For	Form 5500-SF Short Form Annual Return/Report of Small Emplo				ee	OMB Nos. 1210-0110 1210-0089			
Department of the Treasury Internal Revenue Service		<b>Benefit Plan</b> This form is required to be filed under sections 104 and 4065 of the Employe			•	2012			
Department of Labor Employee Benefits Security Administration Department of Labor Employee Benefits Security Administration Employee Benefits Security Administration			1974 (ERISA), and sec	sections 6057(b) and 6058(a) of		This Form is Open to Public			
Pension Be	enefit Guaranty Corporation	Complete all entries in accord	ance with the instruc	tions to the Form 5500	-SF.	Inspection			
Part I		entification Information							
For calenda	ar plan year 2012 or fisca	_		and ending 12	2/31/2	2012			
A This ret	urn/report is for:		a multiple-employer pl	an (not multiemployer)		a one-participant plan			
B This ret	urn/report is:		the final return/report						
		an amended return/report	a short plan year returr	n/report (less than 12 mo	than 12 months)				
C Check	box if filing under:	Form 5558	DFVC program						
		special extension (enter description	ר)						
Part II	Basic Plan Inform	nation—enter all requested informa	tion						
1a Name					1b	Three-digit			
VIVERRAEL	LC 401 K PROFIT SHA	RING PLAN TRUST				plan number (PN) ▶ 001			
					1c	Effective date of plan			
						01/01/2012			
2a Plan sp VIVERRAE		ess; include room or suite number (en	nployer, if for a single-	employer plan)	2b	Employer Identification Number (EIN) 75-3236867			
5 HAWKS H	ILL PLACE			-	2c	Sponsor's telephone number 206-290-8260			
BELLINGHA	M, WA 98229			-	2d	Business code (see instructions) 541511			
3a Plan a	dministrator's name and	address 🛛 Same as Plan Sponsor Na	ame Same as Plan	Sponsor Address	3b	Administrator's EIN			
			—	_		Administrator's telephone number			
<ul> <li>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.</li> </ul>									
a Spons		·			4c	PN			
5a Total r	number of participants at	the beginning of the plan year			5a	2			
<b>b</b> Total r	number of participants at	the end of the plan year			5b	43			
		count balances as of the end of the p			-				
complete this item)					5c	38 N X			
6a       Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)       Yes       No         b       Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA)       Yes       No         under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.)       Yes       No									
		er line 6a or line 6b, the plan canno							
		incomplete filing of this return/rep							
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 Schedule 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/va	lid electronic signature.	08/22/2013	VIVERRAE LLC	LLC				
	Signature of plan adn	ninistrator	Date	Enter name of individual signing as plan administrator					
SIGN									
HERE	Signature of employe	r/nlan sponsor	Date	Enter name of individual signing as employer or plan sponsor					
Signature of employer/plan sponsor         Date         Enter name           Preparer's name (including firm name, if applicable) and address; include room or suite number (optional)         Date         Enter name		r (optional)	Preparer's telephone number (optional)						
				-					

For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500-SF.

T       Processes and Labilities       (a) Beginning of Year       (b) End of Year         a Total plan assets       7a       0       21683         b Total plan babilities       7a       0       21683         b Total plan babilities       7a       0       21683         b Total plan sessities (subtract line 7b from line 7a)       7c       0       21683         b Total plan sessities for this Plan Year       (a) Amount       (b) Total       21683         c Total planes received or receivable from       8a(1)       6556       21693         (b) Ditter (including reclevers)       8a(2)       123955       21693         (c) Ditters (including reclevers)       8a(2)       0       21693         (d) Borneth seal (reclever)       8a(2)       0       21693         (e) Control Unders and result (reclever) setting the result (reclever)       8a(2)       0       21693         (f) Administrative service providers (salines, fees, commissions)       8f       0       0       1         (f) Durit or plan fees instructions)       8g       0       0       1       1       21693         (g) Other sequences       (g) Other sequences       (g) Other sequences       0       1       1       1       1       1       1 <th>Part III Financial Information</th> <th></th> <th></th> <th></th> <th></th> <th></th>	Part III Financial Information								
b       Total plan liabilities       To       0       0         c       Notepin assets (subtract line 7b from line 7a)       To       0       21833         B       Income. Express, and Transfers for this Plan Yoar       (a) Amount       (b) Total         a       Contributions received or receivable form:       84(1)       6536         (j)       Denter (incound) groupers       84(2)       13365         (j)       Denter (incound) groupers       84(3)       0         b       Other incound (cos)       86(3)       0         c       Total income (cos)       86(3)       0       211925         d       Benefits pid (including direct allowers and instrume premiums       0       211925         g       Other income (cos)       86       0       0         g       Other income (cos)       81       0       0         g       Other sequenses       6g       0       0         g       Other income (cos)       81       0       0         j       Transfers to instructions)       8j       0       0         g       Other income forms the pink genes (and intee 80, and 80)       8j       0       0         j       Transfers to instructions a	7 Plan Assets and Liabilities		(a) Beginning of Yea	(a) Beginning of Year		(b) End of Year			
