## Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation

## Short Form Annual Return/Report of Small Employee Benefit Plan

This form is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA), and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

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2012

OMB Nos. 1210-0110

1210-0089

This Form is Open to Public Inspection

		V Complete all entries in accorda	ance with the instru	ctions to the Form 55t	UU-3F.	
Part I	Annual Report	Identification Information				
For calenda	ar plan year 2012 or fis	cal plan year beginning 01/01/2012		and ending	12/31/2012	
A This ret	urn/report is for:	x a single-employer plan	a multiple-employer p	lan (not multiemployer)	a one-pa	rticipant plan
<b>B</b> This ret	urn/report is:	the first return/report t	he final return/report			
		an amended return/report a	short plan year retur	n/report (less than 12 m	nonths)	
C Check b	oox if filing under:	Form 5558	automatic extension		DFVC pro	ogram
• • • • • • • • • • • • • • • • • • • •	oox ii iiiiig anaon	special extension (enter description	)		ъ .	
Part II	Basic Plan Info	rmation—enter all requested informat	ion			
1a Name	•				1b Three-digit	
	•	1K PROFIT SHARING PLAN			plan numbe	r
					(PN) ▶	001
					1c Effective da	te of plan
					01	/01/1986
	ponsor's name and add	dress; include room or suite number (em	ployer, if for a single-	-employer plan)		entification Number
ANDERGON					(E114)	-0949235
	_				2c Sponsor's to	elephone number -775-2423
PO BOX 386 REPUBLIC.	6 WA 99166-0386					
,						de (see instructions)
<b>3a</b> Plan a	dminietrator's name an	d address Same as Plan Sponsor Na	me Same as Plar	n Sponsor Address	<b>3b</b> Administrate	
		PO BOX 386	ille Daille as i lai	1 Sportsof Address		1-0949235
INDERSONS	CORPORATION	REPUBLIC, WA	99166-0386		<b>3c</b> Administrate	or's telephone number
					509	-775-2423
		plan sponsor has changed since the la	st return/report filed for	or this plan, enter the	4b EIN	
		nber from the last return/report.			4c PN	
	or's name	at the beginning of the plan year			1	9
		0 0 1 ,			Ju	
		at the end of the plan year			- 5b	8
		account balances as of the end of the pla	• '	•	. 5c	6
·	•	during the plan year invested in eligible				X Yes No
		the annual examination and report of ar				
		(See instructions on waiver eligibility ar				. X Yes No
If you	answered "No" to ei	ther line 6a or line 6b, the plan canno	t use Form 5500-SF	and must instead use	e Form 5500.	
Caution: A	penalty for the late of	or incomplete filing of this return/repo	rt will be assessed	unless reasonable ca	use is established	
		ner penalties set forth in the instructions,				
	edule MB completed ar true, correct, and comp	nd signed by an enrolled actuary, as well	as the electronic ver	sion of this return/repor	rt, and to the best of	my knowledge and
Deliet, it is t	rue, correct, and comp	nete.	_			
SIGN	Filed with authorized/	valid electronic signature.	07/03/2013	DALE STEVENS		
HERE	Signature of plan a	dministrator	Date	Enter name of individ	dual signing as plan	administrator
SIGN						
HERE	Signature of emplo	ver/plan sponsor	Date	Enter name of individ	dual signing as emp	over or plan sponsor
Preparer's		ame, if applicable) and address; include			<del>1                                    </del>	one number (optional)
DALE STEV	'ENS	, , , , , , , , , , , , , , , , , , , ,		,		` ' '
	RU BENEFITS, LLC	TE 040			509-	755-3767
	I MULLAN ROAD, SUI VALLEY, WA 99206	IE 210				
	, 55255					

