	For	m 5500-SF	Short Form Annual Re	•	f Small Employ	yee	(	OMB Nos. 1210-0110 1210-0089			
		tment of the Treasury nal Revenue Service	This form is required to be filed u	enefit Plan	nd 4065 of the Employe	e	2	012			
	nployee Be	partment of Labor enefits Security Administration	Retirement Income Security Act of 1974 (ERISA), and sections 6057(b) and 6058 the Internal Revenue Code (the Code).				58(a) of This Form is Open to Publi				
Complete all entries in accordance with the instructions to the Form 5500-SF.											
	art I	Annual Report Id ar plan year 2012 or fisca	lentification Information al plan year beginning 01/01/2012		and ending 1	2/31/2	2012				
_					<b>G</b>	2/31/2		ant alan			
		urn/report is for:			an (not multiemployer)		a one-particip	bant plan			
BI	This retu	urn/report is:		ne final return/report			,				
-		L			/report (less than 12 mo	onths					
<b>C</b> (	Check b	box if filing under:		utomatic extension			DFVC progra	m			
			special extension (enter description)								
	rt II		nation—enter all requested information	on		41					
	Name of	of plan CTRIC RETIREMENT PL				1b	Three-digit plan number				
LASEI	RELEU	JIRIC RETIREMENT PL	LAN				(PN)	001			
						1c	Effective date of	plan			
							04/01/	2005			
		consor's name and addre	ess; include room or suite number (emp	ployer, if for a single-e	employer plan)	2b	Employer Identif (EIN) 36-450				
9523	- 19TH	AVE. E.				2c	Sponsor's telep				
TACC	)MA, W	/A 98445				2d	Business code (see instructions) 238210				
3a	Plan ac	dministrator's name and	address 🛛 Same as Plan Sponsor Nar	me Same as Plan	Sponsor Address	3b	Administrator's	EIN			
			—			-		elephone number			
4	If the n	ame and/or FIN of the p	lan sponsor has changed since the las	t return/report filed fo	r this plan, enter the	4b	EIN				
	name,	EIN, and the plan numb	per from the last return/report.			4c PN					
	· ·	or's name					PN				
-			the beginning of the plan year			5a		5			
			the end of the plan year			5b		1			
С			count balances as of the end of the pla			5c		1			
6a			luring the plan year invested in eligible					X Yes No			
			he annual examination and report of an								
	under	29 CFR 2520.104-46? (	See instructions on waiver eligibility and	d conditions.)	•	·····		X Yes No			
	lf you	answered "No" to eithe	er line 6a or line 6b, the plan cannot	use Form 5500-SF a	and must instead use	Form	n 5500.				
			incomplete filing of this return/repor								
SB c	or Śche		r penalties set forth in the instructions, signed by an enrolled actuary, as well te.								
SIG	N	Filed with authorized/val	lid electronic signature.	09/12/2013	DON E. BAKER						
HER	٤E	Signature of plan adm	ninistrator	Date	Enter name of individu	ual sig	gning as plan adm	ninistrator			
SIG	N										
HER	٤E	Signature of employe	er/plan sponsor	Date	Enter name of individu	ual sig	gning as employe	r or plan sponsor			
Prep	barer's r		ne, if applicable) and address; include r	room or suite number				number (optional)			

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

<ul> <li>Plan Assets and Liabilities</li> <li>a Total plan assets</li> <li>b Total plan liabilities</li> </ul>								
· ·		(a) Beginning of Yea	r			(b) End of Year		
<b>b</b> Total plan liabilities	7a	26753				50000		
	7b							
C Net plan assets (subtract line 7b from line 7a)	7c	26753	5			50000		
Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b) Total		
a Contributions received or receivable from:								
(1) Employers				_				
(2) Participants		767	1	_				
(3) Others (including rollovers)				_				
<b>b</b> Other income (loss)		3935	4	_				
<b>C</b> Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)						47025		
<b>d</b> Benefits paid (including direct rollovers and insurance premiums to provide benefits)		26456	0					
e Certain deemed and/or corrective distributions (see instructions)			-					
f Administrative service providers (salaries, fees, commissions)								
g Other expenses								
h Total expenses (add lines 8d, 8e, 8f, and 8g)						264560		
