	Form 5500-SF Short Form Annual Return/Report of Small Emplo					yee		OMB Nos. 1210-0110 1210-0089
	Internal Revenue Service This form is required to be filed under sections 104 and 4065 of the Employ					е	2	2012
Department of Labor Retirement Income Security Act of 1974 (ERISA), and sections 6057(b) and 60 Employee Benefits Security Administration the Internal Revenue Code (the Code).					tions 6057(b) and 6058		This Form i	s Open to Public
P	Pension Benefit Guaranty Corporation Complete all entries in accordance with the instructions to the Form 5						Ins	spection
	art I		entification Information					
		ar plan year 2012 or fisca	7 · · · · · ·		<u> </u>	9/30/2		
		urn/report is for:			an (not multiemployer)		a one-particip	oant plan
B -	This ret	urn/report is:		ne final return/report				
-					/report (less than 12 mo	onths)	-	
C	Check k	oox if filing under:		utomatic extension			DFVC progra	im
D			special extension (enter description)					
	Int II		nation—enter all requested information	on		1h	Three-digit	
	Name	-	1(K) PROFIT SHARING PLAN				plan number	
		,					(PN) 🕨	001
						1c	Effective date o	•
2a	Plan sr	onsor's name and addr	ess; include room or suite number (emp	plover if for a single-	amplover plan)	2b	10/01 Employer Identi	
		OY TRUCKING, INC.		sloyer, il for a single c		20		56020
1932	4 67TH	AVENUE N.E.				2c	Sponsor's telep 360-474	
		I, WA 98223				2d	Business code (48411	
3a	Plan ad	dministrator's name and	address XSame as Plan Sponsor Nar	me Same as Plan	Sponsor Address	3b	Administrator's	EIN
						20		telephone number
	name,	EIN, and the plan numb	lan sponsor has changed since the las er from the last return/report.	t return/report filed fo	r this plan, enter the		EIN	
	· ·	or's name	the beginning of the plan year			4с 5а	PN	22
-			the end of the plan year			5a 5b		16
			count balances as of the end of the pla			50		10
				•	•	5c		7
			uring the plan year invested in eligible					X Yes No
b			e annual examination and report of an See instructions on waiver eligibility an					X Yes No
			er line 6a or line 6b, the plan cannot					
Cau	ition: A	penalty for the late or	incomplete filing of this return/repo	rt will be assessed ι	Inless reasonable cau	se is	established.	
SB	or Śche		r penalties set forth in the instructions, signed by an enrolled actuary, as well te.					
SIG	N	Filed with authorized/va	lid electronic signature.	01/06/2014	JOHN H. KOOY			
HEF	RE	Signature of plan adn	ninistrator	Date	Enter name of individu	ual sig	gning as plan adr	ninistrator
SIG		Filed with authorized/va	lid electronic signature.	01/06/2014	JOHN H. KOOY			
HEF		Signature of employe		Date	Enter name of individu			
Pre	parer's	name (including firm nan	ne, if applicable) and address; include i	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

b Total plan labilities	Part III Financial Information						
b Total plan labelities	7 Plan Assets and Liabilities		(a) Beginning of Yea	ır			(b) End of Year
C Net plan assets (subtract line 7b from line 7a)	a Total plan assets	7a	21019	2			174898
8 Income, Expenses, and Transfers for this Plan Year (a) Amount (b) Total a Contributions received or receivable form: 8a(1) (c) Participants. 8a(2) (d) Participants. 8a(2) 10725 (c) Participants. 8a(3) (e) Other income (cass) 8a(3) 8b 23209 (c) Other income (cass) 8a(3) (e) Other income (cas) 8a(3) 6c (c) Other income (cass) (c) Other income (cass) 6d (c) Cass (f) Administrative sorvice providers (salance, premiums or provide benefits) 6d (c) Cass (c) Cass<	b Total plan liabilities	7b					
a Control builties received or receivable from: ar(1) ar(1) Control (1) Employers: Ba(2) 10725 (3) Others (including rolewers). Ba(2) 10725 (3) Others (including rolewers). Ba(2) 10725 (3) Others (including rolewers). Ba(2) 10725 (4) Others (including rolewers). Ba(2) 10725 (5) Other (including rolewers). Ba(2) 10725 (5) Other (including rolewers). Ba(2) 3093 (6) Other (including rolewers). Ba(2) 3093 (7) Compliance (loss). Ba(2) 60 60228 (7) Compliance (loss). Ba(3) 60 60228 (7) Transfers to (from) the plan (see instructions). Ba(3) 60223 60223 (7) Transfers to (from) the plan (see instructions). Ba(3) 60223 60223 60223 (7) Transfers to (from) the plan (see instructions). Ba(3) 60223 60223 60223 60223 60223 60223 60223 60223 <	C Net plan assets (subtract line 7b from line 7a)	7c	21019	2			174898
