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).

0040

2012

OMB Nos. 1210-0110

1210-0089

This Form is Open to Public Inspection

Pension Be	enerit Guaranty Corporation	▶ Complete all entries in acc	ordance with the instru	uctions to the Form 550	0-SF.			
Part I	Annual Report	Identification Information						
For calenda	ar plan year 2012 or fi	iscal plan year beginning 01/01/2	012	and ending 1	12/31/2	2012		
A This return/report is for: a single-employer plan a multiple-employer plan (not multiemployer) a one-participant plan b This return/report is: the first return/report the final return/report								
		an amended return/report	☐ ☐a short plan vear retu	ırn/report (less than 12 m	onths)			
C Chack h	box if filing under:	☐ Form 5558	automatic extension		,	DFVC progra	am	
O CHECK I	oox ii iiiiiig dildei.							
Dort II	Pasis Blan Infe	special extension (enter descrip						
Part II		ormation—enter all requested info	rmation		1 h	The second section	Γ	
1a Name	of plan FORD, INC. 401(K) P	I AN & TRUST			ID	Three-digit plan number		
DILL SELIO	1 OND, INC. 401(IN) 1	LANG TROOT				(PN) ▶	001	
					1c	Effective date o	f plan	
							/1992	
2a Plan sp BILL SELIG	ponsor's name and ac FORD, INC.	ddress; include room or suite number	(employer, if for a single	e-employer plan)	2b	Employer Identi (EIN) 06-08	fication Number 62441	
801 BI OOM	IFIELD AVENUE				2c	Sponsor's telep		
WINDSOR,					2d	Business code ((see instructions)	
3a Plan a		nd address Same as Plan Sponso	r Name Same as Pla	an Sponsor Address	3b	Administrator's	EIN 362441	
ILL SLLIG F	ORD, INC.	WINDSOR,			3с	Administrator's 860-688	telephone number 3-3651	
		e plan sponsor has changed since th	e last return/report filed	for this plan, enter the	4b	EIN		
	, Ent, and the plan hu or's name	imber from the last return/report.			4c	PN		
		s at the beginning of the plan year			5a		49	
		s at the end of the plan year			5b			
		account balances as of the end of th			30		47	
		account balances as of the end of th	• •	•	5c		23	
b Are you under	ou claiming a waiver o 29 CFR 2520.104-46	is during the plan year invested in eliquifithe annual examination and report in the instructions on waiver eligibilities and the plan are	of an independent qualif ty and conditions.)	ied public accountant (IQ	PA)		X Yes No X Yes No	
		either line 6a or line 6b, the plan ca						
Under pena SB or Sche	alties of perjury and of	or incomplete filing of this return/ ther penalties set forth in the instructi and signed by an enrolled actuary, as applete.	ons, I declare that I have	e examined this return/rep	port, ir	cluding, if applic	,	
SIGN	Filed with authorized	/valid electronic signature.	07/31/2013	THOMAS SELIG				
HERE	Signature of plan a	administrator	Date	Enter name of individ	ual sig	ıning as plan adr	ninistrator	
SIGN								
HERE	Signature of emplo	over/plan sponsor	Date	Enter name of individ	ual sid	ining as employe	er or plan sponsor	
Preparer's		name, if applicable) and address; incl	ude room or suite numb				number (optional)	

