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).

OMB Nos. 1210-0110 1210-0089

2012

This Form is Open to Public Inspection

Pension Be	enefit Guaranty Corporation	▶ Complete all entries in a	ccordance with the inst	uctions to the Form 550	0-SF.		P
Part I	Annual Report	Identification Information	1				
For calend	ar plan year 2012 or fis	scal plan year beginning 07/01	/2012	and ending 0	6/30/2	.013	
	turn/report is for:	a single-employer plan	=	plan (not multiemployer)		a one-particip	oant plan
B This ref	turn/report is:	the first return/report	the final return/repo	rt			
		an amended return/report	a short plan year ret	urn/report (less than 12 mo	onths)		
C Check	box if filing under:	Form 5558	automatic extension	1		DFVC progra	ım
		special extension (enter desc	cription)				
Part II	Basic Plan Info	rmation—enter all requested in	formation				
1a Name	1				1b	Three-digit	
		OVERING, INC. PROFIT SHARING	G PLAN AND TRUST			plan number	
						(PN) ▶	001
					1c	Effective date of	
						03/01/	/1983
	ponsor's name and ad- -COX FLOOR COVER	dress; include room or suite numb	per (employer, if for a sing	le-employer plan)		Employer Identif	
OAIVII BEEE	OOX 1 LOOK OOVEN	KIIVO, IIVO.				(=114)	01872
					2c	Sponsor's telep	
1002 SOUT	H 30TH STREET				0-1		
1710011111, 1	77 00 100				Zū	Business code ((see instructions)
3a Dian a	dminiatratar'a nama ar	ad address Deams as Dian Cran	aar Nama Cama aa D	lan Changar Address	2h		_
		nd address Same as Plan Spon		an Sponsor Address	30	Administrator's I 91-12	201872
AMPBELL-C	COX FLOOR COVERIN		JTH 30TH STREET , WA 98409		3с	Administrator's 1	telephone number
						253-272	
		e plan sponsor has changed since	the last return/report filed	I for this plan, enter the	4b	EIN	
	•	mber from the last return/report.			4		
	or's name				4c	PN	
_		at the beginning of the plan year.			5a		2
b Total	number of participants	at the end of the plan year			5b		0
		account balances as of the end of	. , ,	•	5c		0
		s during the plan year invested in					X Yes No
	•	f the annual examination and repo	•	•			M 100 110
		? (See instructions on waiver eligi					X Yes No
If you	ı answered "No" to ei	ither line 6a or line 6b, the plan	cannot use Form 5500-S	F and must instead use	Form	5500.	
Caution: A	A penalty for the late	or incomplete filing of this retur	n/report will be assesse	d unless reasonable cau	se is e	established.	
Under pena	alties of perjury and otl	her penalties set forth in the instru	ctions, I declare that I have	re examined this return/rep	ort, in	cluding, if applic	able, a Schedule
		nd signed by an enrolled actuary,	as well as the electronic v	ersion of this return/report	, and t	o the best of my	knowledge and
Deller, it is	true, correct, and comp	piete.					
SIGN	Filed with authorized/	valid electronic signature.	11/18/2013	VANESSA HURLEY			
HERE	Signature of plan a	dministrator	Date	Enter name of individu	ıal sin	ning as plan adr	ninistrator
OLONI	orginataro or piarra		Bato	Enter hame or marria	aai oigi	ing ao pian aan	innotrator
SIGN HERE			_				
	Signature of emplo	yer/plan sponsor name, if applicable) and address; i	Date	Enter name of individu			
riepaieis	name (including ilim n	iame, ii applicable) and address; I	notade room of suite num	υσι (υμιιυπαι)	riep	arer a rerebutione	number (optional)

