FOIM 5500-5F Short Form Annual Return/Report of Small Employee						OMB Nos. 1210-0110 1210-0089			
	tment of the Treasury nal Revenue Service	Be This form is required to be filed u	enefit Plan Inder sections 104 ar	nd 4065 of the Employed	e	2012			
	epartment of Labor enefits Security Administration	Retirement Income Security Act of 19		ctions 6057(b) and 6058		This Form is Open to Public			
Pension Be	enefit Guaranty Corporation	► Complete all entries in accordar	nce with the instruc	tions to the Form 5500	)-SF.	Inspection			
Part I		Ientification Information							
_	ar plan year 2012 or fisca	× · · · · □		<b>G</b>	2/31/2				
	urn/report is for:			an (not multiemployer)		a one-participant plan			
<b>B</b> This ret	urn/report is:		e final return/report						
-	Ļ	5		n/report (less than 12 mo	onths)				
C Check b	box if filing under:	$\dashv$ $\Box$	utomatic extension			DFVC program			
		special extension (enter description)							
Part II		mation—enter all requested informatic	on		16				
1a Name		RETIREMENT SAVINGS PLAN			a	Three-digit plan number			
						(PN) ▶ 001			
					1c	Effective date of plan			
22 Diam or		and include room or quite number (and	lover if for a single i		2h	01/01/1966			
	ON WORKS, INC.	ess; include room or suite number (emp	bioyer, il for a single-	employer plan)	2b	Employer Identification Number (EIN) 91-0623205			
					2c	Sponsor's telephone number 206-767-3630			
7421 - 5TH A SEATTLE, V					2d	Business code (see instructions)			
					10	332300			
3a Plan ad	dministrator's name and	address XSame as Plan Sponsor Nam	ne Same as Plan	Sponsor Address	3b	Administrator's EIN			
					3c	Administrator's telephone number			
4 If the r	ame and/or EIN of the p	plan sponsor has changed since the last	t return/report filed fo	or this plan, enter the	4b	EIN			
name,	EIN, and the plan numb	per from the last return/report.	·						
a Sponso						PN			
		t the beginning of the plan year			5a	10			
		t the end of the plan year			5b	10			
	· ·	count balances as of the end of the plar		•	5c	10			
_		during the plan year invested in eligible a				Yes No			
		ne annual examination and report of an							
	,	See instructions on waiver eligibility and	,						
		her line 6a or line 6b, the plan cannot							
		incomplete filing of this return/reporter penalties set forth in the instructions, I							
SB or Sche	1 3 3	signed by an enrolled actuary, as well a				0, 11			
SIGN	Filed with authorized/va	alid electronic signature.	03/20/2013	JOSEPH M. D'AMICO					
HERE	Signature of plan adn	ninistrator	Date	Enter name of individu	ual sid	gning as plan administrator			
SIGN									
HERE	Signature of employe	er/nlan sponsor	Date	Enter name of individu	ial sid	gning as employer or plan sponsor			
Preparer's	name (including firm nan	me, if applicable) and address; include re		r (optional)		parer's telephone number (optional)			

