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).

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

0010

2012

OMB Nos. 1210-0110

1210-0089

This Form is Open to Public Inspection

Part I	Annual Report Identif	ication information					
For calenda	ar plan year 2012 or fiscal plan	year beginning 01/01/2	012	and ending	12/31/	2012	
A This ret	urn/report is for:	ngle-employer plan	a multiple-employer	plan (not multiemployer)		a one-particip	oant plan
	· —	first return/report	the final return/repor	t		_	
	an a	amended return/report	a short plan year retu	rn/report (less than 12 m	onths)	
C Check	oox if filing under:	m 5558	automatic extension			DFVC progra	ım
	T H	cial extension (enter descrip	otion)				
Part II	Basic Plan Information	n—enter all requested info	rmation				
1a Name		TT Office an requestion in the	maton		1b	Three-digit	
	METALLURGICAL, INC. 401K F	PLAN				plan number	
						(PN) •	001
					1C	Effective date of 01/01/	•
2a Plan si	oonsor's name and address; inc	clude room or suite number	(employer if for a single	e-employer plan)	2h	Employer Identif	
	METALLURGICAL, INC.	order room or calle manner	(omployor, in for a omgre	o omployor plany		(EIN) 91-09	
					2c	Sponsor's telep	hone number
21213 76TH						253-796	
KENT, WA 9	98032-2443				2d	Business code (,
		По	🗖		O.L.	81131	
	dministrator's name and addres		<u> </u>	an Sponsor Address	30	Administrator's E	EIN 51084
ASCADE ME	ETALLURGICAL, INC.	21213 76TH KENT, WA 9			3c	Administrator's t	elephone number
						206-622	2-8960
	name and/or EIN of the plan spo	onsor has changed since th	ne last return/report filed	farthia alaa aatartha	1 1 h	EIN	
nama	FINL and the plan number from	n the last return/report		ior this plan, enter the	40	LIIN	
	, EIN, and the plan number fron or's name	n the last return/report.		for this plan, enter the		PN	
a Sponse	EIN, and the plan number fron or's name number of participants at the be				4c		24
a Sponso	or's name number of participants at the be	eginning of the plan year			4c 5a		
a Spons5a Total rb Total r	or's name number of participants at the be number of participants at the en	eginning of the plan year			4c 5a 5b		24
a Sponse5a Total rb Total rc Numb	or's name number of participants at the be	eginning of the plan year and of the plan year balances as of the end of the	ne plan year (defined ber	nefit plans do not	4c 5a		
a Spons5a Total rb Total rc Numb compl6a Were	or's name number of participants at the be number of participants at the en er of participants with account the ete this item)	eginning of the plan year and of the plan year balances as of the end of the	ne plan year (defined ber	nefit plans do not	4c 5a 5b 5c	PN	26
 a Spons 5a Total r b Total r c Numb compl 6a Were b Are yo 	or's name number of participants at the be number of participants at the en er of participants with account be ete this item)	eginning of the plan year and of the plan year balances as of the end of the plan year invested in eliqual examination and report	ne plan year (defined ber gible assets? (See instru	nefit plans do not	4c 5a 5b 5c	PN	26 17 X Yes No
 a Spons 5a Total r b Total r c Numb compl 6a Were b Are younder 	or's name number of participants at the be number of participants at the en er of participants with account be ete this item)	eginning of the plan year and of the plan year balances as of the end of the plan year invested in eliqual examination and report structions on waiver eligibili	gible assets? (See instruof an independent qualifity and conditions.)	nefit plans do not nctions.)	4c 5a 5b 5c	PN	26
a Sponso 5a Total r b Total r c Numb compl 6a Were b Are younder If you	number of participants at the been umber of participants at the enter of participants with account bette this item)	eginning of the plan year and of the plan year balances as of the end of the plan year invested in eliqual examination and report structions on waiver eligibility 6a or line 6b, the plan ca	gible assets? (See instruof an independent qualifity and conditions.)	nefit plans do not octions.)ied public accountant (IC	4c 5a 5b 5c PPA)	PN	26 17 X Yes No
a Sponso 5a Total r b Total r c Numb compl 6a Were b Are younder If you Caution: A	number of participants at the been umber of participants at the ener of participants with account bete this item)	eginning of the plan year and of the plan year balances as of the end of the plan year invested in eliqual examination and report structions on waiver eligibility 6a or line 6b, the plan can plete filing of this return/	gible assets? (See instruor fan independent qualifity and conditions.)	nefit plans do not sctions.) ied public accountant (IC and must instead use	4c 5a 5b 5c PPA)	PN Solution of the stablished.	26 17 X Yes No X Yes No
