Form 5500-SF Short Form Annual Return/Report of Small Emplo					yee		OMB Nos. 1210-0110 1210-0089	
	partment of the Treasury ternal Revenue Service	B This form is required to be filed	enefit Plan	nd 4065 of the Employe	0	2	2012	
	Department of Labor Benefits Security Administration	Retirement Income Security Act of 1		tions 6057(b) and 6058		This Form i	s Open to Public pection	
Complete all entries in accordance with the instructions to the Form 5500-SF.								
Part I		entification Information		and anding 1	0/04/0	2012		
-	dar plan year 2012 or fisca				2/31/2			
	eturn/report is for:	an (not multiemployer)		a one-particip	bant plan			
B This r	eturn/report is:		he final return/report	/	()			
•				/report (less than 12 mo	onths)	-		
C Check box if filing under:						DFVC progra	m	
Dent II	Basis Blan Inform	special extension (enter description	,					
Part II 1a Nam		nation—enter all requested informat	ion		1h	Three-digit		
	2. 401(K) PLAN					plan number		
						(PN) 🕨	001	
					1c	Effective date of	•	
2a Plan	sponsor's name and addr	ess; include room or suite number (em	nlover if for a single-	amplover plan)	2h	01/01/ Employer Identit		
3TIER , INC				sinployer plan)	20	(EIN) 94-34		
2001 SIXT	H AVENUE, SUITE 2100				2c	Sponsor's telep 206-708		
	WA 98121-0000				2d	Business code (54199		
3a Plan	administrator's name and	address 🛛 Same as Plan Sponsor Na	me Same as Plan	Sponsor Address	3b	Administrator's EIN		
					30	A drainiatrataria d	elephone number	
		lan sponsor has changed since the las	st return/report filed fo	r this plan, enter the	4b	EIN 94-34	00788	
		ONMENTAL FORECAST GROUP, INC			4c	PN	001	
_		the beginning of the plan year			5a		70	
		the end of the plan year			5b		67	
		count balances as of the end of the pla			5c		60	
		uring the plan year invested in eligible					X Yes No	
b Are unde	you claiming a waiver of th er 29 CFR 2520.104-46? (e annual examination and report of ar See instructions on waiver eligibility ar	n independent qualified	d public accountant (IQI	PA)		X Yes No	
		er line 6a or line 6b, the plan canno						
Under pe SB or Sc	nalties of perjury and othe	incomplete filing of this return/report r penalties set forth in the instructions, signed by an enrolled actuary, as well te.	I declare that I have e	examined this return/rep	oort, ir	ncluding, if applic		
SIGN	Filed with authorized/va	lid electronic signature.	06/26/2013	FRANK COLICH				
HERE	Signature of plan adn	ninistrator	Date	Enter name of individu	ual sig	ning as plan adn	ninistrator	
SIGN								
HERE	Signature of employe	r/plan sponsor	Date	Enter name of individu	ual sig	ning as employe	r or plan sponsor	
Preparer	s name (including firm nan	ne, if applicable) and address; include	room or suite number	(optional)	dual signing as employer or plan sponsor Preparer's telephone number (optional)			

For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500-SF.

Part III F	inancial Information						
7 Plan Ass	ets and Liabilities		(a) Beginning of Yea	r		(b	End of Year
a Total pla	assets	7a	149363	8			2110077
b Total plai	liabilities	7b					
C Net plan	assets (subtract line 7b from line 7a)	7c	149363	8			2110077
8 Income, I	Expenses, and Transfers for this Plan Year		(a) Amount				(b) Total
	ions received or receivable from:	80(1)	14707	4			
	oyers	8a(1)	14797 26040				
	cipants	8a(2) 8a(3)	20040	0			
	s (including rollovers) ome (loss)	8b	27331	1			
	ome (add lines 8a(1), 8a(2), 8a(3), and 8b)	38	27551	4			681693
-	baid (including direct rollovers and insurance premiums	00					001093
	e benefits)	8d	6218	0			
e Certain d	eemed and/or corrective distributions (see instructions)	8e					
f Administ	ative service providers (salaries, fees, commissions)	8f	307	4			
g Other exp	penses	8g					
h Total exp	enses (add lines 8d, 8e, 8f, and 8g)	8h					65254
-	ne (loss) (subtract line 8h from line 8c)	8i			_		616439
J Transfers	to (from) the plan (see instructions)	8j					
b If the pla	F 2G 2J 2K 2T 3D n provides welfare benefits, enter the applicable welfare fe	eature codes	from the List of Plan Charac	cterist	ic Coc	es in the in	structions:
	ompliance Questions				Yes	No	•
-	he plan year: ere a failure to transmit to the plan any participant contribu	tions within th	e time period described in		res	No	Amount
	3 2510.3-102? (See instructions and DOL's Voluntary Fidure ere any nonexempt transactions with any party-in-interest		2 /	10a		X	
