## 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).

1210-0089

OMB Nos. 1210-0110

2012

This Form is Open to Public Inspection

			Complete all entries in ac	cordance with the monac	tions to the Form 550	<i>1</i> 0-31 .				
	art I		Identification Information							
For	calenda	ar plan year 2012 or fis	scal plan year beginning 01/01/	/2012	and ending	12/31/2	2012			
Α	This retu	urn/report is for:	x a single-employer plan	a multiple-employer pla	an (not multiemployer)		a one-particip	ant plan		
В	This retu	urn/report is:	the first return/report	the final return/report						
			an amended return/report	a short plan year return	/report (less than 12 m	onths)				
С	Check b	oox if filing under:	Form 5558	automatic extension			DFVC progra	m		
			special extension (enter descr	ription)						
P	art II	Basic Plan Info	rmation—enter all requested inf	formation						
1a	Name o	of plan				1b	Three-digit			
UNIC	QUE ING	REDIENTS, LLC 401	(K) PSP				plan number			
							(PN) <b>•</b>	001		
						1C	Effective date of 01/01/	•		
		oonsor's name and ade	dress; include room or suite number	er (employer, if for a single-	employer plan)	<b>2b</b> Employer Identification Number (EIN) 91-1944842				
						2c	Sponsor's telepl			
	13 US H\						509-653			
NAC	HES, W	A 98937				2d	Business code ( 44529			
3a	Plan ac	dministrator's name ar	nd address XSame as Plan Spons	sor Name Same as Plan	Sponsor Address	3b	Administrator's E	EIN		
						3с	Administrator's t	elephone number		
4			e plan sponsor has changed since	the last return/report filed fo	r this plan, enter the	4b EIN				
а		or's name	mber from the last return/report.			4c	PN			
5a	Total n	number of participants	at the beginning of the plan year			5a		6		
b	Total n	number of participants	at the end of the plan year			5b		6		
С			account balances as of the end of		•	5c		6		
6a	Were	all of the plan's assets	s during the plan year invested in e	eligible assets? (See instruct	ions.)			X Yes No		
b			the annual examination and repor							
			? (See instructions on waiver eligib					X Yes   No		
	If you	answered "No" to ei	ther line 6a or line 6b, the plan c	annot use Form 5500-SF	and must instead use	Form	5500.			
Ca	ution: A	penalty for the late	or incomplete filing of this return	n/report will be assessed u	unless reasonable ca	use is	established.			
			her penalties set forth in the instruc							
		rue, correct, and comp	nd signed by an enrolled actuary, a plete.	as well as the electronic vers	sion of this return/repor	ı, and ı	to the best of my	knowledge and		
	,									
SIG		Filed with authorized/	valid electronic signature.	07/04/2013	DAVID M. OLSEN					
ПЕ	KE .	Signature of plan a	dministrator	Date	Enter name of individ	lual sig	ning as plan adm	ninistrator		
SIG										
				Enter name of individ						
Pre	parer's i	name (including firm n	ame, if applicable) and address; in	clude room or suite number	(optional)	Prep	arer's telephone	number (optional)		

