## 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.

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2012

OMB Nos. 1210-0110

1210-0089

This Form is Open to Public Inspection

	art I		dentification Information						
For	calenda	ar plan year 2012 or fisc	cal plan year beginning 01/01/20	)13		and ending	04/01/	2013	
<b>A</b> 1	This ret	turn/report is for:	X a single-employer plan	a multiple	e-employer pla	n (not multiemployer)		a one-particip	oant plan
<b>B</b> 1	This ret	turn/report is:	the first return/report	the final re	eturn/report				
			an amended return/report	x a short pla	an year return/	report (less than 12 m	onths	)	
C	Check b	box if filing under:	Form 5558	automatic	extension			DFVC progra	ım
			special extension (enter descript	tion)					
Pa	rt II	Basic Plan Infor	mation—enter all requested inforr	mation					
	Name	•					1b	Three-digit	
ADVA	NCED	INDUSTRIAL SUPPLY	INC					plan number (PN)	001
							1c	Effective date of	
								01/01/	•
2a ADVA	Plan sp ANCED	ponsor's name and addr INDUSTRIAL SUPPLY	ress; include room or suite number ( 'INC	(employer, if	f for a single-e	mployer plan)	2b	Employer Identification (EIN) 82-02	fication Number 52449
3235	POLE I	LINE ROAD					2c	Sponsor's telep	
POCA	ATELLO	O, ID 83201-5564					2d	Business code (	
3a	Plan ad	dministrator's name and	I address XSame as Plan Sponsor	Name S	Same as Plan S	Sponsor Address	3b	Administrator's	EIN
							3с	Administrator's t	telephone number
4			plan sponsor has changed since the	e last return/	report filed for	this plan, enter the	4b	EIN	
а		, EIN, and the plan numl or's name	ber from the last return/report.				40	PN	
			t the beginning of the plan year				5a		11
_			t the end of the plan year				5b		0
			ccount balances as of the end of the				35		
							5c		0
6a			during the plan year invested in eligi						X Yes No
b			he annual examination and report o (See instructions on waiver eligibility						X Yes No
			ner line 6a or line 6b, the plan can						
Cau	tion: A	penalty for the late or	r incomplete filing of this return/re	eport will be	e assessed u	nless reasonable ca	use is	established.	
SBc	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.								
SIGI	N	Filed with authorized/va	alid electronic signature.	06/14/	/2013	BILL WINN			
HER	RE	Signature of plan add	ministrator	Date		Enter name of individ	lual si	gning as plan adn	ninistrator
SIGI	N							-	
HER	RE	Signature of employe	er/plan sponsor	Date		Enter name of individ	lual si	gning as employe	r or plan sponsor
Prep	oarer's		me, if applicable) and address; inclu	ude room or	suite number				number (optional)

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Pai	t III Financial Information										
7	n Assets and Liabilities (a) Beginning of Ye			ar	(b) End of Year						
a	Total plan assets				0				0		
	Total plan liabilities	7b	-								
	Net plan assets (subtract line 7b from line 7a)	7c	57574	17		0			)		
	Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b) Total				
	Contributions received or receivable from:		(a) Amount				(15)	TOtal			
	(1) Employers	8a(1)									
	(2) Participants	8a(2)									
	(3) Others (including rollovers)	8a(3)									
b	Other income (loss)	8b	1421	7							
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							14217	7	
	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	58996	64							
е	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							589964	4	
	Net income (loss) (subtract line 8h from line 8c)	8i						-:	575747	7	
	Transfers to (from) the plan (see instructions)	8j									
Par	t IV Plan Characteristics	<u> </u>									
	If the plan provides pension benefits, enter the applicable pension 2E 2G 2J 2K 3D	feature co	odes from the List of Plan Char	acteris	stic Co	odes in	the instr	uctions	s:		
b	If the plan provides welfare benefits, enter the applicable welfare fe	eature cod	les from the List of Plan Chara	cterist	ic Cod	des in t	he instru	ctions:			
_	W   0 11										
Part	•				.,		1				
10	During the plan year:	dana and dat	South and the second se	ı	Yes	No		Am	ount		
a	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu	ıciary Corı	rection Program)	10a		X					
	Were there any nonexempt transactions with any party-in-interest on line 10a.)			10b		X					
С	Was the plan covered by a fidelity bond?			10c	X					75	000
d	Did the plan have a loss, whether or not reimbursed by the plan's 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					X					
				10f							
<u>g</u>	Did the plan have any participant loans? (If "Yes," enter amount a			10g		X					
h	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										
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,										
	If a waiver of the minimum funding standard for a prior year is beir granting the waiver.		Mon		and e	enter th Day	ne date o	f the le		ling	_
If	you completed line 12a, complete lines 3, 9, and 10 of Schedule	e MB (For	rm 5500), and skip to line 13.		-		ı				
b	Enter the minimum required contribution for this plan year					12b					

