Form 5500-SF		Short Form Annual Re		of Small Employ	yee		OMB Nos. 1210-0110 1210-0089
Department of the Treasury Internal Revenue Service		B This form is required to be filed	enefit Plan under sections 104 a	e	2	2012	
Employee I	Department of Labor Benefits Security Administration	Retirement Income Security Act of 1			This Form i	s Open to Public	
	Benefit Guaranty Corporation	Complete all entries in accord	ance with the instrue	ctions to the Form 5500	0-SF.		spection
For calence	Annual Report Id	entification Information al plan year beginning 07/01/2012		and ending 0	6/30/2	2013	
					0/30//		
	eturn/report is for:		the final return/report	lan (not multiemployer)		a one-partici	pant plan
<b>B</b> This re	eturn/report is:		•	n/report (less than 12 mo	onthe	N N	
	hav if filing under	f H	automatic extension		Jinis	) DFVC progra	am
C Check	box if filing under:	special extension (enter description					111
Part II	Basic Plan Inform	nation—enter all requested information					
1a Name		mation—enter all requested information	lion		1b	Three-digit	
	ONSTRUCTION, INC. PRO	OFIT SHARING PLAN				plan number	
						(PN) 🕨	001
					1 <b>C</b>	Effective date o 07/01	
	sponsor's name and addre	ess; include room or suite number (en	nployer, if for a single-	employer plan)	2b	Employer Identi	
4740 0011					2c	Sponsor's telep	
OTHELLO,	TH BROADWAY AVENUE WA 99344	:			2d		(see instructions)
	administrator's name and		ame Same as Plar	n Sponsor Address	3b	Administrator's	
		OTHELLO, WA	99344		3c	Administrator's 509-48	telephone number 8-5295
		lan sponsor has changed since the la er from the last return/report.	st return/report filed for	or this plan, enter the	4b	EIN	
	sor's name	•			4c	PN	
5a Total	number of participants at	the beginning of the plan year			5a		8
<b>b</b> Total	number of participants at	the end of the plan year			5b		8
		count balances as of the end of the pl	• •		5c		4
		uring the plan year invested in eligible					X Yes No
<b>b</b> Are y	ou claiming a waiver of th	e annual examination and report of a See instructions on waiver eligibility a	n independent qualifie	ed public accountant (IQI	PA)		X Yes No
If you	u answered "No" to eith	er line 6a or line 6b, the plan canno	t use Form 5500-SF	and must instead use	Form	5500.	
		incomplete filing of this return/repo					
SB or Sch		r penalties set forth in the instructions signed by an enrolled actuary, as wel te.					
SIGN	Filed with authorized/va	lid electronic signature.	02/20/2014	STEWART J. HILMES			
HERE	Signature of plan adn	ninistrator	Date	Enter name of individu	ual sig	gning as plan adr	ninistrator
SIGN							
HERE	Signature of employe		Date	Enter name of individu			
Preparer's	name (including firm nan	ne, if applicable) and address; include	room or suite numbe	r (optional)	Prep	oarer's telephone	number (optional)
		and OMP Control Numbers and the inst					Form 5500 SE (2012)

Part III Fi	nancial Information						
7 Plan Asset	s and Liabilities		(a) Beginning of Yea	ar			(b) End of Year
a Total plan	assets	. 7a	30612				123189
<b>b</b> Total plan	liabilities	. 7b					
<b>C</b> Net plan as	ssets (subtract line 7b from line 7a)	. 7c	30612	23			123189
8 Income, E	penses, and Transfers for this Plan Year		(a) Amount				(b) Total
a Contributio	ns received or receivable from:						
<u> </u>	yers	. 8a(1)	547		_		
	pants	. 8a(2)	1926	52	_		
	(including rollovers)	. 8a(3)					
	me (loss)	. 8b	4052	22	_		
-	ne (add lines 8a(1), 8a(2), 8a(3), and 8b)	. 8c			_		65254
	aid (including direct rollovers and insurance premiums benefits)	. 8d	24815	8			
	emed and/or corrective distributions (see instructions)	8e		-			
	tive service providers (salaries, fees, commissions)	. 8f					
	enses	. 8g	2	0			
-	nses (add lines 8d, 8e, 8f, and 8g)	. 8h		-			248188
_	e (loss) (subtract line 8h from line 8c)						-182934
-	o (from) the plan (see instructions)	- 8j					102001
-	lan Characteristics	oj					
2E   2J <b>b</b> If the plan	provides welfare benefits, enter the applicable welfare for						
	npliance Questions				Yes	No	A
a Was ther	e plan year: e a failure to transmit to the plan any participant contribu 2540.2 4022 (See instructions and DOL's Volumer: Ed				163	X	Amount
