Form 5500-SF			Short Form Annual Re	yee	OMB Nos. 1210-0110 1210-0089				
		tment of the Treasury nal Revenue Service	Benefit Plan This form is required to be filed under sections 104 and 4065 of the Employed					2012	
Er	De	partment of Labor enefits Security Administration	Retirement Income Security Act of 1	Retirement Income Security Act of 1974 (ERISA), and sections 6057(b) and 6058(a) o the Internal Revenue Code (the Code).			a) of This Form is Open to Public		
Р	ension Be	nefit Guaranty Corporation	Complete all entries in accord	ance with the instruc	tions to the Form 550	0-SF.	Ins	spection	
	art I		entification Information						
For	calenda	ar plan year 2012 or fisca			and ending 1	2/31/2	2012		
Α	This ret	urn/report is for:	a single-employer plan	a multiple-employer pl	an (not multiemployer)		a one-particip	oant plan	
B This return/report is: the first return/report X the final return/report									
an amended return/report a short plan year return/report (less than 12 months)									
C Check box if filing under:						ım			
			special extension (enter description)					
Pa	art II	Basic Plan Inform	nation—enter all requested informat	tion					
	Name					1b	Three-digit		
BUSI	NESS T	AX SOLUTIONS 401(K)	PLAN				plan number	001	
						10	(PN) Effective date o		
						10	01/01	•	
		oonsor's name and addre	ess; include room or suite number (em	ployer, if for a single-	employer plan)	2b	Employer Identi		
						2c	Sponsor's telep		
		TH STREET, SUITE 560 LAND, WA 98040-2783				2d	Business code (see instructions)		
30	Diana	dministrator's name and	address XSame as Plan Sponsor Na		Sponsor Address	541213 3b Administrator's EIN			
Ja	Fianta		address Againe as Flair Sportsor Na		Sponsor Address	30	Auministrators		
						3c	Administrator's	telephone number	
4	If the n	ame and/or EIN of the p	lan sponsor has changed since the la	st return/report filed fo	or this plan, enter the	4b	EIN		
		•	er from the last return/report.	·					
	•	or's name				4c	PN		
5a	Total r	number of participants at	the beginning of the plan year			<mark>5a</mark> 1			
b	Total r	number of participants at	the end of the plan year			5b		0	
С			count balances as of the end of the pla			5c		0	
60									
			uring the plan year invested in eligible annual examination and report of a					X Yes No	
N			See instructions on waiver eligibility a					X Yes No	
	lf you	answered "No" to eith	er line 6a or line 6b, the plan canno	t use Form 5500-SF	and must instead use	Form	5500.		
Cau	ition: A	penalty for the late or	incomplete filing of this return/repo	ort will be assessed u	unless reasonable cau	se is	established.		
			r penalties set forth in the instructions						
		dule MB completed and rue, correct, and comple	signed by an enrolled actuary, as wel te.	l as the electronic vers	sion of this return/report	, and	to the best of my	knowledge and	
		· · ·							
SIG HEF		Filed with authorized/va	lid electronic signature.	01/11/2013	MICHAEL SCHAITEL				
	16	Signature of plan adn	ninistrator	Date	Enter name of individu	idual signing as plan administrator			
SIG		Filed with authorized/va	lid electronic signature.	01/11/2013	MICHAEL SCHAITEL				
HEF		Signature of employe		Date	Enter name of individ	ual sig	ning as employe	r or plan sponsor	
Prep	parer's	name (including firm nan	ne, if applicable) and address; include	room or suite number	r (optional)	Prep	parer's telephone	number (optional)	
1									
1									
1									

