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.

2012

OMB Nos. 1210-0110

1210-0089

This Form is Open to Public Inspection

Annual Report Identification Information For calendar plan year 2012 or fiscal plan year beginning and ending a single-employer plan a one-participant plan A This return/report is for: a multiple-employer plan (not multiemployer) the first return/report the final return/report **B** This return/report is: an amended return/report a short plan year return/report (less than 12 months) Form 5558 DFVC program automatic extension C Check box if filing under: special extension (enter description) Basic Plan Information—enter all requested information Part II 1a Name of plan Three-digit RUSTY GEORGE CREATIVE 401 (K) PLAN plan number 001 (PN) 1c Effective date of plan 01/01/2009 2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) 2b Employer Identification Number RUSTY GEÖRGE DESIGN, LLC 91-2095424 (EIN) Sponsor's telephone number 253-284-2140 732 BROADWAY SUITE 302 TACOMA, WA 98402-3702 Business code (see instructions) 541400 **3a** Plan administrator's name and address X Same as Plan Sponsor Name Same as Plan Sponsor Address Administrator's EIN 3c Administrator's telephone number If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the 4b EIN name, EIN, and the plan number from the last return/report. a Sponsor's name 4c PΝ Total number of participants at the beginning of the plan year 5a **b** Total number of participants at the end of the plan year..... 5_b 8 Number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item) Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.) **b** Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.)..... If you answered "No" to either line 6a or line 6b, the plan cannot use Form 5500-SF and must instead use Form 5500. Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established. 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. Filed with authorized/valid electronic signature. 06/28/2013 **HENRY GEORGE** SIGN **HERE** Signature of plan administrator Enter name of individual signing as plan administrator Date SIGN **HERE** Signature of employer/plan sponsor Date Enter name of individual signing as employer or plan sponsor Preparer's name (including firm name, if applicable) and address; include room or suite number (optional) Preparer's telephone number (optional)

Form 5500-SF 2012 Page **2**

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	7399				() =		11310	0	
	Total plan liabilities	7b	40)2	0						
	Net plan assets (subtract line 7b from line 7a)	7c	7359		1131			11310	0		
	Income, Expenses, and Transfers for this Plan Year		(a) Amount		(b) Total						
	Contributions received or receivable from:		(a) runount				(2)	Total			
	(1) Employers	8a(1)	154	.9							
	(2) Participants	8a(2)	856	80							
	(3) Others (including rollovers)	8a(3)	2741	3							
b	Other income (loss)	. 8b	902	24							
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							46546	6	
	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	. 8d	607	'O							
е	Certain deemed and/or corrective distributions (see instructions)	. 8e		0							
f	Administrative service providers (salaries, fees, commissions)	8f	97	'1							
q	Other expenses	8g		0							
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							704	1	
	Net income (loss) (subtract line 8h from line 8c)	8i							3950		
	Transfers to (from) the plan (see instructions)	8j		0							
Par	t IV Plan Characteristics	<u> </u>		0							
b											
Part	Part V Compliance Questions										
10	During the plan year:				Yes	No		Λm	ount		
а				10a		X		AIII	Junt		
b	Were there any nonexempt transactions with any party-in-interest on line 10a.)	? (Do not	include transactions reported	10b		X					
c				10c	X					1000	1000
d	Did the plan have a loss, whether or not reimbursed by the plan's	fidelity bo	nd, that was caused by fraud			X				1000	000
	or dishonesty?			10d		^					
е	insurance service or other organization that provides some or all of instructions.)	of the bene	efits under the plan? (See	10e	X						432
f	Has the plan failed to provide any benefit when due under the plan			10f		Χ					
						X					
g h	If this is an individual account plan, was there a blackout period?	(See instru	uctions and 29 CFR	10g		X					
	2520.101-3.)	he require	d notice or one of the	10h							
Dort	exceptions to providing the notice applied under 29 CFR 2520.10	1-3		10i							
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)											
						11a		· L	103		. 10
12	Is this a defined contribution plan subject to the minimum funding				ction		ERISA? .	. Г Г	Yes	X	No
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,	•									
а	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		ling	
If	If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.										
b	Enter the minimum required contribution for this plan year					12b					