	10a.)			1 0 b		Х	
C Was th	e plan covered by a fidelity bond?			10c	Х		500000
	plan have a loss, whether or not reimbursed by the plan's nesty?		,	10d			
insuran	ny fees or commissions paid to any brokers, agents, or oth	ner persons b		Tou		Х	
	ce service or other organization that provides some or all oons.)		under the plan? (See	10e		× ×	
f Has the	•		under the plan? (See				
	ons.)	n?	under the plan? (See	10e 10f		х	
g Did theh If this is	ons.) plan failed to provide any benefit when due under the pla	n? s of year end (See instruction) ons and 29 CFR	10e		x x	
g Did the h If this is 2520.10 i If 10h w	ons.) plan failed to provide any benefit when due under the pla plan have any participant loans? (If "Yes," enter amount a an individual account plan, was there a blackout period?	n? s of year end (See instruction ne required no))))))	10e 10f 10g		x x x x x	
g Did the h If this is 2520.10 i If 10h w exception	ons.) plan failed to provide any benefit when due under the pla plan have any participant loans? (If "Yes," enter amount a an individual account plan, was there a blackout period? 11-3.) as answered "Yes," check the box if you either provided th	n? s of year end (See instruction ne required no))))))	10e 10f 10g 10h		x x x x x	
gDid thehIf this is 2520.10iIf 10h w exceptionPart VIPe11Is this a	ons.) plan failed to provide any benefit when due under the pla plan have any participant loans? (If "Yes," enter amount a an individual account plan, was there a blackout period? 11-3.) as answered "Yes," check the box if you either provided th ons to providing the notice applied under 29 CFR 2520.10	n? s of year end (See instruction ne required no 1-3 nents? (If "Yes	under the plan? (See)	10e 10f 10g 10h 10i		X X X X	
gDid thehIf this is 2520.10iIf 10h w exceptionPart VIPee11Is this a 5500) a	ons.) plan failed to provide any benefit when due under the pla plan have any participant loans? (If "Yes," enter amount a an individual account plan, was there a blackout period? of 1-3.) as answered "Yes," check the box if you either provided th ons to providing the notice applied under 29 CFR 2520.10 ension Funding Compliance defined benefit plan subject to minimum funding requirem	n? s of year end (See instruction ne required no 1-3 nents? (If "Yes	under the plan? (See) ons and 29 CFR otice or one of the 	10e 10f 10g 10h 10i		X X X X	
gDid thehIf this is 2520.10iIf 10h w exceptionPartVIPe11Is this a 5500) a11aEnter th	ons.) plan failed to provide any benefit when due under the pla plan have any participant loans? (If "Yes," enter amount a an individual account plan, was there a blackout period? 11-3.) as answered "Yes," check the box if you either provided th ons to providing the notice applied under 29 CFR 2520.10 ension Funding Compliance defined benefit plan subject to minimum funding requirem and line 11a below).	n? s of year end (See instruction ne required no 1-3 nents? (If "Yes	under the plan? (See) ons and 29 CFR otice or one of the ," see instructions and com	10e 10f 10g 10h 10i		X X X X Iule SB (Fo	Yes X No
gDid thehIf this is 2520.10iIf 10h w exceptionPart VIPee11Is this a 5500) a11aEnter the12Is this a 5 this a	ons.) plan failed to provide any benefit when due under the pla plan have any participant loans? (If "Yes," enter amount a an individual account plan, was there a blackout period? 11-3.) as answered "Yes," check the box if you either provided th ons to providing the notice applied under 29 CFR 2520.10 ension Funding Compliance defined benefit plan subject to minimum funding requirem and line 11a below) e amount from Schedule SB line 39	n? s of year end (See instruction ne required no 1-3 hents? (If "Yes requirements	under the plan? (See) ons and 29 CFR otice or one of the ," see instructions and com	10e 10f 10g 10h 10i		X X X X Iule SB (Fo	Yes X No
gDid thehIf this is 2520.10iIf 10h w exceptionPart VIPe11Is this a 5500) a11aEnter th12Is this a (If "Yes, aaIf a waiv granting	ons.) plan failed to provide any benefit when due under the pla plan have any participant loans? (If "Yes," enter amount a an individual account plan, was there a blackout period? 11-3.) as answered "Yes," check the box if you either provided th ons to providing the notice applied under 29 CFR 2520.10 ension Funding Compliance defined benefit plan subject to minimum funding requirem ad line 11a below) e amount from Schedule SB line 39 defined contribution plan subject to the minimum funding " complete line 12a or lines 12b, 12c, 12d, and 12e below, er of the minimum funding standard for a prior year is beir the waiver.	n? s of year end (See instruction ne required no 1-3 nents? (If "Yes requirements , as applicable ng amortized	under the plan? (See)	10e 10f 10g 10h 10i plete	ction :	X X X X Iule SB (Fo 11a 302 of ERIS	Yes X No
