F	orm 5500-SF	/ee		OMB Nos. 1210-0110 1210-0089					
	epartment of the Treasury nternal Revenue Service	This form is required to be filed u	enefit Plan under sections 104 ar	nd 4065 of the Employee	e	2	012		
Employe	Department of Labor ee Benefits Security Administration	tions 6057(b) and 6058( ode).		This Form is	s Open to Public				
Pensio	n Benefit Guaranty Corporation	)-SF.	Ins	pection					
Part		entification Information			7/0 / /	2010			
	ndar plan year 2012 or fisca	7 · · · · · ·		<u> </u>	7/31/2				
	return/report is for:		1 1 7 1	an (not multiemployer)		a one-particip	oant plan		
<b>B</b> This	return/report is:	· · ·	ne final return/report						
-		f H		/report (less than 12 mc	onths)	-			
C Cheo	ck box if filing under:		utomatic extension			DFVC progra	m		
		special extension (enter description)							
Part I		nation—enter all requested informati	on		46	<b>T</b>			
	ne of plan FAMILY LIMITED PARTNE	10	Three-digit plan number						
			(PN) ►	001					
				-	1c	Effective date of	f plan		
						01/01/			
	n sponsor's name and addre FAMILY LIMITED PARTNE	employer plan)	2b	Employer Identif (EIN) 91-17					
2002 E. 9	9TH STREET				2c	Sponsor's telep 253-538			
ТАСОМА	, WA 98445		2d	Business code (see instructions) 541990					
3a Plar	n administrator's name and	address 🔀Same as Plan Sponsor Nai	me Same as Plan	Sponsor Address	3b	<b>3b</b> Administrator's EIN			
				-	30	A desisistrator's t	elephone number		
nar	me, EIN, and the plan numb	lan sponsor has changed since the las er from the last return/report.	st return/report filed fo	r this plan, enter the		EIN			
·	nsor's name al number of participants at	the beginning of the plan year			4c PN 5a				
_		the end of the plan year		-	5a 5b		2		
		count balances as of the end of the pla			50		0		
					5c				
<b>6a</b> We	ere all of the plan's assets d	uring the plan year invested in eligible	assets? (See instruct	ions.)			🗙 Yes 🗌 No		
		e annual examination and report of an See instructions on waiver eligibility an					X Yes No		
lf y	ou answered "No" to eith	er line 6a or line 6b, the plan cannot	use Form 5500-SF a	and must instead use I	Form	5500.			
Caution	: A penalty for the late or	incomplete filing of this return/repo	rt will be assessed u	unless reasonable cau	se is	established.			
SB or So		r penalties set forth in the instructions, signed by an enrolled actuary, as well te.							
SIGN Filed with authorized/valid electronic signature. 10/08/2013 STEVEN SCHUMPP						ARER			
HERE	Signature of plan adn	ninistrator	Date	Enter name of individu	ual sig	ning as plan adn	ninistrator		
SIGN									
HERE	Signature of employe		Date	Enter name of individu	ual sig	ning as employe	r or plan sponsor		
Prepare	r's name (including firm nan	ne, if applicable) and address; include	room or suite number	· (optional)	Prep	parer's telephone	number (optional)		