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Dor	t III   Financial Information		<u> </u>								
<u> </u>	<u> </u>		(a) De atauta a a ( ) (a				(h) Ford of Ween				
	Plan Assets and Liabilities	_	(a) Beginning of Yea				(b) End of Year				
	Total plan assets	7a	5454	łU			120848				
	Total plan liabilities	7b	E454	10			100010				
	Net plan assets (subtract line 7b from line 7a)	7c	5454	10			120848				
	Income, Expenses, and Transfers for this Plan Year  Contributions received or receivable from:		(a) Amount				(b) Total				
	(1) Employers	8a(1)	1869	)5							
	(2) Participants	8a(2)	3777	75							
	(3) Others (including rollovers)	8a(3)		0							
b	Other income (loss)	8b	983	38							
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c					66308				
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		0							
е	Certain deemed and/or corrective distributions (see instructions)	8e		0							
f	Administrative service providers (salaries, fees, commissions)	8f		0							
g	Other expenses	8g									
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h					0				
i	Net income (loss) (subtract line 8h from line 8c)	8i					66308				
j	Transfers to (from) the plan (see instructions)	8i									
Par	t IV Plan Characteristics		•								
9a	If the plan provides pension benefits, enter the applicable pension 2E 2F 2G 2J 2K 3D	feature co	des from the List of Plan Char	acteris	stic Co	des in	the instructions:				
b	If the plan provides welfare benefits, enter the applicable welfare fe	eature cod	les from the List of Plan Chara	cterist	ic Cod	les in t	he instructions:				
Part	V Compliance Questions										
10	During the plan year:				Yes	No	Amarint				
a	Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu			10a	100	X	Amount				
b		? (Do not	include transactions reported	10b		X					
С	Was the plan covered by a fidelity bond?				Χ						
				10c			25000				
d	or dishonesty?			10d		X					
е	Were any fees or commissions paid to any brokers, agents, or oth insurance service or other organization that provides some or all cinstructions.)	of the bene	efits under the plan? (See	10e		X					
f	Has the plan failed to provide any benefit when due under the plan					X					
				10f		Χ					
g h	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 instru	uctions and 29 CFR	10g		X					
i	If 10h was answered "Yes," check the box if you either provided the	ne require	d notice or one of the	10h		X					
	exceptions to providing the notice applied under 29 CFR 2520.10	1-3		10i		^					
Part	The state of the s										
11	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)										
<u>11a</u>	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.)										
	If a waiver of the minimum funding standard for a prior year is being ranting the waiver.		Mon	ıth	and e	enter th Day	ne date of the letter ruling Year				
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			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):	1 <b>3c(2)</b> E	IN(s)	<b>13c(3)</b> PN(s)
Part	VIII Trust Information (optional)			
	Name of trust	<b>14b</b> ⊤	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).

> Complete all entries in accordance with the instructions to the Form 5500-SF.

OMB Nos. 1210-0110 1210-0089

2012

This Form is Open to Public Inspection

Part I		dentification Information					
For calend	lar plan year 2012 or fis		12	and ending	12/31/2012		
A This re	turn/report is for:	X a single-employer plan	a multiple-employer p	lan (not multiemployer)	a one-	participant plan	
B This ret	turn/report is:	the first return/report	the final return/report				
		an amended return/report	a short plan year retui	n/report (less than 12 m	nonths)		
C Check	box if filing under:	Form 5558	automatic extension		DFVC	program	
		special extension (enter descripti	on)				
Part II	Basic Plan Infor	rmation—enter all requested inform	nation				
1a Name		, , , , , , , , , , , , , , , , , , ,			1b Three-dig	git	
Unique Ingr	redients, LLC 401(k) PS	P			plan num		
	Control Assembly Control of The Control of The Con-				(PN) •	001	
					1c Effective	date of plan 01/01/2011	
	ponsor's name and add redients, LLC	fress; include room or suite number (	employer, if for a single	-employer plan)		r Identification Number 91-1944842	
12243 US H	h 10					's telephone number 509) 653-1991	
Naches, W						code (see instructions) 445299	
		d address XSame as Plan Sponsor	Name Same as Pla	n Sponsor Address	3b Administr	rator's EIN	
					3C Administr	rator's telephone number	
name	e, EIN, and the plan num	plan sponsor has changed since the other from the last return/report.	last return/report filed t	or this plan, enter the	4b EIN		
	sor's name	4 th - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -			4c PN		
Person of states		at the beginning of the plan year				6	
		at the end of the plan year			5b	6	
		account balances as of the end of the			. 5c	6	
Carlaia Santacha		during the plan year invested in eligi	NAME OF STREET OF STREET OF STREET OF STREET	a beautiful de semple e en east an automobile per per part une absoluce		X Yes No	
under	r 29 CFR 2520.104-46?	the annual examination and report of (See instructions on waiver eligibility ther line 6a or line 6b, the plan can	and conditions.)			X Yes No	
	18 18 18 18 18 18 18 18 18 18 18 18 18 1	At a 500Ath 20160th 10	1 202.00	1 22	E 0.00	-3	
Under pen SB or Sche	alties of perjury and oth	or incomplete filing of this return/re er penalties set forth in the instruction d signed by an enrolled actuary, as wellete.	ns, I declare that I have	examined this return/re	port, including, if	applicable, a Schedule	
SIGN	Mul.	14. 8/Mer	5/31/13	David M. Olsen		45	
HERE	Signature of plan administrator		Date	Enter name of individ	Enter name of individual signing as plan		
SIGN							
HERE	Signature of employ	/er/plan sponsor	Date	Enter name of individ	mployer or plan sponsor		
Preparer's		ame, if applicable) and address; inclu				ephone number (optional)	

