Fo	rm 5500-SF	Short Form Annual Return/Report of Small Employee Benefit Plan				OMB Nos. 1210-0110 1210-0089			
Department of the Treasury Internal Revenue Service		This form is required to be filed under sections 104 and 4065 of the Employe			<b>2012</b>				
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).				8(a) of This Form is Open to Public					
Pension E	Benefit Guaranty Corporation	Complete all entries in acco	ordance with the inst	ructions to the Form 550	0-SF.	Ins	spection		
Part I		entification Information	12	and anding	10/04/	2012			
_	dar plan year 2012 or fisca	al plan year beginning 01/01/20	_	<u> </u>	12/31/2	-			
	eturn/report is for:	the first return/report	the final return/repo	r plan (not multiemployer)		a one-partici	bant plan		
<b>B</b> This re	eturn/report is:	an amended return/report	'	turn/report (less than 12 m	onthe	)			
	have if fills are stated	Form 5558	automatic extension		DFVC program				
C Check	box if filing under:								
Part II	Basic Plan Inform	special extension (enter descrip							
1a Name		<b>Hation</b> —enter all requested infor	malion		1b	Three-digit			
INTECON 4	•					plan number			
					1.	(PN)	001		
					1C	Effective date o			
2a Plans	sponsor's name and addre	ess; include room or suite number //S, INC.	(employer, if for a sing	le-employer plan)	2b	Employer Identi			
P. O. BOX	1227				2c	Sponsor's telep 253-53			
	, WA 98371-0233				2d	Business code	see instructions)		
3a Plana	administrator's name and	address Same as Plan Sponsor	Name Same as P	Plan Sponsor Address	3b	Administrator's	EIN 29558		
4 If the	name and/or FIN of the n	lan sponsor has changed since the	e last return/report file	d for this plan enter the	4h	EIN			
name	e, EIN, and the plan numb	per from the last return/report.							
	sor's name					PN			
_		the beginning of the plan year			5a	_	47		
<ul><li>b Total number of participants at the end of the plan year</li><li>c Number of participants with account balances as of the end of the plan year (defined benefit plans do not</li></ul>					5b		34		
	· ·	count balances as of the end of the		•	5c		12		
		luring the plan year invested in elig					X Yes No		
		e annual examination and report of					X Yes No		
		See instructions on waiver eligibilit er line 6a or line 6b, the plan car	•						
		incomplete filing of this return/r							
Under per SB or Sch	nalties of perjury and othe	r penalties set forth in the instruction signed by an enrolled actuary, as	ons, I declare that I have	ve examined this return/re	port, ir	ncluding, if applic			
SIGN	Filed with authorized/va	lid electronic signature.	05/09/2013	AMANDA NELSON					
HERE	Signature of plan adn	ninistrator	Date	Enter name of individ	ual sig	gning as plan adr	ninistrator		
SIGN									
HERE	Signature of employe		Date	Enter name of individ	-				
	, -	ne, if applicable) and address; inclu			Prep	Jarer s telephone	number (optional)		
For Paperv	vork Reduction Act Notice a	and OMB Control Numbers, see the in	nstructions for Form 55	00-SF.			Form 5500-SF (2012)		

b  Total plan labilities  To  To    c  Not plan assets (outbract line 7b from line 7a)  To  S48020  (10)    a  Contributions received or receivable from:  (a) Amount  (b) Total    a  Contributions received or receivable from:  5995  (b) Engineers  5995    (a) Detres (including rollovers)  8a(3)  5995  (c) Total  5995    (b) Detres (including rollovers)  8a(3)  58(3)  (c) Total  5995    (c) Detres (including rollovers)  8a(3)  8a(3)  (c) Total  5995    (c) Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)  8c  381  381    (c) Detres (income (loss)  8d  576943  (c) Total  5766    (c) Remit pageses  8g  10  (c) Total  5766    (c) Norm (tos) (bubrara line 8h from line 8b)  8h  -5768  (c) Total  -5768    (c) Norm (tos) (bubrara line 8h from line 8b)  8h  -5768  -5768  -5768  -5768  -5768  -5768  -5768  -5768  -5768  -5768  -5768  -5768  -5768  -5768  -5768	Par	t III Financial Information							
b  Total plan labilities  To  To    c  Net plan assets (submat line 7b from line 7a)  7c  548920  100    6  Income, Expense, and Transfers for the Plan Year  (a) Amount  (b) Total    a  Contributions received or receivable from:  8a(1)  6065    (j)  Employers  8a(1)  6065    (j)  Dother income (oss)  8a(2)  7206    (j)  Others (including rollovers)  9a(3)  24500    b  Other income (oss)  8b  24500    c  Total Income (odd lines 6s(1), 6a(2), 8a(3), and 8b)  8c  361    c  Deter income (dad lines 6s(1), 6a(2), 8a(3), and 8b)  8c  361    c  Contail Income (dad lines 8d, 8a, 8d, and 8b)  8g  10    c  Deter income (add lines 8d, 8a, 8d, and 8b)  8g  10    c  Deter income (add lines 8d, 8a, 8d, and 8b)  8g  10    g  Other expenses  8g  10  576    i  Not income (add lines 8d, 8a, 8d, and 8b)  8g  10  576    g  If the plan provides benelise, instructions)	7	Plan Assets and Liabilities		(a) Beginning of Year			(b) End of Year		
c  Net plan assets (subtract line 7b from line 7a)	a	Total plan assets	7a				10264		
8  Income, Expenses, and Transfers for this Plan Year  (a) Amount  (b) Total    a  Contributions received or receivable form:  8a(1)  5995    (c)  Participants.  58(2)  7396    (c)  Deters income (loss)  8a(3)	b ·	Total plan liabilities	7b						