(1) Employers 8x(1) (2) Participants 8x(2) (3) Other income (loss) 8x(3) (b) Dubre income (loss) 8x(3) (c) Train income (loss) 8x(3) <td>8 Income, Expenses, and Transfers for this Plan Year</td> <td></td> <td>(a) Amount</td> <td></td> <td></td> <td></td> <td>(b) Total</td>	8 Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b) Total
(2) Participants Ba(2) 10725 (3) Others (including rollovers) Ba(3) (2) Farticipants Ba(3) (2) Farticipants Ba(3) (2) Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) 8c 3393 (3) Benefits pad (including direct rollovers and insurance prentums 8d 69228 (2) Carbin deemed and/or corrective distributions (see instructions) 8e 69228 (3) Other expenses 6d (including direct rollovers and insurance prentums 8d 69228 (3) Carbin deemed and/or corrective distributions (see instructions) 8e 6022 (3) Tanafars to (inclus) (subtract in Ba from line 8C) 8i 6022 (4) Transfers to (inclus) (subtract in Ba from line 8C) 8i 6022 (5) Tanafars to (inclus) (subtract in Ba from line 8C) 8i 6022 (5) Tanafars to (inclus) (subtract in Ba from line 8C) 8i -3052 (3) The plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 30 2E 2J 2K (5) Uter the plan yaar: 10 10a X (5) Uter torins into the plan any participant contributions within the time peried described in 10a X							
(a) Other income (loss) Ba(b) 23209 b Other income (loss) Ba(c)(), 84(2),			4070				
b Other income (loss) 8b 23209 c Total income (loss) 6c 3303 d Benefits paid (including direct rollovers and insurance premiums and provide benefits) 6c 3303 d Deriver pareneses 6c 3303 e Certain deemed and/or corrective distributions (see instructions) 8e 6c 3303 g Other expenses 6g 6c 3303 g Other expenses 6g 6c 3303 g Total expenses 6g 3303 360 g There is pain provides parsion barnefits, enter the applicable pansion feature codes from the List of Plan Characteristic Codes in the instructions: 30 22 2L 2J 2J 2X g If the plan provides parsion barnefits, enter the applicable vertice codes from the List of Plan Characteristic Codes in the instructions: 30 22 2L 2J 2J 2X g If the plan provides parsion barnefits, enter the applicable vertice codes from the List of Plan Characteristic Codes in the instructions: 30 24 2J 2J 2X g If the plan provides parsion barnefits, enter the applicable vertice codes from the List of Plan Characteristic Codes in the instructions: 30 24 2J 2J			1072	.5	_		
c Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)					_		
d Benefits paid (including direct rollovers and insurance premiums to provide benefits)			2320	9	_		
to provide benefits). 8d 60228 e Certain deamed and/or corractive distributions (see instructions). 8e 6 f Administrative service providers (statiaties, fees, commission). 8f 6 g Other expenses. 8g 6 g Other expenses (add lines 8d, 8e, 8f, and 8g). 8h 60223 j Transfers to (from) the plan (see instructions). 8j	-				_		33934
f Administrative service providers (salaries, fees, commission) 8f g Other expenses 8g h Total expenses (add lines 8d, 8e, 8f, and 8g) 8h h Total expenses (add lines 8d, 8e, 8f, and 8g) 8h n Termsfers to (from) the plan (see instructions) 8i -3622 j Transfers to (from) the plan (see instructions) 8j -3622 g If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 30 2E 2 × 2 × b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions: 90 During the plan year: Yes No a Was there any nonexempt transactions with any participant contributions within the time period described in 10a X 2 2 GFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program) 10a X 2 c Was there any nonexempt transactions with any participant contributions within the second on iner 10a X 2 2 c Was there any nonexempt transactions with any parti-initerest? (Do not include transactions reported on o			6922	8			
g Other expenses 8g 692 h Total expenses (add lines 8d, 8e, 8t, and 8g). 8h 6922 i Net income (loss) (subtract line 8h from line 8c). 8i	e Certain deemed and/or corrective distributions (see instructions	s) 8e					
h Total expenses (add lines 8d, 8e, 8f, and 8g)	f Administrative service providers (salaries, fees, commissions).	8f					