i Net income (loss) (subtract line 8h from line 8c)						-217535		
j Transfers to (from) the plan (see instructions)						211000		
Part IV Plan Characteristics	8)							
<ul> <li>b If the plan provides pension benefits, enter the applicable pension 2E 2G 2J 2K 2T 3D</li> <li>b If the plan provides welfare benefits, enter the applicable welfare</li> </ul>								
Part V Compliance Questions								
0 During the plan year:		and the second set of the second set of the		Yes	No	Amount		
a Was there a failure to transmit to the plan any participant contri 29 CFR 2510.3-102? (See instructions and DOL's Voluntary F			10a		X			
<b>b</b> Were there any nonexempt transactions with any party-in-intere on line 10a.)	est? (Do not incl	lude transactions reported	10b		х			
<b>C</b> Was the plan covered by a fidelity bond?			10c	Х		1000000		
<b>d</b> Did the plan have a loss, whether or not reimbursed by the plan or dishonesty?	n's fidelity bond,	that was caused by fraud	10d		х	100000		
<b>e</b> Were any fees or commissions paid to any brokers, agents, or insurance service or other organization that provides some or a instructions.)	all of the benefits	s under the plan? (See	10e		x			
f Has the plan failed to provide any benefit when due under the p	plan?		10f		Х			
<b>g</b> Did the plan have any participant loans? (If "Yes," enter amoun	it as of year end	.)	10q		X			
<ul> <li>If this is an individual account plan, was there a blackout period</li> <li>2520.101-3.)</li> </ul>	d? (See instructi	ons and 29 CFR	10g		х			
i If 10h was answered "Yes," check the box if you either provided exceptions to providing the notice applied under 29 CFR 2520.			10i					
art VI Pension Funding Compliance								
1 Is this a defined benefit plan subject to minimum funding require	ements? (If "Yes	s," see instructions and com	plete	Scheo	lule SB	(Form		
5500) and line 11a below)								
5500) and line 11a below)	a Enter the amount from Schedule SB line 39 11a							
5500) and line 11a below) <b>1a</b> Enter the amount from Schedule SB line 39		s of section 412 of the Code	or se	ction 3	302 of E	RISA? Yes 🗙 No		
<ul> <li>5500) and line 11a below)</li> <li>1a Enter the amount from Schedule SB line 39</li> <li>2 Is this a defined contribution plan subject to the minimum fundi</li> </ul>	ing requirements		or se	ction :	302 of E	RISA? Yes X No		
5500) and line 11a below) <b>1a</b> Enter the amount from Schedule SB line 39	ing requirements ow, as applicable being amortized	e.) in this plan year, see instruc	ctions,					
<ul> <li>5500) and line 11a below)</li> <li>1a Enter the amount from Schedule SB line 39</li> <li>2 Is this a defined contribution plan subject to the minimum fundi (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 below</li> </ul>	ing requirements ow, as applicable being amortized	e.) in this plan year, see instruc Mon	ctions,		enter the	e date of the letter ruling		

С	Enter	the amount contributed by the employer to the plan for this plan year	12c			
d		act the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a tive amount)	12d			
е	Will t	ne 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	a resolution to terminate the plan been adopted in any plan year?	X	Yes No	)	
	lf "Ye	es," 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 another plan, or brought under the PBGC?	control		Ye	s 🗙 No
С		ing this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) in assets or liabilities were transferred. (See instructions.)	to			
1	3c(1)	Name of plan(s): 1	3 <b>c(2)</b> E	IN(s)	13c(	<b>3)</b> PN(s)
Part	VIII	Trust Information (optional)				

14a Name of trust	14b Trust's EIN

Depar	m 5500-SF	Short Form Annua	I Return/Report of Benefit Plan	Small Employ	/ee	С	DMB Nos. 1210-011 1210-008	
	tment of the Treasury nal Revenue Service	This form is required to be	.	2	012			
Employee Be	partment of Labor enefits Security Administration enefit Guaranty Corporation	Retirement Income Security Ad	Retirement Income Security Act of 1974 (ERISA), and sections 6057(b) and 6058 Ihe Internal Revenue Code (the Code).					
