Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation

Short Form Annual Return/Report of Small Employee Benefit Plan

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

1210-0089

OMB Nos. 1210-0110

2012

This Form is Open to Public Inspection

Pensio	n Benefit Guaranty Corporation	▶ Complete all entries in ac	cordance with the instruc	ctions to the Form 550	0-SF.		
Part	I Annual Report	Identification Information					
For cale	endar plan year 2012 or f	iscal plan year beginning 01/01/	2013	and ending 0)5/31/2	013	
	return/report is for:	a single-employer plan	H	lan (not multiemployer)		a one-particip	oant plan
B This	return/report is:	the first return/report	the final return/report				
		an amended return/report	x a short plan year return	n/report (less than 12 m	onths)		
C Che	ck box if filing under:	Form 5558	automatic extension			DFVC progra	ım
		special extension (enter descr	iption)		-	<u> </u>	
Part	I Basic Plan Info	ormation—enter all requested info	ormation				
	me of plan	onto an requested in	omaton		1b	Three-digit	
	OOL 401(K)/PROFIT SH	HARING PLAN				plan number	
						(PN) ▶	001
					1c	Effective date o	•
						01/01	
2a Pla ASTRA	n sponsor's name and ac FOOL & INSTRUMENT N	ddress; include room or suite numbe MANUFACTURING CORP.	er (employer, if for a single-	employer plan)		Employer Identi (EIN) 11-16	fication Number 57140
					2c	Sponsor's telep	hone number
	DHURST AVE					914-74	7-3863
HAWIH	ORNE, NY 10532-1141				2d	Business code (see instructions)
3a Pla	n administrator's name a	and address Same as Plan Spons	or Name Same as Plar	n Sponsor Address	3b	Administrator's	EIN
					30	Administrator's	telephone number
						/ diffinition delices	leiephone number
		ne plan sponsor has changed since t	the last return/report filed for	or this plan, enter the	4b	EIN	
	•	ımber from the last return/report.			4-	5	
	onsor's name				4c	PN	
5a To	tal number of participants	s at the beginning of the plan year			5a		28
b To	tal number of participants	s at the end of the plan year			5b		0
		account balances as of the end of t		•	F		0
_	•				5c		0
_	•	ts during the plan year invested in e	•	•			X Yes No
	,	of the annual examination and reports? (See instructions on waiver eligible	·		,		X Yes No
		either line 6a or line 6b, the plan c					
		or incomplete filing of this return					
		ther penalties set forth in the instruc					able, a Schedule
SB or S	chedule MB completed a	and signed by an enrolled actuary, a	•	•		O, 11	,
belief, i	is true, correct, and com	nplete.					
SIGN	Filed with authorized	/valid electronic signature.	10/23/2013	GREG UNMANN			
HERE	Signature of plan a	administrator	Date	Enter name of individ	ual sigi	ning as plan adn	ninistrator
SIGN	Filed with authorized	d/valid electronic signature.	10/23/2013	GREG UNMANN			
HERE	Signature of emplo		Date	Enter name of individ			
Prepare	er's name (including firm	name, if applicable) and address; in	clude room or suite numbe	r (optional)	Prepa	arer's telephone	number (optional)