<b>b</b> Were the	2510.3-102? (See instructions and DOL's Voluntary Fide re any nonexempt transactions with any party-in-interest Da.)	t? (Do not ind	clude transactions reported	10a 10b		x	
	plan covered by a fidelity bond?				Х		40000
	lan have a loss, whether or not reimbursed by the plan's			10c			40000
or dishor	esty?	-		10d		Х	
insurance	v fees or commissions paid to any brokers, agents, or othe service or other organization that provides some or all ns.)	of the benefit	ts under the plan? (See	10e		x	
f Has the p	lan failed to provide any benefit when due under the pla	ın?		10f		Х	
<b>q</b> Did the p	lan have any participant loans? (If "Yes," enter amount a	s of vear end	d.)	-		Х	
<b>h</b> If this is a	In individual account plan, was there a blackout period? -3.)	(See instruct	tions and 29 CFR	10g 10h		x	
i If 10h wa	s answered "Yes," check the box if you either provided t to providing the notice applied under 29 CFR 2520.10	he required r	notice or one of the	101			
<u> </u>	nsion Funding Compliance	-					
11 Is this a c	lefined benefit plan subject to minimum funding requirem	nents? (If "Ye	es," see instructions and com	plete	Scheo	lule SB	(Form
	amount from Schedule SB line 39					11a	
	defined contribution plan subject to the minimum funding						ERISA? Yes X No
(11 103,	complete line 12a or lines 12b, 12c, 12d, and 12e below	. as anniican	····,				
	complete line 12a or lines 12b, 12c, 12d, and 12e below r of the minimum funding standard for a prior year is bein he waiver.	ng amortized	l in this plan year, see instru		, and e	enter th Day	e date of the letter ruling Year
granting t		ng amortized	l in this plan year, see instru Mon		, and e		-

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	<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

	rm 5500-SF	Short Form Annual	Return/Report o Benefit Plan	of Small Employ	yee	OMB Nos. 1210- 1210-1
	ntment of the Treasury rnal Revenue Service	nd 4065 of the Employe	е	2012		
	epartment of Labor lenefits Security Administration	ctions 6057(b) and 6058 code).	58(a) of This Form is Open to Inspection			
	enefit Guaranty Corporation	Complete all entries in acco	ordance with the instrue	ctions to the Form 550	0-SF.	Inspection
Part I	Annual Report Id ar plan year 2012 or fisca	lentification Information	07/01/2012	and ending		06/30/2013
0.5		X a single-employer plan		lan (not multiemployer)		a one-participant plan
	turn/report is:	the first return/report	the final return/report	an (not mattemployer)		
		an amended return/report		n/report (less than 12 m	onths)	
C Check	box if filing under:	K Form 5558	automatic extension	• • • • • • • • • • • • • • • • • • •	,	DFVC program
		special extension (enter descrip	ution)			
Part II	Basic Plan Inform	nation—enter all requested infor	mation			
<b>la</b> Name Hilmes		Inc. Profit Sharing	Plan		1b	Three-digit plan number (PN) ▶ 001
					1c	Effective date of plan 07/01/1989
	ponsor's name and addre Construction,	ess; include room or suite number Inc.	(employer, if for a single-	employer plan)	2b	Employer Identification Number (EIN) 91-0926728
1716 S <sup>,</sup>	outh Broadway A	avenue			2c	Sponsor's telephone number 509-488-5295
					2d	Business code (see instructions
Othell		WA 99344			01	237310
	dministrator's name and Construction,		r Name Same as Plar	n Sponsor Address	30	Administrator's EIN 91-0926728
Othell		WA 99344			2	
		lan sponsor has changed since the	e last return/report filed fr	or this plan enter the	16	
name		lan sponsor has changed since the per from the last return/report.	e last return/report filed fo	or this plan, enter the		EIN
name a Spons	, EIN, and the plan numb or's name				4b 4c 5a	
name a Spons 5a Total r	, EIN, and the plan numb or's name number of participants at	per from the last return/report.			4c	
a Spons 5a Total r b Total r c Numb	, EIN, and the plan numb or's name number of participants at number of participants at per of participants with ac	the beginning of the plan year the end of the plan year count balances as of the end of the	e plan year (defined bene	fit plans do not	4c 5a 5b	