g Did the h If this is 2520.10 i If 10h w exception Part VI Pee 11 Is this a 5500) a 11a Enter th 12 Is this a If a waiv granting	ons.) plan failed to provide any benefit when due under the pla plan have any participant loans? (If "Yes," enter amount a an individual account plan, was there a blackout period? 11-3.) as answered "Yes," check the box if you either provided th ons to providing the notice applied under 29 CFR 2520.10 ension Funding Compliance defined benefit plan subject to minimum funding requirem and line 11a below) e amount from Schedule SB line 39 defined contribution plan subject to the minimum funding "complete line 12a or lines 12b, 12c, 12d, and 12e below, er of the minimum funding standard for a prior year is beir	n? s of year end (See instruction ne required no 1-3 nents? (If "Yes requirements , as applicable ng amortized	under the plan? (See)	10e 10f 10g 10h 10i plete	ction :	X X X X Iule SB (Fo 11a 302 of ERIS	Yes X No

С	Enter	the amount contributed by the employer to the plan for this plan year	12c				
d		act the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a tive amount)	12d				
е		he minimum funding amount reported on line 12d be met by the funding deadline?		Yes	No N/A		
Part	VII	Plan Terminations and Transfers of Assets					
13a	Has a	a resolution to terminate the plan been adopted in any plan year?	, ,	Yes X No			
	lf "Ye	es," enter the amount of any plan assets that reverted to the employer this year	13a				
b	b Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?						
С	C 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.)						
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 Annual Return/Report of Small Employ Benefit Plan					OMB Nos. 1210-0110 1210-0089		
Department of the Treasury Internal Revenue Service	This form is required to be filed under sections 104 and 4065 of the Employe				2012		
Department of Labor Employee Benefits Security Administration	Retirement Income Security Act of 19	Retirement Income Security Act of 1974 (ERISA), and sections 6057(b) and 6058 the Internal Revenue Code (the Code).					
Pension Benefit Guaranty Corporation	Complete all entries in accordation	nce with the instruc	tions to the Form 5500)-SF.	Inspection		
	dentification Information	/01/2012	and ending		12/31/2012		
For calendar plan year 2012 or fisc			an (not multiemployer)		a one-participant plan		
		he final return/report	an (not mutternployer)				
B This return/report is:			n/report (less than 12 m	onthe)		
		automatic extension	nareport liess than 12 m		DFVC program		
C Check box if filing under:							
Dert II Desie Dien Infer	special extension (enter description)	, 					
Part II Basic Plan Infor 1a Name of plan	mation—enter all requested information			1b	Three-digit		
3TIER, Inc. 401(k)	Plan				plan number		
01111(, 1101 101(,				10	(PN) ► 001 Effective date of plan		
				10	01/01/2004		
-	Iress; include room or suite number (em	ployer, if for a single-	employer plan)	2b	Employer Identification Number		
3TIER, Inc.				2c	(EIN) 94-3400788 Sponsor's telephone number		
2001 Sixth Avenue,	Suite 2100			24	(206) 708-8460		
Seattle	54100 2100	WA	98121-0000	2u	Business code (see instructions) 541990		
	d address 🛛 Same as Plan Sponsor Na	me 🗌 Same as Plan	Sponsor Address	3b	Administrator's EIN		
4 If the name and/or EIN of the	plan sponsor has changed since the las	st return/report filed fo	r this plan, enter the	4b	EIN 94-3400788		
name, EIN, and the plan num	nber from the last return/report. 3TIER En	vironmental		10	PN 001		
a Sponsor's name Forecast	Group, Inc. at the beginning of the plan year			- 40 5a	70		
	at the end of the plan year			5b	67		
	account balances as of the end of the pla			50			
				5c	60		
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 an (See instructions on waiver eligibility an	n independent qualifie	d public accountant (IQ	PA)	X Yes No		
If you answered "No" to eif	ther line 6a or line 6b, the plan cannot	t use Form 5500-SF	and must instead use	Form	5500.		
