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).

2012

OMB Nos. 1210-0110

1210-0089

This Form is Open to Public Inspection

			 Complete all entries 	in acc	ordance with the instri	actions to the Form 550	<i>1</i> 0-5F.		
	art I		Identification Informa						
For	calenda	ar plan year 2012 or fis	scal plan year beginning ()1/01/2	012	and ending	09/30/	2012	
Α	This ret	urn/report is for:	a single-employer plan		a multiple-employer	plan (not multiemployer)		a one-partici	oant plan
В	This retu	urn/report is:	the first return/report		the final return/repor	t			
			an amended return/repo	rt	X a short plan year retu	rn/report (less than 12 m	nonths)	
С	Check b	oox if filing under:	Form 5558		automatic extension			DFVC progra	am
			special extension (enter	descrip	otion)				
Pa	art II	Basic Plan Info	rmation—enter all request	ed info	rmation				
1a	Name o	of plan					1b	Three-digit	
ALFY	'S PIZZ	A INN, INC. 401(K) PL	LAN					plan number	000
							4.0	(PN) •	002
							10	Effective date o	•
2a	Plan sp	oonsor's name and add	dress; include room or suite r	number	(employer, if for a single	e-employer plan)	2b	Employer Identi	fication Number
OLS	ON FRA	NCHISE GROUP, LL	С					(EIN) 56-23	63432
							2c	Sponsor's telep	
		H AVE. S.E., 317						425-35	
	KEII, V	VA 98208					2d	Business code ((see instructions)
3a	Plan ac	dministrator's name an	nd address XSame as Plan S	Sponso	or Name Same as Pla	an Sponsor Address	3b	Administrator's	
					П	0			
							3с	Administrator's	telephone number
4	If the n	ame and/or EIN of the	e plan sponsor has changed s	since th	ne last return/report filed	for this plan, enter the	4h	EIN	
			mber from the last return/repo						
		or's name					4c	PN	
5a			at the beginning of the plan y				5a		13
b			at the end of the plan year				5b		0
С			account balances as of the e		. , ,	•	5c		0
6a			s during the plan year investe						X Yes No
b		•	f the annual examination and		•	•			
			? (See instructions on waiver						X Yes No
			ther line 6a or line 6b, the p						
			or incomplete filing of this						
			her penalties set forth in the in the in the in the innumber actu						
		rue, correct, and comp		ary, as	well as the electronic ve	ersion or this return/repor	ı, anu	to the best of my	knowledge and
					0.4/00/0040	T			
SIG		Filed with authorized/	valid electronic signature.		04/29/2013	BRETT T. OLSON			
		Signature of plan a	dministrator		Date	Enter name of individ	dual siç	gning as plan adr	ninistrator
SIG									
		Signature of emplo	<i>z</i>		Date	Enter name of individ			
Pre	parer's i	name (including firm n	ame, if applicable) and addre	ess; inc	lude room or suite numb	er (optional)	Prep	parer's telephone	number (optional)

