## 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).

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2012

OMB Nos. 1210-0110

1210-0089

This Form is Open to Public Inspection

Pension Be	enefit Guaranty Corporation	▶ Complete all entries in acc	cordance with the instr	uctions to the Form 550	0-SF.		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
Part I	Annual Report	Identification Information									
For calend	ar plan year 2012 or fis	scal plan year beginning 01/01/2	2012	and ending 1	2/31/2	2012					
	turn/report is for:	X a single-employer plan     □		plan (not multiemployer)		a one-partici	oant plan				
<b>B</b> This ref	turn/report is:	the first return/report	the final return/repor								
		an amended return/report	a short plan year retu	ırn/report (less than 12 m	months)						
C Check	box if filing under:	Form 5558	automatic extension			DFVC progra	ım				
		special extension (enter descri	ption)								
Part II	Basic Plan Info	rmation—enter all requested info	ormation								
1a Name	of plan				1b	Three-digit					
GUENTHER	MANAGEMENT 401k	PROFIT SHARING PLAN				plan number	004				
					4.0	(PN) •	001				
					10	Effective date o	•				
2a Plan s	nonsor's name and add	dress; include room or suite numbe	r (employer if for a single	e-employer plan)	2h	Employer Identi					
	R MANAGEMENT, LLC		r (employer, ir for a singi	c-ciripioyer plani	20		77348				
					2c	Sponsor's telep	hone number				
220 W FRAI	NCIS AVE STE 2					509-62					
	WA 99205-6300				2d	Business code	see instructions)				
						72111	0				
3a Plan a	dministrator's name ar	id address Same as Plan Spons	or Name Same as Pla	an Sponsor Address	3b	Administrator's					
UENTHER I	MANAGEMENT, LLC		NCIS AVE STE 2		20		77348				
		SPOKANE,	WA 99205-6300		30	Administrator's 509-624	telephone number 4-5242				
4 If the r	name and/or EIN of the	e plan sponsor has changed since t	he last return/report filed	for this plan, enter the	4b EIN						
name	, EIN, and the plan nur	nber from the last return/report.			_						
	or's name				4c	PN					
<b>5a</b> Total i	number of participants	at the beginning of the plan year			5a		51				
<b>b</b> Total	number of participants	at the end of the plan year			5b		0				
		account balances as of the end of the	. , ,	•	5c		0				
_		and the state of t									
_	·	during the plan year invested in el the annual examination and report	•	•			X Yes   No				
		? (See instructions on waiver eligibil					X Yes No				
		ther line 6a or line 6b, the plan ca									
Caution: A	A penalty for the late of	or incomplete filing of this return	report will be assessed	d unless reasonable cau	ıse is	established.					
		ner penalties set forth in the instruct									
	edule MB completed ar true, correct, and comp	nd signed by an enrolled actuary, as	s well as the electronic ve	ersion of this return/report	t, and	to the best of my	knowledge and				
Dellet, It is	ilue, correct, and comp	nete.									
SIGN	Filed with authorized/	Filed with authorized/valid electronic signature.  06/25/2013  DALE STEVENS									
HERE	Signature of plan a	dministrator	Date	Enter name of individ	ual sic	ning as plan adr	ninistrator				
SIGN						J 222   22					
HERE	Cianatura of ample	var/alan ananar	Data	Enter name of individ	مزم امن	uning on ampleus					
Preparer's	Signature of emplo		Date	Enter name of individuer (optional)			number (optional)				
Preparer's name (including firm name, if applicable) and address; include room or suite number (optional)  DALE STEVENS						•	( 1 ,				
	RU BENEFITS, LLC	TF 040				509-755	1016-0				
	1 MULLAN ROAD, SUI VALLEY, WA 99206	1 ⊑ Z10									
	,										