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d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	Par	t III Financial Information							
b Total plan liabilities	7	Plan Assets and Liabilities		(a) Beginning of Yea	ar			(b) End of Year	
C Net plan assets (subtract line 75 from line 7a)	а	Total plan assets	7a	5454	54540			120848	
8 Income, Expenses, and Transfers for this Plan Year  a Contributions received or receivable from:  (1) Employers  (2) Participants  8a(2)  (3) Others (including relicevers)  8b(2)  5 Other income (loss)  (b) Dother income (loss)  (c) Total income (add lines Ba(1), 8a(2), 8a(3), and 8b)  8c  (c) Total income (add lines Ba(1), 8a(2), 8a(3), and 8b)  8c  (d) Benefits paid (including dieter trollovers and insurance premiums  (e) General deemed and/or corrective distributions (see instructions)  8c  (e) Certain deemed and/or corrective distributions (see instructions)  8c  (e) Certain deemed and/or corrective distributions (see instructions)  8c  (e) Certain deemed and/or corrective distributions (see instructions)  8c  (e) Certain deemed and/or corrective distributions (see instructions)  8c  (e) Certain deemed and/or corrective distributions (see instructions)  8c  (e) Certain deemed and/or corrective distributions (see instructions)  8c  (e) Certain deemed and/or corrective distributions (see instructions)  8c  (e) Certain deemed and/or corrective distributions (see instructions)  8c  (e) Other expenses  8c  (g) Other expenses  9c  9c  9c  9c  9c  9c  9c  9c  9c  9	b	Total plan liabilities	7b						
a Contributions received or receivable from (1) Employers.  (2) Participants.  (3) Others (including rollovers).  (3) Others (including rollovers).  (3) Others (including rollovers).  (3) Others (including rollovers).  (4) Employers.  (5) Other including rollovers and insurance premiums of provides benefits).  (5) Total income (add lines 8a(1), 8a(2), 8a(3), and 8b).  (6) Benefits paid including direct rollovers and insurance premiums of provides benefits).  (7) Carlain deemed and/or corrective distributions (see instructions).  (8) Government of the provides service provides (salaries, fees, commissions).  (8) Government of the provides service provides (salaries, fees, commissions).  (8) Government of the provides service provides (salaries, fees, commissions).  (8) Government of the provides service provides (salaries, fees, commissions).  (8) Government (see) (salaries and salaries).  (8) Hot total expenses (add lines 8d, 8e, 8f, and 8g).  (9) In the timenome (loss) (salaries and salaries).  (9) In the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:  (9) If the plan provides pension benefits, enter the applicable welfane feature codes from the List of Plan Characteristic Codes in the instructions:  (9) If the plan provides pension benefits, enter the applicable welfane feature codes from the List of Plan Characteristic Codes in the instructions:  (9) If the plan provides valer benefits, enter the applicable welfane feature codes from the List of Plan Characteristic Codes in the instructions:  (9) If the plan provides valer benefits, enter the applicable welfane feature codes from the List of Plan Characteristic Codes in the instructions:  (9) If the plan provides valer benefits, enter the applicable welfane feature codes from the List of Plan Characteristic Codes in the instructions:  (1) During the plan year.  (1) West Service and Commissions paid to any service and commissions within the time period described in 2 A	С	Net plan assets (subtract line 7b from line 7a)	7c	5454	0			120848	
(1) Employers   Sa(1)   18895	8	Income, Expenses, and Transfers for this Plan Year		(a) Amount	(a) Amount			(b) Total	
(2) Participants.			0 (4)	4000	_				
(3) Others (including rollovers)		2003 MICO MACCASE SAN		\$26.60 d.245672	0.041				
b Other income (loss)		***	· · · · · · · · · · · · · · · · · · ·	W - 1 - 3 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1	1000				
