	For	m 5500-SF	Short Form Annual Re	•	of Small Employ	/ee		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						a <b>2012</b>			
Em	Department of Labor         Retirement Income Security Act of 1974 (ERISA), and sections 6057(b) and 60           Employee Benefits Security Administration         the Internal Revenue Code (the Code).						This Form i	This Form is Open to Public	
Pe	ension Be	nefit Guaranty Corporation	Complete all entries in accorda	nce with the instruc	tions to the Form 5500	D-SF.	Ins	spection	
-	art I		lentification Information						
For	calenda	ar plan year 2012 or fisca				2/31/			
A 1	This ret	urn/report is for:	X a single-employer plan	multiple-employer pla	an (not multiemployer)		a one-particip	pant plan	
Βı	This ret	urn/report is:	the first return/report the	e final return/report					
			an amended return/report	short plan year return	n/report (less than 12 mo	onths	)		
<b>C</b> (	Check b	oox if filing under:	] Form 5558	utomatic extension			DFVC progra	ım	
			special extension (enter description)						
Pa	rt II	Basic Plan Inform	nation—enter all requested information	on					
1a	Name	of plan				1b	Three-digit		
COPP	PER RI	/ER CONSULTING RET	FIREMENT PLAN				plan number	004	
						4	(PN)	001	
						TC	Effective date o	•	
2a COPF	Plan sp PER RI	oonsor's name and addre	ess; include room or suite number (emp C	ployer, if for a single-	employer plan)	2b	Employer Identi		
						2c	Sponsor's telep	hone number	
		DISON ST., SUITE 225 /A 98112				2d	Business code (	see instructions)	
0.0	-				<b>2</b>	01-	54160		
3a	Plan ad	ministrator's name and	address XSame as Plan Sponsor Nar	ne Same as Plan	Sponsor Address	30	Administrator's	EIN	
						3c	Administrator's	telephone number	
4	lf the n	ame and/or FIN of the n	lan sponsor has changed since the las	t return/report filed fo	r this plan, enter the	/h	EIN		
			per from the last return/report.			ч			
a	Sponso	or's name				4c	PN		
5a	Total n	number of participants at	the beginning of the plan year			5a		C	
b	Total n	umber of participants at	the end of the plan year			5b		7	
C			count balances as of the end of the pla			<b>F</b> -		_	
						5c		7	
			luring the plan year invested in eligible					X Yes No	
D			ne annual examination and report of an See instructions on waiver eligibility an					X Yes 🗌 No	
			er line 6a or line 6b, the plan cannot						
Cau			incomplete filing of this return/report						
			r penalties set forth in the instructions,					able. a Schedule	
SB c	or Sche	dule MB completed and	signed by an enrolled actuary, as well						
belie	ef, it is t	rue, correct, and comple	ete.						
SIG	N	Filed with authorized/va	lid electronic signature.	07/03/2013	DAVID ASHCRAFT				
HER	ε	Signature of plan adn	ninistrator	Date	Enter name of individu	ual sid	ning as plan adr	ninistrator	
SIG	N	J and the provident							
HER		Cignoture of omploye	when opened	Data	Enter nome of individu				
Prer	parer's	Signature of employe name (including firm name	er/pian sponsor ne, if applicable) and address; include i	Date room or suite number	Enter name of individu			number (optional)	
					(-P)				

Part III Financial Information					
7 Plan Assets and Liabilities		(a) Beginning of Yea	r		(b) End of Year
a Total plan assets	7a		0		107504
<b>b</b> Total plan liabilities	7b				
<b>C</b> Net plan assets (subtract line 7b from line 7a)	7c		0		107504
8 Income, Expenses, and Transfers for this Plan Year		(a) Amount			(b) Total
a Contributions received or receivable from:					
(1) Employers	8a(1)	3473			
(2) Participants	8a(2)	7237	8		
(3) Others (including rollovers)	8a(3)				
<b>b</b> Other income (loss)	8b	39.	2	_	
<b>C</b> Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c			-	107504
<b>d</b> Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d				
e Certain deemed and/or corrective distributions (see instructions)	8e				
f Administrative service providers (salaries, fees, commissions)	8f				
g Other expenses	8g				
h Total expenses (add lines 8d, 8e, 8f, and 8g)	8h				
i Net income (loss) (subtract line 8h from line 8c)	8i				107504
j Transfers to (from) the plan (see instructions)				-	101304
Part IV Plan Characteristics	8j				
