For	m 5500-SF	Short Form Annual F	Return/Report o Benefit Plan	of Small Employ	yee	(	DMB Nos		)-0110 )-0089
	tment of the Treasury nal Revenue Service	This form is required to be file		nd 4065 of the Employe	е	2	012		
Employee Be	partment of Labor enefits Security Administration	Retirement Income Security Act o		ctions 6057(b) and 6058		This Form is	s Open pection		ıblic
Pension Be	nefit Guaranty Corporation	Complete all entries in accor	rdance with the instruc	ctions to the Form 550	0-SF.	113	pection		
Part I		entification Information	10	and an diam. A	0/04/	2010			
_	ar plan year 2012 or fisca	_	1		2/31/2				
	urn/report is for:	a single-employer plan		an (not multiemployer)		a one-particip	ant plar	า	
B This ret	urn/report is:	the first return/report	the final return/report						
		an amended return/report	a short plan year return	n/report (less than 12 m	onths	_			
C Check b	oox if filing under:	K Form 5558	automatic extension			DFVC progra	m		
		special extension (enter description	on)						
Part II	Basic Plan Inform	nation—enter all requested inform	nation		1				
1a Name					1b	Three-digit			
DOVE I AIL, I	NC. 401(K) PROFIT SH	ARING PLAN				plan number (PN) ▶	0	01	
					1c	Effective date of			
						07/01/	•		
<b>2a</b> Plan sp DOVETAIL,		ess; include room or suite number (e	employer, if for a single-	employer plan)	2b	Employer Identif (EIN) 45-316		Numb	er
3621 STONE	E WAY NORTH, SUITE /	Δ			2c	Sponsor's telepl 206-545		mber	
SEATTLE, V					2d	Business code (s 23890		ructio	ns)
3a Plan ad	dministrator's name and	address XSame as Plan Sponsor I	Name Same as Plan	Sponsor Address	3b	Administrator's E	IN		
<b>4</b> If the r	ame and/or EIN of the p	lan sponsor has changed since the	last return/report filed fc	or this plan, enter the	4b	EIN			
name,	EIN, and the plan numb	er from the last return/report.	·						
a Sponso		the beginning of the plan year				PN			00
_		0 0 1 7			5a				26
		the end of the plan year			5b				32
		count balances as of the end of the		•	5c				21
		uring the plan year invested in eligit					ΧY	′es	No
-	•	e annual examination and report of	•	,				-	-
	,	See instructions on waiver eligibility	,				ΧY	′es	No
		er line 6a or line 6b, the plan canr							
		incomplete filing of this return/re							
SB or Sche		r penalties set forth in the instructior signed by an enrolled actuary, as w te.							
SIGN	Filed with authorized/va	lid electronic signature.	10/08/2013	SCOTT EDWARDS					
HERE	Signature of plan adn	ninistrator	Date	Enter name of individ	ual sig	gning as plan adm	ninistrate	or	
SIGN	Filed with authorized/va	lid electronic signature.	10/08/2013	SCOTT EDWARDS					
HERE	Signature of employe		Date	Enter name of individ					
Preparer's	name (including firm nan	ne, if applicable) and address; inclue	de room or suite number	r (optional)	Prep	parer's telephone	number	(optio	onal)