C       Net plan assets (subtract line 7b from line 7a)	a Total plan assets	7a		0		21983			
8       Income. Expenses, and Transfers for this Plan Year       (a) Amount       (b) Total         a       Contributions received or receivable from:       84(1)       6556         (2)       Participants.       84(2)       13055       2         (3)       Others (including rollowers).       88(3)       0       2         (a)       Others (including rollowers).       86       21953       2         (b)       Benefits paid (including rollowers) and instructions.       86       0       2         (b)       Contail income (add lines 8d(7, 8d(2), 3d(3), and 80).       8c       0       2         (c)       Contail income (add lines 8d(7, 8d(2), and 80).       8d       0       0       2         (c)       Other expenses (add lines 8d(7, 8d(3), and 80).       8d       0       0       0         (c)       Other expenses (add lines 8d(7, 8d(3), and 80).       8d       0       0       0         (c)       Other expenses (add lines 8d(7, 8d(3)).       8d       0       0       0       0         (c)       Total expenses (add lines 8d(7, 8d(3)).       8d       0       0       0       0       0       0       0       0       0       0       0       0       0       0 </td <td><b>b</b> Total plan liabilities</td> <td>7b</td> <td></td> <td>0</td> <td></td> <td>0</td>	<b>b</b> Total plan liabilities	7b		0		0			
a) Contributions received in receivable from:       Set(1)       5568         (2) Participants.       Set(2)       13365         (3) Others (including rollovers)       Set(3)       0         b) Other income (loss)       Set(3)       0         c) Total income (loss)       Set(3)       0         c) Total income (loss)       Set(3)       0         c) Other income (loss)       Set       0         c) Total income (loss)       Set       0         c) Total income (loss)       Set       0         c) Total income (loss)       Set       0         c) Cartain deemed and/or corrective distributions (see instructions)       Set       0         c) Cartain deemed and/or corrective distributions (see instructions)       Set       0         c) Cartain deemed (loss)       Set       0       0       0         c) Cartain deemed (loss)       Set       Set <td colspan="2">C Net plan assets (subtract line 7b from line 7a)</td> <td colspan="2">0</td> <td></td> <td colspan="4">21983</td>	C Net plan assets (subtract line 7b from line 7a)		0			21983			
(1) Employers       84(2)       13395         (2) Participants       84(2)       13395         (3) Other income (loss)       84(2)       13395         (3) Other income (loss)       84(2)       13395         (4) Der income (loss)       84(1), 84(2), 84(3), and 80)       86       32         (5) Other income (loss)       84(1), 84(2), 84(3), and 80)       86       32       21833         (5) Other income (loss)       84(1), 84(2), 84(3), and 80)       86       0       21833         (6) Other income (loss) (subtract line (loss), subtract l	8 Income, Expenses, and Transfers for this Plan Year		(a) Amount		(b) Total				
(2) Participants				_					
(3) Others (including rollovers)       8e(3)       0         (3) Other income (loss)       8e)       32         (4) Enclish (add) (inclication)       8e       0         (5) Other income (loss)       8e       0         (5) Other income (loss)       8e       0         (5) Other speends       8e       0         (7) Administrative service provides (satires, fees, commissions)       8f       0         (7) Other speends       8g       0       0         (7) Other speends       8g       0       0         (7) Transfers to (form) the pale (see instructions)       8g       0       0         (7) Transfers to (form) the pale (see instructions)       8g       0       0         (8) Transfers to (form) the pale (see instructions)       8g       0       0         (8) Transfers to (form) the pale (see instructions)       8g       0       0         (8) Transfers to (form) the pale (see instructions)       8g       0       0       0         (8) Transfers to (form) the pale (see instructions)       8g       0       0       0       0         (8) Transfers to (form) the pale (see instructions and pole (see instructions)       0       0       0       0       0       0       0       0									
b       Other income (loss)       Bb       32         c       Total income (loss)       Baoefits paid (including direct collowers and insurance perimiums and provide benefits)       21983         d       Benefits paid (including direct collowers and insurance perimiums and provide benefits)       0       21983         d       Decetain deemed and/or corrective distributions (see instructions)       8e       0       0         f       Administrative service providers (salaries, lees, commissions)       8f       0       0         g       Other expenses.       8g       0       0       0         in Not accession (loss) (subtract line 8h from line 8c)       8i       21983       21983         g       If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:       3D       2X ZI ZI ZI ZI ZI         g       If the plan provides pension benefits, enter the applicable weffare feature codes from the List of Plan Characteristic Codes in the instructions:       D ZI ZI ZI ZI ZI ZI         g       If the plan provides pension benefits, enter the applicable weffare feature codes from the List of Plan Characteristic Codes in the instructions:         d       D Zur ZI ZI ZI ZI ZI ZI       Z       No       Amount         a       Vas there a failure to transmit to the plan any participant contributions within the iti									
