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).

OMB Nos. 1210-0110

1210-0089

2012 This Form is Open to Public

Inspection ▶ Complete all entries in accordance with the instructions to the Form 5500-SF

P	art I	Annual Report Id	dentification Information		<u> </u>	<u> </u>			
		ar plan year 2012 or fisc		2012	and ending 1	2/31/2012			
Α	This ret	urn/report is for:	X a single-employer plan	a multiple-employer p	olan (not multiemployer)	a one-partici	pant plan		
		urn/report is:	the first return/report	the final return/report			•		
_	11110 100	anninoponi io.	an amended return/report	<u> </u>	n/report (less than 12 mo	onths)			
_	Ob a al. b	· · · · · · · · · · · · · · · · · ·	Form 5558	automatic extension	Throport (1000 than 12 me	DFVC progra	am		
C	Cneck t	oox if filing under:	╡			DEVC plogia	3111		
	4 11	Deets Dieseler	special extension (enter descri	· /					
	art II		mation—enter all requested info	ormation		1h Three digit	<u> </u>		
	Name (of plan DYEES' RETIREMENT (OPTIONS			1b Three-digit plan number			
UNIO	LIVII LC	STEES RETIREMENT				(PN))	002		
						1c Effective date o	f plan /1999		
			ess; include room or suite numbe	r (employer, if for a single	-employer plan)	2b Employer Identi	fication Number		
ANIC	KESE	ARCH, LLC				(=::\)	95965		
2601	FOURT	TH AVE STE 200				2c Sponsor's telep 206-54			
		VA 98121				2d Business code 54199			
3a	Plan ad	dministrator's name and	address XSame as Plan Sponso	or Name Same as Pla	n Sponsor Address	3b Administrator's			
-			Manus as I lan opene		G ponoon / taan ooo				
						3c Administrator's	telephone number		
4			olan sponsor has changed since to per from the last return/report.	ne last return/report filed t	or this plan, enter the	4b EIN			
а		or's name	oor from the last return/report.			4c PN			
5a	Total r	number of participants a	t the beginning of the plan year			5a	82		
b	Total r	number of participants a	t the end of the plan year			5b	83		
С			count balances as of the end of the		•	_	70		
		,				5c	76 X Yes □ No		
6a h			during the plan year invested in el he annual examination and report	- '		ΡΔ\	N Tes □ No		
~	•	•	(See instructions on waiver eligibil		•	,	X Yes No		
	If you	answered "No" to eith	ner line 6a or line 6b, the plan ca	nnot use Form 5500-SF	and must instead use	Form 5500.			
Cau	ution: A	penalty for the late or	incomplete filing of this return	report will be assessed	unless reasonable cau	ise is established.			
			er penalties set forth in the instruct						
		edule MB completed and true, correct, and comple	l signed by an enrolled actuary, as ete.	s well as the electronic ve	rsion of this return/report,	, and to the best of my	knowledge and		
SIC	. NI	Filed with authorized/valid electronic signature. 07/08/2013 ANITA RICHARD		ANITA RICHARD					
SIG					Enter name of individu	ual cigning as plan ad-	minietrator		
a		Signature of plan add	iiiiiioli alvi	Date	Litter name of marviol	uai siyiiiiy as piaii aul	IIIIIISII AIUI		
SIG									
		Signature of employe		Date	Enter name of individu				
Pre	parers	name (including firm hai	me, if applicable) and address; inc	clude room or suite number	er (optional)	Preparer's telephone	number (optional)		