Part III Financial Information						
7 Plan Assets and Liabilities		(a) Beginning of Yea	ır			(b) End of Year
a Total plan assets	7a	84054				976474
<b>b</b> Total plan liabilities	7b					
C Net plan assets (subtract line 7b from line 7a)	7c	84054	·6			976474
8 Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b) Total
a Contributions received or receivable from:						
(1) Employers	8a(1)	3090		_		
(2) Participants	8a(2)	6834	-0			
(3) Others (including rollovers)	8a(3)					
<b>b</b> Other income (loss)	8b	11920	9	_		
<b>C</b> Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c			_		218456
d Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	8252	8			
e Certain deemed and/or corrective distributions (see instructions)	8e		-			
f Administrative service providers (salaries, fees, commissions)	8f					
g Other expenses	8g					
h Total expenses (add lines 8d, 8e, 8f, and 8g)	8h					82528
i Net income (loss) (subtract line 8h from line 8c)						135928
j Transfers to (from) the plan (see instructions)	8j					100020
Part IV Plan Characteristics	0]					
<ul> <li>9a If the plan provides pension benefits, enter the applicable pension 2E 2F 2J 2K</li> <li>b If the plan provides welfare benefits, enter the applicable welfare ferror of the plan provides welfare benefits.</li> </ul>						
Part V Compliance Questions				¥	N	- · · ·
<ul><li>10 During the plan year:</li><li>a Was there a failure to transmit to the plan any participant contribut</li></ul>	tiono within th	a time pariad departihed in		Yes	No	Amount
a Was there a failure to transmit to the plan any participant contribut 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu			10a		Х	
<b>b</b> Were there any nonexempt transactions with any party-in-interest on line 10a.)			10b		x	
<b>C</b> Was the plan covered by a fidelity bond?			10c		Х	
<b>d</b> Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?			10d		x	
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.)	ner persons b of the benefits	y an insurance carrier, s under the plan? (See	10e		x	
f Has the plan failed to provide any benefit when due under the plan	n?		10f		Х	
<b>g</b> Did the plan have any participant loans? (If "Yes," enter amount as	s of year end	.)	10g	Х		28856
h If this is an individual account plan, was there a blackout period? ( 2520.101-3.)	(See instructi	ons and 29 CFR	10g		х	20000
i If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10	ne required n	otice or one of the	10i			
Part VI Pension Funding Compliance						
11 Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)						
11a Enter the amount from Schedule SB line 39					11a	
12 Is this a defined contribution plan subject to the minimum funding						RISA? Yes 🗙 No
(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,			2.00			
<ul> <li>a If a waiver of the minimum funding standard for a prior year is beir granting the waiver.</li> </ul>	ng amortized	in this plan year, see instrue		, and e	enter the Day	date of the letter ruling Year
If you completed line 12a, complete lines 3, 9, and 10 of Schedule						
in you completed line 124, complete lines 0, 0, and 10 of concedure		5500), and skip to line 13.				

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		he 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?	, ,	Yes X No	
	lf "Ye	es," enter the amount of any plan assets that reverted to the employer this year	13a		
b		all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the pBGC?	control		Yes X No
С		ing this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) n assets or liabilities were transferred. (See instructions.)	to	_	
1	3c(1)	Name of plan(s): 1	<b>3c(2)</b> E	IN(s)	<b>13c(3)</b> PN(s)
Part	VIII	Trust Information (optional)			