Form 5500-SF 2012 Page **2**

D-	d III. Electrical Information										
Pa -	rt III Financial Information				1						
7	Plan Assets and Liabilities		(a) Beginning of Yea	ar	_		(b) Er	d of \	'ear		
<u>a</u>	Total plan assets									0	
	Total plan liabilities									0	
<u> </u>	Net plan assets (subtract line 7b from line 7a)	7c	9321	3			0				
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount			(b) Total					
а	Contributions received or receivable from:			•							
	(1) Employers	8a(1)		0							
	(2) Participants	8a(2)		0							
	(3) Others (including rollovers)	3) Others (including rollovers)									
<u>b</u>	Other income (loss)	8b	514	3							
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							514	3	
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	9782	22							
е	Certain deemed and/or corrective distributions (see instructions)	8e		0							
f	Administrative service providers (salaries, fees, commissions)	8f	53	34							
g	Other expenses	8g		0							
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							9835	6	
ī	Net income (loss) (subtract line 8h from line 8c)	8i							-9321	3	
j	Transfers to (from) the plan (see instructions)	8j									
Pa	rt IV Plan Characteristics	<u> </u>									
9a	If the plan provides pension benefits, enter the applicable pension	feature co	des from the List of Plan Char	acteris	stic Co	des in	the inst	uction	s:		-
b	2E 3D If the plan provides welfare benefits, enter the applicable welfare fe	eature cod	es from the List of Plan Chara	cterist	ic Coc	les in t	he instru	ctions	:		
Par	t V Compliance Questions										
10	During the plan year:				Yes	No		An	ount		
а				10a		X					
b	Were there any nonexempt transactions with any party-in-interest on line 10a.)	? (Do not	include transactions reported	10b		X					
					Χ						
				10c						15	5000
	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.)			10e		X					
f	, , , , , , , , , , , , , , , , , , ,					Χ					
				10f		V					
9			<u> </u>	10g		X					
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	ne required	d notice or one of the	1011							
.	exceptions to providing the notice applied under 29 CFR 2520.10	1-3		10i							
Par					<u> </u>		· /F	1			
11	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)	,		•			•	[Yes		No
_11a	Enter the amount from Schedule SB line 39					11a		- 1		_	
12	Is this a defined contribution plan subject to the minimum funding	requireme	ents of section 412 of the Code	or se	ction	302 of	ERISA?		Yes	X	No
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,	, as applic	able.)								
a	If a waiver of the minimum funding standard for a prior year is beir granting the waiver.	-			and e	enter th Day	e date d	of the I _ Ye		ling	
If	you completed line 12a, complete lines 3, 9, and 10 of Schedule	e MB (For	m 5500), and skip to line 13.								
	Enter the minimum required contribution for this plan year					12b					

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С	Enter the amount contributed by the employer to the plan for this plan year	12c			
d	Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a negative amount)	12d			
е	Will the minimum funding amount reported on line 12d be met by the funding deadline?		Yes	No	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	res No		
	If "Yes," enter the amount of any plan assets that reverted to the employer this year	13a			
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the of the PBGC?	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(s which assets or liabilities were transferred. (See instructions.)) to		_	
1:	3c(1) Name of plan(s):	13c(2) E	IN(s)	13c(3)	PN(s)
Part	VIII Trust Information (optional)				

14b Trust's EIN

14a Name of trust

Filing Authorization for the Final 2012 Form 5500-SF

Name of Plan: The Campbell-Cox Floor Covering, Inc. Profit Sharing Plan and Trust

EIN / PN: 91-1201872/001

Plan Year Ending: June 30, 2013

PART I Authorization of Practitioner to Electronically Sign and File

I hereby authorize Panagiotu Pension Advisors, Inc. (PPA) to electronically sign and file the above-named return/report through EFAST2.

I understand that in granting this authority that:

- I must manually sign and date page 1 of the Form 5500-SF and provide an original or scanned copy of that signature page to PPA before the electronic filing can be initiated;
- PPA will retain a copy of this written authorization in its records;
- PPA will notify the individual(s) signing below as plan administrator/employer about any inquiries and information it receives from EFAST2, DOL, IRS, or PBGC regarding this annual return/report; and
- A copy of my signature, as it appears on page 1 of the Form 5500-SF, will be included with the return/report posted by the Department of Labor on the Internet for public disclosure.
- PPA shall not be deemed an administrator or other fiduciary with respect to any Plan solely on account of the services performed under this authorization.