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

L

7       Plan Assets and Liabilities       (a) Beginning of Year         a       Total plan assets       7a       730549         b       Total plan ilabilities       7b       0         C       Not plan assets (subtract line 7b from line 7a)       7c       730549         8       Income, Expenses, and Transfers for this Plan Year       (a) Amount       a         a       Contributions received or receivable from:       8a(1)       (a) Explores         (1)       Employers       8a(1)       (b)       (c)         (2)       Participants       8a(2)       (c)       (c)         (3)       Others (including rollovers)       8a(3)       (c)       (c)         (b)       Other income (dos)       8(2)       (c)       (c)         (c)       Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)       8c       (c)       (c)         (c)       Total expenses       8d       738061       (c)       (c)         (c)       Dother income (dos)       (s)       and (s)       (s)       (s)       (s)         (c)       Total expenses (add lines 8a, 1), 8a(2), 8a(3), and 8b)       8c       (c)       (c)       (c)       (c)       (c)       (c)       (c)       (c)	(b) End of Year 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
b       Total plan liabilities       7b       0         c       Net plan assets (subtract line 7b from line 7a)       7c       730549         8       Income, Expenses, and Transfers for this Plan Year       (a) Amount       (a) Amount         a       Contributions received or receivable from:       8a(1)       (a) Amount         a       Contributions received or receivable from:       8a(2)       (a) Amount         (a) Others (including rollovers)       8a(3)       (b)       (c)         (b) Other income (loss)       8a(3)       (c)       (c)         c       Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)       8c       738061         d       Benefits paid (including direct rollovers and insurance premiums to provide benefits)       8d       738061         e       Certain deemed and/or corrective distributions (see instructions)       8e       6         f       Administrative service providers (salaries, fees, commissions)       8f       6         g       Other expenses       8g       6         h       Total expenses (add lines 8d, 8e, 8f, and 8g)       8h       6         j       Transfers to (from) the plan (see instructions)       8j       8i       7         g       If the plan provides pension benefits, enter the applicable pens	0 0 (b) Total
c       Net plan assets (subtract line 7b from line 7a)       7c       730549         8       Income, Expenses, and Transfers for this Plan Year       (a) Amount       (a) Amount         a       Contributions received or receivable from: (1) Employers       8a(1)       (a) Amount         (2)       Participants       8a(2)       (a) Amount         (2)       Participants       8a(2)       (a) Amount         (3)       Others (including rollovers)       8a(3)       (b) Other income (loss)       (c) Employers         (a)       Other income (add lines 8a(1), 8a(2), 8a(3), and 8b)       8c       (c)       (c)         (b)       Other income (add lines 8a(1), 8a(2), 8a(3), and 8b)       8c       (c)       (c)         (c)       Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)       8c       (c)       (c)         (c)       Endemid and/or corrective distributions (see instructions)       8e       (c)       (c)         (c)       Other expenses       8g       (c)       (c)       (c)         (c)       Other expenses (add lines 8d, 8e, 8f, and 8g)       8h       (c)       (c)       (c)         (c)       Total expenses (add lines 8d, 8e, 8f, and 8g)       8i       (c)       (c)       (c)       (c)       (c)       (c) <td>0 (b) Total</td>	0 (b) Total
8       income, Expenses, and Transfers for this Plan Year       (a) Amount         a       Contributions received or receivable from:       8a(1)         (1)       Employers       8a(2)         (2)       Participants       8a(2)         (3)       Other income (loss)       8b       7512         (3)       Other income (loss)       8b       7512         c       Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)       8c       6         d       Benefits paid (including direct rollovers and insurance premiums to provide benefits)       8d       738061         g       Other expenses       8g       738061       6         f       Administrative service providers (salaries, fees, commissions)       8e       6       6         g       Other expenses       8g       7       7       7         h       Total expenses (add lines 8d, 8e, 8f, and 8g)       8i       7       7       7         g       Ithe plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the 1A       1       3D       7         g       If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the 1A       11       3D       2V       No <td>(b) Total</td>	(b) Total
a       Contributions received or receivable from:       8a(1)         (1)       Employers       8a(2)         (2)       Participants       8a(2)         (3)       Others (including rollovers)       8a(3)         b       Other income (loss)       8b       7512         C       Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)       8c	
(1) Employers       8a(1)         (2) Participants       8a(2)         (3) Others (including rollovers)       8a(3)         b Other income (loss)       8b         c Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)       8c         c Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)       8c         c Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)       8c         c Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)       8c         c Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)       8c         c Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)       8c         c Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)       8c         g Cher expenses       8d       738061         g Other expenses       8g	7512
(2) Participants	7512
(3) Others (including rollovers)       Ba(3)         b       Other income (loss)       8b       7512         c       Total income (add lines 6a(1), 8a(2), 8a(3), and 8b)       8c	7512
b       Other income (loss)       8b       7512         c       Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)       8c       738061         d       Benefits paid (including direct rollovers and insurance premiums to provide benefits)       8d       738061         e       Certain deemed and/or corrective distributions (see instructions)       8e       738061       1         f       Administrative service providers (salaries, fees, commissions)       8f       1       1         g       Other expenses       8g       1       1         g       Other expenses (add lines 8d, 8e, 8f, and 8g)       8h       1       1         i       Net income (loss) (subtract line 8h from line 8c)       8i       1       1         j       Transfers to (from) the plan (see instructions)       8j       1       1         g       If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the 1A 1 3D       3D         g       If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)       10a       X         g       During the plan year:       Yes       No       10a       X       10b       X	7512
c       Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	7512
