	Form 5500-SF		eturn/F Benefit	Report of Small Employ	OMB Nos. 1210-0110 1210-0089					
	Department of the Treasury Internal Revenue Service	This form is required to be filed	9	2010						
En	Department of Labor nployee Benefits Security Administration	e This Form is Open to Public								
P	Pension Benefit Guaranty Corporation         Inspection <ul> <li>Complete all entries in accordance with the instructions to the Form 5500-SF.</li> </ul>									
	Part I         Annual Report Identification Information           For calendar plan year 2010 or fiscal plan year beginning         01/01/2010         and ending         12/31/2010									
_	This return/report is for:	single-employer plan		mployer plan (not multiemployer)		one-participant plan				
	This return/report is for:	first return/report	final retur							
D		an amended return/report		year return/report (less than 12 mor	nths)					
C	C Check box if filing under:									
•		special extension (enter descriptio								
Pa	rt II Basic Plan Inform	nation—enter all requested information								
1a	1a     Name of plan       1b     Three-digit									
KRE	OWJENNINGSINC RETIREM	ENT PLAN				plan number (PN) ▶ 001				
					1c	Effective date of plan				
						01/01/1989				
	Plan sponsor's name and addre	ess (employer, if for single-employer	plan)		2b	Employer Identification Number				
					2c	Plan sponsor's telephone number				
	IINTH AVENUE NORTH TLE, WA 98109				2d	206-625-0505 Business code (see instructions)				
	<b>D</b>			m.		236110				
Sa KRE	Plan administrator's name and KOWJENNINGSINC.	30	Administrator's EIN 91-1026296							
			3c	Administrator's telephone number 206-625-0505						
		n sponsor has changed since the las		port filed for this plan, enter the	4b EIN					
1	name, EIN, and the plan numbe	r from the last return/report. Sponso	r's name		4c	PN				
5a	Total number of participants at	the beginning of the plan year			5a	99				
b	Total number of participants at	the end of the plan year			5b	99				
С		th account balances as of the end of	, ,	· ·		96				
6a	complete this item)									
-	<b>b</b> Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA)									
under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.)										
Pa	rt III Financial Informa		500-	SF and must instead use Form 55	JU.					
7	Plan Assets and Liabilities			(a) Beginning of Year		(b) End of Year				
а	Total plan assets		7a	5876805	5	5843482				
b	Total plan liabilities		7b							
C	Net plan assets (subtract line 7	b from line 7a)	7c	5876805		5843482				
8	Income, Expenses, and Transf			(a) Amount	_	(b) Total				
а	Contributions received or recei (1) Employers	vable from:	8a(1)							
	.,		8a(2)	377236	;					
	(3) Others (including rollovers)		8a(3)							
b	Other income (loss)		8b	632043						
C		8a(2), 8a(3), and 8b)	8c			1009279				
d		ollovers and insurance premiums	8d	1005168						
e Certain deemed and/or corrective distributions (see instructions)										
f Administrative service providers (salaries, fees, commissions)			8f	37434						
g	Other expenses		8g							
h		3e, 8f, and 8g)	8h			1042602				
i		8h from line 8c)				-33323				
J	mansiers to (from) the plan (se	e instructions)	8j							

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

Page **2-**1

## 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 2K 2S 2T 3D 3H
- **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		Amo	unt	
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		Х				
b	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	10b		х				
с	Was the plan covered by a fidelity bond?	10c	Х				Ę	500000
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		Х				
g	Did the plan have any participant loans? (If "Yes," enter amount as of year end.)	10g	X				2	204600
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						
Part	VI Pension Funding Compliance							
11								
12	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA? Ves 🕅 No							
	(If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)							
а	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							
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							
С	Enter the amount contributed by the employer to the plan for this plan year							
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	N	0	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?					Π	Yes	X No
	If "Yes," enter the amount of any plan assets that reverted to the employer this year			13a				
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought u of the PBGC?	under	the co			Π	Yes	X No
С	If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the which assets or liabilities were transferred. (See instructions.)							