Part III Financial Information							
7 Plan Assets and Liabilities		(a) Beginning of Yea	ır			(b) End of Year	
a Total plan assets	. 7a	32591	8			()
b Total plan liabilities	. 7b						
C Net plan assets (subtract line 7b from line 7a)	. 7c	325918			0		
8 Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b) Total	
a Contributions received or receivable from:	0-(4)		0				
(1) Employers	. 8a(1)		0 0				
(2) Participants	. 8a(2)		0				
(3) Others (including rollovers) b Other income (loss)	. 8a(3)	1607	0				
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	. 8b . 8c	1007	9			40070	
d Benefits paid (including direct rollovers and insurance premiums	. 00					16079	1
to provide benefits)	. 8d	34129	4				
e Certain deemed and/or corrective distributions (see instructions)	. 8e						
f Administrative service providers (salaries, fees, commissions)	. 8f	70	3				
g Other expenses	. 8g						
h Total expenses (add lines 8d, 8e, 8f, and 8g)	. 8h					341997	7
i Net income (loss) (subtract line 8h from line 8c)	. 8i					-325918	3
j Transfers to (from) the plan (see instructions)	. 8j						
2E 2F 2G 2J 3D b If the plan provides welfare benefits, enter the applicable welfare f Part V Compliance Questions	eature codes	from the List of Plan Charac	cterist	ic Cod	es in the	e instructions:	
Part V Compliance Questions							
10 During the plan year:				Yes	No	Amount	
a Was there a failure to transmit to the plan any participant contribution	utions within t	he time period described in	10a	Yes	No X	Amount	
	uciary Correct t? (Do not inc	ction Program)	10a 10b	Yes		Amount	
 a Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fide b Were there any nonexempt transactions with any party-in-interest 	uciary Correc t? (Do not inc	xtion Program) clude transactions reported	10b	Yes	х	Amount	20000
 a Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fid b Were there any nonexempt transactions with any party-in-interest on line 10a.). 	uciary Correc t? (Do not inc fidelity bond	ction Program) clude transactions reported 			х	Amount	20000
 a Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fide b Were there any nonexempt transactions with any party-in-interest on line 10a.) c Was the plan covered by a fidelity bond? d Did the plan have a loss, whether or not reimbursed by the plan's 	t? (Do not inc t? (Do not inc fidelity bond her persons to of the benefit	tion Program) clude transactions reported , that was caused by fraud by an insurance carrier, is under the plan? (See	10b 10c		x x	Amount	20000
 a Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fide b Were there any nonexempt transactions with any party-in-interess on line 10a.) c Was the plan covered by a fidelity bond? d Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty? e Were any fees or commissions paid to any brokers, agents, or oth insurance service or other organization that provides some or all 	uciary Correc t? (Do not inc fidelity bond her persons t of the benefit	tion Program) clude transactions reported , that was caused by fraud by an insurance carrier, s under the plan? (See	10b 10c 10d		X X X	Amount	20000
 a Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fide b Were there any nonexempt transactions with any party-in-interess on line 10a.) c Was the plan covered by a fidelity bond? d Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty? e Were any fees or commissions paid to any brokers, agents, or otl insurance service or other organization that provides some or all instructions.) 	t? (Do not inc t? (Do not inc fidelity bond her persons to of the benefit	ction Program) clude transactions reported , that was caused by fraud by an insurance carrier, is under the plan? (See	10b 10c 10d 10e 10f		x x x x x	Amount	20000
 a Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fide b Were there any nonexempt transactions with any party-in-interess on line 10a.) c Was the plan covered by a fidelity bond? d Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty? e Were any fees or commissions paid to any brokers, agents, or oth insurance service or other organization that provides some or all instructions.) f Has the plan failed to provide any benefit when due under the plan 	uciary Correct t? (Do not inc fidelity bond her persons to of the benefit an?	tion Program) clude transactions reported , that was caused by fraud by an insurance carrier, s under the plan? (See d.) ions and 29 CFR	10b 10c 10d 10e	X	x x x x x	Amount	20000
 a Was there a failure to transmit to the plan any participant contribu. 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fide b Were there any nonexempt transactions with any party-in-interess on line 10a.) c Was the plan covered by a fidelity bond?	uciary Correct t? (Do not income fidelity bond her persons b of the benefit an? (See instruct he required r	tion Program) clude transactions reported , that was caused by fraud by an insurance carrier, s under the plan? (See 	10b 10c 10d 10e 10f 10g	X	x x x x x x	Amount	20000
 a Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fid. b Were there any nonexempt transactions with any party-in-interess on line 10a.)	uciary Correct t? (Do not income fidelity bond her persons b of the benefit an? (See instruct he required r	tion Program) clude transactions reported , that was caused by fraud by an insurance carrier, s under the plan? (See 	10b 10c 10d 10e 10f 10g 10h	X	x x x x x x	Amount	20000
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 a Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fide b Were there any nonexempt transactions with any party-in-interess on line 10a.)	uciary Correct t? (Do not inconstruction of fidelity bond her persons b of the benefit an? (See instruct he required r 1-3 hents? (If "Ye	tion Program) clude transactions reported , that was caused by fraud by an insurance carrier, s under the plan? (See 	10b 10c 10d 10e 10f 10g 10h 10i	X	X X X X X X ule SB	(Form	0
 a Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fid b Were there any nonexempt transactions with any party-in-interess on line 10a.) c Was the plan covered by a fidelity bond?	uciary Correct t? (Do not inc if idelity bond her persons t of the benefit as of year end (See instruct he required r 1-3	tion Program) clude transactions reported , that was caused by fraud by an insurance carrier, s under the plan? (See 	10b 10c 10d 10e 10f 10g 10h 10i	X	X X X X X X ule SB	(Form	0
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 a Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fide b Were there any nonexempt transactions with any party-in-interess on line 10a.) c Was the plan covered by a fidelity bond? d Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty? e Were any fees or commissions paid to any brokers, agents, or oth insurance service or other organization that provides some or all instructions.) f Has the plan failed to provide any benefit when due under the plan g Did the plan have any participant loans? (If "Yes," enter amount a h If this is an individual account plan, was there a blackout period? 2520.101-3.) i If 10h was answered "Yes," check the box if you either provided t exceptions to providing the notice applied under 29 CFR 2520.10 Part VI Pension Funding Compliance 11 Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below). 12 Is this a defined contribution plan subject to the minimum funding (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below a If a waiver of the minimum funding standard for a prior year is bei 	uciary Correct t? (Do not ind is fidelity bond her persons b of the benefit an? (See instruct he required r 1-3	tion Program) clude transactions reported , that was caused by fraud by an insurance carrier, is under the plan? (See 	10b 10c 10d 10e 10f 10g 10h 10i 0 plete	X X Schec	X X X X X X Ule SB Ule SB Ule SB Ule SB Ule SB C SD C E SD C SD C SD C SD C SD C SD C SD C SD C	(Form	20000 0 X No X No ing
 a Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fid b Were there any nonexempt transactions with any party-in-interess on line 10a.)	uciary Correct t? (Do not ind if delity bond her persons b of the benefit as of year end (See instruct he required r 1-3 hents? (If "Ye g requirement a applicab ng amortized IE MB (Form	tion Program) clude transactions reported , that was caused by fraud by an insurance carrier, s under the plan? (See 	10b 10c 10d 10e 10f 10g 10h 10i 	X X Schec	X X X X X X X Ule SB Ule SB	(Form	

