## 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).

2012

OMB Nos. 1210-0110

1210-0089

This Form is Open to Public Inspection

Pei	nsion Be	nefit Guaranty Corporation	► Complete all entries in accor	dance with the instru	ctions to the Form 550	0-SF.		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
Pa			rt Identification Information							
For c	alenda	ar plan year 2012 or	fiscal plan year beginning 01/01/201	12	and ending 1	12/31/2	012			
		urn/report is for: urn/report is:	a single-employer plan the first return/report	a multiple-employer p	lan (not multiemployer)		a one-particip	oant plan		
יים	ilis ieu	um/report is.	an amended return/report	<u>'</u>	n/report (less than 12 m	ontho)				
•				, ,	n/report (less than 12 m	OHU15) [	7 551/0			
C C	heck b	oox if filing under:	X Form 5558  special extension (enter descripti	automatic extension			DFVC progra	ım		
Dav	.4 II	Dania Blanda		·						
Par			formation—enter all requested inform	nation		416	<del></del>			
		of plan CTRIC, INC. 401(K)	DLAN				Three-digit plan number			
IVILIXIT	LLLC	71KIC, INC. 401(K)	FLAN				(PN) ▶	001		
							Effective date of	f plan		
							01/01/			
		consor's name and a	address; include room or suite number (	employer, if for a single	-employer plan)		Employer Identification (EIN) 91-17	fication Number 06408		
12201	CYRL	JS WAY, STE 105				2c	Sponsor's telep			
		WA 98275				2d	Business code (	see instructions)		
3a F	Plan ad	dministrator's name	and address XSame as Plan Sponsor	Name Same as Pla	n Sponsor Address	3b	Administrator's I	EIN		
						3c	Administrator's t	telephone number		
			the plan sponsor has changed since the number from the last return/report.	last return/report filed for	or this plan, enter the	4b	EIN			
		or's name	idiliber from the last return/report.			4c	PN			
	•		its at the beginning of the plan year			5a		17		
			its at the end of the plan year			5b		0		
			h account balances as of the end of the			30	+	0		
				. , ,	•	5c		0		
6a	Were	all of the plan's ass	ets during the plan year invested in eligil	ole assets? (See instruc	ctions.)			X Yes No		
b	Are yo	ou claiming a waiver	of the annual examination and report of	an independent qualifie	ed public accountant (IQ	PA)				
			16? (See instructions on waiver eligibility					X Yes No		
			either line 6a or line 6b, the plan can							
			e or incomplete filing of this return/re							
SB o	r Śche		other penalties set forth in the instruction and signed by an enrolled actuary, as wmplete.							
SIGN		Filed with authorize	ed/valid electronic signature.	08/14/2013	JACK LANUM					
HER	_	Signature of plan	administrator	Date	Enter name of individ	ual sigr	ning as plan adn	ninistrator		
SIGN		Filed with authorize	ed/valid electronic signature.	08/14/2013	JACK LANUM					
HER	E	Signature of emp	oloyer/plan sponsor	Date	Enter name of individ	ividual signing as employer or plan sponsor				
Prepa	arer's	name (including firm	n name, if applicable) and address; inclu	de room or suite numbe	er (optional)	Prepa	arer's telephone	number (optional)		