C Total income (and lines 8a(1), 8a(2), 8a(3), and 8b).  8 Benefits paid (including direct rollovers and insurance premiums to provide benefits)  9 Certain deemed and/or corrective distributions (see instructions).  8 Benefits paid (including direct rollovers and insurance premiums to provide benefits)  9 Certain deemed and/or corrective distributions (see instructions).  8 Benefits paid (including direct rollovers and insurance premiums to provide benefits)  9 Certain deemed and/or corrective distributions (see instructions).  8 Benefits paid (including direct sealing).  9 Certain deemed and/or corrective distributions (see instructions).  8 Benefits paid (including direct sealing).  9 Benefits paid (including direct sealing).  10 During provides ensemble sealing (including direct sealing).  10 During the plan paid (including direct sealing).  10 During the plan (including direct sealing).  10 During the plan (including direct sealing).  10 Benefits p			No. of the last of		7	+			
d Benefits paid (including direct rollovers and insurance premiums to provide benefits).  e Certain deemed and/or corrective distributions (see instructions).  e Certain deemed and/or corrective distributions (see instructions).  e G Certain deemed and/or corrective distributions (see instructions).  e G Certain deemed and/or corrective distributions (see instructions).  e G Other expenses  g Other expenses  g Other expenses  g Other expenses (add lines 8d, 8e, 8f, and 8g).  h Total expenses (add lines 8d, 8e, 8f, and 8g).  h Total expenses (add lines 8d, 8e, 8f, and 8g).  h Total expenses (add lines 8d, 8e, 8f, and 8g).  h Total expenses (add lines 8d, 8e, 8f, and 8g).  h Total expenses (add lines 8d, 8e, 8f, and 8g).  h Total expenses (add lines 8d, 8e, 8f, and 8g).  h Total expenses (add lines 8d, 8e, 8f, and 8g).  h Total expenses (add lines 8d, 8e, 8f, and 8g).  h Total expenses (add lines 8d, 8e, 8f, and 8g).  h Total expenses (add lines 8d, 8e, 8f, and 8g).  h Total expenses (add lines 8d, 8e, 8f, and 8g).  h Total expenses (add lines 8d, 8e, 8f, and 8g).  h Total expenses (add lines 8d, 8e, 8f, and 8g).  h Total expenses (add lines 8d, 8e, 8f, and 8g).  h Total expenses (add lines 8d, 8e, 8f, and 8g).  h Total expenses (add lines 8d, 8e, 8f, and 8g).  h Total expenses (add lines 8d, 8e, 8f, and 8g).  h Total expenses (add lines 8d, 8e, 8f, and 8g).  h Total expenses (add lines 8d, 8e, 8f, and 8g).  h Total expenses (add lines 8d, 8e, 8f, and 8g).  h Total expenses (add lines 8d, 8e, 8f, and 8g).  h Total expenses (add lines 8d, 8e, 8f, and 8g).  h Total expenses (add lines 8d, 8e, 8f, and 8g).  h Total expenses (add lines 8d, 8e, 8f, and 8g).  h Total expenses (add lines 8d, 8e, 8f, and 8g).  h Total expenses (add lines 8d, 8e, 8f, and 8g).  h Total expense (add lines 8d, 8e, 8f, and 8g).  h Total expenses (add lines 8d, 8e, 8f, and 8g).  h Total expenses (add lines 8d, 8e, 8d, 8d, 8d, 8d, 8d, 8d, 8d, 8d, 8d, 8d				983	8	13			
to provide benefits)			8C					66308	
f Administrative service providers (salaries, fees, commissions).  g Other expenses			8d		0				
Solution	е	Certain deemed and/or corrective distributions (see instructions)	8e		0				
h Total expenses (add lines 8d, 8e, 8f, and 8g)	f	Administrative service providers (salaries, fees, commissions)	8f		0				
i Net income (loss) (subtract line 8h from line 8c)	g	Other expenses	8g	070000 -1000					
Part IV   Plan Characteristics   Plan Characteristics   Plan Characteristic   Plan Cha	h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h					0	
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   2F   2G   2J   2K   3D	i	Net income (loss) (subtract line 8h from line 8c)	8i					66308	
9a	j	Transfers to (from) the plan (see instructions)	8j	AUGUSTA SANTA A SANTA					
Description   Section	Par	t IV Plan Characteristics		11000					
10 During the plan year:   2 Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)   10a		If the plan provides welfare benefits, enter the applicable welfare for	eature codes	s from the List of Plan Chara	cterist	ic Cod	les in t	he instructions:	