<ul> <li>9a If the plan provides pension benefits, enter the applicable pension for 2E 2G 2J 2T 3D</li> <li>b If the plan provides welfare benefits, enter the applicable welfare features.</li> </ul>					
Part V ICompliance Questions					
					1
10 During the plan year:	te e e contra te d			Yes No	Amount
<ul><li>During the plan year:</li><li>a Was there a failure to transmit to the plan any participant contribution</li></ul>			10a	Yes No X	Amount
10 During the plan year:	ciary Correc ? (Do not inc	tion Program)			Amount
<ul> <li>During the plan year:</li> <li>a Was there a failure to transmit to the plan any participant contributi 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidure)</li> <li>b Were there any nonexempt transactions with any party-in-interest?</li> </ul>	ciary Correc ? (Do not inc	tion Program)	10a 10b	X	Amount
<ul> <li>During the plan year:</li> <li>a Was there a failure to transmit to the plan any participant contributi 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidure b Were there any nonexempt transactions with any party-in-interest? on line 10a.)</li> </ul>	ciary Correc ? (Do not inc fidelity bond	tion Program) clude transactions reported , that was caused by fraud	10a	x x	Amount
<ul> <li>During the plan year:</li> <li>a Was there a failure to transmit to the plan any participant contributi 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidure)</li> <li>b Were there any nonexempt transactions with any party-in-interest? on line 10a.)</li> <li>c Was the plan covered by a fidelity bond?</li> <li>d Did the plan have a loss, whether or not reimbursed by the plan's fidelity for the plan have a loss.</li> </ul>	ciary Correc ? (Do not inc fidelity bond er persons b f the benefit	tion Program) clude transactions reported , that was caused by fraud oy an insurance carrier, s under the plan? (See	10a 10b 10c	x x x	Amount
<ul> <li>During the plan year:</li> <li>a Was there a failure to transmit to the plan any participant contributi 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidure</li> <li>b Were there any nonexempt transactions with any party-in-interest? on line 10a.)</li> <li>c Was the plan covered by a fidelity bond?</li> <li>d Did the plan have a loss, whether or not reimbursed by the plan's for dishonesty?</li> <li>e Were any fees or commissions paid to any brokers, agents, or other insurance service or other organization that provides some or all of the plan to the provides some or all of the provides some</li></ul>	ciary Correc ? (Do not inc fidelity bond er persons b f the benefit	tion Program) clude transactions reported , that was caused by fraud by an insurance carrier, s under the plan? (See	10a 10b 10c 10d	x x x x x	Amount
<ul> <li>During the plan year:</li> <li>a Was there a failure to transmit to the plan any participant contributi 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidure</li> <li>b Were there any nonexempt transactions with any party-in-interest? on line 10a.)</li> <li>c Was the plan covered by a fidelity bond?</li> <li>d Did the plan have a loss, whether or not reimbursed by the plan's for dishonesty?</li> <li>e Were any fees or commissions paid to any brokers, agents, or othe insurance service or other organization that provides some or all or instructions.)</li> <li>f Has the plan failed to provide any benefit when due under the plan</li> </ul>	ciary Correc ? (Do not inc fidelity bond er persons b f the benefit	tion Program) clude transactions reported , that was caused by fraud oy an insurance carrier, s under the plan? (See	10a 10b 10c 10d 10e 10f	x x x x x x x	Amount
<ul> <li>During the plan year:</li> <li>a Was there a failure to transmit to the plan any participant contributi 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidure</li> <li>b Were there any nonexempt transactions with any party-in-interest? on line 10a.)</li> <li>c Was the plan covered by a fidelity bond?</li> <li>d Did the plan have a loss, whether or not reimbursed by the plan's for dishonesty?</li> <li>e Were any fees or commissions paid to any brokers, agents, or othe insurance service or other organization that provides some or all or instructions.)</li> <li>f Has the plan failed to provide any benefit when due under the plan</li> <li>g Did the plan have any participant loans? (If "Yes," enter amount as h If this is an individual account plan, was there a blackout period? (See the plan was there a blackout period?)</li> </ul>	ciary Correc ? (Do not inc fidelity bond er persons b f the benefit n? s of year end See instruct	tion Program) clude transactions reported , that was caused by fraud by an insurance carrier, s under the plan? (See 	10a 10b 10c 10d 10e	x x x x x x x x x x	Amount