Form 5500-SF 2012 Page **2**

7 Plan Assets and Labilities	Par	t III Financial Information										
a Total plan isasetis				(a) Beginning of Yea	ar			(b) En	d of Y	ear		
b Total plan liabilities. 7b 7b 3808955 4800021 C Not plan assets (subtract line 7b from line 7a)			7a					(10) =11			1	
C Net plan assets (subtract line 7b from line 7a). 7c S0006565 S000021 S Income, Expenses, and Transfers for his Plan Year (a) Amount (b) Total C Note of the Plan September C		·										
8 Income. Expenses, and Transfers for this Plan Year 8 Contributions received or receivable from: (1) Employers. (2) Participants. (3) Others (including rollowers). (3) Others (including rollowers). (4) Septimental (including rollowers). (5) Participants. (6) Other income (loss). (6) Other income (loss). (7) Other income (loss). (8) Other septiments. (8) Other septiments		·		380895	55			4690021				
a Contributions received or receivable from: (1) Employers: (2) Participants. (3) Others (including relievers). (3) Others (including relievers). (4) De Other income (loss). (5) Other income (loss). (6) De Other income (loss). (7) Other (including relievers). (8) De Other income (loss). (8) De Other expenses. (9) Other expenses. (9) Other expenses. (9) De								(b)				
Section Sect		·		(a) runount				(2)	Total			
(3) Others (including rollovers)		(1) Employers	8a(1)	12242	1							
b Cther income (loss)		(2) Participants	8a(2)	33433	35							
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)		(3) Others (including rollovers)	8a(3)									
d Benefits paid (including direct rollovers and insurance premiums to provide benefits). 8d 93604	b	Other income (loss)	8b	52063	81							
to provide benefits)	С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						ç	77387	7	
f Administrative service providers (salaries, fees, commissions)		• • •	8d	9360)4							
Solution	е	Certain deemed and/or corrective distributions (see instructions)	8e									
n Total expenses (add lines 8d. 8e, 8f, and 8g)	f	Administrative service providers (salaries, fees, commissions)	8f	271	7							
n Total expenses (add lines 8d. 8e, 8f, and 8g)	q	Other expenses	8a									
i Net income (loss) (subtract line 8h from line 8c)	h	Total expenses (add lines 8d. 8e. 8f. and 8g)								9632	1	
Part IV Plan Characteristics Plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 2E 2F 2G 2J ½ 2T 3D			8i									
Part IV Plan Characteristics If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 2										30100		
9a		, , , , , ,	l ol									
Description Fig. 20		If the plan provides pension benefits, enter the applicable pension	feature co	des from the List of Plan Char	acteris	stic Co	odes in	the instru	uctions	s:		
10 During the plan year: 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? d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fauld or dishonesty? e 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 have any participant loans? (If "Yes," enter amount as of year end.) f His is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3). If 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. 10 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. 10 If 10 has 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. 10 If 10 has 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. 10 If 10 has an adefined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form 5500) and line 11a below). 11 Is this a defined benefit 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 fo	b		eature cod	es from the List of Plan Chara	cterist	ic Cod	les in t	he instrud	tions:			
10 During the plan year: 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? d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fauld or dishonesty? e 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 have any participant loans? (If "Yes," enter amount as of year end.) f His is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3). If 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. 10 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. 10 If 10 has 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. 10 If 10 has 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. 10 If 10 has an adefined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form 5500) and line 11a below). 11 Is this a defined benefit 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 fo	Part	V Compliance Questions										
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) 10a		<u> </u>				Yes	No		Am	ount		
b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)		Was there a failure to transmit to the plan any participant contribu			10a		X		7			
C Was the plan covered by a fidelity bond?	b	Were there any nonexempt transactions with any party-in-interest	? (Do not	include transactions reported	10b		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?	С	•			10c	Χ					2500	000
e 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? g Did the plan have any participant loans? (If "Yes," enter amount as of year end.) 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 11 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.	d		-				X				2000	300
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? g Did the plan have any participant loans? (If "Yes," enter amount as of year end.)		,			100							
f Has the plan failed to provide any benefit when due under the plan?	e	insurance service or other organization that provides some or all of	of the bene	efits under the plan? (See	10e	X					53	333
g Did the plan have any participant loans? (If "Yes," enter amount as of year end.)	f	Has the plan failed to provide any benefit when due under the plan	n?		10f		X					
h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)		Did the plan have any participant loans? (If "Ves " enter amount a	s of year e	and)		X					0.44	000
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		If this is an individual account plan, was there a blackout period?	(See instru	uctions and 29 CFR	Ū		X				619	990
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)	i	If 10h was answered "Yes," check the box if you either provided the	ne required	d notice or one of the								
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)	Dowt		1-3		101							
11a Enter the amount from Schedule SB line 39		Is this a defined benefit plan subject to minimum funding requirem								Yes	X	No
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.	112								·	103	^^	. 10
(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									No			
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.												
	а	If a waiver of the minimum funding standard for a prior year is being	ng amortiz	ed in this plan year, see instru		and e	_	ne date of			ling	
b Enter the minimum required contribution for this plan year	If											
	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

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).

