## 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

Pension Be	enefit Guaranty Corporation	▶ Complete all entries in acc	ordance with the instru	uctions to the Form 550	0-SF.	
Part I		Identification Information				
For calenda	ar plan year 2012 or fi	iscal plan year beginning 01/01/2	012	and ending 1	2/31/2	2012
	urn/report is for:	a single-employer plan		plan (not multiemployer)		a one-participant plan
<b>B</b> This ret	urn/report is:	the first return/report	the final return/report			
		an amended return/report	a short plan year retu	rn/report (less than 12 m	onths)	) <u> </u>
C Check I	oox if filing under:	Form 5558	automatic extension			DFVC program
		special extension (enter descrip	otion)			
Part II	Basic Plan Info	ormation—enter all requested info	rmation			
1a Name					1b	Three-digit
	•	401(K) PROFIT SHARING PLAN				plan number
						(PN) ▶ 001
					1c	Effective date of plan
					_	07/01/2002
	ponsor's name and ad LORS PAINTING CO.	ddress; include room or suite number	(employer, if for a single	e-employer plan)	2b	Employer Identification Number (EIN) 91-1120862
					2c	Sponsor's telephone number
6223 MARTI	IN WAY E.					360-491-6911
LACEY, WA	98516				2d	Business code (see instructions) 238300
3a Plan a	dministrator's name a	nd address Same as Plan Sponso	or Name Same as Pla	an Sponsor Address	3b	Administrator's EIN 91-1120862
LYING COLO	ORS PAINTING CO.	6223 MART LACEY, WA			30	Administrator's telephone number
		LAGET, WA	( 303 10		00	360-491-6911
4 If the r	name and/or EIN of the	e plan sponsor has changed since th	ne last return/report filed	for this plan, enter the	4b	EIN
		mber from the last return/report.	•	•		
<b>a</b> Spons	or's name				4c	PN
<b>5a</b> Total r	number of participants	at the beginning of the plan year			5a	9
<b>b</b> Total r	number of participants	at the end of the plan year			5b	7
		account balances as of the end of th	• • •	•	<b>F</b> ~	
	•				5c	5 V Voc □ No
_	•	s during the plan year invested in eli-	•	•		X Yes   No
•	•	of the annual examination and report ? (See instructions on waiver eligibili			,	X Yes No
		ither line 6a or line 6b, the plan ca				——————————————————————————————————————
Caution: A	nenalty for the late	or incomplete filing of this return/	report will be assessed	l unless reasonable cau	ıse is	established
		ther penalties set forth in the instructi				
SB or Sche	edule MB completed a	nd signed by an enrolled actuary, as				
belief, it is t	true, correct, and com	plete.				
CICN	Filed with authorized	/valid electronic signature.	03/06/2013	DUSTIN WILSON		
SIGN HERE						
	Signature of plan a	idministrator	Date	Enter name of individ	ual siç	gning as plan administrator
SIGN						
HERE	Signature of emplo		Date			gning as employer or plan sponsor
Preparer's	name (including firm r	name, if applicable) and address; inc	lude room or suite numb	er (optional)	Prep	parer's telephone number (optional)
1						