Caution: A penalty for the late o	or incomplete filing of this return/repo	rt will be assessed u	unless reasonable cau	ise is	established.		
Under penalties of perjury and oth SB or Schedule MB completed an belief, it is true, correct, and comp	ner penalties set forth in the instructions, id signed by an enrolled actuary, as well plete.	I declare that I have a las the electronic ver	examined this return/rep sion of this return/report	oort, ii , and	ncluding, if applicable, a Schedule to the best of my knowledge and		
SIGN C		6/24/13	Frank Colich				
HERE Signature of plan ac	4 ministrator	Date	Enter name of individ	ual si	gning as plan administrator		
SIGN		6/24/13	Frank Colich				
HERE Signature of employ	yer/plan sponsor	Date		ual sig	gning as employer or plan sponsor		
Preparer's name (including firm na	ame, if applicable) and address; include	room or suite numbe	r (optional)	Pre	parer's telephone number (optional)		
					······································		

Pa	t III Financial Information		·						
7	Plan Assets and Liabilities		(a) Beginning of Yea	r			(b) End o		
а	Total plan assets	. 7a	1,493	3 , 63	8			2,11	0,077
b	Total plan liabilities	. 7b	analasania ang manana 194 - 1						
C	Net plan assets (subtract line 7b from line 7a)	. 7c	1,493	3,63	8			2,11	.0,077
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b) To	otal	
а	Contributions received or receivable from: (1) Employers	. 8a(1)	147	7,97	1				
	(2) Participants	8a(2)	260) , 40	8				
	(3) Others (including rollovers)	8a(3)							
b	Other income (loss)	. 8b	273	3,31	4				
C	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	. 8c				1		68	31,693
d	Benefits paid (including direct rollovers and insurance premiums		6	2,18					
	to provide benefits)	8d	02	2,10	<u> </u>				
	Certain deemed and/or corrective distributions (see instructions)	8e		3,07					
	Administrative service providers (salaries, fees, commissions)	8f	· · · · · · · · · · · · · · · · · · ·	5,07	4	·····			
	Other expenses	. 8g							
<u>n</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							55,254
<u> </u>	Net income (loss) (subtract line 8h from line 8c)	<u>8i</u>		n				01	.6,439
	Transfers to (from) the plan (see instructions)	8j							
	t IV Plan Characteristics								
9a	If the plan provides pension benefits, enter the applicable pension 2E 2F 2G 2J 2K 2T 3D	feature co	des from the List of Plan Chara	acteris	tic Co	des in	the instruct	ions:	
	If the plan provides welfare benefits, enter the applicable welfare for	eature cod	es from the List of Plan Charac	terist	c Cod	es in t	he instructio	ins:	
Par	V Compliance Questions								
10	During the plan year:				Yes	No		Amount	
<u>10</u> a				10a	Yes	No X	,	Amount	
	Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fide	uciary Corr t? (Do not i	ection Program) nclude transactions reported	10a 10b	Yes			Amount	
a	Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu Were there any nonexempt transactions with any party-in-interest on line 10a.)	uciary Corr t? (Do not i	ection Program) nclude transactions reported		Yes	X	,		00,000
a b	Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu Were there any nonexempt transactions with any party-in-interest on line 10a.).	iciary Corr ? (Do not i fidelity boi	ection Program) nclude transactions reported nd, that was caused by fraud	10b		X			00,000
a b c	Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fide 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 oth	iciary Corr (? (Do not i fidelity bother ner person	ection Program) nclude transactions reported nd, that was caused by fraud s by an insurance carrier,	10b 10c		X X	,		000,000
a b c	Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fide 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?	iciary Corr ? (Do not i fidelity bon ner persons of the bene	ection Program) nclude transactions reported nd, that was caused by fraud s by an insurance carrier, ofits under the plan? (See	10b 10c		X X			00,000
a b c	Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fide 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 oth insurance service or other organization that provides some or all of	iciary Corr ? (Do not i fidelity bon ner person of the bene	ection Program) nclude transactions reported nd, that was caused by fraud s by an insurance carrier, offits under the plan? (See	10b 10c 10d		X X X			00,000
a b c d e	 Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fide 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 oth insurance service or other organization that provides some or all o instructions.) 	iciary Corr (2) (Do not i fidelity borner persons of the bene n?	ection Program) nclude transactions reported nd, that was caused by fraud s by an insurance carrier, offts under the plan? (See	10b 10c 10d 10e		X X X X			00,000