Form 5500-SF 2012 Page **2** 

Par	t III Financial Information								
	Plan Assets and Liabilities		(a) Beginning of Yea		I		(b) End of Year		
	Total plan assets	7a	(a) Beginning of Tea			(b) End of Teal			
	Total plan liabilities	7b	00002						
	Net plan assets (subtract line 7b from line 7a)	7c	30952	309528			0		
	Income, Expenses, and Transfers for this Plan Year	,,,	(a) Amount			(b) Total			
	Contributions received or receivable from:		(a) Amount				(b) Total		
	(1) Employers	8a(1)	1322	24					
	(2) Participants	8a(2)	1672	20					
	(3) Others (including rollovers)	8a(3)							
<u>b</u>	Other income (loss)	8b	3500	00					
C	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c					64944		
	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	37447	<b>7</b> 2					
e	Certain deemed and/or corrective distributions (see instructions)	8e							
f	Administrative service providers (salaries, fees, commissions)	8f							
g	Other expenses	8g							
<u>h</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h					374472		
<u>i</u>	Net income (loss) (subtract line 8h from line 8c)	8i					-309528		
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 2F 2J 2K	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 for	eature cod	les from the List of Plan Chara	cteristi	ic Cod	les in t	he instructions:		
Part	V Compliance Questions								
10	During the plan year:				Yes	No	Amount		
а	Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu			10a		X			
b		? (Do not	include transactions reported	10b		X			
С	Was the plan covered by a fidelity bond?			10c		X			
d		fidelity bo	nd, that was caused by fraud	10d		X			
е	Were any fees or commissions paid to any brokers, agents, or oth			100					
·	insurance service or other organization that provides some or all or instructions.)	of the bene	efits under the plan? (See	10e		X			
f	Has the plan failed to provide any benefit when due under the pla	n?		10f		X			
g	Did the plan have any participant loans? (If "Yes," enter amount a	s of vear e	end.)	10g	X		0		
h	If this is an individual account plan, was there a blackout period? 2520.101-3.)	(See instru	uctions and 29 CFR	10g		X	0		
i	If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10	ne require	d notice or one of the	10i					
Dart	1	1-0		101					
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			
12	Is this a defined contribution plan subject to the minimum funding	requireme	ents of section 412 of the Code	or se	ction (	302 of	ERISA? Yes X No		
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,								
а	<b>a</b> 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 <b>3 - 1</b>				
С	Enter the amount contributed by the employer to the plan for this plan year	12c			
d	Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a negative amount)	12d			
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?	X	res 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		X Yes	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):	13c(2) E	IN(s)	13c(3)	PN(s)
Part	VIII Trust Information (optional)				

14b Trust's EIN

14a Name of trust

## 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.

OMB Nos. 1210-0110 1210-0089

2012

This Form is Open to Public Inspection

Part I	Annual Report lo	dentification Information						
or caler	dar plan year 2012 or fisca	al plan year beginning	01/01/2012	and ending	12/31/2012			
A This	eturn/report is for:	x a single-employer plan	a multiple-employer	plan (not multiemployer)	a one-part	icipant plan		
<b>B</b> This	eturn/report is:	the first return/report	the final return/repor	t				
		an amended return/report	a short plan year reti	urn/report (less than 12 m	nonths)			
C Chec	k box if filing under:	x Form 5558	automatic extension		DFVC prog	gram		
	Ī	special extension (enter descript	ion)		_			
Part I	Rasic Plan Infor	enter all requested inf	ormation					
	ne of plan		O THI GUIDI		1b Three-digit			
Мо	rit Electric, Inc.	401 (k) Plan			plan number (PN) ►	001		
rae.	it Biectic, inc.	TOT (N) LIGHT			1c Effective date			
					01/01/200			
2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) Merit Electric, Inc.					2b Employer Ide (EIN) 91-1	ntification Number .706408		
••		105			2c Sponsor's telephone number (425) 775–1356			
12	201 Cyrus Way, Ste	: 103			2d Business cod	le (see instructions)		
US Mu	kilteo	WA 98275			238210			
<b>3a</b> Pla	n administrator's name and	i address 🗵 Same as Plan Spons	sor Name 🔲 Same as	Plan Sponsor Address	3b Administrator	's EIN		
					3c Administrator	's telephone number		
		plan sponsor has changed since the per from the last return/report.	e last return/report filed	for this plan, enter the	4b EIN			
a Spe	onsor's name				4c PN			
<b>5a</b> Tot	al number of participants a	t the beginning of the plan year	•••••••	••••••	5a	17		
	, ,	t the end of the plan year			5b	0		
		ccount balances as of the end of the			5c	0		
		luring the plan year invested in eligil		ctions )		X Yes No		
<b>b</b> Are	you claiming a waiver of the	he annual examination and report o	f an independent qualifi					
	· ·	(See instructions on waiver eligibility		••••••		X Yes No		
		er line 6a or line 6b, the plan can						
		r incomplete filing of this return/						
SB or S	penalties of perjury and oth schedule MB completed and t is true_correct, and comp	er penalties set forth in the instruction disigned by an enrolled actuary, as lete.	ons, I declare that I hav well as the electronic v	e examined this return/repertersion of this return/report	port, including, if app t, and to the best of r	licable, a Schedule ny knowledge and		
SIGN				Jack Lanum				
HERE	- P. C.		Date	Enter name of individua	al signing as plan adr	ministrator		
SIGN					gg so plan du			
HERE	Signature of employer/	plan sponsor	Date	Enter name of individua	al signing as employe	er or plan sponsor		
Prepare	1	ame, if applicable) and address; incl		per (optional)	f individual signing as employer or plan sponsor  Preparer's telephone number (optional)			
	-			· · · · · · · · · · · · · · · · · · ·		(-1		
ł					I			

