## 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).

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

OMB Nos. 1210-0110 1210-0089

2010

This Form is Open to Public Inspection

	art I Annual Report Identification Information				
For	calendar plan year 2010 or fiscal plan year beginning 01/01/2010	)	and ending	12/31/2	2010
Α .	This return/report is for: single-employer plan	multiple-e	mployer plan (not multiemployer)		one-participant plan
В	This return/report is for: first return/report	final retur	n/report		
	an amended return/report	short plar	year return/report (less than 12 mo	onths)	
С	Check box if filing under: Form 5558	automatic	extension		DFVC program
	special extension (enter description				
Pa	Int II Basic Plan Information—enter all requested informa	,			
	Name of plan	ation		1b	Three-digit
	B) THRIFT PLAN OF CHALLENGE INDUSTRIES, INC.				plan number 002
					(PN) •
				1c	Effective date of plan 07/01/1989
22	Plan sponsor's name and address (employer, if for single-employer)	nlon)		2h	Employer Identification Number
	LENGE INDUSTRIES, INC.	piari)		20	(EIN) 16-0956917
				2c	Plan sponsor's telephone number
	DANBY ROAD, SUITE 179 CA, NY 14850			0-1	607-272-8990
				<b>2</b> a	Business code (see instructions) 624310
3a	Plan administrator's name and address (if same as Plan sponsor, en	nter "Same	e")	3b	Administrator's EIN
CHA	LLENGE INDUSTRIES, INC. 950 DANBY F ITHACA, NY		IITE 179		16-0956917
				3c	Administrator's telephone number 607-272-8990
4 1	f the name and/or EIN of the plan sponsor has changed since the las	t return/re	port filed for this plan, enter the	4h	EIN
	name, EIN, and the plan number from the last return/report. Sponsor		, , , , , , , , , , , , , , , , , , ,		
				4c	
5a	Total number of participants at the beginning of the plan year			5a	68
b	Total number of participants at the end of the plan year			5b	56
С	Total number of participants with account balances as of the end of complete this item)			5c	50
6a	Were all of the plan's assets during the plan year invested in eligible				X Yes ☐ No
b	Are you claiming a waiver of the annual examination and report of a		,		
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility a	and condit	ons.)		Yes   No
	If you answered "No" to either 6a or 6b, the plan cannot use Fo	rm 5500-	SF and must instead use Form 5	500.	
	rt III   Financial Information				
7	Plan Assets and Liabilities	_	(a) Beginning of Year	4	(b) End of Year
	Total plan assets	7a	100022	0	0
	Total plan liabilities	7b	136522		1658189
<u>C</u>	Net plan assets (subtract line 7b from line 7a)	7c			
8 a	Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from:		(a) Amount		(b) Total
a	(1) Employers	8a(1)	7248	0	
	(2) Participants	8a(2)	7445	2	
	(3) Others (including rollovers)	8a(3)	4855	0	
b	Other income (loss)	8b	18016	4	
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c			375646
d	Benefits paid (including direct rollovers and insurance premiums		7436	5	
_	to provide benefits)	8d	825		
e	Certain deemed and/or corrective distributions (see instructions)	8e	620	0	
f	Administrative service providers (salaries, fees, commissions)	8f		4	
g	Other expenses	8g	C	4	82681
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h			292965
! :	Net income (loss) (subtract line 8h from line 8c)	8i			292903
	Transfers to (from) the plan (see instructions)	Ωi	İ	0	

Form 5500-SF 2010	Page <b>2-</b>
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Part IV	Plan	(`hara	cteristics
ı aıtıv ı	ı ıaıı	Onara	JIGI IƏLIGƏ