Form 5500-SF 2012 Page **2**

Part IV Financial information (a) Beginning of Year (b) End of Year a 7 Pan Assets and Labilities 7 a 367933 0 0 0 0 0 0 0 0 0	Do	rt III Financial Information								
8 Total plan assets. 78 S07933 0 D Total plan labilities. 75 Total plan labilities. 76 S07933 0 8 Income. Expenses, and Transfers for his Plan Year 70 S07933 0 8 Income. Expenses, and Transfers for his Plan Year 8 (a) Amount (b) Total 0 8 Combination received or receivable from: 8 S8(1) (2) Participants (3) Others (including rollovers) 8 S8(2) (3) Others (including rollovers) 8 S8(2) (3) Others (including rollovers) 8 S8(3) 30 S07933 (3) S07933 (4)		•		(a) Beginning of Ves		1		(h) End of Voor		
b Total plan siabilities. C Ner plan assets (subtract line 75 from line 7a)			70							
C. Net plan assets (subtract line 7b from line 7a)		·						U		
B Income, Expenses, and Transfers for this Pfan Year (a) Amount (b) Total				36793	33			0		
a Contributions received or receivable from: (1) Employers. (2) Participants. (3) Others (including rollovers). (3) Others (including rollovers). (4) Employers. (5) Other (including rollovers). (6) Other income (float). (7) Other (including rollovers). (8) Other (including rollovers). (9) Other (including rollovers). (9) Other expenses. (10)		· · · · · · · · · · · · · · · · · · ·			,,,			-		
(1) Employers		·		(a) Amount				(b) Total		
(3) Others (including rollovers)			8a(1)							
b Other income (loss)		(2) Participants	8a(2)							
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)		(3) Others (including rollovers)	8a(3)							
d Benefits paid (including direct rollovers and insurance premiums to provide benefits). e Certain deemed and/or corrective distributions (see instructions) 8e f Administrative service providers (salaries, fees, commissions) 8f g Other expenses (add lines 8d, 8e, 8f, and 8g) 8h h Total expenses (add lines 8d, 8e, 8f, and 8g) 8h h Total expenses (add lines 8d, 8e, 8f, and 8g) 8h h Total expenses (add lines 8d, 8e, 8f, and 8g) 8h h Total expenses (add lines 8d, 8e, 8f, and 8g) 8h h Total expenses (add lines 8d, 8e, 8f, and 8g) 8h h Total expenses (add lines 8d, 8e, 8f, and 8g) 8h h Total expenses (add lines 8d, 8e, 8f, and 8g) 8h h Total expenses (add lines 8d, 8e, 8f, and 8g) 8h h Total expenses (add lines 8d, 8e, 8f, and 8g) 8h h Total expenses (add lines 8d, 8e, 8f, and 8g) 8h h Total expenses (add lines 8d, 8e, 8f, and 8g) 8h h Total expenses (add lines 8d, 8e, 8f, and 8g) 8h h Total expenses (add lines 8d, 8e, 8f, and 8g) 8h h Total expenses (add lines 8d, 8e, 8f, and 8g) 8h h Total expenses (add lines 8d, 8e, 8f, and 8g) 8h h Total expenses (add lines 8d, 8e, 8f, and 8g) 8h h Total expenses (add lines 8d, 8e, 8f, and 8g) 8h h Total expenses (add lines 8d, 8e, 8f, and 8g) 8h h Total expenses (add lines 8d, 8e, 8f, and 8g) 8h h Total expenses (add lines 8d, 8e, 8f, and 8g) 8h h Total expenses (add lines 8d, 8e, 8f, and 8g) 8h h Total expenses (add lines 8d, 8e, 8f, and 8g) 8h h Total expenses (add lines 8d, 8e, 8f, and 8g) 8h h Total expenses (add lines 8d, 8e, 8f, and 8g) 8h h Total expenses (add lines 8d, 8e, 8f, and 8g) 8h h Total expenses (add lines 8d, 8e, 8f, and 8g) 8h h Total expenses (add lines 8d, 8e, 8f, and 8g) 8h h Total expenses (add lines 8d, 8e, 8f, and 8g) 8h h Total expenses (add lines 8d, 8e, 8f, and 8g) 8h h Total expenses (add lines 8d, 8e, 8f, and 8g) 8h h Total expenses (add lines 8d, 8e, 8f, and 8g) 8h h Total expenses (add lines 8d, 8e, 8f, and 8g) 8h h Total expenses (add lines	b	Other income (loss)	8b	3826	64					
to provide benefits)			8c					38264		
Fadministrative service providers (salaries, fees, commissions)		• • •	8d	40619	7					
g Other expenses	е	Certain deemed and/or corrective distributions (see instructions)	8e							
Total expenses (add lines 8d, 8e, 8f, and 8g)	f	Administrative service providers (salaries, fees, commissions)	8f							
