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).

1210-0089

OMB Nos. 1210-0110

2012

This Form is Open to Public Inspection

Pensi	on Benefit Guaranty Corporation	▶ Complete all entries in acc	ordance with the instruc	ctions to the Form 550	0-SF.		
Part	I Annual Report	t Identification Information					
For cale	endar plan year 2012 or f	iscal plan year beginning 01/01/2	012	and ending 1	2/31/2012		
	return/report is for:	a single-employer plan		an (not multiemployer)	a one	e-participa	nt plan
B This	return/report is:	the first return/report	the final return/report				
		an amended return/report	a short plan year return	n/report (less than 12 mg	onths)		
C Che	eck box if filing under:	Form 5558	automatic extension		DFV	C program	
		special extension (enter descrip	otion)		_		
Part	II Basic Plan Info	ormation—enter all requested info	rmation				
	me of plan		maton		1b Three-c	digit	
	ΓSYSTEMS, INC. 401(K) PLAN			plan nu	-	
					(PN) •	•	002
					1c Effective		
						01/01/19	
	in sponsor's name and a T SYSTEMS, INC.	ddress; include room or suite number	(employer, if for a single-	employer plan)	2b Employe (EIN)	er Identific 91-1044	ation Number 745
					2c Sponso	r's telepho	ne number
	STH AVENUE SOUTH					253-872-5	5191
KENT, V	/A 98032				2d Busines	`	e instructions)
						484110	
3a Pla	in administrator's name a	and address 🗵 Same as Plan Sponso	or Name Same as Plar	Sponsor Address	3b Adminis	strator's Ell	N
					3c Adminis	etrator's tol	ephone number
					Adminis	strator 3 tor	epriorie namber
4 If t	he name and/or EIN of th	ne plan sponsor has changed since th	ne last return/report filed fo	or this plan, enter the	4b EIN		
	•	umber from the last return/report.					
	onsor's name				4c PN		
5a To	tal number of participants	s at the beginning of the plan year			5a		115
b To	tal number of participants	s at the end of the plan year			5b		75
C Nu	ımber of participants with	account balances as of the end of th	ne plan year (defined bene	efit plans do not	_		
CO	mplete this item)				5c		23
_	·	ts during the plan year invested in eli	•	•			X Yes No
	,	of the annual examination and report	·		,		X Yes No
		6? (See instructions on waiver eligibili				•••••	<u> </u>
						hod	
		or incomplete filing of this return/ ther penalties set forth in the instruction					le a Schedule
	. , ,	and signed by an enrolled actuary, as	•		, ,,		,
belief, i	t is true, correct, and com	nplete.				-	-
SIGN	Filed with authorized	d/valid electronic signature.	06/23/2013	F FLYNN			
HERE	Signature of plan	administrator	Date	Enter name of individu	ual signing as	plan admir	nistrator
SIGN	Filed with authorized	d/valid electronic signature.	06/23/2013	F FLYNN	<u> </u>		
HERE	Signature of empl	oyer/plan sponsor	Date	Enter name of individu	ual signing as	employer o	or plan sponsor
Prepare	er's name (including firm	name, if applicable) and address; inc	lude room or suite numbe	r (optional)	Preparer's te	lephone nu	umber (optional)

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Pai	t III Financial Information										
7	Plan Assets and Liabilities		(a) Beginning of Yea	ar			(b) En	d of Y	ear		
a	Total plan assets	7a	84820			879600					
	Total plan liabilities	7b									
	Net plan assets (subtract line 7b from line 7a)	7c	848204		879600)			
	Income, Expenses, and Transfers for this Plan Year		(a) Amount	mount		(b) Total					
	Contributions received or receivable from:		(a) runount				(2)	Total			
	(1) Employers	8a(1)									
	(2) Participants	8a(2)	3835	52							
	(3) Others (including rollovers)	8a(3)									
b	Other income (loss)	8b	11313	85							
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						1	51487	7	
	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	10708	37							
е	Certain deemed and/or corrective distributions (see instructions)	8e									
f	Administrative service providers (salaries, fees, commissions)	8f	1300)4							
g	Other expenses	8g									
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							12009 ⁻	1	
	Net income (loss) (subtract line 8h from line 8c)	8i							3139	6	
	Transfers to (from) the plan (see instructions)	8j									
Par	t IV Plan Characteristics	, oj									
	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	uctions	; :		
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	ctions:			
Dord	V Compliance Questions										
Part	•				Vac	Na	I				
10 a	During the plan year: Was there a failure to transmit to the plan any participant contribu	tiono with:	n the time period described in	I	Yes	No		Amo	ount		
	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					
C	Was the plan covered by a fidelity bond?			10c	X					1000	000
d	Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?	-		10d		X					