Form 5500-SF 2012 Page **2**

Par	t III Financial Information										
	Plan Assets and Liabilities		(a) Beginning of Yea	ar			(b) E	nd of \	'ear		
	Total plan assets	7a	5420				(~) =			0	
	Total plan liabilities	7b								0	
	Net plan assets (subtract line 7b from line 7a)	7c	5420)5						0	
	Income, Expenses, and Transfers for this Plan Year		(a) Amount				(ł) Tota	ı		
	Contributions received or receivable from:		(a) runount					<i>,</i> . O.u.			
	(1) Employers	8a(1)		0							
	(2) Participants	8a(2)	717	7 9							
	(3) Others (including rollovers)	8a(3)									
b	Other income (loss)	8b	358	87							
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							1076	6	
	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	6252	1							
е	Certain deemed and/or corrective distributions (see instructions)	8e	203	34							
f	Administrative service providers (salaries, fees, commissions)	8f	41	6							
g	Other expenses	8g									
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							6497	71	
	Net income (loss) (subtract line 8h from line 8c)	8i							-5420)5	
	Transfers to (from) the plan (see instructions)	8j									
Par	t IV Plan Characteristics	, <u>°,</u>									
	If the plan provides pension benefits, enter the applicable pension 2F 2G 2J 3D	feature co	des from the List of Plan Char	acteris	tic Code	s in	the ins	ruction	s:		
b	If the plan provides welfare benefits, enter the applicable welfare fe	eature cod	les from the List of Plan Chara	cteristi	c Codes	in t	he instr	uctions	:		
D	V Campliana Constiana					—					
Part	•			1	,, I.	_					
10	During the plan year:	4:			Yes N	No		An	ount		
a	Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidure)	ıciary Corı	rection Program)	10a)	X					
	Were there any nonexempt transactions with any party-in-interest on line 10a.)			10b		Χ					
С	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 or dishonesty?	-		10d)	X					
е	Were any fees or commissions paid to any brokers, agents, or oth insurance service or other organization that provides some or all cinstructions.)	of the bene	efits under the plan? (See	10e	,	X					
f	Has the plan failed to provide any benefit when due under the plan)	Χ					
				10f		X					
g h	, ,	(See instru	uctions and 29 CFR	10g		^ X					
	2520.101-3.) If 10h was answered "Yes," check the box if you either provided the strength of			10h							
_	exceptions to providing the notice applied under 29 CFR 2520.10	1-3		10i							
Part								-			
11	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)							[Yes	X	No
<u>11a</u>	Enter the amount from Schedule SB line 39				11	а		T -	_		
12	Is this a defined contribution plan subject to the minimum funding	requireme	ents of section 412 of the Code	or se	ction 302	2 of	ERISA′	·	Yes	X	No
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,										
	If a waiver of the minimum funding standard for a prior year is beir granting the waiver.		Mon			er th Day	ne date	of the I Ye		uling	
	you completed line 12a, complete lines 3, 9, and 10 of Schedul	•			ı		I				
<u>b</u>	Enter the minimum required contribution for this plan year				12	:b					

	Form 5500-SF 2012 Page 3 - 1					
•	"otar the amount contributed by the ampleyor to the plan for this plan year		12c			
d S	Enter the amount contributed by the employer to the plan for this plan year Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus legative amount)	sign to the left of a	12d			
e v	Vill the minimum funding amount reported on line 12d be met by the funding deadline?			Yes	No	N/A
Part V	II Plan Terminations and Transfers of Assets					
13a ⊦	las a resolution to terminate the plan been adopted in any plan year?		X	es No)	
lí	f "Yes," enter the amount of any plan assets that reverted to the employer this year		. 13a			
	Vere all the plan assets distributed to participants or beneficiaries, transferred to another p		control		X Yes	No
	f during this plan year, any assets or liabilities were transferred from this plan to another playlich assets or liabilities were transferred. (See instructions.)	lan(s), identify the plan(s)	to			
130	c(1) Name of plan(s):	1	1 3c(2) El	N(s)	13c(3) PN(s)
Part V	Trust Information (optional)					

14b Trust's EIN

14a Name of trust

5500-SF Electronic Filing Authorization

Plan Name:

Astra Tool 401(k)/Profit Sharing Plan

EIN/PN:

11-1657140/001

Plan Year: 01/01/2013 - 05/31/2013

I hereby authorize Jim Hallinan Pension Consulting, LLC to electronically file the above return with the US Department of Labor's Electronic Filing Acceptance System (EFAST).

I have signed Form 5500-SF for this return and understand a scanned copy of this return bearing my manual signature will be included in the electronic filing and posted on the US Department of Labor's internet site for public disclosure.

