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).

OMB Nos. 1210-0110 1210-0089

2010

This Form is Open to Public Inspection

Р	ension Benefit Guaranty Corporation	▶ Complete all entries in accor	dance wit	h the instructions to the Form 550	0-SF.	•			
		dentification Information							
For	calendar plan year 2010 or fisc	al plan year beginning 01/01/201	0	and ending 1	2/31/2	2010			
Α.	his return/report is for:	single-employer plan	multiple-e	employer plan (not multiemployer)		one-participant plan			
В	his return/report is for:	first return/report	final retur	n/report					
		an amended return/report	short plar	n year return/report (less than 12 mor	nths)				
C	Check box if filing under:	Form 5558	automatio	utomatic extension DFVC program					
	•	special extension (enter description	on)			_			
Pa	rt II Basic Plan Infori	mation—enter all requested inform	nation						
	Name of plan	oner an requested intern	idilori		1b	Three-digit			
	TRUM SIGNAL PROCESSING	G, INC. 401(K) PLAN				plan number 001			
		. ,				(PN) •			
					1c	Effective date of plan			
	DI				26	01/01/1996			
	Plan sponsor's name and addr CTRUM SIGNAL PROCESSING	ress (employer, if for single-employer	r plan)		2D	Employer Identification Number (EIN) 52-2310210			
0					2c	Plan sponsor's telephone number			
	I STREET, PMB 25 NE, WA 98230					306-995-7075			
DEAI	VE, WA 30230				2d	Business code (see instructions) 541990			
32	Dlan administrator's name and	address (if same as Plan sponsor, e	ntor "Same	5"\	3h	Administrator's EIN			
SPE	CTRUM SIGNAL PROCESSING	G, INC. 250 H STRE	ET, PMB 2	25 25	35	52-2310210			
		BLAINE, WA	A 98230		3с	Administrator's telephone number			
						306-995-7075			
		an sponsor has changed since the la er from the last return/report. Sponso		port filed for this plan, enter the	4b	EIN			
	iamo, Em, ana mo piamiamo	or morn the last retain proport. Openior	or o marrie		4c	PN			
5a	Total number of participants a		5a	16					
b	Total number of participants a	t the end of the plan year			5b	11			
С	Total number of participants w	rith account balances as of the end o	f the plan y	vear (defined benefit plans do not					
	complete this item)				5c	11			
	· ·	during the plan year invested in eligib		,		Yes No			
b		he annual examination and report of See instructions on waiver eligibility				X Yes ☐ No			
		ner 6a or 6b, the plan cannot use F		•					
Pa	rt III Financial Inform								
7	Plan Assets and Liabilities			(a) Beginning of Year		(b) End of Year			
а	Total plan assets		7a	563167	7	343389			
b	Total plan liabilities								
С		7b from line 7a)		563167	67 343				
8	Income, Expenses, and Trans			(a) Amount	(b) Total				
а	Contributions received or rece			513					
	(1) Employers								
	(2) Participants		. 8a(2)	582	_				
	(3) Others (including rollovers	5)	. 8a(3)	0.4056					
b	` ,			81252					
C	, , ,	8a(2), 8a(3), and 8b)	. 8с			82347			
d		rollovers and insurance premiums	8d	294704	1				
е		tive distributions (see instructions)							
f		rs (salaries, fees, commissions)		7421					
g	Other expenses		8g						
h	·	8e, 8f, and 8g)				302125			
i		e 8h from line 8c)				-219778			
i		ee instructions)							

	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 Character 2F 2G 2J 2K 3D If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Character 2F 2G 2J 2K 3D							
art	V Compliance Questions							
)	During the plan year:		Yes	No	Ar	nount		
	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				250	000
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					792
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 com 5500))	•			`	Yes	s \square	No
2	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code	or se	ction (302 of	ERISA?	Yes	s X	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	th						
lf :	you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.		г					
b	Enter the minimum required contribution for this plan year			12b				
	Enter the amount contributed by the employer to the plan for this plan year			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 a		124	1			

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 0 If "Yes," enter the amount of any plan assets that reverted to the employer this year.....

