F	orm 5500-SF	Short Form Annual Re	turn/Report o enefit Plan	f Small Employ	yee	OMB Nos. 1210-0110 1210-0089		
	epartment of the Treasury nternal Revenue Service	This form is required to be filed		nd 4065 of the Employe	е	2012		
·	Department of Labor ee Benefits Security Administration	Retirement Income Security Act of 1		tions 6057(b) and 6058		f This Form is Open to Public Inspection		
	n Benefit Guaranty Corporation	Complete all entries in accorda	ance with the instruc	tions to the Form 550	0-SF.	Inspection		
Part		lentification Information			0/04/	2040		
For cale	ndar plan year 2012 or fisca				2/31/2			
	return/report is for:		1 1 7 1	an (not multiemployer)		a one-participant plan		
B This	return/report is:		he final return/report					
			, ,	/report (less than 12 mo	onths			
C Che	ck box if filing under:	╡ └┘	automatic extension			DFVC program		
		special extension (enter description)						
Part I		nation—enter all requested informati	ion			1		
	ne of plan				1b	Three-digit plan number		
ATLAS SI	DING & WINDOW CO. 401	(K) PLAN				(PN) ▶ 001		
					1c	Effective date of plan		
						01/01/2006		
	n sponsor's name and addre	ess; include room or suite number (em	ployer, if for a single-e	employer plan)	2b	Employer Identification Number (EIN) 61-1029335		
	NSLICK ROAD				2c	Sponsor's telephone number 502-363-8811		
LOUISVII	LLE, KY 40214				2d	Business code (see instructions) 423990		
3a Pla	n administrator's name and	address 🛛 Same as Plan Sponsor Na	me Same as Plan	Sponsor Address	3b	Administrator's EIN		
					2.5			
					30	Administrator's telephone number		
4 If th	he name and/or EIN of the p	lan sponsor has changed since the las or from the last return/report.	st return/report filed fo	r this plan, enter the	4b	EIN		
	nsor's name	er nom me last return/report.			4c	PN		
		the beginning of the plan year			5a	7		
_		the end of the plan year			5b	5		
		count balances as of the end of the pla			55			
					5c	4		
6a wa	ere all of the plan's assets d	uring the plan year invested in eligible	assets? (See instruct	ions.)				
		ne annual examination and report of an						
		See instructions on waiver eligibility an						
		er line 6a or line 6b, the plan cannot						
		incomplete filing of this return/repo						
SB or S		r penalties set forth in the instructions, signed by an enrolled actuary, as well te.						
SIGN	Filed with authorized/va	lid electronic signature.	06/03/2013	CHARLES R. STORY,	JR.			
HERE	Signature of plan adn	ninistrator	Date	Enter name of individu	ual sig	gning as plan administrator		
SIGN								
HERE	Signature of employe	r/plan sponsor	Date	Enter name of individu	ual sig	ning as employer or plan sponsor		
Prepare		ne, if applicable) and address; include				parer's telephone 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	46227	5			270023
b Total plan liabilities	7b					
C Net plan assets (subtract line 7b from line 7a)	7c	46227	5			270023
8 Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b) Total
a Contributions received or receivable from:	a (1)	4007	0			
(1) Employers		1067	-			
(2) Participants		2290	2	_		
(3) Others (including rollovers)		5000				
b Other income (loss)		5926	3			
 C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) d Benefits paid (including direct rollovers and insurance premiums 	8c			_		92835
d Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	28021	6			
e Certain deemed and/or corrective distributions (see instructions)						
f Administrative service providers (salaries, fees, commissions)	8f	487	1			
g Other expenses						
h Total expenses (add lines 8d, 8e, 8f, and 8g)						285087
i Net income (loss) (subtract line 8h from line 8c)						-192252
j Transfers to (from) the plan (see instructions)	···· 8j					
Part IV Plan Characteristics						
b If the plan provides welfare benefits, enter the applicable welfare Part V Compliance Questions	e feature codes	from the List of Plan Charac	cterist	ic Cod	es in the in	structions:
10 During the plan year:				Yes	No	Amount
 a Was there a failure to transmit to the plan any participant contri 29 CFR 2510.3-102? (See instructions and DOL's Voluntary F 			10a	100	X	Amount
b Were there any nonexempt transactions with any party-in-intere on line 10a.)	est? (Do not incl	ude transactions reported	10b		×	
C Was the plan covered by a fidelity bond?					Х	
			10c	Х	^	50000
d Did the plan have a loss, whether or not reimbursed by the plan or dishonesty?		that was caused by fraud	10c 10d	X	×	50000