c       Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)									
d Benftis paid (including direct rollovers and insurance premiums by provide benefits)       sd       0         e Cartain deterned and/or corrective distributions (see instructions)       se       0         g Other expenses       st       st         g Other expenses       st       st         g Other expenses       st       st         g Other expense       st       st         g Other plan provides welfare benefits, enter the applicable welfare feature codes			3	2	_				
to provide benefits).       Model       8d       0         e       Certain deemed and/or corrective distributions (see instructions)       8e       0         f       Administrative service providers (salaries, lees, commissions)       8f       0         g       Other expenses       8g       0         f       Not income (loss) (subtract line 8d, 8e, 8f, and 8g)	· · · · · · · · · · · · · · · · · · ·	8c			21983				
e Certain deemed and/or corrective distributions (see instructions)		8d		0					
f       Administrative service providers (salaries, fees, commissions)	i i i			0					
g       Other expenses       8g       0         n       Total expenses (add lines 8d, 8e, 8t, and 8g)       8t       0         i       Net income (loss) (subtract line 8h from line 8c)       8t       21983         J       Transfers to (from) the plan (see instructions)       8t       21983         Part IV       Plan Characteristics       9t       0         9a       If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:       30       2K x 21 x 22 x 22 x 25         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       Yes       No       Amount         a       Was there a failure to transmit to the plan any participant contributions within the time period described in 10a       X       2         b       Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a)       10b       X         c       Was the plan covered by a fidelity bond?       10c       X       10d       X         e       Were ener any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a)       10d       X       10d       X <t< td=""><td></td><td></td><td></td><td>-</td><td></td><td></td></t<>				-					
h       Total expenses (add lines 8d, 8e, 8f, and 8g)       8h       0         I       Not income (loss) (subtract line 8h from line 8c)       8i       21983         j       Transfers to (from) the plan (see instructions)       8j       0         9a       0       0       0         9a       0       0       0         9a       If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:       30       2K 2T 2G 2E 2J 2S 2F         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       10a       X         0       During the plan year:       Yes       No       Amount         a       Was there a failure to transmit to the plan any participant contributions within the time period described in 10a       X       2         0       During the plan year:       Yes       No       Amount         a       Was there any nonexempt transactions and DOL 's Voluntary Fiduciary Correction Program)       10a       X         0       During the plan year:       10a       X       2         c       Was there an onoxerent transactions with any party-in-interest? (Do not include transactio	i i i			-					
i       Net income (loss) (subtract line 8h from line 8c)						0			
j       Transfers to (from) the plan (see instructions)       gj       o         Part IV       Plan Characteristics       9a       If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 30 2K 2T 2G 2L 2S 2F       2F       2V         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       Yes       No       Amount         a       Was there a failure to transmit to the plan any participant contributions within the time period described in 28 CFR 2510.3.102? (See instructions and DOL's Voluntary Fiduciary Correction Program)       10a       ×         c       Was the plan covered by a fidelity bond?       10c       ×       10b       ×         c       Was the plan covered by a fidelity bond?       10c       ×       10d									
Part IV       Plan Characteristics         9a       If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 3D 2K 2T 2G 2E 2J 2S 2F          b       If the plan provides weifare benefits, enter the applicable weifare feature codes from the List of Plan Characteristic Codes in the instructions:          Part V       Compliance Questions         10       During the plan year:        Yes       No       Amount         a       Vas 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 Fluciany Correction Program)       10a       X         b       Was there any nonexempt transactions with any party-in-interest? (Do not include transactions reported in 20 CFR 2510.3-102? (See instructions and DOL's Voluntary Fluciany Correction Program)       10a       X         c       Was the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?       10d       X         e       Were any feas or commissions paid to any broken, agents, or other persons by an insurance carrier, insurance service or organization that provides some or all of the benefits under the plan? (See instructions.)       10d       X         f       Has the plan lailed to provide any benefit when due under the plan? (See instructions and 29 CFR 2520.101-3.)       10g       X	- / / / / / / / / / / / / / / / / / / /			0	_	2.000			
