Form 5500-SF		Short Form Annual Return/Report of Small Employ			/ee		OMB Nos. 1210-0110 1210-0089	
Department of the Treasury Internal Revenue Service		<b>Benefit Plan</b> 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).				Public		
Pension Benefit Guaranty Corporation Complete all entries in accordance with the instructions to the Form 5500-SF.								
Part I Annual Report Identification Information								
For calenda	ar plan year 2012 or fisca	al plan year beginning 01/01/20	12	and ending 1	2/31/2	2012		
A This ret	urn/report is for:	a single-employer plan	a multiple-employer pla	an (not multiemployer)		a one-participant plan		
B This ret	urn/report is:	the first return/report	the final return/report					
		an amended return/report	a short plan year return	-				
C Check b	box if filing under:	Form 5558	DFVC program					
		special extension (enter descripti						
Part II		nation—enter all requested inform	nation		41			
1a Name SEATTLE BI	•	RETIREMENT PLAN AND TRUST			10	Three-digit plan number (PN) • 001		
					10	(PN) ► 001 Effective date of plan		
					10	01/01/1982		
	oonsor's name and addre KE SUPPLY, INC.	ess; include room or suite number (	employer, if for a single-	employer plan)	2b	Employer Identification Nun (EIN) 91-1111658	ıber	
7620 S 192N	ID				2c	Sponsor's telephone number 253-251-1516		
KENT, WA 9	8032				2d	Business code (see instructions) 336990		
3a Plan ad	dministrator's name and	address XSame as Plan Sponsor	Name Same as Plan	Sponsor Address	3b	b Administrator's EIN		
					30	Administrator's telephone number		
		lan sponsor has changed since the er from the last return/report.	last return/report filed fo	r this plan, enter the	4b	EIN		
a Sponso					<b>4c</b> PN			
		the beginning of the plan year			5a	a 118		
<b>b</b> Total number of participants at the end of the plan year				5b		110		
C Number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item)					5c		74	
		uring the plan year invested in eligil				X Yes	No	
b Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.)								
		er line 6a or line 6b, the plan can						
Under pena SB or Sche	alties of perjury and other dule MB completed and	incomplete filing of this return/re r penalties set forth in the instruction signed by an enrolled actuary, as w	ns, I declare that I have e	examined this return/rep	ort, ir	cluding, if applicable, a Sch		
belief, it is true, correct, and complete.								
SIGN	Filed with authorized/va	uthorized/valid electronic signature. 10/09/2013 RONNA DUMONT						
HERE	Signature of plan adn	ninistrator	Date	Enter name of individu	lual signing as plan administrator			
SIGN								
HERE	Signature of employe	r/plan sponsor	Date	Enter name of individu	ual sig	ning as employer or plan sp	onsor	
Preparer's	name (including firm nan	ne, if applicable) and address; inclu	de room or suite number	r (optional)	Prep	arer's telephone number (op	tional)	

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

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       1         f       Has the plan failed to provide any benefit when due under the plan?       10f       X       1         g       Did the plan bare any participant lease? (If "Yee" apter amount on of was and by       1       1       1	Part III Financial Information								
b       Total plan labilities       7b       3/10654       4002511         c       Nerplan assets (autoric line 7b from line 7a)       7c       3/10654       4002511         a       Contributions received or receivable from:       (a) Amount       (b) Total       400211         a       Contributions received or receivable from:       6a(1)       72697       (c)       Partiopers       6a(2)       186246       62246       62245         (c)       Dender income (loss)       6a(3)       400310       66       662215       662215         (c)       Dender income (loss)       6a(1)       72697       62       62246       662215         (c)       Dender income (loss)       6a(1)       400310       662215       662215         (c)       Dender income (loss)       6a(1)       62115       662215       662215         (c)       Dender income (loss)       6a(1)       662215       662215       662215       662215         (c)       Dender income incorective distributions (see instructions)       8a(1)       70346       662215         (c)       Dender income instructions)       8a(1)       201007       71346       201007         (c)       Dender income instructions and DOL's Volumes / Florinduce Code	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	371065	4			4002561		
8         Income, Expenses, and Transfers for this Plan Year         (a) Amount         (b) Total           a         Contributions received ar receivable form: (1) Engloyers	<b>b</b> Total plan liabilities	7b							
