Form 5500-SF Short Form Annual Return/Report of Small Employ					/ee OMB Nos. 1210-0110 1210-0089			
	partment of the Treasury ternal Revenue Service	Benefit Plan			<u>2012</u>			
Department of Labor         This form is required to be filed under sections 104 and 4065 of the Employ           Retirement Income Security Act of 1974 (ERISA), and sections 6057(b) and 605           Employee Benefits Security Administration					B(a) of This Form is Open to Public			
Pensior	Benefit Guaranty Corporation	Complete all entries in accorda	nce with the instruc	tions to the Form 5500	)-SF.	Ins	pection	
Part I Annual Report Identification Information								
For cale	ndar plan year 2012 or fisca			and ending 0	2/25/	2013		
A This	return/report is for:	X a single-employer plan	multiple-employer pl	an (not multiemployer)		a one-particip	pant plan	
<b>B</b> This	return/report is:	the first return/report X the	ne final return/report					
		an amended return/report X a	short plan year returr	n/report (less than 12 mo	onths	)		
C Chec	k box if filing under:	Form 5558 a	utomatic extension			DFVC progra	ım	
	special extension (enter description)							
Part I	Basic Plan Inforr	mation—enter all requested informati	on					
	ne of plan				1b	Three-digit		
CROWN	INANCE PROFIT SHARIN	IG PLAN				plan number (PN) ▶	001	
					1c	Effective date o		
						01/01	•	
2a Plar CROWN	sponsor's name and addre	ess; include room or suite number (em N, INC.	ployer, if for a single-	employer plan)	2b	Employer Identi (EIN) 91-08	fication Number 49117	
757 RAIN	IER AVE. S., SUITE 4				2c	Sponsor's telephone number 425-228-5220		
	WA 98057				2d	Business code (see instructions) 522291		
<b>3a</b> Plar	administrator's name and	address Same as Plan Sponsor Nar	me Same as Plan	Sponsor Address	3b	Administrator's	EIN	
					_			
					3c	Administrator's	elephone number	
		plan sponsor has changed since the las	st return/report filed fo	or this plan, enter the	4b EIN			
	ne, EIN, and the plan numb nsor's name	per from the last return/report.			<b>4c</b> PN			
		t the beginning of the plan year			40 5a			
_		t the end of the plan year						
		count balances as of the end of the pla			5b			
					5c			
		luring the plan year invested in eligible					X Yes No	
<b>b</b> Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA)								
under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.)								
		incomplete filing of this return/repo					ahla a Cahadula	
	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							
	is true, correct, and comple			•	, ,	,	Ū.	
SIGN	Filed with authorized/va	lid electronic signature.	09/20/2013	LOUIS BERG				
HERE						dual aigning as plan administrator		
Signature of plan administrator         Date         Enter name of individual signing as plan						gning as pian adr	ninistrator	
SIGN HERE								
	Signature of employe		Date	Enter name of individu				
Preparer's name (including firm name, if applicable) and address; include room or suite number (optional) Preparer's name (including firm name, if applicable) and address; include room or suite number (optional)					Preparer's telephone number (optional)			
C. P. MC	AULIFFE, C. P. A., P. S.				206-282-1120			
1750 DEXTER AVENUE NORTH SEATTLE, WA 98109-6222								

7       Plan Assets and Liabilities       (a) Beginning of Year       (b) End of Year         a       Total plan assets       7a       177109       0         0       Total plan inbuildes       7b       0       0         0       Income, Expresses, and Tanabilities       7c       177109       0         0       Controbulions received or receivable from:       8a(1)       0       1         10       Engraphenes, and Tanabilities       8a(2)       0       0         30       Others (including rotolivers)       8a(1)       0       0       0         30       Others (including rotolivers)       8a(2)       0       0       0       0         40       Dear income (oss)       8b       0       0       0       0       0       0         41       Benefits pair (statistics, fees, cormission)       8d       177109       1       1       0       177109         11       Trad pennes (add lines 8d, 8e, 8t, and 8g)       8d       1       177119       1       1       177109       1       1       177119       1       1       1       177119       1       1       1       177119       1       1       1       177119 <td< th=""><th>Part III Financial Information</th><th></th><th></th><th></th><th></th><th></th><th></th></td<>	Part III Financial Information								
b       Total pion labelities       To       0       0         c       Net pion assets (subtract line 7b from line 7a)	7 Plan Assets and Liabilities		(a) Beginning of Year			(b) End of Year			
