For	m 5500-SF	Short Form Annual Ret	turn/Report o enefit Plan	of Small Employ	yee		OMB Nos. 1210- 1210-		
	tment of the Treasury nal Revenue Service	<b>Be</b> This form is required to be filed u	е	2	2012				
	partment of Labor enefits Security Administration	Retirement Income Security Act of 19 the Internal R	tions 6057(b) and 6058	(a) of This Form is Open to Public			olic		
Pension Be	nefit Guaranty Corporation	Complete all entries in accorda	nce with the instruc	tions to the Form 550	0-SF.	Ins	pection		
Part I		entification Information							
For calenda	ar plan year 2012 or fisca	<b>-</b>		and ending 1	2/31/	2012			
A This ret	urn/report is for:	a single-employer plan	multiple-employer pla	an (not multiemployer)		a one-particip	oant plan		
B This ret	urn/report is:	the first return/report th	e final return/report						
	[	an amended return/report	short plan year return	/report (less than 12 mo	onths	)			
C Check b	oox if filing under:	] Form 5558	utomatic extension			DFVC progra	m		
	Ī	special extension (enter description)				_			
Part II	Basic Plan Inform	nation—enter all requested information	วท						
1a Name		·			1b	Three-digit			
FGM CONST	RUCTION AND DEVEL	OPMENT, INC. 401(K) PROFIT SHAR	ING PLAN			plan number	001		
					10	(PN) ►			
					IC	Effective date or 07/01/	•		
	oonsor's name and addre TRUCTION AND DEVEL	ess; include room or suite number (emp OPMENT, INC.	bloyer, if for a single-	employer plan)	2b	Employer Identii (EIN) 91-12	ication Numbe	ŧr	
P.O. BOX 42	17				2c	Sponsor's telep			
ABERDEEN					2d	Business code ( 23620	Business code (see instructions)		
3a Plan ad	dministrator's name and	address XSame as Plan Sponsor Nan	ne Same as Plan	Sponsor Address	3b	Administrator's	-		
						Administrator's t	elephone num	ber	
name,	EIN, and the plan numb	lan sponsor has changed since the last er from the last return/report.	t return/report filed fo	r this plan, enter the		EIN			
a Sponso		the beginning of the plan year				PN			
		0 0 1 7			5a			6	
		the end of the plan year			5b			6	
	· ·	count balances as of the end of the plan	•	•	5c			6	
		uring the plan year invested in eligible a					X Yes	No	
		le annual examination and report of an						-	
under	29 CFR 2520.104-46? (	See instructions on waiver eligibility and	d conditions.)				X Yes	No	
lf you	answered "No" to eith	er line 6a or line 6b, the plan cannot	use Form 5500-SF	and must instead use	Form	5500.			
		incomplete filing of this return/repor							
SB or Sche		r penalties set forth in the instructions, I signed by an enrolled actuary, as well a te.							
SIGN	Filed with authorized/va	lid electronic signature.	05/14/2013	JEAN SCHOFNER					
HERE	Signature of plan adm	ninistrator	Date	Enter name of individu	ual sig	gning as plan adn	ninistrator		
SIGN	Filed with authorized/va	lid electronic signature.	05/14/2013	JEAN SCHOFNER					
HERE	Signature of employe		Date		idual signing as employer or plan sponsor				
Preparer's	name (including firm nar	ne, if applicable) and address; include r	oom or suite number	· (optional)	Prep	parer's telephone	number (option	nal)	

Part III Financial Information						
7 Plan Assets and Liabilities		(a) Beginning of Yea	ar			(b) End of Year
a Total plan assets	7a	10309				116475
<b>b</b> Total plan liabilities	7b					
<b>C</b> Net plan assets (subtract line 7b from line 7a)	7c	10309	2			116475
8 Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b) Total
a Contributions received or receivable from:						
(1) Employers				_		
(2) Participants	8a(2)	232	25			
(3) Others (including rollovers)				_		
<b>b</b> Other income (loss)	8b	1464	2	_		
<b>C</b> Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c					16967
d Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	358	4			
e Certain deemed and/or corrective distributions (see instructions)	8e		-			
f Administrative service providers (salaries, fees, commissions)						
g Other expenses	8g					
h Total expenses (add lines 8d, 8e, 8f, and 8g)						3584
i Net income (loss) (subtract line 8h from line 8c)						13383
j Transfers to (from) the plan (see instructions)						10000
Part IV Plan Characteristics	oj					
<ul> <li>9a If the plan provides pension benefits, enter the applicable pension 2F 2G 2J 3E</li> <li>b If the plan provides welfare benefits, enter the applicable welfare the applicab</li></ul>						
Part V Compliance Questions						
10 During the plan year:				Yes	No	Amount
a Was there a failure to transmit to the plan any participant contribution 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fid			10a		x	
