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 section 6058(a) of the Internal Revenue Code (the Code).

OMB Nos. 1210-0110 1210-0089

2009

This Form is Open to Public Inspection

Р	ension Benefit Guaranty Corporation	▶ Complete all entries in accord	dance witl	n the instructions to the Form 5500	0-SF.			
		lentification Information						
For	calendar plan year 2009 or fisca	al plan year beginning 01/01/200	9	and ending 1	2/31/2	2009		
Α -	This return/report is for:	x single-employer plan	multiple-e	mployer plan (not multiemployer)		one-participa	ant plan	
В -	This return/report is for:	first return/report	final retur	n/report		_		
	Ī	an amended return/report	short plan	year return/report (less than 12 mor	nths)			
C	Check box if filing under:	Form 5558	automatic	extension		DFVC progra	am	
		special extension (enter description						
Da	rt II Basic Plan Inform	nation—enter all requested inform	,					
	Name of plan	mation—enter all requested inform	alion		1h	Three-digit	T	
	EMPLOYERS PROFIT SHARIN	NG PLAN			1.5	plan number		
						(PN) •	001	
					1c	Effective date of		
					-	01/01/1		
	Plan sponsor's name and addre	ess (employer, if for single-employer	plan)		2b	Employer Identi (EIN) 91-049		mber
IVIATI	INIEL, INC.				2c	Plan sponsor's		number
	OX 756						4-4695	
EPH	RATA, WA 98823-0756				2d	Business code		tions)
20	Diam administratoria mana and	address (if some as Diag special)	"C	. "	2 h	423100		
	ERIEL, INC.	address (if same as Plan sponsor, e PO BOX 756))	30	Administrator's 91-049		
		EPHRATA, V	VA 98823-	0756	3с	Administrator's		number
						509-75	4-4695	
	•	an sponsor has changed since the last		port filed for this plan, enter the	4b	EIN		
'	iame, Em, and the plan numbe	r from the last return/report. Sponso	n S name		4c	PN		
5a	Total number of participants at	the beginning of the plan year			5a			29
b	Total number of participants at	the end of the plan year			5b			30
	, ,	ith account balances as of the end of		ļ	35			
				The state of the s	5c			30
6a	Were all of the plan's assets d	luring the plan year invested in eligib	le assets?	(See instructions.)			X Yes	No
b				dent qualified public accountant (IQF			Voc	□ No
				ons.)SF and must instead use Form 550			× Yes	Пио
Pa	rt III Financial Informa		01111 3300-	or and must mistead use i orm 550	.			
7	Plan Assets and Liabilities			(a) Beginning of Year		(b) End	l of Year	
-	Total plan assets		. 7a	795162	,	(b) Life		701213
b			7b					
C	•	7b from line 7a)	7c	795162	,			701213
8	Income, Expenses, and Transf			(a) Amount		(b) :	Total	
а	Contributions received or recei			(a) / imount		(2)	- Ctar	
	(1) Employers		. 8a(1)	8108	3			
	(2) Participants		. 8a(2)	0)			
	(3) Others (including rollovers)	0	0					
b	Other income (loss)	3						
С	Total income (add lines 8a(1),	8a(2), 8a(3), and 8b)	. 8c					97431
d	Benefits paid (including direct r to provide benefits)	rollovers and insurance premiums	. 8d					
е	Certain deemed and/or correct	ive distributions (see instructions)	. 8e					
f	Administrative service provider	s (salaries, fees, commissions)	. 8f	7280)			
g	Other expenses		. 8g					
h	Total expenses (add lines 8d, 8	Be, 8f, and 8g)						191381
i		e 8h from line 8c)						-93950
i		ee instructions)						