Form 5500-SF 2012 Page **2** 

Por	+ III   Einangial Information		-						
<u> Par</u>	t III Financial Information  Plan Assets and Liabilities		(a) Paginning of Var				(b) End of Your		
	Total plan assets	7a	(a) Beginning of Yea			(b) End of Year 501461			
	Total plan liabilities	7a 7b	43092	0			0		
C Net plan assets (subtract line 7b from line 7a)			43092			Ţ.			
	Income, Expenses, and Transfers for this Plan Year	7c		.5		501461			
	Contributions received or receivable from:		(a) Amount				(b) Total		
	(1) Employers	8a(1)	149	4					
	(2) Participants	8a(2)	2383	32					
	(3) Others (including rollovers)	8a(3)							
b	Other income (loss)	8b	4710	9					
C	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c					72435		
	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	182	!4					
е	Certain deemed and/or corrective distributions (see instructions)	8e							
f	Administrative service providers (salaries, fees, commissions)	8f	7	<b>'</b> 5					
g	Other expenses	8g							
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h					1899		
<u>i</u>	Net income (loss) (subtract line 8h from line 8c)	8i					70536		
j	Transfers to (from) the plan (see instructions)	8j							
Par	t IV Plan Characteristics								
9a	If the plan provides pension benefits, enter the applicable pension 2A 2E 2F 2J 2K 3D 2G 2T	feature co	des from the List of Plan Char	acteris	stic Co	des in	the instructions:		
b	If the plan provides welfare benefits, enter the applicable welfare for	eature cod	les from the List of Plan Chara	cteristi	ic Cod	les in tl	he instructions:		
Part	V Compliance Questions								
10	During the plan year:				Yes	No	Amount		
a				10a		X	Amount		
b		? (Do not	include transactions reported	10b		X			
	Was the plan covered by a fidelity bond?			10c	Χ		40000		
d	, , ,			100			40000		
	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 cinstructions.)	of the bene	efits under the plan? (See	10e	X		538		
f	Has the plan failed to provide any benefit when due under the plan			10f		X			
						X			
g h	, ,	(See instru	uctions and 29 CFR	10g		X			
i	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	ne require	d notice or one of the	10h					
Dowt	1 3 11	1-3		10i					
Part 11	Is this a defined benefit plan subject to minimum funding requirem								
11a	5500) and line 11a below)  Enter the amount from Schedule SB line 39					11a	165   140		
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, as applicable.)								
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	ne date of the letter ruling Year		
If	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					12b			

	Form 5500-SF 2012 Page <b>3</b> - 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 <b>3c(2)</b> E	IN(s)	<b>13c(3)</b> PN(s)
Part	VIII Trust Information (optional)			
	Name of trust	<b>14b</b> ⊤	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 Annual Report Identification Information		The Call Control of the Control of the Call Co							
	01/2012	and ending	12/31/2012						
	multiple-employer p	an (not multiemployer)	a one-participant plan						
B This return/report is:	ne final return/report								
an amended return/report	short plan year retur	n/report (less than 12 m	· <u> </u>						
C Check box if filing under:	utomatic extension		DFVC program						
special extension (enter description)									
Part II Basic Plan Information—enter all requested information	on								
1a Name of plan			1b Three-digit						
FLYING COLORS PAINTING CO. 401(K) PROFIT SHA	ARING PLAN		plan number (PN) > 001						
			1c Effective date of plan						
			07/01/2002						
2a Plan sponsor's name and address; include room or suite number (emp	ployer, if for a single-	employer plan)	2b Employer Identification Number						
FLYING COLORS PAINTING CO.			(EIN) 91-1120862						
6000 1000000 1000			2c Sponsor's telephone number						
6223 MARTIN WAY E.			360-491-6911						
LACEY WA 98516			2d Business code (see instructions) 238300						
3a Plan administrator's name and address Same as Plan Sponsor Nar	ne Same as Plar	Sponsor Address	3b Administrator's EIN						
FLYING COLORS PAINTING CO.			91-1120862						
			3c Administrator's telephone number						
6223 MARTIN WAY E.			360-491-6911						
LACEY WA 98516									
4 If the name and/or EIN of the plan sponsor has changed since the las	t return/report filed fo	or this plan, enter the	4b EIN						
name, EIN, and the plan number from the last return/report.  a Sponsor's name			4c PN						
5a Total number of participants at the beginning of the plan year			<b>5a</b> 9						
<b>b</b> Total number of participants at the end of the plan year			<b>5b</b> 7						
C Number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item)									
6a Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.) X Yes No									
b Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA)									
under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.)									
Caution: A penalty for the late or incomplete filing of this return/report									
Under penalties of perjury and other penalties set forth in the instructions,									
SB or Schedule MB completed and signed by an enrolled actuary, as well belief, it is true, correct, and complete.	as the electronic ver	sion of this return/report	, and to the best of my knowledge and						
SIGN RIVERS	2-14-13	DUSTIN WILSON							
HERE Signature of plan administrator	Date	Enter name of individe	ual signing as plan administrator						
SIGN	DUSTIN WILSON								
HERE Signature of employer/plan sponsor Date Enter name of individual signing as employer or plan sponsor									
Preparer's name (including firm name, if applicable) and address; include room or suite number (optional)  Preparer's telephone number (optional)									