d       Benefits paid (including direct rollovers and insurance premiums to provide benefits)       8d       738061         e       Certain deemed and/or corrective distributions (see instructions)       8e       738061         f       Administrative service providers (salaries, fees, commissions)       8f       738061         g       Other expenses       8g       738061         h       Total expenses (add lines 8d, 8e, 8f, and 8g)       8h       738061         i       Net income (loss) (subtract line 8h from line 8c)       8i       738061         j       Transfers to (from) the plan (see instructions)       8j       738061         g       If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the 1A 11 3D       3D         b       If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)       10a       X         g       Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)       10a       X         c       Was the plan covered by a fidelity bond?       10c       X       10b       X         d       Did the plan have a los	7512
to provide benefits)       8d       738061         e       Certain deemed and/or corrective distributions (see instructions)       8e       image: service providers (salaries, fees, commissions)       8f         g       Other expenses       8g       image: service providers (salaries, fees, commissions)       8f       image: service providers (salaries, fees, commissions)       8f         i       Net income (loss) (subtract line 8h from line 8c)       8h       image: service provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the fame of the plan provides welfare benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the fame of the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the plan to provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the plan ter plan year:         10       V       Compliance Questions         110       During the plan year:       Yes       No         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         c       Was the plan covered by a fidelity bon	
e       Certain deemed and/or corrective distributions (see instructions)	
g       Other expenses	
g       Other expenses.       8g       Image: Constraint of the section of the second of the sectin of the section of the sectin	
h       Total expenses (add lines 8d, 8e, 8f, and 8g)       8h         i       Net income (loss) (subtract line 8h from line 8c)       8i         j       Transfers to (from) the plan (see instructions)       8j         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 1A 11 3D         b       If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the 29 CGR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)         10       During the plan ponexempt transactions with any party-in-interest? (Do not include transactions reported 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 fidelity bond, that was caused by fraud or dishonesty?         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.)         f       Has the plan failed to provide any benefit when due under the plan?	
i       Net income (loss) (subtract line 8h from line 8c)	738061
j       Transfers to (from) the plan (see instructions)       8j         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 1A 11 3D         b       If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the 1A 11 3D         Part V       Compliance Questions         Part V       Compliance Questions         10       During the plan year:       Yes       No         a       Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)       10a       ×         b       Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)       10b       ×         c       Was the plan covered by a fidelity bond?       10c       ×         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       ×         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       ×         f       Has the plan failed to	-730549
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 1A 1I 3D         b       If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the 1A 1I 3D         b       If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the 20 Compliance Questions         10       During the plan year:       Yes       No         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)	
9a       If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the 1A 1I 3D         b       If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the Plan Provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the Plan type of Plan type of Plan Characteristic Codes in the Plan type of Plan	
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         c       Was the plan covered by a fidelity bond?	
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         d       Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?       10d       X         e       Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service or other organization that provides some or all of the benefits under the plan? (See instructions.)       10e       X         f       Has the plan failed to provide any benefit when due under the plan?       10f       X	Amount
on line 10a.)       10b       X         C       Was the plan covered by a fidelity bond?       10c       X         d       Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?       10d       X         e       Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service or other organization that provides some or all of the benefits under the plan? (See instructions.)       10e       X         f       Has the plan failed to provide any benefit when due under the plan?       10f       X	
d       Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?       10d       X         e       Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service or other organization that provides some or all of the benefits under the plan? (See 10e       X         f       Has the plan failed to provide any benefit when due under the plan?       10f       X	
or dishonesty?       10d       X         e       Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service or other organization that provides some or all of the benefits under the plan? (See instructions.)       10e       X         f       Has the plan failed to provide any benefit when due under the plan?       10f       X	
insurance service or other organization that provides some or all of the benefits under the plan? (See instructions.)       10e       X         f       Has the plan failed to provide any benefit when due under the plan?       10f       X         7       Didthere have been account integrated been 2000 (MitNee instructions 2000)       X       X	
g Did the plan have any participant loans? (If "Yes," enter amount as of year end.)	
h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	
i If 10h was answered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3	
Part VI Pension Funding Compliance	
11 Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB 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 requirements of section 412 of the Code or section 302 of E	
(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)	Yes 🛛 No
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 granting the waiver	Yes 🛛 No
If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.	RISA? Yes X No
b Enter the minimum required contribution for this plan year	RISA? Yes X No