Pai	t III Financial Information							
<b>7</b> F	Plan Assets and Liabilities		(a) Beginning of Year	(b) End of Year				
a T	Total plan assets	7a	309,52	0				
b 7	Total plan liabilities	7b		0				
C I	Net plan assets (subtract line 7b from line 7a)	7c	309,52	0				
8 1	ncome, Expenses, and Transfers for this Plan Year		(a) Amount		(b) Total			
	Contributions received or receivable from:	0-(4)	13,22	3.4				
	1) Employers	8a(1)	16,72				······································	
	(2) Assopanie							
	3) Others (including rollovers)	8a(3) 8b	35.00	20	+		·	
	Fotal income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c	35,00					
d E	Benefits paid (including direct rollovers and insurance premiums o provide benefits)	8d	374,4	72				64,944
	Certain deemed and/or corrective distributions (see instructions)	8e			1			· · · · · · · · · · · · · · · · · · ·
	Administrative service providers (salaries, fees, commissions)	8f						
	Other expenses	8g			1	····		
-	Fotal expenses (add lines 8d, 8e, 8f, and 8g)	8h	· · · · · · · · · · · · · · · · · · ·					374,472
	Net income (loss) (subtract line 8h from line 8c)	8i	· · · · · · · · · · · · · · · · · · ·		İ			(309,528)
	Fransfers to (from) the plan (see instructions)	8j			<del>                                     </del>			
	rt IV Plan Characteristics	J						
L	f the plan provides pension benefits, enter the applicable pension fe	ature codes	from the List of Plan Characte	arietic	Code	e in the	instruction	ne:
	2A 2E 2F 2J 2K	atare codes	, nom the List of Flam Sharack	3113110	· Code	3 111 1110	i i i sti u cti o	113.
		A	form the List of Disa Observation	1 - 61 - 4		·		
b	f the plan provides welfare benefits, enter the applicable welfare fea	ture codes	from the List of Plan Character	TSTIC	Jodes	in the	instruction	5:
Pa	rt V   Compliance Questions							
10	During the plan year:				Yes	No	, , , , , , , , , , , , , , , , , , ,	Amount
10 a	During the plan year:  Was there a failure to transmit to the plan any participant contributi 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduc			10a	Yes	No X	A	Amount
	Was there a failure to transmit to the plan any participant contributi 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduc	iary Correct One of inc	clude transactions reported	10a	Yes		A	Amount
a b	Was there a failure to transmit to the plan any participant contributi 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduc Were there any nonexempt transactions with any party-in-interest?	iary Correct (Do not inc	clude transactions reported		Yes	х	Α	Amount
a b	Was there a failure to transmit to the plan any participant contributi 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduc Were there any nonexempt transactions with any party-in-interest? on line 10a.)	iary Correct (Do not inc	clude transactions reported	10b	Yes	x x	<i>F</i>	Amount
b c	Was there a failure to transmit to the plan any participant contributi 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduc Were there any nonexempt transactions with any party-in-interest? on line 10a.)  Was the plan covered by a fidelity bond?	iary Correct Condition Con	clude transactions reported that was caused by fraud	10b	Yes	x x	<i></i>	Amount
b c	Was there a failure to transmit to the plan any participant contributi 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduc Were there any nonexempt transactions with any party-in-interest? on line 10a.)  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 other insurance service or other organization that provides some or all or	iary Correct P (Do not income idelity bond r persons by f the benefit	clude transactions reported  that was caused by fraud  y an insurance carrier, s under the plan? (See	10b 10c 10d	Yes	x x x		Amount
a b c d	Was there a failure to transmit to the plan any participant contributi 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduc Were there any nonexempt transactions with any party-in-interest? on line 10a.)  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 other insurance service or other organization that provides some or all or instructions.)	iary Correct  C (Do not income  idelity bond  r persons by f the benefit	tion Program)	10b 10c 10d	Yes	x x x x	, A	Amount
a b c d e	Was there a failure to transmit to the plan any participant contributi 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduc Were there any nonexempt transactions with any party-in-interest? on line 10a.)  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 other 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	iary Correct Continue Continue Cidelity bond r persons by f the benefit	clude transactions reported  that was caused by fraud  y an insurance carrier, s under the plan? (See	10b 10c 10d 10e 10f		x x x	, A	Amount
