Fo	rm 5500-SF	Short Form Annual	Return/Report Benefit Plan	of Small Employ	yee		OMB Nos. 1210-0110 1210-0089
	artment of the Treasury ernal Revenue Service	2012					
	Department of Labor Benefits Security Administration	⁵⁸ (a) of This Form is Open to Publi					
Pension I	Benefit Guaranty Corporation	Complete all entries in acc	ordance with the inst	ructions to the Form 550	0-SF.	Ins	spection
Part I	Annual Report Ic	lentification Information al plan year beginning 01/01/2	012	and ending 1	2/31/2	2012	
-	eturn/report is for:	a single-employer plan		r plan (not multiemployer)	2/31/2	a one-partici	hant nlan
	eturn/report is:	the first return/report	the final return/repo				
-		an amended return/report		urn/report (less than 12 m	onths))	
C Check	box if filing under:	Form 5558	automatic extension			DFVC progra	am
		special extension (enter descrip	otion)				
Part II	Basic Plan Inform	nation—enter all requested info	rmation				
1a Name ASEINTE	e of plan L CORPORATION 401(K	PLAN			1b	Three-digit plan number (PN) ►	001
					1c	Effective date o	•
	sponsor's name and addr	ess; include room or suite number	(employer, if for a sing	le-employer plan)	2b	Employer Identi	
33 136TI	H PLACE SE, SUITE 210				2c	Sponsor's telep 206-77	
	e, WA 98006-1445				2d	Business code 81299	(see instructions)
3a Plana	administrator's name and	address Same as Plan Sponso	r Name Same as P	lan Sponsor Address	3b	Administrator's	EIN 555513
		Bellevue,	WA 98006-1445		30	206-774	telephone number 4-6712
		lan sponsor has changed since th er from the last return/report.	e last return/report file	d for this plan, enter the		EIN	
_ '	sor's name					PN	
		the beginning of the plan year			5a		8
		the end of the plan year			5b		7
	· · ·	count balances as of the end of th		•	5c		7
b Are y unde	you claiming a waiver of ther 29 CFR 2520.104-46? (uring the plan year invested in elig the annual examination and report See instructions on waiver eligibili er line 6a or line 6b, the plan ca	of an independent qual ty and conditions.)	ified public accountant (IQ	PA)		X Yes No
		incomplete filing of this return/					
Under per SB or Sch	nalties of perjury and othe	r penalties set forth in the instructi signed by an enrolled actuary, as	ons, I declare that I ha	ve examined this return/rep	oort, ir	ncluding, if applic	
SIGN	Filed with authorized/va	lid electronic signature.	06/13/2013	GEORGE OWINGS			
HERE	Signature of plan adr	ninistrator	Date	Enter name of individ	ual sig	gning as plan adr	ninistrator
SIGN							
HERE	Signature of employe		Date	Enter name of individ			
Preparer's	s name (including firm nar	ne, if applicable) and address; incl	ude room or suite num	ber (optional)	Prep	barer's telephone	number (optional)
For Paperv	work Reduction Act Notice	and OMB Control Numbers, see the i	nstructions for Form 55	00-SF.			Form 5500-SF (2012)

7 Plan Assets and Liabilities		(a) Beginning of Yea	(a) Beginning of Year			(b) End of Year				
a Total plan assets	. 7a	21745			,	342290				
b Total plan liabilities		186			185					
C Net plan assets (subtract line 7b from line 7a)	. 7c	217271			342105					
8 Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b) Total				
a Contributions received or receivable from:										
(1) Employers	. 8a(1)	2896								
(2) Participants	. 8a(2)	6638	6	_						
(3) Others (including rollovers)	. 8a(3)			_						
b Other income (loss)	. 8b	3352	6	_						
 C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) d Benefits paid (including direct rollovers and insurance premiums 	. 8c					128875				
d Benefits paid (including direct rollovers and insurance premiums to provide benefits)	. 8d									
e Certain deemed and/or corrective distributions (see instructions)	. 8e									
f Administrative service providers (salaries, fees, commissions)	. 8f	404	1							
g Other expenses	. 8g									
h Total expenses (add lines 8d, 8e, 8f, and 8g)						4041				
i Net income (loss) (subtract line 8h from line 8c)	. 8i					124834				
