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)

2010

Inspection

This Form is Open to Public

OMB Nos. 1210-0110

1210-0089

Internal Revenue Code (the Code).

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

	art I		Identification Info									
For	for calendar plan year 2010 or fiscal plan year beginning 01/01/2011 and ending 07/31/2011											
Α	This retu	This return/report is for: Single-employer plan mu				mployer plan (not multiemployer)		one-participant plan				
В	B This return/report is for:				X final retur	n/report						
an amended return/report short p					X short plan	year return/report (less than 12 mg	onths)					
C Check box if filing under:					automatic	extension		DFVC progra	m			
special extension (enter description)												
Pa	art II	Basic Plan Info	ormation—enter all r	equested info	rmation							
1a	Name o			•			1b	Three-digit				
NOR	THWES	ST UROLOGY CENT	ER, P.S. 401(K) PROFI	T SHARING I	PLAN AND T	RUST		plan number	004			
							10	(PN) •	nlon			
							10	Effective date of 01/01/1	•			
			ddress (employer, if for	single-employ	/er plan)		2b	Employer Identif				
NOR	HWES	ST UROLOGY CENT	ER, P.S.				20	(EIN) 91-1090	elephone number			
		H SUNSET DRIVE					20	253-460				
TAC	OIVIA, W	/A 98406					2d	Business code (see instructions)			
3a	Plan ac	dministrator's name a	nd address (if same as	Plan snonsor	enter "Same	2")	3h	Administrator's E	-INI			
NOR	THWES	ST UROLOGY CENT	ER, P.S.	1231 NOR	RTH SUNSET WA 98406	DRIVE		91-1090				
				TAOOWA,	WA 30400		3с	Administrator's t	elephone number 0-1357			
4	If the na	me and/or EIN of the	plan sponsor has chan	ged since the	last return/re	port filed for this plan, enter the	4b	EIN				
			nber from the last return				40	DNI				
52	Total n	number of participants	s at the beginning of the	nlan vear				PN	4			
							5a 5b		0			
			•	•		rear (defined benefit plans do not	ac					
							5c		0			
6a	Were	all of the plan's asset	ts during the plan year i	nvested in eli	gible assets?	(See instructions.)			X Yes No			
b						ndent qualified public accountant (ICons.)			X Yes ☐ No			
			•	•	•	SF and must instead use Form 5						
Pa	art III	Financial Infor	mation									
7	Plan A	ssets and Liabilities				(a) Beginning of Year		(b) End				
а						1312			0			
b	Total p	olan liabilities			7b	174			0			
С	•		ne 7b from line 7a)		7с	1138	3	(
8		•	insfers for this Plan Yea	ır		(a) Amount		(b) T	otal			
а		outions received or re	eceivable from:		8a(1)							
		•			1							
	(3) Ot	hers (including rollov	ers)									
b	Other i	income (loss)			8b							
С	Total in	ncome (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c				0			
d			ect rollovers and insurar			1138	3					
е	•	*	ective distributions (see									
f			ders (salaries, fees, co	,								
g		·		,								
h	Total e	expenses (add lines 8	d, 8e, 8f, and 8g)						11383			
i	Net inc	come (loss) (subtract	line 8h from line 8c)		8i				-11383			
j	Transf	ers to (from) the plan	(see instructions)		····· 8j							

	Form 5500-SF 2010 Page 2-							
ar	t IV Plan Characteristics							
3	If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Chara 3D 2E 2H 2J 2K 2R							
)	If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics.	cteristi	c Cod	des in t	he instr	uctions:	i	
art	V Compliance Questions							
)	During the plan year:		Yes	No		Amo	ount	
	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				2	200000
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				
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						
rt	VI Pension Funding Compliance							
I	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and comp 5500))	•			•	[Yes	X No
2	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code	or sec	tion 3	302 of I	ERISA?		Yes	No
	(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 amortized in this plan year, see instruction granting the waiver							
lf y	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			12c	1			

Part VII Plan Terminations and Transfers of Assets

12d

Yes

N/A

X Yes No

No

b Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?.....

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

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.)

Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a

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 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.	09/15/2011	KEVIN BOERCKER				
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

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).