 d Did the plan have a loss, whether or not reimbursed by the plan or dishonesty? e Were any fees or commissions paid to any brokers, agents, or a insurance service or other organization that provides some or a instructions.) 	other persons by Il of the benefits	that was caused by fraud y an insurance carrier, under the plan? (See		×		
 or dishonesty? Were any fees or commissions paid to any brokers, agents, or or insurance service or other organization that provides some or a 	other persons by Il of the benefits	that was caused by fraud y an insurance carrier, under the plan? (See	10d			
 or dishonesty? e Were any fees or commissions paid to any brokers, agents, or or insurance service or other organization that provides some or a instructions.) f Has the plan failed to provide any benefit when due under the p	other persons by Il of the benefits plan?	that was caused by fraud y an insurance carrier, under the plan? (See	10d 10e 10f		X	
 or dishonesty? e Were any fees or commissions paid to any brokers, agents, or or insurance service or other organization that provides some or a instructions.) f Has the plan failed to provide any benefit when due under the provide any benefit when due under the provide and benefit when due under the p	other persons by Il of the benefits plan? t as of year end. ? (See instruction	that was caused by fraud y an insurance carrier, s under the plan? (See 	10d 10e		X X	
 or dishonesty? e Were any fees or commissions paid to any brokers, agents, or a insurance service or other organization that provides some or a instructions.) f Has the plan failed to provide any benefit when due under the p g Did the plan have any participant loans? (If "Yes," enter amount h If this is an individual account plan, was there a blackout period 	other persons by Il of the benefits plan? t as of year end ? (See instruction t the required no	that was caused by fraud y an insurance carrier, under the plan? (See 	10d 10e 10f 10g		X X X X X	
 or dishonesty? e Were any fees or commissions paid to any brokers, agents, or a insurance service or other organization that provides some or a instructions.) f Has the plan failed to provide any benefit when due under the p g Did the plan have any participant loans? (If "Yes," enter amount h If this is an individual account plan, was there a blackout period 2520.101-3.) i If 10h was answered "Yes," check the box if you either provided exceptions to providing the notice applied under 29 CFR 2520.101-3. 	other persons by Il of the benefits plan? t as of year end ? (See instruction t the required no	that was caused by fraud y an insurance carrier, under the plan? (See 	10d 10e 10f 10g 10h		X X X X X X	
 or dishonesty? e Were any fees or commissions paid to any brokers, agents, or a insurance service or other organization that provides some or a instructions.) f Has the plan failed to provide any benefit when due under the p g Did the plan have any participant loans? (If "Yes," enter amount h If this is an individual account plan, was there a blackout period 2520.101-3.) i If 10h was answered "Yes," check the box if you either provided exceptions to providing the notice applied under 29 CFR 2520. Part VI Pension Funding Compliance 	other persons by Il of the benefits olan? t as of year end ? (See instruction d the required no 101-3 ements? (If "Yes	that was caused by fraud y an insurance carrier, under the plan? (See)	10d 10e 10f 10g 10h 10i	X	X X X X X X ule SB (Fo	2628
 or dishonesty? e Were any fees or commissions paid to any brokers, agents, or a insurance service or other organization that provides some or a instructions.) f Has the plan failed to provide any benefit when due under the p g Did the plan have any participant loans? (If "Yes," enter amount h If this is an individual account plan, was there a blackout period 2520.101-3.) i If 10h was answered "Yes," check the box if you either provided exceptions to providing the notice applied under 29 CFR 2520. Part VI Pension Funding Compliance 11 Is this a defined benefit plan subject to minimum funding require 5500) and line 11a below) 	other persons by Il of the benefits olan? t as of year end ? (See instruction the required no 101-3 ements? (If "Yes	that was caused by fraud y an insurance carrier, under the plan? (See 	10d 10e 10f 10g 10h 10i	X	X X X X X X ule SB (Fo	2628