OMB Nos. 1210-0110 1210-0089

2012

This Form is Open to Public Inspection

Pension Bene	efit Guaranty Corporation	➤ Complete all entries in ac	cordance with the instruct	tions to the Form 5500	-SF.			
		dentification Information						
		cal plan year beginning	01/01/2012	and ending		12/31/201	2	
A This retu	rn/report is for:	a single-employer plan	a multiple-employer pla	an (not multiemployer)	L	a one-partici	oant plan	
B This retu	rn/report is:	the first return/report	the final return/report		0			
		an amended return/report		n/report (less than 12 m	ontns) r			
C Check bo	ox if filing under:	Form 5558	automatic extension			DFVC progra	am	
		special extension (enter desc	ription)					
Part II	Basic Plan Infor	mation—enter all requested inf	ormation				,	
1a Name o	f plan					Three-digit plan number		
Axio	Employees' Re	tirement Options				(PN)	00:	2
					1c	Effective date o		
	onsor's name and add	ress; include room or suite numb	er (employer, if for a single-	employer plan)	2b	Employer Identi (EIN) 20-189	fication Nun 5965	nber
ANIO	Research, Hac					Sponsor's telep		er
						(206) 547-		
2601	Fourth Ave St	e 200			2d	Business code	see instruct	ions)
Seatt	le			98121		541990		
3a Plan ad	ministrator's name an	d address 🏻 Same as Plan Spon	sor Name Same as Plan	Sponsor Address	3b	Administrator's	EIN	
4 If the na	ame and/or EIN of the	plan sponsor has changed since	the last return/report filed fo	or this plan, enter the	4b	EIN		
name, a Sponso		nber from the last return/report.			4c	PN		
		at the beginning of the plan year.			5a			82
		at the end of the plan year			5b			83
C Numbe	er of participants with a	account balances as of the end of	the plan year (defined bene	fit plans do not	5c			76
		during the plan year invested in			•••••	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	X Yes	No
b Are vo	u claiming a waiver of	the annual examination and repo	rt of an independent qualifie	ed public accountant (IQ	≀PA)			П.,
under	29 CFR 2520.104-463	' (See instructions on waiver eligit	oility and conditions.)				X Yes	∐No
		ther line 6a or line 6b, the plan						
Caution: A	penalty for the late of	or incomplete filing of this retur	n/report will be assessed	unless reasonable car	use is	established.	lala O ala	ماريام
SB or Sche	alties of perjury and othe dule MB completed ar rue, correct, and comp	ner penalties set forth in the instru nd signed by an enrolled actuary, olete.	ctions, I declare that I have as well as the electronic ver	examined this return/repor	port, ir t, and	to the best of m	y knowledge	and
SIGN	in (Unite Richard 7/2/2013 ANITA RICHARD							
HERE	Signature of plan a		Date	Enter name of individ	lual sig	gning as plan ad	ministrator	
arav.	Olgridate of plants		7/5/13			0K5		
SIGN HERE	Loce of	- 1087a		Enter name of individ			er or olan si	onsor
EMPARISH SACRESSES	Signature of emplo	yer/plan sponsor ame, if applicable) and address; i	Date nclude room or suite numbe			parer's telephon		
riepaiei si	manic (moraning mini)	a						

