Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation

Short Form Annual Return/Report of Small Employee Benefit Plan

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

1210-0089

OMB Nos. 1210-0110

2012

This Form is Open to Public Inspection

Pension B	Complete all entries in accordar	nce with the instruc	tions to the Form 5500	D-SF.	
Part I	Annual Report Identification Information				
For calend	ar plan year 2012 or fiscal plan year beginning 10/01/2012		and ending 09	9/30/2013	
		multiple-employer place e final return/report	an (not multiemployer)	a one-partic	ipant plan
D Inis re		•			
	an amended return/report as	short plan year return	n/report (less than 12 mo	· <u> </u>	
C Check	box if filing under: Form 5558 au	tomatic extension		DFVC progr	am
	special extension (enter description)				
Part II	Basic Plan Information—enter all requested information	on			
1a Name				1b Three-digit	
	TERS, INC. 401(K) PROFIT SHARING PLAN			plan number	
				(PN) ▶	003
				1c Effective date of	of plan
				05/01	1/1981
2a Plan s SEVEN SIS	ponsor's name and address; include room or suite number (emp ITERS, INC.	oloyer, if for a single-	employer plan)	2b Employer Ident (EIN) 91-17	ification Number 133568
				2c Sponsor's telep	
	T PARK DRIVE DOLLEY, WA 98284				66-0842
SEDRO-WC	OCLET, WA 90204			2d Business code	,
3a Plan a	administrator's name and address XSame as Plan Sponsor Nam	ne Same as Plan	Sponsor Address	2382 3b Administrator's	
			·		
				3c Administrator's	telephone number
	name and/or EIN of the plan sponsor has changed since the last e, EIN, and the plan number from the last return/report.	return/report filed fo	r this plan, enter the	4b EIN	
	sor's name			4c PN	
	number of participants at the beginning of the plan year			5a	12
			-		
	number of participants at the end of the plan year		-	5b	12
	per of participants with account balances as of the end of the planulete this item)	• •	-	5c	12
				•	X Yes No
_	eall of the plan's assets during the plan year invested in eligible a ou claiming a waiver of the annual examination and report of an				V 163 140
•	r 29 CFR 2520.104-46? (See instructions on waiver eligibility and			,	X Yes No
	answered "No" to either line 6a or line 6b, the plan cannot				
	A penalty for the late or incomplete filing of this return/repor				
	alties of perjury and other penalties set forth in the instructions, I				cable a Schedule
	edule MB completed and signed by an enrolled actuary, as well a			, 0, 11	,
belief, it is	true, correct, and complete.				
SIGN	Filed with authorized/valid electronic signature.	03/20/2014	CHRISTINE THOMPS	ON	
HERE	Signature of plan administrator	Date	Enter name of individu	ual signing as plan ad	ministrator
SIGN Filed with authorized/valid electronic signature. 03/20/2014 CHRISTINE THOMPSON					
HERE	Signature of employer/plan sponsor	Date	Enter name of individu	ual signing as employ	er or plan sponsor
Preparer's	name (including firm name, if applicable) and address; include r			Preparer's telephone	
				•	
			Ĺ		