a       Contributions received or receivable from:       Ba(1)       72697         (2)       Participants.       Ba(2)       189246         (3)       Others (including rollowers).       Ba(3)         (4)       Dother including rollowers).       Ba(3)         (5)       Others (including rollowers).       Ba(3)         (6)       Others (including rollowers).       Ba(3)         (7)       Target rollowers and insurance premiums       Set         (7)       Other income (add lines Set(1), Ed(2), Ed(3), and Bb).       Set         (7)       Other income (add lines Set(1), Ed(2), Ed(3), and Bb).       Set         (7)       Other expresses.       Bg         (7)       Other expresses.       Bg         (7)       Transfers to (from) the plan (set instructions).       Bi         (7)       Transfers to (from) the plan (set instructions).       Bj         (7)       Transfers to (from) the plan (set instructions).       Bj         (7)       Transfers to (from) the plan (set instructions).       Bj         (7)       Transfers to (from) the plan (set instructions).       Bj         (8)       If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:         (7)	C Net plan assets (subtract line 7b from line 7a)	7c	371065	3710654			4002561		
(1)       Employers       8a(1)       72897         (2)       Participants       8a(2)       189246         (3)       Other income (loss)       8a(3)       6001       662253         (4)       Demption (add lines \$a(1), 8a(2), 8a(3), and 8b)       8c       370346       662253         (5)       Other income (loss)       6d       370346       662253         (5)       Other spenses       8d       370346       662253         (6)       Other spenses       8g       370346       662253         (7)       Other spenses       8g       370346       662253         (7)       Other spenses       8g       370346       70346         (7)       Other spenses       8g       370346       70346         (8)       Other spenses       8g       9       7014         (9)       Other spenses       8g       9       7014         (9)       Other spenses       8g       9       7014         (9)       Other spenses       9       8g       9       7014         (9)       Other spense       9       10       10       10       10       10       10       10       10       10	8 Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b) Total		
(2) Participants       84(2)       180246         (3) Others (including rolevers)       84(3)         (3) Others (including rolevers)       84         (3) Others (including rolevers)       84         (4) Other income (add lines 8a(1), 8a(2), 8a(3), and 8b)       8c         (5) Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)       8c         (6) Other income (add lines 8a(1), 8a(2), 8a(3), and 8b)       8c         (7) Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)       8c         (7) Other expenses       8d       370346         (7) Other expenses       8g       0         (7) Transfers to (from) the plan (see instructions)       8g       370346         (7) Transfers to (from) the plan (see instructions)       8g       291907         (7) Transfers to (from) the plan (see instructions)       8g       291907         (7) Transfers to (from) the plan (see instructions)       8g       291907         (7) Transfers to (from) the plan separaticipation contributions within the time period describer in 291907       370346         (8) Uther plan provides yresion benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:         (7) Was there a failure to transmit to the plan any participant contributions within the time period describer in 291 CFR 250-1292 (Sto 2012 Sto 2012 Sto 2012 Sto 2012 Sto 2013 CFR 20100 Sto 20101 St		<b>a</b> (1)	7000	-					
(a) Others (including rolevers)       8a(3)       400310         (b) Other income (loss)       8b       400310         (c) Total income (loss)       8b       400310         (c) Total income (loss)       8c       602253         (c) Total income (loss)       8c       370346         (c) Total income (loss)       8d       370346         (c) Other segress       8g       9g         (c) Other segress       8g									
b       Other income (loss)       8b       400310         c       Total income (loss)       8c       602253         d       Benefits paid (incluing) direct followers and insurance preniums 8d       370346       602253         d       Contrained (incluing) direct followers and insurance preniums 8d       370346       602253         d       Contrained (incluing) direct followers and insurance preniums 8d       370346       602253         d       Contrained (incluing) direct followers and insurance preniums 8d       370346       602253         d       Contrained (incluing) direct followers and insurance preniums 8d       370346       70346         d       Define expenses.       8g       370346       90       90         d       Define expenses.       8g       370346       9107       9107         d       Transfers to (from) the plan (see instructions)       6j       91       90       100       7000000000000000000000000000000000000			18924	·0					
c       Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)			10001	0					
d Bendits paid (including direct rollovers and insurance premiums to provide herenfits)			40031	0					
to provide benefits).       8d       370346         e       Certain deemed and/or corrective distributions (see instructions)	-	80					662253		
f       Administrative service providers (salaries, fees, commissions)		8d	37034	6					
g       Other expenses       Bg       Bh       370346         I       Net income (loss) (subtract line 8h from line 8c)	e Certain deemed and/or corrective distributions (see instructions)	8e							
h       Total expenses (add lines 8d, 8e, 8f, and 8g)	f Administrative service providers (salaries, fees, commissions)	8f							
i       Net income (loss) (subtract line 8h from line 8c)	g Other expenses	8g							