a Spons 5a Total r b Total r c Numb compl	, EIN, and the plan numb or's name number of participants at number of participants at per of participants with ac lete this item)	the beginning of the plan year the end of the plan year count balances as of the end of the	e plan year (defined bene	fit plans do not	4c 5a 5b 5c	PN
a Spons 5a Total a b Total a c Numb compl 6a Were b Are yo	<ul> <li>EIN, and the plan numb or's name</li> <li>number of participants at number of participants at per of participants with acc lete this item)</li></ul>	the beginning of the plan year the end of the plan year count balances as of the end of the uring the plan year invested in elig e annual examination and report of	e plan year (defined bene jible assets? (See instruc of an independent qualifie	fit plans do not tions.)	4c 5a 5b 5c	PN
a Spons 5a Total a b Total a c Numb compl 6a Were b Are yo under	<ul> <li>EIN, and the plan numbors, eris name</li> <li>number of participants at number of participants at per of participants with accelete this item)</li> <li>all of the plan's assets do u claiming a waiver of the 29 CFR 2520.104-46? (1996)</li> </ul>	the beginning of the plan year the end of the plan year count balances as of the end of the uring the plan year invested in elig e annual examination and report of See instructions on waiver eligibilit	e plan year (defined bene jible assets? (See instruc of an independent qualifie y and conditions.)	fit plans do not tions.) d public accountant (IQ	4c 5a 5b 5c PA)	PN
a Spons 5a Total n b Total n c Numb compl 6a Were b Are you under If you	<ul> <li>EIN, and the plan number of participants at number of participants at number of participants with accept of participants with accept of participants with accept this item)</li> <li>all of the plan's assets do u claiming a waiver of the '29 CFR 2520.104-46? (Summer State)</li> </ul>	the beginning of the plan year the end of the plan year count balances as of the end of the luring the plan year invested in elig e annual examination and report of See instructions on waiver eligibilit er line 6a or line 6b, the plan car	e plan year (defined bene jible assets? (See instruc of an independent qualifie y and conditions.) nnot use Form 5500-SF	afit plans do not tions.) ad public accountant (IQ and must instead use	4c 5a 5b 5c PA) Form	PN
a Spons 5a Total n b Total n c Numb compl 6a Were b Are you under If you Caution: A Under pena SB or Sche	<ul> <li>EIN, and the plan number of strict participants at number of participants at number of participants with accept of participants with accept of the plan's assets do u claiming a waiver of the '29 CFR 2520.104-46? (Strict answered "No" to eith A penalty for the late or alties of perjury and other</li> </ul>	the beginning of the plan year the end of the plan year count balances as of the end of the uring the plan year invested in elig be annual examination and report of See instructions on waiver eligibilit <b>er line 6a or line 6b, the plan car</b> <b>incomplete filing of this return/r</b> r penalties set forth in the instruction signed by an eprolled actuary, as	e plan year (defined bene pible assets? (See instruc- of an independent qualifie y and conditions.)	afit plans do not tions.) ad public accountant (IQ and must instead use unless reasonable cau examined this return/red	4c 5a 5b 5c PA) Form ise is	PN
a Spons 5a Total n b Total n c Numb compl 6a Were b Are younder If you Caution: A Under pena SB or Sche belief, it is total completions of the second completions of the s	A EIN, and the plan number or's name number of participants at number of participants at per of participants with ac- lete this item) all of the plan's assets d ou claiming a waiver of the 29 CFR 2520.104-46? (1) answered "No" to eith A penalty for the late or alties of perjury and other edule MB completed and	the beginning of the plan year the end of the plan year count balances as of the end of the uring the plan year invested in elig be annual examination and report of See instructions on waiver eligibilit <b>er line 6a or line 6b, the plan car</b> <b>incomplete filing of this return/r</b> r penalties set forth in the instruction signed by an eprolled actuary, as	e plan year (defined bene pible assets? (See instruc- of an independent qualifie y and conditions.)	afit plans do not tions.) ad public accountant (IQ and must instead use unless reasonable cau examined this return/red	4c 5a 5b 5c PA) Form ise is port, in , and t	PN  PN  X Yes  S500.  Established.  Including, if applicable, a Schedul o the best of my knowledge and