	Form 5500-SF 2012 Page 3 - 1			
	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 sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

2012

OMB Nos. 1210-0110

1210-0089

This Form is Open to Public Inspection

		Complete all entries in accord	dance with the motiful	ctions to the Form 5500	0-3F.				
Part I		Identification Information							
For calend	ar plan year 2012 or fi	scal plan year beginning 01 X a single-employer plan	/01/2012	and ending	12/31/201	2			
A This re	turn/report is for:	lan (not multiemployer)	r) a one-participant plan						
B This re	turn/report is:								
	onths)								
C Check	box if filing under:	DFVC progr	am						
C Check box if filing under: Form 5558 automatic extension DFVC program special extension (enter description)									
Part II	Basic Plan Info	rmation—enter all requested information—							
1a Name		That on the all requested inform	ation		1b Three-digit				
	GEORGE CREATI	plan number							
		(PN)	0.01						
					1c Effective date of				
0					01/01/2009				
	ponsor's name and ad GEORGE DESIGN	dress; include room or suite number (e	mployer, if for a single-	employer plan)	2b Employer Identification Number				
RODII	OHOROH DEBIGN	, 110			(EIN) 91-2095424				
732 BR	OADWAY SUITE	302			2c Sponsor's telep				
					2d Business code				
TACOMA		WA 98402-3702			541400	(see instructions)			
3a Plan a	dministrator's name ar	nd address XSame as Plan Sponsor N	lame XSame as Plar	Sponsor Address	3b Administrator's	EIN			
					3c Administrator's	telephone number			
1 If the	name and/or FIN of the	a plan spansor has changed since the l	act return/report filed fo	or this plan, antar tha	4h FIN				
		e plan sponsor has changed since the labor the labor from the last return/report.	ast return/report filed fo	or this plan, enter the	4b EIN				
name		e plan sponsor has changed since the l mber from the last return/report.	ast return/report filed fo	or this plan, enter the	4b EIN 4c PN	-			
name a Spons	, EIN, and the plan nur or's name					7			
name a Spons 5a Total	, EIN, and the plan nur or's name number of participants	mber from the last return/report.			4c PN 5a				
name a Spons 5a Total b Total	, EIN, and the plan nur or's name number of participants number of participants	at the beginning of the plan year			4c PN 5a 5b	7 8			
name a Spons 5a Total b Total c Numb	, EIN, and the plan nur or's name number of participants number of participants er of participants with	at the beginning of the plan year	plan year (defined bene	fit plans do not	4c PN 5a				
name a Spons 5a Total b Total c Numb	, EIN, and the plan nur or's name number of participants number of participants er of participants with lete this item)	at the beginning of the plan year	olan year (defined bene	ifit plans do not	4c PN 5a 5b 5c	8			
name a Spons 5a Total b Total c Numb comp 6a Were b Are yo	EIN, and the plan nur or's name number of participants number of participants er of participants with lete this item)	at the beginning of the plan year	plan year (defined bene le assets? (See instruc an independent qualifie	rfit plans do not tions.)d public accountant (IQI	4c PN 5a 5b 5c PA)	8 X Yes No			
name a Spons 5a Total b Total c Numb comp 6a Were b Are younder	EIN, and the plan nur or's name number of participants number of participants er of participants with lete this item)	at the beginning of the plan year	olan year (defined bene le assets? (See instruc an independent qualifie and conditions.)	ifit plans do not tions.) d public accountant (IQI	4c PN 5a 5b 5c	8			
name a Spons 5a Total b Total c Numb comp 6a Were b Are younder If you	EIN, and the plan nur or's name number of participants number of participants er of participants with lete this item)	at the beginning of the plan year	plan year (defined bene le assets? (See instruc an independent qualifie and conditions.) ot use Form 5500-SF	ifit plans do not tions.) d public accountant (IQI	4c PN 5a 5b 5c PA) Form 5500.	8 X Yes No			
name a Spons 5a Total b Total c Numb comp 6a Were b Are younder If you Caution: A	EIN, and the plan nur or's name number of participants number of participants er of participants with lete this item)	at the beginning of the plan year	plan year (defined bene le assets? (See instruc an independent qualifie and conditions.) ot use Form 5500-SF port will be assessed	tions.) d public accountant (IQI and must instead use	4c PN 5a 5b 5c PA) Form 5500. se is established.	8 X Yes No X Yes No			
