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).

2042

OMB Nos. 1210-0110

1210-0089

2012

This Form is Open to Public Inspection

UNITED STATES ELECTRIC CORPORATION OF WASHINGTON 2c Sponsor's telephone number 206.391-7360 2d Business code (see instructions 238210 3a Plan administrator's name and address Same as Plan Sponsor Name Same as Plan Sponsor Address Sale 10 3b Administrator's EIN 3b Administrator's telephone number 70 OLYMPIA, WA 98507 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. 4 Sponsor's name 5a Total number of participants at the beginning of the plan year	i chalon b	enerit Guaranty Corporation	 Complete all entries in ac 	cordance with the instr	uctions to the Form 550	0-SF.				
A This return/report is for: A This return/report a single-employer plan a multiple-employer plan (not multiemployer) a one-participant plan B This return/report the final return/report the final return/report a one-participant plan an amended return/report a short plan year return/report (less than 12 months) C Check box if filing under:	Part I	Annual Repor	t Identification Information							
B This return/report is:	For calend	lar plan year 2012 or	fiscal plan year beginning 01/01/	2012	and ending 1	12/31/20	112			
C Check box if filing under:		·) a one-participant plan							
C Check box if filing under:			an amended return/report	a short plan year retu	urn/report (less than 12 m	onths)				
Special extension (enter description) Tal Name of plan Three-digit plan number Three-dig	C Check	hox if filing under	☐ Form 5558	吊		Ĺ	DFVC progra	am		
Part II Basic Plan Information—enter all requested information 1a Name of plan UNITED STATES ELECTRIC CORP OF WASHINGTON 401(K) PLAN 2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) UNITED STATES ELECTRIC CORPORATION OF WASHINGTON 2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) UNITED STATES ELECTRIC CORPORATION OF WASHINGTON 2b Employer Identification Number (EIN) 13-4224477 2c Sponsor's telephone number 2308-17360 2d Business code (see instructions 2308-17360) 3d Administrator's tellophone number complete the last return/report filed for this plan, enter the name, EIN, and the plan number for the last return/report. 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 for plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN, and the plan number for plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN, and the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN, and the plan sponsor has changed since the last return	• Oncor	box ii iiiiiig dildei.	片			L] -			
1 In Three-digit plan number (PN)	Dowt II	Dania Diam Inf	<u> </u>	• /						
UNITED STATES ELECTRIC CORP OF WASHINGTON 401(K) PLAN 2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) UNITED STATES ELECTRIC CORPORATION OF WASHINGTON 2b Employer identification Number (EIN) 13-4224477 2c Sponsor's telephone number 20-6391-7360 2d Business code (see Instructions 238210 3a Plan administrator's name and address Same as Plan Sponsor Name Same as Plan Sponsor Address NITED STATES ELECTRIC CORPORATION OF P.O. BOX 87 OLYMPIA, WA 98507 3c Administrator's telephone number 13-4224477 3c Administrator's telephone number 20-6391-7360 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. a Sponsor's name 4 EIN 5 Total number of participants at the beginning of the plan year. 5 Total number of participants at the end of the plan year. 5 Total number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item). 5 A Vere all of the plan's assests during the plan year invested in eligible assets? (See instructions.) 5 A Vere all of the plan's assets during the plan year invested in eligible assets? (See instructions.) 5 A Vere all of the very seem of the same and report of an independent qualified public accountant (IOPA) under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.) 4 Yes D 4 Very our observed "No" to elither line 6a or line 6b, the plan cannot use Form 5500-SF and must instead use Form 5500. 5 Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established. 5 Under penalties of perjury and other penalties set forth in the instructions, ideclare that I have examined this return/report, including, if applicable, a Schedul Ser of Penalty of the late or incomplete filing of this return/report will be assessed unless reasonable cause is established. 5			ormation—enter all requested inf	ormation		41		1		
2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) UNITED STATES ELECTRIC CORPORATION OF WASHINGTON 2b Employer Identification Number (EIN) 13-4224477 2c Sponsor's telephone number 206-391-7360 2d Business code (see instructions 238210 3a Plan administrator's name and address Same as Plan Sponsor Name Same as Plan Sponsor Address 3b Administrator's Electric CORPORATION OF P.O. BOX 87 OLYMPIA, WA 98507 3c Administrator's Elephone number 206-391-7360 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. 4 Sponsor's name 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. 4 Sponsor's name 5 Total number of participants at the beginning of the plan year. 5 In total number of participants at the end of the plan year. 5 In total number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item). 5 If you answered "No" to either line 6 aor line 6b, the plan cannot use Form 5500. Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established. Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including, if applicable, a Schedul 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. Signature of plan administrator Date Enter name of individual signing as plan administrator			DD OF WASHINGTON 404/K) DI AI	NI			-			
Tight Complete C	UNITED ST	ATES ELECTRIC CO	RP OF WASHINGTON 401(K) PLA	N				001		
2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) UNITED STATES ELECTRIC CORPORATION OF WASHINGTON P. O. BOX 87 OLYMPIA, WA 98507 2d Business code (see instructions 288210 3a Plan administrator's name and address Same as Plan Sponsor Name Same as Plan Sponsor Address NITED STATES ELECTRIC CORPORATION OF P. O. BOX 87 OLYMPIA, WA 98507 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. a Sponsor's name 5a Total number of participants at the beginning of the plan year. b Total number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this tem). c Number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this tem). 5a 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 of this plan do not not expert the same and the plan year invested in eligible assets? (See instructions.) 5b 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 for this plan do not surface the plan year waiver of the annual examination and report of an independent qualified public accountant (IQPA) If you answered "No" to either line of this plan can rine for this return/report, including, if applicable, a Schedul SB or Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/report, including, if applicable, a Schedul SB or Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/report, including, if applicable, a Schedul SB or Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/report, including, if										
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ASHINGTON P. O. BOX 87 OLYMPIA, WA 98507 Administrator's telephone numb 206-391-7360 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. a Sponsor's name 4c PN 5a Total number of participants at the beginning of the plan year						2d B			ons)	
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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. 3 Sponsor's name 4c PN 5a Total number of participants at the beginning of the plan year						3c Administrator's telephone number 206-391-7360				
Total number of participants at the beginning of the plan year	name	e, EIN, and the plan no		the last return/report filed	for this plan, enter the					
b Total number of participants at the end of the plan year			s at the beginning of the plan year			_			24	
C Number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item)			0 0 , ,							
Complete this item)						ac			19	
Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.) Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.) If you answered "No" to either line 6a or line 6b, the plan cannot use Form 5500-SF and must instead use Form 5500. Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established. Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including, if applicable, a Schedul 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 HERE Filed with authorized/valid electronic signature. Date Enter name of individual signing as plan administrator				' '	•	5c			19	
b Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.) If you answered "No" to either line 6a or line 6b, the plan cannot use Form 5500-SF and must instead use Form 5500. Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established. Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including, if applicable, a Schedul 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 HERE Filed with authorized/valid electronic signature. Date Enter name of individual signing as plan administrator		,					I .	x Yes	No	
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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 Schedul 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 HERE Filed with authorized/valid electronic signature. O7/12/2013 BRADY MALCOLM Signature of plan administrator Date Enter name of individual signing as plan administrator	If you	answered "No" to	either line 6a or line 6b, the plan c	annot use Form 5500-S	F and must instead use	Form 5	500.			
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HERE Signature of plan administrator Date Enter name of individual signing as plan administrator	SB or Sch	edule MB completed	and signed by an enrolled actuary, a	•			O, 11	,		
Signature of plan administrator Date Enter name of individual signing as plan administrator		Filed with authorized	d/valid electronic signature.	07/12/2013	BRADY MALCOLM					
area.	HERE	Signature of plan	administrator	Date	Enter name of individ	lual signi	ing as plan adn	ninistrator		
SIGN	SIGN								-	
HERE Signature of employer/plan sponsor Date Enter name of individual signing as employer or plan sponsor		Signature of empl	over/plan enoneor	Date	Enter name of individ	lual eigni	ing as employe	or or plan eno	neor	
	1,	3								

