| Form 5500-SF | | Short Form Annual Rei | • | of Small Employ | OMB Nos. 1210-0110 1210-0089 | | | | |
|--|---|--|--------------------------|---------------------------------|---------------------------------|--|---------------------|--|--|
| Department of the Treasury Internal Revenue Service | | Benefit Plan This form is required to be filed under sections 104 and 4065 of the Employe | | | e 2012 | | | | |
| Department of Labor Employee Benefits Security Administration | | Retirement Income Security Act of 1974 (ERISA), and sections 6057(b) and 6058 the Internal Revenue Code (the Code). | | (a) of This Form is Open to Pub | | | | | |
| | Pension Benefit Guaranty Corporation Complete all entries in accordance with the instructions to the Form 5500-SF. | | | | | | | | |
| Part I Annual Report Identification Information | | | | | | | | | |
| _ | For calendar plan year 2012 or fiscal plan year beginning 01/01/2012 and ending 12/31/2012 | | | | | | | | |
| | s return/report is for: | | | lan (not multiemployer) | | a one-partici | pant plan | | |
| B This | B This return/report is: the first return/report the final return/report | | | | | | | | |
| - | an amended return/report a short plan year return/report (less than 12 months) | | | | | | | | |
| C Che | | | | | | | | | |
| | special extension (enter description) | | | | | | | | |
| Part | | nation—enter all requested information | on | | 46 | | | | |
| | me of plan | I (K) PROFIT SHARING PLAN | | | dr | Three-digit plan number | | | |
| | | | | | | (PN) ▶ | 001 | | |
| | | | | | 1c | Effective date o | • | | |
| 0 | | | | | | 01/01 | | | |
| | an sponsor's name and addre | ess; include room or suite number (emp | bloyer, if for a single- | employer plan) | | | 14513 | | |
| | E 29TH PLACE, SUITE 216 | | | | 2c | Sponsor's telep 425-88 | | | |
| BELLEV | UE, WA 98007 | | | | 2d | Business code (see instructions) 541600 | | | |
| | an administrator's name and FECHNOLOGIES, INC. | | ne Same as Plar | n Sponsor Address | 3b | Administrator's EIN 91-1614513 | | | |
| | | | | | | 425-88 | | | |
| | | lan sponsor has changed since the last per from the last return/report. | t return/report filed fo | or this plan, enter the | 4b EIN | | | | |
| | onsor's name | | | | | PN | | | |
| - | | the beginning of the plan year | | | 5a | 5a 11 | | | |
| | | the end of the plan year | | | 5b 2 | | | | |
| | C Number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item) | | | | | | 2 | | |
| - | • | | | | | | X Yes No | | |
| | 6a Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.) b Are you claiming a waiver of the annual examination and report of an independent gualified public accountant (IQPA) | | | | | | | | |
| | | See instructions on waiver eligibility and | | | | | X Yes No | | |
| If you answered "No" to either line 6a or line 6b, the plan cannot use Form 5500-SF and must instead use Form 5500. | | | | | | | | | |
| | | incomplete filing of this return/repor | | | | | able a Schodula | | |
| Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including, if applicable, a Schedule SB or Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete. | | | | | | | | | |
| SIGN | Filed with authorized/va | lid electronic signature. | 10/01/2013 | MIKE SILVERMAN | | | | | |
| HERE | Signature of plan adn | ninistrator | Date | Enter name of individu | ual sig | gning as plan adr | ninistrator | | |
| SIGN | | | | | | | | | |
| HERE Signature of employer/plan sponsor Date Enter name of individual signing as employer or plan s | | | | | | er or plan sponsor | | | |
| Preparer's name (including firm name, if applicable) and address; include room or suite number (optional) Preparer's telephone number (optional) | | | | | | number (optional) | | | |
| | | and OMP Control Numbers, see the instru | | | | | Form 5500 SE (2012) | | |

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

| 7 Pan Asses and Labilities (a) Beginning of Year (b) End of Year a Total plan assets 7a 1323730 1484674 b Total plan fabilities 7b 0 0 c Interpreterments 7a 1323730 1484674 B Income, Express, and Transfers of this Plan Year (a) Amount (b) Total 0 a Combutions received or seekvable from 8a(1) 18516 20000 (3) Others (including rolevers) 8a(2) 62000 20000 (b) Dother (including rolevers) 8a(2) 62000 20000 (c) Total income (stal lines 8(1), 8a(2), 8a(3), and 8b). 8c 146161 20000 (c) Total income (stal lines 8d, 18a(2), 8a(3), and 8b). 8c 0 146161 (c) Control income (stal lines 8d, 9a, 9a, and 8g). 8d 76725 0 90 (c) Control income (stal lines 8d, 9a, 9a, and 8g). 8d 0 90 90 90 (c) Total income (stal lines 8d, 9a, 9a, and 8g). 8d 0 907755 90 907755 (c) Total income (stal lines 8d, 9a, 9a, and 8g). 8d 0 907755 90 907755 | Part III Financial Information | | | | | | | | | |