a Spons 5 Total n b Total n c Numb compl 6 Were b Are you under If you Caution: A Juder pena 5 B or Sche belief, it is to 5 IGN	A EIN, and the plan number or's name number of participants at number of participants at per of participants with ac- lete this item) all of the plan's assets d ou claiming a waiver of the 29 CFR 2520.104-46? (1) answered "No" to eith A penalty for the late or alties of perjury and other edule MB completed and	the beginning of the plan year the beginning of the plan year the end of the plan year count balances as of the end of the uring the plan year invested in elig he annual examination and report of See instructions on waiver eligibilit er line 6a or line 6b, the plan car incomplete filing of this return/r r penalties set forth in the instruction signed by an earolled actuary, as the	e plan year (defined bene pible assets? (See instruc- of an independent qualifie y and conditions.)	ofit plans do not tions.) ed public accountant (IQ <b>and must instead use</b> <b>unless reasonable cau</b> examined this return/report sion of this return/report Stewart J. Hi	4c 5a 5b 5c PA) Form ise is port, in , and t	PN       X     Yes       X     Yes       X     Yes       S500.     Stablished.       Including, if applicable, a Schedul       Ico the best of my knowledge and
name, a Spons 5a Total n b Total n c Numb compl 6a Were b Are you under If you Caution: A Juder pena 5B or Sche belief, it is t 5IGN HERE 5IGN	A EIN, and the plan numb or's name number of participants at number of participants at er of participants with acc lete this item) e all of the plan's assets d ou claiming a waiver of the 29 CFR 2520.104-46? ( answered "No" to eith A penalty for the late or alties of perjury and other edule MB completed and true, correct, and comple	the beginning of the plan year the beginning of the plan year the end of the plan year count balances as of the end of the uring the plan year invested in elig he annual examination and report of See instructions on waiver eligibilit er line 6a or line 6b, the plan car incomplete filing of this return/r r penalties set forth in the instruction signed by an earolled actuary, as the	e plan year (defined bene pible assets? (See instruct of an independent qualifie y and conditions.)	ofit plans do not tions.) ed public accountant (IQ <b>and must instead use</b> <b>unless reasonable cau</b> examined this return/report sion of this return/report Stewart J. Hi	4c 5a 5b 5c PA) Form ise is port, in , and t	PN  PN  X Yes  S500.  Established.  Including, if applicable, a Schedul o the best of my knowledge and
a Spons 5 Total n b Total n c Numb compl 6 Were b Are you under If you Caution: A Jnder pena SB or Sche belief, it is to SIGN HERE	A EIN, and the plan number or's name number of participants at number of participants at number of participants at per of participants with acc lete this item)	the beginning of the plan year the end of the plan year count balances as of the end of the uring the plan year invested in elig the annual examination and report of See instructions on waiver eligibilit <b>er line 6a or line 6b, the plan car</b> <b>incomplete filing of this return/r</b> r penalties set forth in the instruction signed by an enrolled actuary, as the <b>inistrator</b>	e plan year (defined bene pible assets? (See instruc- of an independent qualifie y and conditions.)	and must instead use unless reasonable cau examined this return/report Stewart J. Hi Enter name of individ	4c 5a 5b 5c PA) Form ise is port, in , and t lmes ual sig	PN          PN         Image: Stablished         Stablished         Including, if applicable, a Schedul         Ico the best of my knowledge and         Ining as plan administrator         Ining as employer or plan spons
