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).

1210-0089

OMB Nos. 1210-0110

2012

This Form is Open to Public Inspection

		r complete an entries in	accordance with the instri	actions to the Form 33	00-3 F.		
Part I		Identification Information					
For calend	ar plan year 2012 or fis		01/2012 	and ending	12/31/	2012 	
A This ref	turn/report is for:	a single-employer plan	a multiple-employer	plan (not multiemployer))	a one-particip	ant plan
B This ref	turn/report is:	the first return/report	the final return/repor	t			
		an amended return/report	a short plan year retu	rn/report (less than 12 r	nonths)	
C Check	box if filing under:	Form 5558	automatic extension			DFVC program	m
		special extension (enter de	scription)				
Part II	Basic Plan Info	rmation—enter all requested	information				
1a Name	•				1b	Three-digit	
BJ'S ENTER	PRISES, INC. 401 (K)	PLAN				plan number	001
					10	(PN) FEFFECTIVE date of	
					10	01/01/2	
		dress; include room or suite nun	nber (employer, if for a single	e-employer plan)	2b	Employer Identifi	ication Number
BJS ENTER	PRISES, INC		, , , ,			(EIN) 91-128	
					2c	Sponsor's teleph	
	IC HIGHWAY E				L.	253-922	
TACOMA, V	VA 98424-2611				2d	Business code (s	
20 Dlan a	desiminate de la como e o	d address Dosses as Blan Co		C Adduses	2h	71320	
		d address Same as Plan Spo		an Sponsor Address	30	Administrator's E	
JS ENTERP	RISES, INC		ACIFIC HIGHWAY E A, WA 98424-2611		3с	Administrator's te	
						253-922	2-0430
4 16.11					1		
		e plan sponsor has changed sing	ce the last return/report filed	for this plan, enter the	4b	EIN	
name		e plan sponsor has changed sind nber from the last return/report.	ce the last return/report filed	for this plan, enter the		EIN PN	
name a Spons	, EIN, and the plan nur or's name				4c		20
name a Spons 5a Total	, EIN, and the plan nur or's name number of participants	nber from the last return/report.	r		4c 5a	PN	20
name a Spons 5a Total of b Total of c Numb	, EIN, and the plan nur or's name number of participants number of participants er of participants with a	at the beginning of the plan year at the end of the plan year	rof the plan year (defined ber	nefit plans do not	4c 5a 5b	PN	19
name a Spons 5a Total b Total c Numb	, EIN, and the plan nur or's name number of participants number of participants er of participants with a lete this item)	at the beginning of the plan yea at the end of the plan year	rof the plan year (defined ber	nefit plans do not	4c 5a 5b 5c	PN	19
name a Spons 5a Total a b Total a c Numb compi	, EIN, and the plan nur or's name number of participants number of participants er of participants with a lete this item)	at the beginning of the plan yea at the end of the plan yearaccount balances as of the end	rof the plan year (defined ber	nefit plans do not	4c 5a 5b 5c	PN	19
name a Spons 5a Total a b Total a c Numb compi 6a Were b Are yo	, EIN, and the plan nur or's name number of participants number of participants er of participants with a lete this item)	at the beginning of the plan yea at the end of the plan yearaccount balances as of the end during the plan year invested in the annual examination and rep	rof the plan year (defined ber	nefit plans do not	4c 5a 5b 5c	PN	19
name a Spons 5a Total of b Total of C Numb composition 6a Were b Are younder	, EIN, and the plan nur or's name number of participants number of participants er of participants with a lete this item)	at the beginning of the plan yea at the end of the plan yearaccount balances as of the end	of the plan year (defined ber n eligible assets? (See instru port of an independent qualif gibility and conditions.)	nefit plans do not lictions.)ied public accountant (Id	4c 5a 5b 5c QPA)	PN	19 19 X Yes No
name a Spons 5a Total of b Total of c Numb compo 6a Were b Are you under If you	, EIN, and the plan nur or's name number of participants number of participants er of participants with a lete this item)	at the beginning of the plan year at the end of the plan year account balances as of the end so during the plan year invested in the annual examination and report (See instructions on waiver eligible).	of the plan year (defined ber n eligible assets? (See instru- port of an independent qualif gibility and conditions.)	nefit plans do not uctions.)ied public accountant (IG	4c 5a 5b 5c QPA)	PN	19 19 X Yes No
name a Spons 5a Total of b Total of c Numb composite 6a Were b Are younder If you Caution: A	EIN, and the plan nur or's name number of participants number of participants er of participants with a lete this item)	at the beginning of the plan year at the end of the plan year at the end of the plan year account balances as of the end account balances as of the plan the instructions on waiver eliquity there in the films as the plan or incomplete filing of this return penalties set forth in the inst	of the plan year (defined ber eligible assets? (See instruction of an independent qualifications)	nefit plans do not sections.) ied public accountant (IC F and must instead used unless reasonable cased examined this return/re	4c 5a 5b 5c Sc	PN 1 5500. 2 established. ncluding, if applica	19 19 X Yes No X Yes No
name a Spons 5a Total of b Total of c Numb compl 6a Were b Are you under If you Caution: A Under pens SB or Sche	p. EIN, and the plan nur or's name number of participants number of participants er of participants with a lete this item)	at the beginning of the plan year at the end of the plan year at the end of the plan year account balances as of the end account balances as of the plan the same account balances as of the plan or incomplete filing of this return penalties set forth in the instant signed by an enrolled accuracy	of the plan year (defined ber eligible assets? (See instruction of an independent qualifications)	nefit plans do not sections.) ied public accountant (IC F and must instead used unless reasonable cased examined this return/re	4c 5a 5b 5c Sc	PN 1 5500. 2 established. ncluding, if applica	19 19 X Yes No X Yes No