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С	Enter the amount contributed by the employer to the plan for this plan year	12c			
d	Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a negative amount)	12d			
е	Will the minimum funding amount reported on line 12d be met by the funding deadline?		Yes	No	N/A
Part '	VII Plan Terminations and Transfers of Assets				
13a	Has a resolution to terminate the plan been adopted in any plan year?	X	res 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		X Yes	No
С	If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s which assets or liabilities were transferred. (See instructions.)	) to		_	
1:	3c(1) Name of plan(s):	13c(2) E	IN(s)	13c(3)	PN(s)
Part	VIII Trust Information (optional)				

14b Trust's EIN

14a Name of trust



# Authorization to Electronically Sign and File 5500

I hereby authorize any employee of <u>Professional Benefit Services, Inc.</u> to electronically sign and file the 5500 forms on my behalf.

#### I further understand the following:

- I must sign a paper copy of the completed 5500 form.
- An image of my signature will be included with the rest of the return/report posted by the Department of Labor on the internet for public disclosure.
- I may revoke or change this authorization at any time by written notification to <u>Professional</u> Benefit Services, Inc.

Plan Name:_	Advanced Industrial Suppl	W	
Signature:	Will-EW-	/ Dated:	6-13-13
	Plan Trustee		

### 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

Part I	Annual Report I	dentification Information							
For calenda		cal plan year beginning	01/01/2013	and ending	04/01/20	13			
A This ret	urn/report is for:	X a single-employer plan	a multiple-employer pl	an (not multiemployer)	a one-parti	cipant plan			
<b>B</b> This ret	urn/report is:	the first return/report	X the final return/report						
		an amended return/report	a short plan year return	n/report (less than 12 mo	onths)				
C Check b	oox if filing under:	Form 5558	automatic extension		DFVC prog	ram			
	-	special extension (enter descri	ption)						
Part II	Basic Plan Info	rmation—enter all requested info	ormation						
1a Name					1b Three-digit				
ADVANC	ED INDUSTRIAL	SUPPLY INC			plan number (PN) • 001				
					1c Effective date of plan				
					01/01/1964				
2a Plan sp	oonsor's name and add	dress; include room or suite numbe	r (employer, if for a single-	employer plan)	2b Employer ider	ntification Number			
ADVANCE	ED INDUSTRIAL	SUPPLY INC			(EIN) 82-02	252449			
2025 70	~ T T T T T T T ~ T ~ T ~ T ~ T ~ T ~ T				2c Sponsor's tel	•			
3235 PC	OLE LINE ROAD				208-237-				
POCATEI	LLO	ID 83201-556	4		2d Business code 423990	e (see instructions)			
		d address XSame as Plan Spons	<u></u>	Sponsor Address	3b Administrator	s EIN			
					<b>3C</b> Administrator	s telephone number			
		plan sponsor has changed since t	he last return/report filed for	or this plan, enter the	4b EIN				
	, EIN, and the plan nun or's name	nber from the last return/report.			4c PN				
		at the beginning of the plan year			5a	11			
_		at the end of the plan year		ł	5b	0			
	• •	account balances as of the end of t		+	30	<u> </u>			
		account balances as of the end of t			5c	0			
6a Were	all of the plan's assets	during the plan year invested in el	ligible assets? (See instruc	ctions.)		X Yes No			
		the annual examination and report				☒ Yes ☐ No			
		? (See instructions on waiver eligibi ther line 6a or line 6b, the plan c	•			X Yes No			
		or incomplete filing of this return							
		ner penalties set forth in the instruc				licable, a Schedule			
SB or Sche	edule MB completed ar	nd signed by an enrolled actuary, a	s well as the electronic ver	sion of this return/report,	, and to the best of r	ny knowledge and			
	true, correct, and comp								
SIGN	11/20181	N	6-13-13	BILL WINN					
HERE	Signature of plan a	dministrator	Date	Enter name of individu	ual signing as plan a	dministrator			
SIGN	Oignature or plant	annou ator	Date	Lines hame of massiac	aar organing ao piana				
HERE	Signature of omnio	vorinian enoncor	Date	Enter name of individu	ual cianina ac emplo	wer or plan sponsor			
Preparer's	Signature of emplo name (including firm n	genplan sponsor ame, if applicable) and address; in				ne number (optional)			
, , , ,		,,,		(	, .				