a b c d f g	Was there a failure to transmit to the plan any participant contribution 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiducian Were there any nonexempt transactions with any party-in-interest? on line 10a.)  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 other 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	iary Correct C (Do not incomplete	tion Program)	10b 10c 10d		x x x x		Amount
a b c d e	Was there a failure to transmit to the plan any participant contribution 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiducian Were there any nonexempt transactions with any party-in-interest? on line 10a.)  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 other insurance service or other organization that provides some or all or instructions.)  Has the plan failed to provide any benefit when due under the plant 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.)	iary Correct C (Do not income idelity bond r persons by f the benefit c of year end See instruct	tion Program)	10b 10c 10d 10e 10f		x x x x		
a b c d f g	Was there a failure to transmit to the plan any participant contribution 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiducian Were there any nonexempt transactions with any party-in-interest? on line 10a.)  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 other 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? (See Instructions of the plan have any participant loans)	iary Correct C (Do not incomplete	tion Program)	10b 10c 10d 10e 10f 10g		x x x x		
a b c d f g	Was there a failure to transmit to the plan any participant contribution 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiducian Were there any nonexempt transactions with any party-in-interest? on line 10a.)  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 other insurance service or other organization that provides some or all or instructions.)  Has the plan failed to provide any benefit when due under the plant 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	iary Correct C (Do not incomplete	tion Program)	10b 10c 10d 10e 10f 10g		x x x x		
a b c d e	Was there a failure to transmit to the plan any participant contribution 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiducian Were there any nonexempt transactions with any party-in-interest? on line 10a.)  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 other insurance service or other organization that provides some or all or instructions.)  Has the plan failed to provide any benefit when due under the plant 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	iary Correct C (Do not inc. C idelity bond Ir persons by If the benefit C sof year end See instruct E required r -3 E required r -3 E required r -3 E required r -3	clude transactions reported  that was caused by fraud  y an insurance carrier, s under the plan? (See  the search of the search	10b 10c 10d 10e 10f 10g 10h	x	x x x x x	Form	
a b c d e f g h i	Was there a failure to transmit to the plan any participant contribution 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiducion Were there any nonexempt transactions with any party-in-interest? on line 10a.)  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 other 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  It VI Pension Funding Compliance  Is this a defined benefit plan subject to minimum funding requirements.	iary Correct C (Do not incoming idelity bond r persons by f the benefit s of year end See instruct e required r -3	clude transactions reported  that was caused by fraud  y an insurance carrier, s under the plan? (See  d.)  clude transactions reported  d.)  cons and 29 CFR  contice or one of the	10b 10c 10d 10e 10f 10g 10h 10i	x	x x x x x	Form	0
a b c d e f g h i	Was there a failure to transmit to the plan any participant contribution 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiducion Were there any nonexempt transactions with any party-in-interest? on line 10a.)  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 other insurance service or other organization that provides some or all or instructions.)  Has the plan failed to provide any benefit when due under the plant 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 requirements 5500) and line 11a below)	iary Correct C (Do not incomplete	clude transactions reported  that was caused by fraud  y an insurance carrier, s under the plan? (See  d.)  ions and 29 CFR  notice or one of the	10b 10c 10d 10e 10f 10g 10h 10i	X Chedu	x x x x x x x x x x 111a	Form	0