j Transfers to (from) the plan (see instructions)	. 8j									
Part IV Plan Characteristics										
b If the plan provides welfare benefits, enter the applicable welfare for Part V Compliance Questions			Jensi							
10 During the plan year:				Yes	No	Amount				
a Was there a failure to transmit to the plan any participant contribu	itions within th									
29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu			10a		x					
 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fide b Were there any nonexempt transactions with any party-in-interest on line 10a.) 	uciary Correct t? (Do not incl	ion Program) ude transactions reported	10a 10b		x x					
b Were there any nonexempt transactions with any party-in-interest	uciary Correct t? (Do not incl	ion Program) ude transactions reported		X		3000				
b Were there any nonexempt transactions with any party-in-interest on line 10a.)	uciary Correct t? (Do not incl	ion Program) ude transactions reported that was caused by fraud	10b	X		3000				
 b Were there any nonexempt transactions with any party-in-interest 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 	t? (Do not incl t? (Do not incl fidelity bond, her persons b of the benefits	ion Program) ude transactions reported that was caused by fraud y an insurance carrier, under the plan? (See	10b 10c	×	X	3000				
 b Were there any nonexempt transactions with any party-in-interest 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 or dishonesty? e Were any fees or commissions paid to any brokers, agents, or oth insurance service or other organization that provides some or all of the plan that plan that plan that plan the plan that plan that plan the p	uciary Correct t? (Do not incl fidelity bond, her persons b of the benefits	ion Program) ude transactions reported that was caused by fraud y an insurance carrier, s under the plan? (See	10b 10c 10d 10e	X	X X	3000				
 b Were there any nonexempt transactions with any party-in-interest 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 or dishonesty? e Were any fees or commissions paid to any brokers, agents, or oth insurance service or other organization that provides some or all o instructions.) f Has the plan failed to provide any benefit when due under the plan 	t? (Do not incl t? (Do not incl fidelity bond, her persons b of the benefits	ion Program) ude transactions reported that was caused by fraud y an insurance carrier, under the plan? (See	10b 10c 10d 10e 10f	×	x x x x					
 b Were there any nonexempt transactions with any party-in-interest 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 or dishonesty? e Were any fees or commissions paid to any brokers, agents, or oth insurance service or other organization that provides some or all o instructions.) 	uciary Correct t? (Do not incl fidelity bond, her persons b of the benefits as of year end (See instruction	ion Program) ude transactions reported that was caused by fraud y an insurance carrier, under the plan? (See 	10b 10c 10d 10e		x x x x					
 b Were there any nonexempt transactions with any party-in-interest 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 or dishonesty? e Were any fees or commissions paid to any brokers, agents, or oth insurance service or other organization that provides some or all o instructions.) f Has the plan have any participant loans? (If "Yes," enter amount a h If this is an individual account plan, was there a blackout period? 	uciary Correct t? (Do not incl if delity bond, her persons b of the benefits as of year end (See instruction he required not	ion Program) ude transactions reported 	10b 10c 10d 10e 10f 10g		x x x x x					
 b Were there any nonexempt transactions with any party-in-interest on line 10a.) c Was the plan covered by a fidelity bond?	uciary Correct t? (Do not incl if delity bond, her persons b of the benefits as of year end (See instruction he required not	ion Program) ude transactions reported 	10b 10c 10d 10e 10f 10g 10h		x x x x x					