Part IV	Plan	Characteristic	٠.
rall IV	- FIAII	CHALACIELISII	

SIGN HERE

Signature of employer/plan sponsor

9a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 2E 2F 2G 3H 3D 2T

b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions

art V	Compliance Questions								
0 D	uring the plan year:				Yes	No		Amount	
а м	as there a failure to transmit to the plan any participant contributions of CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary	10a		X					
	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)								
c V	Vas the plan covered by a fidelity bond?		10c	X				100000	
	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?								
in	dere any fees or commissions paid to any brokers, agents, or other persurance service or other organization that provides some or all of the structions.)	e benefits under the	plan? (See	10e		X			
fн	as the plan failed to provide any benefit when due under the plan?			10f		X			
g D	id the plan have any participant loans? (If "Yes," enter amount as of y	year end.)		10g		Χ			
h If	this is an individual account plan, was there a blackout period? (See 520.101-3.)	e instructions and 29	CFR	10g		Χ			
i If	10h was answered "Yes," check the box if you either provided the receptions to providing the notice applied under 29 CFR 2520.101-3	equired notice or one	of the	10i		X			
art VI	Pension Funding Compliance								
	this a defined benefit plan subject to minimum funding requirements'							Yes	s × No
	s this a defined contribution plan subject to the minimum funding requ								X No
(If	"Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable	e.)							
	a waiver of the minimum funding standard for a prior year is being an								
	anting the waiver I completed line 12a, complete lines 3, 9, and 10 of Schedule MB			in		Day ₋		Year	
_	nter the minimum required contribution for this plan year					12b			
	nter the amount contributed by the employer to the plan for this plan				1	12c			
d St	ubtract the amount in line 12c from the amount in line 12b. Enter the egative amount)	result (enter a minu	s sign to the left of	of a		12d			
e w	ill the minimum funding amount reported on line 12d be met by the fu	unding deadline?			<u> </u>		Yes	No	N/A
art VI	Plan Terminations and Transfers of Assets								
3a ∺	as a resolution to terminate the plan been adopted during the plan ye	ear or any prior year	?					Yes	X No
If	"Yes," enter the amount of any plan assets that reverted to the emplo	over this vear			Г	13a			
b w	ere all the plan assets distributed to participants or beneficiaries, trar the PBGC?					ntrol		Yes	No X
	during this plan year, any assets or liabilities were transferred from thich assets or liabilities were transferred. (See instructions.)	this plan to another p	plan(s), identify th	ne plar	n(s) to				
13c	(1) Name of plan(s):			130		sc(2) EIN(s)		13c(3	3) PN(s)
Caution	: A penalty for the late or incomplete filing of this return/report v	will be assessed u	nless reasonabl	e cau	se is (establi	shed.		
SB or S	enalties of perjury and other penalties set forth in the instructions, I d chedule MB completed and signed by an enrolled actuary, as well as is true, correct, and complete.								
SIGN	· · · · ·	08/16/2010 F	R. PAUL SWANS	ON					
HERE	Signature of plan administrator	Data	Enter name of in						

Date

Enter name of individual signing as employer or plan sponsor

Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

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 6058(a) of the Internal Revenue Code (the Code).

