| FOIII 5500-SF Short Form Annual Return/Report of Small Employee   |  |                            |                            |              | OMB Nos. 1210-0110<br>1210-0089                    |                     |  |
|---|--|----------------------------|----------------------------|--------------|--|---------------------|--|
| Department of the Treasury<br>Internal Revenue Service  | Benefit Plan         2012           This form is required to be filed under sections 104 and 4065 of the Employee         2012   |                            |                            |              | 2012   |                     |  |
| Department of Labor<br>Employee Benefits Security Administration  | This form is required to be filed under sections 104 and 4065 of the Employee<br>Retirement Income Security Act of 1974 (ERISA), and sections 6057(b) and 6058(a)<br>the Internal Revenue Code (the Code). |                            |                            |              | of This Form is Open to Public                     |                     |  |
| Pension Benefit Guaranty Corporation  | Complete all entries in acc  | ordance with the instru    | uctions to the Form 5500   | )-SF.        | Ins  | spection            |  |
|   | dentification Information  |                            |                            | 0/04/        | 2010   |                     |  |
| For calendar plan year 2012 or fisc   |  |                            |                            | 2/31/2       |  |                     |  |
|   |  |                            | plan (not multiemployer)   |              | a one-partici                                      | pant plan           |  |
| <b>B</b> This return/report is:   | the first return/report<br>an amended return/report  | the final return/repor     |                            | ntha)        |  |                     |  |
|   | Form 5558  |                            | rn/report (less than 12 mo | onthsj       | )<br>DFVC progra                                   |                     |  |
| <b>C</b> Check box if filing under:   | special extension (enter descrip   | automatic extension        |                            |              |  | 1111                |  |
| Part II Basic Plan Infor  | mation—enter all requested info  | ,                          |                            |              |  |                     |  |
| 1a Name of plan   |  | iniation                   |                            | 1b           | Three-digit  |                     |  |
| RICH LANDSCAPING, INC. 401(K)   | SAVINGS PLAN   |                            |                            |              | plan number  | 201                 |  |
|   |  |                            |                            | 10           | (PN)<br>Effective date o                           | 001<br>f plan       |  |
|   |  |                            |                            | IC           | 04/01  | •                   |  |
| <b>2a</b> Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) RICH LANDSCAPING, INC.  |  |                            |                            | 2b           | Employer Identification Number<br>(EIN) 91-1341416 |                     |  |
| 27901 REDMOND-FALL CITY HWY   |  |                            |                            | 2c           | Sponsor's telep<br>425-88                          |                     |  |
| REDMOND, WA 98053   |  |                            |                            | 2d           | Business code 56173                                | (see instructions)  |  |
| <b>3a</b> Plan administrator's name and address       Same as Plan Sponsor Name       Same as Plan Sponsor Address         RICH LANDSCAPING, INC.       27901 REDMOND-FALL CITY HWY |  |                            | 3b                         |              | Administrator's EIN<br>91-1341416                  |                     |  |
| · · · · · · · · · · · · · · · · · · ·   | plan sponsor has changed since th  | e last return/report filed | for this plan, enter the   | 4b           | 425-882<br>EIN                                     |                     |  |
| name, EIN, and the plan numl<br><b>a</b> Sponsor's name   | ber from the last return/report.   |                            |                            | <b>4c</b> PN |  |                     |  |
| 5a Total number of participants a   | t the beginning of the plan year   |                            |                            |              |  | 18                  |  |
| •   | t the end of the plan year   |                            |                            | 5b           |  | 0                   |  |
| C Number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item)   |  |                            | -                          | 5c           |  | 0                   |  |
| 6a Were all of the plan's assets of   |  |                            |                            |              |  | 🗙 Yes 🗌 No          |  |
|   | he annual examination and report<br>(See instructions on waiver eligibili  |                            |                            |              |  | X Yes 🗌 No          |  |
|   | ner line 6a or line 6b, the plan ca  |                            |                            |              |  |                     |  |
| Caution: A penalty for the late or  |  |                            |                            |              |  |                     |  |
| Under penalties of perjury and othe<br>SB or Schedule MB completed and<br>belief, it is true, correct, and completed  | i signed by an enrolled actuary, as  |                            |                            |              |  |                     |  |
| CICIL   | alid electronic signature.   | 01/29/2013                 | SUSAN RICHARDS             | S            |  |                     |  |