9a       If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:         30       2K       2C       2E       2S       2F         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:       Yes       No       Amount         a       Was there a failure to transmit to the plan any participant contributions within the time period described in on line 10a.)       X       Yes       No       Amount         b       Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)       10a       X       X         c       Was the plan neve a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?       10c       X       10d       X         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.)       10d       X       2500-101.3       10d <td>Part IV Plan Characteristics</td> <td>9</td> <td></td> <td>0</td> <td></td> <td></td>	Part IV Plan Characteristics	9		0					
10       During the plan year:       Yes       No       Amount         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       X         b       Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)       10b       X       X         c       Was the plan covered by a fidelity bond?       10c       X       10d       X         d       Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonestry?       10d       X       10d       X         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.)       10d       X       X         g       Did the plan have any participant loans? (If "Yes," enter amount as of year end.)       10g       X       X         h       If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 250.101-3)       10h       X       X         i       If 10 h 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       10h       X       X </th <th>3D       2K       2T       2G       2E       2J       2S       2F         b       If the plan provides welfare benefits, enter the applicable welfare feature</th> <th></th> <th></th> <th></th> <th></th> <th></th>	3D       2K       2T       2G       2E       2J       2S       2F         b       If the plan provides welfare benefits, enter the applicable welfare feature								
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       X         b       Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a)       10b       X         c       Was the plan covered by a fidelity bond?       10c       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?       10c       X         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.)       10d       X         f       Has the plan failed to provide any benefit when due under the plan?       10g       X         g       Did the plan have any participant loans? (If "Yes," enter amount as of year end.)       10g       X         f       Has the plan failed to provide any benefit when due under the required notice or one of the exceptions to providing the notice applied under 29 CFR 250.101-3       10d       X         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 250.101-3       10h       X         i       If 10h was answered "Yes," check the box if you e						•			
b       Were there any nonexempt transactions and bOL's voluntary includary controlled transactions reported on line 10a.)	a Was there a failure to transmit to the plan any participant contributions within the time period described in					Amount			
c       Was the plan covered by a fidelity bond?       10c       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?       10d       X         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.)       10e       X         f       Has the plan failed to provide any benefit when due under the plan?       10f       X       X         g       Did the plan have any participant loans? (If "Yes," enter amount as of year end.)       10g       X       X         f       Has the plan failed to provide any benefit when due under the plan? (See instructions and 29 CFR 2520.101-3).       10f       X       X         g       Did the plan have any participant loans? (If "Yes," enter amount as of year end.)       10g       X       X         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.       10h       X         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         12       Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section	b Were there any nonexempt transactions with any party-in-interest	? (Do not incl	o not include transactions reported						
c       Was the plan bovered by a holenty on out immunity of the plan's fidelity bond, that was caused by fraud or dishonesty?       10c       10c         d       Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?       10d       X         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.)       10e       X         f       Has the plan failed to provide any benefit when due under the plan?       10f       X       Image: See instructions and plan the plan and the plan?       10f       X       Image: See instructions and plan the plan and the plan and the plan?       Image: See instructions and plan and the pla			100						
