## 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

	art I		Identification Information							
For	calenda	ar plan year 2012 or fis	scal plan year beginning 01/01/	<u>2012</u>	and ending	12/31/20	)12 _			
		urn/report is for:	X a single-employer plan     □		plan (not multiemployer)	ployer) a one-participant plan				
В .	This ret	urn/report is:	the first return/report	the final return/repor	t					
			an amended return/report	a short plan year retu	ırn/report (less than 12 n	nonths)				
C	Check b	oox if filing under:	Form 5558	automatic extension			DFVC program			
			special extension (enter descr	iption)						
Pa	rt II	Basic Plan Info	ermation—enter all requested info	ormation						
1a	Name	of plan	·			1b -	Three-digit			
PION	EER TE	ECHNOLOGIES CORI	PORATION 401(K) PLAN				plan number			
							(PN) 001			
						10	Effective date of plan 01/01/2006			
			dress; include room or suite numbe	er (employer, if for a single	e-employer plan)	2b [	Employer Identification Number	r		
PION	IEER TI	ECHNOLOGIES COR	PORATION				(EIN) 91-1737974			
						2c S	Sponsor's telephone number			
		ORATE CTR. CT. SE, VA 98503	SUITE A			24.	360-570-1700	`		
OLII	vii izt, v	VA 30303				2a	Business code (see instructions 541600	s)		
3a	Plan a	dministrator's name ar	nd address XSame as Plan Spons	or Name Same as Pla	an Sponsor Address	3b /	Administrator's EIN			
		arring and a condition at	La dadi oco La da		a <b>O</b> pooo. 7.aaoo					
						3c /	Administrator's telephone numb	ber		
	16 (1			the classification of Classic	for this plan and a the	41				
4			e plan sponsor has changed since t	the last return/report filed	for this plan, enter the	4b	EIN			
-	name,		e plan sponsor has changed since t mber from the last return/report.	the last return/report filed	for this plan, enter the	4b				
-	name, Sponso	, EIN, and the plan nur or's name		•		4c		13		
_a	name, Sponso Total r	, EIN, and the plan nur or's name number of participants	mber from the last return/report.			4c		13		
<u>а</u> 5а	name, Sponso Total r	EIN, and the plan nur or's name number of participants number of participants	mber from the last return/report.  at the beginning of the plan year			4c   5a   5b		16		
a 5a b c	name, Sponso Total r Total r Number comple	EIN, and the plan nur or's name number of participants number of participants er of participants with lete this item)	at the beginning of the plan year at the end of the plan year account balances as of the end of t	he plan year (defined ber	nefit plans do not	4c   5a   5b   5c	PN	16 16		
a 5a b c	name, Sponso Total r Total r Number comple Were	EIN, and the plan nur or's name number of participants number of participants er of participants with ete this item)	at the beginning of the plan year  at the end of the plan year  account balances as of the end of t	he plan year (defined ber	nefit plans do not	4c   5a   5b   5c	PN	16		
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a 5a b c	name, Sponso Total r Total r Number comple Were Are younder	EIN, and the plan nur or's name number of participants number of participants er of participants with ete this item)	at the beginning of the plan year at the end of the plan year account balances as of the end of t	the plan year (defined ber ligible assets? (See instru t of an independent qualif	nefit plans do not uctions.)	4c   5a   5b   5c	PN	16 16		
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a 5a b c	name, Sponso Total r Total r Numbe compl Were Are younder If you	EIN, and the plan nur or's name number of participants number of participants er of participants with ete this item)	at the beginning of the plan year at the end of the plan year account balances as of the end of the plan year invested in eaction and report (See instructions on waiver eligibities) in the plan cor incomplete filing of this return	the plan year (defined ber ligible assets? (See instru t of an independent qualif lity and conditions.) annot use Form 5500-S u/report will be assessed	nefit plans do not uctions.) fied public accountant (IC F and must instead used	4c   5a   5b   5c   2PA	PN	16 No No		