1 64	t III Financial Information								
7	Plan Assets and Liabilities	Assets and Liabilities (a) Beginning of Ye					(b) End of Year		
а	Total plan assets	7a	51	7574	7	7			
b	Total plan liabilities	. 7b							
С	Net plan assets (subtract line 7b from line 7a)	7c	57	7574	7	7			
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount			(b) Total			
а	Contributions received or receivable from:								
	(1) Employers	8a(1)			_				
	(2) Participants	8a(2)							
	(3) Others (including rollovers)	8a(3)							
	Other income (loss)	. 8b	-	1421	. /		14015		
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c					14217		
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	. 8d	58	3996	4				
е	Certain deemed and/or corrective distributions (see instructions)	. 8e							
	Administrative service providers (salaries, fees, commissions)	8f							
q	Other expenses	8g							
	Total expenses (add lines 8d, 8e, 8f, and 8g)	***************************************					589964		
	Net income (loss) (subtract line 8h from line 8c)	1					-575747		
<del>-</del>	Transfers to (from) the plan (see instructions)	8i		9.0010000000000000000000000000000000000					
Da.	t IV Plan Characteristics	1 0]			100000				
b	9a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 2E 2G 2J 2K 3D								
Par	t V Compliance Questions						<u></u>		
10	During the plan year:				Yes	No	Amount		
a	Was there a failure to transmit to the plan any participant contribution CPR 2510.3-102? (See instructions and DOL's Voluntary Fid			10a		Х			
b		Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)							
С	Was the plan covered by a fidelity bond?					Х			
d	Was the plan covered by a fidelity bond?			10b 10c	Х	Х	75000		
-	Did the plan have a loss, whether or not reimbursed by the plan's	fidelity bo	nd, that was caused by fraud		Х	X	75000		
е		fidelity bo	nd, that was caused by fraud s by an insurance carrier, efits under the plan? (See	10c	Х		75000		
e f	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 ot insurance service or other organization that provides some or all instructions.)	fidelity bo her person of the bend	nd, that was caused by fraud s by an insurance carrier, efits under the plan? (See	10c 10d	Х	Х	75000		
	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 ot insurance service or other organization that provides some or all instructions.)  Has the plan failed to provide any benefit when due under the plantage of the plantag	her person of the bendan?	nd, that was caused by fraud s by an insurance carrier, efits under the plan? (See	10d 10d 10e 10f	Х	х	75000		
	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 ot insurance service or other organization that provides some or all 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 a lf this is an individual account plan, was there a blackout period?	her person of the bendan?	nd, that was caused by fraud s by an insurance carrier, efits under the plan? (See	10c 10d 10e	Х	X	75000		
9	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 ot insurance service or other organization that provides some or all 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 a 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 to	her person of the bendan?	nd, that was caused by fraud s by an insurance carrier, efits under the plan? (See end.)	10d 10d 10e 10f 10g	Х	X X X	75000		
9 h	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 ot insurance service or other organization that provides some or all 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 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 texceptions to providing the notice applied under 29 CFR 2520.10	her person of the bendan?	nd, that was caused by fraud s by an insurance carrier, efits under the plan? (See end.)	10d 10e 10f 10g 10h	Х	X X X	75000		
9	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 ot insurance service or other organization that provides some or all instructions.)  Has the plan failed to provide any benefit when due under the plate 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 2520.101.  If YI Pension Funding Compliance  Is this a defined benefit plan subject to minimum funding requirem	her person of the beneal an?  (See instructions) (See instructions) (See instructions)	s by an insurance carrier, efits under the plan? (See end.)	10c 10d 10e 10f 10g 10h 10i	Scheo	X X X X	3 (Form		
i Par	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 ot insurance service or other organization that provides some or all instructions.)  Has the plan failed to provide any benefit when due under the plat 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 2520.101.  If VI Pension Funding Compliance  Is this a defined benefit plan subject to minimum funding required 5500) and line 11a below)	her person of the bendan? an? (See instruction required) 1-3	nd, that was caused by fraud s by an insurance carrier, efits under the plan? (See end.) uctions and 29 CFR d notice or one of the	10c 10d 10e 10f 10g 10h 10i	Sched	X X X X	3 (Form		
9 h	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 ot insurance service or other organization that provides some or all instructions.)  Has the plan failed to provide any benefit when due under the plat 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 2520.101.  If VI Pension Funding Compliance  Is this a defined benefit plan subject to minimum funding required 5500) and line 11a below).  If Enter the amount from Schedule SB line 39	her person of the bendan?  as of year of (See instruction required) 1-3	nd, that was caused by fraud s by an insurance carrier, efits under the plan? (See end.)	10c 10d 10e 10f 10g 10h 10i	Schec	X X X X A A A A A A A A A A A A A A A A	3 (Form Yes No		