Part III Fina	ancial Information								
7 Plan Assets a	and Liabilities		(a) Beginning of Yea	r		()	o) End of Year		
a Total plan as	sets	. 7a	2017067				2165651		
<b>b</b> Total plan lia	bilities	. 7b	200			4			
C Net plan asse	ets (subtract line 7b from line 7a)	. 7c	2016867				2165251		
8 Income, Expe	enses, and Transfers for this Plan Year		(a) Amount				(b) Total		
	received or receivable from:			_					
(1) Employe	rs	8a(1)	235						
	nts	. 8a(2)	850	8					
	ncluding rollovers)	8a(3)			_				
	e (loss)	8b	15349	3	_				
	(add lines 8a(1), 8a(2), 8a(3), and 8b)	8c					164359		
	(including direct rollovers and insurance premiums nefits)	. 8d	180	6					
	ed and/or corrective distributions (see instructions)	8e		-					
	e service providers (salaries, fees, commissions)	8f	1416	9					
	Ses	8g							
	es (add lines 8d, 8e, 8f, and 8g)	8h					15975		
_	oss) (subtract line 8h from line 8c)						148384		
	(from) the plan (see instructions)								
	n Characteristics	0							
2E 2J	ovides pension benefits, enter the applicable pension 2K 3D ovides welfare benefits, enter the applicable welfare for								
Part V Com	pliance Questions								
10 During the									
<u> </u>					Yes	No	Amount		
a Was there a 29 CFR 25	a failure to transmit to the plan any participant contribut 10.3-102? (See instructions and DOL's Voluntary Fide	uciary Correct	tion Program)	10a	Yes	No X	Amount		
a Was there a 29 CFR 25 b Were there	a failure to transmit to the plan any participant contribu	uciary Correct t? (Do not inc	tion Program) lude transactions reported	10a 10b	Yes		Amount		
<ul> <li>a Was there a 29 CFR 25</li> <li>b Were there on line 10a.</li> </ul>	a failure to transmit to the plan any participant contribut 10.3-102? (See instructions and DOL's Voluntary Fide any nonexempt transactions with any party-in-interest	uciary Correct t? (Do not inc	tion Program) lude transactions reported		Yes	Х	Amount		
<ul> <li>a Was there a 29 CFR 25</li> <li>b Were there on line 10a.</li> <li>c Was the plan</li> <li>d Did the plan</li> </ul>	a failure to transmit to the plan any participant contribu 10.3-102? (See instructions and DOL's Voluntary Fide any nonexempt transactions with any party-in-interest )	iciary Correct ? (Do not incl fidelity bond,	tion Program) lude transactions reported  that was caused by fraud	10b		Х			
<ul> <li>a Was there a 29 CFR 25</li> <li>b Were there on line 10a.</li> <li>c Was the plat or dishones</li> <li>e Were any feinsurance s</li> </ul>	a failure to transmit to the plan any participant contribu 10.3-102? (See instructions and DOL's Voluntary Fide any nonexempt transactions with any party-in-interest )an covered by a fidelity bond? have a loss, whether or not reimbursed by the plan's	iciary Correct (Do not inc) fidelity bond, her persons b of the benefits	tion Program) lude transactions reported that was caused by fraud y an insurance carrier, s under the plan? (See	10b 10c		x x			
<ul> <li>a Was there a 29 CFR 25</li> <li>b Were there on line 10a.</li> <li>c Was the plat or dishones</li> <li>e Were any fe insurance s instructions</li> </ul>	a failure to transmit to the plan any participant contribu 10.3-102? (See instructions and DOL's Voluntary Fide any nonexempt transactions with any party-in-interest ) an covered by a fidelity bond? have a loss, whether or not reimbursed by the plan's ty? ees or commissions paid to any brokers, agents, or oth ervice or other organization that provides some or all o	iciary Correct ? (Do not incl fidelity bond, her persons b of the benefits	tion Program) lude transactions reported that was caused by fraud y an insurance carrier, s under the plan? (See	10b 10c 10d		x x x x x x x x x x x x x x x x x x x			
<ul> <li>a Was there a 29 CFR 25</li> <li>b Were there on line 10a.</li> <li>c Was the plat or dishones</li> <li>e Were any feinsurance s instructions</li> <li>f Has the plat</li> </ul>	a failure to transmit to the plan any participant contribu 10.3-102? (See instructions and DOL's Voluntary Fide any nonexempt transactions with any party-in-interest ) an covered by a fidelity bond? have a loss, whether or not reimbursed by the plan's ty? ees or commissions paid to any brokers, agents, or othe ervice or other organization that provides some or all .) n failed to provide any benefit when due under the plan	iciary Correct (Do not inc) fidelity bond, her persons b of the benefits	tion Program) lude transactions reported that was caused by fraud y an insurance carrier, s under the plan? (See	10b 10c 10d 10e 10f		x x x x x x x x x x x x x x x x x x x	250000		