|---|--|---|--|--|--------|---|-----------------|--|--|--|
| b Total pion labilities To O 0 c Near pion assets (submet line 7b from line 7a) Tc 1353/30 1494874 B Income, Espanse, and Transfers for the Pian Year (a) Amount (b) Total (b) Total a Contributions received or receivable from: 94(1) 10518 (c) Amount (b) Total a Contributions received or receivable from: 94(1) 10518 (c) Amount (c) Total (d) Other income (loss) 84(3) 0 (c) | 7 Plan Assets and Liabilities | | (a) Beginning of Yea | (a) Beginning of Year | | | (b) End of Year | | | |
| c Net plan assets (subtract line 7b from line 7a) | a Total plan assets | 7a | 135373 | | | | 1484674 | | | |
| 8 Income, Expenses, and Transfers for this Plan Year (a) Amount (b) Total a Contributions received or receivable from: (1) Engloyers | b Total plan liabilities | 7b | 0 | | | 0 | | | | |
| a Controlutions received or receivable from: Ba(1) 19518 (2) Participants | C Net plan assets (subtract line 7b from line 7a) | 7c | 135373 | 1484674 | | | | | | |
| (1) Employers 8a(1) 18518 (2) Participants 8a(2) 62000 (3) Other income (loss) 8a(3) 0 (1) Dother income (loss) 8a 1445181 (2) Participants 8c 1445181 (2) Other income (loss) 8b 1445181 (2) Participants 8c 75725 (2) Other separates 8d 75725 (2) Other separates 8g 0 (3) Transfers to from the pain (se instructions) 8g 0 (4) Data expanses 8g 0 100444 (2) Transfers to from the pain (se instructions) 8g 10044 (2) Part IV Plan Characteristics 9a If the plan provides welfare banefits, enter the applicable mesion feature codes from the List of Plan Characteristic Codes in the instructions: (2) 2) 2) 2) | 8 Income, Expenses, and Transfers for this Plan Year | | (a) Amount | | | (b) Total | | | | |
| (2) Participants 8a(2) 62000 (3) Others (including rolevers) 8a(3) 0 (3) Others (including rolevers) 8a(3) 0 (3) Others (including rolevers) 8a(3) 0 (2) Participants 8a(1) 0 (3) Others (including rolevers) 8a 146181 (2) Cartain deemets and (including rolevers) 8a 75725 (2) Other expenses 0 75725 (3) Other expenses 6a 0 (4) Administrative service provides (selaries, leas, commissions) 8d 20030 (2) Other expenses 6g 0 0 (3) Other expenses 6g 0 0 (4) Transfers to (from) the plan (see instructions) 8g 0 0 (3) If the plan provides parision benefits, net the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 2A × 2E × 2F × 14 × 2J × 30 × 2R (3) If the plan provides parision benefits, net the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions: 2A × 2E × 2F × 14 × 2J × 30 × 2R (5) Uter the plan system a failure to transmit to the plan any participant contributions within the time pario descorbit for the system analystem to the plan any partici | | 80(1) | 1051 | 0 | | | | | | |
| (3) Others (including rolevers) 84(3) 0 (3) Others (including rolevers) 86 146161 2 Total income (loss) 86 146161 2 Total income (loss) 86 120000 9 Other spendt (including direct rollovers and insurance premiums to provide brenefis) 86 75725 e Cartain deemed and/or corrective distributions (see instructions) 8e 0 0 9 Other spenses 8g 0 0 0 17 transfers to (from) the plan (see instructions) 8e 0 0 0 17 transfers to (from) the plan (see instructions) 8g 0 0 0 0 2A 2E 2 2H 2 | | | | | | | | | | |
| b Other income (loss) Image: solution (loss) <thimage: (loss)<="" solution="" td="" th<=""><td></td><td></td><td></td><td></td><td></td><td></td><td></td></thimage:> | | | | | | | | | | |
| c Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) | | | | | | - | | | | |
| d Bendts paid (including direct rolevers and insurance premiums by provide bendits) | | | 146181 | | | 226600 | | | | |
| Bot 75725 e Certain deemed and/or corrective distributions (see instructions) 8e 0 f Administrative service providers (statistics, fees, commissions) 8f 20030 g Other expenses. 8g 0 0 f Notice services (statistics, fees, commissions) 8f 20030 g Other expenses. 8g 0 0 f Notice services (statistics, fees, commissions) 8i 0 97555 g If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: Part IV Plan Characteristics 9 9 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 the structions: Yes No Amount a Was there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a) X 20 | - | 00 | | | 220099 | | | | | |