е	insurance service or other organization that provides some or all of	of the bene	efits under the plan? (See	4.0	X						
	instructions.)			10e		V				30	085
f	Has the plan failed to provide any benefit when due under the plan	n?		10f		X					
g	Did the plan have any participant loans? (If "Yes," enter amount a	s of year e	end.)	10g		X					
h	If this is an individual account plan, was there a blackout period? (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						_	
Part	VI Pension Funding Compliance										
11	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)] [Yes	X	No
11a						11a					
12	Is this a defined contribution plan subject to the minimum funding	requireme	ents of section 412 of the Code	e or se	ction	302 of	ERISA?.		Yes	X	No
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,	, as applic	able.)								
a	If a waiver of the minimum funding standard for a prior year is beir granting the waiver.	ng amortiz	ed in this plan year, see instru		and e	enter th Day	ne date of	the le Yea		ling	
If	you completed line 12a, complete lines 3, 9, and 10 of Schedule	e MB (For	m 5500), and skip to line 13.				1				
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):	1 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 section 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

	art I Annual Report Identification Information		11-11-11-11-11-11-11-11-11-11-11-11-11-				
For	calendar plan year 2012 or fiscal plan year beginning	01/01/2012	and ending	12/31/2012			
Α	This return/report is for: 🛛 🕱 a single-employer plan 🔲 a	a multiple-employer p	lan (not multiemployer)) a one-participant plan			
В	This return/report is: the first return/report t	the final return/report					
	an amended return/report	a short plan year retu	rn/report (less than 12 m	ionths)			
C	Check box if filing under: Form 5558	automatic extension		DFVC progr	am		
	special extension (enter description)		_			
P	art II Basic Plan Information enter all requested inform	nation					
1a	Name of plan			1b Three-digit			
	Freight Systems, Inc. 401(k) Plan			plan number (PN) ▶	002		
				1c Effective date			
20	Discourse			01/01/1997	7 · · · · · · · · · · · · · · · · · · ·		
Za	Plan sponsor's name and address; include room or suite number (er Freight Systems, Inc.	nployer, if for a single	e-employer plan)	2b Employer iden (EIN) 91-10			
				2c Sponsor's tele			
	21818 76th Avenue South			(253) 872-			
				2d Business code 484110	(see instructions)		
<u>∪s</u> 3a	Rent WA 98032 Plan administrator's name and address X Same as Plan Sponsor	Nama Contact	Dian Out of A Li				
Ju	Than administrator's frame and address [X] Same as Plan Sponsor	Name Same as	Plan Sponsor Address	3b Administrator's	EIN		
				20 Administratorio			
			:	3c Administrator's	telephone number		
		****			·		
4	If the name and/or EIN of the plan sponsor has changed since the la name, EIN, and the plan number from the last return/report.	st return/report filed	for this plan, enter the	4b EIN			
a	Sponsor's name			4c PN			
	Total number of participants at the beginning of the plan year	************************		5a	115		
b	Total number of participants at the end of the plan year			5b	75 ,		
	Number of participants with account balances as of the end of the pl complete this item)	an year (defined ben	efit plans do not	5c	23		
6a	Were all of the plan's assets during the plan year invested in eligible	assets? (See instruc	tions.)		X Yes No		
b	Are you claiming a waiver of the annual examination and report of ar	n independent qualifie	ed public accountant (IQF	PA)			
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility ar		***************************************	***************************************	XYes No		
	If you answered "No" to either line 6a or line 6b, the plan canno						
	ution: A penalty for the late or incomplete filing of this return/rep						
SE	der penalties of perjury and other penalties set forth in the instructions or Schedule MB completed and signed by an enrolled actuary, as we ief, it is true, correct, and complete.	s, I declare that I have all as the electronic ve	ersion of this return/repor	port, including, if app t, and to the best of n	icable, a Schedule ny knowledge and		
es.	GN	5-21-12	7 1	Cisco Fr	Yon		
	ERE Signature of plan administrator	Date	Enter name of individua	I signing as plan adm	inistrator		
E.	GN fund	5-21-13	T	ause T	MANA		
	RE Signature of employer/plan sponsor	Date	Enter name of individua				
Pre	parer's name (including firm name, if applicable) and address; include	e room or suite numb	er (optional)	Preparer's telephone			
				•	, ,		
			·	•			
			A CONTRACTOR OF THE CONTRACTOR				