С	Enter the amount contributed by the employer to the plan for this plan year								
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)								
е	Will the minimum funding amount reported on line 12d be met by the funding deadline?		Yes	No N/A					
Part	VII Plan Terminations and Transfers of Assets								
13a	Has a resolution to terminate the plan been adopted in any plan year?	X	Yes No						
	If "Yes," enter the amount of any plan assets that reverted to the employer this year	13a		0					
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under t of the PBGC?	e control		X Yes No					
С	If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan which assets or liabilities were transferred. (See instructions.)	s) to		_					
1	13c(1) Name of plan(s):	13c(2) E	IN(s)	<b>13c(3)</b> PN(s)					
Part	t VIII Trust Information (optional)								

14a Name of trust	14b Trust's EIN

PIERCE COUNTY SEC

Form 5500-SF	Short Form Annual Re	turn/Report o enefit Plan	of Small Employ	yee		DMB Nos. 1210-0110 1210-0089	
Department of the Treasury Internal Revenue Service	nd 4065 of the Employe	2012					
Department of Labor Employee Benefite Security Administration	of This Form Is Open to Public Inspection						
Presion Benefit Guaranty Corporation	Complete all entries in accorda	nce with the instruc	tions to the Form 550	0-SF.	ins	pection	
	dentification Information						
For calendar plan year 2012 or fisc		/01/2013	and ending		07/31/201		
A This return/report is for:			an (not multiemployer)	1	a one-particip	pant plan	
B This return/report is:		he final retum/report					
	an amended return/report X a	short plan year return	h/report (less than 12 m	onths)	-		
C Check box if filing under:		DFVC progra	m				
	special extension (enter description)	and all the second s					
Prove and a second seco	mation—enter all requested informati	lon					
1a Name of plan				10	Three-digit plan number		
Weller Family Limi Defined Benefit Pl					(PN)	001	
Delined Deneiic Fr	an			1c	Effective date of		
					01/01/2003		
2a Plan sponsor's name and add Weller Family Limi	ress; include room or suite number (em ted Partnership	ployer, if for a single-	employer plan)		Employer Identif (EIN) 91-170		
_					Sponsor's telepi (253) 535-		
2002 E. 99th Stree	t.					see instructions)	
Tacoma			98445	541990			
32 Plan administrator's name and	l address XSame as Plan Sponsor Na	me Usame as Plar	Sponsor Address	3b Administrator's EIN			
				56		elephone number	
A little an exclusion that a file		t sotum (son out filed fr		410	(253) 535-	-4433	
<ul> <li>If the name and/or EIN of the name, EIN, and the plan num</li> <li>a Sponsor's name</li> </ul>	plan sponsor has changed since the las ber from the last return/report.	а тештигероп шөс к	n triis pian, einier me	4b 4c	Alerson Hereiter		
and the same of th	at the beginning of the plan year					2	
	It the end of the plan year					0	
<b>c</b> Number of participants with a	ccount balances as of the end of the pla	an year (defined bene	fit plans do not	5c			
a statement in the statement of the s	during the plan year invested in eligible					Yes No	
	the annual examination and report of an						
under 29 CFR 2520.104-46?	(See instructions on waiver eligibility an	nd conditions.)				X Yes    No	
	her line 6a or line 6b, the plan cannot				12.4		
	r incomplete filing of this return/repo er penalties set forth in the instructions,					phie a Sobadula	
SB or Schedule MB completed and belief, it is true, correct, and compl	d signed by an enrolled actuary, as well	as the electronic ver	sion of this return/report	t, and t	to the best of my	knowledge and	
sign Alch.	Della	9/10/13	GLEN WELLER				
HERE Signature of plan ad	ministrator	Date	Enter name of individ	ual sig	ining as plan adn	ninistrator	
SIGN Slif.	well	9/30/13	GLEN WELLER				
HERE Signature of employ		Date 1	Enter name of individ				
Preparer's name (including firm na	me, if applicable) and address; include	room or suite numbe	r (optional)	Ргер	arer's telephone	number (optional)	
						0	
(fal)							
For Paperwork Reduction Act Notice	and OMB Control Numbers, see the Instru	uctions for Form 5500-	SF.		с. — — — — — — — — — — — — — — — — — — —	Form 5500-SF (2012) v. 120126	