Form 5500-SF 2012 Page **2**

	1 01111 3300 01 2012		r age z							
Par	t III Financial Information									
7	Plan Assets and Liabilities		(a) Beginning of Yea	ar			(b) End	of Yea	ar	
a	Total plan assets	. 7a	330830				(4, 211		9335	
	Total plan liabilities	7b								
С	Net plan assets (subtract line 7b from line 7a)	7c	3308309					389	9335	
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount	(a) Amount			(b) ⁻	Total		
	Contributions received or receivable from:		, ,				` ′			
	(1) Employers	8a(1)	14598							
	(2) Participants	8a(2)	11215	53						
	(3) Others (including rollovers)	8a(3)								
	Other income (loss)	. 8b	33289	90						
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						59	1026	
	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	. 8d								
	Certain deemed and/or corrective distributions (see instructions)	. 8e								
f	Administrative service providers (salaries, fees, commissions)	. 8f								
g	Other expenses	8g								
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h								
i	Net income (loss) (subtract line 8h from line 8c)	8i						59	1026	
j	Transfers to (from) the plan (see instructions)	8j								
Par	t IV Plan Characteristics	<u> </u>								
9a	If the plan provides pension benefits, enter the applicable pension 2E 2J 2K 3D	feature co	odes from the List of Plan Char	acteris	stic Co	odes in	the instru	ctions:		
b										
_										
Part	•				V	N.	l	_	_	
10 a	During the plan year: Was there a failure to transmit to the plan any participant contribu	tiono withi	n the time period described in	I	Yes	No		Amou	ınt	
	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu	uciary Cor	rection Program)	10a		X				
b	Were there any nonexempt transactions with any party-in-interest on line 10a.)	•	•	10b		X				
	Was the plan covered by a fidelity bond?			10c	X				F.	00000
	Did the plan have a loss, whether or not reimbursed by the plan's			100					50	00000
	or dishonesty?	-		10d		X				
е										
	insurance service or other organization that provides some or all or instructions.)		. ,	10e		X				
f	Has the plan failed to provide any benefit when due under the pla			10f		X				
	Did the plan have any participant loans? (If "Yes," enter amount a					Χ				
<u>g</u> h				10g		^				
•••	2520.101-3.)			10h		X				
i	If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10			10i						
Part										
11	11 Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form									
112	5500) and line 11a below)									
12										
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)									
а	If a waiver of the minimum funding standard for a prior year is beir granting the waiver.	ng amortiz	ed in this plan year, see instru		, and e	enter th	ne date of	the lette Year	er rulin	g
If	you completed line 12a, complete lines 3, 9, and 10 of Schedule					Day		· cai		
	Enter the minimum required contribution for this plan year				Т	12b				
	,									

	Form 5500-SF 2012 Page 3 - 1			
	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 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		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.)	to		
1	3c(1) Name of plan(s):	1 3c(2) E	IN(s)	13c(3) PN(s)
Part	VIII Trust Information (optional)			
	Name of trust	14b ⊤	rust's EIN	

Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

For calendar plan year 2012 or fiscal plan year beginning

Annual Report Identification Information

Short Form Annual Return/Report of Small Employee **Benefit Plan**

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

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

10/01/2012

and ending

OMB Nos. 1210-0110 1210-0089

2012

This Form is Open to Public Inspection

09/30/2013

A	This return/report is for:	x a single-employer plan	multiple-employer p	lan (not multiemployer)	a one-part	icipant plan					
В	This return/report is:	the first return/report	he final return/report								
		an amended return/report	short plan year retu	rn/report (less than 12 mo	an 12 months)						
С	Check box if filing under:		DFVC pro	gram							
_		special extension (enter description)									
P	art II Basic Plan Info	prmation enter all requested inform									
	Name of plan	Fination enter all requested inform	ladon		1b Three-digit	T					
	Seven Sisters Inc	. 401(k) Profit Sharing Pla	n		plan number	003					
	beven bisters, inc	. TOTAL PROFILE BRAITING FIA	••		(PN) ► 1c Effective date						
					05/01/198	•					
2a	Plan sponsor's name and ac Seven Sisters, Inc	ddress; include room or suite number (em	ployer, if for a single	-employer plan)	2b Employer Identification Number						
	seven sisters, inc	•			(EIN) 91-1	.133568					
					2c Sponsor's tel (360) 856						
	613 Sunset Park Dr.	ive				le (see instructions)					
US	Sedro-Woolley	WA 98284			238210	ic (see instructions)					
		nd address X Same as Plan Sponsor	Name Same as	Plan Sponsor Address	3b Administrator	's EIN					
					3c Administrator	's telephone number					
4	If the name and/or FIN of the	e plan sponsor has changed since the las	et return/report filed f	or this plan, enter the	4b EIN						
7		mber from the last return/report.	stretum/report med r	or this plant, enter the	TO LIN						
a	Sponsor's name				4c PN						
5a		at the beginning of the plan year			5a	12					
b		at the end of the plan year			5b	12					
С		account balances as of the end of the pla	51 18	•	5c	12					
6a	Were all of the plan's assets	during the plan year invested in eligible a	assets? (See instruc	ions.)		X Yes No					
b		the annual examination and report of an		d public accountant (IQP	A)						
		? (See instructions on waiver eligibility and				X Yes No					
		ther line 6a or line 6b, the plan cannot									
		or incomplete filing of this return/reporter penalties set forth in the instructions,				licable a Cabadula					
		and signed by an enrolled actuary, as well		The state of the s		Control of the Contro					
be	lief, it is true, correct, and com	pplete.									
SIGN Mystine M Morrys 3/20/14 Christine Thomps						pson					
						ual signing as plan administrator					
S	IGN										
						ual signing as employer or plan sponsor					
Pre	eparer's name (including firm r	name, if applicable) and address; include	room or suite number	er (optional)	Preparer's telephor	ne number (optional)					
				1							

