I	Form 5500-SF	Short Form Annual R	yee		OMB Nos. 1210-0110 1210-0089					
	Department of the Treasury Internal Revenue Service	This form is required to be file	Benefit Plan ed under sections 104 ar	nd 4065 of the Employe	е	2	012			
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).				ctions 6057(b) and 6058		This Form i	s Open to Public			
Pens	sion Benefit Guaranty Corporation	tions to the Form 5500	0-SF.	Ins	pection					
Part I Annual Report Identification Information										
For calendar plan year 2012 or fiscal plan year beginning 01/01/2012 and ending 12/31/2012 A This roturn/report is for: X a single-employer plan D a multiple-employer plan (not multiple-plan) D a ope-participant plan										
	is return/report is for:			an (not multiemployer)	er) a one-participant plan					
B Th	is return/report is:	the first return/report	the final return/report							
an amended return/report a short plan year return/report (less than 12 months)										
C Ch	eck box if filing under:	Form 5558	automatic extension		DFVC program					
_		special extension (enter description								
Part		nation—enter all requested inform	ation		4 1-					
	ame of plan	401(K) PROFIT SHARING PLAN			10	Three-digit plan number				
FIIZEN		401(K) FROFTI SHARING FLAN				(PN)	002			
					1c	Effective date of	f plan			
						01/01/	(1980			
2a Pi FITZER	an sponsor's name and addr LEIGHTON & AYERS PLLC	ess; include room or suite number (e	employer, if for a single-	employer plan)	2b	Employer Identii (EIN) 27-41				
1145 BI	ROADWAY, SUITE 610				2c	Sponsor's telep 253-683				
TACON	1A, WA 98402				2d	Business code (54111				
3a PI	an administrator's name and	address XSame as Plan Sponsor N	Name Same as Plan	Sponsor Address	3b	Administrator's EIN				
					20	A due in intent on a	elephone number			
		plan sponsor has changed since the	last return/report filed fo	or this plan, enter the	4b	EIN				
	ame, EIN, and the plan numb consor's name	per from the last return/report.			4c	PN				
		the beginning of the plan year			5a		9			
		the end of the plan year			5b		7			
		count balances as of the end of the			00					
					5c		7			
		luring the plan year invested in eligib					X Yes No			
u	nder 29 CFR 2520.104-46? (ne annual examination and report of See instructions on waiver eligibility	and conditions.)				X Yes 🗌 No			
-		er line 6a or line 6b, the plan cann								
Under SB or	Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established. Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including, if applicable, a Schedule SB or Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.									
SIGN	Filed with authorized/va	lid electronic signature.	05/16/2013	GERRIT AYERS						
HERE	Signature of plan adr	ninistrator	Date	Enter name of individu	ual sig	ning as plan adn	ninistrator			
SIGN										
HERE	Signature of employe	er/plan sponsor	Date	Enter name of individu	ual sig	ning as employe	r or plan sponsor			
Prepa		ne, if applicable) and address; incluc	de room or suite number				number (optional)			