<ul> <li>a Was there a 29 CFR 25</li> <li>b Were there on line 10a.</li> <li>c Was the plan or dishones</li> <li>e Were any fe insurance s instructions</li> <li>f Has the plan</li> <li>g Did the plan</li> <li>h If this is an</li> </ul>	a failure to transmit to the plan any participant contribu 10.3-102? (See instructions and DOL's Voluntary Fide any nonexempt transactions with any party-in-interest )	iciary Correct (Do not incl fidelity bond, ner persons b of the benefits n? as of year end (See instructi	tion Program) lude transactions reported that was caused by fraud y an insurance carrier, s under the plan? (See 	10b 10c 10d 10e 10f 10g	X	x x x x x x x x x x x x x x x x x x x			
<ul> <li>a Was there a 29 CFR 25</li> <li>b Were there on line 10a.</li> <li>c Was the plate or dishones</li> <li>e Were any fere insurance s instructions</li> <li>f Has the plate of the</li></ul>	a failure to transmit to the plan any participant contribu 10.3-102? (See instructions and DOL's Voluntary Fide any nonexempt transactions with any party-in-interest )	iciary Correct (Do not incl fidelity bond, her persons b of the benefits n? is of year end (See instruction he required not	tion Program) lude transactions reported that was caused by fraud y an insurance carrier, s under the plan? (See 	10b 10c 10d 10e 10f	X	X X X X X X X X X X X X X X X X X X X	250000		
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<ul> <li>a Was there a 29 CFR 25</li> <li>b Were there on line 10a.</li> <li>c Was the plar or dishones</li> <li>e Were any fe insurance s instructions</li> <li>f Has the plar</li> <li>g Did the plar</li> <li>h If this is an 2520.101-3</li> <li>i If 10h was a exceptions</li> <li>Part VI Pens</li> <li>11 Is this a defi</li> </ul>	a failure to transmit to the plan any participant contribu 10.3-102? (See instructions and DOL's Voluntary Fide any nonexempt transactions with any party-in-interest )	iciary Correct (Do not incl fidelity bond, ner persons b of the benefits n? is of year end (See instruction he required not 1-3 hents? (If "Yes	tion Program) lude transactions reported that was caused by fraud y an insurance carrier, s under the plan? (See 	10b 10c 10d 10e 10f 10g 10h 10i	X	X X X X X X ule SB (Fi	250000 48768		
<ul> <li>a Was there a 29 CFR 25</li> <li>b Were there on line 10a.</li> <li>c Was the plate or dishones</li> <li>e Were any fere insurance s instructions</li> <li>f Has the plate of the</li></ul>	a failure to transmit to the plan any participant contribu 10.3-102? (See instructions and DOL's Voluntary Fide any nonexempt transactions with any party-in-interest )	iciary Correct (Do not incl fidelity bond, her persons b of the benefits n? is of year end (See instruction he required not 1-3 hents? (If "Yes	tion Program) lude transactions reported that was caused by fraud y an insurance carrier, s under the plan? (See 	10b 10c 10d 10e 10f 10g 10h 10i	X	X X X X X X ule SB (Fi	250000 48768		
<ul> <li>a Was there a 29 CFR 25</li> <li>b Were there on line 10a.</li> <li>c Was the plar or dishones</li> <li>e Were any feinsurance s instructions</li> <li>f Has the plar</li> <li>g Did the plar</li> <li>h If this is an 2520.101-3</li> <li>i If 10h was a exceptions</li> <li>Part VI Pens</li> <li>11 Is this a defi 5500) and li</li> <li>11a Enter the ar</li> </ul>	a failure to transmit to the plan any participant contribu 10.3-102? (See instructions and DOL's Voluntary Fide any nonexempt transactions with any party-in-interest )	uciary Correct ? (Do not inc fidelity bond, ner persons b of the benefits n? as of year end (See instruction he required not 1-3 hents? (If "Yes	tion Program) lude transactions reported that was caused by fraud y an insurance carrier, s under the plan? (See 	10b 10c 10d 10e 10f 10g 10h 10i	X	X X X X X ule SB (Fr	250000 48768		