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

Part I Annual Report Identification Information									
For		01/01/2	011 and ending		07/31/2011				
A	This return/report is for: Single-employer plan	multiple-	employer plan (not multiemployer)		one-participant plan				
B	This return/report is for: first return/report								
	an amended return/report	n year return/report (less than 12 moi	nths)						
C	C Check box if filing under: Form 5558 automatic extension				DFVC program				
	special extension (enter description								
Pa	art II Basic Plan Information—enter all requested inform	ation							
	Name of plan			1b	Three-digit				
	Northwest Urology Center, P.S.				plan number (PN) > 004				
	401(k) Profit Sharing Plan and Trust			10	Effective date of plan				
					01/01/1988				
2a	Plan sponsor's name and address (employer if for single-employer Northwest Urology Center, P.S.	plan)		2b	Employer Identification Number				
	Northwest Urology Center, P.S.			0-	(EIN) 91-1090571				
	1001 77 - 11 - 6 1 - 7 - 1			26	Plan sponsor's telephone number (253) 460-1357	31			
	1231 North Sunset Drive			2d	Business code (see instructions))			
	Tacoma		WA 98406	-	621111				
3a	Plan administrator's name and address (if same as Plan sponsor, e $_{\mbox{\tiny Same}}$	nter "Sam	∍")	30	Administrator's EIN				
				3с	Administrator's telephone numb	er			
	f the name and/or EIN of the plan sponsor has changed since the last name. EIN, and the plan number from the last return/report. Sponso		port filed for this plan, enter the	4b	EIN				
	name, Env, and the plan number from the last return/report. Sponso	i S Hairie		4c	PN				
5a	Total number of participants at the beginning of the plan year			5a		4			
	man and the state of the state								
D	Total number of participants at the end of the plan year			5b		0			
C	Total number of participants at the end of the plan year								
C	Total number of participants with account balances as of the end of complete this item)	f the plan y	rear (defined benefit plans do not	5b 5c	₩ V □	0			
c 6a	Total number of participants with account balances as of the end of complete this item)	f the plan y	rear (defined benefit plans do not	5c	X Yes				
	Total number of participants with account balances as of the end of complete this item)	the plan y le assets? an indepe	rear (defined benefit plans do not (See instructions.) Indent qualified public accountant (IQ	5c PA)		0			
b	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 eligib Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility of you answered "No" to either 6a or 6b, the plan cannot use Formula in the plan cannot use the plan cannot use the plan cannot use the plan	f the plan y le assets? an indepe and condit	rear (defined benefit plans do not (See instructions.) Indent qualified public accountant (IQ	5c PA)		0 No			
b	Total number of participants with account balances as of the end of complete this item)	f the plan y le assets? an indepe and condit	rear (defined benefit plans do not (See instructions.) Indent qualified public accountant (IQ	5c PA)		0 No			
Pa	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 eligib. Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility a lifyou answered "No" to either 6a or 6b, the plan cannot use Fort III Financial Information Plan Assets and Liabilities	f the plan y le assets? an indepe and condit	(See instructions.) (See instructions.) Indent qualified public accountant (IQ ions.) SF and must instead use Form 550 (a) Beginning of Year	5c PA)		0 No No			
Pa 7 a	Total number of participants with account balances as of the end of complete this item)	f the plan y le assets? an indepe and condit orm 5500-	(See instructions.) (See instructions.) Indent qualified public accountant (IQ ions.) SF and must instead use Form 550 (a) Beginning of Year 13,12	5c PA) 00.	∑ Yes ☐	0 No No			
Pa 7 a b	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 eligib 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 you answered "No" to either 6a or 6b, the plan cannot use Fort III Financial Information Plan Assets and Liabilities Total plan liabilities	f the plan y le assets? an indepe and condit orm 5500-	(See instructions.) (See instructions.) Indent qualified public accountant (IQ ons.) SF and must instead use Form 550 (a) Beginning of Year 13,12 1,74	5c PA) 00. 3	∑ Yes ☐	0 No No			
Pa 7 a b	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 eligib 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 you answered "No" to either 6a or 6b, the plan cannot use Fourt III Financial Information Plan Assets and Liabilities Total plan assets Total plan liabilities Net plan assets (subtract line 7b from line 7a)	f the plan y le assets? an indepe and condit orm 5500-	(See instructions.) Indent qualified public accountant (IQ ions.) SF and must instead use Form 550 (a) Beginning of Year 13,12 1,74 11,38	5c PA) 00. 3	(b) End of Year	O No No			