h Total expenses (add lines 8d, 8e, 8f, and 8g)							
i Net income (loss) (subtract line 8h from line 8c)	h Total expenses (add lines 8d, 8e, 8f, and 8g)						69228
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: 3D 2E 2J 2K 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 28 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program) 10a X Image: Control of Control o							-35294
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: 3D 2E 2J 2K 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 20 CFR 2510.3-102? (See instructions and DOL's Voluntary Fduciary Correction Program) 10a ×	j Transfers to (from) the plan (see instructions)	8i					
9a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 3D 2E 2J 2K bit 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 a Was there a failure to transmit to the plan any participant contributions within the time period described in 20 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program) 10a X a Was there a failure to transmit to the plan any party-in-interest? (Do not include transactions reported on line 10a.) 10b X C Was there a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? 10c X d 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 and 290 CFR 2510.3-10.2) 10d X g Did the plan have any participant loans? (If "Yes," enter amount as of year end.) 10g X g Did the plan have any participant loans? (If "Yes," enter amount as of year end.) 10g X	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 X b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.) 10b X 10b X 10b X 10c X	3D 2E 2J 2K						
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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 10d X 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 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.) 10d X					Yes	No	Amount
on line 10a.)	29 CFR 2510.3-102? (See instructions and DOL's Voluntary	Fiduciary Correct	ion Program)	10a	Х		10425
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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 Image: complete in the plan have any participant loans? (If "Yes," enter amount as of year end.) 10g X Image: complete in the plan have any participant loans? (If "Yes," enter amount as of year end.) 10g X Image: complete in the plan have any participant loans? (If "Yes," enter amount as of year end.) 10g X Image: complete in the plan have any participant loans? (If "Yes," enter amount as of year end.) 10g X Image: complete in the plan have any participant loans? (If "Yes," enter amount as of year end.) 10g X Image: complete in the plan have any participant loans? (If "Yes," enter amount as of year end.) 10g X Image: complete in the plan have any participant loans? (If "Yes," enter amount as of year end.) 10g X Image: complete in the plan have any participant loans? (If "Yes," enter amount as of year end.) 10g X Image: complete in the plan have any participant loans? (If "Yes," complete in the plan have any participant loans? (If "Yes," complete in the plan the plan complete in the plan have any participant loans? (If "Yes," see instructions and complete Schedule SB (Form 5500) and line 11a below) <td< td=""><td>C Was the plan covered by a fidelity bond?</td><td></td><td></td><td>10c</td><td>X</td><td></td><td>50000</td></td<>	C Was the plan covered by a fidelity bond?			10c	X		50000
insurance service or other organization that provides some or all of the benefits under the plan? (See instructions.)				10d		х	
g Did the plan have any participant loans? (If "Yes," enter amount as of year end.)	insurance service or other organization that provides some or	all of the benefits	s under the plan? (See	10e		x	
h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 10h X 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 Part VI Pension Funding Compliance 10i Yes 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). Yes 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 ERISA? Yes (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 rugranting 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. 11i	f Has the plan failed to provide any benefit when due under the	e plan?		10f		X	