7 Plan Assots and Liebtities	Pai	t III Financial Information						
a Total plan issels								
b Total plan isibilities. 7b C Nat plan assets (subthact line 7b from line 7a) 7c C 3,808,955 4,690,02 A 1,690,02 A 1,690,02			7a	3,808	,955	5		4,690,021
8 Income, Expresses, and Transfers for his Plan Year 8 Contributions received or receivable from: (1) Employers (2) Participants (3) Others (noticeding rollovers) (3) Others (noticeding rollovers) (3) Others (noticeding rollovers) (4) Employers (5) Other income (uso) (6) Other income (uso) (7) Other income (uso) (8) Other income (uso) (8) Other (noticeding rollovers) (9) Other (noticeding rollovers) (10) Other (noticed			7b					
8 income. Expresses, and Transfers for his Plan Year 1 Contributions received or receivable from: 1 Participants 2 Participants 3 Other sincendeding rollowers) 3 Other sincendeding rollowers 4 Bag(2) 3 Chart sincendeding rollowers 4 Bag(3) 3 Others (received field lines Bag(3) Bag(3), and Bb) 4 Bag(2) 4 The participants 5 Contain Income (class) 5 Contain Income (class) 6 Contain deemed andicer corrective distributions (see instructions) 6 Contain deemed andicer corrective distributions (see instructions) 7 Contain separases (and lines Bag(3) Bag(3), and Bb) 8 Contain deemed andicer corrective distributions (see instructions) 8 Contain exponses (and lines Bag(3), and Bb) 8 Contain exponses (and lines Bag(3), and Bb) 8 Contain exponses (and lines Bag(3), and Bb) 8 Contain deemed andicer corrective distributions (see instructions) 8 Contain exponses (and lines Bag(3), and Bb) 8 Contain exponses (and lines Bag(3), and Bb) 8 Contain deemed and corrective distributions (see instructions) 9 Contain exponses (and lines Bag(3), and Bb) 9 Contain exp	c	Net plan assets (subtract line 7b from line 7a)	7c	3,808	,955	ō		4,690,021
a Contributions receivable from: (1) Employers 88(2) 334, 335 (3) Others (including rollavers) 88(2) 334, 335 (3) Others (including rollavers) 88(2) 334, 335 (3) Others (including rollavers) 88(2) 334, 335 (4) Other (including rollavers) 88(2) 334, 335 (5) Other (including rollavers) 88(2) 334, 335 (6) Other (including rollavers) 88(2) 334, 335 (7) Other (including rollavers) 88(2) 37, 304 (8) Other (including rollavers) 88(2) 977, 307 (8) Earth (including rollavers) 88(2) 977, 307 (8) Earth (including rollavers) 88(3) 93, 604 (9) Other (including rollavers) 88(3) 93, 604 (9) Other (including rollavers) 89(3) Other (including rollavers) 89(4) Other (including rollavers) 89(5) Other (including rollavers) 89(6) Other (including rollavers) 89(7) Other (including rollavers) 89(8) O				(a) Amount				(b) Total
(2) Participants. (3) Others (including rollowers). (34) Others (including rollowers). (35) Others (including rollowers). (36) Others (including rollowers). (38) Others (including rollowers). (38) Others (including rollowers). (38) Others (including rollowers). (38) Others (including direct rollowers and insurance permissing to provide benefits). (48) Other expenses (and finance (and fines saft), 8a(2), 8a(3), and 8b). (50) Other expenses (and including direct rollowers and insurance permissing to provide reported distributions (see instructions). (50) Other expenses (and including direct rollowers and insurance). (51) Other expenses. (52) Other expenses. (53) Others expenses. (54) Other expenses. (54) Other expenses. (55) Other expenses. (56) Other expenses. (56) Other expenses. (57) Other expenses. (58) Other expenses. (59) Other expenses. (59) Other expenses. (59) Other expenses. (69) Other expenses. (69) Other expenses. (60) Other expen		Contributions received or receivable from:		1 2 2	12	1		
(a) Other income (loss). (b) Other income (loss). (c) Total income (odd lines 8d, 1), 8d(2), 8d(3), and 8b). (d) Benefits paid (including offect rollovers and insurance premiums to provide benefits). (e) Certain deemed and/or corrective distributions (see instructions). (e) Go Other expenses. (f) Administrative service providers (sealaries, fees, commissions). (e) Go Other expenses. (e) Go Other expense			 					
D Other income (loss) C Total Income (add lines 88(1), 8e(2), 8e(3), and 8b) B 6e 977, 31 d Benefits paid (including direct collovers and insurance premiums to provide benefits) B 6d 93, 604 6 Cartain deemed endor corrocive distributions (soci instructions) B 6d 93, 604 6 Cartain deemed endor corrocive distributions (soci instructions) B 7 Administrative service providers (estates) B 8			†******	334	, , , , , .	1		
d Benefits paid (including direct rollovers and insurance premiums to provide benefits). d Benefits paid (including direct rollovers and insurance premiums to provide benefits). e Corfain deemed and/or corrective distributions (see instructions). 8d 93,604 e Corfain deemed and/or corrective distributions (see instructions). 8d 2,717 g Other expenses. 8d 9,717 g Other expenses. 8d 9,717 Transfors to (trom) the plan (see instructions). 8d 9,6,3 I Not income (loss) (subtract line 8h from line 80				520	63	1		
Benefits ped (including direct rollowers and insurance premiums to provide benefits) 6 Benefits ped (including direct rollowers and insurance premiums to provide benefits) 7 Administrative service providers (salaries, fees, commissions)				320	, 65			977 387
to provide benefits). 6 Cartain deemed and/or corroctive distributions (see instructions). 8 Bd	C	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	. 8c			411		
F Administrative service providers (salaries, fees, commissions). 8f 2,717		to provide benefits)	 	93	,60	4		
g Other expenses and dines 8d, 8e, 8f, and 8g)	<u>e</u>		. 8e		71	7		