Pa 7 a b c	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 eligib Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility of tyou answered "No" to either 6a or 6b, the plan cannot use Fourt 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	f the plan y le assets? an indepe and condit orm 5500-	(See instructions.) (See instructions.) Indent qualified public accountant (IQ ons.) SF and must instead use Form 550 (a) Beginning of Year 13,12 1,74	5c PA) 00. 3	∑ Yes ☐	0 No No			
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Pa 7 a b c	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 eligib 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 you answered "No" to either 6a or 6b, the plan cannot use Fourt 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	f the plan y le assets? an indepe and condit orm 5500- 7a 7b 7c 8a(1)	(See instructions.) Indent qualified public accountant (IQ ions.) SF and must instead use Form 550 (a) Beginning of Year 13,12 1,74 11,38	5c PA) 00. 3	(b) End of Year	0 No No			
Pa 7 a b c	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 eligib 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 you answered "No" to either 6a or 6b, the plan cannot use Fourt III Financial Information Plan Assets and Liabilities Total plan liabilities 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:	f the plan y le assets? an indepe and condit orm 5500- 7a 7b 7c	(See instructions.) Indent qualified public accountant (IQ ions.) SF and must instead use Form 550 (a) Beginning of Year 13,12 1,74 11,38	5c PA) 00. 3	(b) End of Year	0 No No			
Pa 7 a b c	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 eligib Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility at figure answered "No" to either 6a or 6b, the plan cannot use Fort III Financial Information Plan Assets and Liabilities Total plan assets	f the plan y le assets? an indepe and condit orm 5500- 7a 7b 7c 8a(1) 8a(2)	(See instructions.) Indent qualified public accountant (IQ ions.) SF and must instead use Form 550 (a) Beginning of Year 13,12 1,74 11,38	5c PA) 00. 3	(b) End of Year	0 No No			
Pa 7 a b c 8 a	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 eligib 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 you answered "No" to either 6a or 6b, the plan cannot use Form 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)	f the plan y le assets? an indepe and condit orm 5500- 7a 7b 7c 8a(1) 8a(2) 8a(3)	(See instructions.) Indent qualified public accountant (IQ ions.) SF and must instead use Form 550 (a) Beginning of Year 13,12 1,74 11,38	5c PA) 00. 3	(b) End of Year	0 No No			
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Pa 7 a b c 8 a	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 eligib 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 you answered "No" to either 6a or 6b, the plan cannot use Fourt 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)	f the plan y le assets? an indepe and condit orm 5500- 7a 7b 7c 8a(1) 8a(2) 8a(3) 8b 8c 8d	(See instructions.) Indent qualified public accountant (IQ ions.) SF and must instead use Form 550 (a) Beginning of Year 13,12 1,74 11,38	PA) 3 0 3 1	(b) End of Year	0 No No 0 0			
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Pa 7 a b c 8 a b c d d e f	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 eligib 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 you answered "No" to either 6a or 6b, the plan cannot use Fourt 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) Certain deemed and/or corrective distributions (see instructions) Administrative service providers (salaries, fees, commissions)	f the plan y le assets? an indepe and condit orm 5500- 7a 7b 7c 8a(1) 8a(2) 8a(3) 8b 8c 8d 8e 8f	(See instructions.) Indent qualified public accountant (IQ ions.) SF and must instead use Form 550 (a) Beginning of Year 13,12 1,74 11,38 (a) Amount	PA) 3 0 3 1	(b) End of Year	0 No No 0 0			
Pa 7 a b c 8 a b c d d e f g	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 eligib 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 you answered "No" to either 6a or 6b, the plan cannot use Fourt III Financial Information Plan Assets and Liabilities Total plan liabilities 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) Certain deemed and/or corrective distributions (see instructions) Other expenses	f the plan y le assets? an indepe and condit orm 5500- 7a 7b 7c 8a(1) 8a(2) 8a(3) 8b 8c 8d 8e 8f 8g	(See instructions.) Indent qualified public accountant (IQ ions.) SF and must instead use Form 550 (a) Beginning of Year 13,12 1,74 11,38 (a) Amount	PA) 3 0 3 1	(b) End of Year (b) Total	0 No No O O O			
Pa 7 a b c 8 a b c d d e f	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 eligib 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 you answered "No" to either 6a or 6b, the plan cannot use Fourt 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) Certain deemed and/or corrective distributions (see instructions) Administrative service providers (salaries, fees, commissions)	f the plan y le assets? an indepe and condit orm 5500- 7a 7b 7c 8a(1) 8a(2) 8a(3) 8b 8c 8d 8e 8f 8g 8h	(See instructions.) Indent qualified public accountant (IQ ions.) SF and must instead use Form 550 (a) Beginning of Year 13,12 1,74 11,38 (a) Amount	PA) 3 0 3 1	(b) End of Year	0 No No 0 0 0 0			