a Spons 5a Total n b Total n c Numb compl 6a Were b Are you under If you Caution: A Under pena SB or Sche belief, it is to SIGN HERE	A EIN, and the plan number or's name number of participants at number of participants at number of participants at per of participants with acc lete this item)	the beginning of the plan year the end of the plan year count balances as of the end of the uring the plan year invested in elig he annual examination and report of See instructions on waiver eligibilit <b>er line 6a or line 6b, the plan car</b> <b>incomplete filing of this return/r</b> r penalties set forth in the instruction signed by an enrolled actuary, as the set of the set o	e plan year (defined bene pible assets? (See instruc- of an independent qualifie y and conditions.)	and must instead use unless reasonable cau examined this return/report Stewart J. Hi Enter name of individ	4c 5a 5b 5c PA) Form ise is port, in , and t lmes ual sig	PN          PN         Image: Stablished.         Stablished.         Including, if applicable, a Schedul         Ico the best of my knowledge and         Ining as plan administrator

Form 5500-SF 2012

e

Pa	t III Financial Information									
7	Plan Assets and Liabilities		(a) Beginning of Yea	r			(b) End	l of Ye	ar	
а	Total plan assets	7a	30	612	3				1	23189
b	Total plan liabilities	7b								
C	Net plan assets (subtract line 7b from line 7a)	7c	30	0612	3				1	23189
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b)	Total		
а	Contributions received or receivable from:	0-(1)		547	0					
	(1) Employers	8a(1)	1	926	-					
	<ul> <li>(2) Participants</li></ul>	8a(2)	L		2					
	(3) Others (including rollovers) Other income (loss)	8a(3) 8b	Ζ	1052	2					
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c		1052	-					65254
-	Benefits paid (including direct rollovers and insurance premiums	00	and a second							05254
	to provide benefits)	8d	24	1815	8					
e	Certain deemed and/or corrective distributions (see instructions)	8e								
f	Administrative service providers (salaries, fees, commissions)	8f								
g	Other expenses	8g		3	0					
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							2	48188
<u>    i</u>	Net income (loss) (subtract line 8h from line 8c)	8i							-1	82934
j	Transfers to (from) the plan (see instructions)	8j								
Pa	t IV Plan Characteristics									
9a	If the plan provides pension benefits, enter the applicable pension	feature code	es from the List of Plan Chara	acteris	tic Co	des in	the instru	ctions		
	2E 2J 2K 3D 2G		from the List of Dise Observe		- 0 - 1					
b	If the plan provides welfare benefits, enter the applicable welfare fe	eature codes	from the List of Plan Charac	cieristi	c Coa	es in t	ne instruc	tions:		
Par	V Compliance Questions									
10	During the plan year:									
	During the plan year.				Yes	No		Amo	unt	
a	Was there a failure to transmit to the plan any participant contribu			10.2	Yes	No X		Amo	unt	
	Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu	ciary Correct	tion Program)	10a	Yes	X		Amo	unt	
	Was there a failure to transmit to the plan any participant contribu	ciary Correct ? (Do not inc	ction Program)	10a 10b	Yes			Amo	unt	
	Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu Were there any nonexempt transactions with any party-in-interest on line 10a.)	iciary Correct ? (Do not inc	tion Program)		Yes	X		Amo		40000
b	Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu Were there any nonexempt transactions with any party-in-interest on line 10a.) Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan's	iciary Correct ? (Do not ind fidelity bond	ction Program) clude transactions reported , that was caused by fraud	10b 10c		X		Amo		40000
b c d	Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu Were there any nonexempt transactions with any party-in-interest on line 10a.) Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?	iciary Correct? (Do not inc	ction Program) clude transactions reported , that was caused by fraud	10b		x x		Amo		40000