If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 2L 2M

b	If th	ne plan provides welfare benefits, enter the applicable welfare feature codes from the	List of Plan Chara	acteris	tic Co	des in	the instru	ıctions	:		
art	V	Compliance Questions									
0	Du	uring the plan year:			Yes	No		Am	ount		
а	Wa	as there a failure to transmit to the plan any participant contributions within the time po 9 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Progr		10a		X					
b		ere there any nonexempt transactions with any party-in-interest? (Do not include trans		10b		X					
С	W	/as the plan covered by a fidelity bond?		10c	X					2000	00
d		d the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was dishonesty?		10d		X					
е	ins	ere any fees or commissions paid to any brokers, agents, or other persons by an insu surance service or other organization that provides some or all of the benefits under the structions.)	e plan? (See	10e		X					
f	На	as the plan failed to provide any benefit when due under the plan?		10f		X					
g	Dio	d the plan have any participant loans? (If "Yes," enter amount as of year end.)		10g	X					315	05
h		this is an individual account plan, was there a blackout period? (See instructions and 2 20.101-3.)		10h		X					
i		10h was answered "Yes," check the box if you either provided the required notice or o ceptions to providing the notice applied under 29 CFR 2520.101-3		10i							
art	VI	Pension Funding Compliance									_
11		this a defined benefit plan subject to minimum funding requirements? (If "Yes," see in:						[	Yes	X	۷o
12		this a defined contribution plan subject to the minimum funding requirements of section							Yes	X	No
а	If a	"Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.) a waiver of the minimum funding standard for a prior year is being amortized in this pla anting the waiver.									
lf y	you	completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), an	d skip to line 13.		г		I				
b	En	ter the minimum required contribution for this plan year				12b					
		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 mir gative amount)	-			12d			I	71	
е	Wi	Il the minimum funding amount reported on line 12d be met by the funding deadline?.					Yes		No /	N/	4
art	VII	Plan Terminations and Transfers of Assets								_	
3а	Ha	as a resolution to terminate the plan been adopted during the plan year or any prior ye	ar?				1		Yes	X	No.
	If "	Yes," enter the amount of any plan assets that reverted to the employer this year				13a					
	of :	ere all the plan assets distributed to participants or beneficiaries, transferred to anothe the PBGC?							Yes	X	10
С		during this plan year, any assets or liabilities were transferred from this plan to anothe nich assets or liabilities were transferred. (See instructions.)	r plan(s), identify tl	he pla	n(s) to	)					
1	3c(	1) Name of plan(s):			13	c(2) El	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	ıse is	establ	ished.				
Jnde SB o	er pe r Sc	enalties of perjury and other penalties set forth in the instructions, I declare that I have shedule MB completed and signed by an enrolled actuary, as well as the electronic veries true, correct, and complete.	examined this retu	urn/re	port, ir	ncludin	g, if appli	,			
CI C		Filed with authorized/valid electronic signature. 07/15/2011	KATHLEEN LAR	SON							
SIG	IVI .		1								

SIGN	Filed with authorized/valid electronic signature.	07/15/2011	KATHLEEN LARSON
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

## Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation

## EN 16-0956917 /PN 002 /CHALIND RF0 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.

2010

OMB Nos. 1210-0110 1210-0089

This Form is Open to Public Inspection

	Part   Annual Report Identification Information					
Fo		01/01/	2010 and ending		12/31/201	.0
Α	This return/report is for:	multiple-	-employer plan (not multiemployer)		one-participa	nt plan
В	This return/report is for:	final retu	ırn/report			
	an amended return/report	short pla	an year return/report (less than 12 r	nonths)		
С	Check box if filing under: Form 5558	automati	ic extension		DFVC progra	ım
	special extension (enter descript	ion)			_	
P	art II Basic Plan Information—enter all requested inform	nation		···		
1a	Name of plan			1b	Three-digit	
	403(b) THRIFT PLAN OF CHALLENGE INDUSTR	IES, IN	NC.		plan number	222
				10	(PN) Effective date of	002
				10	07/01/1989	
2a	Plan sponsor's name and address (employer, if for single-employe CHALLENGE INDUSTRIES, INC.	r plan)		2b	Employer Identif	
	CHALLENGE INDUSTRIES, INC.				(EIN) 16-095	
	OFO DANDY DOLD GITTER 150			2C	Plan sponsor's to (607) 272-8	elephone number
	950 DANBY ROAD, SUITE 179			2d	Business code (s	
	ITHACA		NY 14850		624310	
3a	Plan administrator's name and address (if same as Plan sponsor, $\varepsilon_{\text{SAME}}$	enter "Sam	ne")	3b	Administrator's E	EIN
				3c	Administrator's to	elephone number
_						
	If the name and/or EIN of the plan sponsor has changed since the la name, EIN, and the plan number from the last return/report. Sponsi		eport filed for this plan, enter the	4b	EIN	
				4c	PN	
5a	Total number of participants at the beginning of the plan year			5a		68
ou	Total number of participants at the beginning of the plan year			··   ਹਰ		
_	Total number of participants at the beginning of the plan year					56
_	Total number of participants at the end of the plan year  Total number of participants with account balances as of the end of	of the plan	year (defined benefit plans do not	- 5b		56
b c	Total number of participants at the end of the plan year  Total number of participants with account balances as of the end of complete this item)	of the plan	year (defined benefit plans do not	5b		56 50
b c 6a	Total number of participants at the end of the plan year  Total number of participants with account balances as of the end of complete this item)  Were all of the plan's assets during the plan year invested in eligible. Are you claiming a waiver of the annual examination and report of	of the plan you	year (defined benefit plans do not  (See instructions.)	5b 5c		56 50 X Yes No
b c 6a	Total number of participants at the end of the plan year  Total number of participants with account balances as of the end of complete this item)  Were all of the plan's assets during the plan year invested in eligithmap in the plan year invested in eligithmap. Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility).	of the plan your ple assets? If an indeperture and conditions the plant indeperture and conditions the plant is a second the plant i	year (defined benefit plans do not P (See instructions.) endent qualified public accountant (	5b 5c		56 50
b c 6a b	Total number of participants at the end of the plan year	of the plan your ple assets? If an indeperture and conditions the plant indeperture and conditions the plant is a second the plant i	year (defined benefit plans do not P (See instructions.) endent qualified public accountant (	5b 5c		56 50 X Yes No
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6a b	Total number of participants at the end of the plan year  Total number of participants with account balances as of the end of complete this item)  Were all of the plan's assets during the plan year invested in eligith Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility If you answered "No" to either 6a or 6b, the plan cannot use Furt III Financial Information  Plan Assets and Liabilities	of the plan yole assets?  f an indeperand conditions  form 5500	year (defined benefit plans do not  (See instructions.)  endent qualified public accountant ( tions.)  -SF and must instead use Form to	5b 5c (QPA)		56 50 X Yes No X Yes No
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6a b Pa 7 a b	Total number of participants at the end of the plan year  Total number of participants with account balances as of the end of complete this item)  Were all of the plan's assets during the plan year invested in eligith Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility If you answered "No" to either 6a or 6b, the plan cannot use Furt III. Financial Information  Plan Assets and Liabilities  Total plan liabilities	of the plan you ble assets?  f an indepe and condition 5500-  7a 7b	year (defined benefit plans do not  P (See instructions.)  endent qualified public accountant ( tions.)  SF and must instead use Form 6  (a) Beginning of Year  1,365,2	5b 5c IQPA) 24 0	(b) End o	56 50 Yes No Yes No 70 70 70 70 70 70 70 70 70 70 70 70 70
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b c 6a b 7 a b c 8	Total number of participants at the end of the plan year  Total number of participants with account balances as of the end of complete this item)  Were all of the plan's assets during the plan year invested in eligith Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility If you answered "No" to either 6a or 6b, the plan cannot use Fart III. Financial Information  Plan Assets and Liabilities  Total plan assets  Total plan liabilities  Net plan assets (subtract line 7b from line 7a)  Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from:  (1) Employers	of the plan you be assets? fan indepe and conditions 5500-7a 7b 7c 8a(1)	year (defined benefit plans do not  P (See instructions.)  endent qualified public accountant ( itions.)  SF and must instead use Form is  (a) Beginning of Year  1,365,2  1,365,2  (a) Amount	5b 5c (QPA) (500.	(b) End o	56 50 Yes No Yes No 70 70 70 70 70 70 70 70 70 70 70 70 70