h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 10h X 2520.101-3.) 10h 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 Part VI Pension Funding Compliance 10i 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). Yes 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 ERISA? Yes (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 rugranting 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. If a value of the minimum funding the standard for a prior year is being amortized in this plan year, see instructions, and enter the date of the letter rugranting the waiver.	g Did the plan have any participant loans? (If "Yes," enter amou	int as of year end	.)	10a		X	
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	$f{h}$ If this is an individual account plan, was there a blackout period	od? (See instruction	ons and 29 CFR			x	
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11a Enter the amount from Schedule SB line 39	i If 10h was answered "Yes," check the box if you either provid exceptions to providing the notice applied under 29 CFR 2520	•		10i			
(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.) 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 rugranting the waiver	 If 10h was answered "Yes," check the box if you either provid exceptions to providing the notice applied under 29 CFR 2520 Part VI Pension Funding Compliance Is this a defined benefit plan subject to minimum funding requ 	0.101-3	s," see instructions and com	plete			
(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.) 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 rugranting the waiver	 If 10h was answered "Yes," check the box if you either provid exceptions to providing the notice applied under 29 CFR 2520 Part VI Pension Funding Compliance Is this a defined benefit plan subject to minimum funding requ 5500) and line 11a below) 	0.101-3	s," see instructions and com	plete	<u>.</u>		
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	 i If 10h was answered "Yes," check the box if you either provid exceptions to providing the notice applied under 29 CFR 2520 Part VI Pension Funding Compliance 11 Is this a defined benefit plan subject to minimum funding requ 5500) and line 11a below)	0.101-3 irements? (If "Yes ding requirements	s," see instructions and com	plete		11a	Yes No
b Enter the minimum required contribution for this plan year	 If 10h was answered "Yes," check the box if you either provid exceptions to providing the notice applied under 29 CFR 2520 Part VI Pension Funding Compliance 11 Is this a defined benefit plan subject to minimum funding requision 5500) and line 11a below)	0.101-3 irements? (If "Yes ding requirements slow, as applicable being amortized	s," see instructions and com s of section 412 of the Code e.) in this plan year, see instruct	oplete or se	ction :	11a 302 of E	Yes No RISA? Yes No e date of the letter ruling Yes Yes
	 i If 10h was answered "Yes," check the box if you either provid exceptions to providing the notice applied under 29 CFR 2520 Part VI Pension Funding Compliance 11 Is this a defined benefit plan subject to minimum funding requision states and line 11a below)	0.101-3 irements? (If "Yes ding requirements elow, as applicable being amortized	s," see instructions and com s of section 412 of the Code e.) in this plan year, see instruct	oplete or se	ction :	11a 302 of E	Yes No RISA? Yes No e date of the letter ruling Yes Yes

С	Enter	the amount contributed by the employer to the plan for this plan year	12c		
d		act the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a tive amount)	12d		
е		he minimum funding amount reported on line 12d be met by the funding deadline?		Yes	No N/A
Part	VII	Plan Terminations and Transfers of Assets			
13a	Has a	a resolution to terminate the plan been adopted in any plan year?	, ,	Yes X No	
	lf "Ye	es," enter the amount of any plan assets that reverted to the employer this year	13a		
b		all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the pBGC?	control		Yes X No
С		ing this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) n assets or liabilities were transferred. (See instructions.)	to	_	
1	3c(1)	Name of plan(s): 1	3c(2) E	IN(s)	13c(3) PN(s)
Part	VIII	Trust Information (optional)			

14a Name of trust	14b Trust's EIN