 or dishonesty? e Were any fees or commissions paid to any brokers, agents, or a insurance service or other organization that provides some or a instructions.) f Has the plan failed to provide any benefit when due under the p g Did the plan have any participant loans? (If "Yes," enter amount h If this is an individual account plan, was there a blackout period 2520.101-3.) i If 10h was answered "Yes," check the box if you either provided exceptions to providing the notice applied under 29 CFR 2520. Part VI Pension Funding Compliance 11 Is this a defined benefit plan subject to minimum funding require 5500) and line 11a below). 	other persons by Il of the benefits olan? t as of year end ? (See instruction d the required no 101-3 ements? (If "Yes	that was caused by fraud y an insurance carrier, under the plan? (See)	10d 10e 10f 10g 10h 10i	Sched	X X X X X X ule SB (Fo	2628 rm
 or dishonesty? e Were any fees or commissions paid to any brokers, agents, or a insurance service or other organization that provides some or a instructions.) f Has the plan failed to provide any benefit when due under the p g Did the plan have any participant loans? (If "Yes," enter amount h If this is an individual account plan, was there a blackout period 2520.101-3.) i If 10h was answered "Yes," check the box if you either provided exceptions to providing the notice applied under 29 CFR 2520. Part VI Pension Funding Compliance 11 Is this a defined benefit plan subject to minimum funding require 5500) and line 11a below). 	other persons by Il of the benefits olan? t as of year end ? (See instruction the required no 101-3 ements? (If "Yes ong requirements	that was caused by fraud y an insurance carrier, under the plan? (See)	10d 10e 10f 10g 10h 10i	Sched	X X X X X X ule SB (Fo	2628 rm
 or dishonesty?	other persons by Il of the benefits olan? t as of year end ? (See instruction the required no 101-3 ements? (If "Yes ong requirements ww, as applicable eing amortized	that was caused by fraud y an insurance carrier, under the plan? (See 	10d 10e 10f 10g 10h 10i plete	X Sched	X X X X X Ule SB (Fo 11a 602 of ERIS	2628 rm Yes X No SA? Yes X No
 or dishonesty? e Were any fees or commissions paid to any brokers, agents, or a instructions.) f Has the plan failed to provide any benefit when due under the p g Did the plan have any participant loans? (If "Yes," enter amount h If this is an individual account plan, was there a blackout period 2520.101-3.) i If 10h was answered "Yes," check the box if you either provided exceptions to providing the notice applied under 29 CFR 2520. Part VI Pension Funding Compliance 11 Is this a defined benefit plan subject to minimum funding require 5500) and line 11a below) 12 Is this a defined contribution plan subject to the minimum funding (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e belot a If a waiver of the minimum funding standard for a prior year is b 	other persons by Il of the benefits olan? t as of year end ? (See instruction d the required no 101-3 ements? (If "Yes mg requirements ww, as applicable eing amortized i	that was caused by fraud y an insurance carrier, under the plan? (See 	10d 10e 10f 10g 10h 10i plete	X Sched	X X X X X Ule SB (Fo 11a 302 of ERIS	Yes X No

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	
	lf "Ye	es," enter the amount of any plan assets that reverted to the employer this year	13a		
b		all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the pBGC?	control		Yes X No
С		ing this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) n assets or liabilities were transferred. (See instructions.)	to	_	
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		rn/Report of Small E efit Plan	mplo	oyee	OMB N	los. 1210-0110 1210-0089
Internal Revenue Service Department of Labor	Retirement Income Se	ecurity Act of 197	r sections 104 and 4065 o 4 (ERISA), and sections 60	f the E 57(b)	Employee and 6058(a)	20)12
Employee Benefits Security Administration Pension Benefit Guaranty Corporation			renue Code (the Code). with the instructions to t	ho Fo	rm 5500-SE		m is Open Inspection
	Identification Infor			ine Fo	nn 5500-5F.		inspection
For calendar plan year 2012 or fi	iscal plan year beginning	01/01/	2012 a	and en	ding	12/31/20	12
A This return/report is for:	X a single-employer		nultiple-employer plan (not			a one-particip	ant plan
B This return/report is:	the first return/rep	port 🗌 the	e final return/report				