i Net income (loss) (subtract line 8h from line 8c)	g	Other expenses	8g							
Part IV Plan Characteristics Plan (see instructions) Part IV Plan Characteristics	<u>h</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h					406197		
Part IV Plan Characteristics 9a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 2E 2G 2J 2T 3D		· · · · · · · · · · · · · · · · · · ·	8i					-367933		
9a	j	Transfers to (from) the plan (see instructions)	8j							
b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions: Part V Compliance Questions	Par	t IV Plan Characteristics								
Part V Compliance Questions Ves No Amount	9a		feature co	des from the List of Plan Char	acteris	stic Co	des in	the instructions:		
10 During the plan year: Yes No	b	If the plan provides welfare benefits, enter the applicable welfare for	eature cod	les from the List of Plan Chara	cterist	ic Coc	les in t	he instructions:		
10 During the plan year: Yes No	Par	Part V Compliance Questions								
29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program) 10a	10					Yes	No	Amount		
c Was the plan covered by a fidelity bond?	а				10a		X			
d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	b	, , , , , , , , , , , , , , , , , , , ,	,	•	10b		X			
d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	C	Was the plan covered by a fidelity bond?			10c	X		50000		
e Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service or other organization that provides some or all of the benefits under the plan? (See instructions.)	d						X	30000		
insurance service or other organization that provides some or all of the benefits under the plan? (See instructions.). f Has the plan failed to provide any benefit when due under the plan?	e	•			100					
g Did the plan have any participant loans? (If "Yes," enter amount as of year end.)	J	insurance service or other organization that provides some or all of	of the bene	efits under the plan? (See	10e		X			
g Did the plan have any participant loans? (If "Yes," enter amount as of year end.)	f	Has the plan failed to provide any benefit when due under the plan	n?		10f		Χ			
If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	q	Did the plan have any participant loans? (If "Yes." enter amount a	s of vear e	end.)	100		Χ			
i If 10h was answered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3		If this is an individual account plan, was there a blackout period?	(See instru	uctions and 29 CFR			X			
Part VI Pension Funding Compliance 11 Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form 5500) and line 11a below)	ī	If 10h was answered "Yes," check the box if you either provided the	ne require	d notice or one of the						
11 Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form 5500) and line 11a below)	Dart	1	1-0		101					
11a Enter the amount from Schedule SB line 39		Is this a defined benefit plan subject to minimum funding requirem								
(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.) a If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, and enter the date of the letter ruling granting the waiver	11a	5000) and into the 3000)								
a If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, and enter the date of the letter ruling granting the waiver	12	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA?								
a If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, and enter the date of the letter ruling granting the waiver		(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)								
If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.	а	If a waiver of the minimum funding standard for a prior year is being	ng amortiz	ed in this plan year, see instru		and e	_			
· · · · · · · · · · · · · · · · · · ·										
b Enter the minimum required contribution for this plan year										