Form 5500-SF 2012 Page **2** 

Part III   Financial Information	Par	t III   Einancial Information									
a Total plan assets				(a) Beginning of Ver		1		(h) End of Voor			
b Total plan liabilities. 7b Iron line 7a). 7c 161926 0 C Not plan assets (authract line 7b Iron line 7a). 7c 161926 0 C Not plan assets (authract line 7b Iron line 7a). 7c 161926 0 C Total line of the plan process of the plan line 7a). 7c 161926 0 C Total income (action line selected or receivable from: (1) Employers. 8a(1) 0 C Total income (action line 8a(1), 8a(2), 8a(3), and 8b). 8a(3) 0 D Other sinculating relovers). 8a(3) 0 D Other sinculating relovers). 8a(3) 0 C Total income (action line 8a(1), 8a(2), 8a(3), and 8b). 8b 11720 0 C Total income (action line 8a(1), 8a(2), 8a(3), and 8b). 8c 177131 0 C Total income (action line 8a(1), 8a(2), 8a(3), and 8b). 8c 177131 0 C Total income (action line 8a(1), 8a(2), 8a(3), and 8b). 8c 177131 0 C Total income (action line 8a(1), 8a(2), 8a(3), and 8b). 8c 177131 0 C Total income (action line 8a(1), 8a(2), 8a(3), and 8b). 8c 177131 0 C Total income (action line 8a(1), 8a(2), 8a(3), and 8b). 8c 177131 0 C Total income (action line 8a(1), 8a(2), 8a(3), and 8b). 8c 177131 0 C Total income (action line 8a(1), 8a(2), 8a(3), and 8b). 8c 177131 0 C Total income (action line 8a(1), 8a(2), 8a(3), and 8b). 8c 177131 0 C Total income (bost) (authract line 8a(1), 8a(2), 8a(3), and 8b). 8c 177131 0 C Iron line plan provides pension line 8a(3), 8a(3), and 8b). 8c 177131 0 C Iron line plan provides pension line 8a(3), 8a(3), and 8b). 8c 177131 0 C Iron line plan provides pension line 8a(3), 8a(3), and 8b). 8c 177131 0 C Iron line plan provides pension line 8a(3), 8a(3), and 8b). 8c 177131 0 C Iron line plan provides pension line 8a(3), 8a(3), and 8b). 8c 177131 0 C Iron line plan provides pension line 8a(3), 8			70								
C Not plan assets (subtract line 7b from line 7a)		•		10192	.0	-					
8 Combutions received or receivable from:  8 Combutions received or receivable from:  8 (1) Employers  (2) Participants  8 (2)  9 Artis  30) Other income (loss)  6 Dother income (data) insell (1,842), 84(3), and 8b)		·		16192	26		-				
a Contributions received or receivable from: (1) Employers. (2) Participants. (3) Others (including rollovers). (8) Other (including direct rollovers and insurance premiums to provide benefits). (8) Other (including direct rollovers). (8) Other (including rollovers). (8) Other (including rollovers). (9) Other (including rollovers). (9) Other (including rollovers). (1) Other (including rollovers). (1) Other (including rollovers). (2) Other (including rollovers). (3) Other (including rollovers). (4) Other (including rollovers). (5) Other (including rollovers). (6) Other (including rollovers). (8) Other (including rollovers). (8) Other (including rollovers). (8) Other (including rollovers). (9) Other (including rollovers). (9) Other (including rollovers). (1) Other (including rollovers). (1) Other (including rollovers). (1) Other (including rollovers). (2) Other (including rollovers). (3) Other (including rollovers). (4) Other (including rollovers). (5) Other (including rollovers). (6) Other (including rollovers). (6) Other (including rollovers). (7) Other (including rollovers). (8) Other (including rollovers). (9) Other (including rollovers). (10) Other (includi								-			
(1) Employers		·		(a) Amount				(b) Total			
(3) Others (including rollovers)			8a(1)		0						
b Other income (loss)		(2) Participants	8a(2)	348	35						
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b).  d Benefits paid (including direct rollovers and insurance premiums to provide benefits).  e Certain deemed and/or corrective distributions (see instructions)		(3) Others (including rollovers)	8a(3)								
d Benefits paid (including direct rollovers and insurance premiums to provide benefits).  e Certain deemed and/or corrective distributions (see instructions).  e Certain deemed and/or corrective distributions (see instructions).  g Other exponences.  f Administrative service providers (salaries, fees, commissions).  g Other exponences.  g Other exponences.  g Total expenses (add lines 8d, 8e, 8f, and 8g).  h Total expenses (add lines 8d, 8e, 8f, and 8g).  g Other exponences (subtract line 8h from line 8c).  g I Transfers to (from) the plan (see instructions).  g I I the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:  2E 2G 2J 3D  b 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:  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 Fiduciary Correction Program).  b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on nine 10s).  c Was the plan covered by a fidelity bond?  d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesity?  e Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service or other organization that provides some or all of the benefits under the plan? (See instructions).  g Did the plan have any participant losns? (if "Yes," errier amount as of year end.)	<u>b</u>	Other income (loss)	8b	1172	20						