name a Spons 5a Total of b Total of c Numb compl 6a Were b Are you under If you Caution: A Under pens SB or Sche	p. EIN, and the plan nur or's name number of participants number of participants er of participants with a lete this item)	at the beginning of the plan year at the end of the plan year at the end of the plan year account balances as of the end in the annual examination and report incomplete filing of this return properties are penalties set forth in the instituted signed by an enrolled accuracy blete.	of the plan year (defined ber eligible assets? (See instruort of an independent qualifigibility and conditions.)	nefit plans do not sections.) ied public accountant (IC F and must instead used unless reasonable cased examined this return/re	4c 5a 5b 5c Sc	PN 1 5500. 2 established. ncluding, if applica	19 19 X Yes No X Yes No
name a Spons 5a Total of b Total of c Numb compl 6a Were b Are you under If you Caution: A Under pens SB or Sche belief, it is	p. EIN, and the plan nur or's name number of participants number of participants er of participants with a lete this item)	at the beginning of the plan year at the end of the plan year at the end of the plan year account balances as of the end account balances as of the plan the same account balances as of the plan or incomplete filing of this return penalties set forth in the instant signed by an enrolled accuracy	of the plan year (defined ber eligible assets? (See instruction of an independent qualifications)	nefit plans do not sections.) ied public accountant (IC F and must instead used unless reasonable cased examined this return/re	4c 5a 5b 5c 7c	PN 1 5500. 2 established. ncluding, if applica	19 19 X Yes No X Yes No
name a Spons 5a Total of b Total of c Numb composite 6a Were b Are younder lif you Caution: A Under pens SB or Sche belief, it is	p. EIN, and the plan nur or's name number of participants number of participants er of participants with a lete this item)	at the beginning of the plan year at the end of the plan year at the end of the plan year account balances as of the end the annual examination and repercent of the same of the same of the plan or incomplete filing of this return of signed by an enrolled actuary olete.	of the plan year (defined ber eligible assets? (See instruort of an independent qualifigibility and conditions.)	nefit plans do not ied public accountant (loganizations) F and must instead use di unless reasonable care examined this return/reportsion of this r	4c 5a 5b 5c QPA)	n 5500. established. ncluding, if applicate to the best of my	19 X Yes No X Yes No Sable, a Schedule knowledge and
name a Spons 5a Total of b Total of C Numb compi 6a Were b Are you under If you Caution: A Under pens SB or Sche belief, it is: SIGN HERE SIGN	EIN, and the plan nur or's name number of participants number of participants er of participants with a lete this item)	at the beginning of the plan year at the end of the plan year at the end of the plan year account balances as of the end the annual examination and repercent of the same of the same of the plan or incomplete filing of this return of signed by an enrolled actuary olete.	of the plan year (defined bern eligible assets? (See instruction of an independent qualification of the plan year (defined bern eligible) of an independent qualification of the plan year (defined bern eligible) of an independent qualification of the plan year (defined bern eligible) of the plan year (defined bern	nefit plans do not ictions.)	4c 5a 5b 5c QPA)	n 5500. established. ncluding, if applicate to the best of my	19 X Yes No X Yes No Sable, a Schedule knowledge and
name a Spons 5a Total of b Total of C Numb composite 6a Were b Are you under If you Caution: A Under pen SB or Sche belief, it is so SIGN HERE	p. EIN, and the plan nuror's name number of participants number of participants er of participants with a lete this item)	at the beginning of the plan year at the end of the plan year at the end of the plan year at the end of the plan year invested in the annual examination and reper (See instructions on waiver eliquither line 6a or line 6b, the plan per incomplete filing of this return the plan year invested in the annual examination and reper the line 6a or line 6b, the plan per incomplete filing of this return the plan incomplete set forth in the instruction of the plan year penalties set forth in the instruction of the plan year and signed by an enrolled actuary older. In the plan year invested in the end with the plan in the	of the plan year (defined ber n eligible assets? (See instruort of an independent qualification) and conditions.)	refit plans do not actions.) F and must instead used unless reasonable care examined this return/reportsion of this return of th	4c 5a 5b 5c	n 5500. sestablished. ncluding, if applicate to the best of my leading as plan adm	19 19 X Yes No X Yes No Able, a Schedule knowledge and
name a Spons 5a Total of b Total of C Numb composite 6a Were b Are you under If you Caution: A Under pen SB or Sche belief, it is so SIGN HERE	p. EIN, and the plan nuror's name number of participants number of participants er of participants with a lete this item)	at the beginning of the plan year at the end of the plan year at the end of the plan year at the end of the plan year invested in the annual examination and reper (See instructions on waiver eliquither line 6a or line 6b, the plan per incomplete filing of this return the plan incomplete for the plan or incomplete set forth in the instance of the plan incomplete incomplete incomplete incomplete actuary of the plan incomplete i	of the plan year (defined ber n eligible assets? (See instruort of an independent qualification) and conditions.)	refit plans do not actions.) F and must instead used unless reasonable care examined this return/reportsion of this return of th	4c 5a 5b 5c	n 5500. sestablished. ncluding, if applicate to the best of my leading as plan admits a point of the point of the best of th	19 19 X Yes No X Yes No Able, a Schedule knowledge and