Form 5500-SF 2012 Page **2** 

b Total plan liabilities	0824 0824						
a Total plan assets 7a 870250 99 b Total plan liabilities 7b from line 7a) 7c 870250 99 C Net plan assets (subtract line 7b from line 7a) 7c 870250 99 8 Income, Expenses, and Transfers for this Plan Year (a) Amount (b) Total Contributions received or receivable from: (1) Employers 8a(1) 10605	0824						
b Total plan liabilities							
C Net plan assets (subtract line 7b from line 7a)	0824						
8 Income, Expenses, and Transfers for this Plan Year  a Contributions received or receivable from: (1) Employers 8a(1) 10605	0024						
a Contributions received or receivable from: (1) Employers							
(1) Employers							
(2) Participants							
(3) Others (including rollovers)							
<b>b</b> Other income (loss)							
<b>C</b> Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	5197						
d Benefits paid (including direct rollovers and insurance premiums to provide benefits)							
Certain deemed and/or corrective distributions (see instructions) 8e							
f Administrative service providers (salaries, fees, commissions) 8f							
g Other expenses							
h Total expenses (add lines 8d, 8e, 8f, and 8g)	4623						
i Net income (loss) (subtract line 8h from line 8c)	0574						
j Transfers to (from) the plan (see instructions)							
Part IV Plan Characteristics							
9a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:  2E 2J 2K 3D							
<b>b</b> If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:							
Part V Compliance Questions							
10 During the plan year: Yes No Amou	nt						
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)							
b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)							
C Was the plan covered by a fidelity bond?	100000						
d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud	100000						
or dishonesty?							
Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service or other organization that provides some or all of the benefits under the plan? (See instructions.)							
f Has the plan failed to provide any benefit when due under the plan?							
C Did the place have a constituted be a C (100) to 11 and the constitute of the cons							
h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)							
i If 10h was answered "Yes," check the box if you either provided the required notice or one of the							
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	Yes ∏ No						
11a Enter the amount from Schedule SB line 39							
12 Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA?							
(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)							
<b>a</b> If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, and enter the date of the lett granting the waiver	r ruling						
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							

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	Enter the amount contributed by the employer to the plan for this plan year	12c		
d	Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a negative amount)	12d		
е	Will the minimum funding amount reported on line 12d be met by the funding deadline?		Yes	No N/A
Part	VII Plan Terminations and Transfers of Assets			
13a	Has a resolution to terminate the plan been adopted in any plan year?		Yes X No	
	If "Yes," enter the amount of any plan assets that reverted to the employer this year	. 13a		
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the of the PBGC?	control		Yes X No
С	If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) which assets or liabilities were transferred. (See instructions.)	to		_
1	3c(1) Name of plan(s):	3c(2) E	IN(s)	<b>13c(3)</b> PN(s)
Part	VIII Trust Information (optional)			
	Name of trust	14b ⊤	rust's EIN	