name a Spons 5a Total b Total c Numb comp 6a Were b Are younder If you Caution: A Under pens SB or Sche	EIN, and the plan nur or's name number of participants number of participants er of participants with lete this item)	at the beginning of the plan year	plan year (defined bene le assets? (See instruc an independent qualifie and conditions.) ot use Form 5500-SF port will be assessed s, I declare that I have	efit plans do not tions.) d public accountant (IQI and must instead use unless reasonable cau examined this return/rep	4c PN 5a 5b 5c PA) Form 5500. see is established. port, including, if applic	8 X Yes No X Yes No			
name a Spons 5a Total b Total c Numb comp 6a Were b Are younder If you Caution: A Under pens SB or Sche	EIN, and the plan nur or's name number of participants number of participants er of participants with elete this item)	at the beginning of the plan year	plan year (defined bene le assets? (See instruc an independent qualifie and conditions.) ot use Form 5500-SF port will be assessed s, I declare that I have	efit plans do not tions.) d public accountant (IQI and must instead use unless reasonable cau examined this return/rep	4c PN 5a 5b 5c PA) Form 5500. see is established. port, including, if applic	8 X Yes No X Yes No			
name a Spons 5a Total b Total c Numb comp 6a Were b Are younder If you Caution: A Under pena SB or Sche belief, it is	EIN, and the plan nur or's name number of participants number of participants er of participants with lete this item)	at the beginning of the plan year	plan year (defined bene le assets? (See instruc an independent qualifie and conditions.) ot use Form 5500-SF port will be assessed s, I declare that I have all as the electronic ver	efit plans do not tions.) ad public accountant (IQI and must instead use unless reasonable cau examined this return/report,	4c PN 5a 5b 5c PA) Form 5500. see is established. port, including, if applic	8 X Yes No X Yes No			
name a Spons 5a Total b Total c Numb comp 6a Were b Are younder If you Caution: A Under pens SB or Sche belief, it is	EIN, and the plan nur or's name number of participants number of participants er of participants with lete this item)	at the beginning of the plan year	blan year (defined beneficially	tions.) d public accountant (IQI and must instead use unless reasonable cau examined this return/rep sion of this return/report,	4c PN 5a 5b 5c PA) Form 5500. see is established. oort, including, if applic, and to the best of my	8 X Yes No X Yes No cable, a Schedule y knowledge and			
name a Spons 5a Total b Total c Numb comp 6a Were b Are younder If you Caution: A Under pena SB or Sche belief, it is	EIN, and the plan nur or's name number of participants number of participants er of participants with lete this item)	at the beginning of the plan year	plan year (defined bene le assets? (See instruc an independent qualifie and conditions.) ot use Form 5500-SF port will be assessed s, I declare that I have all as the electronic ver	efit plans do not tions.) ad public accountant (IQI and must instead use unless reasonable cau examined this return/report,	4c PN 5a 5b 5c PA) Form 5500. see is established. oort, including, if applic, and to the best of my	8 X Yes No X Yes No cable, a Schedule y knowledge and			
name a Spons 5a Total b Total c Numb comp 6a Were b Are younder lf you Caution: A Under pen SB or Sche belief, it is	EIN, and the plan nur or's name number of participants number of participants er of participants with lete this item)	at the beginning of the plan year	blan year (defined beneficially	tions.) d public accountant (IQI and must instead use unless reasonable cau examined this return/rep sion of this return/report,	4c PN 5a 5b 5c PA) Form 5500. see is established. oort, including, if applic, and to the best of my	8 X Yes No X Yes No cable, a Schedule y knowledge and			