a 5a b c C Gau	Total r Total r Numbe compl Were Are you under If you tion: A ter penalor Sche	p. EIN, and the plan nur or's name number of participants number of participants er of participants with ete this item)	at the beginning of the plan year at the end of the plan year account balances as of the end of the plan year invested in eaction and report (See instructions on waiver eligibities) ither line 6a or line 6b, the plan cor incomplete filing of this return ther penalties set forth in the instruction of signed by an enrolled actuary, a	the plan year (defined ber ligible assets? (See instrutt of an independent qualifulity and conditions.)	nefit plans do not  uctions.) fied public accountant (IC  F and must instead used unless reasonable called examined this return/re	4c   5a   5b   5c   2PA   2   2   2   2   2   2   2   2   2	PN	16 No No		
a 5a b c C Gau	Total r Total r Numbe compl Were Are you under If you tion: A ter penalor Sche	EIN, and the plan nur or's name number of participants number of participants er of participants with ete this item)	at the beginning of the plan year at the end of the plan year account balances as of the end of the plan year invested in eaction and report (See instructions on waiver eligibities) ither line 6a or line 6b, the plan cor incomplete filing of this return ther penalties set forth in the instruction of signed by an enrolled actuary, a	the plan year (defined ber ligible assets? (See instrutt of an independent qualifulity and conditions.)	nefit plans do not  uctions.) fied public accountant (IC  F and must instead used unless reasonable called examined this return/re	4c   5a   5b   5c   2PA   2   2   2   2   2   2   2   2   2	PN	16 No No		
a 5a b c C Gau	name, Sponsor Total r Total r Number comple Were Are younder If you  under Are penalor Scheef, it is t	EIN, and the plan nur or's name number of participants number of participants er of participants with ete this item)	at the beginning of the plan year at the end of the plan year account balances as of the end of the plan year invested in eaction and report (See instructions on waiver eligibities) ither line 6a or line 6b, the plan cor incomplete filing of this return ther penalties set forth in the instruction of signed by an enrolled actuary, a	the plan year (defined ber ligible assets? (See instrutt of an independent qualifulity and conditions.)	nefit plans do not  uctions.) fied public accountant (IC  F and must instead used unless reasonable called examined this return/re	4c   5a   5b   5c   2PA   2   2   2   2   2   2   2   2   2	PN	16 No No		
a 5a b c C Gau	Total r Total r Number comple Were Are younder If you etion: A ler penalor Scheef, it is t	EIN, and the plan nur or's name number of participants number of participants er of participants with ete this item)	at the beginning of the plan year at the end of the plan year account balances as of the end of the plan year invested in eact of the annual examination and report? (See instructions on waiver eligibither line 6a or line 6b, the plan cor incomplete filing of this return the penalties set forth in the instructions on the instructions of the plan cor incomplete filing of this return the penalties set forth in the instructions of the plan corrections of the plan corrections are placed.	ligible assets? (See instrutt of an independent qualifility and conditions.)annot use Form 5500-Sureport will be assessed tions, I declare that I have swell as the electronic versions.	nefit plans do not  uctions.)  F and must instead used unless reasonable care examined this return/reportersion of this return/reportersion	4c   5a   5b   5c   Sc   Sc   Sc   Sc   Sc   Sc   Sc	PN	16 No No		
a 5a b c c 6a b Und SB 6 belief	Total r Total r Number comple Were Are younder If you  Intion: A  Interpenator Scheef, it is t	EIN, and the plan nuror's name number of participants number of participants er of participants with ete this item)	at the beginning of the plan year at the end of the plan year account balances as of the end of the plan year invested in eact of the annual examination and report? (See instructions on waiver eligibither line 6a or line 6b, the plan cor incomplete filing of this return the penalties set forth in the instructions on the instructions of the plan cor incomplete filing of this return the penalties set forth in the instructions of the plan corrections of the plan corrections are placed.	he plan year (defined ber ligible assets? (See instrut of an independent qualifility and conditions.)	nefit plans do not  uctions.)  F and must instead used unless reasonable care examined this return/reportersion of this return/reportersion	4c   5a   5b   5c   Sc   Sc   Sc   Sc   Sc   Sc   Sc	Yes X Yes X Yes X Yes X Stablished. Studing, if applicable, a Schedu of the best of my knowledge and	16 No No		
