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

			Complete an entries in ac	cordance with the instruc	tions to the Form 550	№-ог.		
Р	art I	Annual Report	Identification Information					
For	calenda	ar plan year 2012 or fis	scal plan year beginning 01/01/	2012	and ending 1	12/31/2	2012	
Α	This retu	urn/report is for:	X a single-employer plan	a multiple-employer pla	an (not multiemployer)		a one-particip	oant plan
В	This retu	urn/report is:	the first return/report	the final return/report				
			an amended return/report	a short plan year return	/report (less than 12 m	onths)		
С	Check b	oox if filing under:	Form 5558	automatic extension			DFVC progra	m
			special extension (enter descr	<u>' </u>				
Pa	art II	Basic Plan Info	rmation—enter all requested infe	ormation				
1a	Name of	of plan				1b	Three-digit	
TOP	PING M	OTORS, INC. 401(K) F	RETIREMENT PLAN				plan number	
							(PN) ▶	001
						1c	Effective date of 01/01/	•
22	Plan er	oneor's name and add	dress; include room or suite numbe	or (omployer if for a single of	omployor plan)	2h		
		OTORS, INC.	aress, include room or suite number	er (employer, il for a single-e	amployer plant	20	Employer Identif (EIN) 91-07	
						2c	Sponsor's telep	
		OOPER POINT ROAL	D				360-943	
OLY	MPIA, W	/A 98502				2d	Business code (44111	
3a	Plan ac	dministrator's name an	nd address XSame as Plan Spons	or Name Same as Plan	Sponsor Address	3b	Administrator's E	EIN
						30	Administrator's t	alanhana numbar
						36	Administrators t	elephone number
1	If the n	ome and/or FINI of the	nlan ananar has abanced since t	the lest return/report filed to	r this plan antar the	415		
4			e plan sponsor has changed since t mber from the last return/report.	the last return/report filed to	r this plan, enter the	40	EIN	
а		or's name				4c	PN	
5a	Total n	number of participants	at the beginning of the plan year			5a		31
b	Total n	number of participants	at the end of the plan year			5b		27
С			account balances as of the end of t		•	5c		21
6a	Were	all of the plan's assets	s during the plan year invested in e	ligible assets? (See instruct	tions.)			X Yes No
b			f the annual examination and repor					
			? (See instructions on waiver eligibi					X Yes No
	If you	answered "No" to ei	ither line 6a or line 6b, the plan c	annot use Form 5500-SF	and must instead use	Form	5500.	
Ca	ution: A	penalty for the late of	or incomplete filing of this return	/report will be assessed u	unless reasonable cau	use is	established.	
Un	der pena	alties of perjury and oth	her penalties set forth in the instruc	tions, I declare that I have e	examined this return/re	port, ir	cluding, if applica	able, a Schedule
		dule MB completed ar rue, correct, and comp	nd signed by an enrolled actuary, a plete.	s well as the electronic vers	sion of this return/report	t, and	to the best of my	knowledge and
	, 10 (•			Τ			
SIG		Filed with authorized/v	valid electronic signature.	03/04/2013	BRADLEY A. TOPPIN	NG		
пс	NE	Signature of plan ac	dministrator	Date	Enter name of individ	lual sig	ning as plan adn	ninistrator
SIG								
HE	RE	Signature of employ	yer/plan sponsor	Date	Enter name of individ	lual sig	ning as employe	r or plan sponsor
Pre	parer's i	name (including firm n	name, if applicable) and address; in	clude room or suite number	(optional)	Prep	arer's telephone	number (optional)