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

2009

OMB Nos. 1210-0110 1210-0089

This Form is Open to Public Inspection

For	calendar plan year 2009 or fis	scal plan year beginning	01/01/20	009	and ending		12/31/20	09			
Α	This return/report is for:	X single-employer plan	multiple-er	nployer plan ((not multiemployer)		one-participa	ant plan			
В	This return/report is for:	first return/report	final return	urn/report							
		an amended return/report	short plan	ort plan year return/report (less than 12 months)							
С	Check box if filing under:	X Form 5558	automatic	extension			☐ DFVC progra	am			
	-										
Pa	art II Basic Plan Info	rmation—enter all requested info	ormation								
	Name of plan					1b	Three-digit				
	MLQ Employers Pro:	fit Sharing Plan					plan number				
						10	(PN)	001			
						16	Effective date of 01/01/197				
2a	Plan sponsor's name and ad-	dress (employer, if for single-emplo	oyer plan)			2b Employer Identification Number					
	Materiel, Inc.						(EIN) 91-049	9597			
						2c	Plan sponsor's (509) 754 -	telephone number			
	PO Box 756					2d		(see instructions)			
	Ephrata			WA	98823-0756		423100	(GDO MON GONOTIO)			
3a	Plan administrator's name an	d address (if same as Plan sponso	or, enter "Same'	")		3b	Administrator's				
						3c	91-049959 Administrator's	telephone number			
1 1	f the name and a Tible of the	-l		- 4 611 6 41-			(509)754-				
		plan sponsor has changed since the oer from the last return/report. Spo		ort illed for tr	us pian, enter the	4b	EIN				
						4c	PN				
5a Total number of participants at the beginning of the plan year						5a					
b Total number of participants at the end of the plan year						1					
b	Total number of participants	at the end of the plan year				5b		31			
	Total number of participants	with account balances as of the er	nd of the plan ye	ear (defined b	enefit plans do not	5b					
С	Total number of participants complete this item)	with account balances as of the er	nd of the plan ye	ear (defined b	enefit plans do not	5b 5c		31			
c 6a	Total number of participants complete this item)	with account balances as of the er	nd of the plan ye	ear (defined b	enefit plans do not	5b 5c					
c 6a	Total number of participants complete this item)	with account balances as of the er	nd of the plan ye ligible assets? (rt of an indepen	ear (defined b	enefit plans do not ons.) I public accountant (10	5b 5c		31			
6a b	Total number of participants complete this item)	with account balances as of the er during the plan year invested in e the annual examination and repor See instructions on waiver eligibither 6a or 6b, the plan cannot us	nd of the plan ye ligible assets? (rt of an indepen ility and condition	ear (defined b See instruction dent qualified	enefit plans do not ons.)	5b 5c (PA)		X Yes No			
6a b	Total number of participants complete this item)	with account balances as of the er during the plan year invested in e the annual examination and repor See instructions on waiver eligibither 6a or 6b, the plan cannot us	ligible assets? (rt of an indepen ility and conditions se Form 5500-S	ear (defined b See instruction dent qualified	enefit plans do not ons.)	5b 5c (PA)		X Yes No			
6a b	Total number of participants complete this item)	with account balances as of the er s during the plan year invested in e f the annual examination and repor C (See instructions on waiver eligibither 6a or 6b, the plan cannot us nation	ligible assets? (rt of an indepen ility and conditions se Form 5500-S	See instruction dent qualified ons.)	ons.)	5b 5c 2PA)		3 Yes No Yes No			
6a b Pa 7	Total number of participants complete this item)	with account balances as of the er during the plan year invested in e the annual examination and repor See instructions on waiver eligibither 6a or 6b, the plan cannot us mation	ligible assets? (rt of an indepen ility and conditions se Form 5500-S	See instruction dent qualified ons.)	ons.)	5b 5c 2PA)		X Yes No			
6a b Pa 7 a b	Total number of participants complete this item)	with account balances as of the er during the plan year invested in e the annual examination and report (See instructions on waiver eligibither 6a or 6b, the plan cannot us mation	ligible assets? (rt of an indepen ility and conditions Form 5500-S	See instruction dent qualified ons.)	enefit plans do not ons.) I public accountant (IC instead use Form 55 eginning of Year 795, 16	5b 5c 2PA)		3 Yes No X Yes No i of Year			
