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.

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OMB Nos. 1210-0110 1210-0089

2010

This Form is Open to Public Inspection

Pa	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:	multiple-e	employer plan (not multiemployer)		one-participant plan			
	This return/report is for:	final retur	n/report					
_	an amended return/report		year return/report (less than 12 m	onths)				
<u> </u>	Check box if filing under:	·	extension		DFVC program			
C			, exterision		bi ve program			
	special extension (enter description	,						
	art II Basic Plan Information—enter all requested information	ation		146	There is all of			
	Name of plan OR & RESTORE 401(K) PLAN			1D	Three-digit plan number			
DEC	ON & RESTORE 401(R) FEAN				(PN) • 001			
				1c	Effective date of plan			
					01/01/2008			
	Plan sponsor's name and address (employer, if for single-employer	plan)		2b	Employer Identification Number			
DEC	OR & RESTORE, INC.			20	(LIIV)			
2525	E. 29TH, 10-B #343			20	Plan sponsor's telephone number 509-535-5098			
SPO	KANE, WA 99223			2d	Business code (see instructions)			
					454110			
	Plan administrator's name and address (if same as Plan sponsor, er OR & RESTORE, INC. 2525 E. 29TH			3b	Administrator's EIN 75-2982649			
DLO	SPOKANE, V			30	Administrator's telephone number			
				30	509-535-5098			
	f the name and/or EIN of the plan sponsor has changed since the las		port filed for this plan, enter the	4b	EIN			
- 1	name, EIN, and the plan number from the last return/report. Sponso	r's name		4c	DNI			
52	Total number of participants at the beginning of the plan year			_	PN 4			
	Total number of participants at the beginning of the plan year				4			
	b Total number of participants at the end of the plan year			. <u>5b</u>	4			
С	Total number of participants with account balances as of the end of complete this item)			5c	4			
6a					X Yes ☐ No			
b	- The air of the plant of according the plant year invested in original accord. (ever instruction, instructio							
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.)							
	If you answered "No" to either 6a or 6b, the plan cannot use Fo	orm 5500-	SF and must instead use Form 5	500.				
Pa	rt III Financial Information		<u> </u>					
7	Plan Assets and Liabilities		(a) Beginning of Year	47	(b) End of Year			
a	Total plan assets	. 7a	1371		222286			
b	Total plan liabilities	. 7b	1074	0	0			
<u> </u>	Net plan assets (subtract line 7b from line 7a)	7c	1371	47	222286			
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount		(b) Total			
а	Contributions received or receivable from: (1) Employers	8a(1)	53	04				
	(2) Participants	` '	467	47				
		8a(2)						
b	(3) Others (including rollovers) Other income (loss)	8a(3)	330	88				
_		8b	333		85139			
c d	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c			30100			
u	to provide benefits)	8d						
е	Certain deemed and/or corrective distributions (see instructions)	. 8e						
f	Administrative service providers (salaries, fees, commissions)	. 8f						
g	Other expenses	8g						
h	Total expenses (add lines 8d, 8e, 8f, and 8g)				0			
i	Net income (loss) (subtract line 8h from line 8c)	8i			85139			
	Transfers to (from) the plan (see instructions)							

	Form 5500-SF 2010 Page 2-		_				
ar	t IV Plan Characteristics						
a	If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Chara 2F 2G 2J 2K 3D 2E 2R	acteris	tic Co	des in	the instruction	าร:	
_	2F 2G 2J 2K 3D 2E 2R If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Chara-	ctorict	ic Coc	loc in t	ha instruction	·C:	
U	in the plan provides wellare benefits, enter the applicable wellare reactive codes from the List of Plan Chara-	Clensi	ic Coc	ies iii t	ne mstruction	5.	
art	V Compliance Questions						
)	During the plan year:		Yes	No	Ar	nount	
а	Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)	10a		X			
b	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	10b		X			
С	Was the plan covered by a fidelity bond?	10c	X		i		15000
d	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	10d		X			
е	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.)	10e		X			
f	Has the plan failed to provide any benefit when due under the plan?	10f		X	1		
g	Did the plan have any participant loans? (If "Yes," enter amount as of year end.)	10g		X			
h	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	10h		X			
i	If 10h was answered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3	10i					
ırt	VI Pension Funding Compliance						
1	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and com 5500))					Yes	No
2	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code	or se	ction 3	302 of E	ERISA?	Yes	X No
	(If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)						
а	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instruction granting the waiver						
lf	you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.						
b	Enter the minimum required contribution for this plan year			12b			
С	Enter the amount contributed by the employer to the plan for this plan year		L	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	of a		124	·		

