Foi	rm 5500-SF	Short Form Annual R		of Small Employ	OMB Nos. 1210-011 1210-008				
	rtment of the Treasury								
Department of Labor Retirement Income Security Act of 1974 (ERISA), and sections 6057(b) and 605 Employee Benefits Security Administration the Internal Revenue Code (the Code).							s Open to Public		
Pension B	enefit Guaranty Corporation	Complete all entries in accor	,	,	0-SF.	Ins	spection		
Part I	Annual Report Id	entification Information				1			
For calend	ar plan year 2012 or fisca	al plan year beginning 01/01/201	2	and ending 1	2/31/2	2012			
A This re	turn/report is for:	a single-employer plan	a multiple-employer pl	an (not multiemployer)		a one-partici	pant plan		
B This re	turn/report is:	the first return/report	the final return/report						
		n/report (less than 12 mo	onths))					
C Check box if filing under:						DFVC program			
		special extension (enter description	on)						
Part II	Basic Plan Inform	nation—enter all requested inform	nation		1		1		
1a Name LOMBINO M	of plan IARTINO, P.S. 401(K) PL	LAN			1b	Three-digit plan number (PN) ►	001		
					1c	Effective date o	•		
2a Plan s LOMBINO M	ponsor's name and addre	ess; include room or suite number (e	employer, if for a single-	employer plan)	2b	Employer Identi (EIN) 05-06	fication Number 25260		
10009 59TH	AVE S.W.				2c	Sponsor's telep 253-83			
	D, WA 98499-2775				2d	Business code	(see instructions)		
3a Plan a	dministrator's name and	address Same as Plan Sponsor I 10009 59TH A		Sponsor Address	3b	Administrator's	EIN 25260		
						253-83(
name	, EIN, and the plan numb	lan sponsor has changed since the per from the last return/report.	last return/report filed fo	r this plan, enter the		EIN			
	or's name	the beginning of the plan year			40 5a		47		
•		the end of the plan year			5a 5b		44		
		count balances as of the end of the			50		44		
					5c		20		
b Are you under	ou claiming a waiver of th 29 CFR 2520.104-46? (luring the plan year invested in eligit the annual examination and report of See instructions on waiver eligibility er line 6a or line 6b, the plan canr	an independent qualifie and conditions.)	d public accountant (IQI	PA)		X Yes No		
		incomplete filing of this return/re							
Under pen SB or Sche	alties of perjury and othe	r penalties set forth in the instructior signed by an enrolled actuary, as w	ns, I declare that I have	examined this return/rep	oort, ir	ncluding, if applic			
SIGN HERE	Filed with authorized/va	lid electronic signature.	04/29/2013	JOSEPH J.M. LOMBIN	MBINO				
neke	Signature of plan adn	ninistrator	Date	Enter name of individu	ual sig	ning as plan adr	ninistrator		
SIGN									
HERE	Signature of employer/plan sponsor Date Enter name of individu name (including firm name, if applicable) and address; include room or suite number (optional) Image: Comparison of the specific state stat					ual signing as employer or plan sponsor			
Preparer's	name (including firm nan	ne, if applicable) and address; includ	de room or suite numbe	r (optional)	Prep	parer's telephone	number (optional)		
For Paperw	ork Reduction Act Notice a	and OMB Control Numbers, see the ins	structions for Form 5500-3	SF.			Form 5500-SF (2012) v. 120126		

Par	t III Financial Information							
7	Plan Assets and Liabilities		(a) Beginning of Yea	ır			(b) End of Year	
а	Total plan assets	assets					765652	
b	Total plan liabilities	7b						
С	Net plan assets (subtract line 7b from line 7a)	7c	64684	7	765652			
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b) Total	
	Contributions received or receivable from:							
	(1) Employers	8a(1)						
	(2) Participants	8a(2)	6208	9				
	(3) Others (including rollovers)	8a(3)	7500	_				
	Other income (loss)	8b	7520	5				
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) Benefits paid (including direct rollovers and insurance premiums	8c			_		137294	
	to provide benefits)	8d	1146	0				
е	Certain deemed and/or corrective distributions (see instructions)	8e						
f	Administrative service providers (salaries, fees, commissions)	8f	702	9				
g	Other expenses	8g						
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h					18489	
i	Net income (loss) (subtract line 8h from line 8c)	8i					118805	
j	Transfers to (from) the plan (see instructions)	8j						
Par	t IV Plan Characteristics							
b Part	If the plan provides welfare benefits, enter the applicable welfare fe							
10	During the plan year:				Yes	No	Amount	
а				10a		x		
b	Were there any nonexempt transactions with any party-in-interest on line 10a.)	•	•	10b		x		
С	Was the plan covered by a fidelity bond?			10c	Х		75000	
d	Did the plan have a loss, whether or not reimbursed by the plan's 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 c instructions.)	of the benefit	ts under the plan? (See	10e	x		3857	
f	Has the plan failed to provide any benefit when due under the plan	n?		10f		Х		
g	Did the plan have any participant loans? (If "Yes," enter amount a	s of year end	d.)	10q		X		
h	If this is an individual account plan, was there a blackout period? (2520.101-3.)	•		10h		х		
i	If 10h was answered "Yes," check the box if you either provided th 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)							
11a	Enter the amount from Schedule SB line 39					11a		
12	Is this a defined contribution plan subject to the minimum funding	requirement	ts of section 412 of the Code	e or se	ection :	302 of E	RISA? Yes X No	
	(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 beir granting the waiver.	ng amortized	l in this plan year, see instruc		, and e	enter the Day _	e date of the letter ruling Year	
lf	you completed line 12a, complete lines 3, 9, and 10 of Schedule	e MB (Form	5500), and skip to line 13.					
h	Enter the minimum required contribution for this plan year					12b		