name a Spons 5a Total of b Total of C Numb composite 6a Were b Are you under If you Caution: A Under pen SB or Sche belief, it is so SIGN HERE	p. EIN, and the plan nuror's name number of participants number of participants er of participants with a lete this item)	at the beginning of the plan year at the end of the plan year at the end of the plan year at the end of the plan year invested in the annual examination and reper (See instructions on waiver eliquither line 6a or line 6b, the plan per incomplete filing of this return the plan year invested in the annual examination and reper the line 6a or line 6b, the plan per incomplete filing of this return the plan incomplete set forth in the instruction of the plan year penalties set forth in the instruction of the plan year and signed by an enrolled actuary older. In the plan year invested in the end with the plan in the	of the plan year (defined ber n eligible assets? (See instruort of an independent qualification) and conditions.)	refit plans do not actions.) F and must instead used unless reasonable care examined this return/reportsion of this return of th	4c 5a 5b 5c	n 5500. sestablished. ncluding, if applicate to the best of my leading as plan admits a point of the point of the best of th	19 X Yes No X Yes No Able, a Schedule knowledge and
name a Spons 5a Total of b Total of C Numb composite 6a Were b Are you under If you Caution: A Under pen SB or Sche belief, it is so SIGN HERE	p. EIN, and the plan nuror's name number of participants number of participants er of participants with a lete this item)	at the beginning of the plan year at the end of the plan year at the end of the plan year at the end of the plan year invested in the annual examination and reper (See instructions on waiver eliquither line 6a or line 6b, the plan per incomplete filing of this return the plan year invested in the annual examination and reper the line 6a or line 6b, the plan per incomplete filing of this return the plan incomplete set forth in the instruction of the plan year penalties set forth in the instruction of the plan year and signed by an enrolled actuary older. In the plan year invested in the end with the plan in the	of the plan year (defined ber n eligible assets? (See instruort of an independent qualification) and conditions.)	refit plans do not actions.) F and must instead used unless reasonable care examined this return/reportsion of this return of th	4c 5a 5b 5c	n 5500. sestablished. ncluding, if applicate to the best of my leading as plan admits a point of the point of the best of th	19 X Yes No X Yes No Able, a Schedule knowledge and
name a Spons 5a Total of b Total of C Numb composite 6a Were b Are you under If you Caution: A Under pen SB or Sche belief, it is so SIGN HERE	p. EIN, and the plan nuror's name number of participants number of participants er of participants with a lete this item)	at the beginning of the plan year at the end of the plan year at the end of the plan year at the end of the plan year invested in the annual examination and reper (See instructions on waiver eliquither line 6a or line 6b, the plan per incomplete filing of this return the plan year invested in the annual examination and reper the line 6a or line 6b, the plan per incomplete filing of this return the plan incomplete set forth in the instruction of the plan year penalties set forth in the instruction of the plan year and signed by an enrolled actuary older. In the plan year invested in the end with the plan in the	of the plan year (defined ber n eligible assets? (See instruort of an independent qualification) and conditions.)	refit plans do not actions.) F and must instead used unless reasonable care examined this return/reportsion of this return of th	4c 5a 5b 5c	n 5500. sestablished. ncluding, if applicate to the best of my leading as plan admits a point of the point of the best of th	19 X Yes No X Yes No Able, a Schedule knowledge and
name a Spons 5a Total of b Total of C Numb composite 6a Were b Are you under If you Caution: A Under pen SB or Sche belief, it is so SIGN HERE	p. EIN, and the plan nuror's name number of participants number of participants er of participants with a lete this item)	at the beginning of the plan year at the end of the plan year at the end of the plan year at the end of the plan year invested in the annual examination and reper (See instructions on waiver eliquither line 6a or line 6b, the plan per incomplete filing of this return the plan year invested in the annual examination and reper the line 6a or line 6b, the plan per incomplete filing of this return the plan incomplete set forth in the instruction of the plan year penalties set forth in the instruction of the plan year and signed by an enrolled actuary older. In the plan year invested in the end with the plan in the	of the plan year (defined ber n eligible assets? (See instruort of an independent qualification) and conditions.)	refit plans do not actions.) F and must instead used unless reasonable care examined this return/reportsion of this return of th	4c 5a 5b 5c	n 5500. sestablished. ncluding, if applicate to the best of my leading as plan admits a point of the point of the best of th	19 X Yes No X Yes No Able, a Schedule knowledge and

