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

F	ension Be	enefit Guaranty Corporation	► Complete all entries in acco	rdance with the inst	ructions to the Form 550	0-SF.		.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
P	art I	Annual Report I	Identification Information									
For	calenda	ar plan year 2012 or fis	cal plan year beginning 01/01/20	12	and ending	12/31/2	2012					
		urn/report is for:	a single-employer plan	=	plan (not multiemployer)	nployer) a one-participant plan						
В	This ret	urn/report is:	the first return/report	the final return/repo								
			an amended return/report	a short plan year ret	urn/report (less than 12 m	onths)						
С	Check b	oox if filing under:	Form 5558	automatic extension	1		DFVC progra	am				
			special extension (enter descript	ion)								
Pa	art II	Basic Plan Infor	rmation—enter all requested inforr	nation								
1a	Name	of plan				1b	Three-digit					
GUE	NTHER:	S ROBIN HOOD LANE	ES, INC. 401(K) PROFIT SHARING F	LAN & TRUST			plan number	000				
						4.0	(PN) •	002				
							Effective date o	•				
22	Dlan er	noneor's name and add	dress; include room or suite number (employer if for a since	le-employer plan)	2h	Employer Identi					
		S ROBIN HOOD LANE		employer, il lor a sing	ie-employer plan)	20		47093				
						20	Sponsor's telep	hone number				
9 <u>8</u> 01	FDMO	NDS WAY				-0	425-77					
		WA 98020-5901				2d	Business code ((see instructions)				
							71390	00				
3a	Plan a	dministrator's name and	d address XSame as Plan Sponsor	Name Same as P	lan Sponsor Address	3b	Administrator's	EIN				
						3C	Administrator's	telephone number				
4	If the n	name and/or EIN of the	plan sponsor has changed since the	last return/report filed	I for this plan, enter the	4b	EIN					
			nber from the last return/report.	,	, ,	70 211						
а	Sponso	or's name				4c	PN					
5a	Total r	number of participants a	at the beginning of the plan year			5a		25				
b	Total r	number of participants a	at the end of the plan year			5b		25				
С			account balances as of the end of the	' '	•	_						
	compl	ete this item)				5c		12				
		•	during the plan year invested in eligi	,	,			X Yes No				
b			the annual examination and report of (See instructions on waiver eligibility					X Yes No				
			ther line 6a or line 6b, the plan can									
Cai			or incomplete filing of this return/re									
			ner penalties set forth in the instruction					able, a Schedule				
SB	or Sche	edule MB completed an	d signed by an enrolled actuary, as v									
beli	ef, it is t	true, correct, and comp	lete.									
SIG	N	Filed with authorized/v	/alid electronic signature.	04/02/2013	MARINA EKONOMAK	KIS						
HE						uning on plan adr	miniatratar					
		Signature of plan ad		Date	Enter name of individ		ning as pian aur	ninistrator				
SIG		riied with authorized/v	valid electronic signature.	ectronic signature. 04/02/2013 MARINA EKONO		OMAKIS						
		Signature of employ		Date	Enter name of individ							
Pre	parer's	name (including firm na	ame, if applicable) and address; inclu	ae room or suite num	per (optional)	Prep	arer's telephone	number (optional)				