 b Were there any nonexempt transactions with any party-in-interest 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 or dishonesty? e Were any fees or commissions paid to any brokers, agents, or oth insurance service or other organization that provides some or all o instructions.) f Has the plan have any participant loans? (If "Yes," enter amount a Did the plan have any participant loans? (If "Yes," enter amount a fit 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 to exceptions to providing the notice applied under 29 CFR 2520.10 	uciary Correct t? (Do not incl fidelity bond, fidelity bond, her persons b of the benefits as of year end (See instruction he required not 1-3	ion Program) ude transactions reported that was caused by fraud y an insurance carrier, under the plan? (See 	10b 10c 10d 10e 10f 10g 10h 10i	X	X X X X X Iule SB (F	175				
 b Were there any nonexempt transactions with any party-in-interest on line 10a.) c Was the plan covered by a fidelity bond?	uciary Correct t? (Do not incl if idelity bond, her persons by of the benefits as of year end (See instruction he required not 1-3	ion Program) ude transactions reported 	10b 10c 10d 10e 10f 10g 10h 10i	X	X X X X X Iule SB (F	175				
 b Were there any nonexempt transactions with any party-in-interest 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 or dishonesty? e Were any fees or commissions paid to any brokers, agents, or oth insurance service or other organization that provides some or all o instructions.) f Has the plan failed to provide any benefit when due under the pla g Did the plan have any participant loans? (If "Yes," enter amount a 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 the exceptions to providing the notice applied under 29 CFR 2520.10 Part VI Pension Funding Compliance 11 Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below). 	uciary Correct (Do not incl if idelity bond, her persons by of the benefits as of year end (See instruction he required not 1-3	ion Program) ude transactions reported 	10b 10c 10d 10e 10f 10g 10h 10i	X Schee	X X X X X Iule SB (F	-orm				
 b Were there any nonexempt transactions with any party-in-interest 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 or dishonesty? e Were any fees or commissions paid to any brokers, agents, or oth insurance service or other organization that provides some or all instructions.) f Has the plan have any participant loans? (If "Yes," enter amount a Did the plan have any participant loans? (If "Yes," enter amount a 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 the exceptions to providing the notice applied under 29 CFR 2520.10 Part VI Pension Funding Compliance 11 Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)	uciary Correct t? (Do not incl if idelity bond, her persons b of the benefits as of year end (See instruction he required not 1-3	ion Program) ude transactions reported that was caused by fraud y an insurance carrier, under the plan? (See 	10b 10c 10d 10e 10f 10g 10h 10i	X Schee	X X X X X Iule SB (F	-orm				
 b Were there any nonexempt transactions with any party-in-interest on line 10a.) c Was the plan covered by a fidelity bond?	uciary Correct t? (Do not incl if idelity bond, her persons by of the benefits as of year end (See instruction he required not 1-3	ion Program) ude transactions reported that was caused by fraud y an insurance carrier, under the plan? (See 	10b 10c 10d 10e 10f 10g 10h 10i 0 or se ctions,	X Schec	X X X X X Iule SB (F 11a 302 of ER					

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 Ann	of Small Employee	OMB Nos. 1210-0110 1210-0089					
(Department of the Treasury Internal Revenue Service This form is required to	and 4065 of the Employee	2012					
Department of Labor Retirement Income Securit Employee Benefits Security Administration the	ctions 6057(b) and 6058(a) Code).						
	accordance with the instru	ctions to the Form 5500-SF	F.				