a Sponsor 5a Total r b Total r c Numb compl 6a Were b Are younder If you Caution: A Under pena SB or Schel	number of participants at the been umber of participants at the enter of participants with account bette this item)	eginning of the plan year and of the plan year balances as of the end of the plan year invested in eliqual examination and report structions on waiver eligibility 6a or line 6b, the plan camplete filing of this return/lities set forth in the instructions	gible assets? (See instruor an independent qualifity and conditions.)	nefit plans do not fictions.) ied public accountant (IC and must instead use I unless reasonable ca	4c 5a 5b 5c SPA)	PN a 5500. established. ncluding, if applica	26 17 X Yes No X Yes No able, a Schedule
a Sponsor 5a Total r b Total r c Numb compl 6a Were b Are younder If you Caution: A Under pena SB or Schel	number of participants at the been umber of participants at the enter of participants with account bette this item)	eginning of the plan year and of the plan year balances as of the end of the plan year invested in eliqual examination and report structions on waiver eligibility 6a or line 6b, the plan camplete filing of this return/lities set forth in the instructions	gible assets? (See instruor an independent qualifity and conditions.)	nefit plans do not fictions.) ied public accountant (IC and must instead use I unless reasonable ca	4c 5a 5b 5c SPA)	PN a 5500. established. ncluding, if applica	26 17 X Yes No X Yes No able, a Schedule
a Sponsor 5a Total r b Total r c Numb compl 6a Were b Are younder If you Caution: A Under pena SB or Schel	number of participants at the been umber of participants at the enter of participants with account bette this item)	eginning of the plan year and of the plan year balances as of the end of the plan year invested in eliqual examination and report structions on waiver eligibility 6a or line 6b, the plan can plete filing of this return/lities set forth in the instruction by an enrolled actuary, as	gible assets? (See instruor an independent qualifity and conditions.)	nefit plans do not fictions.) ied public accountant (IC and must instead use I unless reasonable ca	4c 5a 5b 5c RPA) re Formuse is port, int, and	PN a 5500. established. ncluding, if applica	26 17 X Yes No X Yes No able, a Schedule
a Sponso 5a Total r b Total r c Numb compl 6a Were b Are younder If you Caution: A Under pena SB or Schebelief, it is to	number of participants at the been umber of participants at the enter of participants with account bette this item)	eginning of the plan year and of the plan year balances as of the end of the plan year invested in eliqual examination and report structions on waiver eligibility 6a or line 6b, the plan can plete filing of this return/lities set forth in the instruction by an enrolled actuary, as extremely ex	gible assets? (See instruof an independent qualifity and conditions.)	refit plans do not rections.) red public accountant (IC) and must instead use unless reasonable ca e examined this return/re resion of this return/report	4c 5a 5b 5c SPA) Formuse is port, int, and	PN 1 5500. established. ncluding, if applicate to the best of my	26 17 X Yes No X Yes No able, a Schedule knowledge and
a Sponso 5a Total r b Total r c Numb compl 6a Were b Are younder If you Caution: A Under pena SB or Schebelief, it is to sign SIGN HERE	number of participants at the been umber of participants at the enter of participants with account beete this item)	eginning of the plan year and of the plan year balances as of the end of the plan year invested in eliqual examination and report structions on waiver eligibility 6a or line 6b, the plan can plete filing of this return/lities set forth in the instruction by an enrolled actuary, as extremely ex	gible assets? (See instruof an independent qualifity and conditions.) innot use Form 5500-Si report will be assessedions, I declare that I have well as the electronic ve	nefit plans do not ctions.)	4c 5a 5b 5c SPA) Formuse is port, int, and	PN 1 5500. established. ncluding, if applicate to the best of my	26 17 X Yes No X Yes No able, a Schedule knowledge and
a Sponso 5a Total r b Total r c Numb compl 6a Were b Are younder If you Caution: A Under pena SB or Schebelief, it is to	number of participants at the been umber of participants at the enter of participants with account beete this item)	eginning of the plan year and of the plan year balances as of the end of the plan year invested in eliqual examination and report structions on waiver eligibility 6a or line 6b, the plan can plete filling of this return/lities set forth in the instruction by an enrolled actuary, as extronic signature.	gible assets? (See instruof an independent qualifity and conditions.)	refit plans do not rections.) red public accountant (IC) and must instead use unless reasonable ca e examined this return/report william D BLACKB Enter name of individ	4c 5a 5b 5c SPA) Formuse is port, int, and	PN 1 5500. established. ncluding, if applicate to the best of my	26 17 X Yes No X Yes No Able, a Schedule knowledge and
