Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation

Short Form Annual Return/Report of Small Employee Benefit Plan

This form is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA), and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

1210-0089

OMB Nos. 1210-0110

2012

This Form is Open to Public Inspection

			Complete all entries in ac	cordance with the instruc	tions to the Form 550	и- эг.			
	art I		Identification Information						
For	calenda	ar plan year 2012 or fis	scal plan year beginning 01/01/	2012	and ending	12/31/2	2012		
Α	This retu	urn/report is for:	a single-employer plan	a multiple-employer pl	an (not multiemployer)		a one-particip	oant plan	
В	This retu	urn/report is:	the first return/report	the final return/report					
			an amended return/report	a short plan year return	/report (less than 12 m	onths))		
С	Check b	oox if filing under:	X Form 5558	automatic extension			DFVC progra	am	
			special extension (enter descri	ription)					
P	art II	Basic Plan Info	rmation—enter all requested inf	ormation					
1a	Name o	of plan				1b	Three-digit		
NUM	IATIC FI	NISHING 401(K) PLAI	N				plan number		
							(PN) •	002	
						1c	Effective date o	•	
22	Dlan or	oneor's name and ad	drago: includo room or quito numb	or (ampleyor if for a single	ampleyer plan)	2h			
		INISHING CORPORA	dress; include room or suite numbo TION	er (employer, ii for a single-	employer plan)	20	Employer Identi (EIN) 91-08	50031	
						2c Sponsor's telephone number			
	C STRI						253-93		
AUB	URN, W	'A 98002-1730				2d	Business code ((see instructions)	
							33700		
3a	Plan ad	dministrator's name ar	nd address XSame as Plan Spons	sor Name Same as Plan	Sponsor Address	3b	Administrator's	EIN	
						3c	Administrator's	telephone number	
							,		
4			e plan sponsor has changed since	the last return/report filed fo	r this plan, enter the	4b	EIN		
•		EIN, and the plan nur or's name	mber from the last return/report.			4c	DN		
5a			at the beginning of the plan year			+	FIN	20	
			at the beginning of the plan year			5a		32	
b			at the end of the plan year			5b		26	
С			account balances as of the end of			5с		11	
6a	Were	all of the plan's assets	s during the plan year invested in e	ligible assets? (See instruct	ions.)			X Yes No	
b			the annual examination and repor						
			? (See instructions on waiver eligib					X Yes No	
	If you	answered "No" to ei	ther line 6a or line 6b, the plan o	annot use Form 5500-SF	and must instead use	Form	5500.		
Ca	ution: A	penalty for the late	or incomplete filing of this return	n/report will be assessed u	ınless reasonable caı	use is	established.		
		, , ,	ner penalties set forth in the instruc	•			O, 11	,	
		dule MB completed ar rue, correct, and comp	nd signed by an enrolled actuary, a	is well as the electronic vers	sion of this return/repor	t, and	to the best of my	knowledge and	
50.	101, 11 10 1	140, 0011001, 4114 00111							
SIC		Filed with authorized/	valid electronic signature.	09/23/2013	DAVID BAILEY				
HE	RE	Signature of plan a	dministrator	Date	Enter name of individ	inter name of individual signing as plan administrator			
SIC	SN N								
HE	RE	Signature of emplo	ver/plan sponsor	Date	Enter name of individ	lual sic	ning as emplove	er or plan sponsor	
Pre	parer's i		ame, if applicable) and address; in			1		number (optional)	
		-			•	·			