C       Net plan assets (subtract line 7b from line 7a)       7c       177199         8       Income. Expenses, and Transfers for this Plan Year       (a) Amount       (b) Total         C       Contributions received or receivable form:       8a(1)       (b) Total         (c) Participantis.       8a(2)       (c)       (c)       (c)         (c) Others (including rolevers).       8a(3)       (c)       (c)         (c) Trait Income (add lines 5a(1), 5a(2), 5a(3), and 6b)       8c       (c)       (c)         (c) Trait Income (add lines 5a(1), 5a(2), 5a(3), and 6b)       8c       (c)       (c)         (c) Other expenses       8g       (c)       (c)       (c)       (c)         (c) Other expenses       8g       (c)       (c)       (c)       (c)       (c)         (c) Other expenses       8g       (c)       (c)       (c)       (c)       (c)       (c)         (c) Other expenses	a Total plan assets	7a	17719	9			0		
8       Income, Expenses, and Transfers for this Plan Year       (a) Amount       (b) Total         a       Contributions received or receivable from:       8a(1)       (a) Amount       (b) Total         (c)       Participants.       8a(2)       (c)       (c)       (c)         (c)       Definition (including rolevers)       8a(3)       (c)       (	<b>b</b> Total plan liabilities	7b		0			0		
a Contributions received or receivable from:       Ba         (1) Engloyers       Ba(1)         (2) Panicipants       Ba(2)         (3) Others (including rollowers)       Ba(3)         (b Other income (loss)       Ba         (c) Engloyers       Ba         (c) Engloyers       Ba         (c) Training including rollowers)       Ba         (c) Engloyers       Ba         (c) Engloye	C Net plan assets (subtract line 7b from line 7a)	7c	17719	9					
(1)       Employers       8a(1)         (2)       Participants       8a(2)         (3)       Other income (does)       8a(3)         (4)       Deter income (does)       8a(3)         (5)       Other income (does)       8a(3)         (7)       Deter income (does)       8a(3)         (8)       0       0         (7)       Deter income (does)       8a(3)         (8)       177199         (7)       Deter income (does)       8a(3)         (7)       Other sepress.       8a(3)         (7)       Other sepress.       8a(3)         (7)       Other sepress.       8a(3)         (7)       Other sepress.       8a(3)         (7)       Transfers to (from) the plan (see instructions)       8a(1)         (7)       Transfers to (from) the plan (see instructions)       8a(1)         (7)       Transfers to (from) the plan (see instructions)       8a(1)         (7)       During the plan provides welfare benefits, enter the applicable velfare leature codes from the List of Plan Characteristic Codes in the instructions:         (7)       Compliance Questions       10       X         (10)       During the plan part instruction with any party-in-interee (Comentin heac)       100<	8 Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b) Total		
(2) Participants.       8a(2)         (3) Others (including rolevers).       8a(3)         (b) Other including rolevers).       8b         (c) Total income (dask).       8b         (c) Total income (dask).       8c         (c) Total income (dask).       8c         (c) Benetits paid (including direct rolevers and insurance permitums to provide benetits).       8c         (c) Carbin deemed andor corrective distributions (see instructions).       8e         (c) Carbin deemed andor corrective distributions (see instructions).       8e         (c) Carbin deemed andor corrective distributions (see instructions).       8e         (c) Carbin deemed andor corrective distributions (see instructions).       8e         (c) Carbin deemed andor corrective distributions (see instructions).       8e         (c) Other expenses.       8g         (c) Other expenses (add lines 6d, 6e, 6f, and 8g).       8h         (c) Transfers to (from) the plan (see instructions).       8j         (c) Bit the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:         (c) Area there ary noncemergh transactions with any participant corributions within the time period describer in 29 CFR 250.31022 (See there) so 1002 (See there) (Fog) and (See there) in 29 CFR 250.31022 (See there) so 1002 (See there) (Fog) and (See there) in 29 CFR 250.31022 (See there) so 1002 (See there) (Fog) and (See th		80(4)							
3) Others (notuding rolevers)       88(3)         b Other income (loss)       8b         c Total income (loss)       8b         d Bondits paid (including direct rollovers and insurance premiums to provide henefits)       8c         g Other sequences       8d         g Other sequences       8d         g Other sequences       8d         g Other sequences       8g         h Total sequences (add lines 8d, 8e, 8f, and 8g)       8f         g Other sequences       8g         j Transfer to (tron) the plan (see instructions)       8g         j Transfer to (tron) the plan (see instructions)       8g         j Transfer to (tron) the plan (see instructions)       8g         j Transfer to (tron) the plan (see instructions)       8g         j Transfer to (tron) the plan (see instructions)       8g         j Transfer to (tron) the plan (see instructions)       8g         j Transfer to (tron) the plan (see instructions)       8g         j Transfer to (tron) the plan (see instructions)       8g         j Transfer to (tron) the plan (see instructions)       8g         j Transfer to (tron) the plan (see instructions)       8g         j Transfer to (tron) the plan (see instructions)       10g         j We there any nonexempt transectinos with any party-in-interest? (Lo not includ									