| f Administrative service providers (salaries, tees, commissions) | | 8d | 75725 | | | | | | | |
| g Other expenses Bg 0 967755 In Total expenses (add lines 8d, 8e, 8f, and 8g) 8h 967755 I Net income (loss) (subtract line 8h from line 8c) 8i 130944 J Transfers to (from) the plan (see instructions) 8j 130944 Part IV Plan Characteristics 9j 130944 9a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 2A 2E 2F 2H 2J 2J 3O 2K 2R 9b If the plan provides welfare benefits, enter the applicable velfare feature codes from the List of Plan Characteristic Codes in the instructions: Part V Compliance Questions 10a X 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 20 CFR 2510.3-10.2? (See instructions and DOL's Voluntary Flduciary Correction Program) 10a X c Was the plan covered by a fidelity bond? 10c X 2ecc d Did the plan nave a loss, whether or not eninbursed by the plan's fidelity bond, that was caused by fraud or fishnowes? 10d X c Was the plan covered by a fidelity bond? 10c | e Certain deemed and/or corrective distributions (see instructions) | 8e | | 0 | | | | | | |
| h Total expenses (add lines 8d, 8e, 8f, and 8g) 8h 96755 I Net income (loss) (subtract line 8h from line 8c) 8i 130944 j Transfers to (from) the plan (see instructions) 8j 130944 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: 2A 2E 2F 2H 2D 2K 2R 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 c Was there any nonexempt transactions with any party-in-interest? (Do not include transactions reported in 10b X 256 d Did were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service or other organization that provides sure and 1 of the plan? (See instructions.) 10d X g Did the plan have a lo | f Administrative service providers (salaries, fees, commissions) | 8f | 2003 | 0 | | | | | | |
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| j Transfers to (from) the plan (see instructions) aj Part V 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: 2A 2E 2H 2J 3D 2K 2R b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions: Part V Compliance Questions Yes No Amount a Was there a failure to transmit to the plan any participant contributions within the time period described in 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 250 d Did b X 10c X 250 d Did b Did b X 250 250 <tr< td=""><td>h Total expenses (add lines 8d, 8e, 8f, and 8g)</td><td>8h</td><td></td><td></td><td></td><td></td><td>95755</td></tr<> | h Total expenses (add lines 8d, 8e, 8f, and 8g) | 8h | | | | | 95755 | | | |
| 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: 2A 2E 2F 2H 2J 3D 2K 2R 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: Part V Compliance Questions Yes No Amount 0 During the plan year: Yes No Amount a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fluciary Correction Program) 10a X b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a, | Net income (loss) (subtract line 8h from line 8c) | 8i | | | | | 130944 | | | |
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| 2A 2E 2F 2H 2J 3D 2K 2R b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions: Part V Compliance Questions Yes No Amount a Was there a failure to transmit to the plan any participant contributions within the time period described in 25 (See instructions and DOL's Voluntary Fiduciary Correction Program) 10a X b Were there any nonexempt transactions and DOL's Voluntary Fiduciary Correction Program) 10b X 250 c Was the plan covered by a fidelity bond? 10c X 250 250 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 250 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 250 f Has the plan failed to provide any benefit when due under the plan? (See instructions and 29 CFR to instructions.) 10g X 250 250 10h X 250 250 10h X 250 | Part IV Plan Characteristics | | | | | | | | | |
| 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 DDL's Voluntary Fiduciary Correction Program) | | | | | | | | | | |