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	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	Were of the	control		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) to which assets or liabilities were transferred. (See instructions.)							
1	3c(1)	Name of plan(s): 1	3c(2) E	IN(s)	13c(3) PN(s)		
Part	VIII	Trust Information (optional)					

14a Name of trust	14b Trust's EIN

Form 5500-SF	Benefit Plan						
Department of the Treasury Internal Revenue Service	This form is required to be fil	nd 4065 of the Employe	e		2012		
Department of Labor Employee Benefits Security Administration	Retirement Income Security Act of the Interr	ctions 6057(b) and 6058			is Open to Public		
Pension Benefit Guaranty Corporation	Complete all entries in according	ordance with the instruc	tions to the Form 5500	D-SF.	Ins	spection	
	lentification Information				10 /21 /001	0	
For calendar plan year 2012 or fisca	and the second	01/01/2012	and ending		12/31/201		
A This return/report is for:	a single-employer plan	a multiple-employer pl	an (not multiemployer)		a one-partici	pant plan	
B This return/report is:	the first return/report	the final return/report					
C Check box if filing under:	Form 5558	automatic extension				am	
	special extension (enter descript	tion)					
	nation-enter all requested inform	mation				·	
1a Name of plan				1b	Three-digit plan number	1	
LOMBINO MARTINO, P.S.	. 4UI(K) PLAN				(PN)	001	
				1c	Effective date of	of plan	
					09/01/200	5	
2a Plan sponsor's name and addre Lombino Martino, P.S.		(employer, if for a single-	employer plan)	2b	Employer Ident (EIN) 05-062	ification Number 25260	
10009 59th Ave S.W.				2c	Sponsor's telep 253-830-2		
Lakewood	WA 98499-2775			2d	Business code 541110	(see instructions)	
3a Plan administrator's name and	address Same as Plan Sponsor	Name Same as Plar	Sponsor Address	3b	Administrator's		
LOMBINO MARTINO, P.S.				20	05-062526		
10009 59TH AVE SW				3c Administrator's telephone number 253-830-2700			
LAKEWOOD	WA 98499						
4 If the name and/or EIN of the p name, EIN, and the plan numb	lan sponsor has changed since the per from the last return/report.	e last return/report filed fo	or this plan, enter the	4b EIN			
a Sponsor's name				4c PN			
5a Total number of participants at				5a		47	
	the end of the plan year			5b		44	
	count balances as of the end of the			5c		20	
6a Were all of the plan's assets d					-	X Yes No	
b Are you claiming a waiver of th under 29 CFR 2520.104-46? (ne annual examination and report of See instructions on waiver eligibility	of an independent qualifie y and conditions.)	d public accountant (IQ	PA)		X Yes No	
	er line 6a or line 6b, the plan car						
Caution: A penalty for the late or Under penalties of perjury and other SB or Schedule MB completed and belief, it is true, correct, and completed	r penalties set forth in the instruction signed by an enrolled actuary, as	ons, I declare that I have	examined this return/rep	oort, ir	ncluding, if applic	cable, a Schedule y knowledge and	
$\square \square \square \square \square$	Alt	10-10	JOSEPH J.M. LO		NO		
SIGN Januar	M	4-25-13	Sec. 2. No. 2. No.	1.2651625	10 /2		
Signature of plan adm	ninistrator	Date	Enter name of individ	ual siç	ining as plan ad	ministrator	
SIGN							
HERE Signature of employe		Date	Enter name of individ				
Prepare's name (including firm name	ne, if applicable) and address; incl	lae room or suite numbe	r (optional)	Prep	arer's telephone	e number (optional)	

For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500-SF.

