Form 5500-SF Short Form Annual Return/Report of Small Employee					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 Employee					Э	2	012	
Employee B	Department of Labor Retirement Income Security Act of 1974 (ERISA), and sections 6057(b) and 6058 Pension Benefit Guaranty Corporation Complete all entries in accordance with the instructions to the Form 550					This Form is	s Open to Public pection	
Part I	Annual Report Id	lentification Information	I dance with the met to		/ 0			
	dar plan year 2012 or fisca		12	and ending 12	2/31/2	2012	-	
A This re	eturn/report is for:	a single-employer plan	a multiple-employer pla	an (not multiemployer)		a one-particip	ant plan	
B This return/report is: the first return/report the final return/report B This return/report is: the first return/report the final return/report B This return/report is: the first return/report the final return/report B This return/report is: the first return/report the final return/report B This return/report is: Form 5558 automatic extension							DFVC program	
	_	special extension (enter description	,					
Part II	Basic Plan Inform	nation—enter all requested inform	nation			T		
1a Name BAINBRIDG		ASSOCIATION 401(K) PLAN			1b	Three-digit plan number (PN)	001	
					1c	Effective date of	plan	
2a Plan s BAINBRIDG	sponsor's name and addre GE ISLAND AMBULANCE	ess; include room or suite number (E ASSOCIATION, INC.	employer, if for a single-e	employer plan)	2b	Employer Identifi (EIN) 91-606		
P.O. BOX 1 ⁻					2c	Sponsor's teleph 206-842		
BAINBRIDG	GE ISLAND, WA 98110				2d	Business code (s 81300	,	
3a Plan a	administrator's name and	address XSame as Plan Sponsor	Name Same as Plan	Sponsor Address	3b	Administrator's E	IN	
4 If the r	name and/or EIN of the p	lan sponsor has changed since the	e last return/report filed fo	or this plan, enter the		EIN	elephone number	
	e, EIN, and the plan numb sor's name	per from the last return/report.		- -	4c PN			
		the beginning of the plan year						
		the end of the plan year			5a		24	
				-	5b		25	
		count balances as of the end of the			5c		15	
complete this item) 5C 15 6a Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.) X Yes No b Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) X Yes No under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.) X Yes No If you answered "No" to either line 6a or line 6b, the plan cannot use Form 5500-SF and must instead use Form 5500. X Yes No								
Caution: /	A penalty for the late or	incomplete filing of this return/re	eport will be assessed u	unless reasonable cau	se is	established.		
Under pena SB or Sche	nalties of perjury and other	r penalties set forth in the instruction signed by an enrolled actuary, as w	ns, I declare that I have e	examined this return/rep	ort, ir	ncluding, if applica		
SIGN	Filed with authorized/val	lid electronic signature.	05/22/2013	SALLY A. NELSON				
HERE	Signature of plan adm	ninistrator	Date	Enter name of individual signing as plan administrator			inistrator	
SIGN								
HERE	Signature of employe	r/plan sponsor	Date	Enter name of individu	ual sio	ining as employed	r or plan sponsor	
Preparer's		ne, if applicable) and address; inclu					number (optional)	