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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 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?	X	res 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		X Yes	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):	13c(2) E	IN(s)	13c(3)	PN(s)
Part	VIII Trust Information (optional)				

14b Trust's EIN

14a Name of trust

Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefts Security Administration Релаіоп 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 Annual Report	Identification Information	12-11-1			· · · · · · · · · · · · · · · · · · ·
For calendar plan year 2012 or t	iscal plan year beginning 01/01/2012	<u> </u>	and ending	09/30/2012	
A This return/report is for:					
B This return/report is:		a mumple-employer p the final return/report	olan (not multiemployer)	a one-par	ticipant plan .
— This issuint operation	8 9			29	и
C Charles May	片 임		m/report (less than 12 n	AN LANGUA	
C Check box if filling under:	= -	automatic extension		DFVC pro	gram
	special extension (enter description				
	ormation—enter all requested informat	tion			
1a Name of plan	an again, K			1b Three-digit	
ALFY'S PIZZA INN, INC. 401(k) F	3LAN		¥	plan number	002
				(PN) >	
	V			1¢ Effective date 02/0	e or pian 01/1997
2a Plan sponsor's name and ac OLSON FRANCHISE GROUP, LI	ddress; include room or suite number (em .C	ployer, if for a single	-employer plan)		entification Number 2363432
44044 40% AVE OF 247				2c Sponsor's te	lephone number 353-4533
11014 - 19th AVE. \$.E., 317	,			2d Business coo	ie (see instructions)
SVERETT, WA 98208 3a Plan administrator's name a	nd address X Same as Plan Sponsor Na	me Same as Plai	Sponsor Address	3b Administrator	CONTRACTOR OF THE PARTY OF THE
	[]	по Печиодот и	, ekonon vadree		
	,			3c Administrator	's telephone number
					w.
4 If the name and/or EIN of the	e plan aponsor has changed since the las mber from the last return/report,	st return/report filed for	or this plan, enter the	4b EIN	
a Sponsor's name	301101111111111111111111111111111111111			4c PN	33
5a Total number of participants	at the beginning of the plan year				13
	at the end of the plan year			5b	0
C Number of participants with	account balances as of the end of the pla	ın year (defined bane	ifit plans do not	5c	0
6a Were all of the plan's asset	s during the plan year invested in eligible	accate2 (Rea Instrue	Pana 1		
b Are you claiming a waiver of	f the annual examination and report of an	yyyaan socy sosaas Hilaun trebnegabni r	d public accountant (IO	γ	X Yes No
under 29 CFR 2520.104-46	7 (See Instructions on walver eligibility an	d conditions.)	****************************		X Yes No
	ther line 6s or line 6b, the plan cannot				
Caution: A penalty for the late	or Incomplete filling of this return/repo	rt will be assessed	uniess reasonable cau	ısə is eştablishəd.	
Under penalties of perjury and of SB or Schedule MB completed at belief, it is true, correct, and com-	her penalties set forth in the instructions, nd signed by an enrolled actuary, as well plete.	I declare that I have as the electronic ver	examined this return/report slon of this return/report	port, including, if app t, and to the best of r	licable, a Schedule ny knowledge and
SIGN / LLETOC		4.21.12	Brett T. (Olvon	v
HERE Signature of plan a	dministrator	Date	Enter name of Individ	The state of the s	dministrator
SIGN				and and the proof of	diminut But
неке Signature of emplo	ver/plan sponsor	Date	Enter name of helbid	ual cigalas as 4—-1-	
Preparer's name (including firm n	ame, if applicable) and address; Include	room or suite numbe	Enter name of Individer (optional)	Preparer's telephor	ne number (optional)
	±		92 M B	There's a seminar	(amost (aprioriti)
				R	
				yet to be settled to	