a 5a b c C Gau	name, Sponsor Total r Total r Numbo comple Were Are younder If you stion: A ler penalor Sche ef, it is t	EIN, and the plan nuror's name number of participants number of participants et et this item)	at the beginning of the plan year at the end of the plan year account balances as of the end of the plan year invested in eact of the annual examination and report? (See instructions on waiver eligibither line 6a or line 6b, the plan cor incomplete filing of this return the penalties set forth in the instructions on the instructions of the plan cor incomplete filing of this return the penalties set forth in the instructions of the plan corrections of the plan corrections of the plan corrections of the plan corrections are placed.	he plan year (defined ber ligible assets? (See instru t of an independent qualif ility and conditions.) annot use Form 5500-S u/report will be assessed tions, I declare that I have s well as the electronic ve	refit plans do not  sections.)  F and must instead used unless reasonable care examined this return/report this return/report the control of	4c   5a   5b   5c   Sc   Sc   Sc   Sc   Sc   Sc   Sc	Yes X Yes X Yes X Yes X Yes X Stablished. Studing, if applicable, a Schedu of the best of my knowledge and the best of my knowledge	16 No No		
a 5a b c C Gaudent Sale Sale HEF	Total r Total r Number compl Were Are younder If you attion: A ler penalor Scheef, it is t N RE	EIN, and the plan nur or's name number of participants number of participants er of participants with ete this item)	at the beginning of the plan year at the end of the plan year account balances as of the end of the plan year invested in eact of the annual examination and report? (See instructions on waiver eligibither line 6a or line 6b, the plan cor incomplete filing of this return the penalties set forth in the instructions on the instructions of the plan cor incomplete filing of this return the penalties set forth in the instructions of the plan corrections of the plan corrections of the plan corrections of the plan corrections are placed.	the plan year (defined ber ligible assets? (See instrut of an independent qualifulity and conditions.)	mefit plans do not  fied public accountant (IC  F and must instead used unless reasonable care examined this return/report CHRIS WALDRON  Enter name of individent	4c   5a   5b   5c   5c   2PA)   5c   4c   1d   4c   1d   4c   4c   4c   4c   4c   4c   4c   4	Yes X Yes X Yes X Yes X Stablished. Studing, if applicable, a Schedu of the best of my knowledge and	16 No No		
a 5a b c C Gaudent Sale Sale HEF	Total r Total r Number compl Were Are younder If you attion: A ler penalor Scheef, it is t N RE	EIN, and the plan nur or's name number of participants number of participants er of participants with ete this item)	at the beginning of the plan year at the end of the plan year account balances as of the end of the second the plan year invested in eactions of the annual examination and report (See instructions on waiver eligibitither line 6a or line 6b, the plan cor incomplete filing of this return the penalties set forth in the instruction signed by an enrolled actuary, applete.  (Valid electronic signature.  (Valid electronic signature.  (Valid spends)	the plan year (defined ber ligible assets? (See instrut of an independent qualifulity and conditions.)	mefit plans do not  fied public accountant (IC  F and must instead used unless reasonable care examined this return/report CHRIS WALDRON  Enter name of individent	4c   5a   5b   5c   5c   2PA)   5c   4c   1d   4c   1d   4c   4c   4c   4c   4c   4c   4c   4	Yes   X Yes   X Yes   Stablished.  Studing, if applicable, a Schedu on the best of my knowledge and the	16 No No		