С	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	e Will the minimum funding amount reported on line 12d be met by the funding deadline?						
Part	VII Plan Terminations and Transfers of Assets						
13a	Has a resolution to terminate the plan been adopted in any plan year?	X	Yes No				
	If "Yes," enter the amount of any plan assets that reverted to the employer this year	13a		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	C If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)						
1	13c(1) Name of plan(s):	13c(2) E	IN(s)	13c(3) PN(s)			
Part	t VIII Trust Information (optional)						

14a Name of trust	14b Trust's EIN

Form 5500-SF	Short Form Annual Return/Report of Small Employ Benefit Plan				OMB Nos. 1210-0110 1210-0089	
Internal Revenue Service	This form is required to be filed under sections 104 and 4065 of the Employed Retirement Income Security Act of 1974 (ERISA), and section 6057(b) and 6058 the Internal Revenue Code (the Code).				2012	
Department of Labor Employee Benefite Security Administration					s Form is Open to Public	
Pension Benefit Guaranty Corporation	Complete all entries in accord	ance with the instru	ctions to the Form 550	0-SF.	Inspection	
his sector of the sector of th	dentification Information	01/01/0010		/ /-		
For calendar plan year 2012 or fisca		01/01/2012	and ending	12/31/2		
·			olan (not multiemployer)	a one	ə-participant plan	
B This return/report is:		he final return/report				
6 ••• ••• ••	F		rn/report (less than 12 m	<u></u>		
C Check box if filing under:	싂 느 느	automatic extension			C program	
	special extension (enter description)					
	mation enter all requested inform	ation	<u></u>	4.		
1a Name of plan				1b Three-d plan nu		
BUSINESS TAX SOLUTIO	ns 401(k) plan			(PN) ►	001	
				1C Effective 01/01	e date of plan /2007	
	ress; include room or suite number (em	ployer, if for a single	-employer plan)		er Identification Number	
BUSINESS TAX SOLUTIO	NS, INC.				91-1890124	
				2c Sponsor's telephone number		
7525 SE 24TH STREET,	SUITE 560				275-1040	
US MERCER ISLAND	WA 98040-2783			20 Busines 54121	s code (see instructions) 3	
	address X Same as Plan Sponsor	Name 🔲 Same as	Plan Sponsor Address	3b Adminis	irator's EIN	
•				3c Adminis	trator's telephone number	
4 If the name and/or EIN of the p	lan sponsor has changed since the las	st return/report filed f	or this plan enter the	4b EIN		
name, EIN, and the plan numb			si une picari eriter une		······································	
a Sponsor's name		······		4c PN		
	the beginning of the plan year			5a	10	
• •	the end of the plan year count balances as of the end of the pla			5b	0	
				5c	0	
	iring the plan year invested in eligible a			*****	XYes No	
· ·	e annual examination and report of an	· ·	d public accountant (IQP	'A)		
•	See instructions on waiver eligibility and ar line 6a or <u>line 6b, the plan cannot</u>		and must instead use F		XYes No	
	incomplete filing of this return/repo			······································	her	
	r penalties set forth in the instructions,					
SB or Schedule MB completed and	signed by an enrolled actuary, as well					
belief, it is true, correct, and comple			1. 			
SIGN //www.	CANNY .	- t. t.n	MICHARC			
HERE Signature of plan dmini	strator	Date 1/10/13	Enter name of individua			
SIGN Milling	Mustic		MICHAGL			
HERE Signature of employer/p	lan sponsor ne, if applicable) and address; include	Date 1/10/12	Enter name of individua			
a reparers name (including infit fall	no, n'applicable) and address, indidde	Toom of suffering the	a (opiionaly	i reparers tele	ephone number (optional)	
For Paperwork Reduction Act No	tice and OMB Control Numbers, see	the instructions fo	r Form 5500-SF.		Form 5500-SF (2012)	

