | Ye: | s X N |
| Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Cod (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 instrugranting the waiver. Moryou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13 Enter the minimum required contribution for this plan year. | e or se | and e | nter th | ERISA e date | ? of the | Ye: | s X N |
| Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Cod (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 instrugranting the waiver. Mor you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13 Enter the minimum required contribution for this plan year. Enter the amount contributed by the employer to the plan for this plan year. | e or se | and e | nter th | ERISA e date | ? of the | Ye: | s X N |
| Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Cod (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 instrugranting the waiver. Moryou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13 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 left negative amount) | e or se uctions, nth t of a | and e | 12b 12c | ERISA e date | of the Ye | Ye: | s X N |
| Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Cod (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 instrugranting the waiver | e or se uctions, nth t of a | and e | 12b 12c | ERISA e date | of the Ye | Yes | uling |
| Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Cod (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 instrugranting the waiver. Moryou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13 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 left negative amount). Will the minimum funding amount reported on line 12d be met by the funding deadline? | e or se | and e | 12b 12c 12d | ERISA e date | of the | Yes | uling |
| Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Cod (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 instrugranting the waiver | e or se | and e | 12b 12c 12d | ERISA e date | of the Ye | Yes | uling |
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| Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Cod (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 instrugranting the waiver. Moryou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13 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 left negative amount). Will the minimum funding amount reported on line 12d be met by the funding deadline? Will Plan Terminations and Transfers of Assets 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 brought | e or se | and e | 12b 12c 12d | ERISA e date | of the Yes | Yes | uling |
| Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Cod (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 instrugranting the waiver. Moryou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13 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 left negative amount). Will the minimum funding amount reported on line 12d be met by the funding deadline? It will Plan Terminations and Transfers of Assets 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 brought of the PBGC? | e or se uctions, nth t of a | and e | 12b 12c 12d | ERISA e date | of the Yes | Yes | uling |
| Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Cod (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 instrugranting the waiver. Moryou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13 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 left negative amount). Will the minimum funding amount reported on line 12d be met by the funding deadline? It "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 brought of the PBGC? If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the which assets or liabilities were transferred. (See instructions.) | e or se uctions, nth t of a | and e | 12b 12c 12d | ERISA e date | of the Yes | No Yes | IN/ |
| Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Cod (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 instrugranting the waiver | e or se uctions, nth t of a | and e | 12b 12c 12d | ERISA e date | of the Yes | No Yes | uling |
| Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Cod (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 instrugranting the waiver. More you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13 or 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 left 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 brought of the PBGC? If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the which assets or liabilities were transferred. (See instructions.) | e or se uctions, nth t of a | and e | 12b 12c 12d | ERISA e date | of the Yes | No Yes | IN/ |

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. | 11/15/2012 | RUSTY LHAMON | | | | | |
|------|---|------------|--|--|--|--|--|--|
| 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

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

2011

This Form is Open to Public Inspection

| | rt I Annual Report Identification Information | | | | | | |
|-------------------|---|------------------------------|--|---------|------------------------------------|-----------------|-------------|
| For | calendar plan year 2011 or fiscal plan year beginning 01/01/2012 | 2 | and ending 1 | 0/31/2 | 012 | - | |
| Ат | his return/report is for: | a multiple- | employer plan (not multiemployer) | [| a one-particip | ant plan | |
| Вт | his return/report is: | the final re | lurn/report | | | | |
| | an amended return/report | a short plar | year return/report (less than 12 mo | onths) | | | |
| C | check box if filing under: Form 5558 | automatic | extension | [| DFVC prograi | n | |
| | special extension (enter description | n) | | 7 | | | |
| Pa | rt II Basic Plan Information—enter all requested informa | ation | 2000 | | | | |
| 1a | Name of plan | | | 1b | Three-digit | | *** |
| SIGN | ALSET RETIREMENT PLAN | | | | plan number (PN) ▶ | 001 | |
| | | | | | Effective date of | | |
| | | | The second secon | | 01/01/2 | | |
| 2a SIGN | Plan sponsor's name and address; include room or suite number (er ALSET, INC. | mployer, if t | or a single-employer plan) | | Employer Identifi (EIN) 26-3380 | | er |
| | | | | 2c | Sponsor's teleph | one number | |
| P.O. | BOX 3815 | | | | 206-316 | 2334 | |
| SEAT | TLE WA 98124 | | | 2d | Business code (s 517000 | see instruction | ns) |
| 3a SAMI | Plan administrator's name and address (if same as plan sponsor, er | iter "Same" |) | 3b | Administrator's E | IN | • |
| | | | 1000 | 3c | Administrator's to | elephone num | nber |
| 4 | If the name and/or EIN of the plan sponsor has changed since the laname, EIN, and the plan number from the last return/report. | ast return/r | eport filed for this plan, enter the | 4b | EIN | | |
| a | Sponsor's name | *** | | 4c | PN | -2.00 | |
| 5a | Total number of participants at the beginning of the plan year | ************ | | 5a | | Winter View | 7 |
| b | Total number of participants at the end of the plan year | | | 5b | | | 0 |
| С | Number of participants with account balances as of the end of the promplete this item). | | | 5c | | | 0 |
| 6a | Were all of the plan's assets during the plan year invested in eligible | le assets? | See instructions.) | | | X Yes | No |
| b | Are you claiming a waiver of the annual examination and report of a under 29 CFR 2520.104-46? (See instructions on waiver eligibility a | an independ and condition | dent qualified public accountant (IQI ons.) | PA) | | X Yes | No |
| | If you answered "No" to either 6a or 6b, the plan cannot use Fo | orm 5500-5 | F and must instead use Form 55 | 00. | 7,000 | | |
| 122 | rt III Financial Information | T | | | | | |
| 7 | Plan Assets and Liabilities | | (a) Beginning of Year | | (b) End | of Year | 780 |
| 190 | Total plan assets | 7a | 57610 | - | | | 0 |
| | Total plan liabilities | 7b 7c | 57610 | - | location | | <u> </u> |
| 8 | Income, Expenses, and Transfers for this Plan Year | 1 | | | | No. | |
| 11600 | Contributions received or receivable from: | | (a) Amount | | (b) T | otai | |
| 4000 | (1) Employers | . 8a(1) | | | | | |
| | (2) Participants | . 8a(2) | 84657 | × | | | |
| | (3) Others (including rollovers) | . 8a(3) | | | | | |
| b | Other income (loss) | 8b | 11244 | | | | |
| C | Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) | 8c | | | | 95 | 5901 |
| d | Benefits paid (including direct rollovers and insurance premiums to provide benefits) | . 8d | 151291 | _ | | | |
| е | Certain deemed and/or corrective distributions (see instructions) | 8e | 2220 | | | | |
| f | Administrative service providers (salaries, fees, commissions) | . 8f | | | | | |
| g | Other expenses | | | 1 | | | |
| h | Total expenses (add lines 8d, 8e, 8f, and 8g) | | William Waller | _ | | 153 | 3511 |
| ı | Net income (loss) (subtract line 8h from line 8c) | | | - | | -57 | 7610 |
| J | Transfers to (from) the plan (see instructions) | . 8i | | | | | |