Pa	rt III Financial Information	_							
7	Plan Assets and Liabilities		(a) Beginning of Yea	ır			(b) End	of Year	
a	Total plan assets	. 7a	43	3092	5				501461
b	Total plan liabilities	. 7b			0				0
С	Net plan assets (subtract line 7b from line 7a)	7c	43	3092	5				501461
8	Income, Expenses, and Transfers for this Plan Year (a) Amount						(b) T	otal	
а	Contributions received or receivable from: (1) Employers	tributions received or receivable from:							
()	(2) Participants	8a(2)	2	2383	2				sy'ne i'n
	(3) Others (including rollovers)	8a(3)			1				
b	Other income (loss)	8b		4710	9	Series 3	115 F/12		M IND-O
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c	BASIS BEEN LINE IN	TO U					72435
	Benefits paid (including direct rollovers and insurance premiums				. 101	100		TANK	
	to provide benefits)	. 8d		182	4	W.	40 00	100	
е	Certain deemed and/or corrective distributions (see instructions)	. 8e			300	0.11	Station!		
f	Administrative service providers (salaries, fees, commissions)	. 8f		7	5		in a physic		
g	Other expenses	. 8g			90.0	DES)	T S IN	HIT NAME OF	BEH
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							1899
ī	Net income (loss) (subtract line 8h from line 8c)	8i							70536
ij	Transfers to (from) the plan (see instructions)	- 8j			2.				
Pa	rt IV Plan Characteristics				_				
9a b	2A 2E 2F 2J 2K 3D 2G 2T  If the plan provides welfare benefits, enter the applicable welfare for								
Par	t V Compliance Questions								
					v .	N	I		
10	During the plan year:				Yes	No		Amount	
	Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fid	uciary Cor	rection Program)	10a	Yes	No X		Amount	
	Was there a failure to transmit to the plan any participant contribu	uciary Cor t? (Do not	rection Program)include transactions reported	10a	Yes			Amount	
	Was there a failure to transmit to the plan any participant contribution 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fide Were there any nonexempt transactions with any party-in-interest on line 10a.)	uciary Cor t? (Do not	include transactions reported		Yes	Х		Amount	40000
t	Was there a failure to transmit to the plan any participant contribution 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fide Were there any nonexempt transactions with any party-in-interest on line 10a.)	t? (Do not	include transactions reported	10b		Х		Amount	40000
	Was there a failure to transmit to the plan any participant contribution 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fide Were there any nonexempt transactions with any party-in-interest 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?	t? (Do not fidelity bother person of the ben	include transactions reported  and, that was caused by fraud as by an insurance carrier, efits under the plan? (See	10b 10c		х		Amount	40000
	Was there a failure to transmit to the plan any participant contribution 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fide Were there any nonexempt transactions with any party-in-interest 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.)	t? (Do not fidelity bo	include transactions reported and, that was caused by fraud as by an insurance carrier, efits under the plan? (See	10b 10c 10d	Х	х		Amount	
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6 G	Was there a failure to transmit to the plan any participant contribution 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiditive Were there any nonexempt transactions with any party-in-interest 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 old insurance service or other organization that provides some or all instructions.)  Has the plan failed to provide any benefit when due under the plan Did the plan have any participant loans? (If "Yes," enter amount a lifthis is an individual account plan, was there a blackout period?	t? (Do not fidelity bother persor of the ben as of year (See instr	include transactions reported  and, that was caused by fraud as by an insurance carrier, efits under the plan? (See	10b 10c 10d	Х	x x x		Amount	
6 G	Was there a failure to transmit to the plan any participant contribution of the plan any participant contribution of the plan any participant contribution of the plan (See instructions and DOL's Voluntary Fide).  Were there any nonexempt transactions with any party-in-interest 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 old insurance service or other organization that provides some or all instructions.)  Has the plan failed to provide any benefit when due under the plan Did the plan have any participant loans? (If "Yes," enter amount a	t? (Do not fidelity bother persor of the ben as of year (See instr	include transactions reported  and, that was caused by fraud as by an insurance carrier, efits under the plan? (See  end.)  uctions and 29 CFR	10b 10c 10d 10e 10f 10g	Х	x x x		Amount	
	Was there a failure to transmit to the plan any participant contribution 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fide Were there any nonexempt transactions with any party-in-interest 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 Did the plan have any participant loans? (If "Yes," enter amount a lif 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	t? (Do not fidelity bother persor of the ben as of year (See instr	include transactions reported  and, that was caused by fraud as by an insurance carrier, efits under the plan? (See  end.)  uctions and 29 CFR	10b 10c 10d 10e 10f 10g 10h	Х	x x x		Amount	