Part I		Complete all entries in ac Identification Information		ions to the Form 550	)-SF.		pection	
		iscal plan year beginning 01/01,		and ending 1	2/31/2012			
A This ret	urn/report is for:	X a single-employer plan	a multiple-employer pla	V Messer or		one-particip	ant plan	
	urn/report is:	the first return/report	the final return/report					
	A CARANA BARTA A BARTANA ANG TANTANA ANG TANANA ANG TANANA ANG TANANA ANG TANANA ANG TANANA ANG TANANA ANG TAN	an amended return/report	a short plan year return/	report (less than 12 m	onths)			
C Check b	pox if filing under:	X Form 5558	automatic extension			FVC prograr	m	
	3	special extension (enter desci			ш <del>-</del>	to program	1. And	
Part II	Basic Plan Info	ormation-enter all requested inf			100-r (			
1a Name	in the second				1b Thre	e-digit		
ASER ELE	CTRIC RETIREMEN	T PLAN			plan	number	004	
					(PN)		001	
					1C Effe	ctive date of 04/01/20		
2a Plan sp	ponsor's name and ac	ddress; include room or suile numb	er (employer, if for a single-e	mployer plan)	2b Emp	in the second second second	ication Number	
ASER ELE	CTRIC, INC.				(EIN			
					2c Spo	nsor's telept	none number	
523 - 19TH	I AVE. E.					(253) 535		
	NA 00445				2d Busi	ness code (s 238210	see instructions)	
ACOMA, V <b>3a</b> Plan a		nd address XSame as Plan Spons	sor Name Same as Plan	Sponsor Address	3h Adm	inistrator's E		
		ne plan sponsor has changed since umber from the last return/report.	the last return/report filed for	this plan, enter the	4b EIN			
a Spons					4c PN			
	number of participants		ALC: NOT THE REPORT OF THE REPORT					
5a Total I		s al the beginning of the plan year .						
		s al the beginning of the plan year . s at the end of the plan year			5a		E	
b Total i c Numb	number of participants er of participants with	s at the end of the plan year account balances as of the end of	the plan year (defined benef	it plans do not	5a 5b			
b Total i c Numb compl	number of participants er of participants with lete this item)	s at the end of the plan year a account balances as of the end of	the plan year (defined benef	it plans do not	5a 5b 5c			
b Total i c Numb compl 6a Were	number of participants er of participants with lete this item) all of the plan's asset	s at the end of the plan year account balances as of the end of ts during the plan year invested in e	the plan year (defined benef eligible assets? (See instruction	it plans do not	5a 5b 5c		*	
b Total i c Numb compl 6a Were b Are yo	number of participants er of participants with lete this item) all of the plan's assel ou claiming a waiver o	s at the end of the plan year account balances as of the end of ts during the plan year invested in e of the annual examination and repo	the plan year (defined benef eligible assels? (See instruct rt of an independent qualified	it plans do not ions.)	5a 5b 5c		X Yes   N	
b Total i c Numb compl 6a Were b Are yo under	number of participants er of participants with lete this item) all of the plan's asset ou claiming a waiver of 29 CFR 2520.104-46	s at the end of the plan year account balances as of the end of ts during the plan year invested in e	the plan year (defined benef eligible assets? (See instructi rt of an independent qualified pility and conditions.)	it plans do not ions.) I public accountant (IQ	5a 5b 5c PA)			
b Total i c Numb compl 6a Were b Are yo under If you	number of participants er of participants with lete this item) all of the plan's asset ou claiming a waiver of 29 CFR 2520.104-46 answered "No" to e	s at the end of the plan year a account balances as of the end of ts during the plan year invested in e of the annual examination and repo s? (See instructions on waiver eligit either line 6a or line 6b, the plan o	the plan year (defined benef eligible assets? (See instructi rt of an independent qualified pility and conditions.)	it plans do not ions.) d public accountant (IQ and must instead use	5a 5b 5c PA) Form 5500	)	X Yes   N	
b Total i c Numb compl 6a Were b Are yo under If you Caution: A	number of participants er of participants with lete this item) all of the plan's assel ou claiming a waiver of 29 CFR 2520.104-46 answered "No" to en A penalty for the late alties of perjury and o	s at the end of the plan year a account balances as of the end of the during the plan year invested in e of the annual examination and repo s? (See instructions on waiver eligit either line 6a or line 6b, the plan e or incomplete filing of this retur other penalties set forth in the instru	the plan year (defined benef eligible assets? (See instructi rt of an independent qualified oility and conditions.)	it plans do not ions.) d public accountant (IQ and must instead use inless reasonable cau	5a     5b     5c     PA)   Form 5500 Ise is estal ord, includit	). olished.	X Yes N X Yes N	