Form 5500-SF 2012 Page **2**

	1 01111 0000 01 2012		i age =							
Pa	rt III Financial Information									
7	Plan Assets and Liabilities		(a) Beginning of Yea	ar			(b) End of Year			
a	Total plan assets	7a 83273					990901			
	Total plan liabilities	7b								
С	Net plan assets (subtract line 7b from line 7a)	7с	83273	832734			990901			
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount			(b) Total				
а	Contributions received or receivable from:		, ,							
	(1) Employers	8a(1)	455							
	(2) Participants	8a(2)	3220)4						
	(3) Others (including rollovers)	8a(3)								
	Other income (loss)	8b	12788	38						
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c					164647			
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	. 8d	645	66						
е	Certain deemed and/or corrective distributions (see instructions)	8e								
f	Administrative service providers (salaries, fees, commissions)	8f	2	24						
g	Other expenses	8g								
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h					6480			
i	Net income (loss) (subtract line 8h from line 8c)	8i					158167			
j	Transfers to (from) the plan (see instructions)	8j								
Pai	t IV Plan Characteristics		•		•					
9a	If the plan provides pension benefits, enter the applicable pension	feature co	odes from the List of Plan Char	acteris	stic Co	des in	the instructions:			
b	2E 2F 2H 2J 2K 3D If the plan provides welfare benefits, enter the applicable welfare fe	naturo coc	los from the List of Plan Chara	ctorict	ic Coc	loc in t	ho instructions:			
D	In the plan provides wellare benefits, effici the applicable wellare is	eature coc	ies nom the List of Flan Chara	Clensi	ic Coc	ies iii t	ne msuucions.			
Par	Part V Compliance Questions									
10	During the plan year:				Yes	No	Amount			
а			•	10a		X				
b		? (Do not	include transactions reported	10b		X				
				10c	X		1000	200		
	Did the plan have a loss, whether or not reimbursed by the plan's			100			1000	000		
	or dishonesty?	-	-	10d		X				
е	Were any fees or commissions paid to any brokers, agents, or oth insurance service or other organization that provides some or all of					X				
	instructions.)			10e						
f	Has the plan failed to provide any benefit when due under the pla	n?		10f		X				
g	Did the plan have any participant loans? (If "Yes," enter amount a	s of year	end.)	10g	X		78	349		
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 requirem 5500) and line 11a below)							No		
11a						11a				
12	Is this a defined contribution plan subject to the minimum funding	requirem	ents of section 412 of the Code	e or se	ection	302 of	ERISA? Yes X	No		
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,	, as applic	able.)							
	If a waiver of the minimum funding standard for a prior year is beir granting the waiver.		Mon	ıth	, and 6	enter th Day	ne date of the letter ruling Year	_		
If	you completed line 12a, complete lines 3, 9, and 10 of Schedule	e MB (Fo	rm 5500), and skip to line 13.				T			
b	Enter the minimum required contribution for this plan year					12b				

	Form 5500-SF 2012 Page 3 - 1	d by the employer to the plan for this plan year		
	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	s X No Yes X No (s) 13c(3) PN(s)
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,

OMB Nos. 1210-0110 1210-0089

2012

This Form is Open to Public Inspection

Part I		Identification Information				
For calenda	r plan year 2012 or fis	scal plan year beginning 01	/01/2012	and ending	12/31/20	12
A This retu	urn/report is for:	X a single-employer plan	a multiple-employer pl	an (not multiemployer)	a one-parti	cipant plan
B This retu	urn/report is:	the first return/report	the final return/report			
		an amended return/report	a short plan year return	/report (less than 12 mo	onths)	
C Check b	ox if filing under:	Form 5558	automatic extension		☐ DFVC prog	ıram
	3	special extension (enter description	on)			
Part II	Rasic Plan Info	rmation—enter all requested inform	·			
1a Name		That of Citics an requested inform	ation		1b Three-digit	
		. 401(K) RETIREMENT PLA	N		plan number (PN)	001
					1c Effective date 01/01/199	
	oonsor's name and ad MOTORS, INC	dress; include room or suite number (e	mployer, if for a single-	employer plan)	2b Employer Idea (EIN) 91-07	
2015 S.	W. COOPER PO	INT ROAD			2c Sponsor's tele 360-943-	•
					2d Business code	
OLYMPIA		WA 98502	parting		441110	
3a Plan ac	dministrator's name ar	nd address XSame as Plan Sponsor N	Name XSame as Plan	Sponsor Address	3b Administrator	s EIN
					3c Administrator	's telephone number
						•
4						
		e plan sponsor has changed since the mber from the last return/report.	last return/report filed fo	or this plan, enter the	4b EIN	
a Sponso		moor from the last retain report.			4c PN	
5a Total r	number of participants	at the beginning of the plan year			5a	31
b Total r	number of participants	at the end of the plan year			5b	27
	(J. 564 *C	account balances as of the end of the		-	5c	21
	The state of the s	s during the plan year invested in eligit				X Yes No
	•	f the annual examination and report of	,			
		? (See instructions on waiver eligibility				X Yes No
If you	answered "No" to e	ither line 6a or line 6b, the plan can	not use Form 5500-SF	and must instead use	Form 5500.	
Caution: A	penalty for the late	or incomplete filing of this return/re	port will be assessed	unless reasonable cau	use is established.	
SB or Sche		her penalties set forth in the instructior nd signed by an enrolled actuary, as w plete.				
SIGN	1 Dulle			BRADLEY A. TO	PPING	
HERE	Signature of plan a	idministrator	Date 2/13/13	Enter name of individ	ual signing as plan a	administrator
SIGN						
HERE	Signoture of one is	weet plan ananger	Data	Enter name of individ	lual eigning as omnis	wer or plan enoneor
	Signature of emplo	oyer/plan sponsor name, if applicable) and address; inclu	Date Date room or suite numbe			ne number (optional)
, ropardi s	Tissino prisadung mini	and it applicable, and address, mou	Join of Julio Hallibe	A. P. Marrison,		
1					1	