14a Name of trust	14b Trust's EIN

Form 5500-SF	Short Form Annua	I Return/Report Benefit Plan	of Small Employ	/ee		OMB Nos. 1210-01 1210-00
Internal Revenue Service	This form is required to be					2012
Department of Labor mployee Benefits Security Administration	Retirement Income Security A	Act of 1974 (ERISA), and nternal Revenue Code (the		(a) of		is Open to Public
Pension Benefit Guaranty Corporation	Complete all entries in ac		uctions to the Form 5500	)-SF.		
Part I Annual Report I r calendar plan year 2012 or fisc	dentification Information				124 (2222	
7		01/01/2012	and ending	12	/31/2012 T	
•	x a single-employer plan		plan (not multiemployer)	L	a one-partic	pant plan
This return/report is:	the first return/report	the final return/report				
	an amended return/report	-	urn/report (less than 12 m	onths)	-1	
Check box if filing under:	x Form 5558	automatic extension		L	DFVC progra	am
	special extension (enter descri					
	mation enter all requested i	information		41		· ·
Name of plan					Three-digit blan number	
DOVETAIL, INC. 401(R	() PROFIT SHARING PLAN			(	PN) >	001
					Effective date of	
Plan sponsor's name and add	ress; include room or suite numbe	er (employer, if for a single	e-employer plan)		07/01/2001	ification Number
DOVETAIL, INC.					EIN) 45-31	
					Sponsor's telep	
3621 Stone Way North	1, Suite A				(206) 545-	0722
						(see instructions)
SEATTLE	WA 98103				38900	
Plan administrator's name and	address 🕱 Same as Plan Spo	onsor Name 🔲 Same as	Plan Sponsor Address	3b A	dministrator's	EIN
Plan administrator's name and	I address [X] Same as Pian Spc	nsor Name 🔄 Same as	Plan Sponsor Address			EIN telephone number
If the name and/or EIN of the p	plan sponsor has changed since the				Administrator's	
If the name and/or EIN of the p name, EIN, and the plan numb	plan sponsor has changed since the			3c A 4b E	Administrator's	
If the name and/or EIN of the p name, EIN, and the plan numb Sponsor's name	plan sponsor has changed since ti er from the last return/report.	he last return/report filed f	or this plan, enter the	3c A 4b E 4c P	Administrator's	telephone number
If the name and/or EIN of the p name, EIN, and the plan numb Sponsor's name Total number of participants at	plan sponsor has changed since the from the last return/report.	he last return/report filed f	or this plan, enter the	3c A 4b E 4c P 5a	Administrator's	telephone number
If the name and/or EIN of the p name, EIN, and the plan numb Sponsor's name Total number of participants at Total number of participants with act	plan sponsor has changed since the sponsor has changed since the set return/report.	he last return/report filed f	for this plan, enter the	3c A 4b E 4c P	Administrator's	telephone number
If the name and/or EIN of the p name, EIN, and the plan numb Sponsor's name Total number of participants at Total number of participants with ac complete this item)	plan sponsor has changed since the sponsor has changed since the set return/report.	he last return/report filed f	or this plan, enter the	3c A 4b E 4c P 5a	Administrator's	26 32 21
If the name and/or EIN of the p name, EIN, and the plan numb Sponsor's name Total number of participants at Total number of participants with ac complete this item) Were all of the plan's assets du	blan sponsor has changed since the beginning of the plan year	he last return/report filed f ne plan year (defined bene gible assets? (See instruct	for this plan, enter the	3c A 4b E 4c P 5a 5b 5c	Administrator's	telephone number 2 6 3 2
If the name and/or EIN of the p name, EIN, and the plan numb Sponsor's name Total number of participants at Total number of participants with ac complete this item) Were all of the plan's assets du Are you claiming a waiver of the	plan sponsor has changed since the sponsor has changed since the return/report. the beginning of the plan year the end of the plan year count balances as of the end of the uring the plan year invested in eliging the annual examination and report of the the sponsor the sp	he last return/report filed f ne plan year (defined bene gible assets? (See instruct of an independent qualifie	for this plan, enter the	3c A 4b E 4c P 5a 5b 5c	Administrator's	26 32 21 XYes No
If the name and/or EIN of the p name, EIN, and the plan numb Sponsor's name Total number of participants at Total number of participants with ac complete this item) Were all of the plan's assets du Are you claiming a waiver of the under 29 CFR 2520.104-46? (S	blan sponsor has changed since the ser from the last return/report. the beginning of the plan year the end of the plan year count balances as of the end of the uring the plan year invested in elig le annual examination and report of See instructions on waiver eligibili	he last return/report filed f ne plan year (defined bene gible assets? (See instruct of an independent qualifie ity and conditions.)	for this plan, enter the efft plans do not tions.)	3c A 4b E 4c P 5a 5b 5c	Administrator's	26 32 21