b       Other income (loss)       Bb       Image: control income (loss)         C       Total income (loss)       Bed       177199         G       Control income (loss)       Bed       177199         G       Net income (loss)       Bed       177199         G       Net income (loss)       Statistic income (loss)       Bi       177199         G       Net income (loss)       Statistic income (loss)       Statistic income (loss)       Net income (loss)         G       If the plan provides persion benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:         Zit       JD       During the plan provides persion benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:         D       During the plan provides persion benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:         D       During the plan year:       Yes       No       Amount         4       Vas there a failure to transmit to the plan any party-in-interest? (Do not include transactions reported in									
c       Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)									
d Benefits paid (including direct rollovers and insurance premiums to provide benefits)									
to provide benefits).       ed       177199         e       Certain deemed and/or corrective distributions (see instructions)       8e       6         f       Administrative service providers (slatines, lee, cornmissions)       8f       6         g       Other expenses.       8g       6         h       Total expenses (add lines 8d, 8e, 8f, and 8g)	-	00							
f       Administrative service providers (salaries, fees, commissions)		8d	177199						
g       Other expenses	e Certain deemed and/or corrective distributions (see instructions)	8e							
h       Total expenses (add lines 8d, 8e, 8f, and 8g)	f Administrative service providers (salaries, fees, commissions)	8f							
i       Net income (loss) (subtract line 8h from line 8c)		8g							
j       Transfers to (from) the plan (see instructions)       gi         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:         2E       3D         b       If the plan provides pension benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:         Part V       Compliance Questions       Yes       No       Amount         10       During the plan year:       Yes       No       Amount         a       Yes Still.3-10:27 (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 ine 10a).       10b       X         c       Was the plan covered by a fidelity bond?       10c       X       10c       X         d       Did the plan have a loss, whether or not reimbursed by the plan's fidelity under the plan?       10d       X       10d       X         g       Did the plan have any participant loans? (If "Yes," enter amount as of year end.)       10g       X       10g       X         g       Did the plan have any participant loans? (If "Yes," enter amount as of year end.)       10g       X	h Total expenses (add lines 8d, 8e, 8f, and 8g)	8h					177199		
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:         2E       3D         b       If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:         Part V       Compliance Questions         10       During the plan year:         a       Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)       10a       ×         b       Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)       10b       ×       10b       ×         c       Was the plan nave a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonestry?       10d       ×       10d       ×         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       ×       10d       ×       10e       ×       10e       ×       10e       ×       10e       ×       10e       ×       10e       ×       10d       ×		8i					-177199		
9a       If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:         2t       3D         b       If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:         Part V       Compliance Questions         10       During the plan year:         a       Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)       10a       X         c       Was the plan covered by a fidelity bond?       10c       X       10b       X         c       Was the plan provides on order organization that provides some or all of the benefits under the plan? (See instructions).       10d       X       10d       X         c       Was the plan have any participant toans? (If "Yes," enter amount as of year end).       10d       X       10d       X         f       Has the plan failed to provide any benefit when due under the plan?       10d       X		8j							