| HERE Signature of plan add  | ministrator  | Date                       | Enter name of individu     | ual sig      | gning as plan adr                                  | ninistrator         |  |
| SIGN  |  |                            |                            |              |  |                     |  |
| HERE Signature of employe   |  | Date                       | Enter name of individu     |              |  |                     |  |
| Preparer's name (including firm na  | me, il applicable) and address, incl   |                            |                            | Fier         |  | number (optional)   |  |
| For Panerwork Reduction Act Notice  |  |                            |                            |              |  | Form 5500-SF (2012) |  |

| a Total plan assets       7a       00069         b Total plan liabilities       7b       00069         c Net plan assets (subtract line 7b from line 7a)       7c       00069         c Contributions received or receivable from:       8a(1)       (a) Amount       (b) Total         c Contributions received or receivable from:       8a(2)       (a) Amount       (b) Total         (c) Participants       8a(2)       (b) Total       (c) Participants       8a(2)         (c) Other income (total)       8b       7564       (c) Total income (total)       (c) Total i  | Par  | t III Financial Information  |              |                      |                       |     |           |                 |  |  |
|--|--|--|--------------|----------------------|-----------------------|-----|-----------|-----------------|--|--|
| b       Total plan liabilities       To       (0049)         c       Not plan assets (subtract line 7b from line 7b)       7c       (0049)         8       Income. Expresse, and Transfers for this Plan Year       (a) Amount       (b) Total         a       Contributions received or receivable from:       8a(1)       (b) Total         (c)       Expresses, and Transfers for this Plan Year       8a(2)       (c)         (d)       Dother income [loss)       8a(3)       (c)       (c)         (d)       Dother income [loss)       8a(3)       (c)       (c)       (c)         (e)       Dother income [loss)       8d       (c)       (c)       (c)       (c)         (e)       C Total income (loss) (subtract line 8d(1), 6g(2), 8a(3), and 8b)       8e       (c)       (   |  |  |              | (a) Beginning of Yea | (a) Beginning of Year |     |           | (b) End of Year |  |  |
| C       Net plan assets (subtract line 7b from line 7a)  |  |  | 7a           |                      |                       |     | 0         |                 |  |  |
| 8       income, Expanses, and Transfers for this Plan Year       (a) Amount       (b) Total         a       Contributions received or receivable from:       8a(1)       (c)         (d) Participants.       8a(2)       (c)         (e) Operating (including direl lowers)       8a(3)       (c)         (f) Other (including direl lowers)       8a(3)       (c)       (c)         (f) Other (including direl lowers)       8a(3)       (c)       (c)         (f) Other (including direl lowers)       8a(3)       (c)       (c)       (c)         (f) Benefits pair (folding direl collowers and insurance prenumms at provide benefits).       8d       (c)       (c)       (c)         (f) Contrait (including direl collowers and insurance prenumms at provide benefits).       8d       (c)       (c)       (c)         (f) Contrait (including direl collowers and insurance prenumms at provide benefits.       8g       (c)       (c)       (c)         (f) Contrait (including direl collowers and insurance prenumms at provide benefits.       8g       (c)       (c)       (c)         (g) Other expenses.       8g       (c)       (c)       (c)       (c)       (c)         (g) Other expenses.       8g       (c)       (c)       (c)       (c)       (c)       (c)       (c)  | b  |  |              |                      |                       |     |           |                 |  |  |
| a Contributions received or receivable from:       Ba(1)       Ba(2)         (1) Employees       Ba(2)       Ba(2)         (2) Participants.       Ba(2)       Ba(3)         (3) Others (including rolevers)       Ba(3)       Ba(2)         (3) Others (including rolevers)       Ba(3)       Ba(2)         (3) Others (including rolevers)       Ba(3)       Ba(3)         (4) Other income (dast lines Ba(1), Ba(2), Ba(3), and Bb)       Bc       7664         (5) Total income (dast lines Ba(1), Ba(2), Ba(3), and Bb)       Bc       7664         (5) Other income (dast lines Ba(1), Ba(2), Ba(3), and Bb)       Bc       66370         (5) Other expenses.       Bg       163       163         (6) Transfers to (incom) the plan (see instructions)       Bg       163       66         (7) Transfers to (incom) the plan (see instructions)       Bg       164       -60         (7) Transfers to (incom) the plan (see instructions)       Bg       164       -60         (7) Transfers to (incom) the plan (see instructions and DC): Voluntary Fluid-agr Correction Program)       10a       X         (7) Totarder status       Se 2       20 CR 20 LX 30 27       10a       X       10a       X         (1) Totarder ban provides previous there the applicable pension feature codes from the List of Plan Charact  |  |  | 7c           | 6096                 | 60969                 |     | 0         |                 |  |  |
| (1) Employers       84(1)         (2) Participants   |  |  |              | (a) Amount           |                       |     | (b) Total |                 |  |  |
| (2) Participants   | а  | Contributions received or receivable from:   |              |                      |                       |     |           |                 |  |  |