<ul> <li>During the plan year:</li> <li>a Was there a failure to transmit to the plan any participant contributi 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidure</li> <li>b Were there any nonexempt transactions with any party-in-interest? on line 10a.)</li> <li>c Was the plan covered by a fidelity bond?</li> <li>d Did the plan have a loss, whether or not reimbursed by the plan's for dishonesty?</li> <li>e Were any fees or commissions paid to any brokers, agents, or othe insurance service or other organization that provides some or all or instructions.)</li> <li>f Has the plan failed to provide any benefit when due under the plan</li> <li>g Did the plan have any participant loans? (If "Yes," enter amount as</li> </ul>	ciary Correc ? (Do not inc fidelity bond er persons b f the benefit n? s of year end See instruct	tion Program) clude transactions reported , that was caused by fraud by an insurance carrier, s under the plan? (See d.) tions and 29 CFR	10a 10b 10c 10d 10e 10f 10g	x x x x x x x x x x x	Amount
<ul> <li>During the plan year:</li> <li>a Was there a failure to transmit to the plan any participant contributi 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidure</li> <li>b Were there any nonexempt transactions with any party-in-interest? on line 10a.)</li> <li>c Was the plan covered by a fidelity bond?</li></ul>	ciary Correc ? (Do not inc fidelity bond er persons b f the benefit n? s of year end See instruct	tion Program) clude transactions reported , that was caused by fraud by an insurance carrier, s under the plan? (See d.) tions and 29 CFR	10a 10b 10c 10d 10e 10f 10g 10h	x x x x x x x x x x x	Amount
<ul> <li>During the plan year:</li> <li>a Was there a failure to transmit to the plan any participant contributi 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidure</li> <li>b Were there any nonexempt transactions with any party-in-interest? on line 10a.)</li></ul>	ciary Correc ? (Do not inc fidelity bond er persons b f the benefit n? s of year end See instruct e required n -3	tion Program) clude transactions reported , that was caused by fraud by an insurance carrier, s under the plan? (See 	10a 10b 10c 10d 10e 10f 10g 10h 10i plete S	X X X X X X X X X X X	3 (Form
<ul> <li>10 During the plan year:</li> <li>a Was there a failure to transmit to the plan any participant contributi 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidures Were there any nonexempt transactions with any party-in-interest? on line 10a.)</li></ul>	ciary Correc ? (Do not inc fidelity bond er persons b f the benefit or? s of year end See instruct e required n -3	tion Program) clude transactions reported , that was caused by fraud by an insurance carrier, s under the plan? (See 	10a 10b 10c 10d 10e 10f 10g 10h 10h 10i	X X X X X X X X X X Chedule SE	3 (Form
<ul> <li>10 During the plan year:</li> <li>a Was there a failure to transmit to the plan any participant contributi 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidure</li> <li>b Were there any nonexempt transactions with any party-in-interest? on line 10a.)</li></ul>	ciary Correc ? (Do not inc fidelity bond er persons b f the benefit n? s of year end See instruct e required n -3 ents? (If "Ye	tion Program) clude transactions reported , that was caused by fraud by an insurance carrier, s under the plan? (See 	10a 10b 10c 10d 10e 10f 10g 10h 10i plete S	X X X X X X X X X X X X X X X X X X X	3 (Form
<ul> <li>10 During the plan year:</li> <li>a Was there a failure to transmit to the plan any participant contributi 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidure</li> <li>b Were there any nonexempt transactions with any party-in-interest? on line 10a.)</li></ul>	ciary Correc ? (Do not inc fidelity bond er persons b f the benefit ? s of year end See instruct e required n -3	tion Program) clude transactions reported , that was caused by fraud by an insurance carrier, s under the plan? (See 	10a 10b 10c 10d 10e 10f 10g 10h 10i plete S	X X X X X X X X X X X X X X X X X X X	3 (Form