2E 3D         b       If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:         Part V       Compliance Questions         10       During the plan year:       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       10c									
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       10c       X         c       Was the plan covered by a fidelity bond?       10c       X       10d       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 dishonesty?       10d       X	<b>b</b> If the plan provides welfare benefits, enter the applicable welfare fe	eature codes	from the List of Plan Charac	cterist	ic Cod	es in th	e instructions:		
a       Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-1022 (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       1         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       1         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.)       10f       X									
29 CFR 2510.3-102? (See instructions and DQL'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       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 dishonest?       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       Image: Common term or term organization that provides some or all of the benefits under the plan? (See instructions.)       10d       X       Image: Common term organization that provides some or all of the benefits under the plan? (See instructions.)       10d       X       Image: Common term organization that provides some or all of the benefits under the plan? (See instructions.)       10d       X       Image: Common term organization that provide some or all of the benefits under the plan? (See instructions.)       10d       X       Image: Common term organization that provide some or all of the benefits under the plan? (See instructions.)       10d       X       Image: Common term organization that provide some or all of the benefits under the plan? (See instructions and 29 CFR 2520.101-3.)       10d					Yes	No	Amount		
on line 10a.)       10b       X         c       Was the plan covered by a fidelity bond?       10c       X       1         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       1         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         f       Has the plan have any participant loans? (If "Yes," enter amount as of year end.)       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)       10h       X       X         g       Did the plan have any participant loans? (If "Yes," enter amount as of year end.)       10h       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       X         is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form       Yes         11a	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program) 10					1			
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 10e X       10d       X         f       Has the plan failed to provide any benefit when due under the plan?       10f       X       Image: Sec 10e X         g       Did the plan have any participant loans? (If "Yes," enter amount as of year end.)       10g       X       Image: Sec 10e X         h       If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)       10g       X       Image: Sec 10e 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.       10i       X       Image: Sec 10e X         Part VI       Pension Funding Compliance       10i       X       Image: Sec 10e X	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu	ciary Correc	tion Program)	10a		Х			
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         g       Did the plan have any participant loans? (If "Yes," enter amount as of year end.)       10g       X         h       If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)       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.       10i       V         Part VI       Pension Funding Compliance       10i       Yes         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 302 of ERISA?       Yes         (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 rulin granting the waiver.	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu <b>b</b> Were there any nonexempt transactions with any party-in-interest	iciary Correc ? (Do not inc	tion Program) lude transactions reported						
insurance service or other organization that provides some or all of the benefits under the plan? (See instructions.)	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu <b>b</b> Were there any nonexempt transactions with any party-in-interest on line 10a.)	iciary Correc ? (Do not inc	tion Program) lude transactions reported	10b	X		150000		
