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0544	7 a b c 8 a b c d	under 29 CFR 2520.104-46? (f If you answered "No" to eith rt III Financial Informa Plan Assets and Liabilities Total plan assets Total plan liabilities Net plan assets (subtract line 7 Income, Expenses, and Transf Contributions received or recei (1) Employers (2) Participants (3) Others (including rollovers) Other income (loss) Total income (add lines 8a(1), 5 Benefits paid (including direct r to provide benefits)	e annual examination and report of a See instructions on waiver eligibility a <u>er 6a or 6b, the plan cannot use Fo</u> <u>ation</u> <i>T</i> ^b from line 7a) fers for this Plan Year vable from:)	an indepen and conditi orm 5500- 7a 7b 7c 8a(1) 8a(2) 8a(3) 8b 8c 8c 8d	dent qualified public accountant (IQ ons.) SF and must instead use Form 55 (a) Beginning of Year 158197 (a) Amount 164837 29315 8136	00. 7 7 1 5 3	(b) End	Yes No of Year 342802 342802 342802	
n Total expenses (add lines 8d, 8e, 8f, and 8g)	7 a b c 8 a b c d f	under 29 CFR 2520.104-46? (3 If you answered "No" to eith rt III Financial Informa Plan Assets and Liabilities Total plan assets Total plan liabilities Net plan assets (subtract line 7 Income, Expenses, and Transf Contributions received or recei (1) Employers (2) Participants (3) Others (including rollovers) Other income (loss) Total income (add lines 8a(1), a Benefits paid (including direct or to provide benefits) Certain deemed and/or correct Administrative service provider	e annual examination and report of a See instructions on waiver eligibility a er 6a or 6b, the plan cannot use For ation 7b from line 7a) 7b from line 7a) 7ers for this Plan Year vable from: 0	an indepen and conditi prm 5500- 7a 7b 7c 7c 8a(1) 8a(2) 8a(3) 8b 8c 8c 8c 8d 8e	dent qualified public accountant (IQ ons.) SF and must instead use Form 55 (a) Beginning of Year 158197 (a) Amount 164837 29315 8136	00. 7 7 1 5 3	(b) End	Yes No of Year 342802 342802 342802	
184605	7 a b c 8 a b c d e f g	under 29 CFR 2520.104-46? (f If you answered "No" to eith rt III Financial Informa Plan Assets and Liabilities Total plan assets Total plan liabilities Net plan assets (subtract line 7 Income, Expenses, and Transf Contributions received or recei (1) Employers (2) Participants (3) Others (including rollovers) Other income (loss) Total income (add lines 8a(1), f Benefits paid (including direct r to provide benefits) Certain deemed and/or correct Administrative service provider Other expenses	e annual examination and report of a See instructions on waiver eligibility a <u>er 6a or 6b, the plan cannot use Fo</u> <u>ation</u> //b from line 7a) //b f	an indepen and conditi prm 5500- 7a 7b 7c 8a(1) 8a(2) 8a(2) 8a(3) 8b 8c 8c 8d 8c 8c 8d 8c	dent qualified public accountant (IQ ons.) SF and must instead use Form 55 (a) Beginning of Year 158197 (a) Amount 164837 29315 8136	00. 7 7 1 5 3	(b) End	Yes No of Year 342802 342802 342802 otal 194146	
i Net income (loss) (subtract line 8h from line 8c) 8i 184605 j Transfers to (from) the plan (see instructions)	7 a b c 8 a b c d e f g h	under 29 CFR 2520.104-46? (f If you answered "No" to eith rt III Financial Informa Plan Assets and Liabilities Total plan assets Total plan liabilities Net plan assets (subtract line 7 Income, Expenses, and Transf Contributions received or recei (1) Employers (2) Participants (3) Others (including rollovers) Other income (loss) Total income (add lines 8a(1), 4 Benefits paid (including direct r to provide benefits) Certain deemed and/or correct Administrative service provider Other expenses Total expenses (add lines 8d, 8	e annual examination and report of a See instructions on waiver eligibility a er 6a or 6b, the plan cannot use Fo ation 7b from line 7a) 7b from line 7a) fers for this Plan Year vable from:)	an indepen and conditi prm 5500- 7a 7b 7c 8a(1) 8a(2) 8a(3) 8b 8c 8d 8c 8d 8c 8d 8c 8d 8c 8d 8c	dent qualified public accountant (IQ ons.) SF and must instead use Form 55 (a) Beginning of Year 158197 (a) Amount 164837 29315 8136	00. 7 7 1 5 3	(b) End	Yes No of Year 342802 342802 342802 otal 194146	

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

Part IV **Plan Characteristics**

- 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 2J 3D
- 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	Dui	ing the plan year:		Yes	No	Α	mount	
а		s there a failure to transmit to the plan any participant contributions within the time period described in CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)			Х			
b		Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)			Х			
c	Wa	as the plan covered by a fidelity bond?	10c	Х				16000
d	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?			Х				
е	insu	Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service or other organization that provides some or all of the benefits under the plan? (See instructions.)			X			
f	Has	the plan failed to provide any benefit when due under the plan?	10f		Х			
g	Did	the plan have any participant loans? (If "Yes," enter amount as of year end.)	10g		Х			
h		is is an individual account plan, was there a blackout period? (See instructions and 29 CFR 0.101-3.)	10h	Х				
i		Oh was answered "Yes," check the box if you either provided the required notice or one of the eptions to providing the notice applied under 29 CFR 2520.101-3	10i	Х				
Part	VI	Pension Funding Compliance						
11		is a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and com 0))					Yes	No
12		his a defined contribution plan subject to the minimum funding requirements of section 412 of the Code					Yes	× No
	(lf "	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- nting the waiver						
lf	you (completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.		-				
b	Ent	er the minimum required contribution for this plan year			12b			
С		er the amount contributed by the employer to the plan for this plan year			12c			
d	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)							
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	a Has a resolution to terminate the plan been adopted during the plan year or any prior year?							
	lf "Y	es," enter the amount of any plan assets that reverted to the employer this year			13a			
b	b Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?						× No	
C	lf d	uring this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify th ch assets or liabilities were transferred. (See instructions.)						
1	3c(1) Name of plan(s):		13	c (2) El	N(s)	13c(3) PN(s)
_	-		<u> </u>					

Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.

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.	07/06/2011	CHRIS JOHNSON
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