OM8 Nos. 1210-0110 1210-0089

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## Form 5500-SF

Department of the Treasury Interna' Revenue Service

Department of Lebor

## Short Form Annual Return/Report of Small Employee Benefit Plan

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2012

Part   Annual Report (Interffication Information   1/2012   and ending   12/31/2012   and endi		Benefit Gueranty Corporation		Revenue Code (the	HOUSE ACCOUNTS		This Form	Is Open spection		blic	
A This return/report is for.   A single-emptoyer plan   a multiple-emptoyer plan   an empting plan	Complete all entries in accordance with the instructions to the Form 5500-SF.										
A This return/report is for:    This return/report is for:   In the first return/report   In a maned of return/report   In a maned of return/report   In a maned of return return   In Internation   Internati	For calendar plan was 2012 as fearl about the second state of the										
B This return/oport is:	PAGE UTFOR	ar as recover E	7	/01/2012	and ending		12/31/201	2	-		
C Check box if filing under:   an amended return/report   a short plan year return/report (less than 12 months)   DFVC program   DFVC program	-	A This return/report is for:  a multiple-employer plan (not multiemployer plan)  a multiple-employer plan (not multiemployer plan)						pant plan	í		
C Check box if filing under:	B This r	etum/report is:	the first return/report	the final return/report	l.						
Section   Sect			an amended return/report	a short plan year retu	m/report (less than 12	months)					
Special extension (enter description)	C Check	k box if filing under:	Form 5558	automatic extension		□ DEVC process					
Part II   Basic Plan Information—enter all requested information   1a Name of plan   1b Three-digit plan number (PN)   1c Effective date of plan						,					
ANDERSONS CORPORATION 401K PROFIT SHARING PLAN  10	Part II	Basic Plan Inform									
ANDERSONS CORPORATION 401K PROFIT SHARING PLAN    CPN   CPN	-		one un requested knowns	1011		4h	There diels	<del></del>	_		
2a Plan sponsor's name and address; include room or sufie number (employer, if for a single-employer plan) ANDERSONS CORPORATION  PO BOX 386  REPUBLIC  WA 99166-0386  3a Plan administrator's name and address Same as Plan Sponsor Name Same as Plan Sponsor Address ANDERSONS CORPORATION  3a Plan administrator's name and address Same as Plan Sponsor Name Same as Plan Sponsor Address ANDERSONS CORPORATION  3b Administrator's ElN 31-0349235  CS Sponsor's telephone number (539-775-2423)  3d Administrator's ElN 31-0349235  SOP-775-2423  4d If the name and/or ElN of the plan sponsor has changed since the last return/report filed for this plan, enter the name. ElN, and the plan number from the last return/report.  4d SPONSONS CORPORATION  A Sponsor's name  4d PN  5a Total number of participants at the end of the plan year  C Number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this term).  5d Total number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this term).  5d Total number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this term).  6d Were all of the plan's assets during the plan year invested in eligible assets? (See instructions).  6d Were all of the plan's assets during the plan year invested in eligible assets? (See instructions).  6d Were all of the plan's assets during the plan year invested in eligible assets? (See instructions).  6d Were all of the plan's assets during the plan year invested in eligible assets? (See instructions).  6d Were all of the plan's assets during the plan year invested in eligible assets? (See instructions).  6d Were all of the plan's assets during the plan year invested in eligible and conditions.  6d Were a											
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REPUBLIC  WA 99166-0386  4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN, and the plan number from the last return/report.  Sponsor's name  5a Total number of participants at the beginning of the plan year.  5b Number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item).  6a Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)  6b Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA)  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 (ncomplete 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 neturn/report, including, if applicable, a Schedule SB or Schedule MB completed and signed by an enroited 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.  Signature of plan administrator  Date Enter name of individual signing as plan administrator  Preparer's name (including firm name, if applicable) and address; include room or suite number (optional)  Preparer's lefephone number (optional)  Preparer's lefephone number (optional)  Preparer's lefephone number (optional)  Preparer's lefephone number (optional)			iddress Same as Plan Sponsor Na	me Same as Pla	n Sponsor Address						
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## REPUBLIC WA 99166-0385  ## If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name. EIN, and the plan number from the last return/report.  ### Sponsor's name  ### AC PN  ### Sa Total number of participants at the beginning of the plan year	DO . DOI	. 206							num	ber	