a Sponsor 5a Total r b Total r c Numb compl 6a Were b Are younder If you Caution: A Under pena SB or Schebelief, it is to the second of the second o	number of participants at the been umber of participants at the enter of participants with account bette this item)	eginning of the plan year and of the plan year balances as of the end of the plan year invested in eliqual examination and report structions on waiver eligibility 6a or line 6b, the plan can plete filing of this return/lities set forth in the instruction by an enrolled actuary, as extremic signature.	gible assets? (See instruor of an independent qualifity and conditions.)	refit plans do not rections.) F and must instead use I unless reasonable ca E examined this return/report WILLIAM D BLACKB Enter name of individ	4c 5a 5b 5c 5c PPA) Formuse is port, int, and	PN 1 5500. established. ncluding, if applicate to the best of my gning as plan adm	26 17 X Yes No X Yes No Able, a Schedule knowledge and
a Sponsor 5a Total r b Total r c Numb compl 6a Were b Are younder If you Caution: A Under pena SB or Schebelief, it is to the second of the second o	number of participants at the been umber of participants at the enter of participants with account beete this item)	eginning of the plan year and of the plan year balances as of the end of the plan year invested in eliqual examination and report structions on waiver eligibility 6a or line 6b, the plan can plete filing of this return/lities set forth in the instruction by an enrolled actuary, as extremic signature.	gible assets? (See instruor of an independent qualifity and conditions.)	refit plans do not rections.) F and must instead use I unless reasonable ca E examined this return/report WILLIAM D BLACKB Enter name of individ	4c 5a 5b 5c 5c PPA) Formuse is port, int, and	PN 1 5500. established. ncluding, if applicate to the best of my gning as plan adm	26 17 X Yes No X Yes No Able, a Schedule knowledge and
a Sponsor 5a Total r b Total r c Numb compl 6a Were b Are younder If you Caution: A Under pena SB or Schebelief, it is to the second of the second o	number of participants at the been umber of participants at the enter of participants with account bette this item)	eginning of the plan year and of the plan year balances as of the end of the plan year invested in eliqual examination and report structions on waiver eligibility 6a or line 6b, the plan can plete filing of this return/lities set forth in the instruction by an enrolled actuary, as extremic signature.	gible assets? (See instruor of an independent qualifity and conditions.)	refit plans do not rections.) F and must instead use I unless reasonable ca E examined this return/report WILLIAM D BLACKB Enter name of individ	4c 5a 5b 5c 5c PPA) Formuse is port, int, and	PN 1 5500. established. ncluding, if applicate to the best of my gning as plan adm	26 17 X Yes No X Yes No Able, a Schedule knowledge and
a Sponsor 5a Total r b Total r c Numb compl 6a Were b Are younder If you Caution: A Under pena SB or Schebelief, it is to the second of the second o	number of participants at the been umber of participants at the enter of participants with account bette this item)	eginning of the plan year and of the plan year balances as of the end of the plan year invested in eliqual examination and report structions on waiver eligibility 6a or line 6b, the plan can plete filing of this return/lities set forth in the instruction by an enrolled actuary, as extremic signature.	gible assets? (See instruor of an independent qualifity and conditions.)	refit plans do not rections.) F and must instead use I unless reasonable ca E examined this return/report WILLIAM D BLACKB Enter name of individ	4c 5a 5b 5c 5c PPA) Formuse is port, int, and	PN 1 5500. established. ncluding, if applicate to the best of my gning as plan adm	26 17 X Yes No X Yes No Able, a Schedule knowledge and
a Sponsor 5a Total r b Total r c Numb compl 6a Were b Are younder If you Caution: A Under pena SB or Schebelief, it is to the second of the second o	number of participants at the been umber of participants at the enter of participants with account bette this item)	eginning of the plan year and of the plan year balances as of the end of the plan year invested in eliqual examination and report structions on waiver eligibility 6a or line 6b, the plan can plete filing of this return/lities set forth in the instruction by an enrolled actuary, as extremic signature.	gible assets? (See instruor of an independent qualifity and conditions.)	refit plans do not rections.) F and must instead use I unless reasonable ca E examined this return/report WILLIAM D BLACKB Enter name of individ	4c 5a 5b 5c 5c PPA) Formuse is port, int, and	PN 1 5500. established. ncluding, if applicate to the best of my gning as plan adm	26 17 X Yes No X Yes No Able, a Schedule knowledge and