<ul> <li>10 During the plan year:</li> <li>a Was there a failure to transmit to the plan any participant contributi 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidure</li> <li>b Were there any nonexempt transactions with any party-in-interest? on line 10a.)</li></ul>	ciary Correc ? (Do not inc fidelity bond er persons b f the benefit as of year end See instruct e required n -3 ents? (If "Ye requirement as applicabl g amortized	tion Program) clude transactions reported , that was caused by fraud by an insurance carrier, s under the plan? (See 	10a 10b 10c 10d 10e 10f 10g 10h 10i plete S or sec	X X X X X X X X X X X X X X I I I I I I	3 (Form
<ul> <li>10 During the plan year:</li> <li>a Was there a failure to transmit to the plan any participant contributi 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidure</li> <li>b Were there any nonexempt transactions with any party-in-interest? on line 10a.)</li> <li>c Was the plan covered by a fidelity bond?</li></ul>	ciary Correc ? (Do not inc fidelity bond er persons b f the benefit n? s of year end See instruct e required n -3	tion Program) clude transactions reported , that was caused by fraud by an insurance carrier, s under the plan? (See 	10a 10b 10c 10d 10e 10f 10g 10h 10i plete S or sec	X X X X X X X X X X X X X X X X X X X	3 (Form

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		all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the pBGC?	control		Yes X No
С		ing this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) n assets or liabilities were transferred. (See instructions.)	to	_	
1	3c(1)	Name of plan(s): 1	<b>3c(2)</b> E	IN(s)	<b>13c(3)</b> PN(s)
Part	VIII	Trust Information (optional)			

14a Name of trust	14b Trust's EIN

Department of the Trea Internal Revenue Serv	-SF Short Form Annu	OMB Nos. 121 121				
		Benefit Plan This form is required to be filed under sections 104 and 4065 of the Employe				
Department of Labo Employee Benefits Security Adr	r Retirement Income Security	Retirement Income Security Act of 1974 (ERISA), and sections 6057(b) and 6058 the Internal Revenue Code (the Code).				
Pension Benefit Guaranty Co	Proporation ► Complete all entries in a	accordance with the instructions to the Form	This Form is Open to P Inspection 5500-SF.			
	Report Identification Informatio	n 01/2012 and ending	12/31/2012			
A This return/report is 1 B This return/report is:		a multiple-employer plan (not multiemploy				
<b>C</b> Check box if filing un	der: Form 5558	a short plan year return/report (less than 1)	2 months)			
Part II Basic Pl	an Information—enter all requested i	information				
<b>1a</b> Name of plan COPPER RIVER CONSU	JLTING RETIREMENT PLAN		1b Three-digit plan number (PN) ▶ 001			
			1c Effective date of plan 01/01/2012			
2a Plan sponsor's nam COPPER RIVER CONSU	e and address; include room or suite num ILTING, LLC	nber (employer, if for a single-employer plan)	2b Employer Identification Numb (EIN) 45-2767736			
111 E. MADISON ST., S	21 1175 225		2c Sponsor's telephone number (206) 383-7030			
SEATTLE, WA 98112			2d Business code (see instruction 541600			
3a Plan administrator's	name and address XSame as Plan Spo	onsor Name Same as Plan Sponsor Address	3b Administrator's EIN			
		ce the last return/report filed for this plan, enter the	e 4b EIN			
a Sponsor's name	e plan number from the last return/report.		4C PN			
5a Total number of pa	dicipants at the beginning of the plan yea	ar				
<b>b</b> Total number of pa	rticipants at the end of the plan year		5b			
		of the plan year (defined benefit plans do not	5c			
6a Were all of the plan	waiver of the annual examination and rep 0.104-46? (See instructions on waiver elig	n eligible assets? (See instructions.) port of an independent qualified public accountant gibility and conditions.)	t (IQPA) Xes [			
under 29 CFR 252	No" to either line 6a or line 6b, the pla	n cannot use Form 5500-SF and must instead	use Form 5500.			