to provide benefits)	C	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c					15205			
Fadministrative service providers (salaries, fees, commissions)		· · · ·	8d	17713	1						
g Other expenses	<u>e</u>	Certain deemed and/or corrective distributions (see instructions)	8e								
h Total expenses (add lines 8d, 8e, 8f, and 8g)	f	Administrative service providers (salaries, fees, commissions)	8f								
i Net income (loss) (subtract line 8h from line 8c)	g	Other expenses	8g								
Transfers to (from) the plan (see instructions)   8     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:     2E   2G   2J   3D     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   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 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     c Was the plan covered by a fidelity bond?   10c   X   20000.     d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?   10d   X     e Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service or other organization that provides some or all of the benefits under the plan? (See instructions)   10g   X     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     h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)   10h   X     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.   10h   X     1 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.   10h   X     1 If 10h was answered "Yes," check the box if you either provided the required notice or one of the exceptions to provi	<u>h</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h					177131			
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:  2E 2G 2J 3D  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  10 During the plan year:  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 Fiduciary Correction Program)	<u>i</u>	Net income (loss) (subtract line 8h from line 8c)	8i					-161926			
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 3D	j	Transfers to (from) the plan (see instructions)	8j								
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	Par	t IV Plan Characteristics									
Part V   Compliance Questions   Yes   No   Amount	9a		feature co	des from the List of Plan Char	acteris	stic Co	des in	the instructions:			
10 During the plan year:  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 Fiduciary Correction Program) 10a	b	If the plan provides welfare benefits, enter the applicable welfare fe	eature cod	les from the List of Plan Chara	cterist	ic Coc	les in t	he instructions:			
10 During the plan year:  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 Fiduciary Correction Program) 10a	Part	Part V Compliance Questions									
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 Fiduciary Correction Program) 10a		•				Yes	No	Amount			
b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	а	Was there a failure to transmit to the plan any participant contribu			10a		Х				
d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	b	Were there any nonexempt transactions with any party-in-interest	? (Do not	include transactions reported	10b		X				
d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		Was the plan covered by a fidelity bond?			100	X		20000			
e Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service or other organization that provides some or all of the benefits under the plan? (See instructions.)		Did the plan have a loss, whether or not reimbursed by the plan's	fidelity bo	nd, that was caused by fraud			X	20000			
insurance service or other organization that provides some or all of the benefits under the plan? (See instructions.)		•			10a						
f Has the plan failed to provide any benefit when due under the plan?	E	insurance service or other organization that provides some or all of	of the bene	efits under the plan? (See	10e		X				
g Did the plan have any participant loans? (If "Yes," enter amount as of year end.)	f				10f		Χ				
h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)							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		If this is an individual account plan, was there a blackout period?	(See instru	uctions and 29 CFR							
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)	i	If 10h was answered "Yes," check the box if you either provided the required notice or one of the									
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)	Dort	1 1 0 11	1-3		101						
11a Enter the amount from Schedule SB line 39		Is this a defined benefit plan subject to minimum funding requirem									
(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	11a										
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.	12										
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.											
	а										
b Enter the minimum required contribution for this plan year	If	you completed line 12a, complete lines 3, 9, and 10 of Schedule	e MB (For	m 5500), and skip to line 13.							
	b	Enter the minimum required contribution for this plan year					12b				