If the name and/or EIN of the p name, EIN, and the plan numb Sponsor's name Total number of participants at Total number of participants with ac complete this item)	blan sponsor has changed since the beginning of the plan year , the end of the plan year , the end of the plan year , count balances as of the end of the uning the plan year invested in eligie annual examination and report of See instructions on waiver eligibiliter line 6a or line 6b, the plan camination and camination	he last return/report filed f ne plan year (defined bene gible assets? (See instruct of an independent qualifie ity and conditions.) nnot use Form 5500-SF	for this plan, enter the efft plans do not tions.) ed public accountant (IQP/ and must instead use Fo	3c A 4b E 4c P 5a 5b 5c 4)	Administrator's	26 32 21 XYes No
If the name and/or EIN of the p name, EIN, and the plan numb Sponsor's name Total number of participants at Total number of participants at Number of participants with ac complete this item)	blan sponsor has changed since the beginning of the plan year	he last return/report filed f ne plan year (defined bene gible assets? (See instruct of an independent qualifie ity and conditions.) nnot use Form 5500-SF dreport will be assessed tions, I declare that I have	ior this plan, enter the efft plans do not tions.) ed public accountant (IQP/ and must instead use For I unless reasonable cause e examined this return/repo	3c A 4b E 4c P 5a 5b 5c 5c	Administrator's	26 32 21 XYes No XYes No
If the name and/or EIN of the p name, EIN, and the plan numb Sponsor's name Total number of participants at Total number of participants at Number of participants with acc complete this item) Were all of the plan's assets du Are you claiming a waiver of the under 29 CFR 2520.104-46? (S If you answered "No" to eithe ution: A penalty for the late or der penalties of perjury and othe or Schedule MB completed and	blan sponsor has changed since the beginning of the plan year	he last return/report filed f ne plan year (defined bene gible assets? (See instruct of an independent qualifie ity and conditions.) nnot use Form 5500-SF dreport will be assessed tions, I declare that I have	ior this plan, enter the efft plans do not tions.) ed public accountant (IQP/ and must instead use For I unless reasonable cause e examined this return/repo	3c A 4b E 4c P 5a 5b 5c 5c	Administrator's	26 32 21 XYes No XYes No
If the name and/or EIN of the p name, EIN, and the plan numb Sponsor's name Total number of participants at Total number of participants at Number of participants with act complete this item) Were all of the plan's assets du Are you claiming a waiver of th under 29 CFR 2520.104-46? (S If you answered "No" to either utlon: A penalty for the late or der penalties of perjury and othe or Schedule MB completed and lef, it is true, or foct, aft completed	blan sponsor has changed since the beginning of the plan year	he last return/report filed f ne plan year (defined bene gible assets? (See instruct of an independent qualifie ity and conditions.) nnot use Form 5500-SF i/report will be assessed tions, I declare that I have s well as the electronic ve	for this plan, enter the efit plans do not tions.) ed public accountant (IQP/ and must instead use For puness reasonable cause examined this return/report, rsion of this return/report,	3c A 4b E 4c P 5a 5b 5c 5c	Administrator's	26 32 21 XYes No XYes No
If the name and/or EIN of the p name, EIN, and the plan numb Sponsor's name Total number of participants at Total number of participants at Number of participants with act complete this item) Were all of the plan's assets du Are you claiming a waiver of th under 29 CFR 2520.104-46? (S If you answered "No" to eithe utlon: A penalty for the late or der penalties of perjury and othe or Schedule MB completed and ief, it is true, or foct, and completed SN	plan sponsor has changed since the ser from the last return/report. the beginning of the plan year	he last return/report filed f ne plan year (defined bene gible assets? (See instruct of an independent qualifie ity and conditions.) nnot use Form 5500-SF v/report will be assessed tions, I declare that I have s well as the electronic ve	for this plan, enter the effit plans do not tions.) ed public accountant (IQP/ and must instead use For and must instead use For a scatt backwards	3c A 4b E 4c P 5a 5b 5c 5c 4) 5c and to	Administrator's	telephone number 26 32 21 X Yes No X Yes No able, a Schedule knowledge and
If the name and/or EIN of the p name, EIN, and the plan numb Sponsor's name Total number of participants at Total number of participants at Number of participants with acc complete this item)	plan sponsor has changed since the ser from the last return/report. the beginning of the plan year	he last return/report filed f the plan year (defined bene- gible assets? (See instruct of an independent qualifie ity and conditions.) nnot use Form 5500-SF /report will be assessed tions, I declare that I have s well as the electronic ve IO/B/L3 Date	for this plan, enter the efit plans do not tions.) and must instead use For unless reasonable cause e examined this return/report, Scott Edwards Enter name of individual	3c A 4b E 4c P 5a 5b 5c 5c A) 5c and to signing	Administrator's	telephone number 26 32 21 X Yes No X Yes No able, a Schedule knowledge and
