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

Per	nsion Be	nefit Guaranty Corporation	▶ Complete all entries in acc	ordance with the instruc	ctions to the Form 550	0-SF.					
Pai			Identification Information								
For c	alenda	ar plan year 2012 or fis	scal plan year beginning 01/01/2	012	and ending 1	2/31/2	2012				
		urn/report is for:	a single-employer plan		an (not multiemployer)		a one-particip	oant plan			
B TI	his ret	urn/report is:	the first return/report	the final return/report							
			an amended return/report	a short plan year return	n/report (less than 12 mg	onths)					
C c	heck b	oox if filing under:	X Form 5558	automatic extension		DFVC program					
			special extension (enter descrip	otion)			_				
Par	t II	Basic Plan Info	rmation—enter all requested info	rmation							
		of plan	Tillation of the requested line	maton		1b	Three-digit				
		•	UP INC 401K PROFIT SHARING P	LAN			plan number				
							(PN) ▶	001			
						1c Effective date of plan					
							01/01/				
2a F	Plan sp AGE I	oonsor's name and ad DEVELOPMENT GRO	dress; include room or suite number OUP INC	(employer, if for a single-	employer plan)	2b	Employer Identification (EIN) 20-22	fication Number 92542			
						2c	Sponsor's telep	hone number			
200 GALLOWAY DRIVE							509-966				
		A 98908-0000				2d Business code (see instructions)					
						551112					
3a F	Plan a	dministrator's name ar	nd address XSame as Plan Sponso	or Name Same as Plar	Sponsor Address	3b	Administrator's I	EIN			
						3c	Administrator's t	telephone number			
							, tarriirilotrator o t	iolophono numbol			
			e plan sponsor has changed since th	ne last return/report filed fo	or this plan, enter the	4b	EIN				
		•	mber from the last return/report.			4-					
		or's name				4c	PN				
5a	Total r	number of participants	at the beginning of the plan year			5a		17			
b ·	Total r	number of participants	at the end of the plan year			5b		10			
			account balances as of the end of th	, ,	•			4			
		,				5c		<u>4</u>			
_			s during the plan year invested in elig					X Yes No			
	-	•	f the annual examination and report? (See instructions on waiver eligibili			,		X Yes No			
			ither line 6a or line 6b, the plan ca								
			or incomplete filing of this return/								
			her penalties set forth in the instructi					able, a Schedule			
SB or	r Sche	dule MB completed ar	nd signed by an enrolled actuary, as	•			O, 11	,			
belief	, it is t	rue, correct, and comp	olete.								
SIGN		Filed with authorized/	valid electronic signature.	08/02/2013	DAVID SJULE						
HERI	E	Signature of plan a	dministrator	Date	Enter name of individu	ual sig	ning as plan adn	ninistrator			
SIGN		Filed with authorized/	valid electronic signature.	08/02/2013	DAVID SJULE						
HERI	E	Signature of employer/plan sponsor Date Enter name of individua				ual sig	ning as employe	r or plan sponsor			
Prepa	arer's		ame, if applicable) and address; inc					number (optional)			