Form 5500-SF 2012 Page **2**

7 Plan Assets and Liabilities	Pai	t III Financial Information										
a Total plan isabilities. 7 b Total plan isabilities. 7 c 1178586 1394864 8 Income, Expenses, and Transfers for this Plan Year (a) Amount (b) Total 8 Contributions received or rescubible form: (1) Employers 8 et 2) 68883 (3) Others (including ollevers). 8 et 2) 8 et 3) 6 Others (including ollevers). 8 et 3) 9 Other expenses. 9 g 1 Total including ollevers distributions (see instructions). 8 et 311 9 other expenses. 9 g 1 Not increased of lines 8d, 8e, 8l, and 8g). 1 Not increased ollevers of lines 8d, 8e, 8l, and 8g). 8 h 1 Total expenses (add lines 8d, 8e, 8l, and 8g). 8 h 1 Total expenses (add lines 8d, 8e, 8l, and 8g). 8 h 1 Total expenses (add lines 8d, 8e, 8l, and 8g). 8 h 1 Total expenses (add lines 8d, 8e, 8l, and 8g). 8 h 1 Total expenses (add lines 8d, 8e, 8l, and 8g). 9 a) If the plan provides pression heredits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 2 et 2 et 3 et 2 et 2 et 3 et 3 et 2 et 3 et 3	7			(a) Beginning of Yea	ar			(b) End	of Y	ear		
b Total plan liabilities. 76 c Not plan assets (substract line 75 from line 7a). 7c 1170506 13344684 8 Income, Expense, and Transfers or this Plan Veer a Contributions received or receivable from: (1) Employers 8 at(1) 0 2(2) Participants 8 at(2) (3) Others (incuding rellovers). 8 at(3) b Other income (loss). 8 at(3) c Total income (eds) lines 8 at(1), 84(2), 84(3), and 8b). 8c c Total income (edd lines 8d(1), 84(2), 84(3), and 8b). 8c c Total income (edd lines 8d(1), 84(2), 84(3), and 8b). 8c c Total income (edd lines 8d(1), 84(2), 84(3), and 8b). 8c c Total income (edd lines 8d(1), 84(2), 84(3), and 8b). 8c c Total income (edd lines 8d(1), 84(2), 84(3), and 8b). 8c c Total income (edd lines 8d(1), 84(2), 84(3), and 8b). 8c c Total income (edd lines 8d(1), 84(2), 84(3), and 8b). 8c c Total income (edd lines 8d(1), 84(2), 84(3), and 8b). 8c c Total income (edd lines 8d(1), 84(2), 84(3), and 8b). 8c d Total separate search and and/or corrective distributions (see instructions). 8c f Administrative service providers (salarias, fees, commissions). 8t g Other expenses. 8g g The representative service providers (salarias, fees, commissions). 8t g Total expenses (and lines 8d, 8a, 8t, and 8g). 8h g Total expenses (and lines 8d, 8a, 8t, and 8g). 8h g Total expenses. 8g g The plan provides welfare the firm in 8b). 8i g Total expenses. 8g g The plan provides welfare benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 26 ET 25 23 24 25 27 25 25 20 25 25 25 25 25 25 25 25 25 25 25 25 25	а											
C Net plan assess (subtract line 7b from line 7a). 7c 1176566 1304604 8 Income, Expenses, and Transfers for this Plan Year (a) Amount (b) Total 10 Employers (b) C C C C C C C C 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) Employers. (5) Participants. (5) Employers. (6) Employers. (7) Employers. (8) Employers. (9) Employers. (9) Employers. (10) Employers. (•		117656	66				1:	39466	4	
a Contributions received or receivable from: (1) Employers: (2) Participants. (3) Others (including rollowers). (3) Others (including rollowers). (4) Expendition (including rollowers). (5) Other income (loss). (6) Other income (loss). (7) Total income (add lines 8d(1), 8d(2), 8d(3), and 8b). (7) Other including rollowers and insurance premiums or provide benefits paid (including direct rollowers and insurance premiums or provide benefits. (8) Expendition (including direct rollowers and insurance premiums or provide benefits. (8) Other expensed and/or corrective distributions (see instructions). (8) Expensed (including direct rollowers and insurance premiums or provide benefits. (9) Other expenses. (9) In the plan provides pension feeting the set of Plan Characteristic Codes in the instructions. (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 weffere feature codes from the List of Plan Characteristic Codes in the instructions. (9) If the plan provides pension benefits, enter the applicable weffere feature codes from the List of Plan Characteristic Codes in the instructions. (9) If the plan provides pension benefits, enter the applicable weffere feature codes from the List of Plan Characteristic Codes in the instructions. (9) If the plan provides pension benefits, enter the applicable weffere feature codes from the List of Plan Characteristic Codes in the instructions. (10) If the plan provides pension benefits, enter the applicable weffere feature codes from the List of Plan Characteristic Codes in the instructions. (10) If the plan provides pension benefits, enter the applicable weffere feature codes from the List of Plan Characteristic Codes in the instructions. (10) If the plan provides pension benefits, enter the applicable weffere feature codes f								(b)			•	