Part III Financial Information								_						
7 Plan Assets and Liabilities		(a) Beginning of Yea	r	1		(b) End o	of Year							
a Total plan assets	. 7a	3,308,3					3,899,335	_						
b Total plan liabilities		3,500,5	-	1			370337333							
C Net plan assets (subtract line 7b from line 7a)		3,308,3	0.9	1			3,899,335	_						
8 Income, Expenses, and Transfers for this Plan Year		(a) Amount	0,5	+		(b) To								
a Contributions received or receivable from:		(4) / 11/104111												
(1) Employers	. 8a(1)	145,9	83											
(2) Participants	. 8a(2)	112,1	53											
(3) Others (including rollovers)	. 8a(3)													
b Other income (loss)	. 8b	332,8	90											
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	. 8c						591,026							
d Benefits paid (including direct rollovers and insurance premiums														
to provide benefits)														
e Certain deemed and/or corrective distributions (see instructions)				AND THE RESERVE TO SERVE THE RESERVE										
f Administrative service providers (salaries, fees, commissions)	. 8f													
g Other expenses														
h Total expenses (add lines 8d, 8e, 8f, and 8g)														
i Net income (loss) (subtract line 8h from line 8c)	. 8i				nest transcriptor		591,026							
Transfers to (from) the plan (see instructions)	. 8j													
Part IV Plan Characteristics														
9a If the plan provides pension benefits, enter the applicable pension to	eature codes	s from the List of Plan Charact	eristic	Code	s in th	e instructio	ns:							
2E 2J 2K 3D														
b If the plan provides welfare benefits, enter the applicable welfare fe	ature codes	from the List of Plan Characte	ristic	Codes	in the	instruction	s:	b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:						
Port V Compliance Questions														
Part V Compliance Questions						1								
10 During the plan year:	tions within t	the time presided to exist and in		Yes	No		Amount							
 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 Fidu 	ciary Correct	tion Program)	10a	Yes	No x		Amount							
During the plan year:Was there a failure to transmit to the plan any participant contribution	ciary Correct? (Do not inc	tion Program)	10a	Yes		,	Amount							
 During the plan year: Was there a failure to transmit to the plan any participant contributions 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidure) Were there any nonexempt transactions with any party-in-interest 	ciary Correct? (Do not inc	tion Program)		Yes	х		Amount 500,00	0						
10 During the plan year: a Was there a failure to transmit to the plan any participant contribution 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidurian Were there any nonexempt transactions with any party-in-interest on line 10a.)	ciary Correct ? (Do not inc	clude transactions reported that was caused by fraud	10b		х	,		0						
10 During the plan year: a Was there a failure to transmit to the plan any participant contribute 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidurity Description of the plan of the plan covered by a fidelity bond? c Was the plan covered by a fidelity bond? d Did the plan have a loss, whether or not reimbursed by the plan's	ciary Correct ? (Do not inc	clude transactions reported , that was caused by fraud	10b 10c		x	,		10						
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 Fidurity Description of the plan of the plan covered by a fidelity bond? 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 organization that provides some or all or transmitted by the plan's or dishonesty?	ciary Correct ? (Do not income fidelity bond her persons I	tion Program)	10b 10c		x x			0						
10 During the plan year: a Was there a failure to transmit to the plan any participant contribution 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidurity Description of the plan of the plan covered by a fidelity bond? c Was the plan covered by a fidelity bond? d Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty? e Were any fees or commissions paid to any brokers, agents, or other plan's or other plan's or other plan's or dishonesty?	ciary Correct ? (Do not income fidelity bond her persons I	tion Program)	10b 10c		x			10						
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 Fidurity Description of the plan of the plan covered by a fidelity bond? 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 organization that provides some or all or transmitted by the plan's or dishonesty?	ciary Correct (Control of the benefit	tion Program)	10b 10c 10d		x x			10						
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 Fidurian Were there any nonexempt transactions with any party-in-interess 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 instructions.)	fidelity bond ner persons I of the benefit	tion Program)	10b 10c 10d		x x x			10						
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 During the plan year: Was there a failure to transmit to the plan any participant contributions. 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidure by 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 instructions.) Has the plan failed to provide any benefit when due under the plant of the plant have any participant loans? (If "Yes," enter amount and the plant have any participant loans? If this is an individual account plan, was there a blackout period? 	fidelity bond ner persons I of the benefit ner (See instruct	tion Program)	10b 10c 10d 10e 10f 10g		x x x x			00						