<b>b</b> Were there any nonexempt transactions with any party-in-interes on line 10a.)	st? (Do not inc	lude transactions reported	10b		Х	
<b>C</b> Was the plan covered by a fidelity bond?			10c	Х		15000
<b>d</b> Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?	s fidelity bond,	that was caused by fraud	10d		Х	10000
<b>e</b> Were any fees or commissions paid to any brokers, agents, or ot insurance service or other organization that provides some or all instructions.)	of the benefits	s under the plan? (See	10e		×	
f Has the plan failed to provide any benefit when due under the plan	an?		10f		Х	
<b>g</b> Did the plan have any participant loans? (If "Yes," enter amount a	as of year end	.)	10g		Х	
<ul> <li>h If this is an individual account plan, was there a blackout period?</li> <li>2520.101-3.)</li> </ul>	(See instructi	ons and 29 CFR	10g		Х	
If 10h was answered "Yes," check the box if you either provided 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 requirer 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	g requirements	s of section 412 of the Code	e or se	ection 3	302 of I	ERISA? 🛛 Yes 🗙 No
(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below			-			
<b>a</b> If a waiver of the minimum funding standard for a prior year is being the standard for a pri			ctions.	, and e	enter th	e date of the letter ruling
granting the waiver.	-				Day	Year
	-	Mon			Day _	Year

С	Enter the a	mount contributed by the employer to the plan for this plan year	12c			
d		e amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a nount)	12d			
е	Will the mir	nimum funding amount reported on line 12d be met by the funding deadline?		Yes	No	N/A
Part	VII Pla	n Terminations and Transfers of Assets				
13a	Has a resol	ution to terminate the plan been adopted in any plan year?	X	Yes No		
	lf "Yes," en	ter the amount of any plan assets that reverted to the employer this year	13a			0
b	Were all th of the PBG	e plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the c C?	control		Yes	X No
С		is plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) t ets or liabilities were transferred. (See instructions.)	0		_	
1	<b>3c(1)</b> Name	of plan(s):	3 <b>c(2)</b> E	IN(s)	13c(3)	PN(s)
Part	VIII Tru	st Information (optional)				
14a	Name of true	st	<b>14b</b> ⊤	rust's EIN		

FGM CONSTRUCTION AND DEVELOPMENT, I

911203777

Form 5500-SF Separtment of the Treasury	Short Form Annual Re Be	turn/Report of the second s	of Small Employ	'ee		OMB Nos. 1210-0110 1210-0089		
Internal Revenue Service         This form is required to be filed under sections 104 and 4065 of the Employee         2012           Department of Labor         Retirement Income Security Act of 1974 (ERISA), and section 6057(b) and 6058(a) of         This form is required to be filed under sections 104 and 4065 of the Employee         2012								
Department of Labor Employee Benefits Security Administration	(a) of	is Open to Public						
Pension Benefit Guaranty Corporation	Complete all entries in accordance	ance with the instru	ctions to the Form 5500	D-SF.	Ir	spection		
Part I Annual Report Ider	ntification Information							
For calendar plan year 2012 or fiscal pl	lan year beginning	01/01/2012	and ending	1:	2/31/2012			
A This return/report is for:	a single-employer plan 🛛 🗌 a	multiple-employer p	lan (not multiemployer)	[	] a one-partici	pant plan		
B This return/report is:	he first return/report	he final return/report		-				
a	an amended return/report	short plan year retu	m/report (less than 12 mo	onths)				
<b>C</b> Check box if filing under:	Form 5558	utomatic extension	• •	Í	DFVC progra	Im		
special extension (enter description)								
	tion enter all requested inform							
1a Name of plan	tion enter an requested month			1b	Three-digit			
CALCANE TO THE TANK AND D	EVELOPMENT, INC. 401(k)				plan number			
FGM CONSTRUCTION AND D	EVELOPMENT, INC. 401(K)	PROFIT SHARL	ng plan		(PN) ► Effective date o	001 f plop		
					07/01/2001	i pian		
2a Plan sponsor's name and address		ployer, if for a single	-employer plan)			fication Number		
FGM CONSTRUCTION AND D	EVELOPMENT, INC.				(EIN) 91-12			
				2c	Sponsor's telep	hone number		
P.O. Box 427					(360) 532-			
				2d	Business code 236200	(see instructions)		
US         ABERDEEN           3a         Plan administrator's name and additional additional administrator's name and additional administratory administrad	WA 98520		Plan Spansor Address	26	Administrator's			