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

Part III Financial Information								
7 Plan Assets and Liabilities		(a) Beginning of Yea	ır			(b) End of Year		
a Total plan assets		1414942			157668			
b Total plan liabilities		87	′5	0				
C Net plan assets (subtract line 7b from line 7a)		141406	1414067			1576689		
8 Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b) Total		
a Contributions received or receivable from:	0-(4)	2120	c					
(1) Employers	. 8a(1) 8a(2)	3120 5501						
(2) Participants	. 8a(2)	2607						
(3) Others (including rollovers)b Other income (loss)	8a(3) 8b	17779						
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c	1115	0			290084		
 d Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	12364	3			290064		
e Certain deemed and/or corrective distributions (see instructions)	. 8e							
f Administrative service providers (salaries, fees, commissions)	. 8f	381	9					
g Other expenses	. 8g							
h Total expenses (add lines 8d, 8e, 8f, and 8g)	. 8h					127462		
i Net income (loss) (subtract line 8h from line 8c)	. 8i					162622		
j Transfers to (from) the plan (see instructions)	. 8j							
Part IV Plan Characteristics								
2A 2E 2J 2K 2G 3D 2T 2F b If the plan provides welfare benefits, enter the applicable welfare f Part V Compliance Questions	eature codes	from the List of Plan Charac	cterist	tic Coc	les in th	ne instructions:		
10 During the plan year:				Yes	No	Amount		
 a Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fid 			10a	100	X	Amount		
b Were there any nonexempt transactions with any party-in-interest on line 10a.)	t? (Do not inc	lude transactions reported	10b		х			
C Was the plan covered by a fidelity bond?			10c	Х		200000		
d Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?	fidelity bond,	that was caused by fraud	10d		Х	20000		
e Were any fees or commissions paid to any brokers, agents, or oth insurance service or other organization that provides some or all instructions.)	of the benefits	s under the plan? (See	10e	х		4787		
${f f}$ Has the plan failed to provide any benefit when due under the pla	ın?		10f		Х			
g Did the plan have any participant loans? (If "Yes," enter amount a	as of year end	.)	10g	Х		27781		
h If this is an individual account plan, was there a blackout period? 2520.101-3.)	(See instructi	ons and 29 CFR	10g		Х	21101		
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					
Part VI Pension Funding Compliance								
11 Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)	nents? (If "Ye	s," see instructions and com	plete	Scheo	lule SB	(Form		
11a Enter the amount from Schedule SB line 39					11a			
12 Is this a defined contribution plan subject to the minimum funding	requirement	s of section 412 of the Code	e or se	ection	302 of	ERISA? 🛛 Yes 🗙 No		
(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below	, as applicabl	e.)						
a If a waiver of the minimum funding standard for a prior year is bei granting the waiver.		Mon		, and e	enter th Day	e date of the letter ruling Year		
If you completed line 12a, complete lines 3, 9, and 10 of Schedul	e MB (Form	5500), and skip to line 13.						
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		act the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a tive amount)	12d				
е	Will t	Yes	No N/A				
Part	art VII Plan Terminations and Transfers of Assets						
13a	Has a	a resolution to terminate the plan been adopted in any plan year?	, ,	Yes X No			
	lf "Ye	es," enter the amount of any plan assets that reverted to the employer this year	13a				
b	b Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?						
С	C If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)						
1	3c(1)	Name of plan(s): 1	3c(2) E	IN(s)	13c(3) PN(s)		
Part	VIII	Trust Information (optional)					

14a Name of trust	14b Trust's EIN

Form 5500-SF	Short Form Annual Ret		f Small Employ	yee	OMB Nos. 1210-0110 1210-0089		
Department of the Treasury Internal Revenue Service	This form is required to be filed u	enefit Plan	nd 4065 of the Employee	e	2012		
Department of Labor Employee Benefits Security Administration	Retirement Income Security Act of 19	74 (ERISA), and sec evenue Code (the C	tions 6057(b) and 6058	(a) of	This Form is Open to Public		
Pension Benefit Guaranty Corporation	Complete all entries in accordance	nce with the Instruc	tions to the Form 5500	0-SF.	inspection		
Part I Annual Report For calendar plan year 2012 or fi	Identification Information	01/2012	and ending	-	12/31/2012		
			an (not multiemployer)		a one-participant plan		
A This return/report is for:		e final return/report	an (not multemployer)				
B This return/report is:	onthe)						
an amended return/report a short plan year return/report (less than 12 n C Check box if filing under: Form 5558 automatic extension				511(15)	DFVC program		
C Check box if filing under:	special extension (enter description)						
Part II Basic Plan Info	rmation—enter all requested information	20					
1a Name of plan				1b	Three-digit		
	YERS PLLC 401(K) PROFIT S	SHARING PLAN			plan number (PN) ▶ 002		
				1c	Effective date of plan 01/01/1980		
2a Plan sponsor's name and ad FITZER LEIGHTON & A	dress; include room or suite number (emp YERS_PLLC	bloyer, if for a single-	employer plan)	2b	Employer Identification Number (EIN) 27-4102062		
1145 BROADWAY, SUIT	E 610			2c	Sponsor's telephone number 253-683-4513		
TACOMA	WA 98402			2d	Business code (see instructions) 541110		
	nd address XSame as Plan Sponsor Nar	ne XSame as Plan	Sponsor Address	3b	Administrator's EIN		
					Administrator's telephone number		
	e plan sponsor has changed since the las nber from the last return/report.	t return/report filed fo	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	9		
	at the end of the plan year			5b	7		
C Number of participants with complete this item)	account balances as of the end of the pla	n year (defined bene	fit plans do not	5c	7		
	during the plan year invested in eligible				X Yes 🗌 No		
under 29 CFR 2520.104-46	the annual examination and report of an ? (See instructions on waiver eligibility and	d conditions.)					
	ther line 6a or line 6b, the plan cannot or incomplete filing,of this return/repo						
Under penalties of perjury and ot	ner penalties set forth in the instructions,	I declare that I have	examined this return/rep	oort, ir	ncluding, if applicable, a Schedule		
belief, it is true, correct, and com	nd signed by an enrolled actuary, as well plete.		sion of this return/report	, and	to the best of my knowledge and		
SIGN	erinm		GERRIT AYERS	2	/		
HERE Signature of plan a	dministrator	Date 5/14/13	Enter name of inervidu	ual sig	ning as plan administrator		
SIGN		1.1-	ent.	21	Im		
HERE Signature of emplo		Date			ning as employer or plan sponsor		
Preparer's name (including firm r	ame, if applicable) and address; include i	room or suite numbe	r (optional)	Prep	parer's telephone number (optional)		
For Descent Pails of the State	and OMD Control Number of the	Along for Porce state	SE				
For Paperwork Reduction Act Notic	e and OMB Control Numbers, see the instru	icuons for Form 5500-	ог.		Form 5500-SF (2012)		