g Did the plan have any participant loans? (If "Yes," enter amount as of year end.)	<ul> <li>29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu</li> <li>b Were there any nonexempt transactions with any party-in-interest on line 10a.)</li> <li>c Was the plan covered by a fidelity bond?</li> <li>d Did the plan have a loss, whether or not reimbursed by the plan's</li> </ul>	iciary Correc ? (Do not inc fidelity bond	tion Program) lude transactions reported 	10b 10c	×	X	150000		
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	<ul> <li>29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu</li> <li>b Were there any nonexempt transactions with any party-in-interest' on line 10a.)</li> <li>c Was the plan covered by a fidelity bond?</li> <li>d Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?</li> <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 any brokers.</li> </ul>	iciary Correc ? (Do not inc fidelity bond er persons b of the benefit	tion Program) lude transactions reported that was caused by fraud y an insurance carrier, s under the plan? (See	10b 10c 10d	X	× ×	150000		
h       If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR         10h       X         11h       10h         12h       10h         12h       10h         12h       10h         12h       10h         12h       11h         12h       11h <tr< td=""><td><ul> <li>29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu</li> <li>b Were there any nonexempt transactions with any party-in-interest' on line 10a.)</li> <li>c Was the plan covered by a fidelity bond?</li> <li>d Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?</li> <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> </ul></td><td>iciary Correc ? (Do not inc fidelity bond, fidelity bond, fidelity bond, fidelity bond,</td><td>tion Program) lude transactions reported that was caused by fraud y an insurance carrier, s under the plan? (See</td><td>10b 10c 10d 10e</td><td>x</td><td>× × ×</td><td>150000</td></tr<>	<ul> <li>29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu</li> <li>b Were there any nonexempt transactions with any party-in-interest' on line 10a.)</li> <li>c Was the plan covered by a fidelity bond?</li> <li>d Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?</li> <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> </ul>	iciary Correc ? (Do not inc fidelity bond, fidelity bond, fidelity bond, fidelity bond,	tion Program) lude transactions reported that was caused by fraud y an insurance carrier, s under the plan? (See	10b 10c 10d 10e	x	× × ×	150000		
exceptions to providing the notice applied under 29 CFR 2520.101-3	<ul> <li>29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu</li> <li>b Were there any nonexempt transactions with any party-in-interest' on line 10a.)</li> <li>c Was the plan covered by a fidelity bond?</li> <li>d Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?</li> <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> </ul>	iciary Correc ? (Do not inc fidelity bond fidelity bond fidelity bond fidelity bond fidelity bond fidelity bond	tion Program) lude transactions reported that was caused by fraud y an insurance carrier, s under the plan? (See	10b 10c 10d 10e 10f	×	x x x x x	150000		
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)       Yes         11a       Enter the amount from Schedule SB line 39       11a         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 rulir 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.       Itime 12	<ul> <li>29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu</li> <li>b Were there any nonexempt transactions with any party-in-interest on line 10a.)</li> <li>c Was the plan covered by a fidelity bond?</li> <li>d Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?</li> <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 as h If this is an individual account plan, was there a blackout period? (</li> </ul>	iciary Correc ? (Do not inc fidelity bond fidelity bond fidelity bond fithe benefit n? s of year enc See instruction	tion Program) lude transactions reported that was caused by fraud y an insurance carrier, s under the plan? (See 	10b 10c 10d 10e 10f 10g	×	x x x x x x x	150000		
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)       Yes         11a       Enter the amount from Schedule SB line 39       11a         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 rulir 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.       Itime 12	<ul> <li>29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu</li> <li>b Were there any nonexempt transactions with any party-in-interest on line 10a.)</li> <li>c Was the plan covered by a fidelity bond?</li> <li>d Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?</li> <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 as 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 second se</li></ul>	iciary Correc ? (Do not inc fidelity bond fidelity bond fidelity bond fithe benefit n? s of year enc See instruction received n	tion Program) lude transactions reported that was caused by fraud y an insurance carrier, s under the plan? (See 	10b 10c 10d 10e 10f 10g 10h	×	x x x x x x x	150000		