Form 5500-SF 2012 Page **2**

Por	+ III Eingneich Information		-				
	t III Financial Information Plan Assets and Liabilities		(a) Paginning of Var				(h) End of Your
	Total plan assets	7a	(a) Beginning of Yea				(b) End of Year 203456
	Total plan liabilities	7a 7b	10302	0	-		0
	Net plan assets (subtract line 7b from line 7a)	7c	18562				203456
		76		.0			
	Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from:		(a) Amount				(b) Total
	(1) Employers	8a(1)					
	(2) Participants	8a(2)	508	33			
	(3) Others (including rollovers)	8a(3)					
b	Other income (loss)	8b	1850	00			
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c					23583
	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	538	37			
е	Certain deemed and/or corrective distributions (see instructions)	8e					
f	Administrative service providers (salaries, fees, commissions)	8f	36	0			
g	Other expenses	8g					
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h					5747
i	Net income (loss) (subtract line 8h from line 8c)	8i					17836
j	Transfers to (from) the plan (see instructions)	8i					
Par	t IV Plan Characteristics	, ,	l		<u> </u>		
9a	If the plan provides pension benefits, enter the applicable pension 2E 2G 2J 2K 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	les from the List of Plan Chara	cterist	ic Coc	les in t	he instructions:
Part	V Compliance Questions						
	•				Vac	Na	<u> </u>
10 a	During the plan year: Was there a failure to transmit to the plan any participant contribu	tiono withi	n the time period described in	Ι	Yes	No	Amount
	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fide	ıciary Corı	rection Program)	10a		X	
b	on line 10a.)			10b		X	
C	Was the plan covered by a fidelity bond?			10c	X		100000
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 or instructions.)	of the bene	efits under the plan? (See	10e	X		360
f	Has the plan failed to provide any benefit when due under the pla			10f		Χ	
	· · · · · · · · · · · · · · · · · · ·				X		
g h		(See instru	uctions and 29 CFR	10g	^	X	27789
i	If 10h was answered "Yes," check the box if you either provided the	ne require	d notice or one of the	10h			
	exceptions to providing the notice applied under 29 CFR 2520.10	1-3		10i			
Part 11	Is this a defined benefit plan subject to minimum funding requirem						
11a	5500) and line 11a below) Enter the amount from Schedule SB line 39					11a	Yes No
12	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA?						
	(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	ne date of the letter ruling Year
If	you completed line 12a, complete lines 3, 9, and 10 of Schedule					- ~}	
	Enter the minimum required contribution for this plan year					12b	
							<u> </u>