j       Transfers to (from) the plan (see instructions)       Bj         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       ZE       2 G 2 J X 3D         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         10       During the plan year:       Yes       No       Amount         a       Vas there a failure to transmit to the plan any participant contributions within the time period described in on ine 10a.)       Xes       Yes       No       Amount         b       Ware there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on ine 10a.)       Xes       Yes       No       Amount         c       Was the plan covered by a fidelity bond?       If was the plan aces, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?       If was the plan failed to provide any benefit when due under the plan?       If was caused by fraud or dishonesty?       If was the plan have any participant loans? (If "Yes," enter amount as of year end.)       If op       X       If and the provide any benefit when due under the plan?       If was answered "Yes,"	h Total expenses (add lines 8d, 8e, 8f, and 8g)	8h					370346		
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:         2E       2F       2G       2J       2K 3D         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       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 2510.3-1027 (See instructions and DOL's Voluntary Fluciany Correction Program)       10a       X         b       Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a,)       X       50         c       Was the plan covered by a fidelity bond?       10e       X       50         c       Was the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?       10d       X       10d       <	i Net income (loss) (subtract line 8h from line 8c)	8i					291907		
9a       If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:         2E       2F       2G       2K       3D         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 tailure to transmit to the plan any participant contributions within the time period described in on line 10a.       X       Yes       No       Amount         b       Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.       10b       X       50         c       Was the plan covered by a fidelity bond?       10c       X       50         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       50         e       Were any fees or commissions paid to any brokers, agents, or other persons by an insurance earrier, 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?       10f       X       <	j Transfers to (from) the plan (see instructions)	8j							
2E       2F       2G       2J       2K       3D         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 2510.31-027 (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       50         c       Was the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?       10c       X       50         d       Did the plan have a loss, whether or not reimbursed by the plan? fidelity bond, that was caused by fraud or dishonesty?       10d       X       50         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       1         f       Has the plan have any participant loans? (If "Yes," enter amount as of year end.)       10g       X       2         g </td <td>Part IV Plan Characteristics</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>	Part IV Plan Characteristics								
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         b       Ware there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)       10b       X       50         c       Was the plan covered by a fidelity bond?       10c       X       50         d       Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonestly?       10d       X       50         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       10d       X       10d       X       10d       10d       X       10d       10d       X       10d       10d       10d       X       10d       10d<	2E       2F       2G       2J       2K       3D         b       If the plan provides welfare benefits, enter the applicable welfare feature								
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?       10c       X       50         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       50         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       50         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       10         f       Has the plan failed to provide any benefit when due under the plan?       10g       X       8         h       If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)       10g       X       8         h       If this is a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form 5500) and line 11a below)       11a       11a					Vee	Na			
29 CFR 2510.3-102* (See instructions and DOL's Voltetary Exploration       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       50         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       50         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       10e       X       10d       X       10d </td <td>a Was there a failure to transmit to the plan any participant contribut</td> <td></td> <td>ne time period described in</td> <td></td> <td>res</td> <td>NO</td> <td>Amount</td>	a Was there a failure to transmit to the plan any participant contribut		ne time period described in		res	NO	Amount		