| 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program) 10a X b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.) 10b X c Was the plan covered by a fidelity bond? 10c X 250 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 250 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 250 f Has the plan failed to provide any benefit when due under the plan? 10g X 250 g Did the plan have any participant loans? (If "Yes," enter amount as of year end.) 10g X 250 f Has the plan failed to provide any benefit when due under the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3. 10h X 250 g Did the plan have any sanswered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 250.101-3. 10h X 250 1 Is this a defined benefit pl | | | | | Yes | No | Amount | | | |
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| 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 Were there any nonexempt transactions with any party-in-interest' on line 10a.) | iciary Correct ? (Do not incl | ion Program) ude transactions reported | 10b | | х | | | | |
| g Did the plan have any participant loans? (If "Yes," enter amount as of year end.) | 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu b Were there any nonexempt transactions with any party-in-interest on line 10a.) c Was the plan covered by a fidelity bond? d Did the plan have a loss, whether or not reimbursed by the plan's | iciary Correct ? (Do not incl fidelity bond, | that was caused by fraud | 10b 10c | | X X | | | | |
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| 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 ruling granting the waiver. Month Day Year If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13. 121 | 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu b Were there any nonexempt transactions with any party-in-interest on line 10a.) c Was the plan covered by a fidelity bond? d Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty? 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.) f Has the plan failed to provide any benefit when due under the plan 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? (| iciary Correct ? (Do not incl fidelity bond, her persons b of the benefits n? s of year end (See instruction | 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 x | | | | |
| 11 Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form 5500) and line 11a below) 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 ruling granting the waiver. Month Day Year If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13. Image: section 100 minimum 100 minimu | 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu b Were there any nonexempt transactions with any party-in-interest on line 10a.) c Was the plan covered by a fidelity bond? d Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty? 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.) f Has the plan failed to provide any benefit when due under the plan 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.). i If 10h was answered "Yes," check the box if you either provided the second sec | iciary Correct ? (Do not incl fidelity bond, her persons b of the benefits n? s of year end (See instruction he required not | 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 x | | | | |
| 11a Enter the amount from Schedule SB line 39 | 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu b Were there any nonexempt transactions with any party-in-interest on line 10a.) c Was the plan covered by a fidelity bond? d Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty? 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.) f Has the plan failed to provide any benefit when due under the plan 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.) 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 | iciary Correct ? (Do not incl fidelity bond, her persons b of the benefits n? s of year end (See instruction he required not | 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 x | | | | |