Part VII Plan Terminations and Transfers of Assets

13a Has a resolution to terminate the plan been adopted during the plan year or any prior year?

If "Yes," enter the amount of any plan assets that reverted to the employer this year..... Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control

of the PBGC?..... If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to

e Will the minimum funding amount reported on line 12d be met by the funding deadline?.....

which assets or liabilities were transferred. (See instructions.)

13c(1) Name of plan(s): 13c(2) EIN(s) 13c(3) PN(s)

12d

Yes

N/A

No

No

Yes

Yes X No

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.	09/07/2011	JOHN ROBISON
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

Short Form Annual Return/Report of Small Employee Benefit Plan

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2010

OMB Nos. 1210-0110 1210-0089

This Form is Open to Public Inspection

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

	P Complete all elities ill accord	Tance With	i the matructions to the Form 550	J-Q1,		
Pa						
Forc		01/01/2010 and ending 12/31/2010				
A T	his return/report is for: X single-employer plan	multiple-e	mployer plan (not multiemployer)	one-participant plan		
BI	his return/report is for: first return/report	final retur	n/report			
	an amended return/report	short plan	year return/report (less than 12 mo	nths)		
C 0	heck box if filing under: X Form 5558	automatic	extension		DFVC program	
	special extension (enter description					
Pai		-				
		ation		41-		
	Name of plan DECOR & RESTORE 401(K) PLAN			TD	Three-digit plan number	
,	DECON & RESIONE 401(N) PLAN				(PN) ▶ 001	
				1c	Effective date of plan	
					01/01/2008	
	Plan sponsor's name and address (employer, if for single-employer	plan)		2b	Employer Identification Number	
,	DECOR & RESTORE, INC.				(EIN) 75-2982649	
	2525 E. 29TH, 10-B #343			2c	Plan sponsor's telephone number 509-535-5098	
				2d	Business code (see instructions)	
***	SPOKANE WA 99223				454110	
3a i	Plan administrator's name and address (if same as Plan sponsor, er DECOR & RESTORE, INC.	nter "Same)")	3b	Administrator's EIN	
					75-2982649	
	2525 E. 29TH, 10-B #343 SPOKANE WA 99223			3с	Administrator's telephone number 509-535-5098	
4 !f	the name and/or EIN of the plan sponsor has changed since the las	st return/re	port filed for this plan, enter the	4b	EIN	
n	ame, EIN, and the plan number from the last return/report. Sponso	r's name		Δc	PN	
5a	Total number of participants at the beginning of the plan year			5a	4	
	ot al number of participants at the end of the plan year			5b	4	
	Total number of participants with account balances as of the end of complete this item)	the plan y	ear (defined benefit plans do not	5c	4	
6a	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 a				Fes [] NO	
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility a	and conditi	ons.)	· ~)	X Yes No	
	If you answered "No" to either 6a or 6b, the plan cannot use Fo	orm 5500-	SF and must instead use Form 55	00.		
Par	t III Financial Information					
7	Plan Assets and Liabilities		(a) Beginning of Year		(b) End of Year	
а	Total plan assets	7a	13714	7	222286	
bΤ	ot al plan liabilities	7b		0	0	
С	Net plan assets (subtract line 7b from line 7a)	7c	13714	7	222286	
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount		(b) Total	
	Contributions received or receivable from:				(5)	
	(1) Employers	8a(1)	530	4		
	(2) Participants	8a(2)	4674	7		
	(3) Others (including rollovers)	8a(3)		:		
bOt her income (loss)		8b	3308	8		
C	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c			85139	
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d				
	Certain deemed and/or corrective distributions (see instructions)	8e				
	Administrative service providers (salaries, fees, commissions)	8f		-	1.	
	Other expenses			-		
-	Total expenses (add lines 8d, 8e, 8f, and 8g)	8g		+		
	**	8h			0	
	Net income (loss) (subtract line 8h from line 8c)	8i			85139	
	rrandord to (noin) are plain (see abstractions)	Ri .		1		