Form 5500-SF 2012 Page **2**

Day	t III Financial Information									
	t III Financial Information Plan Assets and Liabilities		(a) Beginning of Ves				(h) End of Voor			
		7a		(a) Beginning of Year			(b) End of Year 169524			
	Total plan assets Total plan liabilities	7a 7b		758			0			
	Net plan assets (subtract line 7b from line 7a)	76 7c		195238			169524			
	Income, Expenses, and Transfers for this Plan Year	70		,,,						
	Contributions received or receivable from:	(a) Amount					(b) Total			
	(1) Employers	8a(1)								
	(2) Participants	8a(2)								
	(3) Others (including rollovers)	8a(3)								
b	Other income (loss)	8b	22358							
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c					22358			
	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	4736	67						
e	Certain deemed and/or corrective distributions (see instructions)	8e								
f	Administrative service providers (salaries, fees, commissions)	8f	70)5						
g	Other expenses	8g								
<u>h</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h					48072			
<u>i</u>	Net income (loss) (subtract line 8h from line 8c)	8i					-25714			
j	Transfers to (from) the plan (see instructions)	8j								
Par	t IV Plan Characteristics									
9a	If the plan provides pension benefits, enter the applicable pension 2A 2E 2F 2G 2J 2K 2T 3D	feature co	des from the List of Plan Char	acteris	stic Co	des in	the instructions:			
b	If the plan provides welfare benefits, enter the applicable welfare fe	eature cod	es from the List of Plan Chara	cterist	ic Coc	les in t	he instructions:			
Dowl	V Compliance Questions									
Part	•				V	Ma				
10 a	During the plan year: Was there a failure to transmit to the plan any participant contribution.	tiono withi	n the time period described in		Yes	No	Amount			
	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu	ciary Cor	rection Program)	10a		X				
b	on line 10a.)	`	•	10b		X				
С	Was the plan covered by a fidelity bond?			10c	X		25000			
d	Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?	•	· ·	10d		X				
е	Were any fees or commissions paid to any brokers, agents, or oth insurance service or other organization that provides some or all cinstructions.)	of the bene	efits under the plan? (See	10e	X		150			
f	Has the plan failed to provide any benefit when due under the plan			10f		Х	.00			
					X					
g h	If this is an individual account plan, was there a blackout period? ((See instru	uctions and 29 CFR	10g	,	X	28139			
i	If 10h was answered "Yes," check the box if you either provided the	ne require	d notice or one of the	10h						
Part	vi Pension Funding Compliance	1-3		10i						
11	Is this a defined benefit plan subject to minimum funding requirem									
11a	5500) and line 11a below)									
12	Is this a defined contribution plan subject to the minimum funding					302 of	ERISA? Yes X No			
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,									
а	If a waiver of the minimum funding standard for a prior year is beir granting the waiver.	ng amortiz	ed in this plan year, see instru		, and e	enter th Day	ne date of the letter ruling Year			
If	you completed line 12a, complete lines 3, 9, and 10 of Schedule	e MB (For	m 5500), and skip to line 13.							
b	b Enter the minimum required contribution for this plan year									

	Form 5500-SF 2012 Page 3 - 1			
	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?		Yes X No	
	If "Yes," enter the amount of any plan assets that reverted to the employer this year	. 13a		
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the of the PBGC?	control		Yes X No
С	If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) which assets or liabilities were transferred. (See instructions.)	to		
1	3c(1) Name of plan(s):	1 3c(2) E	IN(s)	13c(3) PN(s)
Part	VIII Trust Information (optional)			
	Name of trust	14b ⊤	rust's EIN	

Form 5500-SF

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Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation

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Complete all entries in accordance with the instructions to the Form 5500-SF.

OMB Nos. 1210-0110 1210-0089

2012

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	The second secon	Identification Information								
For calenda	ir plan year 2012 or t	iscal plan year beginning	01/01/2012	and ending	12/3	31/2012				
A This ret	urn/report is for:	X a single-employer plan	a multiple-employer pla	ın (not multiemployer)	er) a one-participant plan					
B This ret	urn/report is:									
		an amended return/report	a short plan year return.	report (less than 12 mo	onths)					
C Check b	oox if filing under:	DFVC program								
	-	special extension (enter desc	cription)		_					
Part II	Basic Plan Info	ormation—enter all requested in	formation							
1a Name					1b Three	e-digit				
NUMATIO	C FINISHING 4	101(K) PLAN				number 002				
					(PN)					
						tive date of plan 01/1995				
2a Plan sp	onsor's name and a	ddress; include room or suite numb	per (employer, if for a single-e	employer plan)	2b Employer Identification Number					
NUMATIO	C FINISHING (CORPORATION			(EIN) 91-0850031					
					2c Sponsor's telephone number					
3126 C	STREET NE					-939-2391				
AUBURN		WA 98002-173	2.0			ness code (see instructions)				
	dministrator's name	WA 98002-173 and address XSame as Plan Spon		Sponsor Address	337	nistrator's EIN				
Ja Flatta	arriiriistrator s marrie t	and address Moanie as Fian Spon	ISOI IVAITIE AS FIATI	Sponsor Address	OD Adilli	That ator a Lin				
					3c Admi	nistrator's telephone number				
				1						
4 If the r	name and/or EIN of ti	ne plan sponsor has changed since	the last return/report filed for	r this plan, enter the	4b EIN					
		umber from the last return/report.	the fact retains open mounts	tino piani, oritor tiro	TO CIT					
a Spons	or's name				4c PN					
5a Total r	number of participant	s at the beginning of the plan year			5a	32				
	•	s at the end of the plan year			5b	26				
	PATE - 1 THE SECOND - 1 THE SECOND - 1	n account balances as of the end of		•	5c	11				
		ets during the plan year invested in								
		of the annual examination and repo								
		6? (See instructions on waiver eligi				X Yes No				
		elther line 6a or line 6b, the plan								
		or incomplete filing of this retu								
Under pena SB or Sche	alties of perjury and o	other penalties set forth in the instru and signed by an enfolled actuary,	uctions, I declare that I have e	examined this return/report	port, includir	ng, if applicable, a Schedule				
	true, correct, and cor		to won do the electronic vorc	non or and rotal interport	i, and to the	book of my knowledge and				
	1 11 mork	1) Day X	0 0 12	DAVID BAILEY						
UEDE LIEU										
Signature of plan administrator Date Enter name of inc				Enter name of individ	ual signing	as plan administrator				
SIGN										
HERE	Signature of emp	dual signing as employer or plan sponsor								
Preparer's	name (including firm	Preparer's	telephone number (optional)							
1										
1										