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6a b	Total number of participants at the end of the plan year  Total number of participants with account balances as of the end of complete this item).  Were all of the plan's assets during the plan year invested in eligit. Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility. If you answered "No" to either 6a or 6b, the plan cannot use Furt III. Financial Information  Plan Assets and Liabilities  Total plan assets  Total plan liabilities  Net plan assets (subtract line 7b from line 7a)  Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from:  (1) Employers  (2) Participants  (3) Others (including rollovers)	of the plan you ble assets? fan indepe and condition 5500-  7a 7b 7c 8a(1) 8a(2)	year (defined benefit plans do not  P (See instructions.)  endent qualified public accountant ( tions.)  SF and must instead use Form 8  (a) Beginning of Year  1,365,2  (a) Amount  72,4  74,4  48,5	5b 5c (QPA) (500.	(b) End o	56 50 Yes No Yes No 70 70 70 70 70 70 70 70 70 70 70 70 70
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6a b Pa b c 8 a b c	Total number of participants at the end of the plan year  Total number of participants with account balances as of the end of complete this item).  Were all of the plan's assets during the plan year invested in eligits. Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility. If you answered "No" to either 6a or 6b, the plan cannot use Furt III. Financial Information  Plan Assets and Liabilities  Total plan assets	7a 7b 7c 8a(1) 8a(2) 8b 8c	year (defined benefit plans do not  P (See instructions.)  endent qualified public accountant ( tions.)  SF and must instead use Form 8  (a) Beginning of Year  1,365,2  (a) Amount  72,4  74,4  48,5  180,1	5b 5c IQPA) 500. 24 0 24 80 52 50 64	(b) End o	56 50 X Yes No X Yes No 1,658,189 0,1,658,189 0tal
b c 6a b Pa 7 a b c 8 a b c d	Total number of participants at the end of the plan year  Total number of participants with account balances as of the end of complete this item).  Were all of the plan's assets during the plan year invested in eligit. Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility. If you answered "No" to either 6a or 6b, the plan cannot use Furt III. Financial Information  Plan Assets and Liabilities  Total plan assets  Total plan liabilities  Net plan assets (subtract line 7b from line 7a)  Income, Expenses, and Transfers for this Plan Year  Contributions received or receivable from:  (1) Employers  (2) Participants  (3) Others (including rollovers).  Other income (loss)  Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)  Benefits paid (including direct rollovers and insurance premiums to provide benefits).	7a 7b 7c 8a(1) 8a(2) 8b 8c 8d	year (defined benefit plans do not  P (See instructions.)  endent qualified public accountant ( tions.)  SF and must instead use Form to  (a) Beginning of Year  1, 365, 2  1, 365, 2  (a) Amount  72, 4  74, 4  48, 5  180, 1	5b 5c IQPA) 500. 24 0 24 80 52 50 64	(b) End o	56 50 X Yes No X Yes No 1,658,189 0,1,658,189 0tal
6a b Pa 7 a b c 8 a b c d e	Total number of participants at the end of the plan year  Total number of participants with account balances as of the end of complete this item)  Were all of the plan's assets during the plan year invested in eligit. Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility  If you answered "No" to either 6a or 6b, the plan cannot use Fart III. Financial Information  Plan Assets and Liabilities  Total plan assets  Total plan assets (subtract line 7b from line 7a)  Income, Expenses, and Transfers for this Plan Year  Contributions received or receivable from:  (1) Employers  (2) Participants  (3) Others (including rollovers)  Other income (loss)  Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)  Benefits paid (including direct rollovers and insurance premiums to provide benefits)  Certain deemed and/or corrective distributions (see instructions)	7a 7b 7c 8a(1) 8a(2) 8a(3) 8b 8c 8d 8e	year (defined benefit plans do not  P (See instructions.)  endent qualified public accountant ( tions.)  SF and must instead use Form to  (a) Beginning of Year  1, 365, 2  1, 365, 2  (a) Amount  72, 4  74, 4  48, 5  180, 1	5b 5c IQPA) 500. 24 0 24 80 52 50 64	(b) End o	56 50 X Yes No X Yes No 1,658,189 0,1,658,189 0tal
6a b Pa 7 a b c 8 a b c d e f	Total number of participants at the end of the plan year	of the plan you be assets? fan indepe and condition 5500.  7a 7b 7c 8a(1) 8a(2) 8a(3) 8b 8c 8d 8e 8f 8g	year (defined benefit plans do not  P (See instructions.)  endent qualified public accountant ( tions.)  SF and must instead use Form to  (a) Beginning of Year  1, 365, 2  1, 365, 2  (a) Amount  72, 4  74, 4  48, 5  180, 1	5b 5c 1QPA) 24 0 24 80 52 50 64 65 52 0	(b) End o	56 50 X Yes No X Yes No 1,658,189 0,1,658,189 0tal
6a b Pa 7 a b c 8 a b c d e f g	Total number of participants at the end of the plan year  Total number of participants with account balances as of the end of complete this item).  Were all of the plan's assets during the plan year invested in eligits. Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility. If you answered "No" to either 6a or 6b, the plan cannot use Furt III. Financial Information  Plan Assets and Liabilities  Total plan assets	7a 7b 7c 8a(1) 8a(2) 8b 8c 8d 8e 8f 8g 8h	year (defined benefit plans do not  P (See instructions.)  endent qualified public accountant ( tions.)  SF and must instead use Form to  (a) Beginning of Year  1, 365, 2  1, 365, 2  (a) Amount  72, 4  74, 4  48, 5  180, 1	5b 5c 1QPA) 24 0 24 80 52 50 64 65 52 0	(b) End o	56 50 X Yes No X Yes No A Yes