name a Spons 5a Total b Total c Numb comp 6a Were b Are younder If you Caution: A Under pena SB or Sche belief, it is	EIN, and the plan nur or's name number of participants number of participants er of participants with lete this item) all of the plan's assets ou claiming a waiver of 29 CFR 2520.104-46' answered "No" to ei apenalty for the late alties of perjury and oth edule MB completed altrue, correct, and completed altrue, correct altrue altrue, correct altrue altrue, correct altrue al	at the beginning of the plan year	blan year (defined beneated assets? (See instruction independent qualifier and conditions.)	and must instead use unless reasonable cau examined this return/report, HENRY GEORGE Enter name of individuents in the control of the control	4c PN 5a 5b 5c 5c PA) Form 5500. see is established. oort, including, if applie, and to the best of my	8 X Yes No X Yes No cable, a Schedule y knowledge and ministrator er or plan sponsor			
name a Spons 5a Total b Total c Numb comp 6a Were b Are younder If you Caution: A Under pena SB or Sche belief, it is	EIN, and the plan nur or's name number of participants number of participants er of participants with lete this item) all of the plan's assets ou claiming a waiver of 29 CFR 2520.104-46' answered "No" to ei apenalty for the late alties of perjury and oth edule MB completed altrue, correct, and completed altrue, correct altrue altrue, correct altrue altrue, correct altrue al	at the beginning of the plan year	blan year (defined beneated assets? (See instruction independent qualifier and conditions.)	and must instead use unless reasonable cau examined this return/report, HENRY GEORGE Enter name of individuents in the control of the control	4c PN 5a 5b 5c PA) Form 5500. see is established. port, including, if applic, and to the best of my	8 X Yes No X Yes No cable, a Schedule y knowledge and ministrator er or plan sponsor			
name a Spons 5a Total b Total c Numb comp 6a Were b Are younder If you Caution: A Under pena SB or Sche belief, it is	EIN, and the plan nur or's name number of participants number of participants er of participants with lete this item) all of the plan's assets ou claiming a waiver of 29 CFR 2520.104-46' answered "No" to ei apenalty for the late alties of perjury and oth edule MB completed altrue, correct, and completed altrue, correct altrue altrue, correct altrue altrue, correct altrue al	at the beginning of the plan year	blan year (defined beneated assets? (See instruction independent qualifier and conditions.)	and must instead use unless reasonable cau examined this return/report, HENRY GEORGE Enter name of individuents in the control of the control	4c PN 5a 5b 5c 5c PA) Form 5500. see is established. oort, including, if applie, and to the best of my	8 X Yes No X Yes No cable, a Schedule y knowledge and ministrator er or plan sponsor			
name a Spons 5a Total b Total c Numb comp 6a Were b Are younder If you Caution: A Under pena SB or Sche belief, it is	EIN, and the plan nur or's name number of participants number of participants er of participants with lete this item) all of the plan's assets ou claiming a waiver of 29 CFR 2520.104-46' answered "No" to ei apenalty for the late alties of perjury and oth edule MB completed altrue, correct, and completed altrue, correct altrue altrue, correct altrue altrue, correct altrue al	at the beginning of the plan year	blan year (defined beneated assets? (See instruction independent qualifier and conditions.)	and must instead use unless reasonable cau examined this return/report, HENRY GEORGE Enter name of individuents in the control of the control	4c PN 5a 5b 5c 5c PA) Form 5500. see is established. oort, including, if applie, and to the best of my	8 X Yes No X Yes No cable, a Schedule y knowledge and ministrator er or plan sponsor			
name a Spons 5a Total b Total c Numb comp 6a Were b Are younder If you Caution: A Under pena SB or Sche belief, it is	EIN, and the plan nur or's name number of participants number of participants er of participants with lete this item) all of the plan's assets ou claiming a waiver of 29 CFR 2520.104-46' answered "No" to ei apenalty for the late alties of perjury and oth edule MB completed altrue, correct, and completed altrue, correct altrue altrue, correct altrue altrue, correct altrue al	at the beginning of the plan year	blan year (defined beneated assets? (See instruction independent qualifier and conditions.)	and must instead use unless reasonable cau examined this return/report, HENRY GEORGE Enter name of individuents in the control of the control	4c PN 5a 5b 5c 5c PA) Form 5500. see is established. oort, including, if applie, and to the best of my	8 X Yes No X Yes No cable, a Schedule y knowledge and ministrator er or plan sponsor			