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?	10					Yes	No	Amount	
on line 10a.)	а	Was there a failure to transmit to the plan any participant contribu			10a		X		
d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	b				10b		Х		
d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	С	Was the plan covered by a fidelity bond?			10c	X		25000	
insurance service or other organization that provides some or all of the benefits under the plan? (See instructions.)	d		27.0	Al Silverine Control of the Control	10d		Х	20000	
g Did the plan have any participant loans? (If "Yes," enter amount as of year end.)	е	insurance service or other organization that provides some or all or	of the benefi	ts under the plan? (See	10e		x	7 10	
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 exceptions to providing the notice applied under 29 CFR 2520.101-3.  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 Enter the amount from Schedule SB line 39.  11a  12 Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA? Yes X Note (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)  a If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, and enter the date of the letter ruling granting the waiver Month Day Year  If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.	f	Has the plan failed to provide any benefit when due under the pla	n?		10f		Х		
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 exceptions to providing the notice applied under 29 CFR 2520.101-3.  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 Enter the amount from Schedule SB line 39.  11a  12 Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA? Yes No. (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)  a If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, and enter the date of the letter ruling granting the waiver Month Day Year  If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.	g	Did the plan have any participant loans? (If "Yes," enter amount a	s of year en	d.)	10g		X		
exceptions to providing the notice applied under 29 CFR 2520.101-3	h						Х		
11 Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form 5500) and line 11a below)	i				10i		X		
11a Enter the amount from Schedule SB line 39	Part	VI Pension Funding Compliance							
12 Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA?  Yes No. (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)  a If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, and enter the date of the letter ruling granting the waiver	11								
(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)  a If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, and enter the date of the letter ruling granting the waiver	_11a	a Enter the amount from Schedule SB line 39							
a If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, and enter the date of the letter ruling granting the waiver.  Month Day Year  If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.	12	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA?							
granting the waiver		(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)							
		granting the waiver.		Mon		and e		50의 그 1의 10 원리에 지역되었다. 사람들이 만난 한 경험에 가지 위한 경험에 가지 않다.	
b Enter the minimum required contribution for this plan year	lf	you completed line 12a, complete lines 3, 9, and 10 of Schedule	e MB (Form	5500), and skip to line 13.			1		
	b	Enter the minimum required contribution for this plan year					12b		

	Form 5500-SF 2012 Page <b>3</b> - 1							
С	Enter the amount contributed by the employer to the plan for this plan year	12c						
d	Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a negative amount)	12d			C-11.76/W			
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?			1	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.)							
1	3c(1) Name of plan(s):	13c(2) E	IN(s)		13c(3	(3) PN(s)		
Part	VIII Trust Information (optional)				debuggare byggrey	Y-W-1		
14a Name of trust				14b Trust's EIN				