12d

Yes

N/A

No

Yes X No

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

negative amount)

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

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.	11/21/2011	JOHN HANNA
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

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

Internal Revenue Code (the Code).

OMB Nos. 1210-0110 1210-0089

2010

This Form is Open to Public Inspection

	art I Annual Report Identification Information	. /	~ ~ ~		10/21/0010
For		1/01/2			12/31/2010
Α	This return/report is for: Single-employer plan	multiple-e	mployer plan (not multiemployer)		one-participant plan
В	This return/report is for: first return/report	final retur	n/report		
	🛛 an amended return/report	short plan	year return/report (less than 12 mon	ths)	
С	Check box if filing under: Form 5558	automatic	extension		DFVC program
	special extension (enter description	on)			
Pa	rt II Basic Plan Information—enter all requested information	ation	AND THE RESIDENCE OF THE PROPERTY OF THE PROPE	AV	
	Name of plan			1b	Three-digit
	SPECTRUM SIGNAL PROCESSING, INC. 401(K)	PLAN			plan number (PN) • 001
					Effective date of plan
					01/01/1996
2a	Plan sponsor's name and address (employer, if for single-employer SPECTRUM SIGNAL PROCESSING, INC.	plan)			Employer Identification Number
	SPECTRUM SIGNAL PROCESSING, INC.				(EIN) 52-2310210
	0.50 11 0.50 0.5			ZC	Plan sponsor's telephone number (306) 995-7075
	250 H STREET, PMB 25			2d	Business code (see instructions)
	BLAINE		WA 98230		541990
3a	Plan administrator's name and address (if same as Plan sponsor, e ${\sf SAME}$	nter "Same	e")	3b	Administrator's EIN
			ŀ	3c	Administrator's telephone number
	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
	lame, Env., and the plan number from the last return/report. Sponso	i S Hallie		4c	PN
5a	Total number of participants at the beginning of the plan year			5a	16
h	Total number of participants at the end of the plan year				
	Total number of participants at the end of the plan year			5b	11
	Total number of participants with account balances as of the end of	f the plan y	ear (defined benefit plans do not		
С	Total number of participants with account balances as of the end of complete this item)	f the plan y	ear (defined benefit plans do not	5c	11
с 6а	Total number of participants with account balances as of the end of complete this item)	f the plan y	ear (defined benefit plans do not (See instructions.)	5c	11
с 6а	Total number of participants with account balances as of the end of complete this item)	the plan yle assets? an indepe	ear (defined benefit plans do not (See instructions.) ndent qualified public accountant (IQI	5c	11 X Yes No
с 6а	Total number of participants with account balances as of the end of complete this item)	f the plan y le assets? an indeper and conditi	ear (defined benefit plans do not (See instructions.) ndent qualified public accountant (IQI ons.)	5c	11 X Yes No
6a b	Total number of participants with account balances as of the end of complete this item)	f the plan y le assets? an indeper and conditi	ear (defined benefit plans do not (See instructions.) ndent qualified public accountant (IQI ons.)	5c	11 X Yes No X Yes No
6a b	Total number of participants with account balances as of the end of complete this item)	f the plan y le assets? an indeperand conditions from 5500-	ear (defined benefit plans do not (See instructions.) ndent qualified public accountant (IQI ons.) SF and must instead use Form 550 (a) Beginning of Year	5c	11 X Yes No No X Yes No
6a b	Total number of participants with account balances as of the end of complete this item)	f the plan y le assets? an indeperand conditions orm 5500-	(See instructions.) dent qualified public accountant (IQI ons.) SF and must instead use Form 550	5c	11 X Yes No X Yes No
6a b 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 For till Financial Information Plan Assets and Liabilities Total plan liabilities	f the plan y le assets? an indeperand condition 5500- 7a 7b	ear (defined benefit plans do not (See instructions.) Indent qualified public accountant (IQI ons.) SF and must instead use Form 550 (a) Beginning of Year 563, 16	5c PA) 00.	X Yes No No No No No No No N
