Fo							OMB Nos. 1210-0110 1210-0089	
	partment of the Treasury ternal Revenue Service							
-	Department of Labor Retirement Income Security Act of 1974 (ERISA), and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code). This Form is Open to Inspection							
	Complete all entries in accordance with the instructions to the Form 5500-SF.							
Part I	Annual Report Id	lentification Information al plan year beginning 01/01/2012		and ending 1	2/31/2	2012		
-				<u> </u>	2/31/			
	eturn/report is for:			an (not multiemployer)		a one-particip	bant plan	
B This r	eturn/report is:		ne final return/report					
-			1 9	/report (less than 12 mo	onths			
C Chec	k box if filing under:		utomatic extension			X DFVC progra	im	
		special extension (enter description)						
Part II		nation—enter all requested information	on		41		Γ	
1a Nam	e of plan SOLUTIONS 401(K) PLAN	st.			10	Three-digit plan number		
VENDING		•				(PN) ►	001	
					1c	Effective date o	f plan	
						01/01	/2001	
	sponsor's name and address SOLUTIONS	ess; include room or suite number (emp	ployer, if for a single-e	employer plan)	2b	Employer Identi (EIN) 91-18	fication Number 01712	
5415 CAL	IFORNIA AVE SW				2c	Sponsor's telep 206-93		
SEATTLE	, WA 98136-1512				2d	Business code (45421	,	
3a Plan	administrator's name and	address 🛛 Same as Plan Sponsor Nar	me Same as Plan	Sponsor Address	3b	Administrator's	EIN	
					2.		telephone number	
		lan sponsor has changed since the las	t return/report filed fo	r this plan, enter the	4b	EIN		
	ie, EIN, and the plan humb isor's name	per from the last return/report.			4c	PN		
		the beginning of the plan year			·· 5a 1			
b Tota	I number of participants at	the end of the plan year			5b		0	
C Num	nber of participants with ac	count balances as of the end of the pla	n year (defined bene	fit plans do not				
com	plete this item)				5c		0	
		luring the plan year invested in eligible					X Yes No	
		ne annual examination and report of an See instructions on waiver eligibility an					X Yes No	
		er line 6a or line 6b, the plan cannot						
		incomplete filing of this return/report						
SB or Sc		r penalties set forth in the instructions, signed by an enrolled actuary, as well tte.						
SIGN	Filed with authorized/va	lid electronic signature.	09/25/2014	JOHN COMICK				
HERE	Signature of plan adn	ninistrator	Date	Enter name of individu	ual sig	gning as plan adn	ninistrator	
SIGN								
HERE	Signature of employe	er/plan sponsor	Date	Enter name of individu	ual sid	ning as employe	r or plan sponsor	
Preparer		ne, if applicable) and address; include i					number (optional)	

For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500-SF.