b c d	Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu Were there any nonexempt transactions with any party-in-interest on line 10a.) Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan's	iciary Correct ? (Do not ind fidelity bond	tion Program) clude transactions reported , that was caused by fraud oy an insurance carrier,	10b 10c		x x x		Amo		40000
b c d	Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu Were there any nonexempt transactions with any party-in-interest on line 10a.) Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty? Were any fees or commissions paid to any brokers, agents, or oth	iciary Correct ? (Do not ind fidelity bond her persons I of the benefit	tion Program) clude transactions reported , that was caused by fraud by an insurance carrier, ts under the plan? (See	10b 10c		x x		Amo		40000
b c d	Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu Were there any nonexempt transactions with any party-in-interest on line 10a.)	iciary Correct ? (Do not ind fidelity bond her persons I of the benefit	tion Program) clude transactions reported , that was caused by fraud by an insurance carrier, is under the plan? (See	10b 10c 10d		x x x		Amo		40000
b c c e	Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu Were there any nonexempt transactions with any party-in-interest on line 10a.) Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty? Were any fees or commissions paid to any brokers, agents, or oth insurance service or other organization that provides some or all o instructions.)	iciary Correct ? (Do not ind fidelity bond her persons I of the benefit n?	tion Program) clude transactions reported , that was caused by fraud by an insurance carrier, ts under the plan? (See	10b 10c 10d 10e		x x x x x		Amo		40000
b cc d e f	<ul> <li>Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu Were there any nonexempt transactions with any party-in-interest on line 10a.)</li> <li>Was the plan covered by a fidelity bond?</li> <li>Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?</li> <li>Were any fees or commissions paid to any brokers, agents, or oth insurance service or other organization that provides some or all or instructions.)</li> <li>Has the plan failed to provide any benefit when due under the plan Did the plan have any participant loans? (If "Yes," enter amount a If this is an individual account plan, was there a blackout period?</li> </ul>	iciary Correct ? (Do not ind fidelity bond her persons I of the benefit n? s of year end (See instruct	tion Program) clude transactions reported , that was caused by fraud by an insurance carrier, is under the plan? (See d.) tions and 29 CFR	10b 10c 10d 10e 10f 10g		x x x x x x		Amo		40000
b c d d e f	Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu Were there any nonexempt transactions with any party-in-interest on line 10a.)	iciary Correct ? (Do not ind fidelity bond her persons I of the benefit n? s of year end (See instruct he required r	tion Program) clude transactions reported , that was caused by fraud by an insurance carrier, ts under the plan? (See d.) tions and 29 CFR	10b 10c 10d 10e 10f 10g 10h		x x x x x x x		Amo		40000
b d d e f f	<ul> <li>Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu Were there any nonexempt transactions with any party-in-interest on line 10a.)</li> <li>Was the plan covered by a fidelity bond?</li> <li>Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?</li> <li>Were any fees or commissions paid to any brokers, agents, or oth insurance service or other organization that provides some or all of instructions.)</li> <li>Has the plan failed to provide any benefit when due under the plan Did the plan have any participant loans? (If "Yes," enter amount a If this is an individual account plan, was there a blackout period? 2520.101-3.)</li> <li>If 10h was answered "Yes," check the box if you either provided th exceptions to providing the notice applied under 29 CFR 2520.10</li> </ul>	iciary Correct ? (Do not ind fidelity bond her persons I of the benefit n? s of year end (See instruct he required r	tion Program) clude transactions reported , that was caused by fraud by an insurance carrier, ts under the plan? (See d.) tions and 29 CFR	10b 10c 10d 10e 10f 10g		x x x x x x x		Amo		40000