6a b 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 a lifyou answered "No" to either 6a or 6b, the plan cannot use Fort 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 indeperand condition 5500- 7a 7b	(See instructions.) Indent qualified public accountant (IQI ons.) SF and must instead use Form 550 (a) Beginning of Year 563, 16	5c PA) 00.	11
6a b Pa 7 a b c	Total number of participants with account balances as of the end of complete this item)	f the plan y le assets? an indeperand condition 5500- 7a 7b	ear (defined benefit plans do not (See instructions.) Indent qualified public accountant (IQI ons.) SF and must instead use Form 550 (a) Beginning of Year 563, 16	5c PA) 00.	X Yes No No No No No No No N
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6a b 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 a lif you answered "No" to either 6a or 6b, the plan cannot use For till 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 indeperand conditions 5500- 7a 7b 7c	(See instructions.) (See instructions.) Indent qualified public accountant (IQI ons.) (a) Beginning of Year 563, 16 (a) Amount	5c PA) 00. 7	11
6a b 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 a lifyou answered "No" to either 6a or 6b, the plan cannot use Fort III Financial Information Plan Assets and Liabilities Total plan assets	the plan y le assets? an indepel and condition 5500- 7a 7b 7c 8a(1)	ear (defined benefit plans do not (See instructions.) Indent qualified public accountant (IQI ons.) SF and must instead use Form 550 (a) Beginning of Year 563, 16 (a) Amount	5c PA) 00. 7	11
6a b 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 your answered "No" to either 6a or 6b, the plan cannot use For till Financial Information Plan Assets and Liabilities Total plan assets	f the plan y le assets? an indeperand conditions 5500- 7a 7b 7c 8a(1) 8a(2)	ear (defined benefit plans do not (See instructions.) Indent qualified public accountant (IQI ons.) SF and must instead use Form 550 (a) Beginning of Year 563, 16 (a) Amount	5c PA) 00. 77 72	11
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C 6a b 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 a lif you answered "No" to either 6a or 6b, the plan cannot use Fort III Financial Information Plan Assets and Liabilities Total plan liabilities Total plan assets (subtract line 7b from line 7a) Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from: (1) Employers (2) Participants (3) Others (including rollovers) Other income (loss) Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) Benefits paid (including direct rollovers and insurance premiums	f the plan y le assets? an indeperent from 5500- 7a 7b 7c 8a(1) 8a(2) 8a(3) 8b 8c	ear (defined benefit plans do not (See instructions.) Indent qualified public accountant (IQI ons.) SF and must instead use Form 550 (a) Beginning of Year 563, 16 (a) Amount 51 58	5c PA) 00. 77 72 22 22	11 X Yes No No X Yes No No No No No No
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Pa b c b c 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 a lif you answered "No" to either 6a or 6b, the plan cannot use Fort III Financial Information Plan Assets and Liabilities Total plan assets	the plan y le assets? an indeperent from 5500- 7a 7b 7c 8a(1) 8a(2) 8a(3) 8b 8c 8d 8e 8f 8g	ear (defined benefit plans do not (See instructions.) Indent qualified public accountant (IQI ons.) SF and must instead use Form 550 (a) Beginning of Year 563, 16 (a) Amount 51 58 81, 25	77 7 2 2 2 2 4 4	11 X Yes No No X Yes No No No No No No
C 6a b Pa 7 a b c 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 a lifyou answered "No" to either 6a or 6b, the plan cannot use Fort III Financial Information Plan Assets and Liabilities Total plan liabilities Total plan assets (subtract line 7b from line 7a) Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from: (1) Employers (2) Participants (3) Others (including rollovers) Other income (loss) Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) Benefits paid (including direct rollovers and insurance premiums to provide benefits) Certain deemed and/or corrective distributions (see instructions) Administrative service providers (salaries, fees, commissions)	f the plan y le assets? an indeperand conditions 7a 7b 7c 8a(1) 8a(2) 8a(3) 8b 8c 8d 8e 8f 8g 8h	ear (defined benefit plans do not (See instructions.) Indent qualified public accountant (IQI ons.) SF and must instead use Form 550 (a) Beginning of Year 563, 16 (a) Amount 51 58 81, 25	77 7 2 2 2 2 4 4	11 X Yes No No X Yes No No No No No No