Form 5500-SF 2012 Page **2**

Do	t III Financial Information		<u> </u>							
			(a) Beginning of Ves		1		(h) End of Voor			
	Plan Assets and Liabilities	(a) Beginning of Ye				(b) End of Year				
	Total plan assets Total plan liabilities	7a 7b	23383	00		98745				
	Net plan assets (subtract line 7b from line 7a)	7b	23383	-	98745					
		70		00	-					
	Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from:		(a) Amount				(b) Total			
	(1) Employers	8a(1)								
	(2) Participants	8a(2)	864	18						
	(3) Others (including rollovers)	8a(3)								
b	Other income (loss)	8b	2428	34						
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c					32932			
	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	16765	56						
<u>e</u>	Certain deemed and/or corrective distributions (see instructions)	8e								
f	Administrative service providers (salaries, fees, commissions)	8f	36	57						
g	Other expenses	8g								
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h					168023			
<u>i</u>	Net income (loss) (subtract line 8h from line 8c)	8i					-135091			
j	Transfers to (from) the plan (see instructions)	8j								
Par	t IV Plan Characteristics									
9a	If the plan provides pension benefits, enter the applicable pension 2A 2E 2G 2J 2K 3D 3H	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 Coc	les in t	he instructions:			
Part	V Compliance Questions									
10	During the plan year:				Yes	No	Amount			
а				10a		Х				
b		? (Do not	include transactions reported	10b		X				
С	Was the plan covered by a fidelity bond?			10c	X		30000			
d	• • •			100			30000			
	or dishonesty?			10d		^				
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 pla					Х				
	· · · · · · · · · · · · · · · · · · ·			10f		X				
g h		(See instru	uctions and 29 CFR	10g		X				
i	If 10h was answered "Yes," check the box if you either provided the second seco	ne require	d notice or one of the	10h						
Dout	exceptions to providing the notice applied under 29 CFR 2520.10	1-3		10i						
11	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	1.00 1.00			
12	Is this a defined contribution plan subject to the minimum funding					302 of	ERISA? Yes X No			
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,									
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									
If	you completed line 12a, complete lines 3, 9, and 10 of Schedul									
b	Enter the minimum required contribution for this plan year					12b				
							•			

	Form 5500-SF 2012	Page 3 - 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 resunegative amount)			12d				
е	Will the minimum funding amount reported on line 12d be met by the funding	ng 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?			X	Yes	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, transfer of the PBGC?	rred to another plan, or brought unde	er the c	ontro	I		Yes	X No
С	If during this plan year, any assets or liabilities were transferred from this p which assets or liabilities were transferred. (See instructions.)	plan to another plan(s), identify the p	lan(s) t	0			_	
1	3c(1) Name of plan(s):		13	3c(2)	EIN(s	s)	13c(3) PN(s)
Part	VIII Trust Information (optional)						•	
14a 1	Name of trust			14b	Trust	'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 section 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.

2012

OMB Nos. 1210-0110

1210-0089

This Form is Open to Public Inspection

	art Annual Report Identification Inform	ation								
For	calendar plan year 2012 or fiscal plan year beginning		01/01/2012	and ending	12/3	1/2012				
Α	This return/report is for: x a single-employer plan	a	multiple-employer pla	n (not multiemployer)	a one-participant plan					
В	This return/report is:	tl	ne final return/report							
	an amended return/repo	/report (less than 12 mo	nths)							
C	Check box if filing under: X Form 5558	a	utomatic extension			OFVC program	n			
	special extension (enter	description)			_					
P	art II Basic Plan Information enter all requ	ested informa	ation							
1a	Name of plan				1b Thre					
	ENVIZAGE DEVELOPMENT GROUP INC 401K	PROFIT S	HARING PLAN			n number I) ▶	001			
					1c Effe	ective date of	plan			
	Plan sponsor's name and address; include room or suite n	umber (emplo	over, if for a single-em	plover plan)	01/01/2007 2b Employer Identification Number					
	ENVIZAGE DEVELOPMENT GROUP INC		,,	, , , ,		V) 20-229				
					2c Sponsor's telephone number (509) 966-8415 2d Business code (see instructions)					
	200 GALLOWAY DRIVE									
US	YAKIMA WA 98908-0000				551112					
3a	Plan administrator's name and address X Same as Pl	an Sponsor N	lame 🔲 Same as F	lan Sponsor Address	3b Adn	ministrator's E	EIN			
					3c Adn	ninistrator's te	elephone number			
4	If the name and/or EIN of the plan sponsor has changed s		eturn/report filed for th	is plan, enter the	4b EIN	I				
_	name, ElN, and the plan number from the last return/repor	t.			40.00		_			
	Sponsor's name Total number of participants at the beginning of the plan ye				4c PN 5a		17			
b	Total number of participants at the end of the plan year			***************************************	5b		10			
C	Number of participants with account balances as of the end	d of the plan	ear (defined benefit p	lans do not		•				
	complete this item)	· · · · · · · · · · · · · · · · · · ·			5c		X Yes No			
b		_	•		************	••••••	X Yes No			
	under 29 CFR 2520.104-46? (See instructions on waiver e	-					XYes No			
	If you answered "No" to either line 6a or line 6b, the p	lan cannot u	se Form 5500-SF ar							
Ca	ution: A penalty for the late or incomplete filing of this	return/repor	t will be assessed u	nless reasonable caus	e is establ	ished.				
	der penalties of perjury and other penalties set forth in the ir or Schedule MB completed and signed by an enrolled actur									
	lief, it is true, correct, and complete.	ary, as wen as	s the electronic version	ror this return report, and	u to the pes	at of my know	euge and			
¢	ign			DAVID SJ	ule					
-	ERE Signature of plan administrator		Date 7/31/2412	Enter name of individua		s olan adminis	strator			
11.72	ign ///		1-1	Dans (Ju/8					
A CALL SHAPE	ERE Signature of employer/plan sponsor		Date 7/2/6.5	Enter name of individua		emplover or	plan sponsor			
	eparer's name (including firm name, if applicable) and addre	ss; include ro	1-01.66.41 %				umber (optional)			
					The second secon		S. Person Processed Transfer St. All States of Sp.			
					N. M. D. C.	120750 20740				