Form 5500-SF 2012 Page **2**

Por	+ III Einangial Information		-						
	Part III Financial Information 7 Plan Assets and Liabilities (a) Beginning of Year (b) End of Year								
		(a) Beginning of Ye					(b) End of Year 631977		
	Total plan assets 7a 469102 Total plan liabilities 7b								
	Net plan assets (subtract line 7b from line 7a)						631977		
	Income, Expenses, and Transfers for this Plan Year		(a) Amount	, <u> </u>			(b) Total		
	Contributions received or receivable from:			(b) Total					
	(1) Employers	8a(1)	3844	.9					
	(2) Participants	8a(2)	8539	97					
	(3) Others (including rollovers)								
<u>b</u>	Other income (loss)	8b	5693	32					
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c					180778		
	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	1250)5					
	Certain deemed and/or corrective distributions (see instructions)	8e	1340						
	Administrative service providers (salaries, fees, commissions)	8f	265	1					
	Other expenses	8g	274	7					
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h					17903		
i	Net income (loss) (subtract line 8h from line 8c)	8i					162875		
j	Transfers to (from) the plan (see instructions)	8j							
Par	t IV Plan Characteristics								
9a	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 2J 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	NI-			
10 a	During the plan year:	tions withi	n the time period described in	ı	Yes	No	Amount		
	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)					X			
	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)					X			
С	Was the plan covered by a fidelity bond?						300000		
d	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?					X			
е	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.)					X			
f						X			
g							11209		
h						X	11200		
ī									
Part	1 1 0 11	1-3		10i					
11	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)								
11a	1a Enter the amount from Schedule SB line 39								
12	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.)									
a	If a waiver of the minimum funding standard for a prior year is beir granting the waiver.	•			and e	enter th Day	ne date of the letter ruling Year		
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									

