Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

a Sponsor's name

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

Inspection

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5a

5_b

This Form is Open to Public

OMB Nos. 1210-0110

1210-0089

Pension Benefit Guaranty Corporation Complete all entries in accordance with the instructions to the Form 5500-SF **Annual Report Identification Information** For calendar plan year 2012 or fiscal plan year beginning and ending a single-employer plan a one-participant plan A This return/report is for: a multiple-employer plan (not multiemployer) **B** This 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) Form 5558 automatic extension DFVC program C Check box if filing under: special extension (enter description) Basic Plan Information—enter all requested information Part II 1a Name of plan Three-digit plan number WESTERN REFINERY SERVICES, INC. 401(K) PLAN 001 (PN) • 1c Effective date of plan 01/01/1996 2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) 2b Employer Identification Number WESTERN REFINERY SERVICES, INC 91-1473401 (EIN) Sponsor's telephone number 360-366-3303 2380 GRANDVIEW ROAD FERNDALE, WA 98248 Business code (see instructions) 238900 **3a** Plan administrator's name and address XSame as Plan Sponsor Name Same as Plan Sponsor Address Administrator's EIN Administrator's telephone number If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the 4b EIN name, EIN, and the plan number from the last return/report.

If you answered "No" to either line 6a or line 6b, the plan cannot use Form 5500-SF and must instead use Form 5500. Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.

under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.).....

Total number of participants at the beginning of the plan year

Number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item) Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.) **b** Are you claiming a waiver of the annual examination and report of an independent gualified public accountant (IQPA)

b Total number of participants at the end of the plan year.....

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 HERE	Filed with authorized/valid electronic signature.	06/03/2013	RYAN LIKKEL						
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator						
SIGN									
HERE	Signature of employer/plan sponsor	Date	Enter name of individ	Enter name of individual signing as employer or plan sponsor					
Preparer's	name (including firm name, if applicable) and address; include r	oom or suite number	r (optional)	Preparer's telephone number (optional)					

Yes

76

76

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Pai	t III Financial Information										
7	Plan Assets and Liabilities		(a) Beginning of Yea	ır			(b) En	d of Y	ear		
a	Total plan assets	7a	120168				(,		197648	3	
	Total plan liabilities	7b	40	08							
	Net plan assets (subtract line 7b from line 7a)	7c	120127					14	97648	3	
	Income, Expenses, and Transfers for this Plan Year		(a) Amount				(h)	Total			
	Contributions received or receivable from:		(a) Amount				(5)	Total			
	(1) Employers	8a(1)	5797	3							
	(2) Participants	8a(2)	11429)4							
	(3) Others (including rollovers)	8a(3)									
b	Other income (loss)	8b	16346	9							
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						3	35736	;	
	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	3705	6							
e	Certain deemed and/or corrective distributions (see instructions)	8e									
f	Administrative service providers (salaries, fees, commissions)	8f	231	1							
g	Other expenses	8g									
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							39367	7	
i	Net income (loss) (subtract line 8h from line 8c)	8i					296369				
j	Transfers to (from) the plan (see instructions)	8j									
Par	t IV Plan Characteristics				•						
9a	If the plan provides pension benefits, enter the applicable pension 2E 2F 2G 2J 2K 3D	feature co	des from the List of Plan Char	acteris	stic Co	des in	the instru	ıctions	:		
b	If the plan provides welfare benefits, enter the applicable welfare fe	eature cod	es from the List of Plan Chara	cterist	ic Cod	les in t	he instru	tions:			
Part	V Compliance Questions										
10	<u> </u>				Yes	No		Α	4		
a	During the plan year: 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	103	X		Amo	Juni		
b	Were there any nonexempt transactions with any party-in-interest on line 10a.)	? (Do not	include transactions reported	10a		X					
	Was the plan covered by a fidelity bond?				Χ					450	000
				10c						150	000
d	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 cinstructions.)	of the bene	efits under the plan? (See	10e		X					
f	Has the plan failed to provide any benefit when due under the plan					Х					
				10f							
<u>g</u>	Did the plan have any participant loans? (If "Yes," enter amount a		,	10g	X					14	612
h	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	X						
Part	VI Pension Funding Compliance										
11	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)							. [Yes		No
11a						11a					
12	Is this a defined contribution plan subject to the minimum funding	requireme	ents of section 412 of the Code	or se	ction	302 of	ERISA?.		Yes	X	No
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,	as applica	able.)								
a	If a waiver of the minimum funding standard for a prior year is beir granting the waiver.	-			and e	enter th Day	ne date of	the le Yea		ing	
If	you completed line 12a, complete lines 3, 9, and 10 of Schedule	e MB (For	m 5500), and skip to line 13.				_				
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):	3c(2) E	IN(s)	13c(3) PN(s)
Part	VIII Trust Information (optional)			
	Name of trust	14b ⊤	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).

▶ Complete all entries in accordance with the instructions to the Form 5500-SF.