a 5a b c C Gaudent Sale Sale HEF	Total r Total r Number compl Were Are younder If you attion: A ler penalor Scheef, it is t N RE	EIN, and the plan nur or's name number of participants number of participants er of participants with ete this item)	at the beginning of the plan year at the end of the plan year account balances as of the end of the second the plan year invested in eactions of the annual examination and report (See instructions on waiver eligibitither line 6a or line 6b, the plan cor incomplete filing of this return the penalties set forth in the instruction signed by an enrolled actuary, applete.  (Valid electronic signature.  (Valid electronic signature.  (Valid spends)	the plan year (defined ber ligible assets? (See instrut of an independent qualifulity and conditions.)	mefit plans do not  fied public accountant (IC  F and must instead used unless reasonable care examined this return/report CHRIS WALDRON  Enter name of individent	4c   5a   5b   5c   5c   2PA)   5c   4c   1d   4c   1d   4c   4c   4c   4c   4c   4c   4c   4	Yes   X Yes   X Yes   Stablished.  Studing, if applicable, a Schedu on the best of my knowledge and the	16 No No		
a 5a b c C Gauden SB G Belief BIG HEF	Total r Total r Number compl Were Are younder If you attion: A ler penalor Scheef, it is t N RE	EIN, and the plan nur or's name number of participants number of participants er of participants with ete this item)	at the beginning of the plan year at the end of the plan year account balances as of the end of the second the plan year invested in eactions of the annual examination and report (See instructions on waiver eligibitither line 6a or line 6b, the plan cor incomplete filing of this return the penalties set forth in the instruction signed by an enrolled actuary, applete.  (Valid electronic signature.  (Valid electronic signature.  (Valid spends)	the plan year (defined ber ligible assets? (See instrut of an independent qualifulity and conditions.)	mefit plans do not  fied public accountant (IC  F and must instead used unless reasonable care examined this return/report CHRIS WALDRON  Enter name of individent	4c   5a   5b   5c   5c   2PA)   5c   4c   1d   4c   1d   4c   4c   4c   4c   4c   4c   4c   4	Yes   X Yes   X Yes   Stablished.  Studing, if applicable, a Schedu on the best of my knowledge and the	16 No No		

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Pai	rt III Financial Information										
7	Plan Assets and Liabilities		(a) Beginning of Year				(b) End of Year				
a	Total plan assets	7a	71442			928376					
	Total plan liabilities	7b		0			0				
	Net plan assets (subtract line 7b from line 7a)	7c	71442	26				9	92837	6	
	Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b) Total				
	Contributions received or receivable from:		(u) / inio ant				(2)	Total			
	(1) Employers	8a(1)	5409	)5							
	(2) Participants	8a(2)	9878	30							
	(3) Others (including rollovers)	8a(3)		0							
b	Other income (loss)	8b	10531	0							
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						2	258185	5	
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	4423	35							
е	Certain deemed and/or corrective distributions (see instructions)	8e		0							
f	Administrative service providers (salaries, fees, commissions)	8f		0							
q	Other expenses	8g		0							
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							4423	5	
	Net income (loss) (subtract line 8h from line 8c)	8i							21395		
	Transfers to (from) the plan (see instructions)	8j									
Par	t IV Plan Characteristics	0)	<u> </u>								
	If the plan provides pension benefits, enter the applicable pension 2E 2F 2G 2J 2K 3D 2T	feature co	des from the List of Plan Char	acteris	stic Co	odes in	the instr	uctions	S:		
b	If the plan provides welfare benefits, enter the applicable welfare fe	eature cod	les from the List of Plan Chara	cterist	ic Cod	des in t	he instru	ctions:			
_											
Par						Г	ı				
10	During the plan year:				Yes	No		Am	ount		
a	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu	ıciary Corı	rection Program)	10a		X					
	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	X					1000	000
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 of					V					
	instructions.)			10e		X					
f	Has the plan failed to provide any benefit when due under the plan	n?		10f		X					