| (3) Others (including rollovers)       8a(3)       7664         b Other income (loss)       8b       7564         C Total income (add lines 84(1), 84(2), 84(3), and 8b)       8c       77         Benefits paid (including direct rollovers and insurance premiums to provide benefits)       8d       68370       7         G Benefits paid (including direct rollovers and insurance premiums to provide benefits)       8d       68370       68370         g Other expenses.       8g       163       61       61         g Other expenses (add lines 80, 8c, 8f, and 8g)       8h       681       61         Nat income (loss) (subtract line 8h from line 8c)       8i       61       61         g If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:       2t  |  |  |              |                      |                       | _   |           |                 |  |  |
| b       Other income (loss)       Bb       7364         c       Total income (loss)       Ba(2), Ba(2), Ba(2), Ba(3), and Bb)       Bc       7         d       Benefits poil (including direct rollovers and insurance permises)       Bd       68370       7         d       Benefits poil (including direct rollovers and insurance permises)       Bd       68370       7         d       Certain deemed and/or corrective distributions (see instructions)       Bd       68       68370         g       Other expenses.       Bg       163       66370       67         h       Total expenses (add lines 8d, 4e, 8f, and 8g)       Bd       66       67         Part IV       Plan Characteristics       Bg       9       61       67         Part IV       Plan Characteristics       Bg       10       67       68  |  |  |              |                      |                       | _   |           |                 |  |  |
| c       Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)   |  |  |              |                      |                       |     |           |                 |  |  |
| d Benetits paid (including direct rollovers and insurance premiums to provide benefits)  |  |  |              | 7564                 |                       | _   |           |                 |  |  |
| to provide benefits)       8d       68370         e       Certain deemed and/or corrective distributions (see instructions)       8e       6         f       Administrative service providers (salaries, fees, commissions)       8f       1         g       Other expenses       8g       163       66         h       Total expenses (add lines 8d, 6e, 8f, and 6g)       8h       66       67         f       Net income (loss) (subtractin line 8h rom line 8c)       8i       -60       67         g       If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:       2E       2A       3A       30       21         g       If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:       2E       2A       3A       30       21         f       V       Compliance Questions       10a       X       2       2       3A       2       2         f       Was there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on ine 10a)       10a       X       2       2       2       2       2       2       2       2       2       2       2       2       2       2<  | -  |  | 8c           |                      |                       | _   | 7564      |                 |  |  |
| e Certain deemed and/or corrective distributions (see instructions)  |  |  | 8d           | 6837                 | 68370                 |     |           |                 |  |  |
| f       Administrative service providers (salaries, fees, commission)  |  |  | 8e           |                      |                       |     |           |                 |  |  |
| g       Other expenses       8g       163         h       Total expenses (add lines 8d. 8e, 8f, and 8g)       8h       66         i       Net income (loss) (subtract line 8h from line 8c)       8i       -66         j       Transfers to (from) the plan (see instructions)       8i       -66         g       If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:       2E       2F       2G 2J 2K 3D 2T       3D       -66         9a       If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:       2E       2F 2G 2J 2J 2K 3D 2T       3D       Amout         a       Was there a failure to transmit to the plan any participant contributions within the time period described in 10a X       X       X         b       Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported in on line 10a)       X       10a X       X         c       Was the plan tawe aloss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?       10d X       10d X       X  |  |  | 8f           |                      |                       |     |           |                 |  |  |
| h       Total expenses (add lines 8d, 8e, 8f, and 8g)  |  |  |              | 16                   | 163                   |     |           |                 |  |  |
| i       Net income (loss) (subtract line 8h from line 8c)  |  |  |              |                      |                       |     |           | 68533           |  |  |
| j       Transfers to (from) the plan (see instructions)       Bj         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       2F       2G       2J       X       3D       2T         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       During the plan year:       Yes       No       Amount         a       Was there a failure to transmit to the plan any participant contributions within the time period described in 120 at 22 (SR 2510.3-102? (See instructions and DOL's Voluntary Friduciary Correction Program)       10a       X         b       Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)       10c       X       Inc         c       Was the plan covered by a fidelity bond?       10c       X       Inc       Inc       X       Inc         d       Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?       Inc       X       Inc       Inc       X       Inc         d       Did the plan have any participant cons? (If "Yes," ent  |  |  |              |                      |                       |     |           | -60969          |  |  |