Pa	rt III Financial Information						
7	Plan Assets and Liabilities	7-1	(a) Beginning of Year	r			(b) End of Year
а	Total plan assets	7a	19	599	6		169524
b	Total plan liabilities	7b		75	3		0
С	Net plan assets (subtract line 7b from line 7a)	7c	19	523	В		169524
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b) Total
а	Contributions received or receivable from:						
	(1) Employers	8a(1)			+-	_	
	(2) Participants	8a(2)			+	_	
	(3) Others (including rollovers)	8a(3)	2	235	_		
	Other income (loss)	8b		,233			22358
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c			+		22330
u	to provide benefits)	8d	4	736	7		
е	Certain deemed and/or corrective distributions (see instructions)	8e					
f	Administrative service providers (salaries, fees, commissions)	8f		70	5		
g	Other expenses	8g					
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h					48072
$\overline{}$	Net income (loss) (subtract line 8h from line 8c)	81					-25714
Ţ	Transfers to (from) the plan (see instructions)	8j					
Pa	rt IV Plan Characteristics						
b	2A 2E 2F 2G 2J 2K 2T 3D If the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare benefits.	eature code	s from the List of Plan Charac	teristi	c Cod	es in th	e instructions:
10	During the plan year:				Yes	No	Amount
10	During the plan year: Was there a failure to transmit to the plan any participant contribution 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fide Control of the plan and P			10a	Yes	No X	Amount
	Was there a failure to transmit to the plan any participant contribu	uciary Corre t? (Do not ir	ection Program) nclude transactions reported	10a 10b	Yes	-	Amount
	Was there a failure to transmit to the plan any participant contribution 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fide Were there any nonexempt transactions with any party-in-interest on line 10a.)	uciary Corre t? (Do not ir	ection Program)		Yes	х	Amount 25000
- i	Was there a failure to transmit to the plan any participant contribution 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fide Were there any nonexempt transactions with any party-in-interest on line 10a.) Was the plan covered by a fidelity bond?	uciary Corre t? (Do not in	nclude transactions reported	10b		х	
	Was there a failure to transmit to the plan any participant contribution 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fide Were there any nonexempt transactions with any party-in-interest on line 10a.) Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty? Were any fees or commissions paid to any brokers, agents, or off insurance service or other organization that provides some or all instructions.)	t? (Do not in fidelity bon her persons of the bene	d, that was caused by fraud by an insurance carrier, fits under the plan? (See	10b 10c		x	
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	Was there a failure to transmit to the plan any participant contribution 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fide Were there any nonexempt transactions with any party-in-interest on line 10a.) Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty? Were any fees or commissions paid to any brokers, agents, or ott insurance service or other organization that provides some or all instructions.) Has the plan failed to provide any benefit when due under the plant of the plan have any participant loans? (If "Yes," enter amount a lift this is an individual account plan, was there a blackout period? 2520.101-3.) If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10	fidelity bon her persons of the bene as of year el (See instru	action Program)	10b 10c 10d 10e 10f 10g 10h	x	x x x	25000 150
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1 1 Par	Was there a failure to transmit to the plan any participant contribution 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidition Were there any nonexempt transactions with any party-in-interest on line 10a.) Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty? Were any fees or commissions paid to any brokers, agents, or other insurance service or other organization that provides some or all instructions.) Has the plan failed to provide any benefit when due under the plange of the plan have any participant loans? (If "Yes," enter amount a lift this is an individual account plan, was there a blackout period? 2520.101-3.) If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.101. If Pension Funding Compliance Is this a defined benefit plan subject to minimum funding required 5500) and line 11a below).	fidelity bon her persons of the bene as of year el (See instru	ection Program)	10b 10c 10d 10e 10f 10g 10h 10i	X X X Schee	X X X X Jule SB	25000 150 28139 (Form Yes No