<ul> <li>a Was there a 29 CFR 25</li> <li>b Were there on line 10a.</li> <li>c Was the plate</li> <li>d Did the plate</li> <li>or dishones</li> <li>e Were any feasistic structions</li> <li>f Has the plate</li> <li>g Did the plate</li> <li>g Did the plate</li> <li>g Did the plate</li> <li>h If this is an 2520.101-3</li> <li>i If 10h was a exceptions</li> <li>Part VI Pens</li> <li>11 Is this a defit 5500) and li</li> <li>11a Enter the are</li> <li>12 Is this a defit 5500</li> </ul>	a failure to transmit to the plan any participant contribu 10.3-102? (See instructions and DOL's Voluntary Fide any nonexempt transactions with any party-in-interest )	iciary Correct (Do not incl fidelity bond, her persons b of the benefits n? is of year end (See instruction he required not 1-3	tion Program) lude transactions reported that was caused by fraud y an insurance carrier, s under the plan? (See 	10b 10c 10d 10e 10f 10g 10h 10i	X	X X X X X ule SB (Fr	250000 48768		
<ul> <li>a Was there a 29 CFR 25</li> <li>b Were there on line 10a.</li> <li>c Was the plat or dishones</li> <li>e Were any fe insurance s instructions</li> <li>f Has the plat</li> <li>g Did the plat</li> <li>f Has the plat</li> <li>g Did the plat</li> <li>h If this is an 2520.101-3</li> <li>i If 10h was a exceptions</li> <li>Part VI Pens</li> <li>11 Is this a defi 5500) and li</li> <li>11a Enter the ar</li> <li>12 Is this a defi (If "Yes," co a If a waiver co</li> </ul>	a failure to transmit to the plan any participant contribu 10.3-102? (See instructions and DOL's Voluntary Fide any nonexempt transactions with any party-in-interest )	iciary Correct (Do not inc) fidelity bond, ner persons b of the benefits n? is of year end (See instruction he required not 1-3	tion Program) lude transactions reported that was caused by fraud y an insurance carrier, s under the plan? (See 	10b 10c 10d 10e 10f 10g 10h 10i 0 or see	X X Schec	X X X X X X Ule SB (For 11a B02 of ERI			
<ul> <li>a Was there a 29 CFR 25</li> <li>b Were there on line 10a.</li> <li>c Was the plat or dishones</li> <li>e Were any fe insurance s instructions</li> <li>f Has the plat</li> <li>g Did the plat</li> <li>h If this is an 2520.101-3</li> <li>i If 10h was a exceptions</li> <li>Part VI Pens</li> <li>11 Is this a defi 5500) and li</li> <li>11a Enter the ar</li> <li>12 Is this a defi (If "Yes," co a If a waiver c granting the</li> </ul>	a failure to transmit to the plan any participant contribu 10.3-102? (See instructions and DOL's Voluntary Fide any nonexempt transactions with any party-in-interest )	iciary Correct (Do not inc) fidelity bond, ner persons b of the benefits n? s of year end (See instruction he required not 1-3	tion Program) lude transactions reported that was caused by fraud y an insurance carrier, s under the plan? (See 	10b 10c 10d 10e 10f 10g 10h 10i 0 or see	X X Schec	X X X X X X Ule SB (Formation 11a B02 of ERI	250000 48768 0rm Yes No SA? Yes No ate of the letter ruling		
<ul> <li>a Was there a 29 CFR 25</li> <li>b Were there on line 10a.</li> <li>c Was the plar or dishones</li> <li>e Were any feinsurance s instructions</li> <li>f Has the plar</li> <li>g Did the plar</li> <li>f Has the plar</li> <li>g Did the plar</li> <li>h If this is an 2520.101-3</li> <li>i If 10h was a exceptions</li> <li>Part VI Pens</li> <li>11 Is this a defi 5500) and li</li> <li>11a Enter the ar</li> <li>12 Is this a defi (If "Yes," co</li> <li>a If a waiver c granting the</li> <li>If you complet</li> </ul>	a failure to transmit to the plan any participant contribu 10.3-102? (See instructions and DOL's Voluntary Fidu any nonexempt transactions with any party-in-interest )	iciary Correct (Do not inc) fidelity bond, ner persons b of the benefits n? is of year end (See instruction he required not 1-3 hents? (If "Yes requirements , as applicable ng amortized e MB (Form s	tion Program) lude transactions reported that was caused by fraud y an insurance carrier, s under the plan? (See 	10b 10c 10d 10e 10f 10g 10h 10i 0 sor see	X X Schec	X X X X X X Ule SB (Formation 11a B02 of ERI	250000 48768 0rm Yes No SA? Yes No ate of the letter ruling		