| 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       2F       2G       2J       X       3D       2T         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       Yes       No       Amount         10       During the plan year:       Yes       No       Amount         29       CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)       10a       X         c       Was there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a)       X       10b       X         c       Was the plan covered by a fidelity bond?       10c       X       10d       X         d       Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or diskonesty?       10d       X       10d       X         f       Has the plan failed to provide any benefit when due under the plan?       10g       X       10d       X       10d       X       10d       X       10d       X       10d       X       10d  | j  | Transfers to (from) the plan (see instructions)  | 8i           |                      |                       |     |           |                 |  |  |
| 9a       If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:         Part V       Compliance Questions         10       During the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:         a       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)       10a       ×         b       Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported no line 10a).       10c       ×       10b       ×         c       Was the plan covered by a fidelity bond?       10c       ×       10d       ×       10d       ×         d       Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?       10d       ×       10d   | Par  | t IV Plan Characteristics  | J            |                      |                       |     |           |                 |  |  |
| 10       During the plan year:       Yes       No       Amount         a       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  | 2E 2F 2G 2J 2K 3D 2T<br>If the plan provides welfare benefits, enter the applicable welfare fe   |              |                      |                       |     |           |                 |  |  |
| a       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)       10a       X         b       Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)       10b       X         c       Was the plan covered by a fidelity bond?       10c       X       10d       X         d       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       10d       X         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.)       10d       X         f       Has the plan failed to provide any benefit when due under the plan?       10g       X       10g       X         g       Did the plan have any participant loans? (If "Yes," enter amount as of year end.)       10g       X       10g       X         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.       10h       X       10h       X         ii If 10h was answered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the  |  |  |              |                      |                       | Vee | Na        | •               |  |  |
| 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 reported on line 10a.)       10b       X         c       Was the plan covered by a fidelity bond?       10c       X       10d       X         d       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       X         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? (See instructions and 29 CFR 2520.101-3.)       10g       X         i       If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)       10h       X         i       If the vas 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.       10h       X         11a       Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form 5500) and line 11a below)       11a         11a       Is this a defined contribution plan subject to the minimum fundi   |  |  |              |                      |                       | res | NO        | Amount          |  |  |
| on line 10a.)  | ŭ  |  |              |                      |                       |     | Х         |                 |  |  |
| d       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         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?       10f       X       Image: Comparison of the plan have any participant loans? (If "Yes," enter amount as of year end.)       10g       X       Image: Comparison of the plan have any participant loans? (If "Yes," enter amount as of year end.)       10g       X       Image: Comparison of the plan have any participant loans? (If "Yes," enter amount as of year end.)       10g       X       Image: Comparison of the plan have any participant loans? (If "Yes," enter amount as of year end.)       10g       X       Image: Comparison of the plan have any participant loans? (If "Yes," enter amount as of year end.)       10g       X       Image: Comparison of the plan have any participant loans? (If "Yes," enter amount as of year end.)       10g       X       Image: Comparison of the plan have any participant loans? (If "Yes," enter amount as of year end.)       10g       X       Image: Comparison of the exceptions to providing the notice applied under 29 CFR 2520.101-3.       10h       X       Image: Comparison of the exceptions to providing the notice applied under 29 CFR 2520.101-3.       10i       Image: Comparison of the plan subject to mini  | b  |  |              |                      | 10b                   |     | x         |                 |  |  |