	art III Financial Information									
7	Plan Assets and Liabilities	12 14 12 14	(a) Beginning of Year			(b) End of Year				
а	Total plan assets	ssets			879,600					
b	Total plan liabilities	7b								
C	Net plan assets (subtract line 7b from line 7a)	7c	848,2	04				879,600		
8	Income, Expenses, and Transfers for this Plan Year	great and a	(a) Amount	***************************************			(b) Total			
a	Contributions received or receivable from: (1) Employers	Do(d)								
		8a(1)	20.2	38,352						
_	(2) Participants	8a(2)	30,3	52		er er er er				
b	Other income (loss)	8a(3) 8b	113,1	25	Feb.	Alterit Artes		u structure Pariste de de la composition		
C	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c	The second substitute and the second substitute of the second	20,00		M. H.				
d	Benefits paid (including direct rollovers and insurance premiums	- 80		3 2 3 3				151,487		
_	to provide benefits)	8d	107,0	87						
е	Certain deemed and/or corrective distributions (see instructions)	8e			3					
<u>f</u>	Administrative service providers (salaries, fees, commissions)	8f	13,0	04						
<u>g</u>	Other expenses	8g				٠.				
<u>h</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h			E			120,091		
<u>i</u>	Net income (loss) (subtract line 8h from line 8c)	8i						31,396		
j	Transfers to (from) the plan (see instructions)	<u> 8j</u>								
	art IV Plan Characteristics									
9a	If the plan provides pension benefits, enter the applicable pension for	eature cod	es from the List of Plan Charac	teristi	c Cod	les in t	the instruction	ons:		
	2E 2F 2G 2J 2K 3D									
b	If the plan provides welfare benefits, enter the applicable welfare fea	ature code	s from the List of Plan Characte	eristic	Code	s in th	e instruction	ns:		
P	art V. Compliance Questions									
10	During the plan year:				Yes	No	Γ	Amazunt		
a	Was there a failure to transmit to the plan any participant contribu	tions within	the time period described in	1	163	140		Amount		
		`	Title tille period described in		[i				
k	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduce) Were there any nonexempt transactions with any party-in-interest	ciary Corre	ction Program)nclude transactions reported	10a		х				
	Were there any nonexempt transactions with any party-in-interest on line 10a.)	ciary Corre ? (Do not i	ction Program)nclude transactions reported	10a 10b		x				
	Were there any nonexempt transactions with any party-in-interest on line 10a.) Was the plan covered by a fidelity bond?	ciary Corre	nclude transactions reported		х		3 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8	100,000		
	Were there any nonexempt transactions with any party-in-interest on line 10a.)	ciary Corre ? (Do not i	nclude transactions reported	10b	х		70 VP A A A A A A A A A A A A A A A A A A	100,000		
	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	ciary Corre	nclude transactions reported nd, that was caused by fraud	10b 10c	х	х		100,000		
	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 of	fidelity bor	nclude transactions reported nd, that was caused by fraud by an insurance carrier, fits under the plan? (See	10b 10c 10d		х				
6	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 or instructions.)	ciary Corre (Do not i	nclude transactions reported nd, that was caused by fraud by an insurance carrier, fits under the plan? (See	10b 10c 10d	x	x		3,085		
6	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 commisions paid to any brokers, agents, or other insurance service or other organization that provides some or all constructions.) Has the plan failed to provide any benefit when due under the plan	fidelity borner persons of the bene	nclude transactions reported ad, that was caused by fraud by an insurance carrier, fits under the plan? (See	10b 10c 10d 10e 10f		х				
	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 commisions paid to any brokers, agents, or other insurance service or other organization that provides some or all constructions.) Has the plan failed to provide any benefit when due under the plan Did the plan have any participant loans? (If "Yes," enter amount as	fidelity borer persons of the bene	nclude transactions reported nd, that was caused by fraud by an insurance carrier, fits under the plan? (See	10b 10c 10d		x				
6	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 commisions paid to any brokers, agents, or other insurance service or other organization that provides some or all constructions.) Has the plan failed to provide any benefit when due under the plan bid the plan have any participant loans? (If "Yes," enter amount at lift this is an individual account plan, was there a blackout period? (2520.101-3.)	fidelity borner persons of the beneficial soft year e	ction Program)	10b 10c 10d 10e 10f		x				