b Total i c Numb compl 6a Were b Are yo under If you Caution: A Under pena SB or Sche	number of participants er of participants with lete this item) all of the plan's assel ou claiming a waiver of 29 CFR 2520.104-46 answered "No" to en A penalty for the late alties of perjury and o	s at the end of the plan year a account balances as of the end of ts during the plan year invested in e of the annual examination and repo 3? (See instructions on waiver eligit either line 6a or line 6b, the plan e or incomplete filing of this retur other penalties set forth in the instru and signed by an enrolled actuary, a	the plan year (defined benef eligible assets? (See instructi rt of an independent qualified oility and conditions.)	it plans do not ions.) d public accountant (IQ and must instead use inless reasonable cau	5a     5b     5c     PA)   Form 5500 Ise is estal ord, includit	). olished.	X Yes N X Yes N	
b Total i c Numb compl 6a Were b Are you under If you Caution: A Under pena SB or Sche belief, it is	number of participants er of participants with lete this item) all of the plan's assel ou claiming a waiver of 29 CFR 2520.104-46 a answered "No" to en A penalty for the late alties of perjury and o edule MB completed a	s at the end of the plan year a account balances as of the end of ts during the plan year invested in e of the annual examination and repo 3? (See instructions on waiver eligit either line 6a or line 6b, the plan e or incomplete filing of this retur other penalties set forth in the instru and signed by an enrolled actuary, a	the plan year (defined benef eligible assels? (See instructi rt of an independent qualified bility and conditions.)	it plans do not ions.) d public accountant (IQ and must instead use inless reasonable cau examined this return/report ion of this return/report	5a     5b     5c     PA)   Form 5500 Ise is estal ord, includit	). olished.	X Yes N X Yes N	
b Total i c Numb compl 6a Were b Are yo under If you Caution: A Under pens SB or Sche belief, it is	number of participants er of participants with lete this item) all of the plan's assel ou claiming a waiver of 29 CFR 2520.104-46 a answered "No" to en A penalty for the late alties of perjury and o edule MB completed a	s at the end of the plan year a account balances as of the end of ts during the plan year invested in e of the annual examination and repo 3? (See instructions on waiver eligit either line 6a or line 6b, the plan e or incomplete filing of this retur other penalties set forth in the instru and signed by an enrolled actuary, a	the plan year (defined benef eligible assets? (See instructi rt of an independent qualified oility and conditions.)	it plans do not ions.) d public accountant (IQ and must instead use inless reasonable cau	5a     5b     5c     PA)   Form 5500 Ise is estal ord, includit	). olished.	X Yes N X Yes N	
b Total i c Numb compl 6a Were b Are yo under If you Caution: A Under pens SB or Sche belief, it is SIGN	number of participants er of participants with lete this item) all of the plan's assel ou claiming a waiver of 29 CFR 2520.104-46 a answered "No" to en A penalty for the late alties of perjury and o edule MB completed a	s at the end of the plan year a account balances as of the end of the annual examination and repo of the annual examination and repo (See instructions on waiver eligit either line 6a or line 6b, the plan of e or incomplete filing of this return other penalties set forth in the instru- and signed by an enrolled actuary, a pilete.	the plan year (defined benef eligible assels? (See instructi rt of an independent qualified bility and conditions.)	it plans do not ions.) d public accountant (IQ and must instead use inless reasonable cau examined this return/report ion of this return/report	5a 5b 5c PA) Form 5500 ise is estal port, includi , and to the	). Dlished. ng, if applica best of my l	X Yes N X Yes N X Yes N able, a Schedule knowledge and	