v. 120126

Form 5500-SF 2012

Page **2**

	Plan Assets and Liabilities		(a) Beginning of Yea	ar i			(b) End	of Year	
а	Total plan assets	7a		1494	2			1	.57668
	Total plan liabilities	7b		87	5				
_	Net plan assets (subtract line 7b from line 7a)	7c	14:	1406	7			1	57668
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b) T	otal	
a	Contributions received or receivable from;			2120	~	-			1
	(1) Employers	8a(1)		3120				-	_
	(2) Participants	8a(2)		5501	-		_		
	(3) Others (including rollovers)	8a(3)		2607	_	_	-		
	Other income (loss)	8b	17	7779	0		1.1		
_	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c			-				29008
	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	12	2364	3	, all un			1
	Certain deemed and/or corrective distributions (see instructions)	8e			-				1.11
f	Administrative service providers (salaries, fees, commissions)	8f		381	.9		0.0		_
g	Other expenses	8g		_	-		1.1		
	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h	A CONTRACT OF			_			1274
_	Net income (loss) (subtract line 8h from line 8c)	8i		1.2	_				16262
j	Transfers to (from) the plan (see instructions)	8j							
	t V Compliance Questions		from the List of Plan Charac	cteristi					
Pari	t V Compliance Questions During the plan year:			cteristi	Yes	No		Amount	
Pari 10 a	t V Compliance Questions During the plan year: Was there a failure to transmit to the plan any participant contribut 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu	tions within th	e time period described in ion Program)	10a					
Pari 10 a	t V Compliance Questions During the plan year: Was there a failure to transmit to the plan any participant contribut	tions within th iciary Correct ? (Do not incl	e time period described in ion Program) ude transactions reported			No			
Pari 10 a	t V Compliance Questions During the plan year: Was there a failure to transmit to the plan any participant contribut 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu Were there any nonexempt transactions with any party-in-interest on line 10a.).	tions within th iciary Correct ? (Do not incl	e time period described in ion Program) ude transactions reported	10a		No X			
Part IO a b	t V Compliance Questions During the plan year: Was there a failure to transmit to the plan any participant contribut 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu Were there any nonexempt transactions with any party-in-interest on line 10a.)	tions within th iciary Correct ? (Do not incl fidelity bond,	e time period described in ion Program) ude transactions reported that was caused by fraud	10a 10b	Yes	No X			2000(
Part 0 a b c d	t V Compliance Questions During the plan year: Was there a failure to transmit to the plan any participant contribut 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu Were there any nonexempt transactions with any party-in-interest on line 10a.) Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty? Were any fees or commissions paid to any brokers, agents, or oth insurance service or other organization that provides some or all constructions.)	tions within th iciary Correct ? (Do not incl fidelity bond, fidelity bond, ner persons by of the benefits	e time period described in ion Program) ude transactions reported that was caused by fraud y an insurance carrier, under the plan? (See	10a 10b 10c	Yes	No X X			
Part 10 a b c d	t V Compliance Questions During the plan year: Was there a failure to transmit to the plan any participant contribut 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu Were there any nonexempt transactions with any party-in-interest on line 10a.) Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty? Were any fees or commissions paid to any brokers, agents, or oth insurance service or other organization that provides some or all complete the plan to the plan that provides some or all complete the plan to the plan that provides some or all complete the plan to the plan that provides some or all complete the plan to the plan that provides some or all complete the plan to the plan to the plan that provides some or all complete the plan to t	tions within th iciary Correct ? (Do not incl fidelity bond, fidelity bond, ner persons by of the benefits	e time period described in ion Program) ude transactions reported that was caused by fraud y an insurance carrier, under the plan? (See	10a 10b 10c 10d	Yes	No X X			2000(
Pari IO a b c d d e	t V Compliance Questions During the plan year: Was there a failure to transmit to the plan any participant contribut 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu Were there any nonexempt transactions with any party-in-interest on line 10a.) Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty? Were any fees or commissions paid to any brokers, agents, or oth insurance service or other organization that provides some or all constructions.)	tions within th iciary Correct ? (Do not incl fidelity bond, fidelity bond, ner persons by of the benefits	e time period described in ion Program) ude transactions reported that was caused by fraud y an insurance carrier, under the plan? (See	10a 10b 10c 10d	Yes	No X X X			2000