	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 commisions paid to any brokers, agents, or othe insurance service or other organization that provides some or all constructions.) 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?	fidelity borner persons of the beneficial soft year e	ction Program)	10b 10c 10d 10e 10f 10g		x x x				
- C - C - C - C - C - C - C - C - C - C	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 commisions paid to any brokers, agents, or other insurance service or other organization that provides some or all constructions.) Has the plan failed to provide any benefit when due under the plan bid the plan have any participant loans? (If "Yes," enter amount at lift 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	fidelity borner persons of the beneficial soft year e	ction Program)	10b 10c 10d 10e 10f 10g		x x x				
- C - C - C - C - C - C - C - C - C - C	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 commisions paid to any brokers, agents, or othe insurance service or other organization that provides some or all constructions.) 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 2520.101 Pension Funding Compliance Is this a defined benefit plan subject to minimum funding requirem	fidelity borer persons of the benear See instruments? (If """)	ction Program)	10b 10c 10d 10e 10f 10g 10h	x	x x x x x	B (Form	3,085		
6 f	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 commisions paid to any brokers, agents, or other insurance service or other organization that provides some or all constructions.) Has the plan failed to provide any benefit when due under the plant Did the plan have any participant loans? (If "Yes," enter amount and 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 TIME Pension Funding Compliance Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)	fidelity borer persons of the benear sof year e See instru	ction Program)	10b 10c 10d 10e 10f 10g 10h 10i	x	x x x x x x	B (Form			
6 f	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 commisions paid to any brokers, agents, or other insurance service or other organization that provides some or all or instructions.) Has the plan failed to provide any benefit when due under the plan bid the plan have any participant loans? (If "Yes," enter amount at lift 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 TVI Pension Funding Compliance Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below) a Enter the amount from Schedule SB line 39	fidelity borer persons of the benear sof year erguired -3	ction Program)	10b 10c 10d 10e 10f 10g 10h 10i	x Sched	X X X X 11a	100100000000	3,085 ☐ Yes ☒ No		
6 f g h 11 11 11 11 11 11 11 11 11 11 11 11 1	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 commisions paid to any brokers, agents, or other insurance service or other organization that provides some or all constructions.) Has the plan failed to provide any benefit when due under the plant bid the plan have any participant loans? (If "Yes," enter amount at lift 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 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 borner persons of the benear series instruments? (If """ requirements as applications of the series of the benear series in the benear series of th	ction Program) nclude transactions reported nd, that was caused by fraud by an insurance carrier, fits under the plan? (See nd.) ctions and 29 CFR notice or one of the res," see instructions and compatible of section 412 of the Code (able.)	10b 10c 10d 10e 10f 10g 10h 10i	x Sched	x x x x x 11a 02 of l	ERISA?	3,085 3,085 Yes X No		
6 F F 11 11 11 12	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 commisions paid to any brokers, agents, or other insurance service or other organization that provides some or all constructions.) Has the plan failed to provide any benefit when due under the plan bid the plan have any participant loans? (If "Yes," enter amount at lift 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 TVI 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 the standard for a prior year is being the plan subject to the minimum funding standard for a prior year is being the plan subject to the minimum funding standard for a prior year is being the plan subject to the minimum funding standard for a prior year is being the plan subject to the minimum funding standard for a prior year is being the plan subject to the minimum funding standard for a prior year is being the plan subject to the minimum funding standard for a prior year is being the plan subject to the minimum funding standard for a prior year is being the plan subject to the minimum funding standard for a prior year is being the plan subject to the pl	fidelity borner persons of the benear series instruments? (If """ requirements as applicating amortized and record and applicating amortized and record in the series of the series and the series of the series and the series of	nction Program) nclude transactions reported nd, that was caused by fraud by an insurance carrier, fits under the plan? (See nd.) ctions and 29 CFR notice or one of the res," see instructions and complete or see instructions	10b 10c 10d 10e 10f 10g 10h 10i	x Sched	x x x x x 11a 02 of l	ERISA?	3,085 Yes X No Yes X No		