a b c d d	 Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fide 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 oth 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? 	fidelity bon fidelity bon ner person of the bene n? s of year e (See instru	ection Program) nclude transactions reported 	10b 10c 10d 10e 10f		X X X X X			00,000
a b c d d e	Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fide 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 oth insurance service or other organization that provides some or all instructions.) Has the plan failed to provide any benefit when due under the pla 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 the	iciary Corr (Do not i fidelity boi ner personi of the bene in? is of year e (See instru he required	ection Program) nclude transactions reported 	10b 10c 10d 10e 10f 10g		X X X X X X X			00,000
a b c d d e f g h	 Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fide 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 oth insurance service or other organization that provides some or all o 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 the exceptions to providing the notice applied under 29 CFR 2520.10 	iciary Corr (Do not i fidelity boi ner personi of the bene in? is of year e (See instru he required	ection Program) nclude transactions reported 	10b 10c 10d 10e 10f 10g 10h		X X X X X X X			00,000
a b c d e f g	 Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fide Were there any nonexempt transactions with any party-in-interest on line 10a.) Was the plan covered by a fidelity bond?	iciary Corr (Do not i fidelity borner person of the bene in? is of year e (See instru- he required 1-3	ection Program) nclude transactions reported add, that was caused by fraud s by an insurance carrier, offits under the plan? (See and.) inctions and 29 CFR d notice or one of the fres," see instructions and com	10b 10c 10d 10e 10f 10g 10h 10i	X	X X X X X X X	3 (Form	50	DO,000
a b c d d e f f <u>g</u> h i I 11	 Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fide 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 oth 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 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 the exceptions to providing the notice applied under 29 CFR 2520.10 VI Pension Funding Compliance 	iciary Corr (Do not i fidelity borner personation of the benefit (See instru- he required 1-3	ection Program) nclude transactions reported 	10b 10c 10d 10e 10f 10g 10h 10i	X	X X X X X X X	3 (Form	50	
a b c d d e f f <u>g</u> h i I 11	 Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fide Were there any nonexempt transactions with any party-in-interest on line 10a.) Was the plan covered by a fidelity bond?	iciary Corr (Do not i fidelity borner person of the bene in? as of year e (See instru- he required 1-3	ection Program) nclude transactions reported 	10b 10c 10d 10e 10f 10g 10h 10h	X	X X X X X X X Ulle SE	3 (Form	50	
a b c d d e f f g h i 11	 Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fide Were there any nonexempt transactions with any party-in-interest on line 10a.) Was the plan covered by a fidelity bond?	iciary Corr (Do not i fidelity borner person of the bene in? (See instru- he required 1-3	ection Program) nclude transactions reported add, that was caused by fraud s by an insurance carrier, afits under the plan? (See and.) totions and 29 CFR d notice or one of the server of section 412 of the Code	10b 10c 10d 10e 10f 10g 10h 10h	X	X X X X X X X Ulle SE	3 (Form	5 (XNo
a b c d d e f f <u>g</u> h i 11 11a 12	 Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fide Were there any nonexempt transactions with any party-in-interest on line 10a.) Was the plan covered by a fidelity bond?	iciary Corr (Do not i fidelity bor ner person of the bene in? is of year e (See instru- he required 1-3 hents? (If " requirement , as application ag amortization	ection Program) nclude transactions reported 	10b 10c 10d 10e 10f 10g 10h 10i 0r se ctions,	X Scheccion 3	X X X X X X X X Iule SE	B (Form B (Form ERISA?	5 (X No
a b c d d e f f 9 h i 11 11a 12 a	 Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fide Were there any nonexempt transactions with any party-in-interest on line 10a.) Was the plan covered by a fidelity bond?	iciary Corr (Do not i fidelity bor ner persons of the bene in? is of year e (See instru- he required 1-3	ection Program) nclude transactions reported 	10b 10c 10d 10e 10f 10g 10h 10i 0r se ctions,	X Scheccion 3 and e	X X X X X X X X Iule SE	B (Form B (Form ERISA?	5 (Yes Ves e letter ru	X No

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	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			
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?		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 c of the PBGC?			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) t which assets or liabilities were transferred. (See instructions.)				
1	3c(1) Name of plan(s): 13	8c(2) El	N(s)	13c(3)	PN(s)
		r			
Part	VIII Trust Information (optional)				
14a I	lame of trust	14b Tr	rust's EIN		