7	Plan Assets and Liabilities		(a) Beginning of Yea	r			(b) End	of Year	
а	Total plan assets	7a	64	1684	7				765652
b	Total plan liabilities	7b							
С	Net plan assets (subtract line 7b from line 7a)	7c	64	1684	7				765652
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount	(a) Amount (b) Total					
а	Contributions received or receivable from:		5						
	(1) Employers	8a(1)	·	200		-		-	-
	(2) Participants	8a(2)		5208	9				
	(3) Others (including rollovers)	8a(3)		7500	5		-		537
	Other income (loss)	8b		7520	5				12700
_	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c			-	-	en dé s		13729
a	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	1	L146	0				
е	Certain deemed and/or corrective distributions (see instructions)	8e				1	1.0		7
	Administrative service providers (salaries, fees, commissions)	8f		702	9	Service.			
_	Other expenses	8g					1111		1.2
	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							1848
	Net income (loss) (subtract line 8h from line 8c)	81	and a second process	5					11880
-	Transfers to (from) the plan (see instructions)	8j					15. TT		
	t IV Plan Characteristics	0]							
	If the plan provides welfare benefits, enter the applicable welfare fe	anne coues			ic coa	ยรแบ	ie instructi	uns.	
b Parl	V Compliance Questions								
Part 10					Yes	No		Amount	
Part	During the plan year:	tions within t	he time period described in	10a				Amount	1
Part 10 a	During the plan year: Was there a failure to transmit to the plan any participant contribut	tions within t iciary Correc ? (Do not inc	he time period described in tion Program) lude transactions reported			No		Amount	1
Parl 10 a b	During the plan year: Was there a failure to transmit to the plan any participant contribut 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu Were there any nonexempt transactions with any party-in-interest	tions within t iciary Correc ? (Do not inc	he time period described in tion Program) lude transactions reported	10a		No X		Amount	
Parl 10 a b	During the plan year: Was there a failure to transmit to the plan any participant contribut 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu Were there any nonexempt transactions with any party-in-interest on line 10a.) Was the plan covered by a fidelity bond?	tions within ti iciary Correc ? (Do not inc fidelity bond,	he time period described in tion Program) lude transactions reported that was caused by fraud	10a 10b	Yes	No X		Amount	7500
Part 10 a b c d	During the plan year: Was there a failure to transmit to the plan any participant contribut 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu 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 oth insurance service or other organization that provides some or all of	tions within the clary Correct of the clary Correct of the clark fidelity bond, fidelity bond, fidelity bond, fithe benefit of the benefit of	he time period described in tion Program) lude transactions reported that was caused by fraud by an insurance carrier, s under the plan? (See	10a 10b 10c 10d	Yes	No X X		Amount	
Part 10 a b c d	During the plan year: Was there a failure to transmit to the plan any participant contribut 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu 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 oth insurance service or other organization that provides some or all o instructions.)	tions within the clary Correct of the clary Correct of the clark fidelity bond, fidelity bond, fidelity bond, fithe benefit of the benefit of	he time period described in tion Program) lude transactions reported that was caused by fraud by an insurance carrier, s under the plan? (See	10a 10b 10c 10d 10e	Yes	No X X X		Amount	7500
Part 10 a b c d e	During the plan year: Was there a failure to transmit to the plan any participant contribut 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu 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 oth insurance service or other organization that provides some or all or instructions.)	tions within the tions within the tions of tions	he time period described in tion Program) lude transactions reported that was caused by fraud by an insurance carrier, s under the plan? (See	10a 10b 10c 10d 10e 10f	Yes	No X X X X X		Amount	7500
Part 10 a b c d e f g	During the plan year: Was there a failure to transmit to the plan any participant contribut 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu 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 oth insurance service or other organization that provides some or all of 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 as	tions within the clary Correct of the clary Correct of the clark fidelity bond, fidelity bond, fidelity bond, fithe benefit of the benefit of the clark fithe clark fithe benefit of the clark fithe clark fithe clark fithe benefit of the clark fithe clark fithe benefit of the clark fithe clark fithe benefit of the clark fithe clark fithe clark fithe benefit of the clark fithe c	he time period described in tion Program) lude transactions reported that was caused by fraud by an insurance carrier, s under the plan? (See	10a 10b 10c 10d 10e	Yes	No X X X		Amount	7500
Part 10 a b c d e f g	During the plan year: Was there a failure to transmit to the plan any participant contribut 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu 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 oth insurance service or other organization that provides some or all constructions.) Has the plan failed to provide any benefit when due under the plan Did the plan have any participant loans? (If "Yes," enter amount as If this is an individual account plan, was there a blackout period? (2520.101-3.)	tions within the clary Correct of the clary Correct of the clark of th	he time period described in tion Program) lude transactions reported that was caused by fraud by an insurance carrier, s under the plan? (See 1.)	10a 10b 10c 10d 10e 10f	Yes	No X X X X X		Amount	7500