a) Contributions received or receivable from:  6a(1)  5095    (1) Employers			7c	54892	20		10264		
(1)  Employers  8a(1)  6995    (2)  Participants  8a(2)  7396    (3)  Others (including rollovers)  8b  24906    C  Total income (doss)  8b  24906    C  Total income (doss)  8c  361    Benefits pad (including direct rollovers and insurance premiums and provide benefits)  8c  361    G  Contrainterative service providers (salaries, fees, commissions)  8f  6    G  Other expenses (add lines 8d, 8d, 8d, and 8g)  8g  10  676643    G  Other expenses (add lines 8d, 8d, 8d, and 8g)  8i	8	ncome, Expenses, and Transfers for this Plan Year					(b) Total		
(2) Participants  8a(2)  7386    (3) Others (including rollovers)  8a(3)  9    (3) Others (including rollovers)  8a  24806    C Total income (das)  8b  24806    (2) Participants  8c  381    (3) Other income (das)  8c  381    (4) Benefits paid (including direct rollovers and insurance premiums  8d  576843    (5) Other income (das)  8a  6    (6) Other service service providers (salaries, fees, commissions)  8f  6    (7) Other services  8g  10  576843    (8) Other services  8g  10  5768    (1) Net income (loss) (subtract line 8h from line 80)  8i  -538    (2) Transfers to (from) the plan (see instructions)  8j  -538    (3) If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:  2E 2.26 2.21 2.21 2.21 2.21 2.21 2.21 2.21			<b>a</b> (1)	500	-				
(3) Others (including rollovers)  8a(3)  24806    b Other income (loss)  6b  24806    c Total income (loss)  381  381    d Benefits paid (including direct rollovers and insurance premiums to provide benefits)  8d  577843    e Certain deemed and/or corrective distributions (see instructions)  8e  577843    g Other expenses  8g  10    g Other expenses  8g  10    g Other expenses  8d  577843    g Other expenses  8g  10    g Other expenses  6d  -576    i Net income (loss) (subtract line 8h from line 8c)  8i  -578    g If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:  2zt    Zt  Zd > 2J  ZX SD 2t  No  Amoun    a V Compliance Questions  10e  X  10e  X    D During the plan you'des whether or not reimburse within the time period described in on the 10e part of attractions and DUS. Volutary Fiduciary Correction Program  10e  X    d Both the plan covered by a fidelity bond?  10e  X  10e  X    g Ud the									
b  Other income (loss)  8b  24806    c  Total income (add lines 8a(1), 8a(2), 8a(2), and 8b)  8c  3ct    d  Grovide benefits)  8d  670843    d  Grovide benefits)  8d  670843    d  Grovide benefits)  8d  670843    d  Administrative service provider (stathets, fees, commissions)  8t  9t    f  Administrative service provider (stathets, fees, commissions)  8t  9t    f  Total expenses (add lines 8d, 8e, 8f, and 8g)  8th  5706    f  Total expenses (add lines 8d, 8e, 8f, and 8g)  8th  5706    g  Other expenses  8g  10  5706    g  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 × X × 3D × 2F    g  If the plan provides pension benefits, enter the applicable verifier feature codes from the List of Plan Characteristic Codes in the instructions:  2E  2G × 2J × X × 3D × 2F    g  If the plan provides pension and DOL's Voluntary Fiduciary Correction Program  10a  X    D  During the plan vea:  10a				738	00				
c  Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	-			0.400					
d Benefits paid (including direct rollovers and insurance premiums to provide benefits)				2480	6				
to provide benefits).  8d  576643    e  Certain desmed and/or corrective distributions (see instructions)	-		80			_		38197	
f  Administrative service providers (salaries, fees, commission)  8f  10    g  Other expenses  8g  10    h  Total expenses (add lines 8d, 8e, 8f, and 8g)  8h  576    i  Net income (coss) (subtracting 8h) rom line 8c)  8i  576    j  Transfers to (from) the plan (see instructions)  8j  576    g  If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:  2E  26  20  2X  30  2F    g  If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:  2E  2K  30  2F    d  During the plan year:  Yes  No  Amoun    a Vas there a failure to transmit to the plan any participant contributions within the time period described in 10a  X  2X    c  Was the plan covered by a fidelity bond?  10a  X  10b  X    c  Was the plan covered by a fidelity bond?  10c  X  10d  X  10d  X    c  Was the plan covered by a fidelity bond?  10c  X			8d	57684	3				
g  Other expenses  8g  10    h  Total expenses (add lines 8d, 8e, 8f, and 8g)  8h  576    i  Net income (loss) (subtract line 8h from line 8c)  8i  576    j  Transfers to (from) the plan (see instructions)  8i  576    g  If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:  2E  2G  2X  30  2F    g  If the plan provides pension benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:  2E  2G  2X  30  2F    9a  If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:  2E  X  No  Amoun    a  Was there a failure to transmit to the plan any participant contributions within the time period described in 29  X  No  Amoun    a  Was there a failure to transmit to the plan any participant contributions within the time period described in 10a  X  Ioa  X    b  Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a)  X  Ioa  X  Ioa	e	Certain deemed and/or corrective distributions (see instructions)	8e						