(1) Employers		·		(a) Amount				(0)	IOtai			
(3) Others (including rollovers)			. 8a(1)		0							
b Other income (loss)		(2) Participants	. 8a(2)	6968	39							
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)		(3) Others (including rollovers)	8a(3)									
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	b	Other income (loss)	. 8b	16609)2							
d Benefits paid (including direct rollovers and insurance premiums to provide benefits). e Cettain deemed and/or corrective distributions (see instructions) 86 f Administrative service providers (salaries, fees, commissions) 87 g Other expenses (add lines 8d, 8e, 8f, and 8g) 8h f Total expenses (add lines 8d, 8e, 8f, and 8g) 8h f Note income (loss) (subtract line 8h from line 8c) 8l g Transfer to (from) the plan (see instructions) 8g f Transfer to (from) the plan (see instructions) 8g part IV Plan Characteristics g If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 22 27 26 20 20 X 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 25103-1027 (See instructions and DOL's Voluntary Fiduciary Correction Program)			. 8c						2	23578	1	
f Administrative service providers (salaries, fees, commissions)	d	Benefits paid (including direct rollovers and insurance premiums	. 8d	1737	′2							
Solution	е	Certain deemed and/or corrective distributions (see instructions)	. 8e									
Total expenses (add lines 8d, 8e, 8f, and 8g)	f	Administrative service providers (salaries, fees, commissions)	. 8f	31	1							
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)								1768	3	
Transfers to (from) the plan (see instructions) 8j												
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 20 2J K 27 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 Ves No Amount		· · · · · · · · · · · · · · · · · · ·										
9a	Par	t IV Plan Characteristics	, oj									
Description Figure Description During the plan pear: Yes No Amount		If the plan provides pension benefits, enter the applicable pension	feature co	odes from the List of Plan Char	acteris	stic Co	odes in	the instru	ictions	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) 10a	b	If the plan provides welfare benefits, enter the applicable welfare fe	eature cod	les from the List of Plan Chara	cterist	ic Cod	des in t	he instruc	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) 10a	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	10	<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.)	а	Was there a failure to transmit to the plan any participant contribu			10a		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?	b	Were there any nonexempt transactions with any party-in-interest	t? (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	Was the plan covered by a fidelity bond?			10c	Χ					150	1000
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.)	d		-				X				130	000
f Has the plan failed to provide any benefit when due under the plan?	е	Were any fees or commissions paid to any brokers, agents, or oth	ner person	s by an insurance carrier,	100	V						
g Did the plan have any participant loans? (If "Yes," enter amount as of year end.)		instructions.)			10e	X					2	103
h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	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.) 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	g	Did the plan have any participant loans? (If "Yes," enter amount a	s of year	end.)	10a	X					106	105
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)	h		•		10h	X						
Part VI Pension Funding Compliance 11	i				10i	X						
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)	Part											
11a Enter the amount from Schedule SB line 39		Is this a defined benefit plan subject to minimum funding requirem							.	Yes	П	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.	11a											
(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 o	_	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					