	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

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Short Form Annual Return/Report of Small Employee Benefit Plan

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

2012

This Form is Open to Public Inspection

OMB Nos. 1210-0110 1210-0089

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

Part I	Annual Report	Identification Information						
For calend	ar plan year 2012 or f	fiscal plan year beginning	01/01/2	2012	and ending		12/31/201	2
A This re	turn/report is for:	X a single-employer plan	a multip	ole-employer pl	an (not multiemployer)		a one-partici	pant plan
B This re	turn/report is:	the first return/report	the fina	I return/report				
		an amended return/report	a short ¡	plan year returr	n/report (less than 12 m	onths))	
C Check	box if filing under:	Form 5558	automa	tic extension			DFVC progra	ım
		special extension (enter descri	ription)				_	
Part II	Basic Plan Info	ormation—enter all requested inf	formation	-	 			
1a Name						1b	Three-digit	
CASCAD	E METALLURGIO	CAL, INC. 401K PLAN				ŀ	plan number	001
						4.0	(FIV) P	
						10	Effective date o 01/01/2001	
2a Plans CASCAD	ponsor's name and ac E METALLURGIC	ddress; include room or suite number AL, INC.	er (employer,	if for a single-	employer plan)	2b	Employer Identi (EIN) 91-095	
21213	76TH AVE. S.					2c	Sponsor's telep	
						2d	253-796-30	see instructions)
KENT		WA 98032-244	.3				811310	see instructions)
	dministrator's name a		sor Name	Same as Plan	Sponsor Address	3b	Administrator's	
CASCAD	E METALLURGIC	AL, INC.					91-0951084	
21213	76TH AVE. S.					3C	206-622-89	telephone number 960
KENT		WA 98032-2443						
4 If the r	name and/or EIN of the	e plan sponsor has changed since t	the last return	n/report filed fo	r this plan, enter the	4b	EIN	
	, chi, and the plan hu or's name	mber from the last return/report.				4c	DNI	
		at the beginning of the plan year			24/3			
		s at the end of the plan year				5a 5b		24
C Numb	er of participants with	account balances as of the end of t	the plan year	(defined benef	it plans do not	30	-	26
compl	ete this item)					5c		17
b Arous	all of the plan's asset	s during the plan year invested in el	ligible assets	? (See instruct	ions.)			X Yes No
under	29 CFR 2520.104-46	f the annual examination and report? (See instructions on waiver eligibi	t of an indepo ility and cond	endent qualified litions)	d public accountant (IQ	PA)		X Yes No
If you	answered "No" to e	ither line 6a or line 6b, the plan c	annot use F	orm 5500-SF a	and must instead use	Form	5500.	
Caution: A	penalty for the late	or incomplete filing of this return	n/report will	be assessed u	inless reasonable cau	se is o	established.	
Under pena	alties of perjury and ot	her penalties set forth in the instruc-	tions, I decla	re that I have e	xamined this return/rer	ort in	cluding if applica	able, a Schedule
30 01 30116	edule MB completed a true, correct, and com-	no signed by an enrolled actuary, as	s well as the	electronic vers	ion of this return/report	, and t	o the best of my	knowledge and
				/ /				
SIGN HERE			n 9/0	23/200	William D Blac	ckbu	rn	
	Signature of plan a		Date	· · · · · · · · · · · · · · · · · · ·	Enter name of individ	ual sig	ning as plan adm	inistrator
SIGN HERE	Willian	nD. Blockbu	nal	23/20	William D Blac	ckbu	rn	
	Signature of emplo		Date	<u> </u>	Enter name of individual			
r-reparer \$	name (including film r	name, if applicable) and address; inc	ciuae room o	r suite number	(optional)	Prepa	arer's telephone	number (optional)