Form 5500-SF 2012 Page **2**

Par	t III Financial Information										
	Plan Assets and Liabilities		(a) Beginning of Yea	ar			(b) End	l of Y	ear		
	Total plan assets	7a	381710			476640					
	Total plan liabilities	7b					0				
	Net plan assets (subtract line 7b from line 7a)	7c	381710						17664	0	
	Income, Expenses, and Transfers for this Plan Year		(a) Amount			(b) Total					
	Contributions received or receivable from:		(a) runount				(2)	- Ota-			
	(1) Employers	8a(1)									
	(2) Participants	8a(2)	5783	39							
	(3) Others (including rollovers)	8a(3)									
b	Other income (loss)	8b	4181	4							
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							99653	3	
	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	464	8							
е	Certain deemed and/or corrective distributions (see instructions)	8e									
f	Administrative service providers (salaries, fees, commissions)	8f	7	'5							
g	Other expenses	8g									
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							472	3	
	Net income (loss) (subtract line 8h from line 8c)	8i							9493	0	
	Transfers to (from) the plan (see instructions)	8j									
Par	t IV Plan Characteristics		l								
	If the plan provides pension benefits, enter the applicable pension 2A 2F 2G 2J 2K 3D 2E 2T	feature co	des from the List of Plan Char	acteris	stic Co	odes in	the instru	ctions):		
b	If the plan provides welfare benefits, enter the applicable welfare fe	eature cod	les from the List of Plan Chara	cterist	ic Coc	des in t	he instruc	tions:			
Don	V Commission of Oscartions										
Part	•				V						
10	During the plan year:	C	and the Caraman Sand day and the	ı	Yes	No		Am	ount		
a	Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidure)	iciary Cor	rection Program)	10a		X					
	Were there any nonexempt transactions with any party-in-interest on line 10a.)			10b		X					
С	Was the plan covered by a fidelity bond?			10c	X				1	1000	000
d	Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?	-		10d		X					
е	insurance service or other organization that provides some or all of	of the bene	efits under the plan? (See	10-	X						504
	instructions.)			10e		· ·					501
f	Has the plan failed to provide any benefit when due under the plan	n?		10f		X					
g	Did the plan have any participant loans? (If "Yes," enter amount a	s of year e	end.)	10g		X					
h	If this is an individual account plan, was there a blackout period? (2520.101-3.)	•		10h		X					
i	If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10			10i							
Part	VI Pension Funding Compliance										
11 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 Enter the amount from Schedule SB line 39										
12							No				
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,	, as applic	able.)								
а	If a waiver of the minimum funding standard for a prior year is beir granting the waiver.	ng amortiz	ed in this plan year, see instru		and e	enter th Day	e date of	the le		ling	
If	you completed line 12a, complete lines 3, 9, and 10 of Schedulo	e MB (For	m 5500), and skip to line 13.								
b	Enter the minimum required contribution for this plan year					12b					