С	Enter	the amount contributed by the employer to the plan for this plan year	12c		
d		act the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a tive amount)	12d		
е		he 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	a resolution to terminate the plan been adopted in any plan year?	, ,	Yes X No	
	lf "Ye	es," enter the amount of any plan assets that reverted to the employer this year	13a		
b		all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the pBGC?	control		Yes X No
С		ing this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) n 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)			

14a Name of trust	14b Trust's EIN

		r					
	m 5500-SF	Short Form Annual Re	turn/Report o enefit Plan	of Small Employ	yee		OMB Nos. 1210-0110 1210-0089
	tment of the Treasury nal Revenue Service	Service This form is required to be filed under sections 104 and 4065 of the Employee					
	epartment of Labor enefits Security Administration						
Pension Be	enefit Guaranty Corporation	► Complete all entries in accorda	nce with the instruc	tions to the Form 550	0-SE	In	spection
Part I	Annual Report Id	entification Information	nee with the motion	dons to the Form ood	0-01.		
	ar plan year 2012 or fisca		01/2012	and ending	-	12/31/201	2
	-						
A This ret	urn/report is for:		multiple-employer pl	an (not multiemployer)		a one-partic	ipant plan
B This ret	urn/report is:	the first return/report the	e final return/report				
		an amended return/report	short plan year returr	n/report (less than 12 m	onths	)	
C Check I	box if filing under:	Form 5558	utomatic extension			DFVC progr	am
	ſ	special extension (enter description)					
Part II	Basic Plan Inform	nation-enter all requested information					
1a Name		nation-enter all requested monthalit			44		1
		JC. 401(K) RETIREMENT SA	NUTNOS DIAN		ar	Three-digit plan number	
	Little Workib, II					(PN)	001
					1c	Effective date	of plan
-						01/01/196	
2a Plan s	consor's name and addre	ess; include room or suite number (emp	bloyer, if for a single-	employer plan)	2b	Employer Iden	tification Number
UNITED	IRON WORKS, IN	IC.				(EIN) 91-06	
					2c	Sponsor's tele	phone number
7421 -	5TH AVENUE S	14				206-767-3	
					2d	Business code	(see instructions)
SEATTL	2	WA 98108				332300	
3a Plan a	dministrator's name and	address XSame as Plan Sponsor Nan	ne XSame as Plan	Sponsor Address	3b	Administrator's	EIN
					3c	Administrator's	telephone number
				and the second sec			
<del>,</del>							
4 If the r	ame and/or EIN of the p	lan sponsor has changed since the last	t return/report filed fo	r this plan, enter the	4b	EIN	
a Spons		er from the last return/report.					
		the beginning of the plan user			4c	PN	
		the beginning of the plan year			5a		10
		the end of the plan year			5b		10
		count balances as of the end of the plan			5c		10
		uring the plan year invested in eligible a					<u> </u>
		e annual examination and report of an					X Yes No
		See instructions on waiver eligibility and					🛛 Yes 🗌 No
		er line 6a or line 6b, the plan cannot					
		incomplete filing of this return/repor					
		r penalties set forth in the instructions, I			_		cable a Cohodula
SB or Sche	dule MB completed and	signed by an enrolled actuary, as well	as the electronic vers	sion of this return/report	, and	to the best of m	v knowledge and
belief, it is t	rue, correct, and comple	te.		• ·	, -		,
0.01		ma fili	1 2 10 .2	TOCEDH M DIAN	ATOC	<b>`</b>	
SIGN HERE	× Joseph	M.Dumia	A 5-12-15	JOSEPH M. D'AN	ALCC		
	Signature of plan adn	ninistrator	Date	Enter name of individu	ual siç	ning as plan ad	ministrator
SIGN							
HERE	Signature of employe	r/plan sponsor	Date	Enter name of individu	ual sig	ning as employ	er or plan sponsor
Preparer's		ne, if applicable) and address; include r	oom or suite number				e number (optional)
				Į			
For Paperwo	ork Reduction Act Notice a	and OMB Control Numbers, see the instru	ctions for Form 5500-	SF.			Form 5500-SF (2012)
							v. 120126