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f Par 11	Was there a failure to transmit to the plan any participant contribution 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fide Were there any nonexempt transactions with any party-in-interest 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 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 total Pension Funding Compliance  Is this a defined benefit plan subject to minimum funding requirem	her persor of the ben (See instruction)	include transactions reported include transactions reported ind, that was caused by fraud is by an insurance carrier, efits under the plan? (See ind.) indice or one of the indice or one of the	10b 10c 10d 10e 10f 10g 10h 10i	X	X X X X X Authorized Section 1			538
f Par 11	Was there a failure to transmit to the plan any participant contribution 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fide Were there any nonexempt transactions with any party-in-interest 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 Did 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 2520.101.  VI Pension Funding Compliance  Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)	t? (Do not fidelity bother persor of the ben as of year (See instruction the require 11-3	include transactions reported include transactions reported ind, that was caused by fraud is by an insurance carrier, efits under the plan? (See ind.) indice or one of the indice or one of the	10b 10c 10d 10e 10f 10g 10h 10i	X	X X X X X Authorized the SE		∏ Yes	538
6 G G G G G G G G G G G G G G G G G G G	Was there a failure to transmit to the plan any participant contribution 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fide Were there any nonexempt transactions with any party-in-interest 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 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 2520.101.  If VI Pension Funding Compliance  Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)	t? (Do not fidelity bother persor of the ben an? (See instruction the require the require the require the require	include transactions reported  include transactions reported  and, that was caused by fraud  is by an insurance carrier,  efits under the plan? (See  end.)  uctions and 29 CFR  d notice or one of the  Yes," see instructions and come  ents of section 412 of the Code	10b 10c 10d 10e 10f 10g 10h 10i	X	X X X X X Authorized the SE		∏ Yes	538
Far   11   11   12   2   2   2   2   2   2	Was there a failure to transmit to the plan any participant contribution 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fide Were there any nonexempt transactions with any party-in-interest 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 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 total VI Pension Funding Compliance  Is this a defined benefit 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 bei granting the waiver.	t? (Do not fidelity bother person of the ben an? (See instruction the require the require the require the require the grequirem the applic as applic as applic as applic and amortiz	include transactions reported  include transactions reported  and, that was caused by fraud  is by an insurance carrier,  efits under the plan? (See  end.)  uctions and 29 CFR  d notice or one of the  Yes," see instructions and com  ents of section 412 of the Code  sable.)  red in this plan year, see instructions and com  Mon	10b 10c 10d 10e 10f 10g 10h 10i	X	X X X X X Author Section 11a 302 of	ERISA?	☐ Yes	538 s No
Table   Tabl	Was there a failure to transmit to the plan any participant contribution 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fide Were there any nonexempt transactions with any party-in-interest 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 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 to the plan funding Compliance  Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)  Enter the amount from Schedule SB line 39	t? (Do not fidelity bother person of the ben an? (See instruction the require the require the require the require the grequirem the applic as applic as applic as applic and amortiz	include transactions reported  include transactions reported  and, that was caused by fraud  is by an insurance carrier,  efits under the plan? (See  end.)  uctions and 29 CFR  d notice or one of the  Yes," see instructions and com  ents of section 412 of the Code  sable.)  red in this plan year, see instructions and com  Mon	10b 10c 10d 10e 10f 10g 10h 10i	X	X X X X X Author Section 11a 302 of	ERISA?	Yes	538 s No

Form 5500-SF 2012	Page 3 -					
C Enter the amount contributed by the employer to the plan for	r this plan year	12c				
d Subtract the amount in line 12c from the amount in line 12b. negative amount)		12d				
e Will the minimum funding amount reported on line 12d be m	et by the funding deadline?		Yes No N/A			
Part VII Plan Terminations and Transfers of Ass	ets					
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 benefic of the PBGC?			Yes X No			
c If during this plan year, any assets or liabilities were transfer which assets or liabilities were transferred. (See instructions		n(s) to				
13c(1) Name of plan(s):		13c(2) EIN(	s) 13c(3) PN(s)			
Part VIII Trust Information (optional)						
14a Name of trust	14b Trus	14b Trust's EIN				

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