h Total expenses (add lines 8d, 8e, 8f, and 8g) 8i 96, 3. i Net income (loss) (subbract line 8h from line 8c) 8i 681, 0 j Transfers to (from) the plan (see instructions) 8j 8 Part IV Plan Characteristics 3a 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 2T 3D 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: 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 Fidiciary 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? d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? e 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? g Did the plan have any participant loans? (If "Yes," enter amount as of year end.)	f	Administrative service providers (salaries, fees, commissions)	. 8f		2,/1	4		
In total exponesse (acob lines et o., et o., start o.g.). In Net income (loss) (subtract line 8h from line 8c). 8	g	Other expenses	. 8g		y Santa	(1- 5)	Salay 15	0.6 201
Transfers to (from) the plan (see instructions) 8j Part IV Plan Characteristics Part IV Plan Characteristic Part IV	h	Total expenses (add lines 8d, 8e, 8f, and 8g)	. 8h			-		
Part IV	i_		. 8i				- 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.	881,066
9a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 2	j	Transfers to (from) the plan (see instructions)	8j					
9a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 2	Pa	rt IV Plan Characteristics					·····	
10 During the plan year: 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) 10a	red test	If the plan provides welfare benefits, enter the applicable welfare	feature co	des from the List of Plan Charac	cterist	ic Coc	les in th	ne instructions:
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.)						Yes	No	Amount
b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a)	10	Was there a failure to transmit to the plan any participant contribu	utions with	in the time period described in	10a		Х	
C Was the plan covered by a fidelity bond?		Were there any nonexempt transactions with any party-in-interes	st? (Do not	include transactions reported	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?					10c	Х		250,000
e 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.)					100			
insurance service or other organization that provides some or all of the benefits under the plan? (see instructions.)		or dishonesty?			10d		Х	
f Has the plan failed to provide any benefit when due under the plan?	4	insurance service or other organization that provides some or all	of the ber	netits under the plan? (See	10e	Х		5,333
g Did the plan have any participant loans? (If "Yes," enter amount as of year end.)					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					1	v		61 990
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					10g	Λ.	 -	01,000
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)		2520.101-3.)			10h		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)		If 10h was answered "Yes," check the box if you either provided	the requir	ed notice or one of the	10i			
11a Enter the amount from Schedule SB line 39		exceptions to providing the notice applied under 29 CFR 2520.1	01-3	***************************************	<u> </u>			
11a Enter the amount from Schedule SB line 39	Pa	exceptions to providing the notice applied under 29 CFR 2520.1 rf VI Pension Funding Compliance	01-3					
Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA? Yes XI (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 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.		exceptions to providing the notice applied under 29 CFR 2520.1 It VI Pension Funding Compliance Is this a defined benefit plan subject to minimum funding require	01-3 ments? (If	"Yes," see instructions and cor	mplete	Sche	dule S	B (Form Yes X 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	exceptions to providing the notice applied under 29 CFR 2520.1 It VI Pension Funding Compliance Is this a defined benefit plan subject to minimum funding require 5500) and line 11a below) a Enter the amount from Schedule SB line 39.	01-3 ments? (If	"Yes," see instructions and cor			11a	
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. If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.	11	exceptions to providing the notice applied under 29 CFR 2520.1 It VI Pension Funding Compliance Is this a defined benefit plan subject to minimum funding require 5500) and line 11a below) a Enter the amount from Schedule SB line 39.	01-3 ments? (If	"Yes," see instructions and cor			11a	
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- 10 h	11 12	exceptions to providing the notice applied under 29 CFR 2520.1 It VI Pension Funding Compliance Is this a defined benefit plan subject to minimum funding require 5500) and line 11a below) a Enter 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 belo If a waiver of the minimum funding standard for a prior year is be granting the waiver.	ments? (If	"Yes," see instructions and corments of section 412 of the Cocicable.) itzed in this plan year, see instru	le or s uctions	ection	11a 302 of	FERISA? Yes X No
M Lifter the transfer required continuence.	11 12	exceptions to providing the notice applied under 29 CFR 2520.1 It VI Pension Funding Compliance Is this a defined benefit plan subject to minimum funding require 5500) and line 11a below) a Enter 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 belo If a waiver of the minimum funding standard for a prior year is be granting the waiver.	ments? (If	"Yes," see instructions and corments of section 412 of the Cocicable.) itzed in this plan year, see instru	le or s uctions	ection	11a 302 of enter to Day	FERISA? Yes X No the date of the letter ruling

	Form 5500-SF 2012 Page 3 -			
	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				
	Has a resolution to terminate the plan been adopted in any plan year?		Yes X N	0
	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
C	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		
	3c(1) Name of plan(s):	3c(2) E	EIN(s)	13c(3) PN(s)
Baseries	MARTIN .			
Part	VIII Trust Information (optional)	11h -	Trust's EIN	
14a	Name of trust	140	ITUSES CIN	

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