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9a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:

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	During the plan year:				Yes	No	<u> </u>	Amount	
	Was there a failure to transmit to the plan any participant contributions win 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary C			10a		Х		Amount	
b	Were there any nonexempt transactions with any party-in-interest? (Do n on line 10a.)		Х						
C	Was the plan covered by a fidelity bond?	10c	Х			200	0,000		
d	Did the plan have a loss, whether or not reimbursed by the plan's fidelity or dishonesty?		Х						
е	Were any fees or commissions paid to any brokers, agents, or other pers insurance service or other organization that provides some or all of the be 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	r end.)		10g	Х			31	.,505
h	If this is an individual account plan, was there a blackout period? (See ins 2520.101-3.)			10h		Х			
i	If 10h was answered "Yes," check the box if you either provided the requi exceptions 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? (I 5500))	f "Yes," see in	structions and com	plete	Sched	ule SE	(Form	Yes	X No
12	Is this a defined contribution plan subject to the minimum funding require	ments of secti	on 412 of the Code	or se	ction 3	02 of	ERISA?	Yes	X No
а	(If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)  If a waiver of the minimum funding standard for a prior year is being amor granting the waiver.	tized in this pla	an year, see instruc	tions,	and e	nter th	e date of th		g
	ou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (F			···		Day		Year	
	Enter the minimum required contribution for this plan year			,,,.	Г	12b			*******
	Enter the amount contributed by the employer to the plan for this plan yea					12c		•	
	Subtract the amount in line 12c from the amount in line 12b. Enter the resinegative amount)				[	12d			
е	Will the minimum funding amount reported on line 12d be met by the fund	ng deadline?.	•••••				Yes	No X	N/A
Part \	/II Plan Terminations and Transfers of Assets								
13a	Has a resolution to terminate the plan been adopted during the plan year o	or any prior ye	ar?		<u></u>			Yes	No
	If "Yes," enter the amount of any plan assets that reverted to the employer				*****	13a			
	Were all the plan assets distributed to participants or beneficiaries, transfe of the PBGC?	·····		•••••••	•••••	ntrol 		Yes 2	No P
	If during this plan year, any assets or liabilities were transferred from this p which assets or liabilities were transferred. (See instructions.)	olan to anothe	r plan(s), identify th	e plan	ı(s) to				
13	c(1) Name of plan(s):				13c	(2) EII	N(s)	13c(3) P	N(s)
Cautic	on: A penalty for the late or incomplete filing of this return/report will	ha accassed	Unione rossonshi	0.00:	no io -	otch!	ahad	1	
	penalties of perjury and other penalties set forth in the instructions, I declar							le a Sched	ule
SB or:	Schedule MB completed and signed by an enrolled actuary, as well as the it is true, correct, and complete	electronic ve	rsion of this return/r	eport,	and to	the b	est of my ki	nowledge ar	nd
SIGN		3/11	Kathleen La	irso	n				
HERE	Signature of plan artministrator Date	)	Enter name of in	dividu	al sign	ing as	plan admin	istrator	
SIGN		13.2011	JOHN A	7. (	201	PA			
HERE	Signature of employer/plan sponsor Date		Enter name of inc	dividu	al sign	ing as	employer o	r plan spon	sor
	X 1					-			