				·		
Form 5500-SF Department of the Treasury Internal Revenue Service		Benefit Plan				OMB Nos. 1210-0 1210-0
Department of Labor	This form is required to be file Retirement Income Security Act of	ed under sections 10	4 and 4065 of the Employ	ee	2	012
mployee Benefits Security Administration	the Interr	nal Revenue Code (tl	he Code).	8(a) of	This Form i	s Open to Public
Pension Benefit Guaranty Corporation	Complete all entries in accor	dance with the inst	ructions to the Form 55(00-SF.	Ins	spection
Part I Annual Report I	dentification Information					
r calendar plan year 2012 or fisc		10/01/2012	and ending	09	/30/2013	
This return/report is for: This return/report is:	x a single-employer plan		r plan (not multiemployer)] a one-particip	ant plan
This return/report is:	the first return/report	the final return/repo				
	an amended return/report		turn/report (less than 12 n	nonths)		
Check box if filing under:	Form 5558	automatic extensior	า		DFVC program	n
	special extension (enter descriptio	,			-	
Art II Basic Plan Infor Name of plan	mation enter all requested infor	mation				····
					hree-digit	
JOHN H. KOOY TRUCKIN	NG, INC. 401(k) PROFIT SH	ARING PLAN			lan number PN) ►	001
				1c E	ffective date of	plan
Plan sponsor's name and addr	ress; include room or suite number (e	mplover if for a sing			0/01/1980	
JOHN H. KOOY TRUCKIN	IG, INC.	inployer, in for a sing	e-employer plan)		mployer Identifi EIN) 91-105	
					ponsor's telepho	
19324 67TH AVENUE N.	Е.			(360) 474-8	000
				2d B	usiness code (s	ee instructions)
ARTINGTION	WA 98223			4	84110	
	address X Same as Plan Sponsor		Dion Cranses A.L.	21.		
	address X Same as Plan Sponsor	Name Same as	Plan Sponsor Address	3b A	dministrator's El	IN
	address X Same as Plan Sponsor	Name 🔲 Same as	s Plan Sponsor Address			IN lephone number
Plan administrator's name and If the name and/or EIN of the p	address X Same as Plan Sponsor				dministrator's te	
Plan administrator's name and If the name and/or EIN of the p name, EIN, and the plan numbe	address X Same as Plan Sponsor			3c A	dministrator's te	
Plan administrator's name and If the name and/or EIN of the p name, EIN, and the plan numbe Sponsor's name Total number of participants at	address X Same as Plan Sponsor lan sponsor has changed since the la er from the last return/report. the beginning of the plan year	ist return/report filed	for this plan, enter the	3c A 4b E 4c Pt	dministrator's te	lephone number
Plan administrator's name and If the name and/or EIN of the p name, EIN, and the plan numbe Sponsor's name Total number of participants at Total number of participants at	address X Same as Plan Sponsor lan sponsor has changed since the la er from the last return/report. the beginning of the plan year the end of the plan year	ist return/report filed	for this plan, enter the	3c A	dministrator's te	lephone number
Plan administrator's name and If the name and/or EIN of the p name, EIN, and the plan numbe Sponsor's name Total number of participants at Total number of participants at Number of participants with acc	address X Same as Plan Sponsor lan sponsor has changed since the la er from the last return/report. the beginning of the plan year the end of the plan year	ist return/report filed	for this plan, enter the	3c A 4b E 4c Pr 5a 5b	dministrator's te	lephone number 22 16
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Plan administrator's name and If the name and/or EIN of the p name, EIN, and the plan numbe Sponsor's name Total number of participants at Total number of participants at Number of participants with acc complete this item) Were all of the plan's assets du Are you claiming a waiver of the	address X Same as Plan Sponsor lan sponsor has changed since the la er from the last return/report. the beginning of the plan year the end of the plan year count balances as of the end of the plan ring the plan year invested in eligible e annual examination and report of an	an year (defined ben assets? (See instruct	for this plan, enter the efit plans do not	3c A 4b E 4c P 5a 5b 5c	dministrator's te	lephone number 22 16
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Page 2

	Plan Assets and Liabilities	The second	(a) Beginning of Yea	ar		(k) End	of Year	