or dishonesty?       10d       X         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 10e X)       10e       X         f       Has the plan failed to provide any benefit when due under the plan?       10f       X       Image: Second					Х				
insurance service or other organization that provides some or all of the benefits under the plan? (See instructions.)	<b>a</b> Did the plan have a loss, whether or not reimbursed by the plan's	e , , , , , , , , , , , , , , , , , , ,		10c	Х				
g       Did the plan have any participant loans? (If "Yes," enter amount as of year end.)	· · · · · · · · · · · · · · · · · · ·		that was caused by fraud						
b       If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR       10h       X         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	e Were any fees or commissions paid to any brokers, agents, or oth insurance service or other organization that provides some or all of	er persons b	that was caused by fraud y an insurance carrier, under the plan? (See	10d	X				
h       If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR       10h       X         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	• Were any fees or commissions paid to any brokers, agents, or oth insurance service or other organization that provides some or all o instructions.)	er persons b of the benefits	that was caused by fraud y an insurance carrier, s under the plan? (See	10d 10e	x x				
<ul> <li>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</li></ul>	<ul> <li>e Were any fees or commissions paid to any brokers, agents, or oth insurance service or other organization that provides some or all o instructions.)</li> <li>f Has the plan failed to provide any benefit when due under the plan</li> </ul>	ner persons b of the benefits	that was caused by fraud y an insurance carrier, s under the plan? (See	10d 10e 10f	x x x				
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)	<ul> <li>e Were any fees or commissions paid to any brokers, agents, or oth insurance service or other organization that provides some or all or instructions.)</li> <li>f Has the plan failed to provide any benefit when due under the plan</li> <li>g Did the plan have any participant loans? (If "Yes," enter amount a</li> <li>h If this is an individual account plan, was there a blackout period?</li> </ul>	n?s of year end	that was caused by fraud y an insurance carrier, s under the plan? (See 	10d 10e 10f 10g	x x x x x				
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)	<ul> <li>e Were any fees or commissions paid to any brokers, agents, or oth insurance service or other organization that provides some or all or instructions.)</li> <li>f Has the plan failed to provide any benefit when due under the plan</li> <li>g Did the plan have any participant loans? (If "Yes," enter amount a</li> <li>h If this is an individual account plan, was there a blackout period? (2520.101-3.)</li> <li>i If 10h was answered "Yes," check the box if you either provided the plan the p</li></ul>	ner persons by of the benefits n? s of year end (See instruction ne required no	that was caused by fraud y an insurance carrier, s under the plan? (See 	10d 10e 10f 10g 10h	x x x x x				
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         (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)       If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, and enter the date of the letter ruling granting the waiver.       Month       Day       Year         If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.       121	<ul> <li>e Were any fees or commissions paid to any brokers, agents, or oth insurance service or other organization that provides some or all or instructions.)</li> <li>f Has the plan failed to provide any benefit when due under the plan</li> <li>g Did the plan have any participant loans? (If "Yes," enter amount a</li> <li>h If this is an individual account plan, was there a blackout period? 2520.101-3.)</li> <li>i If 10h was answered "Yes," check the box if you either provided th exceptions to providing the notice applied under 29 CFR 2520.101-3.)</li> </ul>	ner persons by of the benefits n? s of year end (See instruction ne required no	that was caused by fraud y an insurance carrier, s under the plan? (See 	10d 10e 10f 10g 10h	x x x x x				
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         (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)       If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, and enter the date of the letter ruling granting the waiver.       Month       Day       Year         If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.       12       12	<ul> <li>Were any fees or commissions paid to any brokers, agents, or oth insurance service or other organization that provides some or all or instructions.)</li> <li>f Has the plan failed to provide any benefit when due under the plan</li> <li>g Did the plan have any participant loans? (If "Yes," enter amount a</li> <li>h If this is an individual account plan, was there a blackout period? (2520.101-3.)</li> <li>i If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.107</li> <li>Part VI Pension Funding Compliance</li> <li>11 Is this a defined benefit plan subject to minimum funding requirem</li> </ul>	n? s of year end (See instruction ne required no 1-3 ents? (If "Yes	that was caused by fraud y an insurance carrier, s under the plan? (See 	10d 10e 10f 10g 10h 10i	X X X X X X chedule SE				