Га	rt III Financial Information						
7	Plan Assets and Liabilities		(a) Beginning of Yea	r			(b) End of Year
а	Total plan assets	7a		3273	4		990901
b	Total plan liabilities	7b					
С	Net plan assets (subtract line 7b from line 7a)	7c	83	3273	4		990901
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b) Total
а	Contributions received or receivable from:			4 = =		0	
	(1) Employers	8a(1)		455	_		
	(2) Participants	8a(2)		3220	4		
_	(3) Others (including rollovers)	8a(3)					
	Other income (loss)	8b	12	2788	8		
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c			4		164647
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		645	6		
е	Certain deemed and/or corrective distributions (see instructions)	8e			_		
f	Administrative service providers (salaries, fees, commissions)	8f		2	4		
g	Other expenses	8g					
	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h			\top		6480
ī	Net income (loss) (subtract line 8h from line 8c)	8i			1		158167
Ť	Transfers to (from) the plan (see instructions)	81					
Pa	rt IV Plan Characteristics	1 9 1			-1		
_	If the plan provides pension benefits, enter the applicable pension	feature code	es from the List of Plan Chara	acteris	tic Co	des in t	the instructions:
- b	2E 2F 2H 2J 2K 3D If the plan provides welfare benefits, enter the applicable welfare for	aature codes	from the List of Dlan Charac	stariet	ic Cod	es in th	o instructions:
	in the plant provides wertare benefits, effect the applicable wertare to	catare codes	THOM the List of Flatt Charac	Jense	000	C3 III U	ie instructions.
Par	t V Compliance Questions						
10	During the plan year:				Yes	No	Amount
а	Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fide					7,,	
		dually Collec	ction Program)	10a		X	
	Were there any nonexempt transactions with any party-in-interest on line 10a.)	? (Do not in	clude transactions reported	10a 10b		х	
	on line 10a.)	? (Do not in	clude transactions reported	10b	х		100000
	on line 10a.) Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan's	? (Do not inc	clude transactions reported	10b 10c	Х		100000
	on line 10a.) Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty? Were any fees or commissions paid to any brokers, agents, or other plants.	fidelity bond	lude transactions reported	10b	Х	х	100000
	on line 10a.) Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty? Were any fees or commissions paid to any brokers, agents, or other insurance service or other organization that provides some or all instructions.)	fidelity bonc	I, that was caused by fraud by an insurance carrier, ts under the plan? (See	10b 10c	Х	x x	100000
	on line 10a.) Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty? Were any fees or commissions paid to any brokers, agents, or other insurance service or other organization that provides some or all instructions.)	fidelity bonc	I, that was caused by fraud by an insurance carrier, ts under the plan? (See	10b 10c 10d	Х	х	100000
	on line 10a.) Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty? Were any fees or commissions paid to any brokers, agents, or oth insurance service or other organization that provides some or all instructions.) Has the plan failed to provide any benefit when due under the plantage of the pl	fidelity bonomer persons of the benefi	I, that was caused by fraud by an insurance carrier, ts under the plan? (See	10b 10c 10d	X	x x	100000 7849
	on line 10a.) Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty? Were any fees or commissions paid to any brokers, agents, or other insurance service or other organization that provides some or all instructions.) Has the plan failed to provide any benefit when due under the plan bid the plan have any participant loans? (If "Yes," enter amount a lift this is an individual account plan, was there a blackout period? 2520.101-3.)	fidelity bonomer persons of the benefinn?	l, that was caused by fraud by an insurance carrier, ts under the plan? (See	10b 10c 10d 10e 10f		x x	
	on line 10a.) Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty? Were any fees or commissions paid to any brokers, agents, or other insurance service or other organization that provides some or all instructions.) Has the plan failed to provide any benefit when due under the plan bid the plan have any participant loans? (If "Yes," enter amount a lift this is an individual account plan, was there a blackout period? 2520.101-3.)	fidelity bonomer persons of the benefinn? is of year en (See instruction)	d,)tions and 29 CFR	10b 10c 10d 10e 10f 10g		x x x	