1	<b>3c(1)</b> Name of plan(s):		130	:(2) Ell	N(s)	1	3c(3)	PN(s)
				. *				
Caut	on: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonabl	le cau	ise is i	establi	ished.			

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.	10/12/2011	BARBY SALIMIAN
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

Benefit: Plan           Benefit: Plan           Determine transmission           Part of the transmission           Part of transmission           Determine transmission           Part of transmission           Determine transmission		Form 5500-SF									
Description         Description         This Form is Open to Public Interval Receive Code (the Code) is the part of the p			Benefit Plan This form is required to be filed under sections 104 and 4065 of the Employee				2010				
Part I         Annual Report Legarchite at entries in accordance with the instructions to the Form 6500 SF.           First L         Annual Report Legarchite at engineming         01/01/2010         and ending         12/31/2010           For calcular plan year 2010 of facal plan year beginning         01/01/2010         and ending         12/31/2010           B         This return/report         indire-employer plan         Indire-employer intum/report         one-participant plan           B         This return/report         indire-employer intum/report         and ending         DFVC program           B         Social extension (enter description)         DFVC program         001         DFVC program           Part II         Easice Plan Information—enter at requested information         1         D Three-cipit         DFVC program           B         Rescorder a mes and address (employer, if for single-employer plan)         2         D Employer identification Number         001           10         The entries and endines a first single-employer plan)         D Employer identification Number         2         D Employer identification Number           312         Ninth Avenue North         D Employer identification Number         2         D Employer identification Number         2           33         Ages administrator's name and address (frame as Plan sponsor is name         M Ad			Retirement Income Security								
Tero Example of Files J plan year beginning       0.3/01/2010       and ending       12/21/2013         A This returniteport is for:       Instruction of the plan year beginning       0.3/01/2010       instruction of the plan year beginning       0.3/01/2010         C Check box if filing under:       From 556       Instruction of the plan year beginning       0.0       0.0         Park III:       Basic Plan Information—enter all requested information       1       1       0.01       0.01         Park III:       Basic Plan Information—enter all requested information       1       1       1       0.01       0.01         Park III:       Basic Plan Information—enter all requested information       1       1       1       0.01	F	Pension Benefit Guaranty Corporation	Inspection								
A this return/report is for:       isingle-amployer plan       multiple-employer plan (not multimeptor)       one-participant plan         B This return/report is for:       ina amended return/report       ina amended return/report       one-participant plan         C Check box if filing under:       Form 5558       automatic extension       DFVC program         PartII       Basic Plan Information											
B       This return/report       indir return/report       indir provide an amendor provide and the	_For										
C Check box if filing unds:       an amended return/report       is short plan year return/report (less than 12 months)       DFVC program         Partial I: Basic Plan Information—enter all requested information       information       DFVC program         1a Name of plan       Kreckowlenning is Inc. Ret i rement: Plan       1b Three-digit plan number (PN)       001         14 Name of plan       Kreckowlenning is Inc. Ret i rement: Plan       1b Three-digit plan number (PN)       001         2a Plan approach and address (employer, if for single-employer plan)       2b Employer (dest/fication Number (PN)       001         312 Ninth Avenue North       2a Plan approach and address (fisame as Plan sponsor, enter 'Same')       3b Administrator's telephone number (2016) (62:0-69:05         3a Plan administrator's name and address (if same as Plan sponsor, enter 'Same')       3b Administrator's telephone number (2016) (62:0-69:05         3a Plan administrator's name and address (if same as Plan sponsor, enter 'Same')       3b Administrator's telephone number (2016) (20:0-69:05         5a Total number of participants with account balanceat a of the plan year       5a 99       90         5a Total number of participants with account balanceat as of the end of the plan year       5a 99       90         5a Total number of participants with account balanceat as of the end of the plan year       5a 99       90         5a Total number of participants with account balancheat as of the end of the plan year (defin	Α	This return/report is for:					one-participant plan				