OMB Nos. 1210-0110 1210-0089

2012

This Form is Open to Public Inspection

Parti	Annual Report Identification Information							
For calend		01/01/2012	and ending		12/31/201	.2		
A This re	eturn/report is for: X a single-employer plan	a multiple-employer p	lan (not multiemployer)		a one-partici	oant plan		
B This re	eturn/report is: the first return/report	the final return/report						
	an amended return/report	a short plan year retu	rn/report (less than 12 m	nonths)			
C Check	box if filing under: Form 5558	automatic extension			DFVC progra	am		
	special extension (enter descript	tion)						
Part II	Basic Plan Information—enter all requested inform	mation						
1a Name	of plan			1b	Three-digit			
West	ern Refinery Services, Inc. 401(k)	Plan			plan number			
					(PN) ▶	0.0	1	
				1c	Effective date of 01/01/1996			
2a Plan s	sponsor's name and address; include room or suite number (employer if for a single-	employer plan)	01			***************************************	
West	ern Refinery Services, Inc.	(omproyor, mar a arrigic-	employer plan)	26	Employer Identif (EIN) 91-147	ication Nun 34∩1	nber	
					Sponsor's telepi		er	
2200	Grandview Road				(360) 366-			
				2d	Business code (s	see instruct	tions)	
	idale	WA	98248		238900			
Ja Flall a	administrator's name and address 🏻 Same as Plan Sponsor	Name Same as Plan	Sponsor Address	3b	Administrator's E	IN		
				30	Administrator's to	elenhone n	umber	
				•••	rammonator 3 t	cicpitotic it	umber	
4 If the	nome and/or FIN of the plan are				(360) 366-	3303		
name	name and/or EIN of the plan sponsor has changed since the e, EIN, and the plan number from the last return/report.	last return/report filed fo	or this plan, enter the	4b	EIN			
	sor's name			4c	PN			
5a Total	number of participants at the beginning of the plan year			5a			76	
b Total	number of participants at the end of the plan year			5b			76	
C Numb	per of participants with account balances as of the end of the	plan year (defined bene	fit plans do not					
comp	lete this item)			5c		-	42	
b Array	all of the plan's assets during the plan year invested in eligi	ble assets? (See instruc	tions.)			X Yes	No	
under	ou claiming a waiver of the annual examination and report of 29 CFR 2520.104-46? (See instructions on waiver eligibility	f an independent qualifie	d public accountant (IQF	PA)		X Yes	ПNо	
lf you	answered "No" to either line 6a or line 6b, the plan can	not use Form 5500-SF	and must instead use I	Form !	5500	Δ 163	Пио	
	A penalty for the late or incomplete filing of this return/re							
Under pen	alties of perjury and other penalties set forth in the instruction	ns I declare that I have	examined this return/ren	ort inc	duding if applies	ble a Sche	edule	
OD OF SCHO	edule MB completed and signed by an enrolled actuary, as watrue, correct, and complete.	vell as the electronic vers	sion of this return/report,	and to	the best of my l	knowledge	and	
Dellet, It is	inde, correct, and complete.							
SIGN	3	5-28-13	Ryan Likkel					
HERE	Signature of plan administrator				dual signing as plan administrator			
SIGN	1-Bala ()			ar argi	ing as plan aum	mistrator		
HERE	Signature of employer/plan sponsor		Ryan Likkel					
Preparer's	name (including firm name, if applicable) and address; inclu-	Date de room or suite number	Enter name of individu		ning as employer arer's telephone i			
		Some field	(apriorior)	riope	and a tolephone i	iamper (op	nonai)	