| (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.) a If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, and enter the date of the letter ruling granting the waiver. Month Day Year If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13. It at the second sec | 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu b Were there any nonexempt transactions with any party-in-interest on line 10a.) c Was the plan covered by a fidelity bond? d Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty? 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.) f Has 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.) 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 Part VI Pension Funding Compliance 11 Is this a defined benefit plan subject to minimum funding requirement | iciary Correct ? (Do not incl fidelity bond, fidelity bond, ner persons b of the benefits n? s of year end (See instruction re required not 1-3 ents? (If "Yes | ion Program) ude transactions reported that was caused by fraud y an insurance carrier, under the plan? (See | 10b 10c 10d 10e 10f 10g 10h 10i | X | X X X X X X X X X Ulle SB | 250000 | | | |
| (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.) a If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, and enter the date of the letter ruling granting the waiver. Month Day Year If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13. It at the second sec | 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu b Were there any nonexempt transactions with any party-in-interest on line 10a.) c Was the plan covered by a fidelity bond? d Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty? 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.) f Has the plan failed to provide any benefit when due under the plan 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.) 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 Part VI Pension Funding Compliance 11 Is this a defined benefit plan subject to minimum funding requirement 5500) and line 11a below) | iciary Correct ? (Do not incl fidelity bond, fidelity bond, her persons b of the benefits n? s of year end (See instruction he required not 1-3 | ion Program) ude transactions reported | 10b 10c 10d 10e 10f 10g 10h 10i | Schec | X X X X X X X X Iule SB | 250000 | | | |
| a If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, and enter the date of the letter ruling granting the waiver. | 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu b Were there any nonexempt transactions with any party-in-interest on line 10a.) c Was the plan covered by a fidelity bond? | iciary Correct ? (Do not incl fidelity bond, fidelity bond, ner persons b of the benefits n? s of year end (See instruction re required not 1-3 ents? (If "Yes | ion Program) ude transactions reported that was caused by fraud y an insurance carrier, s under the plan? (See | 10b 10c 10d 10e 10f 10g 10h 10i | Schec | X X X X X X X Iule SB | 250000 | | | |
| | 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.) Was the plan covered by a fidelity bond? | iciary Correct ? (Do not incl fidelity bond, fidelity bond, her persons b of the benefits n? s of year end (See instruction he required not 1-3 | ion Program) ude transactions reported that was caused by fraud y an insurance carrier, s under the plan? (See | 10b 10c 10d 10e 10f 10g 10h 10i | Schec | X X X X X X X Iule SB | 250000 | | | |
| b Enter the minimum required contribution for this plan year | 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu b Were there any nonexempt transactions with any party-in-interest on line 10a.) c Was the plan covered by a fidelity bond? | iciary Correct ? (Do not incl fidelity bond, her persons b of the benefits n? s of year end (See instruction the required not 1-3 | ion Program) ude transactions reported that was caused by fraud y an insurance carrier, s under the plan? (See | 10b 10c 10d 10e 10f 10g 10h 10i 0 or see | Schec | X X X X X X X X X X X X X X X X X X X | (Form | | | |
| | 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.) Was the plan covered by a fidelity bond? | iciary Correct ? (Do not incl fidelity bond, fidelity bond, her persons b of the benefits n? s of year end (See instruction he required not 1-3 | ion Program) ude transactions reported that was caused by fraud y an insurance carrier, s under the plan? (See | 10b 10c 10d 10e 10f 10g 10h 10i 0 or see | Schec | X X X X X X X X X X X X X X X X X X X | (Form | | | |

| 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 | 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 | 3c(1) | Name of plan(s): 1 | 3 c(2) E | IN(s) | 13c(| 3) PN(s) | |
| | | | | | | | |
| | | | | | | | |
| Part | VIII | Trust Information (optional) | | | | | |

| 14a Name of trust | 14b Trust's EIN |
|-------------------|-----------------|
| | |
| | |