Par	t III Financial Information								
7	Plan Assets and Liabilities		(a) Beginning of Yea	r			(b) End o	f Year	
а	Total plan assets	7a	101745	3				0	
b	Total plan liabilities	7b	0			(
С	Net plan assets (subtract line 7b from line 7a)	7c	1017453			0			
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount			(b) Total			
а	Contributions received or receivable from:	0-(1)							
	(1) Employers	8a(1)							
	 (2) Participants	8a(2) 8a(3)							
h	(3) Others (including rollovers) Other income (loss)	8b	7603	1					
-	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	00 80	7005					76024	
_	Benefits paid (including direct rollovers and insurance premiums	00			_			76031	
	to provide benefits)	8d	1211	9					
е	Certain deemed and/or corrective distributions (see instructions)	8e							
f	Administrative service providers (salaries, fees, commissions)	8f	1359	6					
	Other expenses	8g							
<u>h</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h						25715	
	Net income (loss) (subtract line 8h from line 8c)	8i						50316	
<u> </u>	Transfers to (from) the plan (see instructions) t IV Plan Characteristics	8j	-106776	9					
9a b Part	If the plan provides pension benefits, enter the applicable pension 3D 2J 2G 2S 2E 3B 2K 2F 2T If the plan provides welfare benefits, enter the applicable welfare fer V Compliance Questions								
10									
	During the plan year:				Yes	No		Amount	
<u>a</u>	During the plan year: Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu			10a	Yes	No X	,	Amount	
а	Was there a failure to transmit to the plan any participant contribu	uciary Corre ? (Do not ir	ection Program) nclude transactions reported	10a 10b	Yes		,	Amount	
а	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.)	uciary Corre ? (Do not ir	ection Program)		Yes	x		Amount	25000
a b c	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 Corre ? (Do not ir fidelity bon	ction Program) nclude transactions reported d, that was caused by fraud	10b		x		Amount	25000
a 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 insurance service or other organization that provides some or all o instructions.)	iciary Corre ? (Do not ir fidelity bon her persons of the benef	ection Program) nclude transactions reported d, that was caused by fraud by an insurance carrier, fits under the plan? (See	10b 10c		X X		Amount	25000
a 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 insurance service or other organization that provides some or all of	iciary Corre ? (Do not ir fidelity bon her persons of the benef	ection Program) nclude transactions reported d, that was caused by fraud by an insurance carrier, fits under the plan? (See	10b 10c 10d		x x x		Amount	25000
a b c d 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 Corre ? (Do not ir fidelity bon her persons of the benef	by an insurance carrier, fits under the plan? (See	10b 10c 10d 10e		x x x x x		Amount	25000
a b c d e f g	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 Corre ? (Do not ir fidelity bon mer persons of the benef n? s of year er (See instruc	ection Program) nclude transactions reported d, that was caused by fraud by an insurance carrier, fits under the plan? (See nd.) ctions and 29 CFR	10b 10c 10d 10e 10f		x x x x x x x		Amount	25000
a b c d e f g	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 Corre ? (Do not ir fidelity bon her persons of the benef n? s of year er (See instruc	ection Program) nclude transactions reported d, that was caused by fraud by an insurance carrier, fits under the plan? (See nd.) ctions and 29 CFR notice or one of the	10b 10c 10d 10e 10f 10g		x x x x x x x x		Amount	25000
a b c d e f g h	 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 instructions.) Has the plan failed to provide any benefit when due under the plan Did the plan have any participant loans? (If "Yes," enter amount a 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 th exceptions to providing the notice applied under 29 CFR 2520.10 	iciary Corre ? (Do not ir fidelity bon her persons of the benef n? s of year er (See instruc	ection Program) nclude transactions reported d, that was caused by fraud by an insurance carrier, fits under the plan? (See nd.) ctions and 29 CFR notice or one of the	10b 10c 10d 10e 10f 10g 10h		x x x x x x x x		Amount	25000
a b c d e f f h	 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 or instructions.) Has the plan failed to provide any benefit when due under the plan Did the plan have any participant loans? (If "Yes," enter amount a 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 th exceptions to providing the notice applied under 29 CFR 2520.10 	iciary Corre ? (Do not ir fidelity bon her persons of the benef n? s of year er (See instruction her required 1-3	ection Program) nclude transactions reported d, that was caused by fraud by an insurance carrier, fits under the plan? (See 	10b 10c 10d 10e 10f 10g 10h 10i	X	X X X X X X X X	(Form	Amount	25000