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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?	e control Yes			
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

Short Form Annual Return/Report of Small Employee Benefit Plan

OMB Nos, 1210-0110 1210-0089

Internal Reveni	ue Service	This form is reau	ired to be filed ur	ider sections 104 ar	d 4065 of the Employed	e	2012			
Department of Lebor Employee Benefits Security Administration Retirement income Security Act of 1974 (ERISA), and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code). This Form is Open to inspection							This Form is Open to Public Inspection			
Pension Benefit Guaranty Corporation Complete all entries in accordance with the instructions to the Form 5500-SF.										
		lentification Inform		1 /0010	and anadian		10/34/5010			
For calendar plan y		al plan year beginning		1/2012	and ending		12/31/2012			
A This return/repo	ort is for:	x a single-employer pla	an ar	nuitiple-employer pia	in (not multlemployer)		a one-participant plan			
B This return/repo	ort ls:	the first return/report	the	final return/report						
	Ī	an amended return/n	eport 🗌 a si	hort plan year return	report (less than 12 mi	onths)				
C Check box if fili	na under:	Form 5558	🗍 au	tomatic extension		Γ	DFVC program			
		= special extension (er	nter description)							
Part II Bast	c Plan Inforc	nation—enter all requ			<u>. </u>					
1a Name of plan	o Fian infor	mation—enter atricqu	rested implifiatio			1b 1	Three-digit			
•	FORD, INC.	401(K) PLAN	& TRUST				nedmun nelq			
		,					(PN) Þ 001			
							Effective date of plan			
		-)1/01/1992			
2a Plan sponsor's BILL SELIG		ess; Include room or su	Ite питьег (empl	oyer, if for a single-	employer plan)		mployer Identification Number			
DIND SENIG	FORD, INC.					_	(EIN) 06-0862441			
801 BLOOMFI	ET.TY ANTENDIE	a.			,		Sponsor's telephone number 860–688–3651			
QQI DECOMPI	EDD AVENOR	•					Busine ss code (see instructions)			
WINDSOR		CT 0	6095				441110			
	stor's name and	address Same as Pt		e Same as Plan	Spannar Address	3b .	Administrator's EIN			
BILL SELIG		_					06-0862441			
DIDD 00010	roim, ino.	ı				3c Administrator's telephone number				
801 BLOOMFI	ELD AVENUE	Z.				860-688-3651				
001 22001111		"				i				
WINDSOR		CT 0609	5							
		olan sponsor has chang		return/report filed fo	rthis plan, enter the	4b EIN				
	•	per from the last return/r	report.			4c PN				
a Sponsor's nan		Live heatening of the mi	88 1100F	<u></u>			<u> </u>			
		t the beginning of the pl				5a	49			
b Total number of participants at the end of the plan year						5b	47			
		count balances as of th				5c_	23			
6a Were all of th	e plan's assets d	during the plan year inve	ested in eligible e	ssets? (See Instruct	lons.)		oN seY X			
b Are you claim	ing a waiver of the	he ennual examination a	and report of an i	ndependent qualifie	QI) public accountant (IQ					
under 29 CFF	R 2520.104-46? ((See Instructions on wai	iver eligibility and	conditions.)						
		er line 6a or ilne 6b, ti								
Caution: A penalt	y for the late or	Incomplete filing of the	nis return/report	Will be assessed t	intess reasonable cau	ISE IS 6	establianeo.			
Under penalties of SB or Schadula Mi	perjury and othe R completed and	r penalties set forth in t signed by an enrolled :	ne instructions, i actuary as wall s	deciare that I have (is the electronic vers	examined this return/report	and to	cluding, if applicable, a Schedule o the best of my knowledge and			
belief, it is true, car	rect, and comple	ete.	7				· -			
	//^/ /	-//-//		7-3/ /3	Thomas Selig					
SIGN /	/S	-1/5/-		7-3/-/3						
Signa Signa	ture of plan adr	ninistrator (\supset	Date	Enter name of Individ	ual sigr	ning as plan <u>administrator</u>			
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 sulte number (optional)					Prepa	arer's telephone number (optional)				
l										