C Creck box if filing under:       Form 5559       ustomatic extension       DFVC program         Pärf II:       Basic Plan Information—enter all requested information       10       There-digital plan schedule account on the schedule account act (SCH)       EV For per schedule account act (SCH)         312       Ninth Avenue North       Schedule account act (SCH)       Zd Busineschedule account act (SCH)       Zd Busineschedule account act (SCH)         333       Plan act act account schedule account act account act (SCH)       Zd Busineschedule account act account	В	This return/report is for:			•						
<ul> <li>gebical extension (ontor description)</li> <li>Pairbill</li> <li>Basic Plan Information—ener all requested information</li> </ul> <ul> <li>Ib Three-digit plan number (rest)</li> <li>Control of the second of t</li></ul>					-	ths)	m				
Part II:       Basic Plan Information—enter all requested information       1b       Three-digit plan number         Ia Name of plan       Ib       Three-digit plan number       001         Ic Effective date of plan       (Pi)       001         Ic Effective date of plan       01/01/1989       001         Ic Effective date of plan       01/01/1989       01         Ic Effective date of plan       01/01/198       01         Ic Effective date of plan       01/01/198       01         Ic Effective date of plan       01/01/198       01         Ic Ic Intermode of participants at the belin plan sective tran	С	Check box if filing under:	i		cextension		DFVC program				
1a Name of plan Krekow/anningsInc Retirement Plan       1b Trae-dqlt plan number (PN) >       001         2a Plan sponsor's name and address (employer, if for single-employer plan) Krekow/enningsInc       2b Employer Identification Number (PN) >       001         312 Ninth Avenue North Seattle       2b Employer Identification Number (206) 625-5050       2c Plan sponsor's telephone number (206) 625-5050         3a Plan administrator's name and address (if same as Plan sponsor, enter "Same")       3b Administrator's telephone number (206) 625-5050         3a Plan administrator's name and address (if same as Plan sponsor, enter "Same")       3b Administrator's telephone number (206) 625-5050         4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN, and the plan number for the plan sector the plan year.       5a         5a Total number of participants at the beginning of the plan year (wested in eligbible assets? (See instructions.)       E Yes No         6a Were all of the plan sasets during the plan year invested in eligbible assets? (See instructions.)       E Yes No         7 Plan Assets and Liabilities       7a       5, 876, 805       5, 843, 482         7 Plan Assets and Liabilities       7a       5, 876, 805       5, 843, 482         7 Total plan labilities       7a       5, 876, 805       5, 843, 482         7 Total plan assets (adutract line 7b form line 7a).       7c       5, 876, 805       5, 843, 482 <th></th> <th></th> <th></th> <th>,</th> <th></th> <th></th> <th></th>				,							
KrekowJenningsInc Retirement Plan       plan number       001         10 Effective date of plan       001       10 Effective date of plan         312 Ninth Avenue North       26 Employer (dentification humber         Seattle       MA 98109       26 Plan sponsor's name and address (if same as Plan sponsor, enter "Same")       26 Business code (see instructions)         32 Plan and he plan number from the last return/report filed for this plan, enter the name, EN, and the plan number from the last return/report filed for this plan, enter the name, EN, and the plan number from the last return/report filed for this plan, enter the name, EN, and the plan number from the last return/report filed for this plan, enter the name, EN, and the plan number from the last return/report is defined benefit plans do not complete this fem).       26 PN         58 Total number of participants at the odginning of the plan year.       50       99         50 Total number of participants at the odginning of the plan year (defined benefit plans do not complete this fem).       27 Yes Not Plan seets       Not Plan seets         7 Plan Assets and Labilities       7a       5, 876, 805       5, 843, 482         8 Internet Plan seets and Labilities       7a       5, 843, 482       1, 009, 279         9 Participants with account balances as of the erg of solid plans assets       7b       5, 843, 482         9 Total number of participants at the odgin report of an independent qualified public accountant (QPA)       Yes Not Planset information      <			nation—enter all requested inform	ation		1h	Throp digit				