	art III Financial Information									
7	Plan Assets and Liabilities		(a) Beginning of Year		(b) End of Year					
а	Total plan assets	7a	233,83				98,745			
b	Total plan liabilities	7b		-		<i>9</i> ;				
С	Net plan assets (subtract line 7b from line 7a)	7c	233,83	36		98,745				
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount		(b) Total					
a	Contributions received or receivable from:	- //			270 2727 273 173 733 175	i voje od Lorovij				
}	(1) Employers	8a(1)	8,6	10	\$10,750 \$10,000					
_	(2) Participants	8a(2)	0,0	40	******					
b	Other income (loss)	8a(3) 8b	24,28	2 /1	2000 ct 1000					
C	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c	27,20		direction.			32,932		
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	167,6	56		32,932				
е	Certain deemed and/or corrective distributions (see instructions)	8e	-		2707					
f	Administrative service providers (salaries, fees, commissions)	8f	3(67	07:0100		CONTRACT SECTION			
g	Other expenses	8g			100000		Q.07201F18.10997	54,6542446 3423		
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h			X		****************	168,023		
i	Net income (loss) (subtract line 8h from line 8c)	8i		196.65		•		(135,091)		
j	Transfers to (from) the plan (see instructions)	8j				aran Fa		dejriczenska		
Pa	art IV Plan Characteristics				20	2,4000 - 053				
9a	If the plan provides pension benefits, enter the applicable pension fe	ature code	es from the List of Plan Characte	eristic	Code	s in th	e instructio	ns:		
	2A 2E 2G 2J 2K 3D 3H									
b	If the plan provides welfare benefits, enter the applicable welfare fea	iture codes	s from the List of Plan Character	ristic (Codes	in the	instruction	s:		
D,	Part V Compliance Questions									
10										
а				10a	1,00	х		anoune		
b					1					
	Off IIIIC 10d.)			10b		x		3 50 0		
C	PORTUGE CONTROL OF THE PROPERTY OF THE PROPERT			10b 10c	х	x		30,000		
- 0	Was the plan covered by a fidelity bond?	fidelity bor	d, that was caused by fraud	1	х	x		30,000		
-	Was the plan covered by a fidelity bond?	fidelity bor	d, that was caused by fraud	10c	х			30,000		
_ c	Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan's for dishonesty? Were any fees or commisions paid to any brokers, agents, or othe insurance service or other organization that provides some or all o	fidelity bor r persons f the bene	d, that was caused by fraud by an insurance carrier, fits under the plan? (See	10c	х			30,000		
_ c	Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan's for dishonesty? Were any fees or commisions paid to any brokers, agents, or othe insurance service or other organization that provides some or all o instructions.)	fidelity bor r persons f the bene	d, that was caused by fraud by an insurance carrier, fits under the plan? (See	10c 10d 10e	х	x		30,000		
e	Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan's for dishonesty? Were any fees or commisions paid to any brokers, agents, or othe insurance service or other organization that provides some or all o instructions.) Has the plan failed to provide any benefit when due under the plan	fidelity bor r persons f the bene	d, that was caused by fraud by an insurance carrier, fits under the plan? (See	10c 10d 10e 10f	х	x x x		30,000		
	Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty? Were any fees or commisions paid to any brokers, agents, or othe insurance service or other organization that provides some or all or instructions.) Has the plan failed to provide any benefit when due under the plan Did the plan have any participant loans? (If "Yes," enter amount as	fidelity bor r persons if the bene	d, that was caused by fraud by an insurance carrier, fits under the plan? (See	10c 10d 10e	x	x		30,000		
e	Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan's for dishonesty? Were any fees or commisions paid to any brokers, agents, or othe insurance service or other organization that provides some or all o instructions.) Has the plan failed to provide any benefit when due under the plan Did the plan have any participant loans? (If "Yes," enter amount as If this is an individual account plan, was there a blackout period? (fidelity bor r persons f the bene n? s of year e	d, that was caused by fraud by an insurance carrier, fits under the plan? (See	10d 10d 10e 10f 10g	х	x x x		30,000		
	Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan's for dishonesty? Were any fees or commissions paid to any brokers, agents, or othe insurance service or other organization that provides some or all o instructions.) Has the plan failed to provide any benefit when due under the plan Did the plan have any participant loans? (If "Yes," enter amount as If this is an individual account plan, was there a blackout period? (2520.101-3.)	fidelity bor r persons f the bene n? s of year e See instru	d, that was caused by fraud by an insurance carrier, fits under the plan? (See nd.) ctions and 29 CFR	10c 10d 10e 10f 10g	х	x x x		30,000		
e f g	Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan's for dishonesty? Were any fees or commisions paid to any brokers, agents, or othe insurance service or other organization that provides some or all or instructions.) Has the plan failed to provide any benefit when due under the plan Did the plan have any participant loans? (If "Yes," enter amount as If this is an individual account plan, was there a blackout period? (2520.101-3.) If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.101	fidelity bor r persons f the bene n? s of year e See instru	d, that was caused by fraud by an insurance carrier, fits under the plan? (See nd.) ctions and 29 CFR	10d 10d 10e 10f 10g	x	x x x		30,000		
e f g	Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan's for dishonesty? Were any fees or commisions paid to any brokers, agents, or othe insurance service or other organization that provides some or all or instructions.) Has the plan failed to provide any benefit when due under the plan Did the plan have any participant loans? (If "Yes," enter amount as If this is an individual account plan, was there a blackout period? (2520.101-3.) If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.101 If VI Pension Funding Compliance Is this a defined benefit plan subject to minimum funding requirem	r persons of the bene of the b	d, that was caused by fraud by an insurance carrier, fits under the plan? (See and.) ctions and 29 CFR notice or one of the	10c 10d 10e 10f 10g 10h	Schedu	x x x x	(Form			
e f g h	Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan's for dishonesty? Were any fees or commisions paid to any brokers, agents, or othe insurance service or other organization that provides some or all or instructions.) Has the plan failed to provide any benefit when due under the plan Did the plan have any participant loans? (If "Yes," enter amount as If this is an individual account plan, was there a blackout period? (2520.101-3.) If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.101 If VI Pension Funding Compliance Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)	r persons of the bene of the b	d, that was caused by fraud by an insurance carrier, fits under the plan? (See nd.) ctions and 29 CFR notice or one of the	10c 10d 10e 10f 10g 10h 10i	Schedu	x x x x	(Form	30,000 30,000 Yes ▼ No		
e f g h	Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty? Were any fees or commisions paid to any brokers, agents, or othe insurance service or other organization that provides some or all or instructions.) Has the plan failed to provide any benefit when due under the plan Did the plan have any participant loans? (If "Yes," enter amount as If this is an individual account plan, was there a blackout period? (2520.101-3.) If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.101 TO Pension Funding Compliance Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below) Enter the amount from Schedule SB line 39	r persons of the bene of the b	d, that was caused by fraud by an insurance carrier, fits under the plan? (See Ind.) Indice or one of the Yes," see instructions and comp	10c 10d 10e 10f 10g 10h 10i	Schedu	x x x x x lee SB				