h  Total expenses (add lines 8d, 8e, 8f, and 8g)	f,	Administrative service providers (salaries, fees, commissions)	8f						
h  Total expenses (add lines 8d, 8e, 8f, and 8g)	g	Other expenses	8g	1	0				
j  Transfers to (from) the plan (see instructions)  gj    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  C2  J 2K  C2  J 2K  C2  J 2K  C2  J 2K  C3  J K    b  If the plan provides pension 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:  Yes  No  Amount    a  Was there a falure to transmit to the plan any participant contributions within the time period described in on ine 10a.)  X  X    b  Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)  X  X    c  Was the plan covered by a fidelity bond?  10c  X  X    c  Was the plan faue to provide any benefit when due under the plan?  10d  X    d  Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonest?  10d  X    f  Has the plan failed to provide any benefit when due under the plan?	h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h					576853	
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:    2f  2G  2J  2K  3D  2F    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  Yes  No  Amount    a  Was the plan provides welfare 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 transactions reported to nine 10a)  10b  X    c  Was the plan covered by a fidelity bond?  10c  X  10d  X    c  Was the plan row place are 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?  10d  X    f  Has the plan failed to provide any benefit when due under the plan?  10g  X  10g  X    g  Did the plan have any participant loans? (If "Yes," enter amount as of year end.)  10g <t< td=""><td>i I</td><td>Net income (loss) (subtract line 8h from line 8c)</td><td>8i</td><td></td><td></td><td></td><td></td><td>-538656</td></t<>	i I	Net income (loss) (subtract line 8h from line 8c)	8i					-538656	
9a  If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:    2f  2g  2L  2K  3D  2F    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:  Yes  No  Amount    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 DDL'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.)  10c  X  10d  X    c  Was the plan covered by a fidelity bond?  10c  X  10d  X  1	j	Transfers to (from) the plan (see instructions)	8j						
9a  If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:    2t  2g  2d  2k  3D  2F    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  Yes  No  Amount    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  ×    b  Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)  10c  ×  10d  ×    c  Was the plan covered by a fidelity bond?  10c  ×  10d  ×  10	Part	IV Plan Characteristics				•			
10  During the plan year:  Yes  No  Amoun    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 transactions reported on line 10a.)  10b  X  10b  X    c  Was the plan covered by a fidelity bond?  10c  X  10c  X  10c  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?  10c  X  <		If the plan provides welfare benefits, enter the applicable welfare fe	eature codes	from the List of Plan Chara	cterist	tic Coc	les in the	e instructions:	
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 transactions reported on line 10a.)  10b  X    c Was the plan covered by a fidelity bond?  10c  X  10c  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?  10d  X  Indee  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  X    f Has the plan have any participant loans? (If "Yes," enter amount as of year end.)  10g  X  X    g Did the plan have any participant loans? (If "Yes," enter amount as of year end.)  10g  X  X    f Has the plan failed to provide any benefit when due under the plan?  10d  X  X  X    g Did the plan have any participant loans? (If "Yes," enter amount as of year end.)  10g  X  X  X  X    g Ibid the plan subsered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied un						Vac	No	<b>A</b> 4	
b  Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)  10b  ×    c  Was the plan covered by a fidelity bond?  10c  ×  10c  ×    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  ×  ×    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.)  10d  ×  ×    f  Has the plan have any participant loans? (If "Yes," enter amount as of year end.).  10g  ×  ×    g  Did the plan have any participant loans? (If "Yes," enter amount as of year end.).  10d  ×  ×    f  Has the plan failed to provide any benefit when due under the plan?  10d  ×  ×    g  Did the plan have any participant loans? (If "Yes," enter amount as of year end.).  10g  ×  ×    f  Has the plan failed to provide any benefit when due under the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.  10h  ×  ×    f  If tho was answered "Yes," check the box if you either provided the required notice o	-	Was there a failure to transmit to the plan any participant contribut			102	163		Amount	