Part III Financial Information 7 Plan Assets and Liabilities	Kg 33 ¹¹	(a) Beginning of Yea	r	T		(b) End	of Year
	. 7a		7399	7		(b) Liid	11310
a Total plan assets b Total plan liabilities	7b		40	-			
C Net plan assets (subtract line 7b from line 7a)	7c	7	7359	-			11310
8 Income, Expenses, and Transfers for this Plan Year	Pow.F	(a) Amount		1		(b) T	 Γotal
a Contributions received or receivable from:			2.5.4		File		Silving Division
(1) Employers	. 8a(1)		154		EDC.		
(2) Participants	. 8a(2)		856	-			
(3) Others (including rollovers)	8a(3)		2741		1		
b Other income (loss)	. 8b		902	4		AND VALUE	INTERNAL STATE
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c				9. L. St	ile u illia	4654
d Benefits paid (including direct rollovers and insurance premiums to provide benefits)	. 8d		607	0			
e Certain deemed and/or corrective distributions (see instructions)	. 8e)	0	HE STATE		S.USESIMIE PARK
f Administrative service providers (salaries, fees, commissions)	. 8f		97	1	al B		
g Other expenses	. 8g			0	1 100		00 2 F 2 F 2
h Total expenses (add lines 8d, 8e, 8f, and 8g)	8h						704
i Net income (loss) (subtract line 8h from line 8c)	, 8i	Familia Carlo Carl		411			3950
j Transfers to (from) the plan (see instructions)	8j			0			
Part IV Plan Characteristics							
9a If the plan provides pension benefits, enter the applicable pension 2A 2E 2F 2G 2J 2K 2T 3D	feature code	s from the List of Plan Chara	acteris	tic Co	des in	the instru	ctions:
b If the plan provides welfare benefits, enter the applicable welfare f	eature codes	from the List of Plan Charac	teristi	c Cod	es in t	he instruct	tions:
Part V Compliance Questions							
Tare 4 Compliance Questions							
10 During the plan year:				Yes	No		Amount
	utions within t	he time period described in tion Program)	10a	Yes	No X		Amount
During the plan year:Was there a failure to transmit to the plan any participant contribution	uciary Correct? (Do not inc	ction Program)	10a	Yes			Amount
 During the plan year: Was there a failure to transmit to the plan any participant contribution 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fideboundary) Were there any nonexempt transactions with any party-in-interest 	uciary Correct? (Do not inc	ction Program)		Yes	Х		Amount 100000
10 During the plan year: a Was there a failure to transmit to the plan any participant contribution 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiding Were there any nonexempt transactions with any party-in-interest on line 10a.) c Was the plan covered by a fidelity bond? d Did the plan have a loss, whether or not reimbursed by the plan's	uciary Correct t? (Do not inc	cliude transactions reported	10b		Х		
10 During the plan year: a Was there a failure to transmit to the plan any participant contribution 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiding Were there any nonexempt transactions with any party-in-interess on line 10a.) C Was the plan covered by a fidelity bond? d Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty? e Were any fees or commissions paid to any brokers, agents, or other the plan's or dishonesty?	uciary Correct? (Do not inc	cliude transactions reported that was caused by fraud	10b 10c	Х	х		100000
10 During the plan year: a Was there a failure to transmit to the plan any participant contribution 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidible Were there any nonexempt transactions with any party-in-interess on line 10a.) c Was the plan covered by a fidelity bond? d Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?	t? (Do not income the fidelity bond ther persons to the benefit	tion Program)	10b 10c		х		
10 During the plan year: a Was there a failure to transmit to the plan any participant contribution 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidible Were there any nonexempt transactions with any party-in-interess on line 10a.) C Was the plan covered by a fidelity bond? d Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty? e Were any fees or commissions paid to any brokers, agents, or other insurance service or other organization that provides some or all	t? (Do not income to the delity bond the persons to the benefit	tion Program)	10b 10c 10d	Х	х		100000
10 During the plan year: a Was there a failure to transmit to the plan any participant contribute 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fide body) b Were there any nonexempt transactions with any party-in-interest on line 10a.) c Was the plan covered by a fidelity bond? d Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty? e Were any fees or commissions paid to any brokers, agents, or other insurance service or other organization that provides some or all instructions.)	t? (Do not income fidelity bond her persons to fithe benefit an?	tion Program)	10b 10c 10d 10e 10f	Х	X X		100000