Image: Control of the stand set of the s	Ta		etirement Plan			1D					
2a       Plan sponsor's name and address (employer, if for single-employer plan)       01/01/1989         2b       Employer identification Number (206) 625-0505       2b         312       Ninth Avenue North       2d         Seattle       NA 98109       2d         3a       Plan administrator's name and address (if same as Plan sponsor, enter "Same")       3b       Administrator's EIN         3a       Plan administrator's ame and address (if same as Plan sponsor, enter "Same")       3b       Administrator's EIN         3c       Administrator's telephone number (address)       5a       10       10         5a       Total number of participants at the beginning of the plan year.       5a       5a       99         5a       Total number of participants with account belances as of the end of the plan year (defined benefit plans do not complete this item).       Yes       No         6a       Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.).       Yes       No         7       Plan Assets and Liabilities       7a       5, 876, 805       5, 843, 482         7       Plan spensor and investore provides (subtract line 7b)       7c       5, 876, 805       5, 843, 482         8       Income, Expenses, and Transfers for this Plan Year       (a) Amount       (b) Total         <		2					(PN) ▶ 001				
2a       Plan sponger's name and address (employer, if for single-employer plan)       2b       Employer identification Number (EIN) 312 Ninth Avenue North         312       Ninth Avenue North       2b       Employer identification Number (2006) 625-0505         3a       Plan administrator's name and address (if same as Plan sponsor, enter "Same")       3b       Administrator's EIN         3a       Plan administrator's name and address (if same as Plan sponsor, enter "Same")       3b       Administrator's EIN         4       If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN, and the plan number for the plan year.       5a       9c         5a       Total number of participants at the beginning of the plan year.       5a       9c       9c         5a       Total number of participants at the and of the plan year.       5a       9c       9c         6a       Were all of the olar's assets during the plan year invested in eligible assets? (See instructions).       If Yes IN the Yes IN to under 20 CFR 252.0104-67 (See Instructions on waiter eligibility and conditions).       If Yes IN to Yes IN to Yes IN to Yes IN to Yes IN the year invested in eligible assets? (See instructions).       If Yes IN to Yes IN to Yes IN to Yes IN the year invested in eligible assets? (See instructions).       If Yes IN to Yes IN to Yes IN to Yes IN to Yes IN the year invested in eligible assets? (See instructions).       If Yes IN to Yes IN to Yes IN to Yes IN to Yes IN the yes IN the yes IN to Yes IN						1c	· · · · · · · · · · · · · · · · · · ·				
KrekowJenningsinc.       Image:	2a	Plan sponsor's name and addre	ess (employer if for single-employer	plan)		2b					
312 Ninth Avenue North       (206) 625-0505         Seattle       WA 98109         3a Plan administrator's name and address (if same as Plan sponsor, enter "Same")       3b Administrator's EIN         3c Administrator's telephone number       3c Administrator's telephone number         4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN, and the plan number from the last return/report Sponsor's name       4b EIN         5a Total number of participants at the beginning of the plan year       5a       5a       99         b Total number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this tern).       5c       96         6a Were all of the plan's assets during the plan year invested in eligible assets? (See instructions).       Xers       Xers       No         b Are you claiming a valuer of the clan or etc.       7a       5, 876, 805       5, 843, 482         7 Plan Assets and Llabilities       7a       5, 876, 805       5, 843, 482         8 Income, Expenses, and Transfers for this Plan Year       (a) Amount       (b) Total         7 Plan Assets (subtract line 7b from line 7a)       8a       (a) Amount       (b) Total         6 Other Income (loss)       8a(2)       377, 236       (a) Amount       (b) Total         7 Othera (including rollovers)       8a	24	KrekowJenningsInc.		pian)			(EIN) 91-1026296				