Part IV Plan Characteristics 9 a life plan provides pursion benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 2F 2G 2J 2K 3D 2Z 2R b life plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions: Part V Compliance Questions 1		F	Form 5500-SF 2010 Page 2-						
Part V Compliance Questions	Pai	t IV	Plan Characteristics						
Part V Compliance Questions Vos No Amount		If the	plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Char	acteri	stic Co	des in	the instruction	ons:	
a Vas there a failure to transmit to the plan any participant contributions within the time period described in 20 CFR 2510.3-102? (Soa instructions and DOL's Voluntary Flouciary Correction Program)	b			acteris	itic Co	des in	the instructio	ins:	
a Was there is afflure to transmit to the plan superiscipant contributions within the time period described in 29 CFR 2510.3-102? (See instructions and DOI's Voluntary Fiduciary Correction Program)	Par	t V	Compliance Questions						
a West shore a failure to transmit to the plan any participant conributions within the time period described in 29 CFR 2510-3-102 ('Sec instructions and DOL's Voluntary Future any consexenpt transactions with any party-in-interest?' (Do not include transactions reported on line 100.). 10	10	Duri			Yes	No	P	lmount	
on line 10a)		29	CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)			Х			.,
d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? I the plan factor of the plan's fleeting between the plan's fleeting by fleeting between the plan's fl	b	Wer on li	e there any nonexempt transactions with any party-in-interest? (Do not include transactions reported ne 10a.)	10b		Х			
e Wire any Ites 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 insurance service or other organization that provides some or all of the benefits under the plan? (See insurance service or other organization that provides some or all of the benefits under the plan? (See insurance service or other organization that provides some or all of the benefits under the plan? (See instructions and 25 CFR 101 - 3). If If I has the plan have eary participant loans? (If "Yes," enter amount as of year end.)	c	Wa	s the plan covered by a fidelity bond?	10c	х			1	5000
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 undor the plan? See 10e X It has the plan failed to provide any benefit when due under the plan? 10f X By Diet the plan have any participant loans? (If "Yes," enter amount as of year end). 10g X It has the plan failed to provide any benefit when due under the plan? 10g X It has the plan failed to provide any benefit when due under the plan? 10g X It has the plan failed to provide any benefit when due under the plan? 10g X It has the plan failed to provide any benefit when due under the plan? 10g X It has the plan failed to provide any benefit when due under the plan? 10g X It has the plan failed to provide any benefit when due under the plan? 10g X It has the plan failed to provide any benefit when due under the plan? 10g X It has the plan failed to providing the notice applied under 29 CFR 2520.101-3. 10g X It has a defined benefit plan subject to the minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form 5500). 10g X It is this a defined benefit plan subject to the minimum funding requirements? (If "Yes," see instructions, and enter the date of the letter ruling granting the vaiver. 10g X Noth 1	d	Did or d	the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud ishonesty?	10d		Х			
g Did the plan have any participant loans? (If "Yes." enter amount as of year end.)	е	Wer insu	e any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, rance service or other organization that provides some or all of the benefits under the plan? (See			Х			
h if this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) i If 10n was answered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3. 101 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? Yes No (If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.) a If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, and enter the date of the letter ruling granting the waiver. Month Day Year If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13. b Enter the minimum required contribution for this plan year. 12b c Enter the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the lett of a negative amount). e 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 during the plan year or any prior year? Yes No N/A For ever all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC? Yes No N/A 13c(1) Name of plan(s): 13c(2) EIN(s) 13c(3) PN(s) Caution: A penalty for the late or incomplete filling of this return/report will be assessed unless reasonable cause is established. Under penalties of perityry and other penalties set forth in the instructions. I declarate that I have examined this return/report disclarate that I have examined this return/report in its return/repo	f	Has	the plan failed to provide any benefit when due under the plan?	10f		Х			