	Form 5500-SF 2010	Р	age 2						
Par 9a	Plan Characteristics If the plan provides pension benefits, enter the applicable pension f	feature codes from the	List of Plan Chara	acteris	stic Co	des in	the instruc	tions:	
b	$\begin{array}{cccccccccccccccccccccccccccccccccccc$	eature codes from the	List of Plan Chara	cteris	tic Cod	des in 1	the instruct	ions:	
Pari	V Compliance Questions								
10	During the plan year:				Yes	No		A A	
а	Was there a failure to transmit to the plan any participant contribut 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidure)	CONTRACT DESCRIPTION OF STREET STREET	10a	163	Х		Amount		
d	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)								
С	Was the plan covered by a fidelity bond?			10c	Х			2.	50,000
d	Did the plan have a loss, whether or not reimbursed by the plan's for dishonesty?			10d		Х			
е	Were any fees or commissions paid to any brokers, agents, or other insurance service or other organization that provides some or all or instructions.)	f the benefits under th	e plan? (See	10e	Х				792
f	Has the plan failed to provide any benefit when due under the plan	1?		10f		Х			
q	Did the plan have any participant loans? (If "Yes," enter amount as	of year end)							
-	If this is an individual account plan, was there a blackout period? (\$2520.101-3.)	See instructions and 2	9 CFR	10g 10h		X			
į	If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.101	e required notice or or	ne of the	10i			19)		
Part	VI Pension Funding Compliance								
11									
12	Is this a defined contribution plan subject to the minimum funding r							Yes	X No
	(If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicated a waiver of the minimum funding standard for a prior year is being granting the waiver.	able.) g amortized in this pla	n year, see instruc	tions,	and e	nter th	e date of th		
If v	ou completed line 12a, complete lines 3, 9, and 10 of Schedule					Day.		TCal	
	Enter the minimum required contribution for this plan year				Г	12b			
						12c			
d	Enter the amount contributed by the employer to the plan for this pl Subtract the amount in line 12c from the amount in line 12b. Enter negative amount)	the result (enter a min	us sign to the left o	of a		12d			
е	Will the minimum funding amount reported on line 12d be met by the	ne funding deadline?					Yes	No	N/A
Part									
								X Yes	Пи
13a	Has a resolution to terminate the plan been adopted during the plan	n year or any prior yea	ır?		г	 13a		X Yes	No
b	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							Пусс	C
С	2 1								
	which assets or liabilities were transferred. (See instructions.)					(0) 511	NI/->	10.10) DNI/-)
1	13c(1) Name of plan(s):					c(2) EII	N(s)	13c(3) PN(s)
								-	
Court	A recording for the late or in consult to filling of the continuous				!-	4-b1	in had		
	on: A penalty for the late or incomplete filing of this return/repo							blo c Oct	adul-
SB or	penalties of perjury and other penalties set forth in the instructions. Schedule MB completed and signed by an enrolled actuary, as wel it is true, correct, and complete.								
	with a	NOV 14/11	JOHN -	LIA	WN	4			
SIGN		Date	Enter name of inc				plan admi	nistrator	
DESCRIPTION OF		1 100 / 1	· · · ·		1.1	1 .			

NOV 14

Enter name of individual signing as employer or plan sponsor

Date

SIGN HERE

Signature of employer/plan sponsor