(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.	<ul> <li>Were any fees or commissions paid to any brokers, agents, or oth insurance service or other organization that provides some or all or instructions.)</li> <li>f Has the plan failed to provide any benefit when due under the plan</li> <li>g Did the plan have any participant loans? (If "Yes," enter amount a</li> <li>h If this is an individual account plan, was there a blackout period? 2520.101-3.)</li> <li>i If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.107</li> <li>Part VI Pension Funding Compliance</li> <li>11 Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)</li> </ul>	er persons by of the benefits n? s of year end (See instruction ne required no 1-3	that was caused by fraud y an insurance carrier, s under the plan? (See 	10d 10e 10f 10g 10h 10i	X X X X X X Chedule SE				
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	<ul> <li>Were any fees or commissions paid to any brokers, agents, or oth insurance service or other organization that provides some or all or instructions.)</li> <li>f Has the plan failed to provide any benefit when due under the plan</li> <li>g Did the plan have any participant loans? (If "Yes," enter amount a</li> <li>h If this is an individual account plan, was there a blackout period? (2520.101-3.)</li> <li>i If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.107</li> <li>Part VI Pension Funding Compliance</li> <li>11 Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below).</li> </ul>	n? s of year end (See instruction ne required no 1-3 ents? (If "Yes	that was caused by fraud y an insurance carrier, s under the plan? (See 	10d 10e 10f 10g 10h 10i	X X X X X X Chedule SE				
	<ul> <li>e Were any fees or commissions paid to any brokers, agents, or oth insurance service or other organization that provides some or all or instructions.)</li> <li>f Has the plan failed to provide any benefit when due under the plan</li> <li>g Did the plan have any participant loans? (If "Yes," enter amount a</li> <li>h If this is an individual account plan, was there a blackout period? (2520.101-3.)</li> <li>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</li> <li>Part VI Pension Funding Compliance</li> <li>11 Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)</li> <li>12 Is this a defined contribution plan subject to the minimum funding</li> </ul>	ents? (If "Yes	that was caused by fraud y an insurance carrier, s under the plan? (See 	10d 10e 10f 10g 10h 10i	X X X X X X Chedule SE				
b Enter the minimum required contribution for this plan year	<ul> <li>e Were any fees or commissions paid to any brokers, agents, or oth insurance service or other organization that provides some or all or instructions.)</li> <li>f Has the plan failed to provide any benefit when due under the plan</li> <li>g Did the plan have any participant loans? (If "Yes," enter amount a</li> <li>h If this is an individual account plan, was there a blackout period? (2520.101-3.)</li> <li>i If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.107</li> <li>Part VI Pension Funding Compliance</li> <li>11 Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)</li> <li>11a Enter the amount from Schedule SB line 39.</li> <li>12 Is this a defined contribution plan subject to the minimum funding</li> <li>(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,</li> <li>a If a waiver of the minimum funding standard for a prior year is bein</li> </ul>	er persons by of the benefits n? s of year end (See instruction ne required no 1-3	that was caused by fraud y an insurance carrier, s under the plan? (See 	10d 10e 10f 10g 10h 10i plete S	X X X X X X x x x x x x x x x x x x x x	ERISA? Yes No			
	<ul> <li>e Were any fees or commissions paid to any brokers, agents, or oth insurance service or other organization that provides some or all or instructions.)</li> <li>f Has the plan failed to provide any benefit when due under the plan</li> <li>g Did the plan have any participant loans? (If "Yes," enter amount a</li> <li>h If this is an individual account plan, was there a blackout period? (2520.101-3.)</li> <li>i If 10h was answered "Yes," check the box if you either provided th exceptions to providing the notice applied under 29 CFR 2520.107</li> <li>Part VI Pension Funding Compliance</li> <li>11 Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)</li> <li>11a Enter the amount from Schedule SB line 39.</li> <li>12 Is this a defined contribution plan subject to the minimum funding</li> <li>(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,</li> <li>a If a waiver of the minimum funding standard for a prior year is beir granting the waiver.</li> </ul>	er persons by of the benefits n? s of year end (See instruction ne required no 1-3	that was caused by fraud y an insurance carrier, s under the plan? (See 	10d 10e 10f 10g 10h 10i plete S	X X X X X X x x x x x x x x x x x x x x	ERISA? Yes No			

С	Enter the amount contributed by the employer to the plan for this plan year					
d						
е		he minimum funding amount reported on line 12d be met by the funding deadline?		Yes	No N/A	
Part	Part VII Plan Terminations and Transfers of Assets					
13a	Has a	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					
b	<b>b</b> Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the of the PBGC?				Yes X No	
C If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)						
1	13c(1) Name of plan(s): 1			IN(s)	<b>13c(3)</b> PN(s)	
Part	VIII	Trust Information (optional)				

14a Name of trust	14b Trust's EIN