a b c d f g h i Part	 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.) 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.) If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10 VI Pension Funding Compliance Is this a defined benefit plan subject to minimum funding requirem 	Iciary Corre ? (Do not ir fidelity bon her persons of the benef n? s of year er (See instruc he required 1-3	ection Program) nclude transactions reported d, that was caused by fraud by an insurance carrier, fits under the plan? (See nd.) ctions 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	(Form		
a b c d f g h i Part	 Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fide Were there any nonexempt transactions with any party-in-interest on line 10a.) 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 c instructions.) 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.) If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10 VI Pension Funding Compliance Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below). 	Iciary Corre ? (Do not ir fidelity bon her persons of the benef n? s of year er (See instruct he required 1-3	ection Program) nclude transactions reported d, that was caused by fraud by an insurance carrier, fits under the plan? (See nd.) ctions and 29 CFR notice or one of the es," see instructions and com	10b 10c 10d 10e 10f 10g 10h 10i	Schee	X X X X X X X Iule SB	(Form		
a b c d e f 9 h i 11 11a 12	 Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fid. 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 c instructions.) Has the plan failed to provide any benefit when due under the plan Did the plan have any participant loans? (If "Yes," enter amount a If this is an individual account plan, was there a blackout period? 2520.101-3.) If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10 VI Pension Funding Compliance Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below) Enter the amount from Schedule SB line 39. Is this a defined contribution plan subject to the minimum funding (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below. 	Iciary Corre ? (Do not ir fidelity bon her persons of the benef n? s of year er (See instruc he required 1-3	ection Program) nclude transactions reported d, that was caused by fraud by an insurance carrier, fits under the plan? (See nd.) ctions and 29 CFR notice or one of the es," see instructions and com	10b 10c 10d 10e 10f 10g 10h 10i plete	X Schection 3	X X X X X X X X Iule SB 11a 302 of E	(Form	Yes	
a b c d e f g h i i Part 11 11a 12 a	 Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fid. 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 c instructions.) 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.) If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10 VI Pension Funding Compliance Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below). Enter the amount from Schedule SB line 39. Is this a defined contribution plan subject to the minimum funding funding for a prior year is beir granting the waiver. 	Iciary Corre ? (Do not ir fidelity bon her persons of the benef n? s of year er (See instruc he required 1-3	ection Program) nclude transactions reported d, that was caused by fraud by an insurance carrier, fits under the plan? (See nd.) ctions and 29 CFR notice or one of the es," see instructions and com nts of section 412 of the Code ble.) d in this plan year, see instructions and Mon	10b 10c 10d 10e 10f 10g 10h 10i 10i e or se	X Schection 3	X X X X X X X X Iule SB 11a 302 of E	(Form ERISA?	Yes	
a b c d f g h i l Part 11 11a 12 a lf	 Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fid. 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 c instructions.) Has the plan failed to provide any benefit when due under the plan Did the plan have any participant loans? (If "Yes," enter amount a If this is an individual account plan, was there a blackout period? 2520.101-3.) If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10 VI Pension Funding Compliance Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below) Enter the amount from Schedule SB line 39. Is this a defined contribution plan subject to the minimum funding funding for a prior year is being a minimum funding standard for a prior year is being a minimum funding standard for a prior year is being a standard for a prior year is being a standard for a prior year is being a minimum funding standard for a prior year is being a minimum funding standard for a prior year is being a standard for a prior year is being a standard for a prior year is being a minimum funding standard for a prior year is being a minimum funding standard for a prior year is being a standard for a prior year is being a minimum funding standard for a prior year is being a minimum funding standard for a prior year is being a minimum funding standard for a prior year is being a minimum funding standard for a prior year is being a minimum funding standard for a prior year is being a minimum funding standard for a prior year is being a minimum funding standard for a prior ye	Iciary Corre ? (Do not ir fidelity bon mer persons of the benef n? s of year er (See instruct ne required 1-3 nents? (If "Y requirement as applica ng amortize e MB (Form	ection Program) nclude transactions reported d, that was caused by fraud by an insurance carrier, fits under the plan? (See 	10b 10c 10d 10f 10g 10h 10i 10i e or see	X Schec	X X X X X X X X X X X X X X X X X X X	(Form ERISA?	Yes Yes e letter ruli	