Plan Administrator

Plan Sporsor

Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Short Form Annual Return/Report of Small Employee Benefit Plan

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

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

OMB Nos. 1210-0110 1210-0089

2012

This Form is Open to Public Inspection

Pa	art	I Annual Report	Identification Information			· · · · · · · · · · · · · · · · · ·		
For	cale	endar plan year 2012 or fis	cal plan year beginning	01/01/2013	and ending	05/	31/2013	
Α -	This	return/report is for:	x a single-employer plan	a multiple-employer	plan (not multiemployer)		a one-partici	pant plan
В	This	return/report is:	the first return/report	the final return/repor	t			
					urn/report (less than 12 n	nonths)		
C	Che	ck box if filing under:	Form 5558	automatic extension		П	DFVC progra	am
			special extension (enter description	on)				
Pa	ırt	II Basic Plan Info	ermation enter all requested info	rmation			:	
1a	Na	ime of plan					ree-digit	
	As	tra Tool 401(k)/	Profit Sharing Plan				an number 'N) ▶	001
							fective date of	<u> </u>
22	חור					0:	1/01/2008	
Za	As	an sponsors name and ad tra Tool & Instru	ddress; include room or suite number (orment Manufacturing Corp.	employer, if for a sing	e-employer plan)	3	nployer Ident IN) 11-16	ification Number 57140
	36	9 Bradhurst Ave					oonsor's telep 914) 747-	ohone number 3863
US		wthorne	NY 10532-1141				usiness code 32700	(see instructions)
3a	Pla	n administrator's name a	nd address X Same as Plan Sponso	or Name Same as	Plan Sponsor Address	3b Ac	dministrator's	EIN
					•			
						3c Ac	dministrator's	telephone number

4	If th	ne name and/or EIN of the	e plan sponsor has changed since the hober from the last return/report.	last return/report filed	for this plan, enter the	4b EII	N	
		onsor's name	iber nom me last returnireport.			4c PN		
			at the beginning of the plan year			5a	N .	28
b	Tot	al number of participants	at the end of the plan year	*******************************	***************************************	5b		0
С	Nui con	mber of participants with a mplete this item)	account balances as of the end of the p	plan year (defined ben	efit plans do not	5c		0
ьа	We	ere all of the plan's assets	during the plan year invested in eligible	e assets? (See instruc	ctions.)			X Yes No
	unc	der 29 CFR 2520.104-46?	the annual examination and report of a (See instructions on waiver eligibility a	and conditions.)			S. Control	
	If y	ou answered "No" to eit	ther line 6a or line 6b, the plan canno	ot use Form 5500-SF	and must instead use	Form 550	00.	
Сац	ıtioı	n: A penalty for the late	or incomplete filing of this return/re	port will be assesse	d unless reasonable ca	use is es	tablished.	
SB ·	ier p or S	penalties of perjury and ot	her penalties set forth in the instruction nd signed by an enrolled actuary, as w	ns I declare that I hav	e examined this return/re	anort inclu	uding if appli	cable, a Schedule y knowledge and
SIC	3N	J. C. Communication	OSBONIAN AND AND AND AND AND AND AND AND AND A		Greg Unmann			
	RE	Signature of plan adm	inistrator	Date	Enter name of individua	el signing	as plan admi	niatratar
SIC	3N				Greg Unmann	ai aigiinig	as pian aum	nistrator
	RE	Signature of employer	/plan sponsor	Date	Enter name of individua	al cianina	ss employer	
Prep	oare		ame, if applicable) and address; includ		per (optional)			or plan sponsor number (optional)
					(0)	, , , , , , , , , , , , , , , , , , , ,	s telephone	number (optional)
							la di	
		·						