Part III Financial Information									
7 Plan Assets and Liabilities		(a) Beginning of Yea	r			(b) End of Year			
a Total plan assets	7a	10992				129747			
b Total plan liabilities	7b								
C Net plan assets (subtract line 7b from line 7a)	7c	10992	9			129747			
8 Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b) Total			
a Contributions received or receivable from:			_						
(1) Employers	8a(1)	835							
(2) Participants	8a(2)	1670	5						
(3) Others (including rollovers)	8a(3)	(700		_					
b Other income (loss)	8b	1722	0	-					
 C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) d Benefits paid (including direct rollovers and insurance premiums 	8c			_		42277			
to provide benefits)	8d	2245	9						
e Certain deemed and/or corrective distributions (see instructions)	8e								
f Administrative service providers (salaries, fees, commissions)	8f								
g Other expenses	8g								
h Total expenses (add lines 8d, 8e, 8f, and 8g)	8h					22459			
i Net income (loss) (subtract line 8h from line 8c)	8i					19818			
j Transfers to (from) the plan (see instructions)	8j								
Part IV Plan Characteristics									
2G 2J 2K 2T 3D b If the plan provides welfare benefits, enter the applicable welfare for Commutication of the plan provides welfare benefits, enter the applicable welfare for	eature codes	from the List of Plan Charac	cteristi	c Code	es in the	e instructions:			
Part V Compliance Questions			<u> </u>	Vee	Na	<u> </u>			
10 During the plan year:a Was there a failure to transmit to the plan any participant contribu	tiona within th	a time pariad described in		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 Fidu			10a		Х				
b Were there any nonexempt transactions with any party-in-interest on line 10a.)			10b		x				
C Was the plan covered by a fidelity bond?			10c		Х				
d Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?			10d		х				
e Were any fees or commissions paid to any brokers, agents, or oth insurance service or other organization that provides some or all or instructions.)	of the benefits	s under the plan? (See	10e		x				
f Has the plan failed to provide any benefit when due under the pla	n?		10f		Х				
g Did the plan have any participant loans? (If "Yes," enter amount a	s of year end	.)	10g		Х				
h If this is an individual account plan, was there a blackout period? 2520.101-3.)	•		10g		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 VI Pension Funding Compliance									
11 Is this a defined benefit plan subject to minimum funding requirem	ents? (If "Yes	s," see instructions and com	plete S	Sched	ule SB	(Form			
5500) and line 11a below)	·····			1a Enter the amount from Schedule SB line 39					
			<u></u>	····· ·	1a				
11a Enter the amount from Schedule SB line 39						RISA? Yes 🗙 N			
11a Enter the amount from Schedule SB line 39	requirements	s of section 412 of the Code				RISA? Yes X No			
11a Enter the amount from Schedule SB line 3912 Is this a defined contribution plan subject to the minimum funding	requirements , as applicabl	s of section 412 of the Code e.) in this plan year, see instruc	or sec	ction 3	02 of E				
 11a Enter the amount from Schedule SB line 39 12 Is this a defined contribution plan subject to the minimum funding (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, a If a waiver of the minimum funding standard for a prior year is beir 	requirements , as applicabl ng amortized	s of section 412 of the Code e.) in this plan year, see instruction	or sec	and e	02 of E	e date of the letter ruling			

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		he 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	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	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

For	m 5500-SF	Short Form Annual Re	turn/Report o	f Small Employ	/ee		OMB Nos. 1210-0110 1210-0089	
	ment of the Treasury at Revenue Service	Be This form is provided to be first	2012					
	partment of Labor nefits Security Administration	This form is required to be filed u Retirement Income Security Act of 19	tions 6057(b) and 6058					
	nefit Guaranty Corporation	► Complete all entries in accorda	Revenue Code (the Co nce with the instruct		Inspection			
Part I	Annual Report Id	lentification Information			<u>-91.</u>			
For calenda	r plan year 2012 or fisca	al plan year beginning 01/01/2012		and ending 1	2/31/2	2012		
A This retu	urn/report is for:	a single-employer plan	multiple-employer pla	in (nol multiemployer)		🗌 a one-parlici	pant plan	
B This relu	urn/report is:	=	te final return/report					
an amended return/report a short plan year return/report (less than 12 months)								
C Check box if filing under:						DFVC progra	im	
5 11		special extension (enter description)				·····		
Part II		nation—enter all requested informati	on		16	The		
		E ASSOCIATION 401(k) PLAN			1D	Three-digit plan number		
DAINDRIDG						(PN) 🕨	001	
					1c	Effective date of 10/01/2		
2a Plan sp	oonsor's name and addr	ess; include room or suite number (em	ployer, if for a single-e	employer plan)	2b	Employer Identi	all set	
	E ISLAND AMBULANCI				- 10	(EIN) 91-606		
					2c	Sponsor's telep (206) 84		
P.O. BOX 1	1548				2d		(see instructions)	
	E ISLAND, WA 98110	<u>n</u> .				813000		
3a Plan ad	dministrator's name and	address XSame as Plan Sponsor Na	me USame as Plan	Sponsor Address	36	Administrator's	EIN	
name,	EIN, and the plan num	plan sponsor has changed since the las ber from the last return/report.	st return/report filed fo	r this plan, enter the	4b	EIN PN		
a Sponse		t the beginning of the plan year			40 5a	PN	24	
		t the end of the plan year			5a 5b		24	
c Numb	er of participants with ac	ccount balances as of the end of the pla	an year (defined bene	fil plans do not				
		······································		2.110-110-110-100 P			15 N Vec 🗌 No	
		during the plan year invested in eligible he annual examination and report of ar					X Yes No	
under	29 CFR 2520.104-46?	(See instructions on waiver eligibility ar	nd conditions.)		•••••		X Yes 🗌 No	
		ner line 6a or line 6b, the plan canno						
		r incomplete filing of this return/repo						
SB or Sche	alties of perjury and othe edule MB completed and true, correct, and compl	er penalties set forth in the instructions, d signed by an enrolled actuary, as well ete.	as the electronic vers	examined this return/report sion of this return/report	oort, ir , and	to the best of my	able, a Schedule / knowledge and	
SIGN	× Dalle	2. Tulson	15-20-13	J SALLY A. N	VE	(SON)		
HERE	Signature of plan ad	ministrator	Date	Enter name of individ	ual sig	jning as plan ad	ministrator	
SIGN								
HERE	Signature of employ	er/plan sponsor	Date	Enter name of individ	ual sig	ning as employe	er or plan sponsor	
Preparer's name (including firm name, if applicable) and address; include room or suite number (optional)							number (optional)	
For Paperw	ork Reduction Act Notice	and OMB Control Numbers, see the instr	uctions for Form 5500-	SF.			Form 5500-SF (2012)	