Seattle     VA 98109       3a gian administrator's name and address (if same as Plan sponsor, enter "Same")     3b Administrator's clee instructions) 236 110       3c Administrator's name and address (if same as Plan sponsor, enter "Same")     3c Administrator's cleephone number 4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN, and the plan number form the last return/report. Sponsor's name     4b EIN       5a Total number of participants at the beginning of the plan year.     5a 99       5 Total number of participants at the and of the plan year.     5a 99       5 Total number of participants at the adminest as of the end of the plan year.     5b 99       5 Total number of participants at the adminest as of the end of the plan year.     5c 96       6 Were all of the plan's assets during the plan year invested in eligible asset? (See instructions.).     Yes No       6 A Were all of the annual examination and report of an independent qualified public accountant (IOPA)     Yes No       7 Plan Assets and Liabilities     7a 5, 876, 805     5, 843, 482       b Total plan isabilities     7a 5, 876, 805     5, 843, 482       b Income, Expenses, and Transfers for this Plan Year     8a(1)     (b) Total       c Ontholutions received or receivable from:     8a(2)     377, 236       (a) Detense (add lines 8a(1), 8a(2), 8a(3), and 8b)     8c     1, 005, 126       6 Contain long (add lines 8a(1), 8a(2), 8a(3), and 8b)     8c     1, 005		212 Ninth Avenue No	rth			2C					
3a Plan administrator's name and address (if same as Plan sponsor, enter 'Same')       3b Administrator's EIN         3c Administrator's name and address (if same as Plan sponsor, enter 'Same')       3b Administrator's EIN         3c Administrator's telephone number       4t If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN, and the plan number from the last return/report. Sponsor's name       4b EIN         5a Total number of participants at the beginning of the plan year.       5a       5a       99         b Total number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this term).       5a       99         5a Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)       5c       96         5a Yere CR 220: 04-67 (See instructions on waiver eligiblity and cred of 30 ridependent qualified public accountant ((QPA)       Xere (QPA)         7 Pian Assets and Liabilities       7a       5, 876, 805       5, 843, 482         8 income, Expenses, and Transfers for this Plan Year       6a       96       97         7 total plan assets       7a       5, 876, 805       5, 843, 482         8 income, Expenses, and Transfers for this Plan Year       6a(3)       6a(3)       632, 043         6 Other income (los) in sea(1), 8a(2), 8a(3), and 8b)       8a       1, 005, 168       6a(3) <tr< th=""><th></th><th></th><th></th><th></th><th>W7 98109</th><th>2d</th><th></th></tr<>					W7 98109	2d					
4       If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN, and the plan number from the last return/report. Sponsor's name       4b       EIN         5a       Total number of participants at the beginning of the plan year.       5a       99         5a       Total number of participants at the end of the plan year.       5b       99         c       Total number of participants at the end of the plan year.       5c       96         6a       Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)       Image: See instructions on waiver eligibility and conditions.)       Image: Yes image: See instructions on waiver eligibility and conditions.)       Image: Yes image: See instructions on waiver eligibility and conditions.)       Image: Yes image: Yes image: See instructions on waiver eligibility and conditions.)       Image: Yes image: Yes image: See instructions on waiver eligibility and conditions.)       Image: Yes i	3a		address (if same as Plan sponsor, e	nter "Same		3b					
4       If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN, and the plan number from the last return/report. Sponsor's name       4b       EIN         5a       Total number of participants at the beginning of the plan year.       5a       99         5a       Total number of participants at the end of the plan year.       5b       99         c       Total number of participants at the end of the plan year.       5c       96         6a       Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)       Image: See instructions on waiver eligibility and conditions.)       Image: Yes image: See instructions on waiver eligibility and conditions.)       Image: Yes image: See instructions on waiver eligibility and conditions.)       Image: Yes image: Yes image: See instructions on waiver eligibility and conditions.)       Image: Yes image: Yes image: See instructions on waiver eligibility and conditions.)       Image: Yes i					-	30	Administrator's telephone number				
name, EIN, and the plan number from the last return/report. Sponsor's name     4c PN       5a Total number of participants at the beginning of the plan year	SC Administrator's telephone nur										