This authorization is applicable only to the filing for the above-named Plan and applies only for Plan year end stated above.

Employer/Plan Sponsor:

Vanessa Hurley

Data

PART II Acknowledgement of Receipt of Authorization

On behalf of PPA, I hereby certify that the firm will use the authority granted only for the express purposes described above; that the firm will not disclose confidential information to any parties other than the DOL, as required for EFAST filing; and that the firm will take reasonable steps to assure that confidential information provided by the Plan Administrator or Plan Sponsor is protected from unauthorized disclosure.

For PPA:

they went

Date:

11/7/2013

Jennifer Virant, Retirement Plan Administrator

The designated service provider must retain this authorization.

Do not submit this form to the DOL unless requested to do so.

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).

▶ 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

Part I	Annual Report Identification Information							
For calenda		01/2012	and ending	06/30/2013				
A This ret	urn/report is for: X a single-employer plan	multiple-employer pl	an (not multiemployer)	a one-participant plan				
B This ret	urn/report is:	e final return/report						
	an amended return/report as	short plan year return	/report (less than 12 mo	onths)				
C Check b	pox if filing under: Form 5558 au	☐ DFVC program						
special extension (enter description)								
Part II	Basic Plan Information—enter all requested information	on .						
1a Name		"		1b Three-digit				
	MPBELL-COX FLOOR COVERING, INC. PROFIT	SHARING PLA	AND TRUST	plan number				
				(PN) 001				
				1c Effective date of plan 03/01/1983				
2a Plan sr	ponsor's name and address; include room or suite number (emp	lover, if for a single-	emplover plan)	2b Employer Identification Number				
	ll-Cox Floor Covering, Inc.	noyon, marararangio	omproyer plany	(EIN) 91-1201872				
				2c Sponsor's telephone number				
1002 Sc	outh 30th Street			253-272-4799				
				2d Business code (see instructions)				
Tacoma	WA 98409			442210				
	dministrator's name and address Same as Plan Sponsor Nan	ne Same as Plan	Sponsor Address	3b Administrator's EIN 91-1201872				
CAMPBEI	LL-COX FLOOR COVERING, INC.			3c Administrator's telephone number				
1000 00	NIMIT 20MIT CMD BBM			253-272-4799				
1002 50	DUTH 30TH STREET							
TACOMA	WA 98409							
		h water was from a set file of fa	andhia mlam amban tha	45				
	name and/or EIN of the plan sponsor has changed since the last EIN, and the plan number from the last return/report.	return/report filed to	or this plan, enter the	4b EIN				
a Spons				4c PN				
5a Total r	number of participants at the beginning of the plan year			5a 2				
b Total r	number of participants at the end of the plan year			5b 0				
	er of participants with account balances as of the end of the pla			_				
	ete this item)			5c 0				
	all of the plan's assets during the plan year invested in eligible							
	ou claiming a waiver of the annual examination and report of an 29 CFR 2520.104-46? (See instructions on waiver eligibility an							
	answered "No" to either line 6a or line 6b, the plan cannot	500		destruction to the second seco				
Caution: A	penalty for the late or incomplete filing of this return/repo	rt will be assessed	unless reasonable cau	ise is established.				
Under pena	alties of perjury and other penalties set forth in the instructions,	declare that I have	examined this return/rep	port, including, if applicable, a Schedule				
	edule MB completed and signed by an enrolled actuary, as well true, correct, and complete.	as the electronic ver	sion of this return/report	, and to the best of my knowledge and				
Deller, It is t	ride, correct, and complete							
SIGN	VIXI	11/12/13	VANESSA HURLE	Y				
HERE	Signature of plan administrator	Date	Enter name of individ	ual signing as plan administrator				
SIGN								
HERE	Signature of employer/plan sponsor	Date	Enter name of individ	ual signing as employer or plan sponsor				
Preparer's	name (including firm name, if applicable) and address; include	room or suite numbe		Preparer's telephone number (optional)				
				THE STATE OF THE STATE OF				
1								