Par	tN	/ Plan Characteristics										
9a												
b	3D 2E 2H 2J 2K 2R 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	_	uring the plan year:				Yes	No		lmoun			
а	Was there a failure to transmit to the plan any participant contributions within the time period described in								THOUSE	_		
b		9 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiducia ere there any nonexempt transactions with any party-in-interest? (10a		X		-,			
b		line 10a.)			10b		Х					
C	٧	as the plan covered by a fidelity bond?	••••••••		10c	Х				200	,000	
d		d the plan have a loss, whether or not reimbursed by the plan's fid- dishonesty?			10d		Х					
е	in	ere any fees or commissions paid to any brokers, agents, or other surance service or other organization that provides some or all of the structions.)	he benefits under the	plan? (See	10e		Х					
f	Ha	as the plan failed to provide any benefit when due under the plan?	********************************		10f		Х					
a		d the plan have any participant loans? (If "Yes," enter amount as o			10a		Х				.,	
h		his is an individual account plan, was there a blackout period? (Se	•		ivy		21					
		20.101-3.)			10h		Х					
		10h was answered "Yes," check the box if you either provided the r ceptions to providing the notice applied under 29 CFR 2520.101-3			10i							
Part		Pension Funding Compliance										
11	11 Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form 5500))							No				
12	ls	this a defined contribution plan subject to the minimum funding rec	quirements of section	412 of the Code	or se	ction 3	02 of	ERISA?	Ye	s X	No	
	(If	'Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable	le.)									
а	If a	waiver of the minimum funding standard for a prior year is being a	amortized in this plan	year, see instruc	tions,	and e	nter th	e date of the	eletter	ruling	g	
		nting the waiver.			h		Day		'ear			
		completed line 12a, complete lines 3, 9, and 10 of Schedule M	•	-			12b					
b		ter the minimum required contribution for this plan year				··· -						
C		ter the amount contributed by the employer to the plan for this plan	•			-	12c					
d	ne	otract the amount in line 12c from the amount in line 12b. Enter the pative amount)			*******	L	12d					
		I the minimum funding amount reported on line 12d be met by the	funding deadline?					Yes	No	Ш	N/A	
Part	-	Plan Terminations and Transfers of Assets									-	
13a		s a resolution to terminate the plan been adopted during the plan y						<u> </u>	X Ye	s	No	
		Yes," enter the amount of any plan assets that reverted to the emp					13a				0	
	of	re all the plan assets distributed to participants or beneficiaries, tra							X Ye	s	No	
	wh	uring this plan year, any assets or liabilities were transferred from ich assets or liabilities were transferred. (See instructions.)	this plan to another p	lan(s), identity the	e plar		.,					
1;	3c(I) Name of plan(s):			13c(2) EIN(s) 13c			13c	3) P	N(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 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.												
010-	.	BOWN WILL	lubit 1/ R	obert 0 Mo	dar	elli						
SIGN								plan admin	strator			
0101	11/ STI Dehent O.							P				
SIGN					ndividual signing as employer or plan sponsor							

Date

Enter name of individual signing as employer or plan sponsor

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Signature of employer/plan sponsor