4c     PN       5a     Total number of participants at the beginning of the plan year				port filed for this plan, enter the	4b	EIN					
b       Total number of participants at the end of the plan year.       5b       99         c       Total number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item).       5c       96         6a       Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.).       Xes       No         b       Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (ICPA)       Xes       No         fv you answered "No" to either 6a or 6b, the plan cannot use Form 5500-SF and must instead use Form 5500.       Part III       Financial Information         7       Plan Assets and Liabilities       (a) Beginning of Year       (b) End of Year         a       Total plan liabilities.       7a       5, 876, 805       5, 843, 482         b       Total plan liabilities.       7b       5c       5, 843, 482         d       Income, Expenses, and Transfers for this Plan Year       (a) Amount       (b) Total         a       Contributions received or receivable from:       8a(1)       1, 005, 168         (1)       Employers       8a(3)       1, 005, 168       1, 009, 279         d       Benefits paid (including direct rollovers and insurance premiums as to provide benefits).       8e       37, 434         g		name, Env, and the plan namber	nom me last return report. Oponso	a o nume		4c	PN				
c       Total number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item).       5c       96         6a       Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)       M       Yes       No         b       Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA)       Yes       No         f       yes       No       Yes       No         Part III       Financial Information       Yes       (b) End of Year         7       Plan Assets and Liabilities       (a) Beginning of Year       (b) End of Year         7       Plan Assets (subtract line 7b from line 7a)       7c       5, 876, 805       5, 843, 482         8       Income, Expenses, and Transfers for this Plan Year       (a) Amount       (b) Total         (2)       Participants       8a(2)       377, 236         (3)       Other income (loss)       8b       632, 043         b       Other income (add lines 8a(1), 8a(2), 8a(3), and 8b)       8c       1, 005, 168         6       Certain deemed and/or corrective distributions (see instructions)       8e       37, 434         f       Administrative service providers (salaries, fees, commissions)       8f       37, 434	5a	Total number of participants at	the beginning of the plan year			5a	99				
complete this item)	b	Total number of participants at	the end of the plan year		5b	99					
b       Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA)       Image: Control of the annual examination and report of an independent qualified public accountant (IQPA)         If you answered "No" to either 6a or 6b, the plan cannot use Form 5500-SF and must instead use Form 5500.         Part III       Financial Information         7       Plan Assets and Liabilities       (a) Beginning of Year       (b) End of Year         a       Total plan assets       7a       5, 876, 805       5, 843, 482         b       Total plan assets (subtract line 7b from line 7a)       7c       5, 876, 805       5, 843, 482         8       Income, Expenses, and Transfers for this Plan Year       (a) Amount       (b) Total         c       Other science of the context line 7b from:       8a(1)       (2) Participants       8a(2)       377, 236         (a)       Other income (loss)       8b       632, 043       0       0       0         c       Total planes 8a(1), 8a(2), 8a(3), and 8b)       8c       1, 005, 166       0       0         9       Other income (add lines 8a(1), 8a(2), 8a(3), and 8b)       8c       1, 005, 166       0       0         6       Certain deemed and/or corrective distributions (see instructions)       8e       0       0       0       0       <	C				ear (defined benefit plans do not	5c					
under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.)							X Yes No				
If you answered "No" to either 6a or 6b, the plan cannot use Form 5500-SF and must instead use Form 5500.         Part III       Financial Information         7       Plan Assets and Liabilities       (a) Beginning of Year       (b) End of Year         a       Total plan assets       7a       5,876,805       5,843,482         b       Total plan liabilities       7b       7c       5,876,805       5,843,482         c       Net plan assets (subtract line 7b from line 7a)       7c       5,876,805       5,843,482         8       Income, Expenses, and Transfers for this Plan Year       (a) Amount       (b) Total         a       Contributions received or receivable from:       8a(1)       (2) Participants       8a(2)       377,236         (3)       Other income (loss)       8ab       632,043       1,009,279         d       Benefits paid (including direct rollovers and insurance premiums to provide benefits)       8d       1,005,166         e       Certain deemed and/or corrective distributions (see instructions)       8e       37,434       1,042,602         f       Administrative service providers (salaries, fees, commissions)       8f       37,434       1,042,602         i       Net income (loss) (subtract line 8h from line 8c)       8h       1,042,602       33,323)	b	Are you claiming a waiver of th	e annual examination and report of	an indeper	ndent qualified public accountant (IQF	PA)	X Yes No				