	Form 5500-SF 2012 Page 3 - 1			
	Enter the amount contributed by the employer to the plan for this plan year	12c		
d	Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a negative amount)	12d		
е	Will the minimum funding amount reported on line 12d be met by the funding deadline?		Yes	No N/A
Part	VII Plan Terminations and Transfers of Assets			
13a	Has a resolution to terminate the plan been adopted in any plan year?		Yes X No	
	If "Yes," enter the amount of any plan assets that reverted to the employer this year	. 13a		
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the of the PBGC?	control		Yes X No
С	If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) which assets or liabilities were transferred. (See instructions.)	to		
1	3c(1) Name of plan(s):	1 3c(2) E	IN(s)	13c(3) PN(s)
Part	VIII Trust Information (optional)			
	Name of trust	14b ⊤	rust's EIN	

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.

2012

OMB Nos. 1210-0110 1210-0089

This Form is Open to Public Inspection

Part	Annual Report Identification Information						
For calend		01/2012	and ending	12/31/2012			
A This re	This return/report is for: a single-employer plan a multiple-employer plan (not multiemployer) a one-participant plan						
B This re	turn/report is:						
	an amended return/report as	short plan year returr	n/report (less than 12 m	onths)			
C Check	box if filing under: Form 5558	utomatic extension		DFVC program			
	special extension (enter description)						
Part II	Basic Plan Information—enter all requested information	on					
1a Name				1b Three-digit			
	INTERPRISES, INC. 401 (K) PLAN	plan number					
				(PN) 001			
				1c Effective date of plan 01/01/2004			
	ponsor's name and address; include room or suite number (emp terprises, Inc	ployer, if for a single-	employer plan)	2b Employer Identification Number (EIN) 91-1285969			
				2c Sponsor's telephone number			
4411 P	acific Highway E			253-922-0430			
Tacoma	WA 98424-2611			2d Business code (see instructions) 713200			
3a Plan a	dministrator's name and address Same as Plan Sponsor Nar	ne Same as Plan	Sponsor Address	3b Administrator's EIN			
BJS EN	TERPRISES, INC			91-1285969 3c Administrator's telephone number			
4411 D	ACTETC HICHWAY E			253-922-0430			
4411 P.	ACIFIC HIGHWAY E						
TACOMA	WA 98424-2611						
	name and/or EIN of the plan sponsor has changed since the last sell, and the plan number from the last return/report.	t return/report filed fo	r this plan, enter the	4b EIN			
	or's name			4c PN			
5a Total	number of participants at the beginning of the plan year			5a 20			
b Total	number of participants at the end of the plan year			5b 19			
	er of participants with account balances as of the end of the planete this item)			5c 19			
	all of the plan's assets during the plan year invested in eligible						
b Are yo	ou claiming a waiver of the annual examination and report of an	independent qualifie	d public accountant (IQ	PA) = =			
	· 29 CFR 2520.104-46? (See instructions on waiver eligibility and answered "No" to either line 6a or line 6b, the plan cannot						
	A A A A A A A A A A A A A A A A A A A						
	A penalty for the late or incomplete filing of this return/repor						
SB or Sche	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	Jumana Daysoule	2/14/13	JENYNNE DENOBI	LE			
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 in				dual signing as employer or plan sponsor			
Preparer's	name (including firm name, if applicable) and address; include r	(optional)	Preparer's telephone number (optional)				