	Form 5500-SF 2012	Page <b>3</b> - 1						
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)							
е	Will the minimum funding amount reported on line 12d be met by the funding	ng 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	Yes	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, transfer of the PBGC?	rred to another plan, or brought unde	er the c	ontro	I		Yes	X No
С	If during this plan year, any assets or liabilities were transferred from this p which assets or liabilities were transferred. (See instructions.)	plan to another plan(s), identify the p	lan(s) t	0			_	
1	3c(1) Name of plan(s):		13	3c(2)	EIN(s	s)	13c(3	<b>)</b> PN(s)
Part	VIII Trust Information (optional)						•	
14a 1	Name of trust			14b	Trust	's EIN		

## Form 5500-\$F

Department of Labor type Street, Sweety Aduli

Short Form Annual Return/Report of Small Employee Benefit Plan

This form is required to be filed under sections 104 and 4085 of the Employee Religionant income Security Act of 1974 (ERISA), and sections 6057(b) and 6058(a) of the internal Revenue Code (the Code).

2012

This Form is Open to Public Inspection

OMB Nos. 1210-0110 1210-0009

					e with the in	-11	ions to the Form 660	<del> </del>	<u> </u>			
	<b>Annual Report</b>											
For culund	er plan year 2012 or B	ical plan year b	eginning	01/01	/2012		and ending		12/31/201	2		
A This rei	als relum/report is for: 🗵 a single-employer plan 📗 a multiple-employer plan (not multiemployer) 📋 a								a one-pertici	beut bjøv		
B This rel	um/report le:	the first re	lum/report	2 the	final relative	port						
		on amond	ed return/report	a sh	ort plan year	olum	report (less then 12 m	ordha)				
C Check l	box if filing under:	Form 5556	3		omalio erdana	ion			DFVC progn			
		apocial and	tension (enter desci	riplion)								
Partil .	Basic Plan Info	rmetion-er	ter all requested in	formation	)							
1a Name				-				16	Three-digit			
	er Kanagement	401Y 000	במדע משאם דשם	DT.AM				l '-	plan number			
GODGIA	WK LINDSMITH T	TOIR PRO	ATT DUNKTING	FLIME					(PN)	001		
								44	Effective dele			
									01/01/200			
	poneor's name and ad		room of suite numb	set (embje	yyer, 🛮 for a al	nglo-r	estployer plain)	20	• •	Modion Number		
GUERTH	èr management							<u> </u>	(EN) 91-20°	77348		
							•	2c	Sponeor's tele	phone number		
220 W	Prancis ave s	TB 2							509-624-5	242		
	•							24	Business code	(see instructions)		
SPOKAN	R .	WA	99205-630	00				1	721110			
	dministrator's name a				Понта	Dies	Descer Addres	95	Administrator's	.EN		
		لسا	anne as i an obos		. Предост	) / 1001	ohnien versees		91-207734			
CUESTI	er management	, LLC						30		talaphone number		
									509-624-5	•		
220 W	Francis ave 8	TB 2						1	303-024-3	<b>44</b> 4		
SPORAN	B	WA :	99205-6300									
	name andfor EIN of th			the last r	etum/report 1	led fo	r this plan, onler the	4b EN				
	, EIN, and the plan nu	riber from the i	<b>bat relum/rep</b> ort.					4-	DAA			
	or's name			<del></del>			<del></del>	4c	170			
		-					***************************************	- Ga		51		
	number of perticipants							<u>ab</u>		0		
	er of perficipents with late this item)						<b>It plans d</b> e not	5c	1	0		
	all of the plants asset								****************	Yes No		
							d public accountant (IC	PA)				
							- <del></del>		W/#***********	Mo ∏ No		
							end sourt instead use		6550.			
		· .					cipes renconside ca	-				
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SB or Schi	idule MB completed a	pti signed by a	n enrolled actuary, a	25 WOT A	the election	C April	stamined this returning ion of this return/report	, and	o the best of m	y languisage and		
ount, I iii	ktur, correct, and com	76										
8101	<u>u</u>	U.	- · · · · · · · · · · · · · · · · · · ·	T	6/22/	13	Mubertus Guen	ther		]		
HERE	Signature of plan.	- Andread	<u> </u>		Date	<u> </u>	Enter name of Individ	_				
etich .		12.		<del></del>	717-7	1-2	Rubertus Guen					
HERE		<del>// / / / / / / / / / / / / / / / / / /</del>			10/12/							
	Signature of emple name (including times	Taraban sport	ner Net and private in		Date (		Enter name of ladivid			of of plan aponeor		
Dale 8		مرجوبه د است	rong word plutament, Pr			of production of	(Agricultural)	. 100	न्त्र र जन्मका	secure (species)		
Break-Thru Benefits, LLC							509-755-3767					
200 North Mullan Road, Suite 216												
	e Valley	WA	99206									
نتشبه والمراجع	بالأملا المة مصوبي سي	نبدأت كالكات المحدد مد	بالأخوا بتنفظاتنا اوي	أعسامها عد	مضحفكا حجالا سنتحد		_			Page 2012 At 151 (S.		