Part IIIFinancial Information7Plan Assets and Liabilities(a) Beginning of Year(b) End of YearaTotal plan assets7a5, 876, 8055, 843, 482bTotal plan liabilities7b											
aTotal plan assets7a5,876,8055,843,482bTotal plan liabilities7bCcNet plan assets (subtract line 7b from line 7a)7c5,876,8055,843,4828Income, Expenses, and Transfers for this Plan Year(a) Amount(b) TotalaContributions received or receivable from: (1) Employers8a(1)(2) Participants8a(2)377,236(3) Others (including rollovers)8a(3)b632,043bContributions received or corrective distributions (see instructions)8ca1,005,168eCertain deemed and/or corrective distributions (see instructions)8efAdministrative service providers (salaries, fees, commissions)8f37,43490Other expenses (add lines 8d, 8e, 8f, and 8g)8hh1,042,602i< Net income (loss) (subtract line 8h from line 8c)	Pa										
bTotal plan liabilities7bcNet plan assets (subtract line 7b from line 7a)7c5,876,8055,843,4828Income, Expenses, and Transfers for this Plan Year(a) Amount(b) TotalaContributions received or receivable from: (1) Employers8a(1)(a) Amount(b) Total(2)Participants8a(2)377,236(3)Others (including rollovers)8a(3)2bOther income (loss)8a(3)2cTotal income (add lines 8a(1), 8a(2), 8a(3), and 8b)8c1,009,279dBenefits paid (including direct rollovers and insurance premiums to provide benefits)8d1,005,168fAdministrative service providers (salaries, fees, commissions)8f37,434gOther expenses8g1,042,602iNet income (loss) (subtract line 8d, 8e, 8f, and 8g)8h1,042,602iNet income (loss) (subtract line 8d from line 8c)8i(33,323)	7	Plan Assets and Liabilities			(a) Beginning of Year						
cNet plan assets (subtract line 7b from line 7a)	а	Total plan assets		7a	5,876,805	5	5,843,482				
8       Income, Expenses, and Transfers for this Plan Year       (a) Amount       (b) Total         a       Contributions received or receivable from:       8a(1)       8a(1)         (2)       Participants       8a(2)       377,236         (3)       Others (including rollovers)       8a(3)       632,043         b       Other income (loss)       8b       632,043         c       Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)       8c       1,009,279         d       Benefits paid (including direct rollovers and insurance premiums to provide benefits)       8d       1,005,168         e       Certain deemed and/or corrective distributions (see instructions)       8e       6         f       Administrative service providers (salaries, fees, commissions)       8f       37,434         g       Other expenses (add lines 8d, 8e, 8f, and 8g)       8h       1,042,602         i       Net income (loss) (subtract line 8h from line 8c)       8i       (33,323)		•				_					
a Contributions received or receivable from:       8a(1)         (1) Employers       8a(2)         (2) Participants       8a(2)         (3) Others (including rollovers)       8a(3)         b Other income (loss)       8b         c Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)       8c         g Certain deemed and/or corrective distributions (see instructions)       8e         g Other expenses       8g         h Total expenses (add lines 8d, 8e, 8f, and 8g)       8h         i Net income (loss) (subtract line 8h from line 8c)       8i				7c		5					
(1) Employers       8a(1)         (2) Participants       8a(2)         (3) Others (including rollovers)       8a(3)         (3) Other income (loss)       8b         6 Other income (loss)       8b         7 Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)       8c         8 E       1,009,279         9 Benefits paid (including direct rollovers and insurance premiums to provide benefits)       8d       1,005,168         9 Certain deemed and/or corrective distributions (see instructions)       8e       6         9 Other expenses       8g       1,042,602         1 Notal expenses (add lines 8d, 8e, 8f, and 8g)       8h       1,042,602         1 Net income (loss) (subtract line 8h from line 8c)       8i       (33,323)					(a) Amount		(b) Total				
(3) Others (including rollovers)	a			8a(1)							
b       Other income (loss)		(2) Participants		8a(2)	377,236	5					