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Complete this item)						- 5b				8	
Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)	comp	lete this item)	ount balances as of the end of the pla	in year (defined bene	fit plans do not	5c				6	
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 8a or line 6b, the plan cannot use Form 5500-SF and must instead use Form 5500.  Caution: A penalty for the late or incomplete filling 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.  Sign  Sign  Jery  Anderson  Signature of employer/plan sponsor  Preparer's name (including firm name, if applicable) and address; include room or suite number (optional)  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)  Break-Thru Benefits, LLC  200 North Mullan Road, Suite 216	6a Were	all of the plan's assets du	ring the plan year invested in eligible	assets? (See instruc	tions.)			X Ye	sΠ	No	
Caution: A penalty for the late or incomplete filling 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.  SIGN    Farry	D Are y	ou claiming a waiver of the	annual examination and report of an	independent qualifie	of public accountant (IC	ADA)		-			
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.  SIGN    Signature of plan administrator   Date   Enter name of individual signing as plan administrator  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)  Date   Date	unde:	29 CFR 2520.104-467 (Si	ee instructions on waiver eligibility an	d conditions.)	***************************************			X Ye	s 📙	No	
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.  Sign  Signature of plan administrator  Date  Enter name of individual signing as plan administrator  Signature of employer/plan sponsor  Preparer's name (including firm name, if applicable) and address; include room or suite number (optional)  Break-Thru Benefits, LLC  200 North Mullan Road, Suite 216										-	
Sign HERE Signature of plan administrator 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)  Break-Thru Benefits, LLC  200 North Mullan Road, Suite 216	Loder pen	allies of parium and other	acception and forth in the instantion	T Will be assessed	uniess reasonable ca	use is e	stablished.				
Sign HERE Signature of plan administrator Date Enter name of individual signing as plan administrator  Sign HERE Signature of employer/plan sponsor Preparer's name (including firm name, if applicable) and address; include room or suite number (optional)  Break-Thru Benefits, LLC 200 North Mullan Road, Suite 216  Signature of employer/plan sponsor  Date Enter name of individual signing as employer or plan sponsor Preparer's telephone number (optional)  509-755-3767	SO OF SUIT	course into completed and s	gned by an enrolled actuary, as well	as the electronic ver	examined this return/re sion of this return/repor	port, incl t. and to	luding, if applica the best of my l	ible, a Sc knowledn	hedul e and	e	
Signature of plan administrator  SIGN HERE Signature of employer/plan sponsor Preparer's name (including firm name, if applicable) and address; include room or suite number (optional) Preparer's telephone number (optional)  Break-Thru Benefits, LLC 200 North Mullan Road, Suite 216  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)  509-755-3767	belief, it is	true, correct, and complete	10	20		,			O 11.10		
Signature of plan administrator  SIGN HERE Signature of employer/plan sponsor Preparer's name (including firm name, if applicable) and address; include room or suite number (optional) Preparer's telephone number (optional)  Break-Thru Benefits, LLC 200 North Mullan Road, Suite 216  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)  509-755-3767	SION	1/2001	Fl. Dans	157/22 harz	C 3	31.72				-	
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)  Break-Thru Benefits, LLC  200 North Mullan Road, Suite 216		Jung O	Cont.	01/04/013							
Preparer's name (including firm name, if applicable) and address; include room or suite number (optional)  Dale Stevens  Break-Thru Benefits, LLC  200 North Mullan Road, Suite 216	·	Signature of plan admir	nistrator				ng as plan admi	inistrator			
Preparer's name (including firm name, if applicable) and address; include room or suite number (optional)  Preparer's telephone number (optional)  Preparer's telephone number (optional)  Break-Thru Benefits, LLC  200 North Mullan Road, Suite 216											
Dale Stevens  Break-Thru Benefits, LLC  200 North Mullan Road, Suite 216  Preparer's telephone number (optional)  509-755-3767	Signature of employer/plan sponsor Date Enter name of individual					idual signing as employer or plan sponsor					
Break-Thru Benefits, LLC 509-755-3767 200 North Mullan Road, Suite 216	Dale 9	nane (including 11m name Tevens	, п applicable) and address; include r	oom or suite number	(optional)						
200 North Mullan Road, Suite 216			I.C				509-755-	3767		- 1	
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Spokane Valley WA 99206			##X								
	Spokane	e Valley	WA 99206								