i Par	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 ot insurance service or other organization that provides some or all instructions.)  Has the plan failed to provide any benefit when due under the plat 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 2520.101.  If VI Pension Funding Compliance  Is this a defined benefit plan subject to minimum funding required 5500) and line 11a below)  Enter the amount from Schedule SB line 39  Is this a defined contribution plan subject to the minimum funding	her person of the benear an? as of year of (See instructions) 1-3 nents? (If "	nd, that was caused by fraud s by an insurance carrier, efits under the plan? (See end.) uctions and 29 CFR d notice or one of the  Yes," see instructions and coments of section 412 of the Code	10c 10d 10e 10f 10g 10h 10i	Schec	X X X X A A A A A A A A A A A A A A A A	3 (Form Yes No		
9 h i Par 11 11a 11a	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 ot insurance service or other organization that provides some or all instructions.)  Has the plan failed to provide any benefit when due under the plat 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 2520.101.  If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.101.  If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.101.  If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.101.  If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.101.  If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.101.  If 10h was answered "Yes," check the box if you either provided the exceptions to provide the notice applied under 29 CFR 2520.101.  If 10h was answered "Yes," check the box if you either provided the exceptions to provide the notice applied under 29 CFR 2520.101.  If 10h was answered "Yes," check the box if you either provided the exceptions to provide the notice applied under 29 CFR 2520.101.	her person of the benear an? as of year of (See instruction 1-3 nents? (If "	nd, that was caused by fraud s by an insurance carrier, efits under the plan? (See end.) uctions and 29 CFR d notice or one of the  Yes," see instructions and coments of section 412 of the Code able.) ed in this plan year, see instructions	10c 10d 10e 10f 10g 10h 10i	Schec	X X X X Audule Si	B (Form Yes No  ERISA? Yes No  he date of the letter ruling		
11 11a 12 a	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 ot insurance service or other organization that provides some or all instructions.)  Has the plan failed to provide any benefit when due under the plat 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 2520.101.  If VI Pension Funding Compliance  Is this a defined benefit plan subject to minimum funding required 5500) and line 11a below)  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.	her person of the bendan? an? as of year of (See instructions) the require of the properties of the properties of the person of	nd, that was caused by fraud s by an insurance carrier, efits under the plan? (See end.) uctions and 29 CFR d notice or one of the Yes," see instructions and coments of section 412 of the Code able.) ed in this plan year, see instru-	10c 10d 10e 10f 10g 10h 10i	Schec	X X X X Adule Si	B (Form Yes No  ERISA? Yes No  he date of the letter ruling		
11 11a 12 a	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 ot insurance service or other organization that provides some or all instructions.)  Has the plan failed to provide any benefit when due under the plat 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 2520.101.  If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.101.  If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.101.  If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.101.  If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.101.  If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.101.  If 10h was answered "Yes," check the box if you either provided the exceptions to provide the notice applied under 29 CFR 2520.101.  If 10h was answered "Yes," check the box if you either provided the exceptions to provide the notice applied under 29 CFR 2520.101.  If 10h was answered "Yes," check the box if you either provided the exceptions to provide the notice applied under 29 CFR 2520.101.	her person of the bendan?  an?  See instruction requirements? (If """")  g requirement, as applicing amortiz	nd, that was caused by fraud s by an insurance carrier, efits under the plan? (See end.) uctions and 29 CFR d notice or one of the  Yes," see instructions and coments of section 412 of the Code able.) ed in this plan year, see instructions and skip to line 13.	10c 10d 10e 10f 10g 10h 10i nplete	Schection, and 6	X X X X Audule Si	B (Form Yes No  ERISA? Yes No  he date of the letter ruling		

	Form 5500-SF 2012 Page <b>3</b> -					
	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 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					
13a	Has a resolution to terminate the plan been adopted in any plan year?		XY	'es 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, of the PBGC?		X Yes No			
С	If during this plan year, any assets or liabilities were transferred from this plan to another plan(s) which assets or liabilities were transferred. (See instructions.)	, identify the plan(s)	to			
1	13c(1) Name of plan(s):	1	<b>3c(2)</b> El	N(s)	13c(3)	PN(s)
Part	VIII Trust Information (optional)					
14a	Name of trust	<b>14b</b> Tr	ust's EIN			