Part 10 a b c d d e f g h i	During the plan year: Was there a failure to transmit to the plan any participant contribut 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu 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 oth 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 as 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 2520.101-	tions within the clary Correct of the clary Correct of the clark of th	he time period described in tion Program) lude transactions reported that was caused by fraud by an insurance carrier, s under the plan? (See 1.)	10a 10b 10c 10d 10e 10f 10g	Yes	No X X X X X X		Amount	7500
Part 10 a b c d e f g h i Part	During the plan year: Was there a failure to transmit to the plan any participant contribut 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu 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 oth insurance service or other organization that provides some or all constructions.) Has the plan failed to provide any benefit when due under the plan Did the plan have any participant loans? (If "Yes," enter amount as 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 2520.107 VI Pension Funding Compliance	tions within the tions within the tions of the tion of tio	he time period described in tion Program)	10a 10b 10c 10d 10e 10f 10g 10h	Yes X X	No X X X X X X X		Amount	7500
Part 10 a b c d d e f g h i	During the plan year: Was there a failure to transmit to the plan any participant contribut 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu 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 oth 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 as 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 2520.101-	tions within the tions within the tions of tions of the tions of the tions of tions of tions of the tions of tions	he time period described in tion Program)	10a 10b 10c 10d 10e 10f 10g 10h 10h	Yes X X Sched	No X X X X X X X X	(Form	Amount	7500
Part 10 a b c d e f g h i Part 11	During the plan year: Was there a failure to transmit to the plan any participant contribut 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu 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 oth insurance service or other organization that provides some or all c instructions.) Has the plan have any participant loans? (If "Yes," enter amount as 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 2520.107 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	tions within the clary Correct of the clary Correct of the clark of th	he time period described in tion Program) lude transactions reported that was caused by fraud by an insurance carrier, s under the plan? (See l.)	10a 10b 10c 10d 10e 10f 10g 10h 10i	Yes X X Sched	No X X X X X X X Ule SB	(Form	Ye	7500 385
Part 10 a b c d e f g h i Part 11	During the plan year: Was there a failure to transmit to the plan any participant contribut 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu 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 oth insurance service or other organization that provides some or all constructions.) Has the plan have any participant loans? (If "Yes," enter amount as 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 2520.107 VI Pension Funding Compliance Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)	tions within the clary Correct of the clary Correct of the clark of th	he time period described in tion Program) lude transactions reported that was caused by fraud by an insurance carrier, s under the plan? (See l.)	10a 10b 10c 10d 10e 10f 10g 10h 10i	Yes X X Sched	No X X X X X X X Ule SB	(Form	Ye	7500 385 es 🗌 No
Part 10 a b c d e f g h i 2 art 11 11a 12	During the plan year: Was there a failure to transmit to the plan any participant contribut 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu 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 oth insurance service or other organization that provides some or all constructions.) Has the plan failed to provide any benefit when due under the plan Did the plan have any participant loans? (If "Yes," enter amount as 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 2520.107 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,	tions within the clary Correct of the clary Correct of the clark of th	he time period described in tion Program)	10a 10b 10c 10d 10g 10f 10g 10h 10i e or se	Yes X X Sched	No X X X X X X Ulle SB 11a 302 of I	(Form ERISA?	☐ Ye	7500 385 es 🗍 No es 🔀 No
Part 10 a b c d e f f n i 2 art 11 11a 12 a	During the plan year: Was there a failure to transmit to the plan any participant contribut 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu 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 oth insurance service or other organization that provides some or all constructions.) Has the plan failed to provide any benefit when due under the plan Did the plan have any participant loans? (If "Yes," enter amount as 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 2520.107 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	tions within the clary Correct of the clary Correct of the clark of th	he time period described in tion Program) lude transactions reported that was caused by fraud y an insurance carrier, s under the plan? (See 	10a 10b 10c 10d 10g 10f 10g 10h 10i 0 or sections	Yes X X Sched	No X X X X X X Ulle SB 11a 302 of I	(Form ERISA?	☐ Ye	7500 385 es No es X No

Form 5500-SF 2012

C Enter the amount contributed by the employer to the plan for this plan year	12c		
d Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of negative amount).	1 120		
e 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 un of the PBGC?	der the control	I Yes	X No
C If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the which assets or liabilities were transferred. (See instructions.)	plan(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	Trust's EIN	