2012 (449) (41,84,10,025,05,09)

Page 2

a) Contributions received or receivable from: (b) Failed (b)	Part III Financial Information							
a Total plan labelities			(a) Beginning of Vea		1	(b) E-	d	
b Total pain labilities 7b 10920 129747 c Net plan assets (subtract line 7b from line 7b,		72			-	(D) En	0.1247/2427-2447-222	
C Net plan assets (subtract line 7b from line 7a)			10552	5			129/4/	
8 Income, Expenses, and Transfers for this Plan Year (a) Amount (b) Total a Contributions received or receivable from: Ba(1) B352 (b) Total (c) Enclopants. Ba(1) B352 (c) (c) (c) Dender (neuding relowers). Ba(2) 16705 (c) (c) (c) Other (neuding relowers). Ba(2) (c)		1 1992	10002	0			400747	
a Controllutions received or receivable from: b (c) Employees (2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	5		(1.)		
(2) Participants 8a(2) 16705 (3) Others (including rollowes) 8a(3)						(0)	Total	
(3) Others (including rolevers)	(1) Employers	8a(1)	8352	2	bi			
b Other income (loss) 8b 17220 c Total income (loss) 8c 42277 d Benefits paid (including direct rollovers and insurance premiums 8d 22459 42277 d Benefits paid (including direct rollovers and insurance premiums 8d 22459 42277 d Benefits paid (including direct rollovers and insurance premiums 8d 22459 42275 f Administrative service providers (stainies, fees, commissions) 8f 2016 22459 f Administrative service providers (stainies, fees, commissions) 8f 9 19818 19818 i Transfer to (from) the plan (see instructions) 8j 19818 19818 19818 i If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 26 AJ 2K 2T 3D 100 10a X 10 During the plan years Ves fore a failure to transmit to the plan any participant contributions within the time period described in 10a X X 10 During the plan years Yes in any participant contributions within the time period described in 10a X X 11 Wes there any nonexempt transacti	(2) Participants	8a(2)	1670	5				
c Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	(3) Others (including rollovers)	8a(3)						
d Benefits paid (including directrollovers and insurance premiums 8d 22459 is provide benefits)	b Other income (loss)	8b	1722	0				
dl Beneffs påd (Including direct rollovers and insurance premiums by provide beneffts). 8d 22459 e Cartain desened and/or corrective distibutions (see instructions)	C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c					49977	
f Administrative service providers (salaries, fees, commissions)		8d	2245	9				
g Other expenses and lines 2d, 8e, 6f, and 8g). Bg h Total expenses (add lines 2d, 8e, 6f, and 8g). Bh i Net income (toss) (subtract line 8h from line 8c). Bi j Transfers to (from) the plan (see instructions). Bj Part IV Plan Characteristics g If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 2d At 2t X 3D 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: a Was there a failure to transmit to the plan any participant contributions within the time period described in 10a X b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions entered to an line 10a). 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 dishonesity? 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). 10g X f Has the plan failed to provide any benefit when due under the plan? 10d X g Did the plan have any participant toars? (If "Yes," enter amount as of year end,). 1	e Certain deemed and/or corrective distributions (see instructions)	8e						
h Total expenses (add lines Bd, 8e, 8f, and 8g)	f Administrative service providers (salaries, fees, commissions)	8f						
i Net income (loss) (subtract line 8h from line 8c)	g Other expenses	8g						
i Net income (loss) (subtract line 8h from line 80)	h Total expenses (add lines 8d, 8e, 8f, and 8g)	8h		- 11-			22459	
j Transfers to (from) the plan (see instructions)	i Net income (loss) (subtract line 8h from line 8c)	8ì						
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: 2b 2 J ZK 2T 3D b If the plan provides mension 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: 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 Fduciary Correction Program)	j Transfers to (from) the plan (see instructions)	81						
9a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 2G 2J 2K 2T 3O 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 28 CFR 2510.3-1022 (See instructions and DUL'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 10d X c Was the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? 10d X 10d X c Was the plan have any participant loans? (If "Yes," enter amount as of year end.) 10d X 10d X g Did the plan have any participant loans? (If "Yes," enter amount as of year end.) 10g X 10d X 2200.101-3. </td <td>Part IV Plan Characteristics</td> <td></td> <td>**************************************</td> <td></td> <td></td> <td></td> <td></td>	Part IV Plan Characteristics		**************************************					
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 DOL's Voluntary Fiduciary Correction Program)	2G 2J 2K 2T 3D							
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 DOL's Voluntary Fiduciary Correction Program)	Part V Compliance Questions		5-1-1-2-5-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-			-		
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b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	a Was there a failure to transmit to the plan any participant contribu						Amount	