h if this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) i If 10n was answered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3. 101 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? Yes No (If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.) a If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, and enter the date of the letter ruling granting the waiver. Month Day Year If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13. b Enter the minimum required contribution for this plan year. 12b c Enter the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the lett of a negative amount). e 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 during the plan year or any prior year? Yes No N/A For ever all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC? Yes No N/A 13c(1) Name of plan(s): 13c(2) EIN(s) 13c(3) PN(s) Caution: A penalty for the late or incomplete filling of this return/report will be assessed unless reasonable cause is established. Under penalties of perityry and other penalties set forth in the instructions. I declarate that I have examined this return/report disclarate that I have examined this return/report in its return/repo	g	Did	the plan have any participant loans? (If "Yes," enter amount as of year end.)	100		Х			
if 1 ft 10h was answered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3	h	If thi 2520	is is an individual account plan, was there a blackout period? (See instructions and 29 CFR 0.101-3.)			х			
11 Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form 5500))	Ĭ	If 10	h was answered "Yes," check the box if you either provided the required notice or one of the	10i					
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(If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.) a If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, and enter the date of the letter ruling granting the waiver. If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13. b Enter the minimum required contribution for this plan year	12							_ <u></u> <u>_</u>	
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If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13. b Enter the minimum required contribution for this plan year		lf a v gran	vaiver of the minimum funding standard for a prior year is being amortized in this plan year, see instru ting the waiver	ith	, and e	enter th Day	ie date of the	e letter rulin Zear	ıg
C Enter the amount contributed by the employer to the plan for this plan year		you c	ompleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.		,				
But so a resolution to terminate the plan been adopted during the plan year or any prior year? But we all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC? Cution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established. Tyes No Ni N/A Part VII Plan Terminations and Transfers of Assets Yes No No N/A Part VII Plan Terminations and Transfers of Assets Yes No No N/A Part VII Plan Terminations and Transfers of Assets Yes No No N/A Yes No No No No N/A Yes No No No N/A Yes No No No N/A Yes No No No No No No No N/A Yes No					}	12b			
e Will the minimum funding amount reported on line 12d be met by the funding deadline?	C	Ente	r the amount contributed by the employer to the plan for this plan year	*******	L	12c			
Part VII Plan Terminations and Transfers of Assets 13a Has a resolution to terminate the plan been adopted during the plan year or any prior year?		nega	stive amount)		L				
Has a resolution to terminate the plan been adopted during the plan year or any prior year? If "Yes," enter the amount of any plan assets that reverted to the employer this year							Yes	No	N/A
b Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	Part	VII	Plan Terminations and Transfers of Assets						
b Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	13a	Has	a resolution to terminate the plan been adopted during the plan year or any prior year?					Yes [No X
of the PBGC?		if "Y	es," enter the amount of any plan assets that reverted to the employer this year	*******					
C If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.) 13c(1) Name of plan(s): 13c(2) EIN(s) 13c(3) PN(s) 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 Schodule.		Were of th	e all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought e PBGC?	under	the co	*****		Yes [No X
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 Schodule.	С	If du	ring this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify t	he pla	n(s) to				_
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 School of		13c(1) Name of plan(s):				13c(2) EIN(s)			PN(s)
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 School of									
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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 School of	Cau	tion: /	A penalty for the late or incomplete filing of this return/report will be assessed unless reasonab	le cau	use is	establ	ished.		
	Unde	er pen	alties of perjury and other penalties set forth in the instructions. I declare that I have examined this ret	urn/re	nod ir	chidin	a if applicab	le, a Sched	Jule nd

belief, it is true, correct and complete.

SIGN HERE Signature of employer/plan sponsor

Date Enter name of individual signing as employer or plan sponsor