a b c d e f g h i Par 11 11a	Was there a failure to transmit to the plan any participant contribution of the plan and politicipant contribution of the plan and politicipant contribution of the plan and politicipant contribution of the plan covered by a fidelity bond?  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 other 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 bid 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  t VI Pension Funding Compliance  Is this a defined benefit plan subject to minimum funding requirements and the amount from Schedule SB line 39	iary Correct C (Do not incoming idelity bond r persons by f the benefit s of year end E required r -3	clude transactions reported  that was caused by fraud  y an insurance carrier, s under the plan? (See  the color one of the  as," see instructions and completes  s of section 412 of the Code or	10b 10c 10d 10e 10f 10g 10h 10i	X Chedu	x x x x x x x x x x 111a	Form	O Yes X No
a b c d e f g h i Par 11 11a	Was there a failure to transmit to the plan any participant contribution 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiducion Were there any nonexempt transactions with any party-in-interest? on line 10a.)  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 other insurance service or other organization that provides some or all or instructions.)  Has the plan failed to provide any benefit when due under the plant 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  It VI Pension Funding Compliance  Is this a defined benefit plan subject to minimum funding requirements and line 11a below)  Enter the amount from Schedule SB line 39  Is this a defined contribution plan subject to the minimum funding requirements.	iary Correct C (Do not incoming idelity bond r persons by f the benefit See instruct e required r -3	clude transactions reported  that was caused by fraud  y an insurance carrier, s under the plan? (See  the color of the  ses," see instructions and completes  s of section 412 of the Code or  le.)  In this plan year, see instructions	10b 10c 10d 10e 10f 10g 10h 10i	X  chedu on 300	x x x x x x tesses ter the	Form	O Yes X No
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a b c d e f g h 11a 11a 12	Was there a failure to transmit to the plan any participant contribution of the plan and politicipant contribution of the plan and politicipant contribution of the plan and politicipant contribution of the plan covered by a fidelity bond?  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 other 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 1 Pension Funding Compliance  Is this a defined benefit plan subject to minimum funding requiremes 5500) and line 11a below)  Enter the amount from Schedule SB line 39  Is this a defined contribution plan subject to the minimum funding requiremes of the minimum funding standard for a prior year is bein granting the waiver	iary Correct (Do not incomplete i	clude transactions reported  that was caused by fraud  y an insurance carrier, s under the plan? (See  the search of the code or one of the  search of section 412 of the Code or one of the case)  In this plan year, see instructions and comples.)  In this plan year, see instructions and comples.)	10b 10c 10d 10e 10f 10g 10h 10i ete S	x chedu	x x x x x x tesses ter the	Form RISA?	O Yes X No Yes X No

	Eo	rm 5500-SF 2012	Page 3-					
	10	III 3300-3F 2012	r age o-					
С	Enter	the amount contributed by the employer to the plan for this plan year			12c	***		
d		ict the amount in line 12c from the amount in line 12b. Enter the result (enter a	-		12d			
е	Will th	e minimum funding amount reported on line 12d be met by the funding deadlin	e?		🗆	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 Ye	s 🔲 N	lo	
	If "Yes	s," enter the amount of any plan assets that reverted to the employer this year	***************************************		13a		0	
b		all the plan assets distributed to participants or beneficiaries, transferred to an PBGC?					X Yes No	
С		ng this plan year, any assets or liabilities were transferred from this plan to and assets or liabilities were transferred. (See instructions.)	ther plan(s), identify the plan(	s) to				
1	13c(1) N	lame of plan(s):		13c(	2) EIN(	s)	13c(3) PN(s)	
Part	t VIII	Trust Information (optional)						
14a Name of trust						14b Trust's EIN		