b Total i C Numb compl 6a Were b Are you under If you Caution: A Under pena SB or Sche belief, it is SIGN HERE SIGN	number of participants er of participants with lete this item) all of the plan's assel ou claiming a waiver of 29 CFR 2520.104-46 answered "No" to e A penalty for the late alties of perjury and o adule MB completed a true, correct, and com	s at the end of the plan year a account balances as of the end of the annual examination and repo of the annual examination and repo (See instructions on waiver eligit either line 6a or line 6b, the plan of e or incomplete filing of this return other penalties set forth in the instru- and signed by an enrolled actuary, a pilete.	the plan year (defined benef eligible assels? (See instructi rt of an independent qualified bility and conditions.) cannot use Form 5500-SF a m/report will be assessed u ctions, I declare that I have e as well as the electronic vers	it plans do not ions.) d public accountant (IQ and must instead use inless reasonable cau examined this return/report ion of this return/report Don E. Baker	5a 5b 5c PA) Form 5500 ise is estal port, includi , and to the	). Dlished. ng, if applica best of my l	X Yes N X Yes N X Yes N able, a Schedule knowledge and	
b Total i c Numb compil 6a Were b Are you under If you Caution: A Under pens SB or Sche belief, it is SIGN HERE SIGN HERE	number of participants er of participants with lete this item) all of the plan's assel to claiming a waiver of 29 CFR 2520.104-46 answered "No" to e A penalty for the late alties of perjury and o adule MB completed a true, correct, and corr X Signature of plan a	s at the end of the plan year account balances as of the end of ts during the plan year invested in e of the annual examination and repo S? (See instructions on waiver eligit either line 6a or line 6b, the plan of e or incomplete filing of this return other penalties set forth in the instru and signed by an enrolled actuary, a nplete.	the plan year (defined benef eligible assels? (See instruction rl of an independent qualified oility and conditions.)	it plans do not ions.) d public accountant (IQ and must instead use inless reasonable cau examined this return/report ion of this return/report Don E. Baker Enter name of individ Enter name of individ	5a 5b 5c PA) Form 5500 ise is estal port, includi , and to the ual signing	), olished. ng, if applica best of my l as plan adm as employer	X Yes N X Yes N X Yes N Able, a Schedule knowledge and inistrator	
b Total i C Numb compi 6a Were b Are you under If you Caution: A Under pena SB or Sche belief, it is SIGN HERE SIGN HERE	number of participants er of participants with lete this item) all of the plan's assel to claiming a waiver of 29 CFR 2520.104-46 answered "No" to e A penalty for the late alties of perjury and o adule MB completed a true, correct, and corr X Signature of plan a	s at the end of the plan year a account balances as of the end of ts during the plan year invested in e of the annual examination and repo 5? (See instructions on waiver eligit either line 6a or line 6b, the plan of e or incomplete filing of this return other penalties set forth in the instru and signed by an enrolled actuary, a nplete.	the plan year (defined benef eligible assels? (See instruction rl of an independent qualified oility and conditions.)	it plans do not ions.) d public accountant (IQ and must instead use inless reasonable cau examined this return/report ion of this return/report Don E. Baker Enter name of individ Enter name of individ	5a 5b 5c PA) Form 5500 ise is estal port, includi , and to the ual signing	), olished. ng, if applica best of my l as plan adm as employer	X Yes N X Yes N X Yes N Able, a Schedule knowledge and	
b Total i C Numb compi 6a Were b Are you under If you Caution: A Under pens SB or Sche belief, it is SIGN HERE SIGN HERE	number of participants er of participants with lete this item) all of the plan's assel to claiming a waiver of 29 CFR 2520.104-46 answered "No" to e A penalty for the late alties of perjury and o adule MB completed a true, correct, and corr X Signature of plan a	s at the end of the plan year account balances as of the end of ts during the plan year invested in e of the annual examination and repo S? (See instructions on waiver eligit either line 6a or line 6b, the plan of e or incomplete filing of this return other penalties set forth in the instru and signed by an enrolled actuary, a nplete.	the plan year (defined benef eligible assels? (See instruction rl of an independent qualified oility and conditions.)	it plans do not ions.) d public accountant (IQ and must instead use inless reasonable cau examined this return/report ion of this return/report Don E. Baker Enter name of individ Enter name of individ	5a 5b 5c PA) Form 5500 ise is estal port, includi , and to the ual signing	), olished. ng, if applica best of my l as plan adm as employer	X Yes N X Yes N X Yes N Able, a Schedule knowledge and inistrator	