Form 5500-SF 2012

Page 3 - 1

С	Enter the amount contributed by the employer to the plan for this plan year	12c			
d	Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a negative amount)	12d			
е	Will the minimum funding amount reported on line 12d be met by the funding deadline?		Yes	No	N/A
Part	VII Plan Terminations and Transfers of Assets				
13a	Has a resolution to terminate the plan been adopted in any plan year?	. X Y	/es No		
	If "Yes," enter the amount of any plan assets that reverted to the employer this year	. 13a			0
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the of the PBGC?	control		X Yes	No
С	If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) which assets or liabilities were transferred. (See instructions.)	to		-	
1	3c(1) Name of plan(s):	3c(2) El	N(s)	13c(3)	PN(s)
VG EN	ITERPRISES OF AMERICA, LLC 401(K) PROFIT SHARING PLAN 27-43	75930		001	
Part	VIII Trust Information (optional)				
14a	Name of trust	14b ⊺⊧	rust's EIN		

Form 5500-SF	Short Form Annual Return/Report of Small Employee				
Department of the Treasury Internal Revenue Service	This form is required to be filed	nd 4065 of the Employe	0	2012	
Department of Labor Employee Benefits Security Administration	Retirement Income Security Act of the Interna	ctions 6057(b) and 6058	B(a) of		
Pension Benefit Guaranty Corporation	 Complete all entries in accord 	0-SE	Inspection		
Part I Annual Report Id	entification Information			0-01.	
For calendar plan year 2012 or fisca		/01/2012	and ending		12/31/2012
A This return/report is for:	a single-employer plan	a multiple-employer pl	an (not multiemployer)		a one-participant plan
B This return/report is:	the first return/report	the final return/report			
[an amended return/report	a short plan year returr	n/report (less than 12 m	onths))
C Check box if filing under:	Form 5558	automatic extension			X DFVC program
	special extension (enter descriptio	n)			
Part II Basic Plan Inform	nation—enter all requested information	ation			
1a Name of plan				1b	Three-digit
VENDING SOLUTIONS 403	L(K) PLAN				plan number
				10	(PN) UO1 Effective date of plan
				10	01/01/2001
2a Plan sponsor's name and addred VENDING SOLUTIONS	ess; include room or suite number (e	mployer, if for a single-	employer plan)	2b	Employer Identification Number
				20	(EIN) 91-1801712 Sponsor's telephone number
5415 CALIFORNIA AVE S	SW			20	206-933-8500
				2d	Business code (see instructions)
SEATTLE	WA 98136-1512				454210
3a Plan administrator's name and	address XSame as Plan Sponsor N	ame XSame as Plar	Sponsor Address	3b	Administrator's EIN
				30	Administrator's telephone number
4 If the name and/or EIN of the p name, EIN, and the plan numb	lan sponsor has changed since the laper from the last return/report.	ast return/report filed fo	or this plan, enter the	4b	EIN
a Sponsor's name		8 · · · · · · · · · · · · · · · · · · ·		4c	PN
	the beginning of the plan year			5a	14
b Total number of participants at	the end of the plan year			5b	0
	count balances as of the end of the p			5c	0
6a Were all of the plan's assets of	luring the plan year invested in eligib	le assets? (See instruc	tions.)		X Yes No
	ne annual examination and report of a				X Yes 🗌 No
	See instructions on waiver eligibility a er line 6a or line 6b, the plan cann				
	incomplete filing of this return/rep				
Under penalties of perjury and othe	r penalties set forth in the instruction signed by an enrolled actuary, as we	s, I declare that I have	examined this return/re	port, ir	ncluding, if applicable, a Schedule
SIGN A A A	mit	123/14	JOHN COMICK		
HERE Signature of plan ad		Date	Enter name of individ	ual sid	gning as plan administrator
SIGN	(mult	a/13/14	JOHN COMICK		
HERE Signature of employe	er/plan sponsor	Date	Enter name of individ	ual sid	gning as employer or plan sponsor
	ne, if applicable) and address; includ	e room or suite numbe			barer's telephone number (optional)
For Paperwork Reduction Act Notice	and OMB Control Numbers, see the ins	tructions for Form 5500-	SF.		Form 5500-SF (2012)