Form 5500-SF 2012 Page **2**

ഥാ	rt III Financial Information								
<u>га</u>	Plan Assets and Liabilities	(a) Basinning of Vac		(h) For Lat Value					
'		7-	(a) Beginning of Year				(b) End of		,
_ <u>a</u>	Total plan assets	7a	22113	55	+			203497	
	Net plan assets (subtract line 7b from line 7a)	7b	22773) <u>F</u>				203497	,
		7c		55	+		(b) Tota		
<u>8</u> a	Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from:								
a	(1) Employers	8a(1)	402	.5					
	(2) Participants	ticipants							
	(3) Others (including rollovers)	Others (including rollovers)							
b	Other income (loss)	8b	1909)4					
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						32369	
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	5660	17					
е	Certain deemed and/or corrective distributions (see instructions)	8e							
f	Administrative service providers (salaries, fees, commissions)	8f							
g	Other expenses	8g							
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h						56607	,
i	Net income (loss) (subtract line 8h from line 8c)	8i						-24238	}
j	Transfers to (from) the plan (see instructions)	8j							
Pa	rt IV Plan Characteristics								
9a	If the plan provides pension benefits, enter the applicable pension 2E 2J 2K 3D	feature co	des from the List of Plan Char	acteris	stic Co	des in	the instruction	s:	
b	If the plan provides welfare benefits, enter the applicable welfare fe	eature code	es from the List of Plan Chara	cterist	ic Cod	les in t	he instructions	:	
Par	t V Compliance Questions								
10					Yes	No	l		
	During the plan year: Was there a failure to transmit to the plan any participant contribu	tione withir	the time period described in		162	NO	АП	ount	
	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fide	iciary Corr	ection Program)	10a	X				8061
	ere there any nonexempt transactions with any party-in-interest? (Do not include transactions reported line 10a.)								
C	511 mile 164.7			10b		X			
•				10b 10c	X	X			40000
	Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan's	fidelity bor	nd, that was caused by fraud		X	X			40000
	Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?	fidelity bor	nd, that was caused by fraud	10c	X				40000
	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 or	fidelity bor	nd, that was caused by fraud s by an insurance carrier, fits under the plan? (See	10c 10d	X	X			40000
	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 or instructions.)	fidelity bor	nd, that was caused by fraud s by an insurance carrier, fits under the plan? (See	10c	X	X			40000
	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 cinstructions.)	fidelity bor	nd, that was caused by fraud s by an insurance carrier, fits under the plan? (See	10c 10d	X	X			40000
	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 dinstructions.) 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	fidelity borner persons of the bene	nd, that was caused by fraud s by an insurance carrier, fits under the plan? (See	10c 10d 10e	X	X			40000
	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 dinstructions.) 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 If this is an individual account plan, was there a blackout period? 2520.101-3.)	fidelity borner persons of the beneather. s of year e	s by an insurance carrier, fits under the plan? (See	10d 10d 10e 10f		X			
	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 dinstructions.) 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 lift this is an individual account plan, was there a blackout period?	fidelity borner persons of the beneather persons of the beneather the be	s by an insurance carrier, fits under the plan? (See and.)	10d 10d 10e 10f 10g		X X			
f g	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 dinstructions.) Has the plan failed to provide any benefit when due under the plated by the plan have any participant loans? (If "Yes," enter amount a lift his 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 borner persons of the beneather persons of the beneather the be	s by an insurance carrier, fits under the plan? (See and.)	10c 10d 10e 10f 10g 10h		X X			