g	Did the plan have any participant loans? (If "Yes," enter amount a	s of year e	end.)	10g		X					
h	If this is an individual account plan, was there a blackout period? (2520.101-3.)	•		10h		X					
i	If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10			10i							
Part											
11	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)							Тг	Yes	П	No
11a						11a		·   _	. 55	<u> </u>	
12	Is this a defined contribution plan subject to the minimum funding				ction		ERISA?		Yes	X	No
_	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,										
а	If a waiver of the minimum funding standard for a prior year is beir granting the waiver.	ng amortiz	ed in this plan year, see instru		, and e	enter th Day	ne date o	f the le		ling	
lf	you completed line 12a, complete lines 3, 9, and 10 of Schedulo										
b	Enter the minimum required contribution for this plan year					12b					
											_

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	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?		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 under the of the PBGC?	control		Yes X 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):	1 <b>3c(2)</b> E	IN(s)	<b>13c(3)</b> PN(s)
Part	VIII Trust Information (optional)			
	Name of trust	<b>14b</b> ⊤	rust's EIN	

## 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

2012

OMB Nos. 1210-0110

This Form is Open to Public Inspection

Pension Benefit Guaranty Corporation	▶ Complete all entries in a	ccordance with the instruc	tions to the Form 5500	0-SF.		
Part I Annual Repor	t Identification Information					
For calendar plan year 2012 or	fiscal plan year beginning	01/01/2012	and ending	12	/31/2012	
A This return/report is for:	X a single-employer plan	=	an (not multiemployer)		a one-particip	oant plan
B This return/report is:	the first return/report	the final return/report				
	an amended return/report	a short plan year return	n/report (less than 12 mo	onths)		
C Check box if filing under:	Form 5558	automatic extension			DFVC progra	m
	special extension (enter desc	cription)				
Part II Basic Plan Inf	ormation—enter all requested in	formation				
1a Name of plan					ree-digit	
PIONEER TECHNOLOGI	ES CORPORATION 401(K)	PLAN			an number N) ▶	001
					fective date of	f plan
					/01/2006	
	address; include room or suite numb	er (employer, if for a single-	employer plan)			fication Number
PIONEER TECHNOLOGI	ES CORPORATION				N) 91-173	
						hone number
5205 CORPORATE CTR	. CT. SE, SUITE A				50-570-17	see instructions)
OLYMPIA	WA 98503			1	1600	see instructions)
	and address XSame as Plan Spon	sor Name XSame as Plan	Sponsor Address		ministrator's	EIN
The rest administrator of the rest	Meanie de l'iair épon					
				3c Ad	ministrator's	telephone number
4 If the name and/or EIN of t	he plan sponsor has changed since	the last return/report filed fo	or this plan, enter the	4b EII	N	
name, EIN, and the plan n	umber from the last return/report.			4		
a Sponsor's name				4c PN	\	
	ts at the beginning of the plan year.			5a		13
	ts at the end of the plan year			5b		16
	h account balances as of the end of			5c		16
6a Were all of the plan's asse	ets during the plan year invested in	eligible assets? (See instruc	tions.)			X Yes No
	of the annual examination and repo					X Yes  No
	6? (See instructions on waiver eligit either line 6a or line 6b, the plan					⊠ Yes ∐ No
	e or incomplete filing of this retur other penalties set forth in the instru					able a Schedule
SB or Schedule MB completed	and siggled by an enrolled actuary.	as well as the electronic ver	sion of this return/report	, and to the	he best of my	knowledge and
belief, it is true, correct, and cor	mplete.	1 7				
SIGN MM	Walle	25/08/12	CHRIS WALDRON			
HERE Signature of plan	administrator	Date	Enter name of individ	ual signin	g as plan adr	ministrator
SIGN ///	0	OK PYI)	CHRIS WALDRON			
UEDE VAAA	loyer/plan sponsor	Date	Enter name of individ	ual signin	a as employe	er or plan sponsor
Preparer's name (Including firm	name, if applicable) and address; i					number (optional)
A THE A DISCUSSION SHOWN SHOWS AND SHOWN SHOWS AS A SHOWN OF	n. Virkez (1996). Bunde ji de <b>rivite</b> dedokilence oddekter i kalendar ir det kristicate abada ir teknis		A. Walley Co. Co. Co. Co.			