6a b Pa 7 a b	Total number of participants complete this item)	with account balances as of the er state during the plan year invested in e f the annual examination and repor f (See instructions on waiver eligible f ther 6a or 6b, the plan cannot us f theref a or 6b, the plan cannot us fination	ligible assets? (rt of an indepen ility and conditionse Form 5500-S	See instruction dent qualified ons.)	enefit plans do not ons.) I public accountant (IC instead use Form 55 eginning of Year 795, 16	5b 5c 2PA)	(b) End	30 X Yes No X Yes No X Yes 701,21:			
C 6a b 7 a b c	Total number of participants complete this item)	with account balances as of the er standard the plan year invested in e f the annual examination and repor g (See instructions on waiver eligible ther 6a or 6b, the plan cannot us mation e 7b from line 7a)	ligible assets? (rt of an indepen ility and conditions Form 5500-S	See instruction dent qualified ons.)	enefit plans do not ons.) I public accountant (IC instead use Form 55 eginning of Year 795, 16	5b 5c 2PA)	(b) End	3 Yes No X Yes No i of Year			
6a b Pa 7 a b	Total number of participants complete this item)	with account balances as of the er standard the plan year invested in e f the annual examination and repor g (See instructions on waiver eligible ther 6a or 6b, the plan cannot us mation e 7b from line 7a)	ligible assets? (rt of an indepen ility and conditions Form 5500-S	See instruction dent qualified ons.)	enefit plans do not ons.) I public accountant (IC instead use Form 55 eginning of Year 795, 16	5b 5c QPA) 500.	(b) End	30 X Yes No X Yes No X Yes 701,21:			
C 6a b 7 a b c	Total number of participants complete this item)	with account balances as of the er during the plan year invested in e the annual examination and repor See instructions on waiver eligibither 6a or 6b, the plan cannot us mation e 7b from line 7a)	ligible assets? (rt of an indepen ility and conditions Form 5500-S 7a 7b 7c 8a(1)	See instruction dent qualified ons.)	enefit plans do not ons.) I public accountant (IC instead use Form 55 eginning of Year 795, 16 795, 16	5b 5c QPA) 500.	(b) End	30 X Yes No X Yes No X Yes 701,21:			
C 6a b 7 a b c	Total number of participants complete this item)	with account balances as of the er during the plan year invested in e the annual examination and repor See instructions on waiver eligibither 6a or 6b, the plan cannot us mation To from line 7a) Desires for this Plan Year Desires for this Plan Year Desires for the plan Year	ligible assets? (rt of an indepen ility and conditions Form 5500-S 7a 7b 7c 8a(1) 8a(2)	See instruction dent qualified ons.)	enefit plans do not ons.) I public accountant (IC instead use Form 55 eginning of Year 795, 16 795, 16	5b 5c QPA) 500.	(b) End	30 X Yes No X Yes No X Yes 701,21:			
C 6a b 7 a b c	Total number of participants complete this item)	with account balances as of the er s during the plan year invested in e f the annual examination and repor g (See instructions on waiver eligibither 6a or 6b, the plan cannot us mation e 7b from line 7a) esfers for this Plan Year ceivable from:	ligible assets? (rt of an indepen ility and conditions Form 5500-S 7a 7b 7c 8a(1) 8a(2) 8a(3)	See instruction dent qualified ons.)	enefit plans do not ons.) I public accountant (IC instead use Form 55 eginning of Year 795, 16 795, 16	5b 5c QPA) 500.	(b) End	30 X Yes No X Yes No X Yes 701,21:			
C 6a b Pa 7 a b c 8 a	Total number of participants complete this item)	with account balances as of the er siduring the plan year invested in e f the annual examination and repor f (See instructions on waiver eligibither 6a or 6b, the plan cannot us mation e 7b from line 7a)	ligible assets? (rt of an indepen ility and conditions Form 5500-S 7a 7b 7c 8a(1) 8a(2) 8a(3)	See instruction dent qualified ons.)	enefit plans do not ons.) I public accountant (IC instead use Form 55 eginning of Year 795, 16 795, 16 a) Amount	5b 5c QPA) 500.	(b) End	30 X Yes No X Yes No X Yes 701,21:			
C 6a b 7 a b c 8 a	Total number of participants complete this item)	with account balances as of the er s during the plan year invested in e f the annual examination and repor P (See instructions on waiver eligibither 6a or 6b, the plan cannot us mation e 7b from line 7a) esters for this Plan Year ceivable from: (c), 8a(2), 8a(3), and 8b) ct rollovers and insurance premium	ligible assets? (rt of an indepen ility and conditions Form 5500-S 7a 7b 7c 8a(1) 8a(2) 8a(3) 8b 8c	See instruction dent qualified ons.)	enefit plans do not ons.) I public accountant (IC instead use Form 58 eginning of Year 795, 16 795, 16 8, 16	5b 5c 2PA) 500.	(b) End	Yes No Yes No Tof Year 701,21			