Pai	t III Financial Information							
7	Plan Assets and Liabilities		(a) Beginning of Yea	r			(b) End of Year	
а	Total plan assets	7a		9363	3		5fi.	0
	Total plan liabilities	7b		42	0			0
С	Net plan assets (subtract line 7b from line 7a)	7c	9	9321	3			0
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b) Total	
а	Contributions received or receivable from:				0		A LESYMEN'S	100
	(1) Employers	8a(1)			0			3.70(1.3)
	(2) Participants	8a(2)			0			-
	(3) Others (including rollovers)	8a(3)		F 1 4	0			
	Other income (loss)	8b		514	3	11/2		
_	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c		12.3	-			5143
a	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	9	9782	2			
е	Certain deemed and/or corrective distributions (see instructions)	8e			0			
f	Administrative service providers (salaries, fees, commissions)	8f		53	4			
g	Other expenses	8g			0			-X
	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h						98356
Ť	Net income (loss) (subtract line 8h from line 8c)	8i						3213
Ť	Transfers to (from) the plan (see instructions)	81					e E la j	
Par	t IV Plan Characteristics	1 0 1			/200			
9a	If the plan provides pension benefits, enter the applicable pension	feature code	es from the List of Plan Char	acteris	tic Co	des in th	e instructions:	
- Ou	2E 3D	Toutare code	o from the List of Flam offan	2010110		4 00 III III	e motradions.	
b	If the plan provides welfare benefits, enter the applicable welfare for	eature codes	from the List of Plan Chara	cteristi	c Cod	es in the	instructions:	
Par	t V Compliance Questions							
10					$\overline{}$			
	During the plan year:				Yes	No	Amount	
a				10a	Yes	No X	Amount	
	Was there a failure to transmit to the plan any participant contribution 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fide	uciary Correct? (Do not inc	ction Program)clude transactions reported	10a	Yes		Amount	
a	Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fide Were there any nonexempt transactions with any party-in-interest on line 10a.)	t? (Do not inc	ction Program)		Yes	х		15000
a	Was there a failure to transmit to the plan any participant contribution 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fide Were there any nonexempt transactions with any party-in-interest on line 10a.)	t? (Do not inc	ction Program)clude transactions reported	10b 10c		х		15000
b	Was there a failure to transmit to the plan any participant contribution 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fide 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?	uciary Correct? (Do not inc	ction Program)clude transactions reported	10b		х		15000
b c	Was there a failure to transmit to the plan any participant contribution 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fide 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?	fidelity bond	ction Program)	10b 10c		х		15000
b c	Was there a failure to transmit to the plan any participant contribution 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fide 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	fidelity bond	ction Program)	10b 10c 10d		x x		15000
a b c c d	Was there a failure to transmit to the plan any participant contribution 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiditive 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 instructions.) Has the plan failed to provide any benefit when due under the plantary of the plan	fidelity bond ther persons of the benefi	ction Program)	10b 10c 10d 10e 10f		x x x x x		15000
b c d	Was there a failure to transmit to the plan any participant contribution 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fide 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 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 at lift this is an individual account plan, was there a blackout period?	fidelity bond her persons lof the benefican?	ction Program)	10b 10c 10d 10e 10f 10g		x x x		15000
a b c c d d	Was there a failure to transmit to the plan any participant contribution 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fide 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 instructions.) Has the plan failed to provide any benefit when due under the plan bid the plan have any participant loans? (If "Yes," enter amount at If this is an individual account plan, was there a blackout period? 2520.101-3.) If 10h was answered "Yes," check the box if you either provided to	fidelity bond her persons lof the benefican? se of year end (See instruction	ction Program)	10b 10c 10d 10e 10f 10g 10h		x x x x x x		15000
a b c d d e e e e e e e e e e e e e e e e e	Was there a failure to transmit to the plan any participant contribution 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiditive 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 instructions.) Has the plan failed to provide any benefit when due under the plate Did the plan have any participant loans? (If "Yes," enter amount at If this is an individual account plan, was there a blackout period? 2520.101-3.) If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10	fidelity bond her persons lof the benefican? se of year end (See instruction	ction Program)	10b 10c 10d 10e 10f 10g		x x x x x x		15000