PIERCE COUNTY SEC

PAGE 06/10

Form 5500-SF 2012

Page **2** 

Pa	t III Financial Information								
7	Plan Assets and Liabilities		(a) Beginning of Yea	r			(b) End	of Year	5
a	Total plan assets	7a	730	),54	9				0
b	Total plan liabilities	7b	10.4.41		0		791241		0
С	Net plan assets (subtract line 7b from line 7a)	7c	730	),54	9				0
8	Income, Expenses, and Transfers for this Plan Year	s, and Transfers for this Plan Year (a) Amount							
a	Contributions received or receivable from:	A . (A)							
_	(1) Employers	8a(1)	an a construction of the	_	+-				
	(2) Participants	8a(2) 8a(3)	in the first state		+-	_			
•	(3) Others (including rollovers)	7,51	2						
	Other income (loss)	8b		, , , ,	-				7,512
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) Benefits paid (including direct rollovers and insurance premiums	8c			+-				,,,
d	to provide benefits)	8d	738	3,06	1				
e	Certain deemed and/or corrective distributions (see instructions)	8e	50-8-41						
f	Administrative service providers (salaries, fees, commissions)	8f							
g.	Other expenses	8g							
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							738,061
i	Net income (loss) (subtract line 8h from line 8c)	81						( 7	30,549)
j	Transfers to (from) the plan (see instructions)	Bj							
Pa	t IV Plan Characteristics								Waa
9a	If the plan provides pension benefits, enter the applicable pension IA II 3D	feature coo	les from the List of Plan Chara	acteris	stic Co	des in	the instruct	tions:	
- b		nture and	n from the List of Dian Charge	worict	le Ced	on in t	no Instructi	0081	
Ь	If the plan provides welfare benefits, enter the applicable welfare fe	ature code	is from the List of Plan Unarac	uensi,	iç God	esmu	ne instructi	una.	
Par	V Compliance Questions			_					
_				_					
10	During the plan year:				Yes	No		Amour	nt
-	During the plan year: Was there a failure to transmit to the plan any participant contribut 29 CFR 2510.3-1027 (See instructions and DOL's Voluntary Fidu			10a	Yes	No X		Amour	nt
a	Was there a failure to transmit to the plan any participant contribut	clary Corre ? (Do not in	ection Program) nclude transactions reported	10a 10b	Yes			Amour	nt
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 Were there any nonexempt transactions with any party-in-interest on line 10a.)	iclary Corre ? (Do not ir	action Program)	105	Yes	x		Amour	nt
a b	Was there a failure to transmit to the plan any participant contribut 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu Ware 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	iclary Corre ? (Do not ir fidelity bon	action Program) nolude transactions reported d, that was caused by fraud			x x		Amour	nt
a b c d	Was there a failure to transmit to the plan any participant contribut 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu Ware 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 oth insurance service or other organization that provides some or all of	Ideary Corre ? (Do not in fidelity bon her persons of the bene	ection Program) nclude transactions reported d, that was caused by fraud by an insurance carrier, fits under the plan? (See	10b 10c 10d		x x x x		Amour	nt
a b c d	Was there a failure to transmit to the plan any participant contribut 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? 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 oth insurance service or other organization that provides some or all o instructions.)	ideary Corre ? (Do not in fidelity born her persons of the bene	action Program) Include transactions reported ad, that was caused by fraud by an insurance carrier, fits under the plan? (See	10b 10c 10d 10e		x x x x x		Amour	nt
a b c d	Was there a failure to transmit to the plan any participant contribut 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? 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 oth insurance service or other organization that provides some or all of instructions.) Has the plan failed to provide any benefit when due under the plan	Identify Corrections of the bene	ection Program) nelude transactions reported d, that was caused by fraud by an insurance carrier, fits under the plan? (See	10b 10c 10d 10e 10f		x x x x x x x x		Amour	nt