Pege 2

Pert   Financial Information  7 Plan Assets and Liabilities		(e) Beginning of Yes	7	T		(h) End	of Year	,
8. Total plan assets	7a		192	ब				Ó
b Total plan liabilities	76			╅				<u> </u>
C Net plan assets (subtract line 7b from lize 7a)	7e	16	192	6		-		0
8 Income, Expenses, and Transfers for this Plan Year	<del>  '`.  </del>	(a) Amount		+			Todal	<u>_</u>
a Contributions received or receivable from:	<del>  </del>	(c) sensent		+	<del>-,</del> -	——————————————————————————————————————	<u>Total</u>	-, ·
(1) Employees	8a(1)			<b>o</b> l-			•	
(2) Putkiperts	Sa(2)		348	5				
(3) Others (including rollovers)	8a(3)				•			
b Other Income (see)	86		1172	0			-	. :
C Yotal Income (add lines 8a(1), 8a(2), 6a(3), and 8b)	- Bc							15205
d Benefits peid decluding direct rollovers and insurance premiums				Π.		·- ".		
to provide benefits)	84	1	7713	1	•	<u> </u>		
e Certain deemed andier corrective distributions (see instructions)	80				· ·	·"·····à		
f Administrative service providers (existes, fees, commissions)	ar .			ــــــــــــــــــــــــــــــــــــــ			•	•
g Other expenses	. <b>3</b> 9						;	
h Total expenses (add lines 8d, 8e, 8f, and 8g)	Sh							177131
i Not income (low) (authorat line 8h from line 8s)		• •						-161926
j Transfere to (from) the plan (see instructions)	<b>8</b> 1			T	•	٠		
Part IV Plan Characteristics	<del></del>	<del></del>	····	-		•		
So If the plan provides penilon benefits, onler the applicable penalon	feature cod	des from the List of Plan Chen	ciqu	do Co	dee In	the instr	otione:	
2E 2G 2J 3D								
b if the plan provides welfare benefits, order the applicable welfare if	<b>esture</b> codi	<b>ss from the List of Plan Chara</b>	clerisi	ic Cod	ine in i	he insiru	Mone:	
						···		
Part Y   Compliance Questions								
48 6.4. 4. 4. 4. 4. 4. 4. 4. 4. 4. 4. 4. 4.					- 1			<del></del>
10 During the plan year:	et			<b>Yes</b>	No		Amou	
8 Was there a failure to transmit to the plan any participant contribu			444	<b>Yes</b>	No X		Amou	
Whe Piere a folkure to transmit to the plant any participant contribution of the plant of t	ucinry Com	ection Program)nctude transactions reported	160	Yes	X		Amou	
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	Form 5500-9F 2012 Page :	3-	_		
c	Enter the amount contributed by the employer to the plan for this plan your		12c	Γ	-
	Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a require amount).	ninus sign to the left of a	124		· · · · · · · · · · · · · · · · · · ·
	Will the minimum funding amount reported on line 12d be met by the funding deadling	7		Yes	No   N/A
	VII Plan Terminations and Transfers of Assets			<del></del>	
	Has a reactifion to terminate the plan been adopted in any plan year?			Yes N	)
	If "Yes," enter the amount of any plan assets that reverted to the employer this year	1-1019000000000000000000000000000000000	13e	T	
þ	Where all the plan accels distributed to purisiparis or beneficiaries, transferred to and of the PBGC?	her plan, or brought under it	ve control		∏ Yes ⊠ No
C	If during this plan year, any assals or liabilities were transferred from this plan to anot which assals or liabilities were transferred. (See instructions.)	her plan(s), Identify the plan(	is) to		
	3c(1) Name of plan(s):		13c(2) E	IN(a) ·	13e(3) PN(s)
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Pari	Trust Information (optional)				
14a Name of East				inal's EIN	
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