a Total plan assets. 73 367933 0 b Total plan liabilities. 75 75 75 76 76 367933 0 b Total plan liabilities. 75 76 367933 0 b Total plan liabilities. 76 76 367933 0 b Contibution accessed cubtract line 75 from line 75). 76 367933 0 b Contibution accessed or receivable from: (b) Total 1 c Contibution accessed or receivable from: (b) Total 1 c Contibution accessed or receivable from: (b) Total 1 c Contibution accessed or receivable from: (b) Total 1 c Contibution accessed or receivable from: (c) Participants. 36(1) c) Participants. 36(2) d) Cher (income fices) 36(2), 26(3), 26(3), 26(3), 26(3), 26(3), 26(3), 26(3), 26(3), 26(3), 26(3), 26(3), 26(3), 26(3), 26(3), 26(3), 26(3), 26(3), 26(3), 26(3), 26(3), 26(3), 26(3), 26(3), 26(3), 26(3), 26(3), 26(3), 26(3), 26(3), 26(3), 26(3), 26(3), 26(3), 26(3), 26(3), 26(3), 26(3), 26(3), 26(3), 26(3), 26(3), 26(3), 26(3), 26(3), 26(3), 26(3), 26(3), 26(3), 26(3), 26(3), 26(3), 26(3), 26(3), 26(3), 26(3), 26(3), 26(3), 26(3), 26(3), 26(3), 26(3), 26(3), 26(3), 26(3), 26(3), 26(3), 26(3), 26(3), 26(3), 26(3), 26(3), 26(3), 26(3), 26(3), 26(3), 26(3), 26(3), 26(3), 26(3), 26(3), 26(3), 26(3), 26(3), 26(3), 26(3), 26(3), 26(3), 26(3), 26(3), 26(3), 26(3), 26(3), 26(3), 26(3), 26(3), 26(3), 26(3), 26(3), 26(3), 26(3), 26(3), 26(3), 26(3), 26(3), 26(3), 26(3), 26(3), 26(3), 26(3), 26(3), 26(3), 26(3), 26(3), 26(3), 26(3), 26(3), 26(3), 26(3), 26(3), 26(3), 26(3), 26(3), 26(3), 26(3), 26(3), 26(3), 26(3), 26(3), 26(3), 26(3), 26(3), 26(3), 26(3), 26(3), 26(3), 26(3), 26(3), 26(3), 26(3), 26(3), 26(3), 26(3), 26(3), 26(3), 26(3), 26(3), 26(3), 26(3), 26(3), 26(3), 26(3), 26(3), 26(3), 26(3), 26(3), 26(3), 26(3), 26(3), 26(3), 26(3), 26(3), 26(3), 26(3), 26(3), 26(3), 26(3), 26(3), 26(3), 26(3), 26(3), 26(3), 26(3), 26(3), 26(3), 26(3), 26(3), 26(3), 26(3), 26(3), 26(3), 26(3), 26(3), 26(3), 26(3), 26(3), 26(3), 26(3), 26(3), 26(3), 26(3), 26(3), 26(3), 26(3), 26(3), 26(3), 26(3), 26(3), 26(3), 26(3), 26(3), 26(3), 26(3), 26(3), 26(3), 26(3), 26(3), 26(3), 26(3), 26(3),	7	Plan Assets and Liabilities	12.57	(A) Facilities - 600		7		
b Total plan labelillies	 -		7-					(b) End of Year
C Not plan assets (subtract line 7b from line 7a). 7c 3e7933 8 Income, Expenses, and Transfers for this Plan Year		The state of the s	1	36798	33	+		0
8 Income, Expenses, and Trensfers for this Plan Year 3 Contibutions received or receivable from: (1) Engleyons						+		——————————————————————————————————————
a Contributions received or receivable from: (1) Employers	B	AND MARKET STATE STATE OF THE S	76	Tel 9 A Levi (14 A Lev	13			matter series of the series of
(2) Participants		· · · · · · · · · · · · · · · · · · ·		(a) Amount				(b) Total
(3) Others (including rollovers)			8a(1)	N. T. San			·	
D Other income (loss)		(2) Participants	8a(2)			147	N. 1	a ARA Markova (1967)
b Chlor income (loss)		(3) Others (including rollovers)	8a(3)			1.00		
C Total Income (add lines 8af(1), 8a(2), 8a(3), and 8b)	_b	Other income (loss)	The State of the S					
d Benefits paid (including direct rollowers and insurance premiums to provide benefits). e Certain deemed and/or corrective distributions (see instructions). e Certain deemed and/or corrective (see instructions). e Certain deemed and/or certain (see instructions). e Certain deemed (see instruction	C	Total Income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c					
e Certain deemed and/or corrective distributions (see instructions)	d	Benefits paid (including direct rollovers and insurance premiums				14.7	16,35	EVEND FOR INCH
f Administrative service providere (selaries, feas, commissions)				40619	7	-		
g Other expenses	<u>e</u>					<u> </u>		
h Total expenses (add lines 8d, 8e, 8f, and 8g)						- 1		
Net Income (loas) (subtract line 8h from line 8c)				1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1			g 15. 15. 15. 15. 15. 15. 15. 15. 15. 15.
Part IV Plan Characteristics Plan Characteristics Plan Characteristics Plan Characteristics Plan Characteristics Plan Characteristics Plan Characteristic Plan	<u>h</u>				1.44			406197
Part IV Plan Characteristics	<u> </u>	The state of the s	81					
9a	<u>l</u>	Transfers to (from) the plan (see instructions)	8j	<u> </u>				
b if the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions: Part V: Compliance Questions 10 During the plan year: Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? (See Instructions and DDL's Voluntary Fiduciary Correction Program) Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? (See Instructions and DDL's Voluntary Fiduciary Correction Program) Was there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on time 10a.) 10b				\$76.	7.1			
Fair V Compliance Questions	9a		feature co	des from the List of Plan Char	acter	stic Co	des ir	the Instructions:
Part V: Compliance Questions 10 During the plan year: a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? (See Instructions and DOL's Voluntary Fiduciary Correction Program)							0.01	
During the plan year: Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? (See Instructions and DOL's Voluntary Fiduciary Correction Program)	b	If the plan provides welfare benefits, enter the applicable welfare for	eature cod	les from the List of Plan Chare	cteris	tic Cod	ies in I	the instructions:
During the plan year: Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? (See Instructions and DOL's Voluntary Fiduciary Correction Program)	0	Wilcomaliana Quartlana						