e f g h	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 dinstructions.) Has the plan failed to provide any benefit when due under the plate bid 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 If Pension Funding Compliance Is this a defined benefit plan subject to minimum funding requirem	fidelity borner persons of the beneather persons of the beneather persons of year e (See instrumer required 1-3	nd, that was caused by fraud s by an insurance carrier, fits under the plan? (See nd.) ctions and 29 CFR I notice or one of the //es," see instructions and com	10c 10d 10e 10f 10g 10h 10i	X	X X X Adule SE		Yes	
f g h	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 dinstructions.) 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 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 VI Pension Funding Compliance Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)	fidelity borner persons of the benefit he benefit he sof year effective instruments required 1-3	nd, that was caused by fraud s by an insurance carrier, fits under the plan? (See nd.) ctions and 29 CFR I notice or one of the	10c 10d 10e 10f 10g 10h 10i	X	X X X dule SE		Yes	14785
f g h	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 dinstructions.) 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 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 If 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.	fidelity borner persons of the benember of the	nd, that was caused by fraud s by an insurance carrier, fits under the plan? (See nd.) ctions and 29 CFR I notice or one of the	10c 10d 10e 10f 10g 10h 10i	X	X X X Adule SE			14785
f g h	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 dinstructions.) 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 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 It 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	fidelity borner persons of the beneath of the benea	nd, that was caused by fraud s by an insurance carrier, fits under the plan? (See nd.) ctions and 29 CFR I notice or one of the /es," see instructions and com	10c 10d 10e 10f 10g 10h 10i	X	X X X Adule SE		Yes	14785
f g h	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 dinstructions.) Has the plan failed to provide any benefit when due under the plat Did the plan have any participant loans? (If "Yes," enter amount a 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 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 bein	fidelity borner persons of the benefin? s of year experience (See instrume required 1-3	nd, that was caused by fraud s by an insurance carrier, fits under the plan? (See nd.) ctions and 29 CFR I notice or one of the res," see instructions and com nts of section 412 of the Code able.) ed in this plan year, see instructions	10c 10d 10e 10f 10g 10h 10i nplete	X Schec	X X X Adule SE 11a 302 of	ERISA?	Yes etter rul	14785 X No No
f 9 h 11 11a 12 a	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 dinstructions.) 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 tvi 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 beingranting the waiver.	fidelity borner persons of the benefin? s of year eguired 1-3	nd, that was caused by fraud s by an insurance carrier, fits under the plan? (See nd.) ctions and 29 CFR I notice or one of the res," see instructions and com nts of section 412 of the Code able.) ed in this plan year, see instru-	10c 10d 10e 10f 10g 10h 10i nplete	X Schec	X X X A A A A A A A A A A A A A A A A A	ERISA?	Yes etter rul	14785 X No No
f g h i 11a 11a 12	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 dinstructions.) Has the plan failed to provide any benefit when due under the plat Did the plan have any participant loans? (If "Yes," enter amount a 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 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 bein	fidelity borner persons of the beneath of the benea	nd, that was caused by fraud s by an insurance carrier, fits under the plan? (See nd.) ctions and 29 CFR I notice or one of the res," see instructions and com nts of section 412 of the Code able.) ed in this plan year, see instru Mon m 5500), and skip to line 13.	10c 10d 10e 10f 10g 10h 10i	X Scheo	X X X Adule SE 11a 302 of	ERISA?	Yes etter rul	14785 X No No