a	Total plan assets	7a	210,1	92		······································		174,	000
b	Total plan liabilities	7b						<u>1/4</u> ,	090
	Net plan assets (subtract line 7b from line 7a)	7c	210,1	92				174,	0.00
3	Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b) T		698
	Contributions received or receivable from:						(10) 1		-
	(1) Employers	8a(1)							
	(2) Participants	8a(2)	10,7	25			Sterney St		
	(3) Others (including rollovers)	8a(3)			a				1
	Other income (loss)	8b	23,2	09					
d	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8c 8d	<u> </u>	2.0	1000			33,9	934
	Certain deemed and/or corrective distributions (see instructions)		69,2	28	-				1
	Administrative service providers (salaries, fees, commissions)	8e	······································						
	Other expenses	8f			1		1		
	Total expenses (add lines 8d, 8e, 8f, and 8g)	8g		and the second					
	Net income (loss) (subtract line 8h from line 8c)	8h						69,2	
	Transfers to (from) the plan (see instructions)	<u>8i</u>		10.5	-			(35,29	94)
	rt IV Plan Characteristics	8j							
1			m the List of Plan Characte						
Par	t V Compliance Questions								
Par	During the plan year: Was there a failure to transmit to the plan any participant contribution	ons within the	time period described in	T	Yes	No	,	Amount	
Par)	During the plan year: Was there a failure to transmit to the plan any participant contribution 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiducia Were there any nonexempt transactions with any party-in-interest?)	ons within the ary Correction	time period described in Program)	10a		No	,		0,42
Par) a	During the plan year: Was there a failure to transmit to the plan any participant contribution 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiducia Were there any nonexempt transactions with any party-in-interest? on line 10a.)	ons within the ary Correctior (Do not inclu	time period described in Program) de transactions reported		Yes	No			0,42
Par) a	During the plan year: Was there a failure to transmit to the plan any participant contribution 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiducia Were there any nonexempt transactions with any party-in-interest? on line 10a.) Was the plan covered by a fidelity bond?	ons within the ary Correction (Do not inclu	time period described in n Program) de transactions reported	10a	Yes			1	0,42
Par D a b	During the plan year: Was there a failure to transmit to the plan any participant contributio 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiducia 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 fic or dishonesty?	ons within the ary Correction (Do not inclu delity bond, th	time period described in n Program) de transactions reported mat was caused by fraud	10a 10b	Yes X			1	0,42
Par) a b c d	During the plan year: Was there a failure to transmit to the plan any participant contribution 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiducia 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 fic or dishonesty? Were any fees or commisions paid to any brokers, agents, or other insurance service or other organization that provides some or all of	ons within the ary Correction (Do not inclu- delity bond, the persons by a	time period described in n Program) de transactions reported mat was caused by fraud n insurance carrier, under the plan? (See	10a 10b 10c 10d	Yes X	x	,	1	
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Form 5500-SF 2012		

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	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	<u></u>	
е	Will the minimum funding amount reported on line 12d be met by the funding deadline?		Yes [
Part	VII Plan Terminations and Transfers of Assets	<u>• [</u>		<u>No</u> N/A
<u>13a</u>	Has a resolution to terminate the plan been adopted in any plan year?		es XI	No
	If "Yes," enter the amount of any plan assets that reverted to the employer this year	13a		10
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the con			
с 	If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)			
1	Image: second) EIN(s)	13c(3) PN(s)
Part	/III Trust Information (optional)		<u> </u>	
14a N	ame of trust	4h Tr	uct'e EIN	·····

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