| Form 5500-SF 201 | |
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| | 4 |

| | | 3 |
|----------|---|---|
| Dans 2 | 4 | |
| Page Z - | | |

| Pa | rt IV | | Plan | Cha | aracteristics | |
|----|-------|--------|--------|-------|-------------------|--|
| Эа | If th | e plar | ı prov | vides | pension benefits, | enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: |
| | | | | | 3D | |
| b | If th | e plar | ı prov | vides | welfare benefits, | enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions: |

| Part | ٧ | Compliance Questions | | W | | | | | |
|------|--|---|----------|----------|---------|----------------------|---------------|---------|--|
| 10 | Duri | ng the plan year: | | Yes | No | | Amount | | |
| а | 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) | | | | | | | | |
| b | | e there any nonexempt transactions with any party-in-interest? (Do not include transactions reported ne 10a.) | 10b | | х | | | | |
| C | Was | the plan covered by a fidelity bond? | 10c | | Х | | | | |
| d | | he plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud shonesty? | 10d | | х | | | | |
| е | insurance service or other organization that provides some or all of the benefits under the plan? (See instructions.) | | | | | | | | |
| f | f Has the plan failed to provide any benefit when due under the plan? | | | | | | | | |
| g | Did t | he plan have any participant loans? (If "Yes," enter amount as of year end.) | 10a | | Х | | | | |
| h | 109 | | | | | | | | |
| i | | h was answered "Yes," check the box if you either provided the required notice or one of the eptions to providing the notice applied under 29 CFR 2520.101-3 | 10i | | | | | * | |
| Part | VI | Pension Funding Compliance | | | | Andreas and a second | | | |
| 11 | | | | | | | | | |
| 12 | | is a defined contribution plan subject to the minimum funding requirements of section 412 of the Code | | | | | Yes | X No | |
| | (If"Y | es," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.) | | | | | | | |
| а | 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 | | | | | | | | |
| lf | you c | ompleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13. | | 1 | | | | | |
| b | Ente | r the minimum required contribution for this plan year | | [| 12b | | | | |
| С | | r the amount contributed by the employer to the plan for this plan year | | | 12c | | | | |
| d | | ract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left ative 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? | | * | XY | es No | L e | | |
| | If "Y | es," enter the amount of any plan assets that reverted to the employer this year | | l3a | | | 0 | | |
| b | b Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC? | | | | | | | | |
| С | | ring this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the assets or liabilities were transferred. (See instructions.) | he pla | ın(s) to |) | | × | | |
| | 13c(1) | Name of plan(s): | | 13 | c(2) El | N(s) | 13c(3 |) PN(s) | |
| | | | Y | | | | | | |
| Cau | tion: | A penalty for the late or incomplete filing of this return/report will be assessed unless reasonal | ole ca | use is | establ | ished. | | | |
| Und | er per | allies of perjury and other penalties set forth in the instructions. I declare that I have examined this re- | urn/re | port. i | ncludin | o. if applica | ble a Sch | redule | |

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 | x Ato The | 1 11/11/2012 | V ROSTY LHAMON |
|------|------------------------------------|--------------|--|
| 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 |