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Pa	rt III Financial information							
7	Plan Assets and Liebilities		(a) Beginning of Yes	iF			(b) End of Year	
а	Total plan assets	7a	11'	7656	6			1394664
b	Total plan llabilities	7b						
С	Net plan assets (subtract line 7b from line 7a)	7c	11'	7656	56			1394664
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount	·			(b) Total	
a	Contributions received or receivable from: [1] Employers	 8a(1)			D			
	(2) Participants	8a(2)		6968	9			
	[3] Others (including rallovers)	8a(3)			T			
ь	Other income (loss)	8b	1	6609	2			
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c			TÎ T			235781
	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	:	1737	72			
е	Certain deemed and/or corrective distributions (see instructions)	8e						
f	Administrative service providers (salarles, fees, commissions)	8f		31	.1			
g	Other expenses	8g						
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h			Τ			17683
i	Net income (loss) (subtract line 8h from line 8c)	8i						218098
ij	Transfers to (from) the plan (see instructions)	8]						
Pa	rt IV Plan Characteristics							-
	If the plan provides pension benefits, enter the applicable pension 2E 2F 2G 2J 2K 2T 3D	feature co	des from the List of Plan Char.	acteris	stic Co	ides in	the instructions:	,
b	If the plan provides welfare benefits, enter the applicable welfare fe	eature cod	es from the List of Plan Charse	cterist	ic Coc	les (n t	he Instructions:	
Par	t V Compliance Questions					-		
10	During the plan year:		11		Yes	No	Amour	ıt
a	Was there a failure to transmit to the plan any participant contribute 29 CFR 2510.3-1027 (See instructions and DOL's Voluntary Fidure).			10a		х		
b	Were there any nonexempt transactions with any party-in-interest on line 10a.)	? (Do not	include transactions reported	10b		Х		
	Was the plan covered by a fidelity bond?			10c	x			150000
C	Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?			10d		х		
	Were any fees or commissions paid to any brokers, agents, or oth							
	insurance service or other organization that provides some or all of instructions.)	of the bene	afits under the plan? (See	10e	х			2103
f	Has the plan falled to provide any benefit when due under the pla	n?		10f		Х		
<u>c</u>	Did the plan have any participant loans? (If "Yes," enter amount a	s of year e	end.)	10g	Х			106105
ŀ	If this is an individual account plan, was there a blackout period? 2520.101-3.)			10h	х			
Ĩ	If 10h was answered "Yes," check the box if you either provided if exceptions to providing the notice applied under 29 CFR 2520.10			101	Х			
Par	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 St	3 (Form Y	es No
116	Enter the amount from Schedule SB line 39				.,,	11a		
12	is this a defined contribution plan subject to the minimum funding	requireme	ents of section 412 of the Code	ог <u>в</u> е	ection	302 of	ERISA? Y	es X No
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,	, as applic	able.)					
	If a waiver of the minimum funding standard for a prior year is being ranting the waiver.	ng amoniz	ed in this plan year, see instru	ctions th	, and a	enter ti Day	ne date of the lette Year	ruling
H	you completed line 12s, complete lines 3, 9, and 10 of Schedul	e MB (For	m 5500), and skip to line 13.				T	***
<u></u>	Enter the minimum required contribution for this plan year		· · · · · · · · · · · · · · · · · · ·			12b		

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				12c				
	nter the amount contributed by the employer to the plan for this plan year			120	-			
	otr act the amount in line 12c from the amount In line 12b. Enter the result egetive amount)			12d				
e V	vill the minimum funding amount reported on line 12d be met by the funding	deadline?			Yes		No	N/A
Part V	II Plan Terminations and Transfers of Assets							
13a F	las a resolution to terminate the plan been adopted in any plan year?				Yes X	No		
1:	"Yes," enter the amount of any plan assets that reverted to the employer th	ils year		13a	ļ			
b v	Vere all the plan assets distributed to participants or beneficiaries, transferre f the PBGC?	d to another plan, or brought unde	r the	control			Yes	X No
	f during this plan year, any assets or liabilities were transferred from this pla which assets or liabilities were transferred.(See instructions.)	n to enother plan(s), Identify the pl	an(s)	to				
	:(1) Name of plan(s):		1	3c(2) E	IN(s)		13c(3	s) PN(s)
	<u></u>					-		
Part V	Trust Information (optional)							
14a Na	ime of trust			14b ⊤	rust's El	N		