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C C C C C C C C C C	Was there a failure to transmit to the plan any participant contribution 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fide Were there any nonexempt transactions with any party-in-interest on line 10a.) Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty? Were any fees or commissions paid to any brokers, agents, or off insurance service or other organization that provides some or all instructions.) Has the plan failed to provide any benefit when due under the plan bid the plan have any participant loans? (If "Yes," enter amount at If this is an individual account plan, was there a blackout period? 2520.101-3.) If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.101. If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.101. If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.101. If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.101. If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.101. If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.101. If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.101. If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied to the minimum funding (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below.	diary Correct? (Do not in fidelity bon the persons of the beneam? as of year en (See instructhe required on 1-3	ection Program)	10b 10c 10d 10e 10f 10g 10h 10i	X X X Schee	X X X X A A A A A A A A A A A A A A A A	25000 150 28139 (Form Yes No
C C C C C C C C C C	Was there a failure to transmit to the plan any participant contribution 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fide Were there any nonexempt transactions with any party-in-interest on line 10a.) Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty? Were any fees or commissions paid to any brokers, agents, or off insurance service or other organization that provides some or all instructions.) Has the plan failed to provide any benefit when due under the planta that the plan have any participant loans? (If "Yes," enter amount a lift this is an individual account plan, was there a blackout period? 2520.101-3.) If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.101. If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.101. If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.101. If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.101. If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.101. If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.101. If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied to minimum funding requires the plantary of the minimum funding standard for a prior year is being anting the waiver.	fidelity bon ther persons of the bene an? as of year et (See instru the required 01-3	ection Program) Include transactions reported Include transa	10b 10c 10d 10e 10f 10g 10h 10i	X X X Schee	X X X X A A A A A A A A A A A A A A A A	25000 150 28139 (Form Yes No
Far 11 12 12 13 14 15 15 15 15 15 15 15	Was there a failure to transmit to the plan any participant contribution 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fide Were there any nonexempt transactions with any party-in-interest on line 10a.) Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty? Were any fees or commissions paid to any brokers, agents, or off insurance service or other organization that provides some or all instructions.) Has the plan failed to provide any benefit when due under the plan bid the plan have any participant loans? (If "Yes," enter amount at If this is an individual account plan, was there a blackout period? 2520.101-3.) If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.101. If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.101. If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.101. If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.101. If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.101. If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.101. If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.101. If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.101.	fidelity bon her persons of the bene as of year el (See instru her required 01-3	ection Program)	10b 10c 10d 10e 10f 10g 10h 10i	X X X Schec	X X X X A A A A A A A A A A A A A A A A	25000 150 28139 (Form Yes No ERISA? Yes X No e date of the letter ruling

	Form 5500-SF 2012	Page 3 -			
	Enter the amount contributed by the employer to the plan for this plan year.		12c	I	
d	Subtract the amount in line 12c from the amount in line 12b. Enter the resul negative amount)	t (enter a minus sign to the left of a	12d		
е	Will the minimum funding amount reported on line 12d be met by the funding	g deadline?		Yes	No N/A
Part	VII Plan Terminations and Transfers of Assets				1/2 /
13a	Has 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	his year	13a	T	
b	Were all the plan assets distributed to participants or beneficiaries, transferr of the PBGC?		control		Yes X No
С	If during this plan year, any assets or liabilities were transferred from this pl which assets or liabilities were transferred. (See instructions.)		to		
	3c(1) Name of plan(s):	1	3c(2) E	IN(s)	13c(3) PN(s)
_					
	MILE Towns to the Control of the Con				
	VIII Trust Information (optional)		4.41		
14a	Name of trust		14b T	rust's EIN	