Pa	rt III Financial Information							
7	Plan Assets and Liabilities	1.00	(a) Beginning of Yea	r			(b) End o	Year
а	Total plan assets	7a	54,2	05				0
<u>b</u>	Total plan liabilities	7b						0
C	Net plan assets (subtract line 7b from line 7a)	7c	54,2	05				0
	Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b) To	tal
а	Contributions received or receivable from: (1) Employers	8a(1)		0				
	(2) Participants	8a(2)	7,1				tra estado	
	(3) Others (including rollovers)	8a(3)	/ , ±		1000000			
b	Other income (loss)	8b	3,5	87				
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c	3,3					10 766
d	Benefits paid (including direct rollovers and insurance premiums	00			21 8185333	Sektiverilas		10,766
	to provide benefits)	8d	62,5	21				
е	Certain deemed and/or corrective distributions (see instructions)	8e	2,0:	34	3.5 A.C. 3.5 A.C. 3.5 A.C.			
<u>f</u>	Administrative service providers (salaries, fees, commissions)	8f	4:	16	2,70 c.u.			200 m
<u>g</u>	Other expenses	8g						
<u>h</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h						64,971
<u>i</u>	Net income (loss) (subtract line 8h from line 8c)	8i						(54,205)
<u>_</u> i	Transfers to (from) the plan (see instructions)	8j			100			
Pa	rt IV Plan Characteristics							
9a	If the plan provides pension benefits, enter the applicable pension fe	ature cod	es from the List of Plan Charac	teristi	c Code	es in th	ne instructio	ons:
	2F 2G 2J 3D							
b	If the plan provides welfare benefits, enter the applicable welfare fea	iture code:	s from the List of Plan Characte	eristic	Codes	s in the	instruction	s:
Pa	rt V Compliance Questions							
10	During the plan year:				Yes	No	Δ	mount
а		tions within	n the time period described in	40-		х		
b		? (Do not i	nclude transactions reported	10a 10b		х		
				10c		x		
d		fidelity bor	nd, that was caused by fraud	10d		x		
е	Were any fees or commissions paid to any brokers, agents, or oth insurance service or other organization that provides some or all o	er persons f the bene	s by an insurance carrier, fits under the plan? (See					
f	instructions.)			10e		Х	l .	
	Has the plan failed to provide any benefit when due under the plan			10f		х		
<u>g</u>	Did the plan have any participant loans? (If "Yes," enter amount as			10g		х		
h	If this is an individual account plan, was there a blackout period? (2520.101-3.)	***************************************	***************************************	10h		x		
i	If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.101	e required	notice or one of the	10i				
Pai	t VI Pension Funding Compliance							
11	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)	ents? (If "	Yes," see instructions and com	plete	Sched	ule SE	(Form	Yes X No
118	Enter the amount from Schedule SB line 39					11a		
12	Is this a defined contribution plan subject to the minimum funding					1	RISA?	Yes X No
-	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,							
а	If a waiver of the minimum funding standard for a prior year is bein granting the waiver	g amortize	ed in this plan year, see instruc	tions,	and e	nter th Day	e date of th	e letter ruling Year
<u>If</u>	you completed line 12a, complete lines 3, 9, and 10 of Schedule							
b	Enter the minimum required contribution for this plan year					12b		
							l.	

		The control of the co		
Form 5500-SF 2012 Page 3	3-	depending space of the state of		
C 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 s negative amount)	ign to the left of a			
e 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 Ye	es 🗌 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 pla of the PBGC?	n, or brought under the	control	X Yes	□ No
C If during this plan year, any assets or liabilities were transferred from this plan to another plan which assets or liabilities were transferred. (See instructions.)	n(s), identify the plan(s)	to		
13c(1) Name of plan(s):	13	c(2) EIN(s) 13c(3) PN(s)
Part VIII Trust Information (optional)				
14a Name of trust		14h Tr	ust's EIN	
		1		***************************************
		and the second		
		Oprility-Opping		
		-		
		aya .		
		heyecono		
		- Addition of the Addition of		

5500-SF Electronic Filing Authorization

Plan Name:

Astra Tool 401(k)/Profit Sharing Plan

EIN/PN:

11-1657140/001

Plan Year: 01/01/2013 - 05/31/2013

I hereby authorize Jim Hallinan Pension Consulting, LLC to electronically file the above return with the US Department of Labor's Electronic Filing Acceptance System (EFAST).