	on line 10a.) Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty? Were any fees or commissions paid to any brokers, agents, or other insurance service or other organization that provides some or all instructions.) Has the plan failed to provide any benefit when due under the plate of the plan have any participant loans? (If "Yes," enter amount at the plan have any participant loans? (If "Yes," enter amount at 1 If this is an individual account plan, was there a blackout period? 2520.101-3.) If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10	fidelity bonomer persons of the benefinn? is of year en (See instruction)	d,)tions and 29 CFR	10b 10c 10d 10e 10f 10g 10h		x x x	
	on line 10a.) Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty? Were any fees or commissions paid to any brokers, agents, or oth insurance service or other organization that provides some or all instructions.) Has the plan failed to provide any benefit when due under the plan bid the plan have any participant loans? (If "Yes," enter amount a lift this is an individual account plan, was there a blackout period? 2520.101-3.) If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10 Pension Funding Compliance Is this a defined benefit plan subject to minimum funding requirements.	fidelity bond fidelity bond finer persons of the benefit finer persons finer persons finer persons finer persons fidelity bond fidelity fi	d, that was caused by fraud by an insurance carrier, ts under the plan? (See	10b 10c 10d 10e 10f 10g 10h	X	X X X X X dule SB	7849 (Form
f c c r i	on line 10a.) Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty? Were any fees or commissions paid to any brokers, agents, or oth insurance service or other organization that provides some or all instructions.) Has the plan failed to provide any benefit when due under the plat Did the plan have any participant loans? (If "Yes," enter amount at If this is an individual account plan, was there a blackout period? 2520.101-3.) If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10 tt VI Pension Funding Compliance	fidelity bonomer persons of the benefiting as of year en (See instruction 1-3	clude transactions reported I, that was caused by fraud by an insurance carrier, ts under the plan? (See d.) tions and 29 CFR notice or one of the	10b 10c 10d 10e 10f 10g 10h 10l	X	X X X X X dule SB	7849 (Form
f c c r i	on line 10a.) Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty? Were any fees or commissions paid to any brokers, agents, or other insurance service or other organization that provides some or all instructions.) Has the plan failed to provide any benefit when due under the plan bid the plan have any participant loans? (If "Yes," enter amount a lifthis is an individual account plan, was there a blackout period? 2520.101-3.) If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10 total line 11a below) Enter the amount from Schedule SB line 39.	fidelity bond fidelity bond finer persons of the benefit finer continue finer con	clude transactions reported I, that was caused by fraud by an insurance carrier, ts under the plan? (See d.) tions and 29 CFR notice or one of the	10b 10c 10d 10e 10f 10g 10h 10l	X	X X X X A A A A A A A A A A A A A A A A	7849 (Form Yes No
f	on line 10a.) Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty? Were any fees or commissions paid to any brokers, agents, or other insurance service or other organization that provides some or all instructions.) Has the plan failed to provide any benefit when due under the plan bid the plan have any participant loans? (If "Yes," enter amount a lift this is an individual account plan, was there a blackout period? 2520.101-3.) If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10 to the plan subject to minimum funding requirem 5500) and line 11a below)	fidelity bond fi	clude transactions reported I, that was caused by fraud by an insurance carrier, ts under the plan? (See d.) tions and 29 CFR notice or one of the es," see instructions and com	10b 10c 10d 10e 10f 10g 10h 10l	X	X X X X A A A A A A A A A A A A A A A A	7849 (Form Yes No