	uless [A] Same as Plan Sponsor		Fian Sponsor Address	30	Administrators	EIN		
				3c	Administrator's	telephone number		
4 If the name and/or EIN of the plan name, EIN, and the plan number f	i sponsor has changed since the las from the last return/report	t retum/report filed f	or this plan, enter the	4b	EIN			
a Sponsor's name				4c	PN			
5a Total number of participants at the	beginning of the plan year			5a	1	6		
	end of the plan year			5b		6		
	int balances as of the end of the pla							
	*****			<u>5c</u>		6		
6a Were all of the plan's assets during			*************************************			XYes No		
b Are you claiming a waiver of the a under 29 CFR 2520.104-46? (See	instructions on waiver eligibility and		d public accountant (IQP)	A)				
	ine 6a or line 6b, the plan cannot		and must instead use F		500	X Yes No		
Caution: A penalty for the late or in						*****		
Under penalties of perjury and other p SB or Schedule MB completed and sig belief, it is true, correct, and complete,	enalties set forth in the instructions, gned by an enrolled actuary, as well	I declare that I have	examined this return/rep	ort. ind	cluding, if applic	able, a Schedule knowledge and		
NON COMMENT	atur	5/2/2013	JEAN SCHOFNER			]		
HERE Signature of plan administr		, ,				· · ·		
Man Mar		Date	Enter name of individual	17		nistrator		
SIGN		5/2/2013	Oack MCP		son			
HERE Signature of employer/plan Preparer's name (including firm name,	-	Date	Enter name of individual					
	, , , <b>, , , , , , , , , , , , , , , , </b>		A (opaonal)			number (optional)		
For Paperwork Reduction Act Notice	e and OMB Control Numbers, see	the instructions fo	or Form 5500-SF.		Fo	orm 5500-SF (2012) v. 120126		

Plan Assets and Liabilities	A Martine and	(a) Beginning of Year				(b) End o	f Year
a Total plan assets	7a	103,09	92				116,475
<b>D</b> Total plan liabilities	7b			1			
Net plan assets (subtract line 7b from line 7a)	. 7c	103,09	92				116,475
Income, Expenses, and Transfers for this Plan Year		(a) Amount			0/2077	(b) To	otal
Contributions received or receivable from:	0-(4)						
(1) Employers		2,32	55	-			
(2) Participants		2,34					
(3) Others (including rollovers)	8a(3) 8b	14,64	12		*	-	
Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						1.6 0.67
<ul> <li>Benefits paid (including direct rollovers and insurance premiums to provide benefits)</li> </ul>	8d	3,58	34				16,967
<ul> <li>Certain deemed and/or corrective distributions (see instructions)</li> </ul>	8e						
Administrative service providers (salaries, fees, commissions)	8f					in states	
Other expenses	8g						
Total expenses (add lines 8d, 8e, 8f, and 8g)	8h		20				3,584
Net income (loss) (subtract line 8h from line 8c)	8i						13,383
Transfers to (from) the plan (see instructions)	8j						
Part IV Plan Characteristics							
Part V Compliance Questions							
	·····	- t <sup></sup>		Yes	No	ļ	Amount
a Was there a failure to transmit to the plan any participant contribut 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduc	ciary Correction	on Program)	10a	Yes	No X	ļ	Amount
<ul> <li>a Was there a failure to transmit to the plan any participant contribut 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduce</li> <li>b Were there any nonexempt transactions with any party-in-interest? on line 10a.)</li> </ul>	iary Correction ? (Do not incle	on Program) ude transactions reported	10b			A	
<ul> <li>a Was there a failure to transmit to the plan any participant contribut 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduce)</li> <li>b Were there any nonexempt transactions with any party-in-interest? on line 10a.)</li> <li>c Was the plan covered by a fidelity bond?</li> </ul>	siary Correction ? (Do not inclusion)	on Program)		Yes X	x	<u>,</u>	Amount 15,0
<ul> <li>a Was there a failure to transmit to the plan any participant contribut 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduce)</li> <li>b Were there any nonexempt transactions with any party-in-interest? on line 10a.)</li> <li>c Was the plan covered by a fidelity bond?</li> <li>d Did the plan have a loss, whether or not reimbursed by the plan's for dishonesty?</li> </ul>	iary Correction (Do not inclusion) fidelity bond,	on Program) ude transactions reported that was caused by fraud	10b		x	4	