a c d e f	Was there a failure to transmit to the plan any participant contribut 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? 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 of instructions.) Has the plan failed to provide any benefit when due under the plan Did the plan have any participant loans? (If 'Yes," enter amount a	Ideary Corre ? (Do not in fidelity bon her persons of the bene n?	action Program) nolude transactions reported id, that was caused by fraud by an insurance carrier, fits under the plan? (Sea ind.)	10b 10c 10d 10e	Yes	x x x x x		Amour	nt
a c d e f	<ul> <li>Was there a failure to transmit to the plan any participant contribut 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu.</li> <li>Were there any nonexempt transactions with any party-in-interest on line 10a.)</li> <li>Was the plan covered by a fidelity bond?</li> <li>Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?</li> <li>Were any fees or commissions paid to any brokers, agents, or oth insurance service or other organization that provides some or all c instructions.)</li> <li>Has the plan failed to provide any benefit when due under the plan Did the plan have any participant loans? (If 'Yes," enter amount a lf this is an individual account plan, was there a blackout period? (2520.101-3.)</li> </ul>	Ideary Corre ? (Do not in fidelity bon her persons of the bene n? s of year e (See instru	action Program) nolude transactions reported id, that was caused by fraud by an insurance carrier, fits under the plan? (See nd.)	10b 10c 10d 10e 10f		x x x x x x x x			nt
a c d e f	Was there a failure to transmit to the plan any participant contribut 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu Ware 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 oth insurance service or other organization that provides some or all of instructions.) Has the plan failed to provide any benefit when due under the plan Did the plan have any participant loans? (If 'Yes," enter amount a If this is an individual account plan, was there a blackout period? (	Ideary Corre ? (Do not in fidelity born her persons of the bene n? 	action Program) nclude transactions reported id, that was caused by fraud by an insurance carrier, fits under the plan? (See ind.)	10b 10c 10d 10e 10f 10g		x x x x x x x x x		Amoui	nt
a c d e f	<ul> <li>Was there a failure to transmit to the plan any participant contribution 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidure Ware there any nonexempt transactions with any party-in-interest on line 10a.)</li> <li>Was the plan covered by a fidelity bond?</li> <li>Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?</li> <li>Were any fees or commissions paid to any brokers, agents, or oth insurance service or other organization that provides some or all constructions.)</li> <li>Has the plan failed to provide any benefit when due under the plan bid the plan have any participant loans? (If "Yes," enter amount a lif this is an individual account plan, was there a blackout period? (2520.101-3.)</li> <li>If 10h was answered "Yes," check the box If you either provided the exceptions to providing the notice applied under 29 CFR 2520.101</li> </ul>	Ideary Corre ? (Do not in fidelity born her persons of the bene n? 	action Program) nclude transactions reported id, that was caused by fraud by an insurance carrier, fits under the plan? (See ind.)	105 10c 10d 10e 10f 10g 10h	Yes	x x x x x x x x x x x		Amoui	nt
a b c d d e f f g g h h i	<ul> <li>Was there a failure to transmit to the plan any participant contribution 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidure Ware there any nonexempt transactions with any party-in-interest on line 10a.)</li> <li>Was the plan covered by a fidelity bond?</li> <li>Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?</li> <li>Were any fees or commissions paid to any brokers, agents, or oth insurance service or other organization that provides some or all constructions.)</li> <li>Has the plan failed to provide any benefit when due under the plan bid the plan have any participant loans? (If "Yes," enter amount a lif this is an individual account plan, was there a blackout period? (2520.101-3.)</li> <li>If 10h was answered "Yes," check the box If you either provided the exceptions to providing the notice applied under 29 CFR 2520.101</li> </ul>	Ideary Corre ? (Do not in fidelity bon- ner persons of the bene of the bene n? (See instru- ne required 1-3	ection Program) nelude transactions reported d, that was caused by fraud by an insurance carrier, fits under the plan? (See nd.) ctions and 29 CFR notice or one of the	10b 10c 10d 10e 10f 10g 10h 10i	Scheo	x x x x x x x x x x x x	(Form		res X No