If the name and/or EIN of the p name, EIN, and the plan numb Sponsor's name Total number of participants at Total number of participants at Number of participants with acc complete this item)	blan sponsor has changed since the beginning of the plan year	he last return/report filed f me plan year (defined bene gible assets? (See instruct of an independent qualifie ity and conditions.) <b>nnot use Form 5500-SF</b> <b>i/report will be assessed</b> tions, I declare that I have s well as the electronic ve IO(B/L3 Date IO/B/L3	for this plan, enter the effit plans do not tions.) and must instead use For and must instead us	3c A 4b E 4c P 5a 5b 5c 5c 4) 5c and to signing 4,2	Administrator's	telephone number 26 32 21 X Yes No X Yes No able, a Schedule knowledge and histrator
If the name and/or EIN of the p name, EIN, and the plan numb Sponsor's name Total number of participants at Total number of participants at Number of participants with ac complete this item)	blan sponsor has changed since the beginning of the plan year	he last return/report filed f the plan year (defined benefits) gible assets? (See instruct of an independent qualifie ity and conditions.) nnot use Form 5500-SF foreport will be assessed tions. I declare that I have s well as the electronic ve IO(B)(I 3 Date Date	for this plan, enter the efit plans do not tions.) ed public accountant (IQP/ and must instead use For and must instead u	3c A 4b E 4c P 5a 5b 5c 5c A) 5c and to signing 4_3 signing	Administrator's	telephone number
If the name and/or EIN of the p name, EIN, and the plan numb Sponsor's name Total number of participants at Total number of participants at Number of participants with acc complete this item)	blan sponsor has changed since the beginning of the plan year	he last return/report filed f the plan year (defined benefits) gible assets? (See instruct of an independent qualifie ity and conditions.) nnot use Form 5500-SF foreport will be assessed tions. I declare that I have s well as the electronic ve IO(B)(I 3 Date Date	for this plan, enter the efit plans do not tions.) ed public accountant (IQP/ and must instead use For and must instead u	3c A 4b E 4c P 5a 5b 5c 5c A) 5c and to signing 4_3 signing	Administrator's	telephone number 26 32 21 X Yes No X Yes No able, a Schedule knowledge and histrator
If the name and/or EIN of the p name, EIN, and the plan numb Sponsor's name Total number of participants at Total number of participants at Number of participants with acc complete this item)	blan sponsor has changed since the beginning of the plan year	he last return/report filed f the plan year (defined benefits) gible assets? (See instruct of an independent qualifie ity and conditions.) nnot use Form 5500-SF foreport will be assessed tions. I declare that I have s well as the electronic ve IO(B)(I 3 Date Date	for this plan, enter the efit plans do not tions.) ed public accountant (IQP/ and must instead use For and must instead u	3c A 4b E 4c P 5a 5b 5c 5c A) 5c and to signing 4_3 signing	Administrator's	telephone number 26 32 21 X Yes No X Yes No able, a Schedule knowledge and iistrator
If the name and/or EIN of the p name, EIN, and the plan numb Sponsor's name Total number of participants at Total number of participants at Number of participants with ac complete this item)	blan sponsor has changed since the beginning of the plan year	he last return/report filed f the plan year (defined benefits) gible assets? (See instruct of an independent qualifie ity and conditions.) nnot use Form 5500-SF foreport will be assessed tions. I declare that I have s well as the electronic ve IO(B)(I 3 Date Date	for this plan, enter the efit plans do not tions.) ed public accountant (IQP/ and must instead use For and must instead u	3c A 4b E 4c P 5a 5b 5c 5c A) 5c and to signing 4_3 signing	Administrator's	telephone number 26 32 21 X Yes No X Yes No able, a Schedule knowledge and iistrator
If the name and/or EIN of the p name, EIN, and the plan numb Sponsor's name Total number of participants at Total number of participants at Number of participants with acc complete this item)	blan sponsor has changed since the beginning of the plan year	he last return/report filed f the plan year (defined benefits) gible assets? (See instruct of an independent qualifie ity and conditions.) nnot use Form 5500-SF foreport will be assessed tions. I declare that I have s well as the electronic ve IO(B)(I 3 Date Date	for this plan, enter the efit plans do not tions.) ed public accountant (IQP/ and must instead use For and must instead u	3c A 4b E 4c P 5a 5b 5c 5c A) 5c and to signing 4_3 signing	Administrator's	telephone number