Form 5500-SF 2012

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7 a	rt III Financial Information								
a	Plan Assets and Liabilities		(a) Beginning of Ye	ar	Т		(b) End	of Year	
	Total plan assets	7a		702	50	***************************************	(D) Line	OI TOO	99082
b	Total plan liabilities	7b			_			-	
	Net plan assets (subtract line 7b from line 7a)	7c	8	702	50		-		990824
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount	-	$\neg$		(b) 1	Cotal	
а	Contributions received or receivable from: (1) Employers	8a(1)	110101	106	05		(6)	Otal	
	(2) Participants	8a(2)	Every State of the second	197	25		-	*********	
	(3) Others (including rollovers).	8a(3)		636	$\rightarrow$				
b	Other income (loss)	8b		011					* ***
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c			-				195197
	Benefits paid (including direct rollovers and insurance premiums				$\top$	-			13313
	to provide benefits)	8d		746	2.3				
e	Certain deemed and/or corrective distributions (see instructions)	8e			$\perp$				
f	Administrative service providers (salaries, fees, commissions)	8f							
g	Other expenses	8g	770						1000
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							74623
i_	Net income (loss) (subtract line 8h from line 8c)	81							120574
j	Transfers to (from) the plan (see instructions)	8							
Pa	t IV Plan Characteristics								
b Par	If the plan provides welfare benefits, enter the applicable welfare for	eature codes f	rom the List of Plan Chara	cterist	ic Cod	es in the	e instructi	ons:	
10	During the plan year:				Yes	No	-	Amour	
а	Was there a failure to transmit to the plan any participant contribute 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidure)	tions within the	e time period described in	10a		х		Alloui	
b	Were there any nonexempt transactions with any party-in-interest			200	_	_			
	on line 10a.)			10b		х			
C					х	х			100000
	Was the plan covered by a fidelity bond?  Did the plan have a loss, whether or not reimbursed by the plan's	fidelity bond, i	hat was caused by fraud	10b 10c	х	х			100000
d	Was the plan covered by a fidelity bond?	fidelity bond, t er persons by f the benefits	hat was caused by fraud an insurance carrier, under the plan? (See	10c	х				100000
d	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	fidelity bond, t er persons by f the benefits	hat was caused by fraud an insurance carrier, under the plan? (See	10c 10d	х	х	- 30-		100000
d	Was the plan covered by a fidelity bond?	fidelity bond, t er persons by if the benefits	hat was caused by fraud an insurance carrier, under the plan? (See	10d 10d 10e 10f	X	x			100000
d e f g	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 plant.	fidelity bond, the persons by if the benefits	hat was caused by fraud an insurance carrier, under the plan? (See	10d 10d	х	x x			100000
d e f g	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 as If this is an individual account plan, was there a blackout period? (	fidelity bond, the persons by if the benefits on?	hat was caused by fraud an insurance carrier, under the plan? (See	10c 10d 10e 10f 10g	х	x x x			100000
d e f g	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 as If this is an individual account plan, was there a blackout period? (2520.101-3.)  If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.101	fidelity bond, the persons by if the benefits on?	hat was caused by fraud an insurance carrier, under the plan? (See	10c 10d 10e 10f 10g	х	x x x			100000
d e f g h	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 as If this is an individual account plan, was there a blackout period? (2520.101-3.)  If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.101  VI Pension Funding Compliance  Is this a defined benefit plan subject to minimum funding requirements.	fidelity bond, the persons by if the benefits of year end.) See instruction or required not a required not a remarks? (If "Yes.")	hat was caused by fraud an insurance carrier, under the plan? (See	10c 10d 10e 10f 10g 10h	Sched	X X X X X X	Form	П ч	
f g h i	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 as If this is an individual account plan, was there a blackout period? (2520.101-3.)  If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.101  VI Pension Funding Compliance  Is this a defined benefit plan subject to minimum funding requirements 5500) and line 11a below)	fidelity bond, the persons by if the benefits.  The persons by if the benefits of year end.)  See instruction of required notes.  The persons by if the persons benefits of year end.	hat was caused by fraud an insurance carrier, under the plan? (See as and 29 CFR ice or one of the	10c 10d 10e 10f 10g 10h	Sched	X X X X X X X X	Form		100000