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d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? 10d X e Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service or other organization that provides some or all of the benefits under the plan? (See instructions.) 10e X f Has the plan failed to provide any benefit when due under the plan? 10f X g Did the plan have any participant loans? (If "Yes," enter amount as of year end.) 10g X h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 10h 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 10i Part VI Pension Funding Compliance 11a 11a 11a 11 Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form 15500) 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? Yes 1 13 Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA?							a contribution of the	
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insurance service or other organization that provides some or all of the benefits under the plan? (See 10e X f Has the plan failed to provide any benefit when due under the plan?	or dishonesty?			10d	x			
g Did the plan have any participant loans? (If "Yes," enter amount as of year end.)	insurance service or other organization that provides some or all of	of the bene	fits under the plan? (See	10e	x		Jack United Automotion	
g Did the plan have any participant loans? (If "Yes," enter amount as of year end.)	${f f}$ Has the plan failed to provide any benefit when due under the pla	n?		10f	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. 10h X Part VI Pension Funding Compliance 10i 10i Yes 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? Yes X (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.) 11a 11a a If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, and enter the date of the letter ruling granting the waiver. Month Day Year If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13. 11a 11a	g Did the plan have any participant loans? (If "Yes," enter amount a	s of year e	nd.)			-		
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 instru	ctions and 29 CFR					
Part VI Pension Funding Compliance 11 Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form 5500) and line 11a below) Yes 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? 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 ruling granting the waiver. Month Day Year If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13. If a waive to line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.	i If 10h was answered "Yes," check the box if you either provided the	he required	I notice or one of the					
11 Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form 5500) and line 11a below). Yes 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? Yes (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.) Image: Complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.) a If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, and enter the date of the letter ruling granting the waiver. Month Day Year If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13. Image: Complete line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.				101		1		
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? Yes X (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 ruling granting the waiver. Month Day Year If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13. Image: Complete Complete Code Code Code Code Code Code Code Cod	11 Is this a defined benefit plan subject to minimum funding requirem	ients? (If "	es," see instructions and com	plete S	Schedule	SB (Form	. TYes No	
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 x (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 ruling granting the waiver. Month Day Year If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13. Year	11a E to the ensuel from Onbedule OD line 20							
(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.) a If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, and enter the date of the letter ruling granting the waiver.								
a If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, and enter the date of the letter ruling granting the waiver.								
If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.	a If a waiver of the minimum funding standard for a prior year is bein	ng amortiz	ed in this plan year, see instru	ctions, th			205	
	If you completed line 12a, complete lines 3, 9, and 10 of Schedul	A MP /Far	m 5500) and skin to line 13			1		
	in you completed into rad, complete intes of a, and to bi sciledul	E MP (LOL	in obvoli und okip to inte 10.					

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c Enter the amount contributed by the emplo	yer to the plan for this plan year	12c			
d Subtract the amount in line 12c from the ar	nount in line 12b. Enter the result (enter a minus sign to the left of a	a 404			
	on line 12d be met by the funding deadline?		Yes No N/A		
Part VII Plan Terminations and Tran					
13a Has a resolution to terminate the plan been ad	lopted in any plan year?	Yes	X No		
If "Yes," enter the amount of any plan asse	Is that reverted to the employer this year	13a			
b Were all the plan assels distributed to parti of the PBGC?	cipants or beneficiaries, transferred to another plan, or brought unc	ter the control	Yes X No		
	ities were transferred from this plan to another plan(s), identify the	the second se			
13c(1) Name of plan(s):		13c(2) EIN(s)	13c(3) PN(s)		
Part VIII Trust Information (optional)		1			
14a Name of trust		14b Trust's	14b Trust's EIN		