11a       Enter the amount from Schedule SB line 39	<ul> <li>29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu</li> <li>b Were there any nonexempt transactions with any party-in-interest on line 10a.)</li> <li>c Was the plan covered by a fidelity bond?</li> <li>d Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?</li> <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 as 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</li> </ul>	iciary Correc ? (Do not inc fidelity bond fidelity bond fidelity bond fithe benefit n? s of year enc See instruction received n	tion Program) lude transactions reported that was caused by fraud y an insurance carrier, s under the plan? (See 	10b 10c 10d 10e 10f 10g 10h	×	x x x x x x x	150000		
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(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.) <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 rulir 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.	<ul> <li>29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu</li> <li>Were there any nonexempt transactions with any party-in-interest on line 10a.).</li> <li>Was the plan covered by a fidelity bond?</li> <li>Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?</li> <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>Has the plan have any participant loans? (If "Yes," enter amount as 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.)</li> <li>If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.101</li> <li>Part VI Pension Funding Compliance</li> <li>If s this a defined benefit plan subject to minimum funding requirement 5500) and line 11a below).</li> </ul>	iciary Correc ? (Do not inc fidelity bond, fidelity bond, ier persons b of the benefit: n? s of year end ?See instruction the required n 1-3	tion Program) lude transactions reported 	10b 10c 10d 10e 10f 10g 10h 10i	Sched	X X X X X X X Iule SB	(Form		
<ul> <li>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 rulir granting the waiver.</li> <li>Month Day Year</li> <li>If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.</li> </ul>	<ul> <li>29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu</li> <li>Were there any nonexempt transactions with any party-in-interest on line 10a.)</li> <li>Was the plan covered by a fidelity bond?</li></ul>	iciary Correc ? (Do not inc fidelity bond, fidelity bond, er persons b of the benefit n? s of year enc See instruction re required n 1-3 ents? (If "Ye	tion Program) lude transactions reported that was caused by fraud y an insurance carrier, s under the plan? (See 	10b 10c 10d 10e 10f 10g 10h 10i	Sched	X X X X X X Iule SB	(Form		
	<ul> <li>29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu</li> <li>Were there any nonexempt transactions with any party-in-interest on line 10a.)</li> <li>Was the plan covered by a fidelity bond?</li></ul>	iciary Correc ? (Do not inc fidelity bond fidelity bond fidelity bond fithe benefit of the benefit s of year enc See instruction required n 1-3	tion Program) lude transactions reported that was caused by fraud y an insurance carrier, s under the plan? (See 	10b 10c 10d 10e 10f 10g 10h 10i	Sched	X X X X X X Iule SB	(Form		
b Enter the minimum required contribution for this plan year	<ul> <li>29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu</li> <li>Were there any nonexempt transactions with any party-in-interest on line 10a.)</li> <li>Was the plan covered by a fidelity bond?</li></ul>	iciary Correc ? (Do not inc fidelity bond, fidelity bond, er persons b of the benefit: n? s of year enc ? See instruction the required n 1-3 ents? (If "Yes requirement as applicabl ng amortized	tion Program) lude transactions reported 	10b 10c 10d 10e 10f 10g 10h 10i 0 or se ctions	Sched	X X X X X X X X Iule SB Illa 302 of E	(Form		
	<ul> <li>29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu</li> <li>b Were there any nonexempt transactions with any party-in-interest on line 10a.)</li> <li>c Was the plan covered by a fidelity bond?</li></ul>	iciary Correc ? (Do not inc fidelity bond, fidelity bond, fithe benefit: n? s of year end See instruction required not 1-3	tion Program) lude transactions reported 	10b 10c 10d 10e 10f 10g 10h 10i 0 or se ctions	Sched	X X X X X X X X Iule SB Illa 302 of E	(Form		

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	Yes No			
	If "Yes," enter the amount of any plan assets that reverted to the employer this year	13a		0		
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under t of the PBGC?	e control		X Yes 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):	13c(2) E	IN(s)	<b>13c(3)</b> PN(s)		
Part	t VIII Trust Information (optional)					

14a Name of trust	14b Trust's EIN