I have signed Form 5500-SF for this return and understand a scanned copy of this return bearing my manual signature will be included in the electronic filing and posted on the US Department of Labor's internet site for public disclosure.

Plan Administrator

Plan Sporsor

Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Short Form Annual Return/Report of Small Employee Benefit Plan

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

OMB Nos. 1210-0110 1210-0089

2012

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Pa	art	I Annual Report	Identification Information			· · · · · · · · · · · · · · · · · ·		
For	cale	endar plan year 2012 or fis	cal plan year beginning	01/01/2013	and ending	05/	31/2013	
Α -	This	return/report is for:	x a single-employer plan	a multiple-employer	plan (not multiemployer)		a one-partici	pant plan
В	This	return/report is:	the first return/report	the final return/repor	t			
					urn/report (less than 12 n	nonths)		
C	Che	ck box if filing under:	Form 5558	automatic extension		П	DFVC progra	am
			special extension (enter description	on)				
Pa	ırt	II Basic Plan Info	ermation enter all requested info	rmation			:	
1a	Na	ime of plan					ree-digit	
	As	tra Tool 401(k)/	Profit Sharing Plan				an number 'N) ▶	001
							fective date of	<u> </u>
22	חור					0:	1/01/2008	
Za	As	an sponsors name and ad tra Tool & Instru	ddress; include room or suite number (orment Manufacturing Corp.	employer, if for a sing	e-employer plan)	3	nployer Ident IN) 11-16	ification Number 57140
	36	9 Bradhurst Ave					oonsor's telep 914) 747-	ohone number 3863
US		wthorne	NY 10532-1141				usiness code 32700	(see instructions)
3a	Pla	n administrator's name a	nd address X Same as Plan Sponso	or Name Same as	Plan Sponsor Address	3b Ac	dministrator's	EIN
					•			
						3c Ac	dministrator's	telephone number

4	If th	ne name and/or EIN of the	e plan sponsor has changed since the hober from the last return/report.	last return/report filed	for this plan, enter the	4b EII	N	
		onsor's name	iber nom me last returnireport.			4c PN		
			at the beginning of the plan year			5a	N .	28
b	Tot	al number of participants	at the end of the plan year	*******************************	***************************************	5b		0
С	Nui con	mber of participants with a mplete this item)	account balances as of the end of the p	plan year (defined ben	efit plans do not	5c		0
ьа	We	ere all of the plan's assets	during the plan year invested in eligible	e assets? (See instruc	ctions.)			X Yes No
	unc	der 29 CFR 2520.104-46?	the annual examination and report of a (See instructions on waiver eligibility a	and conditions.)			S. Control	
	If y	ou answered "No" to eit	ther line 6a or line 6b, the plan canno	ot use Form 5500-SF	and must instead use	Form 550	00.	
Сац	ıtioı	n: A penalty for the late	or incomplete filing of this return/re	port will be assesse	d unless reasonable ca	use is es	tablished.	
SB ·	ier p or S	penalties of perjury and ot	her penalties set forth in the instruction nd signed by an enrolled actuary, as w	ns I declare that I hav	e examined this return/re	anort inclu	uding if appli	cable, a Schedule y knowledge and
SIC	3N	J. C. Communication	OSBONIAN CONTRACTOR CO		Greg Unmann			
	RE	Signature of plan adm	inistrator	Date	Enter name of individua	el signing	as plan admi	niatratar
SIC	3N				Greg Unmann	ai aigining	as pian aum	nistrator
	RE	Signature of employer	/plan sponsor	Date	Enter name of individua	al cianina	ss employer	
Prep	oare		ame, if applicable) and address; includ		per (optional)			or plan sponsor number (optional)
					(0)	, , , , , , , , , , , , , , , , , , , ,	s telephone	number (optional)
							la di	
		·						