Part IO a b c d d e f g	t V Compliance Questions During the plan year: Was there a failure to transmit to the plan any participant contribut 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu Were there any nonexempt transactions with any party-in-interest on line 10a.). Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty? Were any fees or commissions paid to any brokers, agents, or oth insurance service or other organization that provides some or all constructions.) Has the plan failed to provide any benefit when due under the plan	tions within th uciary Correct ? (Do not incl fidelity bond, fidelity bond, ner persons by of the benefits n? s of year end. (See instructio	e time period described in ion Program) ude transactions reported that was caused by fraud / an insurance carrier, under the plan? (See)	10a 10b 10c 10d 10e 10f	Yes X X	No X X X			2000(
Part IO a b c d d e f g	t V Compliance Questions During the plan year: Was there a failure to transmit to the plan any participant contribut 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu Were there any nonexempt transactions with any party-in-interest on line 10a.) Was the plan covered by a fidelity bond?	tions within th iciary Correct ? (Do not incl fidelity bond, fidelity bond, ner persons by of the benefits n? s of year end. (See instruction ne required not	e time period described in ion Program) ude transactions reported that was caused by fraud y an insurance carrier, under the plan? (See) ons and 29 CFR	10a 10b 10c 10d 10e 10f 10g	Yes X X	No X X X X X X X			2000
Part IO a b c d d e f g	t V Compliance Questions During the plan year: Was there a failure to transmit to the plan any participant contribut 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu Were there any nonexempt transactions with any party-in-interest on line 10a,) Was the plan covered by a fidelity bond? Was the plan have a loss, whether or not reimbursed by the plan's or dishonesty? Were any fees or commissions paid to any brokers, agents, or oth insurance service or other organization that provides some or all constructions.) Has the plan failed to provide any benefit when due under the plan Did the plan have any participant loans? (If "Yes," enter amount as if this is an individual account plan, was there a blackout period? (2520.101-3.) If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.101	tions within th iciary Correct ? (Do not incl fidelity bond, fidelity bond, ner persons by of the benefits n? s of year end. (See instruction ne required not	e time period described in ion Program) ude transactions reported that was caused by fraud y an insurance carrier, under the plan? (See) ons and 29 CFR	10a 10b 10c 10d 10e 10f 10g 10h	Yes X X	No X X X X X X X			20000
Part l0 a b c d d e f g h i	t V Compliance Questions During the plan year: Was there a failure to transmit to the plan any participant contribut 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu Were there any nonexempt transactions with any party-in-interest on line 10a.) Was the plan covered by a fidelity bond? Was the plan have a loss, whether or not reimbursed by the plan's or dishonesty? Were any fees or commissions paid to any brokers, agents, or oth insurance service or other organization that provides some or all c instructions.) Has the plan failed to provide any benefit when due under the plan Did the plan have any participant loans? (If "Yes," enter amount as If this is an individual account plan, was there a blackout period? (2520.101-3.) If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.107 VI Pension Funding Compliance Is this a defined benefit plan subject to minimum funding requirem	tions within th iciary Correct ? (Do not incl fidelity bond, fidelity bond, ner persons by of the benefits n? s of year end. (See instruction ne required not 1-3 ents? (If "Yes	e time period described in ion Program) ude transactions reported that was caused by fraud y an insurance carrier, under the plan? (See)	10a 10b 10c 10d 10e 10f 10g 10h 10i	Yes X X X X Sched	No X X X X X X	(Form		20000
Part IO a b c d d e f g g h i i Part	t V Compliance Questions During the plan year: Was there a failure to transmit to the plan any participant contribut 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu Were there any nonexempt transactions with any party-in-interest on line 10a.) Was the plan covered by a fidelity bond? Was the plan have a loss, whether or not reimbursed by the plan's or dishonesty? Were any fees or commissions paid to any brokers, agents, or oth insurance service or other organization that provides some or all constructions.) Has the plan failed to provide any benefit when due under the plan Did the plan have any participant loans? (If "Yes," enter amount as if this is an individual account plan, was there a blackout period? (2520.101-3.) If 10h was answered "Yes," check the box if you either provided th exceptions to providing the notice applied under 29 CFR 2520.10* VI Pension Funding Compliance Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)	tions within th Joiary Correct ? (Do not incl fidelity bond, fidelity bond, ner persons by of the benefits n? 	e time period described in ion Program) ude transactions reported that was caused by fraud / an insurance carrier, under the plan? (See) ons and 29 CFR otice or one of the ," see instructions and com	10a 10b 10c 10d 10f 10g 10h 10l	Yes X X X Sched	No X X X X X X	(Form	Amount	20000