Par	rt III Financial Information						
7	Plan Assets and Liabilities		(a) Beginning of Yea	ır			(b) End of Year
а	Total plan assets	7a		3171	.0		476640
b	Total plan liabilities	7b					0
С	Net plan assets (subtract line 7b from line 7a)	7c	38	3171	.0		476640
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b) Total
а	Contributions received or receivable from:	0=(4)					
	(1) Employers	8a(1)		5783	9		
_	(2) Participants	8a(2)		5,05			
h	(3) Others (including rollovers)	8a(3) 8b	4	4181	4		
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c					99653
	Benefits paid (including direct rollovers and insurance premiums	- 00					
	to provide benefits)	8d		464	8		
<u>e</u>	Certain deemed and/or corrective distributions (see instructions)	8e					
f	Administrative service providers (salaries, fees, commissions)	8f		7	5		The Street Land
_	Other expenses	8g					
	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h					4723
-	Net income (loss) (subtract line 8h from line 8c)	8i			7		94930
-	Transfers to (from) the plan (see instructions)	8j					
	t IV Plan Characteristics						
9a	If the plan provides pension benefits, enter the applicable pension 2A 2F 2G 2J 2K 3D 2E 2T	reature cod	ies from the List of Plan Chara	acteris	tic Co	aes in	the instructions:
b	If the plan provides welfare benefits, enter the applicable welfare for	eature code	s from the List of Plan Charac	cteristi	c Cod	es in t	he instructions:
Parl	t V Compliance Questions						.
10	During the plan year:				Yes	No	Amount
a	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu	ciary Corre	ection Program)	10a		Х	
b	Were there any nonexempt transactions with any party-in-interest on line 10a.)			10b		Х	
С	Was the plan covered by a fidelity bond?			10c	Х		1000000
d	Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?	-	-	10d		х	
е	Were any fees or commissions paid to any brokers, agents, or oth insurance service or other organization that provides some or all of				7/		
	instructions.)			10e	Х		501
f	Has the plan failed to provide any benefit when due under the plan	n?		10f		X	
g	Did the plan have any participant loans? (If "Yes," enter amount as	s of year er	nd.)	10g		Х	
h	If this is an individual account plan, was there a blackout period? (2520.101-3.)	•		10h		Х	
i	If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10			10i			
Part	VI Pension Funding Compliance						
11	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)	ents? (If "Y	es," see instructions and com	plete	Sched	lule SE	3 (Form
11a	11a Enter the amount from Schedule SB line 39						
12	Is this a defined contribution plan subject to the minimum funding					302 of	ERISA? Yes X No
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,	770.	CO. 10				
а	If a waiver of the minimum funding standard for a prior year is being ranting the waiver.	ng amortize	d in this plan year, see instruc		and e	enter th Day	ne date of the letter ruling Year
lf	you completed line 12a, complete lines 3, 9, and 10 of Schedule	e MB (Forr	n 5500), and skip to line 13.				
b	b Enter the minimum required contribution for this plan year						

	Form 5500-SF 2012 Page 3 -		
C	Enter the amount contributed by the employer to the plan for this plan year	12c	
d	Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the negative amount).	e left of a	
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		71182 7.11 412
13a	Has a resolution to terminate the plan been adopted in any plan year?	Т	es X No
	If "Yes," enter the amount of any plan assets that reverted to the employer this year	13a	
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought the PBGC?		Yes X No
С	If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), iden which assets or liabilities were transferred. (See instructions.)	tify the plan(s) to	41114
1	13c(1) Name of plan(s):	13c(2) El	N(s) 13c(3) PN(s)
Part	t VIII Trust Information (optional)		
14a	Name of trust	14b Tr	rust's EIN