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Form 5500-SF 2012

Page 2

Part	III Financial Information				-		
<b>7</b> P	Ian Assets and Liabilities		(a) Beginning of Year				(b) End of Year
ат	otal plan assets	7a	201	7067	7		2165651
bт	otal plan liabilities	7b		200	)		400
	let plan assets (subtract line 7b from line 7a)	7c	201	6867	7		2165251
	ncome, Expenses, and Transfers for this Plan Year		(a) Amount		1		(b) Total
ac	Contributions received or receivable from:	11		2358	2		
(	1) Employers	8a(1)		8508			ay and the second s
	2) Participants	8a(2)		0000	1	a deserve	and the second design of the second
	3) Others (including rollovers)	8a(3)		349	-	1	
	Other income (loss)	8b	C1	549.	2		164359
	otal income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c			4		104339
t	Benefits paid (including direct rollovers and insurance premiums o provide benefits)	8d		180	6		
	Certain deemed and/or corrective distributions (see instructions)	<u>8e</u>	1	41 0			2
f _/	Administrative service providers (salaries, fees, commissions)	. 8f		416	9		
_ g (	Other expenses	8g					15975
<u>h</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)	. 8h	S		-		148384
	Net income (loss) (subtract line 8h from line 8c)	. 8i					T40204
j 1	Fransfers to (from) the plan (see instructions)	· 8j		_	10		
	If the plan provides pension benefits, enter the applicable pension $2E$ $2J$ $2K$ $3D$ If the plan provides welfare benefits, enter the applicable welfare f						
Part	V Compliance Questions						
10	During the plan year:			-	Yes	No	Amount
a	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fid	uciary Con	rection Program)	10a		x	
b	Were there any nonexempt transactions with any party-in-interes on line 10a.)	t? (Do not	include transactions reported	10b		х	
C	Was the plan covered by a fidelity bond?			10c	Х		250000
d	Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?	s fidelity bo	nd, that was caused by fraud	10d		х	
e	Were any fees or commissions paid to any brokers, agents, or of insurance service or other organization that provides some or all instructions.)	ther persor of the ben	ns by an insurance carrier, efits under the plan? (See	10e		x	
f	Has the plan failed to provide any benefit when due under the pl	an?		10f		Х	
a	Did the plan have any participant loans? (If "Yes," enter amount	as of year	end.)	10g	х		48768
h	If this is an individual account plan, was there a blackout period? 2520.101-3.)	o (See instr	ructions and 29 CFR	10h		х	2
1	If 10h was answered "Yes," check the box if you either provided exceptions to providing the notice applied under 29 CFR 2520.1	the require	ed notice or one of the	10i			
Part							
11	Is this a defined benefit plan subject to minimum funding require 5500) and line 11a below)	ments? (If	"Yes," see instructions and con	nplete	Sche	dule SE	3 (Form
11a	Enter the amount from Schedule SB line 39					11a	
12	Is this a defined contribution plan subject to the minimum fundir					302 of	ERISA? Yes X No
14	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below						
a	If a waiver of the minimum funding standard for a prior year is be granting the waiver.	eing amorti	zed in this plan year, see instru	ictions nth	s, and	enter ti Day	he date of the letter ruling Year
lf	you completed line 12a, complete lines 3, 9, and 10 of Schedu	ule MB (Fo	orm 5500), and skip to line 13				
	Enter the minimum required contribution for this plan year					12b	

Form 5500-SF 2012

2 6 6

C	Enter the amount contributed by the employer to the plan for this plan year	12	С				
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).	12	d				
е	Will the minimum funding amount reported on line 12d be met by the funding deadline?			Yes	N	0	N/A
Part	VII Plan Terminations and Transfers of Assets						
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 reverted to the employer this year	. 13	a				
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the of the PBGC?	conti	rol 			Yes	X No
C	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					
	I3c(1) Name of plan(s):	13c(2	)El	IN(s)	1	3c(3)	PN(s)
Dent	VIII Truet Information (ontional)						

14a Name of trust	14b Trust's EIN