				1000		

Pa	rt III   Financial Information								
7	Plan Assets and Liabilities		(a) Beginning of Yea	ır			(b) End o	of Year	
а	Total plan assets	7a	7.	1442	26			9	28376
b	Total plan liabilities	. 7b			0				0
С	Net plan assets (subtract line 7b from line 7a)	7c	7.	1442	26				28376
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b) To	otal	
а	Contributions received or receivable from:	2 (4)		5409	95				
-	(1) Employers	8a(1)		9878	-			A LONGO	
	(2) Participants	. 8a(2)		90/0	0	E A	William S		
-	(3) Others (including rollovers)	8a(3)	1.	0531	0	2 TW		TANK V	
	Other income (loss)	. 8b	T.	0531	. 0	MT E1			050105
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	. 8c					esis eveniny		258185
a	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	. 8d		4423	35				
e	Certain deemed and/or corrective distributions (see instructions)	. 8e			0	L mw			
f	Administrative service providers (salaries, fees, commissions)	. 8f			0	Tige.	3 7 7		11
g	Other expenses	. 8g			0	1 188 7			
	Total expenses (add lines 8d, 8e, 8f, and 8g)				6				44235
i	Net income (loss) (subtract line 8h from line 8c)			J. J.				2	213950
÷	Transfers to (from) the plan (see instructions)	8i			150			H YAN -	
Pa	rt IV Plan Characteristics	1 oj 1							
b	2E 2F 2G 2J 2K 3D 2T  If the plan provides welfare benefits, enter the applicable welfare for the second se	eature code	es from the List of Plan Chara	cterist	ic Cod	les in t	he instructio	ons:	
10	During the plan year:				Yes	No		Amount	
а	***************************************	itions withir	the time period described in ection Program)	10a		Х			
k	Were there any nonexempt transactions with any party-in-interest on line 10a.)			10b		Х			
C	Was the plan covered by a fidelity bond?			10c	Х				100000
C	Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?			10d		Х			
€	<ul> <li>Were any fees or commissions paid to any brokers, agents, or oth insurance service or other organization that provides some or all instructions.)</li> </ul>	of the bene	fits under the plan? (See	10e		х			
f	Has the plan failed to provide any benefit when due under the pla	in?		10f		Х			
				10g		Х			
		(See instru	ctions and 29 CFR	10h		Х			
i	If 10h was answered "Yes," check the box if you either provided t exceptions to providing the notice applied under 29 CFR 2520.10			10i					
Par	t VI Pension Funding Compliance								
11	Is this a defined benefit plan subject to minimum funding requiren 5500) and line 11a below)	nents? (If "\	res," see instructions and con	nplete	Sched	dule SE	3 (Form	Yes	☐ No
_116	Enter the amount from Schedule SB line 39					11a			
12	Is this a defined contribution plan subject to the minimum funding	requireme	ents of section 412 of the Code	e or se	ection	302 of	ERISA?	Yes	X No
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below	, as applica	able.)						
	If a waiver of the minimum funding standard for a prior year is bei granting the waiver.	ng amortize	ed in this plan year, see instru Mor	nth	, and e	enter ti Day	ne date of th	ne letter ru Year	iling
	you completed line 12a, complete lines 3, 9, and 10 of Schedul	le MB (For	m 5500), and skip to line 13.			12.			
<u>k</u>	Enter the minimum required contribution for this plan year					12b			

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	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).						
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?		res 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 und of the PBGC?	er the control	ne control				
С	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.)	lan(s) to					
_	13c(1) Name of plan(s):		IN(s)	13c(3)	PN(s)		
:							
Part	VIII Trust Information (optional)						
				14b Trust's EIN			