 During the plan year: Was there a failure to transmit to the plan any participant contribution 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidition) 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 ott insurance service or other organization that provides some or all instructions.) Has the plan failed to provide any benefit when due under the plant of the plan have any participant loans? (If "Yes," enter amount at the plant is an individual account plan, was there a blackout period? 	t? (Do not income incom	tion Program)	10b 10c 10d	Х	X X		100000
 During the plan year: Was there a failure to transmit to the plan any participant contributions 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidential Dole of the plan of transmit to the plan any participant contributions and DOL's Voluntary Fidential Dole of the plan of transmitters 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 ottinsurance service or other organization that provides some or all instructions.) Has the plan failed to provide any benefit when due under the plantage Did the plan have any participant loans? (If "Yes," enter amount a 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 to the plantage of the plantage	uciary Correct? (Do not income fidelity bond her persons to fine benefit an? as of year end (See instruct the required	clude transactions reported that was caused by fraud by an insurance carrier, ts under the plan? (See d.)	10b 10c 10d 10e 10f 10g 10h	Х	X X X		100000
 During the plan year: Was there a failure to transmit to the plan any participant contribution 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidelia) 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 instructions.) Has the plan failed to provide any benefit when due under the plange of the plan have any participant loans? (If "Yes," enter amount at the plan have any participant loans? (If "Yes," enter amount at 15 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 	uciary Correct? (Do not income fidelity bond her persons to fine benefit an? as of year end (See instruct the required	clude transactions reported that was caused by fraud by an insurance carrier, ts under the plan? (See d.)	10b 10c 10d 10e 10f 10g	Х	X X X		100000
 During the plan year: Was there a failure to transmit to the plan any participant contribution 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidelia) 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 instructions.) Has the plan failed to provide any benefit when due under the platent of the plan have any participant loans? (If "Yes," enter amount a 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 2520.10 Part VI Pension Funding Compliance Is this a defined benefit plan subject to minimum funding requirements. 	uciary Correct? (Do not income fidelity bond ther persons be of the benefit an?	tion Program)	10b 10c 10d 10e 10f 10g 10h 10i	X	X X X X X A	3 (Form	100000
 During the plan year: Was there a failure to transmit to the plan any participant contributions. 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fid.) 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 ottinsurance service or other organization that provides some or all instructions.) Has the plan failed to provide any benefit when due under the plant of the plant have any participant loans? (If "Yes," enter amount a 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 2520.10 Part VI Pension Funding Compliance Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below) 	uciary Correct? (Do not income	clude transactions reported clude transactions and compared to the clude transactions and 29 CFR clude transactions and 29 CFR clude transactions and compared transactions are clude transactions and compared transactions are clude transactions reported c	10b 10c 10d 10e 10f 10g 10h 10i	X	X X X X X Iule SE	3 (Form	100000
 During the plan year: Was there a failure to transmit to the plan any participant contribution 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidelia) 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 instructions.) Has the plan failed to provide any benefit when due under the plange Did the plan have any participant loans? (If "Yes," enter amount at the plan have any participant loans? (If "Yes," enter amount at the plange of the plange o	uciary Correct? (Do not income	clude transactions reported that was caused by fraud by an insurance carrier, ts under the plan? (See d.)	10b 10c 10d 10e 10f 10g 10h 10i	X	X X X X X Iule SE		100000