I GI	t III Financial Information							
7	Plan Assets and Liabilities		(a) Beginning of Yea	ar			(b) End of Ye	ar
a	Total plan assets	. 7a	1,20		7			,497,648
b	Total plan liabilities	. 7b		40	8			
С	Net plan assets (subtract line 7b from line 7a)	. 7c	1,20	1,27	9		1	,497,648
88	Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b) Total	
	Contributions received or receivable from: (1) Employers	. 8a(1)	5	7,97	3			
	(2) Participants	. 8a(2)		1,29	Brosses			
	(3) Others (including rollovers)	8a(3)						
b	Other income (loss)	. 8b	163	3,46	9			
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						335,736
d	Benefits paid (including direct rollovers and insurance premiums							
	to provide benefits)	. 8d	3.	7,05	6			
	Certain deemed and/or corrective distributions (see instructions)	. 8e						
	Administrative service providers (salaries, fees, commissions)	8f		2,31	1			
	Other expenses	. 8g						
	Total expenses (add lines 8d, 8e, 8f, and 8g)							39,367
	Net income (loss) (subtract line 8h from line 8c)	8i						296,369
		8j						
Par								
9a	If the plan provides pension benefits, enter the applicable pension $2 \ E \ 2 \ F \ 2 \ G \ 2 \ J \ 2 \ K \ 3 \ D$	feature co	des from the List of Plan Chara	acteris	tic Co	des in	the instructions:	
b	If the plan provides welfare benefits, enter the applicable welfare for	eature cod	les from the List of Plan Charac	cteristi	ic Cod	les in th	e instructions:	
p			and the life of the officer	OLOT OL	000	03 111 11	io matractiona.	
Part	V Compliance Questions							
10	During the plan year:				Yes	No	Δ	
2				- 1	163	140	Amo	unt
a	Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fide	itions withi	n the time period described in rection Program)	10a	163	Х	Amo	unt
	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu Were there any nonexempt transactions with any party-in-interest	uciary Cont? (Do not	rection Program) include transactions reported	10a	165		АТО	unt
b	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fide	uciary Con t? (Do not	rection Program)include transactions reported		X	Х	Amo	150,000
b	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.)	t? (Do not	rection Program)include transactions reported	10b		Х	Ато	
c d	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fide 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 off	fidelity bo	include transactions reported include transactions reported ind, that was caused by fraud s by an insurance carrier.	10b 10c		х	Amo	
c d	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fide 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?	fidelity bo	include transactions reported include transactions reported	10b 10c		х	Amo	
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c d e	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fide 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 other insurance service or other organization that provides some or all dinstructions.) Has the plan failed to provide any benefit when due under the plan Did the plan have any participant loans? (If "Yes," enter amount a lf this is an individual account plan, was there a blackout period?	fidelity bo	nction Program)	10b 10c 10d 10e 10f	X	x x x	Amo	150,000
c d e	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fide 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 other insurance service or other organization that provides some or all dinstructions.) Has the plan failed to provide any benefit when due under the plan Did the plan have any participant loans? (If "Yes," enter amount a	fidelity bo ner person of the benears of year of (See instru-	nction Program)	10b 10c 10d 10e 10f 10g	X	x x x	Amo	150,000
c d e	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fide 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 off insurance service or other organization that provides some or all dinstructions.) Has the plan failed to provide any benefit when due under the plan Did the plan have any participant loans? (If "Yes," enter amount a lf 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 2520.10	fidelity bo ner person of the benears of year of (See instru-	nction Program)	10b 10c 10d 10e 10f 10g	X	x x x	Amo	150,000
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c d e f g h i Part 11	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fide 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 dinstructions.) Has the plan failed to provide any benefit when due under the plan Did the plan have any participant loans? (If "Yes," enter amount at 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 2520.10 VI Pension Funding Compliance Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)	fidelity bo her person of the bene sof year of (See instru-	rection Program)	10b 10c 10d 10e 10f 10g 10h 10i	X X X X	X X X X X Author Selection of the select	(Form L_	150,000
c d e f g h i Part 11	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fide 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 other insurance service or other organization that provides some or all dinstructions.) Has the plan failed to provide any benefit when due under the plan Did the plan have any participant loans? (If "Yes," enter amount at 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 2520.10 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	fidelity bo ner person of the bene as of year e (See instru-	rection Program)	10b 10c 10d 10e 10f 10g 10h 10i	X X X	X X X X X Iule SB	(Form	150,000 14,612 Yes No
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6 c d e f g h i Part 11 11a 12	Were there any nonexempt transactions and DOL's Voluntary Fide 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 of 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 at 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 2520.10 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 (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below If a waiver of the minimum funding standard for a prior year is being	fidelity bo her person of the bene un? sof year of (See instru- 1-3	rection Program)	10b 10c 10d 10e 10f 10g 10h 10i	X X X Schection	X X X X X A X A A A A A A A A A A A A A	(Form	150,000 14,612 Yes No Yes No
6 c d e f g h i 11a 11a 12 a	Were there any nonexempt transactions and DOL's Voluntary Fide 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 off insurance service or other organization that provides some or all dinstructions.) Has the plan failed to provide any benefit when due under the plan Did the plan have any participant loans? (If "Yes," enter amount at 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 2520.10 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 (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below	fidelity bo her person of the benefits as of year of (See instruction 1-3	rection Program)	10b 10c 10d 10e 10f 10g 10h 10i	X X X Schection	X X X X X A X Itule SB	(Form	150,000 14,612 Yes No Yes No
c d e f g h 11a 12 a If	Were there any nonexempt transactions and DOL's Voluntary Fide 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 dinstructions.) Has the plan failed to provide any benefit when due under the plan Did the plan have any participant loans? (If "Yes," enter amount at 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 2520.10 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 (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below If a waiver of the minimum funding standard for a prior year is beingranting the waiver.	fidelity bo ner person of the beneatin? as of year of (See instruction nents? (If " grequirements as application of an application of an application of the beneating an application of the b	rection Program)	10b 10c 10d 10e 10f 10g 10h 10i nplete	X X X X Schection	X X X X X A X A A A A A A A A A A A A A	(Form	150,000 14,612 Yes No Yes No

	Form 5500-SF 2012 Page 3 -				
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			httitilaunniananneen annan na kulutus kii		
13a	Has a resolution to terminate the plan been adopted in any plan year?		res X N	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?	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):	3c(2) El	N(s)	13c(3)	PN(s)
Part	VIII Trust Information (optional)				
	No. of Control of Cont	14b ⊤r	ust's EIN		