	Form 5500-SF 2012	Page 3 - 1								
С	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 resunegative amount)		12d							
е	Will the minimum funding amount reported on line 12d be met by the funding	ng deadline?				Yes	No	N/A		
Part	VII Plan Terminations and Transfers of Assets									
13a	3a Has a resolution to terminate the plan been adopted in any plan year?)			
	If "Yes," enter the amount of any plan assets that reverted to the employer	this year		13a						
b	b Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the of the PBGC?						l			
С	If during this plan year, any assets or liabilities were transferred from this p which assets or liabilities were transferred. (See instructions.)	plan to another plan(s), identify the p	lan(s) t	0			_			
13c(1) Name of plan(s):						IN(s) 13c(3) PN(s)				
Part	VIII Trust Information (optional)						•			
				14b	Trust	's EIN				

Form 5500-SF

Department of the Treasury Internal Revenue Service

Short Form Annual Return/Report of Small Employee Benefit Plan

OMB Nos. 1210-0110 1210-0089

	The state of the	88	2012								
Department of Labor Employee Benefits Security Administration Retirement Income Security Act of 1974 (ERISA), and section 6057(b) and 60 the Internal Revenue Code (the Code).						This Form is Open to Public					
	Pension Benefit Guaranty Corporation	Inspection									
Part I Annual Report Identification Information											
	r calendar plan year 2012 or fisca	_	01/01/2012	and ending	12	/31/2012					
	This return/report is for:	a single-employer plan	a multiple-employer	plan (not multiemployer)	Ī	a one-participant plan					
В	This return/report Is:	the first return/report	the final return/repo	n	-						
		an amended return/report	a short plan year re	um/report (less than 12 n	nonlhs)						
Ç	Check box if filing under:	Form 6558	automatic extension		Ĺ	DFVC program					
		special extension (enter descriptio	n)			1 × ki x 3.////					
	art II Basic Plan Inform	nation enler all requested info	rmation								
1a	Name of plan				1b 1	hree-digit					
	GUENTHERS ROBIN HOOD	LANES, INC. 401(K) PROF	IT SHARING PLA	N & TRITET	p	lan number					
		,		a TROPI		PN) ► 002 Effective date of plan					
2:	Disp appared name and add-					1/01/2005					
4 a	GUENTHERS ROBIN HOOD	ess; include room or suite number (e LANES, INC.	mployer, If for a singl	e-employer plan)	2b E	mployer Identification Number					
						EIN) 91-1147093					
	9801 EDMONDS WAY				2c s	ponsor's telephone number					
	SOUR EDMONDS WAI					425) 776-2101					
	EDMONDS	WA 98020-5901			7	iusiness code (see instructions) 13900					
За	Plan administrator's name and a	address X Same as Plan Sponsor	r Name 🔲 Same as	Plan Sponsor Address	3b A	dministrator's EIN					
	٧										
					3 c A	dministrator's telephone number					
						The temperature in the interest of the interes					
4	If the name and/or EIN of the pla	an sponsor has changed since the la	st return/report filed	or this plan, color the	4b €						
	manio, ent, and the plan numbe	r from the last return/report.	acramin aport neu	or this plan, enter the	40 E	IN					
	Sponsor's name				4¢ P	N					
ba b	Total number of participants at t	he beginning of the plan year			5a	25					
C	i oraci infrumer or barticibatife at f	he end of the plan year	***************************************		5b	25					
	complete this item)	ount balances as of the end of the pl	an year (defined ben	efit plans do not	5с	12					
6a	were an or the plants assets our	ing the plan year invested in eligible	assets? (See Instruc	(lons.)		XYes No					
þ	Are you claiming a waiver of the	annual examination and report of ar) Indépendent qualifie	ed public accountant (IQP	A)	A les [NO					
	GIGGI 28 CFR 2020, 104-407 (5)	ee instructions on waiver eligibility ar	nd condillons.)			X Yes No					
<u></u>	If You answered "No" to either	line 6a or line 6b, the plan canno	t use Form 5500-SF	and must instead use F	<u>orm 550</u>	0.					
Un Un	der penalties of porium and other	ncomplete filing of this return/rep	ort will be assessed	l uniess reasonable cau	se Is es	tablished.					
SB	or Schedule MB completed and a	penalties set forth in the instructions signed by an enrolled actuary; as we	s, I declare that I have	examined this return/rep	ort, Inclu	iding, if applicable, a Schedule					
bel	lef, it is true, correct, and complet	P :)	do the electronic ve	rsion of this returnieport	ano to t	ne best of my knowledge and					
#S	an lasavast	Reconce	13/27/2013	Marina Ekonomaki	B						
왨	RE Signature of plan adminis	pelor	Dale	Enter name of Individua		ne alan adamatatata					
3	and Darmate	elloui.	3/27/2013	Marina Ekonomaki		ao pian aunimstrator					
H	Signature of employer/bia	noanoga ne	Dale	Enter name of lasticidad		as employer or plan sponsor					
Pre	parer's name (including firm nam	, il applicable) and address; include	room or suite numb	er (optional)		as employer or plan sponsor r's lelephone number (optional)					
				, .							
					35 111 1						