C       Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)       8c       1,009,279         d       Benefits paid (including direct rollovers and insurance premiums to provide benefits)       8d       1,005,168         e       Certain deemed and/or corrective distributions (see instructions)       8e       6         f       Administrative service providers (salaries, fees, commissions)       8f       37,434         g       Other expenses       8g       1,042,602         i       Net income (loss) (subtract line 8h from line 8c)       8i       (33,323)		(3) Others (including rollovers).		8a(3)		]					
d       Benefits paid (including direct rollovers and insurance premiums to provide benefits)	b	Other income (loss)		8b	632,043	3					
to provide benefits)	C	Total income (add lines 8a(1), 8	3a(2), 8a(3), and 8b)	8c			1,009,279				
e       Certain deemed and/or corrective distributions (see instructions)	d			8d	1,005,168	3					
f       Administrative service providers (salaries, fees, commissions)	е				_, ,						
g         Other expenses         8g           h         Total expenses (add lines 8d, 8e, 8f, and 8g)	_				37,434	Ŀ					
h         Total expenses (add lines 8d, 8e, 8f, and 8g)         8h         1,042,602           i         Net income (loss) (subtract line 8h from line 8c)											
i Net income (loss) (subtract line 8h from line 8c)		•					1,042,602				
j Transfers to (from) the plan (see instructions)	i			8i							
	j	Transfers to (from) the plan (se	e instructions)	8j							

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

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Page **2-**

Pai	t IV Plan Characteristics							
9a	If the plan provides pension benefits, enter the applicable pension feat		e List of Plan Char	acteri	stic Co	ides in	the instru	ctions:
L	2E 2F 2G 2J 2K 2S 2T	3D 3H	List of Dian Chara		410 C c c	daa in	the instruct	diana.
b	If the plan provides welfare benefits, enter the applicable welfare feat	ture codes from the	Elist of Plan Chara	acteris	tic Co	des in	the instruc	zions:
Par	V Compliance Questions							
10	During the plan year:				Yes	No		Amount
а				10a		x		
b	Were there any nonexempt transactions with any party-in-interest? (E on line 10a.)	Do not include tran	sactions reported	10b		х		
С	Was the plan covered by a fidelity bond?	10c	х			500,000		
d	d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?							
е	· · · · · · · · · · · · · · · · · · ·	persons by an insu ne benefits under tl	rance carrier, ne plan? (See	10e		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	vear end.)		10g	x			204,600
h	If this is an individual account plan, was there a blackout period? (See 2520.101-3.)	e instructions and	29 CFR	10g		x		201,000
i	If 10h was answered "Yes," check the box if you either provided the re exceptions to providing the notice applied under 29 CFR 2520.101-3.	equired notice or o	ne of the	10i				
Part	VI Pension Funding Compliance						64.31 · · · · · · · · · · ·	
11	Is this a defined benefit plan subject to minimum funding requirements 5500))							Yes X No
12	Is this a defined contribution plan subject to the minimum funding req							Yes X No
14	(If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable			01 56	chon 3	02 01	ERISA!	
а	If a waiver of the minimum funding standard for a prior year is being a granting the waiver.	mortized in this pla						
lf	ou completed line 12a, complete lines 3, 9, and 10 of Schedule Mi			<u></u>		20.9		· • • • •
b	b Enter the minimum required contribution for this plan year							
c	Enter the amount contributed by the employer to the plan for this plan	year			… Г	12c		
d								
e	Will the minimum funding amount reported on line 12d be met by the f	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 ye	ear or any prior ye	ar?					Yes X No
	If "Yes," enter the amount of any plan assets that reverted to the employed	loyer this year				13a	e.	
b	Were all the plan assets distributed to participants or beneficiaries, tra of the PBGC?	insferred to anothe	r plan, or brought ι	under	the co	ntrol		Yes X No
c	If during this plan year, any assets or liabilities were transferred from t which assets or liabilities were transferred. (See instructions.)	this plan to anothe	r plan(s), identify th	ie plar	n(s) to	ı		
1	3c(1) Name of plan(s):				130	:(2) El	N(s)	13c(3) PN(s)
		<del></del> .						
Caut	on: A penalty for the late or incomplete filing of this return/report	will be assessed	unless reasonabl	e cau	se is e	establ	ished.	
Unde SB o	r penalties of perjury and other penalties set forth in the instructions, I c Schedule MB completed and signed by an enrolled actuary, as well as	declare that I have	examined this retu	irn/rep	ort, in	cluding	g, if applica	
Pilea	, it is true, corect, and complete,	10	1					
SIG		10.12.2011	Barby Salir	nian	L			

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