under 29 CFR 252 If you answered " Caution: A penalty for	No" to either line 6a or line 6b, the plan the late or incomplete filing of this ret	urn/report will be assessed unless reasonable	use Form 5500.			
under 29 CFR 252 If you answered " Caution: A penalty for Under penalties of periu	No" to either line 6a or line 6b, the plan the late or incomplete filing of this ret ry and other penalties set forth in the inst spleted and signed by an enrolled actuary		use Form 5500.			
under 29 CFR 252 If you answered " Caution: A penalty for Under penalties of perju SB or Schedule MB con belief, it is true, correct. SIGN X.	No" to either line 6a or line 6b, the plan the late or incomplete filing of this ret ry and other penalties set forth in the inst spleted and signed by an enrolled actuary	turn/report will be assessed unless reasonable tructions. I declare that I have examined this return	use Form 5500.			
under 29 CFR 252 If you answered " Caution: A penalty for Under penalties of perju SB or Schedule MB con belief, it is true, correct, SIGN X.	No" to either line 6a or line 6b, the plan the late or incomplete filing of this ret ry and other penalties set forth in the inst spleted and signed by an enrolled actuary	turn/report will be assessed unless reasonable tructions, I declare that I have examined this return y, as well as the electronic version of this return/re J 6/19/13 J DAVID	use Form 5500. a cause is established. m/report, including, if applicable, a Scher eport, and to the best of my knowledge a			
under 29 CFR 252 If you answered " Caution: A penalty for Under penalties of perju SB or Schedule MB con belief, it is true, correct, SIGN HERE SIGN JEPF	No" to either line 6a or line 6b, the plan the late or incomplete filing of this retury and other penalties set forth in the inst and complete	turn/report will be assessed unless reasonable tructions, I declare that I have examined this return y, as well as the electronic version of this return/re J 6 19 13 J DAVID Date Enter name of inc	use Form 5500. a cause is established. In/report, including, if applicable, a Sched eport, and to the best of my knowledge a ASNCのイデリ dividual signing as plan administrator			
under 29 CFR 252 If you answered " Caution: A penalty for Under penalties of perju SB or Schedule MB con belief, it is true, correct. SIGN X. HERE Signature SIGN HERE Signature	No" to either line 6a or line 6b, the plan the late or incomplete filing of this retury and other penalties set forth in the inst and complete of plan administrator	turn/report will be assessed unless reasonable tructions, I declare that I have examined this return y, as well as the electronic version of this return/re J 6 19 13 J DAVID Date Enter name of inc	use Form 5500. a cause is established. In/report, including, if applicable, a Sched eport, and to the best of my knowledge a ASUCCAFT			

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Form 5500-SF 2012

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Page 2

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Part III Financial Information					
7 Plan Assets and Liabilities		(a) Beginning of Year			(b) End of Year
a Total plan assets	0		107504		
b Total plan liabilities	7b	Martin Martin			107004
C Net plan assets (subtract line 7b from line 7a)	7c	0			107504
8 Income, Expenses, and Transfers for this Plan Year		(a) Amount		1	(b) Total
Contributions received or receivable from:     (1) Employers	8a(1)	34734		-1841/1 - 11 koz Rosse	
(2) Participants	8a(2)	72378			
(3) Others (including rollovers)	8a(3)				
b Other income (loss)	8b	392			
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c				107504
d Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d				101304
e Certain deemed and/or corrective distributions (see instructions)	8e			<u>n</u> es	
f Administrative service providers (salaries, fees, commissions)	8f				
g Other expenses	8g				
h Total expenses (add lines 8d, 8e, 8f, and 8g)	8h				
i Net income (loss) (subtract line 8h from line 8c)	8i				107504
j Transfers to (from) the plan (see instructions)	8j				
Part IV Plan Characteristics					······································