	1 0111 0000-5F 2012		Page 2								
B	art III Financial Information										
7	Plan Assets and Liabilities	1.0	(a) Besiegie at V								
a	Total plan assets	7a	(a) Beginning of Yea			(b) End of Year					
b	Total plan liabilities	7b	227,7	35		203,497					
c	Net plan assets (subtract line 7b from line 7a)		559 7	7.5	+						
8	Income, Expenses, and Transfers for this Plan Year		227 , 7 (a) Amount	35	+		/b) T	203,	497		
a	Contributions received or receivable from:	ions received or receivable from:			493	a distrib	(b) T) वर्षकृतिकासके दुवन	- 14 % + 25 Jan 195		
	(1) Employers	8a(1)	4,0	25	版	i		S2 - V2			
	(2) Participants	8e(2)	8,0	61	267			i en			
b	(3) Others (including rollovers)	8a(3)	1,1	69	200		<i>(b)</i>		1.0		
	Other income (loss)	8b	19,0		23		學近過	100 mg			
त	Total Income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c			<u> </u>	- 27		32,	369		
<u> </u>	lo provide benefils)	8d	56,6	07							
	Certain deemed and/or corrective distributions (see instructions)	8e			18.13	23000		*			
_	Administrative service providers (salaries, fees, commissions)	8f			5.39	30%		$\overline{\psi}_{i}$	ANNEXO A		
	Olher expenses	8g			20	(a)		T. L.Y	200000 - G		
	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h	****	N 18	·	AP NEWS	entra in international	56,	507		
	Net income (loss) (subtract line 8h from line 8c)	81		200 A S S S S S S S S S S S S S S S S S S	} 			(24,2			
	Trensfers to (from) the plan (see Instructions)	Bj B	The company of the control of the co	. J				29 48 W	224		
Pa	ntiv Plan Characteristics				150.00	9.21	1880MR 1871 V 11 3	No. of the last	The state of the s		
	If the plan provides pension benefits, enter the applicable pension fe	alura code	e from the Lifet of Blac Charact	Aufalta	Cado	. o. 110 110	a faale of				
	2E 2J 2K 3D	7(t) A 6000	a now tha crot of Light Chalact	ensuc	Cooe	s m tr	e maturcho	ns:			
b	If the plan provides welfare handle, optor the realizable welfare		*								
~	If the plan provides welfare benefits, enter the applicable welfare feat	ure codes	from the List of Plan Characle	ristic (Codes	in (he	instruction	8:			
Ps	rt V Compliance Questions						· · · · · · · · · · · · · · · · · · ·				
10	During the plan year:					r	r				
a		one udifale	She disease and add at the second	1	Yes	No		Amount			
	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduci	ons within arv Correc	lion Program)	10a	x				8,061		
b —	Were there any nonexempt transactions with any party-in-interest? on line 10a.)	(Do not in	clude transactions reported	10b		х			*,***		
Ç		************		10c	x			4	0,000		
d		delity bond	I that was caused by Iraud	10d		х			· · / · · · ·		
0	Were any fees or commissions paid to any brokers, agents, or other	nersons h	v an Incurance carder	1000							
	insurance service or other organization that provides some or all of	the benefi	is under the plan? (See								
	Instructions.)	************		10e		X					
f	Has the plan falled to provide any benefit when due under the plan			10f		х					
<u>g</u>	Did the plan have any participant loans? (If "Yes," enter amount as	of year en	d.) ",,	10g	х			1.	4,785		
h	If this is an individual account plan, was there a blackout period? (S 2520.101-3.)	See Instruc	llons and 29 CFR	10h		х					
I	If 10h was enswered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.101-	required i	notice or one of the	101							
Par	t VI Pension Funding Compliance			['0']			(1)公共管辖16位	Special Carlos	6 - K*15		
11	Is this a defined benefit plan subject to minimum funding requireme 5500) and line 11a below)	nls? (if "Ye	es," see instructions and compl	lele S	chedu	le SB	(Form	Yes	▽ v.		
118	Enter the amount from Schedule SB line 38	,,,		*******					কে (४०		
12	ls this a defined contribution plan subject to the minimum funding re					11a	DISA2		X No		
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, a			. JEU	OII OU	2 01 E	NO/11 m		t하기 140		
а		amortized	i in this plan year, see instructi	ona, a	and en	ler the	date of the	e letter rulir	ıg		
lf ·	you completed line 12a, complete lines 3, 9, and 10 of Schedute i	Un / =	EEGA\3 -14 1	HL) =		_ Da	/	Year			
b						T					
	Enter the minimum required contribution for this plan year			******	1000	12b					

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C	Enter the amount contributed by the employer to the plan for this plan year		12c	T	······································	
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			
e Part	which immunity amount reported on line 12d be met by the funding deadline?		[Yes	□ N ₀ □] N/A
13a	Has a resolution to terminate the plan been adopted in any plan year?	********	ΧY	es 🗔	No	
b	If "Yes," enter the amount of any plan assets that reverted to the employer this year Were all the plan assets distributed to participants or beneficiarles, transferred to another plan, or brought under		13a ntroi			0
C	of the PBGC?			<u> </u>	Yes 2	No.
	3c(1) Name of plan(e):	13c	(2) EIN	(s)	13c(3) P	'N(s)
Part	VIII Trust Information (optional)					
14a N	dame of trust		14b Ti	rust's Ei	IN	