b c d d e f f g h h i Part	<ul> <li>Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu Were there any nonexempt transactions with any party-in-interest on line 10a.).</li> <li>Was the plan covered by a fidelity bond?</li> <li>Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?.</li> <li>Were any fees or commissions paid to any brokers, agents, or oth insurance service or other organization that provides some or all or instructions.)</li> <li>Has the plan failed to provide any benefit when due under the plan Did the plan have any participant loans? (If "Yes," enter amount a lf this is an individual account plan, was there a blackout period? 2520.101-3.)</li> <li>If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10</li> <li>VI Pension Funding Compliance</li> </ul>	Iciary Correct ? (Do not ind fidelity bond her persons I of the benefit n?  s of year end (See instruct he required r 1-3	tion Program) clude transactions reported , that was caused by fraud by an insurance carrier, ts under the plan? (See d.) tions and 29 CFR motice or one of the	10b 10c 10d 10e 10f 10g 10h 10i	X	X X X X X X X X		Amo		40000
b d d e f f h	<ul> <li>Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu Were there any nonexempt transactions with any party-in-interest on line 10a.)</li> <li>Was the plan covered by a fidelity bond?</li> <li>Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?</li> <li>Were any fees or commissions paid to any brokers, agents, or oth insurance service or other organization that provides some or all of instructions.)</li> <li>Has the plan failed to provide any benefit when due under the plan Did the plan have any participant loans? (If "Yes," enter amount a If this is an individual account plan, was there a blackout period? 2520.101-3.)</li> <li>If 10h was answered "Yes," check the box if you either provided th exceptions to providing the notice applied under 29 CFR 2520.10</li> </ul>	iciary Correct ? (Do not ind fidelity bond her persons I of the benefit n? (See instruct (See instruct he required r 1-3	tion Program) clude transactions reported , that was caused by fraud by an insurance carrier, is under the plan? (See d.) tions and 29 CFR motice or one of the es," see instructions and com	10b 10c 10d 10e 10f 10g 10h 10i	X	X X X X X X X X ulle Sf				40000
b c d d e f f g h i I I	<ul> <li>Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu Were there any nonexempt transactions with any party-in-interest on line 10a.)</li> <li>Was the plan covered by a fidelity bond?</li> <li>Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?</li> <li>Were any fees or commissions paid to any brokers, agents, or oth insurance service or other organization that provides some or all or instructions.)</li> <li>Has the plan failed to provide any benefit when due under the plan</li> <li>Did the plan have any participant loans? (If "Yes," enter amount a lf this is an individual account plan, was there a blackout period? 2520.101-3.)</li> <li>If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10</li> <li>VI Pension Funding Compliance</li> <li>Is this a defined benefit plan subject to minimum funding requirem</li> </ul>	iciary Correct ? (Do not ind fidelity bond her persons I of the benefit n?  s of year end (See instruct he required r 1-3	tion Program) clude transactions reported , that was caused by fraud by an insurance carrier, is under the plan? (See d.) tions and 29 CFR motice or one of the es," see instructions and com	10b 10c 10d 10e 10f 10g 10h 10i	X	X X X X X X X X ulle Sf				