Part I Annual Report Identification Informati For calendar plan year 2012 or fiscal plan year beginning	01/01/2012	and ending	12/31/2012	<u>. </u>			
A This return/report is for: X a single-employer plan	–	lan (not multiemployer)	a one-particip				
B This return/report is:	the final return/report			·			
an amended return/report	a short plan year retur	n/report (less than 12 month	າຣ)				
C Check box if filing under:	automatic extension		DFVC progra	m			
special extension (enter d	escription)						
Part II Basic Plan Information-enter all requested	information						
1a Name of plan		11	b Three-digit				
CASEINTEL CORPORATION 401(K) PLAN			plan number (PN) ▶	001			
		10	c Effective date of	plan			
· · · · · · · · · · · · · · · · · · ·			01/01/2005	·			
2a Plan sponsor's name and address; include room or suite nu CASEINTEL CORPORATION	mber (employer, if for a single-	-employer plan) 21	b Employer Identif				
CASEINIEL CORPORATION		2	(EIN) 37-145 c Sponsor's telept				
3633 136TH PLACE SE, SUITE 210		20	206-774-67				
ali tin Anna mari tin Marina 12 anna 12 an		20	d Business code (· · · · · · · · · · · · · · · · · · ·			
BELLEVUE WA 98006-1			812990				
3a Plan administrator's name and address Same as Plan Sp	onsor Name Same as Plar	n Sponsor Address 3	b Administrator's E 37-1455513				
CASEINTEL CORPORATION		-30	c Administrators to				
3633 136TH PLACE SE, SUITE 210			206-774-6712				
BELLEVUE WA 98006-1445	e en en en en ander	بندر در در در در در ا	and the second				
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 If the name and/or EIN of the plan sponsor has changed sin name, EIN, and the plan number from the last return/report a Sponsor's name 		i sinisa ara mp	46 EIN 477 100 100 100 100 100 100 100 100 100 1				
5a Total number of participants at the beginning of the plan year	ar	<u> </u>		8			
b Total number of participants at the end of the plan year				7			
C Number of participants with account balances as of the end complete this item)			c	7			
6a Were all of the plan's assets during the plan year invested			· · · · · · · · · · · · · · · · · · ·	X Yes No			
b Are you claiming a waiver of the annual examination and re				X Yes No			
under 29 CFR 2520.104-46? (See instructions on waiver el If you answered "No" to either line 6a or line 6b, the pla							
Caution: A penalty for the late or incomplete filing of this re-							
Under penalties of perjury and other penalties set forth in the ins	tructions, I declare that I have	examined this return/report,	, including, if applica				
SB or Schedule MB completed and signed by an enrolled actuar belief, it is true, concert/and complete.	y, as well as the electronic ver	sion of this return/report, and	d to the best of my	knowledge and			
SIGN HERE	6(10 2013	GEORGE OWINGS	••••••••••••••••••••••••••••••••••••••				
Signature of plan administrator	Date	Enter name of individual s	dual signing as plan administrator				
SIGN HERE	Date		l and literation				
Signature of employer/plan sponsor		dual signing as employer or plan sponsor Preparer's telephone number (optional					
Preparer's name (including firm name, if applicable) and address	s, include room of suite numbe		eparer s telephone	number (optional)			
SALT THERE SLATE SLA	:						
For Paperwork Reduction Act Notice and OMB Control Numbers, see	the instructions for Form 5500-	·SF.	F	Form 5500-SF (2012)			
				v. 120126			
		and a second					

Form 5500-SF 2012

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Page **2**

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Or Nat job an assess dubined time Ta hom kee Ta) Tc 217271 342 8 Income, Epparases, and Transfers for this Fam Year (a) Anount (b) Total 3 Income, Epparases, and Transfers for this Fam Year (a) Anount (b) Total 10 Difference received or answinks from: Ber(1) 28 963 (a) Anount Ber(1) 28 963 (b) Chers (including roleburge) Ber(1) 28 963 (c) Detrait (including roleburge) Ber(1) 28 963 (c) Detrait (including roleburge) Ber(1) 28 963 (c) Total income (los) Ber(1) Ber(1) 28 963 (c) Total income (los) Ber(1) Ber(1) Ber(1) 28 963 (c) Total income (los) Ber(1) Ber(1) Ber(1) 28 963 (c) Total income (los) Ber(1) Ber(1) Ber(1) 28 963 (c) Total advector income (los) Ber(1) Ber(1) 28 940 20 91 (c) Total advector income (los) Ber(1) Ber(1) 40 91 20 91 (c) Total advector income (los) Ber(1) Ber(1) 40 91 20 91 20 91	a	Total plan assets	7a 21			57				