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Form 5500-SF 2012

Page 2

	art III Financial Information						
7	Plan Assets and Liabilities		(a) Beginning of Yea	r	1	(b	) End of Year
a	Total plan assets	7a	840,5	46			976,474
b	Total plan liabilities	7b					
с	Net plan assets (subtract line 7b from line 7a)	70	840,5	46	1		976,474
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount		1		(b) Total
a	Contributions received or receivable from: (1) Employers	8a(1)	30,9	07	1	······	
	(2) Participants	8a(2) ;	68,3	40	1	· · · · ·	
	(3) Others (including rollovers)	8a(3)			-1	· · · · · · · · · · · · · · · · · · ·	
b	Other income (loss)	8b	119,2	09			
c d	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8c 8d	92,5	28	1		218,456
e	Certain deemed and/or corrective distributions (see instructions)	80			-		
f	Administrative service providers (salaries, fees, commissions)	8f					
g	Other expenses	8g		******	+		********
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h		•••	1		82,528
i	Net income (loss) (subtract line 8h from line 8c)	81	alasiana fanga manga manga manga manga kanga kanga Sanga kanga kang		+		135,928
i	Transfers to (from) the plan (see instructions)	8j			+		133,928
P:	art IV Plan Characteristics	<u> </u>					
Laurany							
Ja	If the plan provides pension benefits, enter the applicable pension fe	ature codes i	rom the List of Plan Characte	eristic	Code	s in the in	structions:
+		······		*******			
b	If the plan provides welfare benefits, enter the applicable welfare feat	ture codes fr	om the List of Plan Character	istic (	Codes	in the inst	ructions:
<u></u>						****	
	art V Compliance Questions						
10	During the plan year:	-			Yes	No	Amount
a	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduci	ary Correctio	n Program)	10a		x	
b 	Were there any nonexempt transactions with any party-in-interest? on line 10a.)	(Do not inclu	ide transactions reported				
С	Was the plan covered by a fidelity bond?		*****************	10b		x	
لبر				10b 10c		x x	
d	Did the plan have a loss, whether or not reimbursed by the plan's fi	delity bond, I	hat was caused by fraud	10c			
	Did the plan have a loss, whether or not reimbursed by the plan's fi or dishonesty?	delity bond, I	hat was caused by fraud			x	
	Did the plan have a loss, whether or not reimbursed by the plan's fi or dishonesty?	delity bond, i persons by i the benefits	hat was caused by fraud an insurance carrier, under the plan? (See	10c		x x	
6	Did the plan have a loss, whether or not reimbursed by the plan's fi or dishonesty?	delity bond, i persons by a the benefits	hat was caused by fraud an insurance carrier, under the plan? (See	10c		x	
	Did the plan have a loss, whether or not reimbursed by the plan's fi or dishonesty?	delity bond, i persons by a the benefits	hat was caused by fraud an insurance carrier, under the plan? (See	10c 10d		x x	
6	Did the plan have a loss, whether or not reimbursed by the plan's fi or dishonesty?	delity bond, I persons by a the benefits	hat was caused by fraud an insurance carrier, under the plan? (See	10c 10d 10e	x	x x x	28,856
e	Did the plan have a loss, whether or not reimbursed by the plan's fi or dishonesty?	delity bond, 1 persons by i the benefits ? of year end.) ee instructio	hat was caused by fraud an insurance carrier, under the plan? (See	10c 10d 10e 10f 10g	x	x x x x	28,856
e f g	Did the plan have a loss, whether or not reimbursed by the plan's fi or dishonesty?	delity bond, I persons by i the benefits of year end.) ee instructio	hat was caused by fraud an insurance carrier, under the plan? (See 	10c 10d 10e 10f 10g 10h	x	x x x	28,856
e f g h	Did the plan have a loss, whether or not reimbursed by the plan's fi or dishonesty?	delity bond, I persons by i the benefits of year end.) ee instructio	hat was caused by fraud an insurance carrier, under the plan? (See 	10c 10d 10e 10f 10g	x	x x x x	28,856
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<u> </u>	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	Δ

## Part VII Plan Terminations and Transfers of Assets

<u>13a</u>	Has a resolution to terminate the plan been adopted in any plan year?	T Ye	es 🕱 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 co of the PBGC?	ntrol	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.)		nanga kanga kanan na panalanan antara sanan na na kanan na na kanan na ma

13c(1) Name of plan(s):	13c(2) EIN(s)	13c(3) PN(s)

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## Part VIII Trust Information (optional) 4

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14b Trust's EIN