b c d d e f f g h i I I	<ul> <li>Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu Were there any nonexempt transactions with any party-in-interest on line 10a.)</li> <li>Was the plan covered by a fidelity bond?</li> <li>Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?</li> <li>Were any fees or commissions paid to any brokers, agents, or oth insurance service or other organization that provides some or all c instructions.)</li> <li>Has the plan have any participant loans? (If "Yes," enter amount a If this is an individual account plan, was there a blackout period? 2520.101-3.)</li> <li>If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10</li> <li>VI Pension Funding Compliance</li> <li>Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)</li> </ul>	Iciary Correct ? (Do not ind fidelity bond her persons I of the benefit n?  s of year end (See instruct he required r 1-3 hents? (If "Ye	tion Program) clude transactions reported , that was caused by fraud by an insurance carrier, is under the plan? (See d.) tions and 29 CFR notice or one of the es," see instructions and com	10b 10c 10d 10e 10f 10g 10h 10i	X	X X X X X X X X X IIIa				
b c d d e f f 9 h i 11 11 112	<ul> <li>Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu Were there any nonexempt transactions with any party-in-interest on line 10a.)</li> <li>Was the plan covered by a fidelity bond?</li></ul>	iciary Correct ? (Do not ind fidelity bond her persons I of the benefit n? s of year end (See instruct he required r 1-3 hents? (If "Year requiremen , as applicab	tion Program) clude transactions reported , that was caused by fraud by an insurance carrier, ts under the plan? (See d.) d.) tions and 29 CFR motice or one of the es," see instructions and com	10b 10c 10d 10e 10f 10g 10h 10i e or se	X Schec	X X X X X X X X X 11a 302 of	ERISA?		Yes	□ No
b c d d e f f 9 h i 11 11 112	<ul> <li>Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu Were there any nonexempt transactions with any party-in-interest on line 10a.)</li> <li>Was the plan covered by a fidelity bond?</li></ul>	iciary Correct ? (Do not ind fidelity bond her persons I of the benefit n? s of year end (See instruct he required r 1-3 hents? (If "Ye requiremen , as applicab ng amortized	tion Program) clude transactions reported , that was caused by fraud by an insurance carrier, ts under the plan? (See d.) d.) tions and 29 CFR motice or one of the es," see instructions and com ts of section 412 of the Code ole.) I in this plan year, see instructions	10b 10c 10d 10e 10f 10g 10h 10i 0 or se ctions,	X Schec	X X X X X X X X X 11a 302 of	ERISA?		Yes Yes ter rul	□ No
b c d d e f f g h i i l 11 11a 12 a	<ul> <li>Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu Were there any nonexempt transactions with any party-in-interest on line 10a.)</li> <li>Was the plan covered by a fidelity bond?</li> <li>Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?</li> <li>Were any fees or commissions paid to any brokers, agents, or oth insurance service or other organization that provides some or all c instructions.)</li> <li>Has the plan failed to provide any benefit when due under the plan Did the plan have any participant loans? (If "Yes," enter amount a If this is an individual account plan, was there a blackout period? 2520.101-3.)</li> <li>If 10h was answered "Yes," check the box if you either provided th exceptions to providing the notice applied under 29 CFR 2520.10</li> <li>VI Pension Funding Compliance</li> <li>Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)</li> <li>Is this a defined contribution plan subject to the minimum funding (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below.</li> </ul>	iciary Correct ? (Do not ind fidelity bond her persons I of the benefit n? s of year end (See instruct he required r 1-3 hents? (If "Ye requiremen , as applicab ng amortized	tion Program) clude transactions reported , that was caused by fraud by an insurance carrier, is under the plan? (See d.) d.) tions and 29 CFR motice or one of the es," see instructions and com ts of section 412 of the Code ble.) I in this plan year, see instructions and com	10b 10c 10d 10e 10f 10g 10h 10i 0 or se ctions,	X Schec	X X X X X X X X X X 11a 302 of	ERISA?		Yes Yes ter rul	□ No

Form 5500-SF 2012

.

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 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?		Yes X N	lo
	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		Yes X 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.)			
·	3c(1) Name of plan(s):	<b>3c(2)</b> E	IN(s)	13c(3) PN(s)
				+
Part	VIII Trust Information (optional)			
14a	Name of trust	14b 1	rust's EIN	

۰.