a Income. Expanses, and Transfers for this Pan Year (a) Amount (b) Total a Combustions reacted or acceivable form: Be(1) 28.95.2 (c) Participants. Be(1) 28.95.2 (c) Dentify the form of acceivable form: Be(1) 28.95.2 (c) Dentify clocking relevance Be(2) 66.38.6 (c) Dentify clocking relevance Be(2) 66.38.6 (c) Dentify clocking relevance Be(2) 66.38.6 (c) Dentify clocking relevance Be(2) 12.86 (c) Dentify clocking relevance Be(2) 14.04.1 (c) Dentify clocking relevance Be(2) 12.86 (c) Dentify clocking relevance Be(2) 12.81 (c) Dentify relevance Be(2) 12.41 (c) Dentify relevance Be(2) 12.81 (c) Dentify re	b	Total plan liabilities				36				18
a Contributions received or motivable from: Ba(1) 28963 (2) Participants Ba(2) 66386 (3) Others (including rolovers) Ba(3) 33526 (4) Encloyers Ba(3) 33526 (5) Other (including rolovers) Ba(3) 33526 (6) Other (including rolovers) Ba(3) 33526 (7) Others (including rolovers) Ba(3) 34526 (7) Others (including rolovers) Ba(3) Ba(3) (7) Others (including rolovers) Ba(3) Ba(3) (7) Others (including rolovers) Ba(3) Ba(3) (7) Other sponses Ba(3) Ba(3) Ba(3) (7) Other sponses Ba(3) Ba(3) Ba(3) Ba(3) (7) Other sponses Ba(3) Ba(3) Ba(3) Ba(3) Ba(3) (7) Other sponses (add lines 80, 86, 81, and 80) Ba(3) Ba(C	plan assets (subtract line 7b from line 7a) 7c 21				71				34210
(1) Employers Ba(1) 28953 (2) Participants Ba(2) 66336 (3) Other (conce (loss) Ba(3) 33526 (3) Other income (loss) Ba(3) 33526 (4) Deter income (loss) Ba(3) 33526 (5) Other expenses Ba(1) 4041 (5) Other expenses Ba(1) 4041 (6) Other expenses Ba(1) 4041 (7) Other expenses Ba(1) 4041 (7) Other expenses Ba(1) 1241 (7) Transfars to (frach fines 80, 80, 61 and 80) Bt 1224 (7) Transfars to (frach fines 80, 80, 61 and 80) Bt 1241 (7) Transfars to (frach fines 80, 80, 61 and 80) Bt 1224 (7) Transfars to (frach fines 80, 80, 61 and 80) Bt 1224 (7) Transfars to (frach fines 80, 80, 71 and 80) Bt 1224 (7) Transfars to (frach fines 80, 80, 71 and 80) Bt 1224 (7) Transfars to (frach fines 80, 80, 71 and 80) Bt <td< td=""><td>8</td><td colspan="5">ne, Expenses, and Transfers for this Plan Year (a) Amount</td><td></td><td>(b) T</td><td>otal</td><td></td></td<>	8	ne, Expenses, and Transfers for this Plan Year (a) Amount						(b) T	otal	
(a) Other income (cost) 28(3) 33526 (b) Other income (cost) 80 33526 (c) Total income (cost) 80 33526 (c) Total income (cost) 80 128 (c) Other segmes 80 128 (c) Other segmes 80 124 (c) Transfers to (from) this plan (see instructions) 81 1244 (c) Transfers to (from) this plan (see instructions) 81 1244 (c) Transfers to (from) this plan (see instructions) 81 1244 (c) Transfers to (from) this plan (see instructions) 81 1244 (c) Transfers to (from) this plan (see instructions) 81 1244 (c) Transfers to (from) this plan (see instructions) 144 14 (c) Transfers to (from) this plan (see instructions) 145 145 (c) Transfers to (from) this plan (see instructions) 145 145 (c) Transfers to (from) this plan (see instructions) 145	а		:	2896	53					
b Other income (loss) 8b 33526 c Total income (loss) 8c 128. d Benefits pad (including direct rollowers and insurance prentium 8d 128. d Benefits pad (including direct rollowers and insurance prentium) 8d 128. d Benefits pad (including direct rollowers and insurance prentium) 8d 128. g Other expenses (add lines 6d, 9e, 6f, and 9g) 8t 4041 g Other expenses (add lines 6d, 9e, 6f, and 9g) 8t 41. h Total expenses (add lines 6d, 9e, 6f, and 9g) 8t 124. g I the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 2E 2.7 27.3 2.7 2.7 g I the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions: 2E 2.7 2.7 3.0 2.7 g Uring the plan pear. Yes No Amount a Was thore a failure to transmit to the plan any participant contributions within the time period described in 2.0 CFR 25(0.3.102.7) (See instructions and DOL's Voluntary Effuciary Concells frogram) 16d X g Uring the plan year: Yes No Amount 28 CFR 25(0.3.102.7) (See instructions and DOL's Voluntary Effuciary Concells frogram) 16d X <td< td=""><td></td><td></td><td>8a(2)</td><td></td><td>6638</td><td>36</td><td></td><td></td><td></td><td></td></td<>			8a(2)		6638	36				