v.120126

Part III Financial Information									
7 Plan Assets and Liabilities		(a) Beginning of Year			(b) End of	Year		
a Total plan assets		325,9	325,918			0			
b Total plan liabilities				1					
C Net plan assets (subtract line 7b from line 7a)		325,9	18	0					
8 Income, Expenses, and Transfers for this Plan Year		(a) Amount			(b) Total				
a Contributions received or receivable from:		· · · · · · · · · · · · · · · · · · ·							
(1) Employers		0							
(2) Participants				-	مغالب سكافت		117		
(3) Others (including rollovers)					27.23 1.1.1.1	and the second	unterintiterrener autoriterrener		
b Other income (loss)		16,0		_ _	میں ایک میں ایک میں میں ایک می ایک میں ایک میں	anter a state of the	linus võitermininger varia dite		
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)		anne i a constant and	: 			·······	16,079		
d Benefits paid (including direct rollovers and insurance premium to provide benefits)		341,2	94		- 1997 1988 - 1		e de la companya de La companya de la comp		
					in contraction of the second	A Contract of the second s	an		
-		7	03	No.	nagaran pan	أعثن بنكركم محاص	Hitting (Incident)		
f Administrative service providers (salaries, fees, commissions)	8f	· · · · · · · · · · · · · · · · · · ·		-					
g Other expenses		BAND NATEL.	, assi-		•••••	and the states			
h Total expenses (add lines 8d, 8e, 8f, and 8g)		and the second		÷ 			341,997		
i Net Income (loss) (subtract line 8h from line 8c)		l - California Maria Maria Anglia - Canadi - Maria Maria Anglia Anglia - Canadi - Maria Maria Anglia			State and a		(325,918)		
Transfers to (from) the plan (see instructions)							a an an an Anna an Anna An Anna Anna Ann		
Part IV Plan Characteristics									
2E 2F 2G / 2J 3D b If the plan provides welfare benefits, enter the applicable welfare	re feature codes	s from the List of Plan Characte	ristic	Codes	In the in	structions:			
Part V Compliance Questions				·····					
10 During the plan year:			T	Yes	No	Ar	nount		
a Was there a failure to transmit to the plan any participant con 29 CFR 2510.3-102? (See instructions and DOL's Voluntary)	Fiduciary Corre	ction Program)	10a		x				
b Were there any nonexempt transactions with any party-in-inte on line 10a.)			10b		x				
C Was the plan covered by a fidelity bond?	****************	****************	10c	x		· ·	20,000		
d Did the plan have a loss, whether or not reimbursed by the pl or dishonesty?			10d		x				
 Were any fees or commisions paid to any brokers, agents, or insurance service or other organization that provides some or instructions.) 	r all of the bene	fits under the plan? (See	10e		37				
			100		x				
f Has the plan failed to provide any benefit when due under the	e plan?	····	10 0		x				
			10f	x			0		
g Did the plan have any participant loans? (If "Yes," enter amoundh If this is an individual account plan, was there a blackout performance	unt as of year ei od? (See instruc	nd.)	10f 10g	x	x		0		
 g Did the plan have any participant loans? (If "Yes," enter amount of this is an individual account plan, was there a blackout performance of the provided of the pro	unt as of year en od? (See instruc- led the required	nd.) ctions and 29 CFR notice or one of the	10f 10g 10h	x			0		
 g Did the plan have any participant loans? (If "Yes," enter amount of the plan have any participant loans? (If "Yes,"	unt as of year en od? (See instruc- led the required	nd.) ctions and 29 CFR notice or one of the	10f 10g	x	x		0		
 g Did the plan have any participant loans? (If "Yes," enter amount of the plan have any participant loans? (If "Yes,"	unt as of year en od? (See instruc- led the required 0.101-3	nd.) ctions and 29 CFR notice or one of the 'es," see instructions and comp	10f 10g 10h 10i	chedu	X X He SB (F		0		