Pa	rt III Financial Information							
7	Plan Assets and Liabilities	1.00	(a) Beginning of Yea	r			(b) End o	Year
а	Total plan assets	7a	54,2	05				0
<u>b</u>	Total plan liabilities	7b						0
C	Net plan assets (subtract line 7b from line 7a)	7c	54,2	05				0
	Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b) To	tal
а	Contributions received or receivable from: (1) Employers	8a(1)		0				
	(2) Participants	8a(2)	7,1				tra estado	
	(3) Others (including rollovers)	8a(3)	/ , ±		1000000			
b	Other income (loss)	8b	3,5	87				
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c	3,3					10 766
d	Benefits paid (including direct rollovers and insurance premiums	00			21 8185333	Sektiverilas		10,766
	to provide benefits)	8d	62,5	21				
е	Certain deemed and/or corrective distributions (see instructions)	8e	2,0:	34	3.5 A.C. 3.5 A.C. 3.5 A.C.			
<u>f</u>	Administrative service providers (salaries, fees, commissions)	8f	4:	16	2,70 c.u.			200 m
<u>g</u>	Other expenses	8g						
<u>h</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h						64,971
<u>i</u>	Net income (loss) (subtract line 8h from line 8c)	8i						(54,205)
<u>_</u> i	Transfers to (from) the plan (see instructions)	8j			100			
Pa	rt IV Plan Characteristics							
9a	If the plan provides pension benefits, enter the applicable pension fe	ature cod	es from the List of Plan Charac	teristi	c Code	es in th	ne instructio	ons:
	2F 2G 2J 3D							
b	If the plan provides welfare benefits, enter the applicable welfare fea	iture code:	s from the List of Plan Characte	eristic	Codes	s in the	instruction	s:
Pa	rt V Compliance Questions							
10	During the plan year:				Yes	No	Δ	mount
а		tions within	n the time period described in	40-		х		
b		? (Do not i	nclude transactions reported	10a 10b		х		
				10c		x		
d		fidelity bor	nd, that was caused by fraud	10d		x		
е	Were any fees or commissions paid to any brokers, agents, or oth insurance service or other organization that provides some or all o	er persons f the bene	s by an insurance carrier, fits under the plan? (See					
f	instructions.)			10e		Х	l .	
	Has the plan failed to provide any benefit when due under the plan			10f		х		
<u>g</u>	Did the plan have any participant loans? (If "Yes," enter amount as			10g		х		
h	If this is an individual account plan, was there a blackout period? (2520.101-3.)	***************************************	***************************************	10h		x		
i	If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.101	e required	notice or one of the	10i				
Pai	t VI Pension Funding Compliance							
11	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)	ents? (If "	Yes," see instructions and com	plete	Sched	ule SE	(Form	Yes X No
118	Enter the amount from Schedule SB line 39					11a		
12	Is this a defined contribution plan subject to the minimum funding					1	RISA?	Yes X No
-	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,							
а	If a waiver of the minimum funding standard for a prior year is bein granting the waiver	g amortize	ed in this plan year, see instruc	tions,	and e	nter th Day	e date of th	e letter ruling Year
<u>If</u>	you completed line 12a, complete lines 3, 9, and 10 of Schedule							
b	Enter the minimum required contribution for this plan year					12b		
							l.	

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Form 5500-SF 2012 Page 3	3-	depending space of the state of		
C 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 s negative amount)	ign to the left of a			
e 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 Ye	es 🗌 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 pla of the PBGC?	n, or brought under the	control	X Yes	□ No
C If during this plan year, any assets or liabilities were transferred from this plan to another plan which assets or liabilities were transferred. (See instructions.)	n(s), identify the plan(s)	to		
13c(1) Name of plan(s):	13	c(2) EIN(s) 13c(3) PN(s)
Part VIII Trust Information (optional)				
14a Name of trust		14h Tr	ust's EIN	
		1		***************************************
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