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Pai	t III Financial Information							
7	Plan Assets and Liabilities		(a) Beginning of Yea	а <b>г</b>	45	-	(b) End of Year	
а	Total plan assets	7a	26753	2015-2				
b	Total plan liabilities	7b		<u> </u>	+-		50000	
С	let plan assets (subtract line 7b from line 7a) 7c 26753						50000	
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount	<u> </u>			(b) Total	
	Contributions received or receivable from:		(1) / / / / / / / / / / / / / / / / / / /					
3	(1) Employers	8a(1)	· · · · · · · · · · · · · · · · · · ·	_			-	
	(2) Participants	8a(2)	767	1	_			
<u> </u>	(3) Others (including rollovers)	8a(3)			_			
1	Other income (loss)	8b	3935	4				
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) Benefils paid (including direct rollovers and insurance premiums	8c			_		47025	
ч	to provide benefits)	8d	26456	n				
241	Certain deemed and/or correclive distributions (see instructions)	8e		<u> </u>	-			
f	Administrative service providers (salaries, fees, commissions)	8f			-			
g	Olher expenses	8g				-		
<u>h</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h			-		264550	
i	Net income (loss) (subtract line 8h from line 8c)	8i	nudarilin - oninan - opin-t	1.5 10 - 10			-217535	
j	Transfers to (from) the plan (see instructions)	81		100			-217000	
Par	t IV Plan Characteristics			-				
9a	If the plan provides pension benefits, enter the applicable pension	feature co	des from the List of Plan Char	acteris	tic Co	des in t	lhe instructions:	
	2E 2G 2J 2K 2T 3D							
b	If the plan provides welfare benefits, enter the applicable welfare fe	ealure cod	es from the List of Plan Chara	cleristi	c Cod	es in th	e instructions:	
Part	V Compliance Questions							
10	During the plan year:			- 1	Vee	N.	·····	
<u>10</u> a	During the plan year: Was there a failure to transmit to the plan any participant contribu	tions withi	n the time period described in		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	iciary Corr	rection Program)	10a	Yes	No X	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 Were there any nonexempt transactions with any party-in-interest	ciary Corr ? (Do not	rection Program)	10a	Yes	x	Amount	
a b	Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu Were there any nonexempt transactions with any party-in-interest on line 10a.)	ciary Corr ? (Do not	rection Program) include transactions reported		Yes		Amount	
a b c	Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu Were there any nonexempt transactions with any party-in-interest on line 10a.)	uciary Corr ? (Do not	rection Program) include transactions reported	10a	Yes X	x		00000
a b	Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu Were there any nonexempt transactions with any party-in-interest on line 10a.)	iciary Corr ? (Do not fidelity bo	rection Program) include transactions reported	10a 10b 10c		x x		00000
a b c d	Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu Were there any nonexempt transactions with any party-in-interest on line 10a.)	(Do not)	rection Program) include transactions reported nd, that was caused by fraud	10a 10b		x		00000
a b c d	Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu Were there any nonexempt transactions with any party-in-interest on line 10a.)	iciary Corr ? (Do not fidelity bo ner person of the bene	rection Program) include transactions reported  nd, that was caused by fraud s by an insurance carrier, efits under the plan? (See	10a 10b 10c		x x		00000
a b c d	Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu Were there any nonexempt transactions with any party-in-interest on line 10a.)	iciary Corr ? (Do not fidelity bo ner person of the bene	rection Program) include transactions reported and, that was caused by fraud s by an insurance carrier, efits under the plan? (See	10a 10b 10c		x x		00000
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Form 5500-SF 2012

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C	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			
e	Will the minimum funding amount reported on line 12d be met by the funding deadline?		Yes	No 🗍 N	/A
Part			ليا		
13a	Has a resolution to terminate the plan been adopted in any plan year?	XY	es No		1000
	If "Yes," enter the amount of any plan assets that reverted to the employer this year	13a		0	<del></del>
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the of the PBGC?	control		∏ 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.)	lo			5.655
1	3c(1) Name of plan(s): 1	3 <b>c(2)</b> Ell	N(5)	13c(3) PN(	s)
Part	VIII Trust information (optional)				
14a	Name of Irust	14b Trust's EIN			