| or dishonesty?       10d       X         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?       10f       X       Image: the plan failed to provide any benefit when due under the plan?       10g       X         g       Did the plan have any participant loans? (If "Yes," enter amount as of year end.)       10g       X       Image: the plan failed to provide any benefit when due under the plan?       10g       X       Image: the plan failed to provide any benefit when due under the plan?       10g       X       Image: the plan failed to provide any benefit when due under the plan?       10g       X       Image: the plan failed to provide any benefit when due under the plan?       10g       X       Image: the plan failed to provide any benefit when due under the plan?       10g       X       Image: the plan failed to provide any benefit when due under the plan?       10g       X       Image: the plan failed to provide any benefit when due under the plan?       Image: the plan failed to provide any benefit when due under the plan?       10g       X       Image: the plan failed to provide any benefit when due under the plan?       Image: the plan failed to provide any benefit when due under the plan?       Image: the plan failed to provide any benefit when due under 29 CFR 2520.101-3   | С  | Was the plan covered by a fidelity bond?   |              |                      | 10c                   | Х   |           | 40000           |  |  |
| insurance service or other organization that provides some or all of the benefits under the plan? (See<br>instructions.)   | d  | Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud  |              |                      | 10d                   |     | x         |                 |  |  |
| g Did the plan have any participant loans? (If "Yes," enter amount as of year end.)  | е  | 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 |              |                      | 10e                   |     | x         |                 |  |  |
| Image: Section provides (in track) provides (in track) track of provides (Sec instructions and 29 CFR       Image: Section provides (Sec instructions and 29 CFR         Image: Note of the section of the sectin of the section of the section of the sectin o | f  | f Has the plan failed to provide any benefit when due under the plan? 10f  |              |                      |                       |     | Х         |                 |  |  |
| h       If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR       10h       X         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  | g  | Did the plan have any participant loans? (If "Yes," enter amount a   | s of year en | d.)                  | 10a                   |     | Х         |                 |  |  |
| exceptions to providing the notice applied under 29 CFR 2520.101-3   | h  | h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR   |              |                      |                       |     | Х         |                 |  |  |
| 11       Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form 5500) and line 11a below)  | i  | i If 10h was answered "Yes," check the box if you either provided the required notice or one of the  |              |                      |                       |     |           |                 |  |  |
| 11       Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form 5500) and line 11a below)  | Part   | VI Pension Funding Compliance  |              |                      |                       |     |           |                 |  |  |
| 11a       Enter the amount from Schedule SB line 39  | 11   | Is this a defined benefit plan subject to minimum funding requirem   |              |                      |                       |     |           |                 |  |  |
| <ul> <li>(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)</li> <li>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 lette granting the waiver.</li> <li>Month Day Year</li> </ul>   | 11a  |  |              |                      |                       |     |           |                 |  |  |
| <ul> <li>(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)</li> <li>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 lette granting the waiver.</li> <li>Month Day Year</li> </ul>   |  |  |              |                      |                       |     |           |                 |  |  |
| 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 lette granting the waiver   |  |  |              |                      |                       |     |           |                 |  |  |
|  | 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 |  |              |                      |                       |     |           |                 |  |  |
| If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.  |  |  |              |                      |                       |     |           |                 |  |  |
| b Enter the minimum required contribution for this plan year   | b  | <b>b</b> Enter the minimum required contribution for this plan year  |              |                      |                       |     | 12b       |                 |  |  |

| С                       | C Enter the amount contributed by the employer to the plan for this plan year   |           |        |                     |
|-------------------------|---|-----------|--------|---------------------|
| d                       | <b>d</b> 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)  |           |        |                     |
| 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?   | X         | Yes 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 t of the PBGC?   | e control |        | X Yes No            |
| С                       | If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan which assets or liabilities were transferred. (See instructions.) | s) to     |        | _                   |
| 13c(1) Name of plan(s): |   |           | IN(s)  | <b>13c(3)</b> PN(s) |
|                         |   |           |        |                     |
|                         |   |           |        |                     |
| Part                    | t VIII Trust Information (optional)   |           |        |                     |

| 14a Name of trust | 14b Trust's EIN |
|-------------------|-----------------|
|                   |                 |
|                   |                 |