c  Was the plan covered by a fidelity bond?  10c  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?  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.)  10d  X    f  Has the plan failed to provide any benefit when due under the plan?  10f  X  V    g  Did the plan have any participant loans? (If "Yes," enter amount as of year end.)  10g  X  V    h  If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3)  10h  X  V    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  10h  X    extry  Pension Funding Compliance  10i  10i  10i  11a    11  Is this a defined benefit plan subject to the minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form 5500) and line 11a below)  11a  11a    12  Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of	b	Were there any nonexempt transactions with any party-in-interest	? (Do not inc	lude transactions reported			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?  10d  ×    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  ×    f  Has the plan failed to provide any benefit when due under the plan?  10f  ×     g  Did the plan have any participant loans? (If "Yes," enter amount as of year end.)  10g  ×     h  If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)  10h  ×     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.  10i  ×     Part VI  Pension Funding Compliance  10i  ×  10i  Yu    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)  11a  11a    12  Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA?  Yu    13  Is this a defined contribution plan subj	С				100	Х		55000	
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 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.  10i  X    Part VI  Pension Funding Compliance  10i  X  11a    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).  11a    12  Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA?  Yea    (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)  In this plan year, see instructions, and enter the date of the letter granting the waiver.  Month  Day Year		Did the plan have a loss, whether or not reimbursed by the plan's	fidelity bond	, that was caused by fraud			x	55000	
g Did the plan have any participant loans? (If "Yes," enter amount as of year end.)	е	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			x		2055		
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 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.  10i  X    Part VI  Pension Funding Compliance  10i  Y    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).  Y    11a  Enter the amount from Schedule SB line 39.  11a    12  Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA?  Y    (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)  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 granting the waiver.  Day Year	f	Has the plan failed to provide any benefit when due under the plan	n?		10f		Х		
h  If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR    10h  X    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	g	Did the plan have any participant loans? (If "Yes," enter amount a	s of year end	l.)	10a		X		
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	h	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR				x			
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 answered "Yes," check the box if you either provided the required notice or one of the							
5500) and line 11a below)  Yi    11a  Enter the amount from Schedule SB line 39  11a    12  Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA?  Yi    (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)  Yii    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 granting the waiver.  Day Year	Part	VI Pension Funding Compliance							
12  Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA?  Yes    (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)  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 granting the waiver.  Day  Year	11	Is this a defined benefit plan subject to minimum funding requirem							
12  Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA?  Yes    (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)  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 granting the waiver.  DayYear	11a	1a Enter the amount from Schedule SB line 39 11a							
(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.) <b>a</b> 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 granting the waiver.    Month  Day    Year							302 of E	RISA? 🛛 Yes 🗙 No	
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 granting the waiver									
	а	If a waiver of the minimum funding standard for a prior year is beir	ng amortized	in this plan year, see instru		, and e			
If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.	lf y	you completed line 12a, complete lines 3, 9, and 10 of Schedule	e MB (Form	5500), and skip to line 13.					
b Enter the minimum required contribution for this plan year	b	<b>b</b> 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							
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			
	If "Yes," enter the amount of any plan assets that reverted to the employer this year						
b		all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the pBGC?	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	<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