f g h i	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 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 as if this is an individual account plan, was there a blackout period? (2520.101-3.)  If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.101  VI Pension Funding Compliance  Is this a defined benefit plan subject to minimum funding requirements and line 11a below)  Enter the amount from Schedule SB line 39.	fidelity bond, the persons by if the benefits.  If the benefits.  See instruction of required not a required not a required not a remains? (If "Yes,"	hat was caused by fraud an insurance carrier, under the plan? (See	10c 10d 10e 10f 10g 10h 10i	Sched	X X X X X X III III III III III III III	,		es No
f g h i Part 11	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 as if this is an individual account plan, was there a blackout period? (2520.101-3.)  If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.101  VI Pension Funding Compliance  Is this a defined benefit plan subject to minimum funding requirements the amount from Schedule SB line 39.	fidelity bond, the persons by if the benefits of year end.) See instruction or required not a series? (If "Yes,"	hat was caused by fraud an insurance carrier, under the plan? (See as and 29 CFR ice or one of the see instructions and com	10c 10d 10e 10f 10g 10h 10i	Sched	X X X X X X III III III III III III III	,		
f g h i Part 11 11a 12 a	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 as If this is an individual account plan, was there a blackout period? (2520.101-3.)  If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.101  VI Pension Funding Compliance  Is this a defined benefit plan subject to minimum funding requirements to the amount from Schedule SB line 39.  Is this a defined contribution plan subject to the minimum funding (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, If a waiver of the minimum funding standard for a prior year is being granting the waiver.	fidelity bond, the persons by if the benefits.  If the benefits of year end.)  See instruction of the required notes.  The requirements of the person of the	hat was caused by fraud an insurance carrier, under the plan? (See as and 29 CFR ice or one of the see instructions and com of section 412 of the Code this plan year, see instruc	10c 10d 10e 10f 10g 10h 10i plete :	Sched	X X X X X Interpolation of the second of the	RISA?	Y	es No
f g h i Part 11 11a 12 a	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 as if this is an individual account plan, was there a blackout period? (2520.101-3.)  If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.101  VI Pension Funding Compliance  Is this a defined benefit plan subject to minimum funding requirements to adding 11a below)  Enter the amount from Schedule SB line 39.  Is this a defined contribution plan subject to the minimum funding the fires, "complete line 12a or lines 12b, 12c, 12d, and 12e below, or other the amount for the line 12b, 12c, 12d, and 12e below, the same transfer of the plan to the plan to the minimum funding the plan subject to the plan	fidelity bond, the persons by if the benefits.  If the benefits of year end.)  See instruction of the required notes.  The requirements of the person of the	hat was caused by fraud an insurance carrier, under the plan? (See as and 29 CFR ice or one of the see instructions and com of section 412 of the Code this plan year, see instruc	10c 10d 10e 10f 10g 10h 10i plete :	Sched	X X X X X IIIa 02 of EF	RISA?	Ye e letter	es No

	Form 5500-SF 2012 Page <b>3</b> -	]			
С	Enter the amount contributed by the employer to the plan for this plan year		12c	T	
d	Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus negative amount)	* <del>31</del> . 9 100 0 0 0 0 0	12d		
е	Will the minimum funding amount reported on line 12d be met by the funding deadline?	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		Yes	No N/A
Part	t VII Plan Terminations and Transfers of Assets				
13a	Has a resolution to terminate the plan been adopted in any plan year?			es X No	)
	If "Yes," enter the amount of any plan assets that reverted to the employer this year		13a		Λ
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another p of the PBGC?				Yes X No
C	If during this plan year, any assets or liabilities were transferred from this plan to another pl which assets or liabilities were transferred. (See instructions.)	lan(s), identify the plan(s)	a		
1	13c(1) Name of plan(s):	1	3c(2) E	IN(s)	13c(3) PN(s)
Part	t VIII Trust Information (optional)				
14a	Name of trust		14b Ti	rust's EIN	