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6 f g h	Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty? Were any fees or commisions paid to any brokers, agents, or othe insurance service or other organization that provides some or all or instructions.) Has the plan failed to provide any benefit when due under the plan Did the plan have any participant loans? (If "Yes," enter amount as If this is an individual account plan, was there a blackout period? (2520.101-3.) If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.101 If VI Pension Funding Compliance Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below) Benter the amount from Schedule SB line 39 Is this a defined contribution plan subject to the minimum funding (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,	r persons of the bene of the b	d, that was caused by fraud by an insurance carrier, fits under the plan? (See and.) ctions and 29 CFR notice or one of the res," see instructions and comp at sof section 412 of the Code of able.) and in this plan year, see instructions	10c 10d 10e 10f 10g 10h 10i	Schedu tion 30	x x x x x 11a 2 of E	RISA?	Yes X No		
f g h i 11 11 12 a	Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty? Were any fees or commisions paid to any brokers, agents, or othe insurance service or other organization that provides some or all or instructions.) Has the plan failed to provide any benefit when due under the plan Did the plan have any participant loans? (If "Yes," enter amount as If this is an individual account plan, was there a blackout period? (2520.101-3.) If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.101 If VI Pension Funding Compliance Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below) 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 below, If a waiver of the minimum funding standard for a prior year is being	r persons of the bene of the b	d, that was caused by fraud by an insurance carrier, fits under the plan? (See Ind.) ctions and 29 CFR Inotice or one of the Yes," see instructions and comp ats of section 412 of the Code of the	10c 10d 10e 10f 10g 10h 10i	Schedu tion 30	x x x x x 11a 2 of E	RISA?	Yes X No		
f g h i 11 11 12 a	Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty? Were any fees or commisions paid to any brokers, agents, or othe insurance service or other organization that provides some or all or instructions.) Has the plan failed to provide any benefit when due under the plan Did the plan have any participant loans? (If "Yes," enter amount as If this is an individual account plan, was there a blackout period? (2520.101-3.) If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.101 If VI Pension Funding Compliance Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below) 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 below, If a waiver of the minimum funding standard for a prior year is bein granting the waiver you completed line 12a, complete lines 3, 9, and 10 of Schedule	r persons of the bene of the b	d, that was caused by fraud by an insurance carrier, fits under the plan? (See Ind.) ctions and 29 CFR Inotice or one of the res," see instructions and comp able.) ad in this plan year, see instruct Motor 5500), and skip to line 13.	10c 10d 10e 10f 10g 10h 10i lete S	Schedu tion 30	x x x x x 11a 2 of E	RISA?	Yes X No		

···	Form 5500-SF 2012	Page 3-			
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 regative amount)		12d		
е	Will the minimum funding amount reported on line 12d be met by the funding deadline		🗀	Yes [□ No □ N/A
Part	t VII Plan Terminations and Transfers of Assets				
13a	Has a resolution to terminate the plan been adopted in any plan year?		X Ye	es 🔲 N	lo
	If "Yes," enter the amount of any plan assets that reverted to the employer this year		13a		0
b	Were all the plan assets distributed to participants or beneficiaries, transferred to anot of the PBGC?	her plan, or brought under the c			
С					
1	13c(1) Name of plan(s):	130	(2) EIN(s)	13c(3) PN(s)
	t VIII Trust Information (optional) Name of trust		14b Ti	rust's EIN	
		,			