c       Was the plan covered by a fidelity bond?       10c       X       50         d       Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonestly?       10d       X       50         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       1         f       Has the plan failed to provide any benefit when due under the plan?       10f       X       9       1		iniary Corroa		100		Х			
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       1         f       Has the plan failed to provide any benefit when due under the plan?       10f       X       1         g       Did the plan have any participant loans? (If "Yes," enter amount as of year end.)	<b>b</b> Were there any nonexempt transactions with any party-in-interest	? (Do not inc	ion Program)ude transactions reported						
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       1         f       Has the plan failed to provide any benefit when due under the plan?       10g       X       1         g       Did the plan have any participant loans? (If "Yes," enter amount as of year end.)       10g       X       8         h       If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)       10h       X       8         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.       10i       X       8         Part VI       Pension Funding Compliance       10i       X       11a       11a         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)       11a       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 X         (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)       11a         13       I	<b>b</b> Were there any nonexempt transactions with any party-in-interest on line 10a.)	? (Do not inc	ion Program) ude transactions reported	10b	×				
insurance service or other organization that provides some or all of the benefits under the plan? (See instructions.)       10e       X       1         f       Has the plan failed to provide any benefit when due under the plan?       10f       X       1         g       Did the plan have any participant loans? (If "Yes," enter amount as of year end.)       10g       X       8         h       If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)       10h       X       8         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.       10i       X       8         Part VI       Pension Funding Compliance       10i       X       11a       11a         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).       11a       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 x         (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)       11a       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 x	<ul><li>b Were there any nonexempt transactions with any party-in-interest on line 10a.)</li><li>c Was the plan covered by a fidelity bond?</li></ul>	? (Do not inc	ion Program) ude transactions reported	10b	X		500000		
g       Did the plan have any participant loans? (If "Yes," enter amount as of year end.)	<ul> <li>b Were there any nonexempt transactions with any party-in-interest on line 10a.)</li> <li>c Was the plan covered by a fidelity bond?</li> <li>d Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?</li> </ul>	? (Do not incl	that was caused by fraud	10b 10c	X	Х	500000		
g Did the plan have any participant loans? (If "Yes," enter amount as of year end.)       10g ×       8         h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	<ul> <li>b Were there any nonexempt transactions with any party-in-interest on line 10a.)</li> <li>c Was the plan covered by a fidelity bond?</li> <li>d Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?</li> <li>e Were any fees or commissions paid to any brokers, agents, or oth insurance service or other organization that provides some or all or the provides some or the provides some or all or the provides some or the provides so</li></ul>	? (Do not incl fidelity bond, er persons b of the benefits	that was caused by fraud y an insurance carrier, s under the plan? (See	10b 10c 10d		Х			
h       If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3	<ul> <li>b Were there any nonexempt transactions with any party-in-interest on line 10a.)</li> <li>c Was the plan covered by a fidelity bond?</li> <li>d Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?</li> <li>e 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> </ul>	? (Do not incl fidelity bond, er persons b of the benefits	that was caused by fraud y an insurance carrier, s under the plan? (See	10b 10c 10d 10e		X X			
<ul> <li>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</li></ul>	<ul> <li>b Were there any nonexempt transactions with any party-in-interest on line 10a.)</li> <li>c Was the plan covered by a fidelity bond?</li> <li>d Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?</li> <li>e 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>f Has the plan failed to provide any benefit when due under the plan</li> </ul>	? (Do not incl fidelity bond, ler persons b of the benefits	that was caused by fraud y an insurance carrier, s under the plan? (See	10b 10c 10d 10e 10f	×	X X	10461		