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? (See Instructions and DOL's Voluntary Fiduciary Correction Program) 10a X b Were there any nonexempt transactions with any party-in-interest? (Do not include transactione reported on line 10a.) 10b X c Was the plan covered by a fidelity bond? 10c X 5 d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? 10c X 5 e Were any face or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service or other organization that provides some or all of the benefits under the plan? (See instructions) 10c X 10				*		74	L 55	
29 CFR 2510.3-102? (See Instructions and DOL's Voluntary Fiduciary Correction Program) 10a X b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.) 10b X c Was the plan covered by a fidelity bond? 10c X 55 d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? 10d X e Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service or other organization that provides some or all of the benefits under the plan? (See Instructions.) 10e X f Has the plan failed to provide any benefit when due under the plan? 10f X g Did the plan have any participant loans? (If "Yes," enter amount as of year end.) 10g X h If this is an individual account plan, was there a blackout period? (See Instructions and 29 CFR 2520.101-3.) 10h X i If 10h was enswered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3. 10l Part VI. Pension Funding Compliance 11a below) 11a Enter the amount from Schedule SB line 39. 11a			tions with	n the time period described in	Γ"	785	NO	. Amount
b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)		29 CFR 2510.3-102? (See Instructions and DOL's Voluntary Fidu	iciary Con	rection Program)	•		х	
d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or disnonesty?	Ь				10b		х	
d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	C	Was the plan covered by a fidelity bond?		-11>748811884	10c	х		5000
Were any face or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service or other organization that provides some or all of the benefits under the plan? (See instructions.) 10e X 10f X 10f X 10f X 10f X 10f X 10f If this is an individual account plan, was there a blackout period? (See Instructions and 29 CFR 2520.101-3.) 10f If 10h was enswered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3 10f X 11f Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form 5500) and line 11a below)	d	Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?	fidelity bo	nd, that was caused by fraud	10d		х	
g Oid the plan have any participant loans? (If "Yes," enter amount as of year end.)		insurance service or other organization that provides some or all of	of the bene	efils under the plan? (See	10e		х	
h If this is an individual account plan, was there a blackout period? (See Instructions and 29 CFR 2520.101-3.)	f	Has the plan failed to provide any benefit when due under the plan	n?		10		х	
h If this is an individual account plan, was there a blackout period? (See Instructions and 29 CFR 2520.101-3.)	Я	Oid the plan have any participant loans? (If "Yes," enter amount as	s of year e	end.)	104		~	
i If 10h was enswered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3		If this is an individual account plan, was there a blackout period? (See Instru	ictions and 29 CFR			1000	
Part VI Pension Funding Compliance 11 Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form 5500) and line 11a below)	i	If 10h was enswered "Yes," check the box if you either provided th	e required	notice or one of the				
11 Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form 5500) and line 11a below)	Part							200 2 Color of the st. of \$1, 12, 15, 10
11a Enter the amount from Schedule SB line 39	-	Is this a defined benefit plan subject to minimum funding requirem	ents? (If "	Yes," see instructions and con	plete	Sched	ule Si	3 (Form) Yes N
	11a	1 10 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		and the same of the same with	550			
12 Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA?	12				1			ERISA? Yes N
(If "Yes," complete line 12e or lines 12b, 12c, 12d, and 12e below, as applicable.)	vanedistr.		333710	3 N			VI	- I I I I I I I
a If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, and enter the date of the letter ruling granting the waiver		If a waiver of the minimum funding standard for a prior year is being ranting the waiver.	g amortiz	ed in this plan year, see instru	ctions	, and e		
If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.	lf				2			
b Enter the minimum required contribution for this plan year	b	Enter the minimum required contribution for this plan year	.,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	<u></u>		12b	***

a e				
4	9			
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C Enter the amount contributed by the employer to the plan for this plan of	/ear	120		
d Subtract the amount in line 12c from the amount in line 12b, Enter the negative amount)	consist forther markets and the state of the	ofa 12d		
e Will the minimum funding emount reported on line 12d be met by the fundamental Plan Terminations and Transfers of Assets	nding deadline?	***************************************	Yes	No N/A
13a Has a resolution to terminate the plan been adopted in any plan year?		х ү	es No	
If "Yes," enter the amount of any plan assets that reverted to the emplo	yer this year	138	00 []140	<u>.</u>
b Were all the plan assets distributed to participants or beneficiaries, tran of the PBGC?	eferred to another plan as here it			0 XIYes∏No
c if during this plan year, any assets or liabilities were transferred from the which assets or liabilities were transferred. (See instructions.)	is plan to enother plan(s), identify (ne plan(s) to		X Yes No
13c(1) Name of plan(s):	***	13c(2) Eii	V(3)	13c(3) PN(s)
4				
Part Vill Trust Information (optional)		- 4		
14a Name of trust	*	. 14b Tru	ist's EIN	
		4		