<ul> <li>a Was there a failure to transmit to the plan any participant contribut 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduce)</li> <li>b Were there any nonexempt transactions with any party-in-interest? on line 10a.)</li> <li>c Was the plan covered by a fidelity bond?</li> <li>d Did the plan have a loss, whether or not reimbursed by the plan's for dishonesty?</li> <li>e Were any fees or commisions paid to any brokers, agents, or other insurance service or other organization that provides some or all or any brokers.</li> </ul>	iary Correction (Do not inclusion) (Do not inclusio	on Program) ude transactions reported that was caused by fraud an insurance carrier, under the plan? (See	10b 10c 10d		x x x	4 	
<ul> <li>a Was there a failure to transmit to the plan any participant contribut 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduce</li> <li>b Were there any nonexempt transactions with any party-in-interest? on line 10a.)</li> <li>c Was the plan covered by a fidelity bond?</li> <li>d Did the plan have a loss, whether or not reimbursed by the plan's for dishonesty?</li> <li>e Were any fees or commisions paid to any brokers, agents, or other insurance service or other organization that provides some or all or instructions.)</li> </ul>	iary Correction (Do not inclusion) (Do not inclusion) (fidelity bond, (fidelity bond, (fidelity bond, (fidelity bond) (fidelity fidelity fid	on Program) ude transactions reported that was caused by fraud an insurance carrier, under the plan? (See	10b 10c 10d		x x x x x	A	
<ul> <li>a Was there a failure to transmit to the plan any participant contribut 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduce</li> <li>b Were there any nonexempt transactions with any party-in-interest? on line 10a.)</li> <li>c Was the plan covered by a fidelity bond?</li> <li>d Did the plan have a loss, whether or not reimbursed by the plan's for dishonesty?</li> <li>e Were any fees or commisions paid to any brokers, agents, or other insurance service or other organization that provides some or all o instructions.)</li> <li>f Has the plan failed to provide any benefit when due under the plan</li> </ul>	ciary Correction (Do not inclusion) (Do not inclusion) (fidelity bond, (fidelity fidelity)) (fidelity fidelity) (fidelity fidelity) (fidelit	on Program) ude transactions reported that was caused by fraud an insurance carrier, under the plan? (See	10b 10c 10d 10e 10f		x x x	A	
<ul> <li>a Was there a failure to transmit to the plan any participant contribut 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduce</li> <li>b Were there any nonexempt transactions with any party-in-interest? on line 10a.)</li> <li>c Was the plan covered by a fidelity bond?</li> <li>d Did the plan have a loss, whether or not reimbursed by the plan's for dishonesty?</li> <li>e Were any fees or commisions paid to any brokers, agents, or other insurance service or other organization that provides some or all or instructions.)</li> </ul>	ciary Correction (Do not inclusion) (Do not inclusion) (fidelity bond, (fidelity fidelity)) (fidelity fidelity) (fidelity fidelity) (fidelit	on Program) ude transactions reported that was caused by fraud an insurance carrier, under the plan? (See	10b 10c 10d		x x x x x	<u> </u>	
<ul> <li>a Was there a failure to transmit to the plan any participant contribut 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduce</li> <li>b Were there any nonexempt transactions with any party-in-interest? on line 10a.)</li> <li>c Was the plan covered by a fidelity bond?</li> <li>d Did the plan have a loss, whether or not reimbursed by the plan's for dishonesty?</li> <li>e Were any fees or commisions paid to any brokers, agents, or other insurance service or other organization that provides some or all or instructions.)</li> <li>f Has the plan failed to provide any benefit when due under the plan</li> <li>g Did the plan have any participant loans? (If "Yes," enter amount as h If this is an individual account plan, was there a blackout period? (2520.101-3.)</li> </ul>	<ul> <li>iary Correction</li> <li>(Do not inclusted)</li> <li>(Do not inclusted)</li> <li>(Do not inclusted)</li> <li>(Do not inclusted)</li> <li>(Figure 1)</li> <li>(Fig</li></ul>	on Program) ude transactions reported that was caused by fraud an insurance carrier, under the plan? (See )	10b 10c 10d 10e 10f		x x x x x		