Pa b c 8 a b c d	Total number of participants complete this item)	with account balances as of the er during the plan year invested in e the annual examination and repor See instructions on waiver eligibither 6a or 6b, the plan cannot us mation a 7b from line 7a) ersers for this Plan Year ceivable from: (a), 8a(2), 8a(3), and 8b) extrollovers and insurance premium	ligible assets? (rt of an indepen ility and conditions Form 5500-S 7a 7b 7c 8a(1) 8a(2) 8a(3) 8b 8c ss 8d	See instruction dent qualified ons.)	enefit plans do not ons.) I public accountant (IC instead use Form 55 eginning of Year 795, 16 795, 16 a) Amount	5b 5c 2PA) 500.	(b) End	Yes No Yes No Tof Year 701,21			
Pa b c 8 a b c d e	Total number of participants complete this item)	with account balances as of the er discount during the plan year invested in e fithe annual examination and repor gree (See instructions on waiver eligibither 6a or 6b, the plan cannot us mation e 7b from line 7a) e 7b from line 7a) estrivable from: controlled from: con	ligible assets? (rt of an indepen ility and conditions is Form 5500-S 7a 7b 7c 8a(1) 8a(2) 8a(3) 8b 8c ss 8d	See instruction dent qualified ons.)	enefit plans do not ons.) I public accountant (IC instead use Form 55 eginning of Year 795, 16 795, 16 89, 32	5b 5c 2PA) 500.	(b) End	Yes No Yes No Tof Year 701,21			
Pa 7 a b c 8 a b c d e f	Total number of participants complete this item)	with account balances as of the er s during the plan year invested in e f the annual examination and repor P (See instructions on waiver eligibither 6a or 6b, the plan cannot us mation e 7b from line 7a) sefers for this Plan Year revivable from: (a), 8a(2), 8a(3), and 8b) ct rollovers and insurance premium ective distributions (see instructions) lers (salaries, fees, commissions)	ligible assets? (rt of an indepen ility and conditions Form 5500-S 7a 7b 7c 8a(1) 8a(2) 8a(3) 8b 8c 8c 8s 8d 8s) 8e 8f	See instruction dent qualified ons.)	enefit plans do not ons.) I public accountant (IC instead use Form 58 eginning of Year 795, 16 795, 16 8, 16	5b 5c 2PA) 500.	(b) End	Yes No Yes No Tof Year 701,21			
Pa 7 a b c 8 a b c d e f g	Total number of participants complete this item)	with account balances as of the er during the plan year invested in e the annual examination and repor See instructions on waiver eligibither 6a or 6b, the plan cannot us mation e 7b from line 7a) esters for this Plan Year ceivable from: consider (a), 8a(3), and 8b) controllovers and insurance premium ective distributions (see instructions lers (salaries, fees, commissions)	ligible assets? (rt of an indepen lility and conditions Form 5500-S 7a 7b 7c 8a(1) 8a(2) 8a(3) 8b 8c ss 8d 8) 8e 8f 8g	See instruction dent qualified ons.)	enefit plans do not ons.) I public accountant (IC instead use Form 55 eginning of Year 795, 16 795, 16 89, 32	5b 5c 2PA) 500.	(b) End	30 X Yes No X Yes No X Yes No I of Year 701,21: 701,21: 7043			
Pa 7 a b c 8 a b c d e f	Total number of participants complete this item)	with account balances as of the er diduring the plan year invested in e f the annual examination and repor g (See instructions on waiver eligibither 6a or 6b, the plan cannot us mation e 7b from line 7a) e 7b from line 7a) estraighter from: ceivable from: ceivable from: cettive distributions (see instructions lers (salaries, fees, commissions) d, 8e, 8f, and 8g) d, 8e, 8f, and 8g)	Section Sect	See instruction dent qualified ons.)	enefit plans do not ons.) I public accountant (IC instead use Form 55 eginning of Year 795, 16 795, 16 89, 32	5b 5c 2PA) 500.	(b) End	30 X Yes No X Yes No X Yes No No Nof Sear 701,21: 701,21: 701,21: 191,38			
Pa 7 a b c 8 a b c d e f g	Total number of participants complete this item)	with account balances as of the er during the plan year invested in e the annual examination and repor See instructions on waiver eligibither 6a or 6b, the plan cannot us mation e 7b from line 7a) esters for this Plan Year ceivable from: consider (a), 8a(3), and 8b) controllovers and insurance premium ective distributions (see instructions lers (salaries, fees, commissions)	ligible assets? (rt of an indepen ility and conditions Form 5500-S 7a 7b 7c 8a(1) 8a(2) 8a(3) 8b 8c 8c 8s 8d 8) 8c 8s 8d 8l 8l	See instruction dent qualified ons.)	enefit plans do not ons.) I public accountant (IC instead use Form 55 eginning of Year 795, 16 795, 16 89, 32	5b 5c 2PA) 500.	(b) End	30 X Yes No X Yes No X Yes No I of Year 701,21: 701,21: 7043			