Part IO a b c d d e f g g h i i Part	t V Compliance Questions During the plan year: Was there a failure to transmit to the plan any participant contribut 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu Were there any nonexempt transactions with any party-in-interest on line 10a.) Was the plan covered by a fidelity bond? Was the plan have a loss, whether or not reimbursed by the plan's or dishonesty? Were any fees or commissions paid to any brokers, agents, or oth insurance service or other organization that provides some or all constructions.) Has the plan failed to provide any benefit when due under the plan Did the plan have any participant loans? (If "Yes," enter amount as if this is an individual account plan, was there a blackout period? (2520.101-3.) If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.107 VI Pension Funding Compliance Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)	tions within th Joiary Correct ? (Do not incl fidelity bond, fidelity bond, ner persons by of the benefits n? s of year end. (See instruction the required not 1-3	e time period described in ion Program) ude transactions reported that was caused by fraud / an insurance carrier, under the plan? (See) ons and 29 CFR ptice or one of the ," see instructions and com	10a 10b 10c 10d 10e 10f 10g 10h 10i	Yes X X X Sched	No X X X X X X ule SB	(Form	Amount	20000 471 2771 s [] N
Part 10 a b c d c d f g h i Part 11	t V Compliance Questions During the plan year: Was there a failure to transmit to the plan any participant contribut 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu Were there any nonexempt transactions with any party-in-interest on line 10a.) Was the plan covered by a fidelity bond? Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty? Were any fees or commissions paid to any brokers, agents, or oth insurance service or other organization that provides some or all c instructions.) Has the plan failed to provide any benefit when due under the plan Did the plan have any participant loans? (If "Yes," enter amount as the sin individual account plan, was there a blackout period? (2520.101-3.) If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.107 VI Pension Funding Compliance Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below) Enter the amount from Schedule SB line 39 Is this a defined contribution plan subject to the minimum funding	tions within th iciary Correct ? (Do not incl fidelity bond, fidelity bond, her persons by of the benefits n? s of year end. (See instruction he required not 1-3 ents? (If "Yes requirements	e time period described in ion Program)	10a 10b 10c 10d 10e 10f 10g 10h 10i	Yes X X X Sched	No X X X X X X ule SB	(Form	Amount	2000
Part 10 a b c d d e f g h i Part 11 111a	t V Compliance Questions During the plan year: Was there a failure to transmit to the plan any participant contribut 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu Were there any nonexempt transactions with any party-in-interest on line 10a.) Was the plan covered by a fidelity bond? Was the plan have a loss, whether or not reimbursed by the plan's or dishonesty? Were any fees or commissions paid to any brokers, agents, or oth insurance service or other organization that provides some or all constructions.) Has the plan failed to provide any benefit when due under the plan Did the plan have any participant loans? (If "Yes," enter amount as if this is an individual account plan, was there a blackout period? (2520.101-3.) If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.107 VI Pension Funding Compliance Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)	tions within the aciary Correct ? (Do not incl fidelity bond, fidelity bond, ner persons by of the benefits n? (See instruction the required not 1-3 ents? (If "Yes requirements as applicable og amortized i	e time period described in ion Program)	10a 10b 10c 10d 10e 10f 10g 10h 10l 0 e or see	Yes X X X Sched	No X X X X X Ule SB	(Form RISA?	Amount	2000) 47: 277: s [] N s X N

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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?	Y	'es 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?			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.)						
	13c(1) Name of plan(s): 1	3c(2) El	N(s)	13c(3) PN(s)			
Part	VIII Trust Information (optional)						
				14b Trust's EIN			