 During the plan year: Was there a failure to transmit to the plan any participant contributions 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidential Dole of Compliance) 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 ottinsurance service or other organization that provides some or all instructions.) Has the plan failed to provide any benefit when due under the plant of the plan have any participant loans? (If "Yes," enter amount a 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. Part VI Pension Funding Compliance Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below) Is this a defined contribution plan subject to the minimum funding requirem subject sub	uciary Correct? (Do not income	clude transactions reported clude transactions and carrier, the under the plan? (See clude) clude	10b 10c 10d 10e 10f 10g 10h 10i	X	X X X X X Iule SE		100000 43
 During the plan year: Was there a failure to transmit to the plan any participant contribution 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fid. 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 ottinsurance service or other organization that provides some or all instructions.) Has the plan failed to provide any benefit when due under the plant of the plant have any participant loans? (If "Yes," enter amount a 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. Part 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 a If a waiver of the minimum funding standard for a prior year is being the plant of the	diary Correct t? (Do not income fidelity bond fidelity bon	clude transactions reported clude transactions and carrier, ts under the plan? (See clude) clude c	10b 10c 10d 10e 10f 10g 10h 10i plete	X X Schec	X X X X X Aule SE	ERISA?	100000 43 Yes No
 During the plan year: Was there a failure to transmit to the plan any participant contributions. Were there any nonexempt transactions with any party-in-interest on line 10a.). Was the plan covered by a fidelity bond? Was 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 ott insurance service or other organization that provides some or all instructions.) Has the plan failed to provide any benefit when due under the plange of the plan have any participant loans? (If "Yes," enter amount a 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. Part VI Pension Funding Compliance Is this a defined benefit plan subject to minimum funding required to the minimum funding required to the minimum funding required to the minimum funding list his a defined contribution plan subject to the minimum funding (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below. 	aciary Correct? (Do not income	clude transactions reported clude	10b 10c 10d 10e 10f 10g 10h 10i plete	X X Schec	X X X X X Iule SE	ERISA?	100000 43 Yes No
 During the plan year: Was there a failure to transmit to the plan any participant contributions. 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fid. Were there any nonexempt transactions with any party-in-interes on line 10a.)	uciary Correct? (Do not income the fidelity bond there persons the fidelity bond the persons the second the fidelity bond the required roll of the fidelity benefit the required roll of the required roll of the fidelity benefit the requirement of the requiremen	clude transactions reported that was caused by fraud	10b 10c 10d 10e 10f 10g 10h 10i	X X Schec	X X X X X Iule SE	ERISA?	100000 43 Yes No

	Form 5500-SF 2012		Page 3 -				
		41.1.			12c		
<u>C</u>	Enter the amount contributed by the employer to the plan for	this plan year			120		
d	Subtract the amount in line 12c from the amount in line 12b. negative amount)	,	-		12d		
е	Will the minimum funding amount reported on line 12d be me	et by the funding	deadline?		0.000	Yes	No N/A
Part	VII Plan Terminations and Transfers of Asse	ets					
13a	Has a resolution to terminate the plan been adopted in any plan y	/ear?				Yes X No)
	If "Yes," enter the amount of any plan assets that reverted to	the employer this	s year		13a		
b	Were all the plan assets distributed to participants or beneficion of the PBGC?						Yes X No
С	If during this plan year, any assets or liabilities were transferr which assets or liabilities were transferred. (See instructions.		to another plan(s), iden	ify the plan(s)	to		
	13c(1) Name of plan(s):			1	3c(2) E	IN(s)	13c(3) PN(s)
10							
Part	VIII Trust Information (optional)						
14a	Name of trust				14b T	rust's EIN	