2E       2G       2J       2T       3D         b       If the plan provides welfare benefits, enter the applicable welfare for the appl	eature codes	from the List of Plan Charac	teristic (	Codes in the	instructions:
10 During the plan year:					
a Was there a failure to transmit to the plan any participant contribu	itions within t	he time period described in	T	es No	Amount
29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)				- X	
C Was the plan covered by a fidelity bond?			10b	X	
		5, 55 X15581576	10c	X	
d Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?			10d	x	
e Were any fees or commissions paid to any brokers, agents, or oth insurance service or other organization that provides some or all instructions.)	of the benefit	s under the plan? (See	10e	x	
f Has the plan failed to provide any benefit when due under the pla			10f	x	
g Did the plan have any participant loans? (If "Yes," enter amount a				^	
If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR			40		
h If this is an individual account plan, was there a blackout period?		ions and 29 CFR	10g	X	
<ul> <li>h If this is an individual account plan, was there a blackout period? 2520.101-3.)</li> <li>i If 10h was answered "Yes," check the box if you either provided the second second</li></ul>	he required r	ions and 29 CFR notice or one of the	10h	X X	
<ul> <li>h If this is an individual account plan, was there a blackout period? 2520.101-3.)</li> <li>i If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10</li> </ul>	he required r	ions and 29 CFR notice or one of the			
h       If this is an individual account plan, was there a blackout period?         2520.101-3.)	he required r 1-3	ions and 29 CFR notice or one of the s." see instructions and com	10h 10i	X	Form
<ul> <li>h If this is an individual account plan, was there a blackout period? 2520.101-3.)</li> <li>i If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10</li> <li>Part VI Pension Funding Compliance</li> <li>11 Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below).</li> </ul>	he required r 1-3 nents? (If "Ye	ions and 29 CFR notice or one of the s," see instructions and com	10h 10i Diete Sc	hedule SB (	Form
<ul> <li>h If this is an individual account plan, was there a blackout period? 2520.101-3.)</li> <li>i If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10</li> <li>Part VI Pension Funding Compliance</li> <li>11 Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below).</li> <li>11a Enter the amount from Schedule SB line 39.</li> </ul>	he required r 1-3 nents? (If "Ye	ions and 29 CFR notice or one of the rs," see instructions and com	10h 10i blete Sc	hedule SB (	Yes N
<ul> <li>h If this is an individual account plan, was there a blackout period? 2520.101-3.)</li> <li>i If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10</li> <li>Part VI Pension Funding Compliance</li> <li>11 Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below).</li> <li>11a Enter the amount from Schedule SB line 39.</li> <li>12 Is this a defined contribution plan subject to the minimum funding</li> </ul>	he required r 1-3 nents? (If "Ye g requirement	ions and 29 CFR notice or one of the s," see instructions and com ts of section 412 of the Code	10h 10i blete Sc	hedule SB (	Yes N
<ul> <li>h If this is an individual account plan, was there a blackout period? 2520.101-3.)</li> <li>i If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10</li> <li>Part VI Pension Funding Compliance</li> <li>11 Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below).</li> <li>11a Enter the amount from Schedule SB line 39.</li> </ul>	he required r 1-3 nents? (If "Ye g requirement r, as applicab ng amortized	ions and 29 CFR notice or one of the s," see instructions and comp ts of section 412 of the Code le.)	10h 10i Diete Sc or secti tions, au	x hedule SB ( 11a on 302 of EF	RISA? Yes N
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12c			
120			
	Yes	No	N/A
Ye	es X No	)	1000 Marcal
13a			
		Yes	X No
an(s) lo			
13c(2) EIN	l(s)	13c(3	) PN(s)
		1	
14b Tru	ust's EIN		
	12d	12d Yes Ves X No 13a Per the control	12d        Yes     No        Yes     Xo        13a        er the control     Yes     Yes       lan(s) to     13c(2) EIN(s)     13c(3)