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| to provide benefits) | | · · · | | | | _ | | | | | | |
| • Certain deemed and/or confective distributions (see instructions) Oe | | | , , | | | | | | | | | |
| Administrative service providers (sataries, rees, commissions) | diministrative service providers (sataties, rees, commissions) | | 1 (, , , | | | | | | | | | |
| g Ourer expenses | og 7000 | | | Ŭ | | | 7386 | | | | | |
| | 000 | _ | | | | _ | | | | | | |
| | ransfers to (from) the plan (see instructions) | | ubtract line 8h from line 8c) | 8i | | | -800 | | | | | |

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

Part IV **Plan Characteristics**

- 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 2J 2K 3B 3D 9a
- **b** If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:

| Part | V | Compliance Questions | | | | | | |
|---|------|---|--------|----------|---------|-------------|--------|----------------|
| 10 | Du | ring the plan year: | | Yes | No | | Amount | |
| а | | as there a failure to transmit to the plan any participant contributions within the time period described in 9 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program) | 10a | | X | | | |
| b | | | | | Х | | | |
| С | W | as the plan covered by a fidelity bond? | 10c | Х | | | | 10000 |
| d | | d the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud dishonesty? | 10d | | Х | | | |
| е | ins | ere any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, surance service or other organization that provides some or all of the benefits under the plan? (See structions.) | 10e | | Х | | | |
| f | Ha | is the plan failed to provide any benefit when due under the plan? | 10f | | Х | | | |
| g | Di | the plan have any participant loans? (If "Yes," enter amount as of year end.) | 10g | | Х | | | |
| h | | his is an individual account plan, was there a blackout period? (See instructions and 29 CFR 20.101-3.) | 10h | | Х | | | |
| i | | Oh was answered "Yes," check the box if you either provided the required notice or one of the ceptions to providing the notice applied under 29 CFR 2520.101-3 | 10i | | | | | |
| Part | VI | Pension Funding Compliance | | | | | | |
| 11 Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form 5500)) | | | | | | | | |
| 12 Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA? | | | | | | | | |
| (If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.) | | | | | | | | |
| а | | waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instru- inting the waiver | | | | | | |
| lf : | you | completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13. | | - | | | | |
| b | En | ter the minimum required contribution for this plan year | | | 12b | | | |
| С | En | ter the amount contributed by the employer to the plan for this plan year | | | 12c | | | |
| d | | btract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left gative amount) | | [| 12d | | | |
| e Will the minimum funding amount reported on line 12d be met by the funding deadline? | | | | | | | | |
| Part | VII | Plan Terminations and Transfers of Assets | | | | | | |
| 13a | На | s a resolution to terminate the plan been adopted during the plan year or any prior year? | | | | | Yes | X No |
| | lf " | Yes," enter the amount of any plan assets that reverted to the employer this year | | | 13a | | | |
| b | We | ere all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought the PBGC? | under | the co | | | Yes | × No |
| C | | luring this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify th ich assets or liabilities were transferred. (See instructions.) | ne pla | n(s) to | | | | |
| 1 | 3c(| 1) Name of plan(s): | | 130 | :(2) EI | N(s) | 13c(3) |) PN(s) |
| | | | | | | | | |
| | | | | | | | | |
| Caut | ion | A penalty for the late or incomplete filing of this return/report will be assessed unless reasonab | le cau | ise is i | estahl | lished | | |
| Jaul | | reporting to the face of moonplete ming of this feturineport will be assessed diffess feasonab | | 100 101 | Jorani | | | |

Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including, if applicable, a Schedule SB or Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.

| SIGN | Filed with authorized/valid electronic signature. | 03/24/2011 | TARISA CHILDERS | | | | | |
|------|---|------------|--|--|--|--|--|--|
| HERE | Signature of plan administrator | Date | Enter name of individual signing as plan administrator | | | | | |
| SIGN | | | | | | | | |
| HERE | Signature of employer/plan sponsor | Date | Enter name of individual signing as employer or plan sponsor | | | | | |

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