b Other income (does) 80 33526 c Total income (doel) 82 128 d Benefits paid (including direct rolovers and instructions) 8d 128 d Benefits paid (including direct rolovers and instructions) 8d 128 d Benefits paid (including direct rolovers and instructions) 8d 128 d Cortain deemed andro corrective distributions (see instructions) 8d 4041 g Other expanses (add lines 8d, 9e, 6f, and 8g) 8h 41 It is the instructoristics 8g 124 j Transfers to (fron) the plan (see instructions) 8j 124 j Transfers to (fron) the plan (see instructions) 8j 124 j Transfers to (fron) the instructions: 128 27 27 b If the plan provides welfare banefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions: 212 Z C A Z J D Z T 10 X 20 X 20 d) Uring the plan para: 10 X 10 X 20 21 21 0 Ur		(3) Others (including rollovers)	8a(3)							
d Banafits paid (including direct rollovers and insurance premiums be provide benefits). Be d Ocrian demons and/or corrective distributions (see instructions). Be d Other segmess Bg f Antimistrative service provides (salaries, fees, cormissions). Bf g Other segmess Bg f Notal segmense (add lines dd, 8b, 8f, and 8g). Bh g Other segmenss Bg Part IV Plan Characteristics Bi g If the plan provides benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: Part IV Compliance Questions Yes No 10 Uring the plan provides wefarse benefits, enter the applicable wefare feature codes from the List of Plan Characteristic Codes in the instructions: Part V Compliance Questions Yes No 10 Uring the plan year: Yes No Amount 26 OFR 2510.3 / 102; (See instructions and DCL's Voluntay Flicking Concision Frogram) 10b X 300 10 Diring the plan have a loss, whether or not enhabures of the plan fished by find (see instructions and 20 CFR 2510.3 / 102; X 300 10	b		8b		3352	26	•			
b Bd 0 Certain desimed and/or corrective distributions (see instructions)	С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							12887
f Administrative service providers (salaries, fees, commissions)	d		8 d							
B Der expenses (add lines 8d, 8e, 8d, and 8g) 8g A Total expenses (add lines 8d, 8e, 8d, and 8g) 8i 124i I Net income (tass) (addract line 8h rom line 8c) 8i 124i J Transfers to (from) the jini (see instructions) 8j 124i Part IV Plan Characteristics 9j 124i S 28 21 26 2J 3J 3J 2T b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions: 28 2F 26 3J 3J 2T During the plan year: Yes No Amount 4 a Was there a faure to transmit to the plan any participant contributions within the time period described in a structure and nonexempt transactions with any party-in-interest? (Do not include transactions reported in on line 10a) X 30 d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or didorest? 10d X 30 d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or a structure, service or diff to benafts under the plan? 10d X 30 d Did the plan have ary partic	е	Certain deemed and/or corrective distributions (see instructions)	8e							
h Total expanses (add lines 8d, 8e, 8f, and 8g) 8h 41 i Net income (coss) (subtract line 8h from line 8c) 8i 124i j Transfers (whom) the plan (see instructions) 8j 124i g If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 2B 2F 20 2J 3D 2T b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions: 2Pent 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 20 CFR 250.3102; 726 eithertudions and DCL's Volumary 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 30i c Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or distorest?, insurance service or other organization that provides some or at of the benefits under the plan? (See instructions and 20 CFR 250.1012; Cass 20 Coss	f	Administrative service providers (salaries, fees, commissions)	8f		404	11. 1				