 g Did the plan have any participant loans? (If "Yes," enter amount of the plan have any participant loans? (If "Yes," enter amount of the plan have any participant loans? (If "Yes," enter amount of the plan have any participant loans? (If "Yes," enter amount of the plan have any participant loans? (If "Yes," enter amount of the plan have any participant loans? (If "Yes," enter amount of the plan have any participant loans? (If "Yes," enter amount of the plan have any participant loans? (If "Yes," enter amount of the plan have any participant loans? (If "Yes," enter amount of the plan have any participant loans? (If "Yes," enter amount of the plan have any participant loans? (If "Yes," enter amount of the plan have any participant loans? (If "Yes," enter amount of the plan have any participant loans? (If "Yes," enter amount of the plan have any participant loans? (If "Yes," enter amount of the plan have any participant loans? (If "Yes," enter amount of the plan have any participant loans? (If "Yes," enter amount of the plan have any participant loans? (If "Yes," enter amount of the plan have any participant loans? (If "Yes," enter amount of the plan have any participant loans? (If "Yes," enter amount of the plan have any participant of the plan have any parti	unt as of year ei od? (See instruc- led the required 0.101-3	nd.) ctions and 29 CFR notice or one of the 'es," see instructions and comp	10f 10g 10h 10i	chedu	X X He SB (F				
 g Did the plan have any participant loans? (If "Yes," enter amount of the plan have any participant loans? (If "Yes,"	unt as of year er od? (See instruc- led the required 0.101-3	nd.)	10f 10g 10h 10i	chedu	X X He SB (F				
 g Did the plan have any participant loans? (If "Yes," enter amount of the plan have any participant loans? (If "Yes," enter amount of the plan have any participant loans? (If "Yes," enter amount of the plan have any participant loans? (If "Yes," enter amount plan, was there a blackout performance of the plan have any participant loans? (If "Yes," enter amount plan, was there a blackout performance of the plan have any participant loans? (If "Yes," enter amount plan, was there a blackout performance of the plan have any participant loans? (If "Yes," enter amount from Schedule SB line 39 	unt as of year er od? (See instruc- led the required 0.101-3 uirements? (If "Y ding requirement etow, as applica s being amortize	nd.) ctions and 29 CFR notice or one of the 'es," see instructions and comp its of section 412 of the Code o ible.) ed in this plan year, see instruction	10f 10g 10h 10l lete S r sect	chedu 	x ke SB (F 11a 2 of ERI ter the o	SA?	 Yes X No Yes X No 		
 g Did the plan have any participant loans? (If "Yes," enter amount of the plan have any participant loans? (If "Yes," enter amount of the plan have any participant loans? (If "Yes," enter amount of the plan have any participant loans? (If "Yes," enter amount of the plan have any participant loans? (If "Yes," enter amount of the plan have any participant loans? (If "Yes," enter amount of the plan have any participant loans? (If "Yes," enter amount of the plan have any participant loans? (If "Yes," enter amount from Schedule SB line 39	unt as of year ei od? (See instruc- led the required 0.101-3 uirements? (If "Y ding requirement elow, as applica s being amortize	nd.) ctions and 29 CFR notice or one of the 'es," see instructions and comp nts of section 412 of the Code o ible.) ed in this plan year, see instruction	10f 10g 10h 10l lete S r sect	chedu 	x ke SB (F 11a 2 of ERI ter the o	SA?	Yes X No		

Form 5500-SF 2012

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Р	ane	3.	
P	ade	3-	

С	Enter the amount contributed by the employer to the plan for this plan year	12c			
di	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			
e	Will the minimum funding amount reported on line 12d be met by the funding deadline?		Yes] N/A
Parl	VII Plan Terminations and Transfers of Assets				
13a	Has a resolution to terminate the plan been adopted in any plan year?	XY	es 🗌	No	
	If "Yes," enter the amount of any plan assets that reverted to the employer this year	13a			0
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the co of the PBGC?			X Yes	No No
C	If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)				
	13c(1) Name of plan(s): 13c	(2) EIN	(S)	13c(3)	PN(s)
Part	VIII Trust Information (optional)				
14a		14b Trust's EIN			
1-60	14a Name of trust				