 During the plan year: Was there a failure to transmit to the plan any participant contributions. 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 plant of the plant have any participant loans? (If "Yes," enter amount a lift 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 ner persons I of the benefit ner (See instruct	tion Program)	10b 10c 10d 10e 10f 10g		x x x x			00						
 During the plan year: Was there a failure to transmit to the plan any participant contributions. 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 instructions.) Has the plan failed to provide any benefit when due under the planth 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 Part VI Pension Funding Compliance Is this a defined benefit plan subject to minimum funding requirement. 	fidelity bond ner persons I of the benefit s of year end (See instruct	tion Program)	10b 10c 10d 10e 10f 10g 10h	x	x x x x x x x ele SB	(Form	500,00							
 During the plan year: Was there a failure to transmit to the plan any participant contributions. 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 plant of the plant have any participant loans? (If "Yes," enter amount and 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 Part VI Pension Funding Compliance Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below) 	fidelity bond fire persons I of the benefit s of year end (See instruct fine required r	tion Program) Clude transactions reported that was caused by fraud to yan insurance carrier, the under the plan? (See the colors and 29 CFR that was caused by fraud the plan? (See	10b 10c 10d 10e 10f 10g 10h	x	x x x x x x x	(Form								
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 During the plan year: Was there a failure to transmit to the plan any participant contributions. 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 plant of the plant have any participant loans? (If "Yes," enter amount and infinity 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 Part VI Pension Funding Compliance Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below) Is this a defined contribution plan subject to the minimum funding 	fidelity bond fidelity bond fire persons I of the benefit s of year end (See instruct fine required r fine required r fine requirement	tion Program) Clude transactions reported That was caused by fraud T	10b 10c 10d 10e 10f 10g 10h 10i	chedu	x x x x x x x 111a	(Form	500,00	lo						
 During the plan year: Was there a failure to transmit to the plan any participant contributions. 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 plant of the plant have any participant loans? (If "Yes," enter amount and infinition in the plant of the plan	ciary Correct ? (Do not income fidelity bond finer persons I of the benefit finer persons I o	tion Program) Clude transactions reported That was caused by fraud T	10b 10c 10d 10e 10f 10g 10h 10i	chedu	x x x x x x x 2 2 of EF	(Form	500,000 Yes X N	lo						
 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 Fidules Were there any nonexempt transactions with any party-in-interess 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 planent of the planent planen	ciary Correct ? (Do not income fidelity bond	clude transactions reported that was caused by fraud to yan insurance carrier, is under the plan? (See the plan? (See the plan and 29 CFR the plan and comp the	10b 10c 10d 10e 10f 10g 10h 10i	chedu	x x x x x x x ter the	(Form	500,000 Yes X N	lo						
 During the plan year: Was there a failure to transmit to the plan any participant contributed 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidurent Double of the plan and DOL's Voluntary Fidurent Double of the plan and DOL's Voluntary Fidurent Double of the plan (See instructions 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 plantage of the plan have any participant loans? (If "Yes," enter amount and 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 Part VI Pension Funding Compliance Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below) Is this a defined contribution plan subject to the minimum funding (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e belowed and If a waiver of the minimum funding standard for a prior year is being and the plan and the plan	ciary Correct ? (Do not income fidelity bond	clude transactions reported that was caused by fraud to yan insurance carrier, is under the plan? (See the plan? (See the plan and 29 CFR the plan and comp the	10b 10c 10d 10e 10f 10g 10h 10i	chedu	x x x x x x x ter the	(Form	500,000 Yes ▼ N Yes ▼ N e letter ruling	lo						

	Form 5500-SF 2012 Page 3-				
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 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				
<u>13a</u>	Has a resolution to terminate the plan been adopted in any plan year?	***************************************	☐ Ye	es X N	0
	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 of the PBGC?	brought under the co	ntrol		Yes X No
С	If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), which assets or liabilities were transferred. (See instructions.)				
1	3c(1) Name of plan(s):	130	(2) EIN(s)	13c(3) PN(s)
Part	VIII Trust Information (optional)				
14a N	Name of trust		14b Tr	ust's EIN	