C Check box if filing under:	an amended return Form 5558 special extension	enter description	hort plan year return/repoi tomatic extension h)	rt (less	than 12 mor	nths) DFVC program	m
	rmation - enter all req	uested informatic	n	46			
1a Name of plan ATLAS SIDING & W	INDOW CO. 40	1(K) PLAN	ſ		Three-digit plan number		001
						01/2006	
2a Plan sponsor's name and addres ATLAS SIDING & W			or single-employer plan)	2b	Employer Ide 61-1	entification Num	ber (EIN)
7290 MANSLICK RO.	AD			502	-363-88		
LOUISVILLE	<u>KY</u> 40		-	2d	Business coc 4239	de (see instructi 990	ons)
3a Plan administrator's name ar	nd address X Same as F	Plan Sponsor Name	Same as Plan Sponsor Address	3b	Administrato	r's EIN	
				3c	Administrato	r's telephone nu	Imber
4 If the name and/or EIN of the plan, enter the name, EIN, and				4b	EIN		
a Sponsor's name		ine last returnitep	ort.	4c	PN		
5a Total number of participants	s at the beginning of the	plan vear		5a		7	
b Total number of participants				5b		5	
C Number of participants with				F -		Λ	
6a Were all of the plan's assets			vegeta? (See instructions)	5c		4 X_Y	es No
b Are you claiming a waiver of				lic acc	 countant	······ 원 '	
(IQPA) under 29 CFR 2520.				10 000	Joannain	ХY	es 🗌 No
If you answered "No" to ei				ust ins	stead use Fo		
Caution: A penalty for the late							
Under penalties of perjury and of Schedule SB or Schedule MB cc my knowledge and belief, it is tru	pmpleted and signed by a	an enrolled actua					
	Λ	rl	ſ.s.		***********************		
HEREL C	X V	V 5/35/	13 CHARLES R.				OMMENCINESS COMMENSION
Signatu/e of plan admir	histrator V	Date	Enter name of indivi	dual si	igning as plar	n administrator	
SIGN HERE	-						
Signature of employer/		Date	Enter name of indivi		ſ		
Preparer's name (including firm	патне, парріїсаріе) апо	address, include	room or suite number (opt	ionai)		elephone numb	er (optional)
For Paperwork Reduction Act N		- 1 N				_	5500-SE (2012)

e ÷

Part III Financial Information

Plan Assets and Liabilities		(a) Begin				(b) End of \	
a Total plan assets	7a		4	622	275			270023
b Total plan liabilities	7b							
C Net plan assets (subtract line 7b from line 7a)	7c		4	622	275			270023
Income, Expenses, and Transfers for this Plan Year		(a) /	Amo	unt			(b) Tota	l
a Contributions received or receivable from:								
(1) Employers	8a(1)			106	570			
(2) Participants				229				
(3) Others (including rollovers)								
b Other income (loss) SEE STATEMENT 1	8b			592	263			
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							9283
d Benefits paid (including direct rollovers and insurance premiums to provide								
benefits)			2	802	216	STAT	ידאדאי	r 2
Certain deemed and/or corrective distributions (see instructions)			280216			D 1111	STATEMENT 2	
Administrative service providers (salaries, fees, commissions)	8f			48	371	GUIZU	EMEN	гз
					,,,_	DIU		L J
	8g				05.00.0008		e degla gere da I	28508
h Total expenses (add lines 8d, 8e, 8f, and 8g)	And the second se			ana titeli Renteres	anna 1935 Grun Angel			19225
Net income (loss) (subtract line 8h from line 8c)				in the state			-	19223
Transfers to (from) the plan (see instructions) Part IV Plan Characteristics	8j							
art VI Compliance Questions	-							
D During the plan year:				Yes	No		Amount	
During the plan year:a Was there a failure to transmit to the plan any participant contributions within the time	•			Yes			Amount	
 During the plan year: a Was there a failure to transmit to the plan any participant contributions within the tim in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Corr 	ection Prog		10a	Yes	No X		Amount	
 During the plan year: a Was there a failure to transmit to the plan any participant contributions within the time 	ection Prog		10a	Yes	x		Amount	
 During the plan year: a Was there a failure to transmit to the plan any participant contributions within the tim in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Corr b Were there any nonexempt transactions with any party-in-interest? (Do not transactions reported on line 10a.) 	ection Prog t include	ram.)	10a 10b				Amount	
 During the plan year: a Was there a failure to transmit to the plan any participant contributions within the tim in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Corr b Were there any nonexempt transactions with any party-in-interest? (Do not transactions reported on line 10a.) c Was the plan covered by a fidelity bond? 	ection Prog t include	ram.)		Yes	x		Amount	5000