Pa	rt III Financial Information								
7	Plan Assets and Liabilities		(a) Beginning of Ye	ar			(b) End	of Year	
а	Total plan assets	7a		8562	20		(2) -11		203456
b	Total plan liabilities	. 7b			0				0
С	Net plan assets (subtract line 7b from line 7a)	7c	1	8562	20				203456
88	Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b) 7	Γotal	
а	Contributions received or receivable from:				1		(2)		-
	(1) Employers	8a(1)			. -				
	(2) Participants	8a(2)		508	33			· · · · ·	·.
<u>_</u>	(3) Others (including rollovers)	8a(3)		1050	_				
	Other income (loss)	8b		1850	,0				
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							23583
	to provide benefits)	8d		538	37				
е	Certain deemed and/or corrective distributions (see instructions)	8e			\dashv				
f	Administrative service providers (salaries, fees, commissions)	8f		36	50				
	Other expenses	8g							
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							5747
i	Net income (loss) (subtract line 8h from line 8c)	8i			+-				17836
j	Transfers to (from) the plan (see instructions)	8i		-			···		17030
Pai	t IV Plan Characteristics	0]							
9a	If the plan provides pension benefits, enter the applicable pension 2E 2G 2J 2K 3D	feature coo	les from the List of Plan Char	acteris	stic Co	des in	the instruc	ctions:	
b	If the plan provides welfare benefits, enter the applicable welfare fe	ature code	es from the List of Plan Chara	cterist	ic Cod	les in	the instruct	ions:	<u>-</u>
Par	V Compliance Questions								
10	During the plan year:				Van	Na	1		
-	Was there a failure to transmit to the plan any participant contribut	tions within	the time period described in		Yes	No X	 	Amount	
b	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu Were there any nonexempt transactions with any party-in-interest	? (Do not ir	clude transactions reported	10a		X			
С	on line 10a.)			10b	Х		<u> </u>		100000
d				10c					L00000
	or dishonesty?			10d		Х			
	Were any fees or commissions paid to any brokers, agents, or oth insurance service or other organization that provides some or all o instructions.)	f the benef	its under the plan? (See	10e	х				360
f	Has the plan failed to provide any benefit when due under the plan	າ?		10f		Х			
g	Did the plan have any participant loans? (If "Yes," enter amount as	of year er	nd.)	10g	Х				27789
h	If this is an individual account plan, was there a blackout period? (2520.101-3.)			10h		Х			
i	If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.101	e required -3	notice or one of the	10i					
Part							<u> </u>		
11	Is this a defined benefit plan subject to minimum funding requirements 5500) and line 11a below)	ents? (If "Y	es," see instructions and com	plete	Sched	ule SE	3 (Form	Yes	П Мо
<u>11a</u>	Enter the amount from Schedule SB line 39					11a			
12	Is this a defined contribution plan subject to the minimum funding			or se	ction 3	302 of	ERISA?	Yes	X No
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,								
	If a waiver of the minimum funding standard for a prior year is bein granting the waiver.		Mon	ctions, th	and e	nter th Day	ne date of t	ne letter rul Year	ling
1.5			· · · · · · · · · · · · · · · · · · ·	_	20.00				
	you completed line 12a, complete lines 3, 9, and 10 of Schedule				—-r-		-		
	Figure 2 to the minimum required contribution for this plan year					12b			

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С	Enter the amount contributed by the employer to the plan for this plan year	12c	, <u>.</u> .		
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				<u> </u>	
13a	Has a resolution to terminate the plan been adopted in any plan year?	\Box	es X N)	
	16 43/ - 19 - 4 - 41	13a			
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the co	ontrol		☐ 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) to which assets or liabilities were transferred. (See instructions.))	L	<u> </u>	
1	cc(1) Name of plan(s):	c(2) El	N(s)	13c(3)	PN(s)
Part	/III Trust Information (optional)				
14a 1			ust's EIN		