a b c c d d d e e e e e e e e e e e e e e e	Was there a failure to transmit to the plan any participant contribution 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiditive 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 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 at If this is an individual account plan, was there a blackout period? 2520.101-3.) If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.101. VI Pension Funding Compliance	fidelity bond fidelity bond finer persons of the benefiners fines of year end (See instructions) finer persons of the benefiners finer persons for the benefiners fin	d, that was caused by fraud by an insurance carrier, ts under the plan? (See	10b 10c 10d 10e 10f 10g 10h	X	x x x x x x x		15000
a b c c d d e e e e e e e e e e e e e e e e	Was there a failure to transmit to the plan any participant contribution 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiditive 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 instructions.) Has the plan failed to provide any benefit when due under the plate Did the plan have any participant loans? (If "Yes," enter amount at If this is an individual account plan, was there a blackout period? 2520.101-3.) If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10	fidelity bond ther persons lof the benefinn? as of year end (See instructions) the required in 1-3	ction Program)	10b 10c 10d 10e 10f 10g 10h 10i	X	X X X X X X X A A A A A A A A A A A A A	Form	15000
f Part	Was there a failure to transmit to the plan any participant contribution 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiditive 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 instructions.) Has the plan failed to provide any benefit when due under the plate Did the plan have any participant loans? (If "Yes," enter amount at If this is an individual account plan, was there a blackout period? 2520.101-3.) If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10 Pension Funding Compliance Is this a defined benefit plan subject to minimum funding requirem	fidelity bond her persons lof the benefing. (See instruction in the required i	ction Program)	10b 10c 10d 10e 10f 10g 10h	X	X X X X X X X A A A A A A A A A A A A A	Form Yes	□ No
f Part	Was there a failure to transmit to the plan any participant contribution 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fide 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 ottinsurance service or other organization that provides some or all instructions.) Has the plan failed to provide any benefit when due under the plat Did the plan have any participant loans? (If "Yes," enter amount at If this is an individual account plan, was there a blackout period? 2520.101-3.) If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.101. VI Pension Funding Compliance Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)	fidelity bond fi	clion Program)	10b 10c 10d 10e 10f 10g 10h 10i	X	X X X X X X Authorized the second sec	Form Yes	
a b c c c c c c c c c	Was there a failure to transmit to the plan any participant contribut 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiditive 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 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 at If this is an individual account plan, was there a blackout period? 2520.101-3.) If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10 (VI Pension Funding Compliance Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below) Enter the amount from Schedule SB line 39. Is this a defined contribution plan subject to the minimum funding (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below.	fidelity bond her persons lof the benefinn? as of year end (See instruction he required in 1-3	ction Program)	10b 10c 10d 10e 10f 10g 10h 10i	Schee	X	Form Yes	□ No X No
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С	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 negative amount)		12d			
е	Will the minimum funding amount reported on line 12d be met by the funding	g 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	res N	0	
	If "Yes," enter the amount of any plan assets that reverted to the employer t	his year	13a			0
b	Were all the plan assets distributed to participants or beneficiaries, transferr of the PBGC?		control		X Yes	☐ No
С	If during this plan year, any assets or liabilities were transferred from this plant which assets or liabilities were transferred. (See instructions.)	an to another plan(s), identify the plan(s	s) to			
	13c(1) Name of plan(s):		13c(2) E	IN(s)	13c(3)	PN(s)
_						
	t VIII Trust Information (optional)					
14a	Name of trust		14b ⊤	rust's EIN		