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<ul> <li>a Was there a failure to transmit to the plan any participant contribut 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduce</li> <li>b Were there any nonexempt transactions with any party-in-interest? on line 10a.)</li> <li>c Was the plan covered by a fidelity bond?</li> <li>d Did the plan have a loss, whether or not reimbursed by the plan's for dishonesty?</li> <li>e Were any fees or commisions paid to any brokers, agents, or other insurance service or other organization that provides some or all o instructions.)</li> <li>f Has the plan failed to provide any benefit when due under the plan</li> <li>g Did the plan have any participant loans? (If "Yes," enter amount as h If this is an individual account plan, was there a blackout period? (2520.101-3.)</li> <li>i If 10h was answered "Yes," check the box if you either provided th exceptions to providing the notice applied under 29 CFR 2520.101</li> </ul>	<ul> <li>iary Correction</li> <li>(Do not inclustion)</li> <li>(Do not inclustion)</li> <li>(Do not inclustion)</li> <li>(fidelity bond, fidelity bond,</li></ul>	on Program) ude transactions reported that was caused by fraud an insurance carrier, under the plan? (See )	10b 10c 10d 10e 10f 10g 10h		x x x x x x x x x x		
<ul> <li>a Was there a failure to transmit to the plan any participant contribut 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduce</li> <li>b Were there any nonexempt transactions with any party-in-interest? on line 10a.)</li> <li>c Was the plan covered by a fidelity bond?</li></ul>	<ul> <li>iary Correction</li> <li>(Do not inclustion)</li> <li>(Do not inclustion)</li> <li>(fidelity bond, fidelity bond, fidelity bond, fidelity bond, fithe benefits</li> <li>a of year end.</li> <li>See instruction</li> <li>a required not instruction</li> <li>b required not instruction</li> <li>a required not instruction</li> <li>b required not instruction</li> <li>b required not instruction</li> <li>b required not instruction</li> <li>b required not instruction</li> </ul>	on Program)	10b 10c 10d 10e 10f 10g 10h 10h 10i	x	x x x x x x x x e SB (f	Form	
<ul> <li>a Was there a failure to transmit to the plan any participant contribut 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduce</li> <li>b Were there any nonexempt transactions with any party-in-interest? on line 10a.)</li> <li>c Was the plan covered by a fidelity bond?</li> <li>d Did the plan have a loss, whether or not reimbursed by the plan's for dishonesty?</li> <li>e Were any fees or commisions paid to any brokers, agents, or other insurance service or other organization that provides some or all or instructions.)</li> <li>f Has the plan have any participant loans? (If "Yes," enter amount as h If this is an individual account plan, was there a blackout period? (2520.101-3.)</li> <li>i If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.101</li> <li>a Is this a defined benefit plan subject to minimum funding requirements 5500) and line 11a below)</li> </ul>	siary Correction (Do not inclustion) (Do not inclustion) (fidelity bond, (fidelity bond, (fide	on Program)	10b 10c 10d 10e 10f 10g 10h 10i ete S	x	x x x x x x x x e SB (f	Form	15,0
<ul> <li>a Was there a failure to transmit to the plan any participant contribut 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduce</li> <li>b Were there any nonexempt transactions with any party-in-interest? on line 10a.)</li> <li>c Was the plan covered by a fidelity bond?</li> <li>d Did the plan have a loss, whether or not reimbursed by the plan's for dishonesty?</li> <li>e Were any fees or commisions paid to any brokers, agents, or other insurance service or other organization that provides some or all or instructions.)</li> <li>f Has the plan failed to provide any benefit when due under the plan</li> <li>g Did the plan have any participant loans? (If "Yes," enter amount as h If this is an individual account plan, was there a blackout period? (2520.101-3.)</li> <li>i If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.101</li> <li>Pension Funding Compliance</li> <li>1 Is this a defined benefit plan subject to minimum funding requirements 5500) and line 11a below)</li> </ul>	siary Correction (Do not inclustion) (Do not inclustion) (fidelity bond, (fidelity bond, (fide	on Program)	10b 10c 10d 10e 10f 10g 10h 10i ete S	x	x x x x x x x x x le SB (f	Form	15,0
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C	Enter the amount contributed by the employer to the plan for this plan year	. 12c		
ď	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?	. 🗷 Y	'es 🗌 Ne	0
	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?		Ε	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):	3c(2) EIN	(s)	<b>13c(3)</b> PN(s)
Part	VIII Trust Information (optional)			<u> </u>
14a I	Name of trust	14b 1	rust's EIN	····

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