f	was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty? Were any fees or commissions paid to any brokers, agents, or other insurance service or other organization that provides some or all instructions.) Has the plan failed to provide any benefit when due under the plat bid the plan have any participant loans? (If "Yes," enter amount a lift this is an individual account plan, was there a blackout period? 2520.101-3.) If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10 to the plan subject to minimum funding requirem 5500) and line 11a below) Enter the amount from Schedule SB line 39. Is this a defined contribution plan subject to the minimum funding (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below. If a waiver of the minimum funding standard for a prior year is beithed.	fidelity bonomer persons of the benefinn? Is of year en (See instruction of the required in 1-3	clude transactions reported I, that was caused by fraud by an insurance carrier, its under the plan? (See d.) tions and 29 CFR notice or one of the es," see instructions and com ts of section 412 of the Code ole.) I in this plan year, see instructions	10b 10c 10d 10e 10f 10g 10h 10i	X	X X X X X A X A A A A A A A A A A A A A	(Form Yes No
6 Far 11 112 12	was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty? Were any fees or commissions paid to any brokers, agents, or other insurance service or other organization that provides some or all instructions.) Has the plan failed to provide any benefit when due under the plat of the plan have any participant loans? (If "Yes," enter amount a lift this is an individual account plan, was there a blackout period? 2520.101-3.) If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10 to the plan subject to minimum funding requirem 5500) and line 11a below) Enter the amount from Schedule SB line 39. Is this a defined contribution plan subject to the minimum funding (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below. If a waiver of the minimum funding standard for a prior year is being granting the waiver.	fidelity bond fidelity fi	clude transactions reported I, that was caused by fraud by an insurance carrier, its under the plan? (See d.) tions and 29 CFR notice or one of the es," see instructions and com ts of section 412 of the Code ble.) In this plan year, see instructions and come of the code d in this plan year, see instructions and come of the code Mon	10b 10c 10d 10e 10f 10g 10h 10i	X	X X X X A X A A A A A A A A A A A A A A	7849 (Form Yes No
f g Far 11 112 12	was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty? Were any fees or commissions paid to any brokers, agents, or other insurance service or other organization that provides some or all instructions.) Has the plan failed to provide any benefit when due under the plat bid the plan have any participant loans? (If "Yes," enter amount a lift this is an individual account plan, was there a blackout period? 2520.101-3.) If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10 to the plan subject to minimum funding requirem 5500) and line 11a below) Enter the amount from Schedule SB line 39. Is this a defined contribution plan subject to the minimum funding (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below. If a waiver of the minimum funding standard for a prior year is beithed.	fidelity bonomer persons of the benefit in? It is of year en (See instruction in 1-3	clude transactions reported I, that was caused by fraud by an insurance carrier, its under the plan? (See Id.) Id.) Its of section 412 of the Code Its of section 412 of the Code Its of section 412 of the Code In this plan year, see instructions and see instructions and see instructions. In this plan year, see instructions and see instructions and see instructions and see instructions. In this plan year, see instructions and see instructions and see instructions and see instructions.	10b 10c 10d 10e 10f 10g 10h 10i pplete	X Schec	X X X X X A X A A A A A A A A A A A A A	(Form Yes No

Form 5500-SF 2012		Page 3 -					
C Enter the amount contributed by the employer to the pla	an for this plan year			12c			
d Subtract the amount in line 12c from the amount in line negative amount)				12d			
e Will the minimum funding amount reported on line 12d	be met by the funding d	eadline?			Yes	No	N/A
Part VII Plan Terminations and Transfers of	Assets						122
13a Has a resolution to terminate the plan been adopted in any	plan year?			Y	es X	No	
If "Yes," enter the amount of any plan assets that rever	ted 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?						Yes	X No
C If during this plan year, any assets or liabilities were tra which assets or liabilities were transferred. (See instruc-	ansferred from this plan						
13c(1) Name of plan(s):			130	(2) El	N(s)	13c(3) PN(s)
Part VIII Trust Information (optional)	-11					V=	
		4b Tr	ust's EIN				