 During the plan year: a Was there a failure to transmit to the plan any participant contributions within the tim in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Corr b Were there any nonexempt transactions with any party-in-interest? (Do not transactions reported on line 10a.) c Was the plan covered by a fidelity bond? d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bord 	t include		10b		x x		Amount	
 During the plan year: a Was there a failure to transmit to the plan any participant contributions within the tim in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Corr b Were there any nonexempt transactions with any party-in-interest? (Do not transactions reported on line 10a.) c Was the plan covered by a fidelity bond? d Did the plan have a loss, whether or not reimbursed by the plan's fidelity b was caused by fraud or dishonesty? 	ection Prog t include ond, that		10b		x		Amount	
 During the plan year: a Was there a failure to transmit to the plan any participant contributions within the tim in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Corr b Were there any nonexempt transactions with any party-in-interest? (Do not transactions reported on line 10a.) c Was the plan covered by a fidelity bond? d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bord 	ection Prog t include ond, that		10b 10c		x x		Amount	
 During the plan year: a Was there a failure to transmit to the plan any participant contributions within the tim in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Corr b Were there any nonexempt transactions with any party-in-interest? (Do not transactions reported on line 10a.) c Was the plan covered by a fidelity bond? d Did the plan have a loss, whether or not reimbursed by the plan's fidelity b was caused by fraud or dishonesty? 	ection Prog t include ond, that ns by an ins	iram.)	10b 10c		x x		Amount	5000
 During the plan year: a Was there a failure to transmit to the plan any participant contributions within the tim in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Corr b Were there any nonexempt transactions with any party-in-interest? (Do not transactions reported on line 10a.) c Was the plan covered by a fidelity bond? d Did the plan have a loss, whether or not reimbursed by the plan's fidelity b was caused by fraud or dishonesty? e Were any fees or commissions paid to any brokers, agents, or other perso carrier, insurance service or other organization that provides some or all of the plan? (See instructions.) 	ection Prog t include ond, that ns by an ins the benefit	surance surance	10b 10c	X	x x x		Amount	5000
 During the plan year: a Was there a failure to transmit to the plan any participant contributions within the tim in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Corr b Were there any nonexempt transactions with any party-in-interest? (Do not transactions reported on line 10a.) c Was the plan covered by a fidelity bond? d Did the plan have a loss, whether or not reimbursed by the plan's fidelity b was caused by fraud or dishonesty? e Were any fees or commissions paid to any brokers, agents, or other perso carrier, insurance service or other organization that provides some or all of the plan? (See instructions.) f Has the plan failed to provide any benefit when due under the plan? 	ection Prog t include ond, that ns by an ins the benefit	surance surance	10b 10c 10d	X	x x x x		Amount	5000
 During the plan year: a Was there a failure to transmit to the plan any participant contributions within the tim in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Corr b Were there any nonexempt transactions with any party-in-interest? (Do not transactions reported on line 10a.) c Was the plan covered by a fidelity bond? d Did the plan have a loss, whether or not reimbursed by the plan's fidelity b was caused by fraud or dishonesty? e Were any fees or commissions paid to any brokers, agents, or other perso carrier, insurance service or other organization that provides some or all of the plan? (See instructions.) 	ection Prog t include ond, that ns by an ins the benefit	surance sunder	10b 10c 10d	X	x x x		Amount	5000