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 (Form 5500) and line 11a below)	<ul> <li>b Were there any nonexempt transactions with any party-in-interest on line 10a.)</li> <li>c Was the plan covered by a fidelity bond?</li> <li>d Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?</li> <li>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.)</li> <li>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? (If the plan have any plan</li></ul>	? (Do not inc fidelity bond, er persons b of the benefits n? s of year end See instructi	that was caused by fraud y an insurance carrier, s under the plan? (See 	10b 10c 10d 10e 10f 10g	×	X X	10461		
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)	<ul> <li>b Were there any nonexempt transactions with any party-in-interest on line 10a.)</li> <li>c Was the plan covered by a fidelity bond?</li></ul>	? (Do not incl fidelity bond, er persons b of the benefits n? s of year end See instruction ne 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	10461		
11a       It a         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 x         (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.       Day Year         If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.       It a	<ul> <li>b Were there any nonexempt transactions with any party-in-interest on line 10a.)</li> <li>c Was the plan covered by a fidelity bond?</li></ul>	? (Do not incl fidelity bond, er persons b of the benefits n? s of year end See instruction ne 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	10461		
(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.) <b>a</b> 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.	<ul> <li>b Were there any nonexempt transactions with any party-in-interest on line 10a.)</li> <li>c Was the plan covered by a fidelity bond?</li> <li>d Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?</li> <li>e 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>f Has the plan failed to provide any benefit when due under the plan</li> <li>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.)</li> <li>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</li> <li>Part VI Pension Funding Compliance</li> <li>11 Is this a defined benefit plan subject to minimum funding requirement</li> </ul>	? (Do not incl fidelity bond, er persons b of the benefits n? s of year end See instructi ne required no 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	X	X X X X X ule SB (Fc	10461 82625		
(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.) <b>a</b> 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.	<ul> <li>b Were there any nonexempt transactions with any party-in-interest on line 10a.)</li> <li>c Was the plan covered by a fidelity bond?</li></ul>	? (Do not incl fidelity bond, er persons b of the benefits n? s of year end See instruction re required not 1-3	ion Program)	10b 10c 10d 10e 10f 10g 10h 10i	X	X X X X ule SB (Fc	10461 82625		
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	<ul> <li>b Were there any nonexempt transactions with any party-in-interest on line 10a.)</li> <li>c Was the plan covered by a fidelity bond?</li> <li>d Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?</li> <li>e 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>f Has the plan failed to provide any benefit when due under the plan</li> <li>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.)</li> <li>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</li> <li>Part VI Pension Funding Compliance</li> <li>11 Is this a defined benefit plan subject to minimum funding requirements500) and line 11a below).</li> </ul>	? (Do not incl fidelity bond, fidelity bond, er 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 ule SB (Fc	10461 82625		
	<ul> <li>b Were there any nonexempt transactions with any party-in-interest on line 10a.)</li> <li>c Was the plan covered by a fidelity bond?</li></ul>	? (Do not incl fidelity bond, fidelity bond, er persons b of the benefits n? s of year end See instructi ne required no 1-3 ents? (If "Yes requirements	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 ule SB (Fc	10461 82625		
b Enter the minimum required contribution for this plan year	<ul> <li>b Were there any nonexempt transactions with any party-in-interest on line 10a.)</li> <li>c Was the plan covered by a fidelity bond?</li></ul>	? (Do not incl fidelity bond, fidelity bond, er persons b of the benefits n? s of year end See instruction required not t-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 se ctions	X X Schec	X X X X Ule SB (Fc 11a 302 of ERIS inter the da	GA?     Yes X No     Yes X No		
	<ul> <li>b Were there any nonexempt transactions with any party-in-interest on line 10a.)</li> <li>c Was the plan covered by a fidelity bond?</li></ul>	? (Do not incl fidelity bond, er persons b of the benefits n? s of year end See instruction required not requirements as applicabling amortized	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 se ctions	X X Schec	X X X X Ule SB (Fc 11a 302 of ERIS inter the da	10461 82625 		

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	e Will the minimum funding amount reported on line 12d be met by the funding deadline?						
Part	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	<b>b</b> Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the of the PBGC?				Yes X No		
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	<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