Par	t III Financial Information										
7	Plan Assets and Liabilities		(a) Beginning of Yea	r			(b) End	of Ye	ar		
а	Total plan assets	7a		1745	3						0
	Total plan liabilities	7b			0						0
С	Net plan assets (subtract line 7b from line 7a)	7c	101	1745	3						0
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b) T	otal			
	Contributions received or receivable from:										
	(1) Employers	8a(1)			123						
	(2) Participants	8a(2)									
	(3) Others (including rollovers)	8a(3)		7602	7		an a				
	Other income (loss)	8b		7603	1	Sec.	and the strength				2.7
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) Benefits paid (including direct rollovers and insurance premiums	8c		1997 - 1997 1997 -	8	1.5		12.5		760	31
	to provide benefits)	8d	:	1211	9						
	Certain deemed and/or corrective distributions (see instructions)	8e			a star			1			
f	Administrative service providers (salaries, fees, commissions)	8f		1359	6						
g	Other expenses	8g			-11						
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h								257	15
i	Net income (loss) (subtract line 8h from line 8c)	8i								503	16
j	Transfers to (from) the plan (see instructions)	8j	-10	6776	9			107			
Par	t IV Plan Characteristics										
	If the plan provides pension benefits, enter the applicable pension 3D 2J 2G 2S 2E 3B 2K 2F 2T							-			
	If the plan provides welfare benefits, enter the applicable welfare fe			JIENSI				ions.			
Par											
10	During the plan year:				Yes	No		Amo	ount		
a 	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu	iciary Corr	ection Program)	10a		Х					
b	Were there any nonexempt transactions with any party-in-interest on line 10a.)			10b		Х					
С	Was the plan covered by a fidelity bond?			10c	Х					250	00
d	Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?			10d		x					
e	Were any fees or commissions paid to any brokers, agents, or oth insurance service or other organization that provides some or all instructions.)	of the bene	efits under the plan? (See	10e		х					
f				10f		X					
						X					
	If this is an individual account plan, was there a blackout period? 2520.101-3.)	(See instru	uctions and 29 CFR	10g		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	he required	d notice or one of the	101							
Par								No. 10. 1078			
11	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)					dule SE	3 (Form	Г	Yes	Π	No
112	Enter the amount from Schedule SB line 39					11a					
12	Is this a defined contribution plan subject to the minimum funding						ERISA?	ТГ	Yes	X	No
12	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below		25	5 01 30	00001	002 01					
a	If a waiver of the minimum funding standard for a prior year is being ranting the waiver.	ng amortiz	ed in this plan year, see instru		, and	enter th Day	ne date of	the le Yea		ing	
lf	you completed line 12a, complete lines 3, 9, and 10 of Schedul	a subset of contract									
	Enter the minimum required contribution for this plan year.					12b					

Form 5500-SF 2012

Page 3 -	•
----------	---

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				
e Will the minimum funding amount reported on line 12d be met by the funding deadline?			Yes		N/A	
Part VII Plan Terminations and Transfers of Assets						
13a Has a resolution to terminate the plan been adopted in any plan year?		XY	′es 🗌 N	lo		
If "Yes," enter the amount of any plan assets that reverted to the employer this year		13a			0	
b Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought und of the PBGC?	of the BBCC2					
C If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the p which assets or liabilities were transferred. (See instructions.)	lan(s) to	D				
13c(1) Name of plan(s):	13	c(2) El	N(s)	13c(3) PN	1(s)	
VG ENTERPRISES OF AMERICA, LLC 401(k) PROFIT SHARING PLAN	27-	-4375	5930	001		
Part VIII Trust Information (optional)						

14a Name of trust	14b Trust's EIN