f f c c r r r r r r r r r r r r r r r r	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 commisions paid to any brokers, agents, or othe insurance service or other organization that provides some or all constructions.) 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 2520.101 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 borer persons of the benear of year e See instrumentary (If """""""""""""""""""""""""""""""""""	ction Program)	10b 10c 10d 10e 10f 10g 10h 10i	x Sched	X X X X X 11a 02 of l	ERISA?	3,085 3,085 Yes X No		
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			_			
Enter the amount contributed by the employer to	the plan for this plan year	***************************************		12c		
Subtract the amount in line 12c from the amount i	in line 12b. Enter the result (enter	a minus sign to t	he left of a	12d		
					Yes	□ No □ N/A
						7/2000
Has a resolution to terminate the plan been adopt	ted in any plan year?	***************************************		□ Y ₆	es X	No
If "Yes," enter the amount of any plan assets that	reverted to the employer this year	ır		13a		· · · · · · · · · · · · · · · · · · ·
Were all the plan assets distributed to participants of the PBGC?	s or beneficiaries, transferred to a	nother plan, or bro	ought under the c	control		Yes X No
If during this plan year, any assets or liabilities we	ere transferred from this plan to a	nother plan(s), ide	ntify the plan(s) t	0		
I3c(1) Name of plan(s):			130	(2) EIN(s)	13c(3) PN(s)
VIII. Trust Information (optional)						
Name of trust				14b ⊤	rust's El	N
	•					
	Enter the amount contributed by the employer to Subtract the amount in line 12c from the amount negative amount)	Enter the amount contributed by the employer to the plan for this plan year Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter negative amount) Will the minimum funding amount reported on line 12d be met by the funding dead Plan Terminations and Transfers of Assets Has a resolution to terminate the plan been adopted in any plan year? If "Yes," enter the amount of any plan assets that reverted to the employer this year Were all the plan assets distributed to participants or beneficiaries, transferred to a of the PBGC? If during this plan year, any assets or liabilities were transferred from this plan to an which assets or liabilities were transferred. (See instructions.) 13c(1) Name of plan(s):	Enter the amount contributed by the employer to the plan for this plan year Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the negative amount) Will the minimum funding amount reported on line 12d be met by the funding deadline?	Enter the amount contributed by the employer to the plan for this plan year 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) Will the minimum funding amount reported on line 12d be met by the funding deadline? Plan Terminations and Transfers of Assets Has a resolution to terminate the plan been adopted in any plan year? If "Yes," enter the amount of any plan assets that reverted to the employer this year Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the cof the PBGC? If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.) 13c(1) Name of plan(s): Trust Information (optional)	Enter the amount contributed by the employer to the plan for this plan year 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) Will the minimum funding amount reported on line 12d be met by the funding deadline?	Enter the amount contributed by the employer to the plan for this plan year 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) Will the minimum funding amount reported on line 12d be met by the funding deadline? Plan Terminations and Transfers of Assets Has a resolution to terminate the plan been adopted in any plan year? If "Yes," enter the amount of any plan assets that reverted to the employer this year Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC? If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.) 13c(1) Name of plan(s): Trust Information (optional)