 During the plan year: a Was there a failure to transmit to the plan any participant contributions within the tim in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Corr b Were there any nonexempt transactions with any party-in-interest? (Do not transactions reported on line 10a.) c Was the plan covered by a fidelity bond? d Did the plan have a loss, whether or not reimbursed by the plan's fidelity b was caused by fraud or dishonesty? e Were any fees or commissions paid to any brokers, agents, or other perso carrier, insurance service or other organization that provides some or all of the plan? (See instructions.) f Has the plan failed to provide any benefit when due under the plan?	ection Prog t include ond, that ns by an ins the benefit end.)	surance sunder	10b 10c 10d 10e 10f	X	x x x x x x		Amount	5000
 During the plan year: a Was there a failure to transmit to the plan any participant contributions within the tim in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Corr b Were there any nonexempt transactions with any party-in-interest? (Do not transactions reported on line 10a.) c Was the plan covered by a fidelity bond? d Did the plan have a loss, whether or not reimbursed by the plan's fidelity b was caused by fraud or dishonesty? e Were any fees or commissions paid to any brokers, agents, or other perso carrier, insurance service or other organization that provides some or all of the plan? (See instructions.) f Has the plan have any participant loans? (If "Yes," enter amount as of year h If this is an individual account plan, was there a blackout period? (See instruction3.) 	ection Prog t include ond, that ns by an ins the benefit end.) ructions	surance sunder	10b 10c 10d 10e 10f	X	x x x x		Amount	5000
 During the plan year: a Was there a failure to transmit to the plan any participant contributions within the tim in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Corr b Were there any nonexempt transactions with any party-in-interest? (Do not transactions reported on line 10a.) c Was the plan covered by a fidelity bond? d Did the plan have a loss, whether or not reimbursed by the plan's fidelity b was caused by fraud or dishonesty? e Were any fees or commissions paid to any brokers, agents, or other perso carrier, insurance service or other organization that provides some or all of the plan? (See instructions.) f Has the plan have any participant loans? (If "Yes," enter amount as of year h If this is an individual account plan, was there a blackout period? (See inst and 29 CFR 2520.101-3.) i If 10h was answered "Yes," check the box if you either provided the require 	ection Prog t include ond, that ns by an ins the benefit end.) ructions	surance sunder	10b 10c 10d 10e 10f 10g	X	x x x x x x x x		Amount	5000
 During the plan year: a Was there a failure to transmit to the plan any participant contributions within the tim in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Corr b Were there any nonexempt transactions with any party-in-interest? (Do not transactions reported on line 10a.) c Was the plan covered by a fidelity bond? d Did the plan have a loss, whether or not reimbursed by the plan's fidelity b was caused by fraud or dishonesty? e Were any fees or commissions paid to any brokers, agents, or other perso carrier, insurance service or other organization that provides some or all of the plan? (See instructions.) f Has the plan have any participant loans? (If "Yes," enter amount as of year and 29 CFR 2520.101-3.) i If 10h was answered "Yes," check the box if you either provided the require of the exceptions to providing the notice applied under 29 CFR 2520.101-3 	ection Prog t include ond, that ns by an ins the benefit end.) ructions	r one	10b 10c 10d 10e 10f 10g	X	x x x x x x		Amount	5000
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Form 5500-SF	(2012)
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C Enter the amount contributed by the employer to the plan for this plan year		12c	<u> </u>		
d Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus si	gn to				
the left of a negative amount)		12d			
e 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		<u></u>			
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 pla under the control of the PBGC?	n, or brought			Yes	X No
C If during this plan year, any assets or liabilities were transferred from this plan to another plan liabilities were transferred. (See instructions.)	(s), identify the	plan(:	s) to w	hich assets o	r
13c(1) Name of plan(s):	13c(2)	EIN(s)	13c(3	PN(s)
Part VIII Trust Information (optional)					
14a Name of trust	14b า	rust':	s EIN		