		Form 5500-SF 2009	Pa	ge 2-								
Par	t IV	Plan Characteristics										
		e plan provides pension benefits, enter the applicable pension featu	re codes from the l	ist of P	lan Chara	cteris	stic Co	des in	the instr	uction	 S:	
		2E 2F 2G 3H 3D 2T										
b	If th	e plan provides welfare benefits, enter the applicable welfare featur	re codes from the L	ist of Pla	an Chara	cterist	tic Co	des in	the instru	uctions	i;	
Part	. \/	Compliance Questions										
10		Compliance Questions ring the plan year:					Yes	No	1			<u> </u>
а		ing the plan year. s there a failure to transmit to the plan any participant contributions	within the time ner	ind desc	ribed in [162	NO	 	Am	ount	
_		CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary				10a		Х				
b		re there any nonexempt transactions with any party-in-interest? (Do				10b		х				
С	W	as the plan covered by a fidelity bond?				10c	Х				10	0,000
d		the plan have a loss, whether or not reimbursed by the plan's fideli				10d		х				
е		re any fees or commissions paid to any brokers, agents, or other pe										
		urance service or other organization that provides some or all of the tructions.)				10e		Х				
f		s the plan failed to provide any benefit when due under the plan?			ı							
-						10f		Х				
g		the plan have any participant loans? (If "Yes," enter amount as of y				10g		Х				
"		nis is an individual account plan, was there a blackout period? (See				10h		Х				
i		Oh was answered "Yes," check the box if you either provided the receptions to providing the notice applied under 29 CFR 2520.101-3	•			10i		Х				• •
Part	VI	Pension Funding Compliance										
11		nis a defined benefit plan subject to minimum funding requirements?							•	[Yes	X No
12	ls t	his a defined contribution plan subject to the minimum funding requ	irements of section	412 of	the Code	or se	ction	302 of	ERISA?	[Yes	X No
		Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.										
а	lt a	waiver of the minimum funding standard for a prior year is being an	nortized in this plan	year, se	ee instruc	tions,	and e	enter th	ne date d	f the k	etter ru	ling
lf v		completed line 12a, complete lines 3, 9, and 10 of Schedule MB						Day		_ 16	ar	
		er the minimum required contribution for this plan year	-	-			Г	12b				•
C		er the amount contributed by the employer to the plan for this plan					<u> </u>	12c				
d	Şub	otract the amount in line 12c from the amount in line 12b. Enter the lative amount)	result (enter a minu	s sign to	the left o	of a		12d				
е	Will	the minimum funding amount reported on line 12d be met by the fu	unding deadline?						Yes	П	No	N/A
Part	VII	Plan Terminations and Transfers of Assets			******							
13a	Has	a resolution to terminate the plan been adopted during the plan ye	ear or any prior year	?						Γ	Yes	X No
		es," enter the amount of any plan assets that reverted to the emplo					Г	13a			<u></u>	
b	We	re all the plan assets distributed to participants or beneficiaries, tran	nsferred to another	plan, or	brought (ınder	the co				Yes	X No
С		uring this plan year, any assets or liabilities were transferred from the chassets or liabilities were transferred. (See instructions.)	his plan to another _l	olan(s),	identify th	e pla	n(s) to)				
1	13c(1) Name of plan(s):				13c(2) EIN(s) 13c(13c(3) PN(s)		
			•									
Caut	ion:	A penalty for the late or incomplete filing of this return/report	will be assessed u	nless r	easonabl	le car	ise is	estab	lished			
		nalties of perjury and other penalties set forth in the instructions, I d								licable	a Sch	edule
SBo	r Scl	nedule MB completed and signed by an enrolled actuary, as well as strue, correct, and complete.										
SIG	$_{N}$ T	R. Paul Swans on	8-12:10	R. Pa	ul Swa	anso	on					
HER			Date	Enter n	ame of in	dividu	ual sig	ning a	s plan ac	iminis	rator	
SIG	N											
HER		Signature of employer/plan sponsor	Date	Enter r	ame of in	divid	ual sic	nina a	s employ	er or i	olan sn	onsor

Date

Enter name of individual signing as employer or plan sponsor

Signature of employer/plan sponsor