a b c d d e f f g g h h i I 1	<ul> <li>Was there a failure to transmit to the plan any participant contribul 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu.</li> <li>Were there any nonexempt transactions with any party-in-interest on line 10a.)</li> <li>Was the plan covered by a fidelity bond?</li> <li>Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?</li> <li>Were any fees or commissions paid to any brokers, agents, or oth insurance service or other organization that provides some or all clinistructions.)</li> <li>Has the plan failed to provide any benefit when due under the plan Did the plan have any participant loans? (If "Yes," enter amount a lif this is an individual account plan, was there a blackout period? (2520.101-3.)</li> <li>If 10h was answered "Yes," check the box If you either provided the exceptions to providing the notice applied under 29 CFR 2520.107</li> <li>VI Pension Funding Compliance</li> <li>Is this a defined benefit plan subject to minimum funding requirem</li> </ul>	Ideary Corre ? (Do not in fidelity bon her persons of the bene n? (See instru- ne required 1-3	action Program) nolude transactions reported id, that was caused by fraud by an insurance carrier, fits under the plan? (See nd.)	10b 10c 10d 10e 10f 10g 10h 10i	Scheo	x x x x x x x x x x x x	(Form		
a b c d d e f f g g h h i I 1	<ul> <li>Was there a failure to transmit to the plan any participant contribut 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu.</li> <li>Were there any nonexempt transactions with any party-in-interest on line 10a.)</li> <li>Was the plan covered by a fidelity bond?</li> <li>Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?</li> <li>Were any fees or commissions paid to any brokers, agents, or oth insurance service or other organization that provides some or all clinstructions.)</li> <li>Has the plan failed to provide any benefit when due under the plan Did the plan have any participant loans? (If "Yes," enter amount a lif this is an individual account plan, was there a blackout period? (2520.101-3.)</li> <li>If 10h was answered "Yes," check the box If you either provided th exceptions to providing the notice applied under 29 CFR 2520.101</li> <li>VI Pension Funding Compliance</li> <li>Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)</li> </ul>	Ideary Corre ? (Do not in fidelity bon ner persons of the bene n? (See instru- ne required 1-3	action Program) nclude transactions reported id, that was caused by fraud by an insurance carrier, fits under the plan? (Sea ind.)	10b 10c 10d 10e 10f 10g 10h 10i	Scheo	X X X X X X X X X X X X X X X 11a	3 (Form		
a b c d f f g h i i Part 11 11a 12	<ul> <li>Was there a failure to transmit to the plan any participant contribut 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu.</li> <li>Were there any nonexempt transactions with any party-in-interest on line 10a.)</li> <li>Was the plan covered by a fidelity bond?</li> <li>Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?</li> <li>Were any fees or commissions paid to any brokers, agents, or oth insurance service or other organization that provides some or all clinistructions.)</li> <li>Has the plan failed to provide any benefit when due under the plan Did the plan have any participant loans? (If "Yes," enter amount a lif this is an individual account plan, was there a blackout period? (2520.101-3.)</li> <li>If 10h was answered "Yes," check the box If you either provided the exceptions to providing the notice applied under 29 CFR 2520.10</li> <li>VI Pension Funding Compliance</li> <li>Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)</li> <li>Enter the amount from Schedule SB line 39</li> <li>Is this a defined contribution plan subject to the minimum funding (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below.</li> </ul>	Ideary Corre ? (Do not in fidelity bon- ner persons of the bene n? (See instru- ne required 1-3 	action Program) nelude transactions reported d, that was caused by fraud by an insurance carrier, fits under the plan? (See nd.)	10b 10c 10d 10e 10f 10g 10h 10i	Scheo	X X X X X X X X X X X 11a 302 of	B (Form		∕es X No ∕es X No