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J Transfers to (from) the plan (see instructions) gi 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: 28 2 20 20 21 21 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 10a X 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 Fluciary Correction Program) 10a X c Was the plan covered by a fidelity bond? 10c X 301 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 301 e Were any fees or commissions paid to any brokers, agents, or other persons by an insurance corrier, insurance service or other organization that provides some or all of the benefits under the plan? (See instructions) 10d X 10 f Has the plan false to forgivite any benefit when due under the plan? 1	h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							404
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9a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the Instructions: 2g 2y 2G 3D 2T 1 If the plan provides weifare benefits, enter the applicable weifare 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 2510.3-1027 (See instructions and DOL's Voluntary Fluciany Correction Program) 10a X b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported to a fidelity bond? 10c X 30/ c Was there an converse type and that provides are on one service or other granarization and poly the plan's fidelity bond, that was caused by faud or dishonesty? 10d X 30/ c Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service or other granarization and regramitation the plan? 10d X 90/ f Has the plan failed to provide any benefit when due under the plan? 10g X 12 f Has the adefinet benefit plan subject to minimum funding	Pa	t IV Plan Characteristics		1		!				······
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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 1 h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3) 10h X 1 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 X 1 Part VI Pension Funding Compliance 10i Yes 1 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 12 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. Yes X 14 U2 12b 12b 12b	e	Were any fees or commissions paid to any brokers, agents, or oth insurance service or other organization that provides some or all of	ner person of the ben	s by an insurance carrier, afits under the plan? (See			x			
g Did the plan have any participant bans? (If "Yes," enter amount as of year end.)	f				10f		x			
bit in dividual account plan, was there a blackout period? (See instructions and 29 CFR 10h X i If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 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 X Part VI Pension Funding Compliance 10i Yes Image: Complete the state of the				· • • • • • • • • • • • • • • • • • • •		v		-		175
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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) Image: Provide the provid	i	If 10h was answered "Yes," check the box if you either provided th	he require	d 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)	_		1-0		105					
11a Enter the amount from Schedule SB line 39		Is this a defined benefit plan subject to minimum funding requirem								Yes 🗌 No
(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. Month Day Year If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13. b Enter the minimum required contribution for this plan year.	11a					· · · ·				
(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. Month Day Year If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13. b Enter the minimum required contribution for this plan year.	12	Is this a defined contribution plan subject to the minimum funding	requirem	ents of section 412 of the Code	e or s	ection	302 of	ERISA?		Yes 🛛 No
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If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13. b Enter the minimum required contribution for this plan year	a	If a waiver of the minimum funding standard for a prior year is beir	ng amortiz	ed in this plan year, see instru		, and		e date of		
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	b	Enter the minimum required contribution for this plan year					12b			