	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

Employee Benefits Security Administration Pension Benefit Guaranty Corporation

Department of Labor

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	Annual Report	Identification Information							
For calend	ar plan year 2012 or fi	scal plan year beginning	01/01/2012	and ending	12	2/31/2012			
A This re	turn/report is for:	X a single-employer plan	le-employer plan						
B This re	return/report is:								
		an amended return/report	a short plan year retu	m/report (less than 12 mo	onths)				
C Check	box if filing under:			DFVC program					
		special extension (enter descri	iption)						
Part II	Basic Plan Info	rmation—enter all requested inf	ormation						
1a Name UNITED		RIC CORP OF WASHINGTO	ON 401(K) PLAN		pla	nree-digit an number 001			
					1¢ Ef	fective date of plan			
2a Plans UNITED	ponsor's name and ad STATES ELECT	dress; include room or suite numbe RIC CORPORATION OF WA	er (employer, if for a single SHINGTON	-employer plan)	2b Employer Identification Number (EIN) 13-4224477				
P. O.	BOX 87					ponsor's telephone number 06-391-7360			
OLYMPI.	A	WA 98507				usiness code (see instructions) 38210			
3a Plan a	dministrator's name ar	nd address Same as Plan Spons	or Name Same as Pla	n Sponsor Address		iministrator's EIN			
UNITED	STATES ELECT	RIC CORPORATION OF WA	SHINGTON	:	13-4224477 3c Administrator's telephone number				
P. O.	BOX 87				20	06-391-7360			
OLYMPI.		WA 98507							
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.									
	or's name			VAC-00-10-00-00-00-00-00-00-00-00-00-00-00-	4c Pi	N			
		at the beginning of the plan year			5a	24			
b 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 item).									
6a Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)									
b Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.)									
		or incomplete filing of this return							
		her penalties set forth in the instruc							
SB or Sche		nd signed by an enrolled actuary, a							
SIGN					1				
HERE	Signature of plan a	dministrator	Date	Enter name of individual signing as plan administrator					
SIGN									
HERE	Signature of emplo	yer/plan sponsor	Date	Enter name of individu	ıal signir	ng as employer or plan sponsor			
Preparer's name (including firm name, if applicable) and address; include room or suite number (optional)						er's telephone number (optional)			
			•						

Pa	rt III Financial Information									
7							(b) E	nd of Y	ear	
a	(a) asgining of the						<u> </u>			1977
b										
С	Net plan assets (subtract line 7b from line 7a)	6910	2				63:	1977		
8	Net plan assets (subtract line 7b from line 7a) 7c 4 Income, Expenses, and Transfers for this Plan Year (a) Amount						(b) Total		
a	Contributions received or receivable from:					1 1				
	(1) Employers	8a(1)		3844						
	(2) Participants									
	(3) Others (including rollovers)	8a(3)								
		. 8b		5693	2		•			
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	. 8c							18	0778
	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	. 8d		1250	5					
e	Certain deemed and/or corrective distributions (see instructions)	8e								
f	Administrative service providers (salaries, fees, commissions)	8f		265	1					
<u>g</u>	Other expenses	8g		274	7					
<u>h</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							1'	7903
<u>.</u>	Net income (loss) (subtract line 8h from line 8c)	. 8i							162	2875
	Transfers to (from) the plan (see instructions)	8j				. '				
b	If the plan provides welfare benefits, enter the applicable welfare for the two compliance Questions	eature cod	es from the List of Plan Chara	cteristi	ic Cod	les in t	he instru	uctions		
10	During the plan year:				Yes	No		Δm	ount	
	Was there a failure to transmit to the plan any participant contribut 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu			10a		Х		Aili	Ourit	
b	b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)									
С				10c	Х				300	0000
d	d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?					Х				
е	or dishonesty?									
f	f Has the plan failed to provide any benefit when due under the plan?					Х				
g	g Did the plan have any participant loans? (If "Yes," enter amount as of year end.)								1:	1209
h	h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)					Х				
i									1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	ŊŶĸ
Part	VI Pension Funding Compliance									
11	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)	ents? (If "	Yes," see instructions and com	plete	Sched	dule SE	3 (Form	Г	Yes	No
11a	11a Enter the amount from Schedule SB line 39									
12										
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,							· L		
а	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.										
b	b Enter the minimum required contribution for this plan year									