a b c d f f g h i i Part 11 11a 12	<ul> <li>Was there a failure to transmit to the plan any participant contribut 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu.</li> <li>Were there any nonexempt transactions with any party-in-interest on line 10a.)</li> <li>Was the plan covered by a fidelity bond?</li> <li>Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?</li> <li>Were any fees or commissions paid to any brokers, agents, or oth insurance service or other organization that provides some or all constructions.)</li> <li>Has the plan failed to provide any benefit when due under the plan Did the plan have any participant loans? (If "Yes," enter amount a lif this is an individual account plan, was there a blackout period? (2520.101-3.)</li> <li>If 10h was answered "Yes," check the box If you either provided the exceptions to providing the notice applied under 29 CFR 2520.101-3.)</li> <li>Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)</li> <li>Ernter the amount from Schedule SB line 39</li> <li>Is this a defined contribution plan subject to the minimum funding</li> </ul>	Idiary Corre ? (Do not in fidelity bon her persons of the bene n? s of year e (See instru- he required 1-3 tents? (If "Y requireme , as applica 19 amortize	action Program) nelude transactions reported id, that was caused by fraud by an insurance carrier, fits under the plan? (See nd.)	10b 10c 10d 10e 10f 10g 10h 10i 10i	Scheo	X X X X X X X X X X X 11a 302 of	B (Form		∕es X No ∕es X No
a b c d f f g h i 11 11a 11a 12	<ul> <li>Was there a failure to transmit to the plan any participant contribut 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu.</li> <li>Were there any nonexempt transactions with any party-in-interest on line 10a.)</li> <li>Was the plan covered by a fidelity bond?</li> <li>Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?</li> <li>Were any fees or commissions paid to any brokers, agents, or oth insurance service or other organization that provides some or all clinstructions.)</li> <li>Has the plan have any participant loans? (If "Yes," enter amount a lif this is an individual account plan, was there a blackout period? (2520.101-3.)</li> <li>If 10h was answered "Yes," check the box If you either provided the exceptions to providing the notice applied under 29 CFR 2520.10</li> <li>VI Pension Funding Compliance</li> <li>Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)</li> <li>Enter the amount from Schedule SB line 39</li> <li>Is this a defined contribution plan subject to the minimum funding (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below.</li> </ul>	Idiary Corre ? (Do not in fidelity bon her persons of the bene n? is of year e (See instru- ne required 1-3 	action Program) nolude transactions reported d, that was caused by fraud by an insurance carrier, fits under the plan? (See nd.)	10b 10c 10d 10e 10f 10g 10h 10i 10i	Scheo	X X X X X X X X X X X 11a 302 of	B (Form		∕es X No ∕es X No

Form 5500-SF 2012

Page 3 -

	10 BA 44 546	40-				
C	Enter the amount contributed by the employer to the plan for this plan year	120				
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?	. <b>X</b>	Yes	No	)	
	If "Yes," enter the amount of any plan assets that reverted to the employer this year	. 13a				C
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the of the PBGC?		el 📔		X Ye	es 🚺 No
c	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);	13c(2)	EIN(s)		130	(3) PN(s)

## Part VIII Trust Information (optional)

14a Name of trust				14b Trust's EIN	