Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation

Short Form Annual Return/Report of Small Employee Benefit Plan

This form is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code).

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

OMB Nos. 1210-0110 1210-0089

2010

This Form is Open to Public Inspection

	art I Annual Report Identification Information								
For	calendar plan year 2010 or fiscal plan year beginning 10/01/2010)	and ending 0	9/30/2	2011				
Α	This return/report is for:		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 mor	nths)					
C Check box if filling under: Form 5558 automatic extension					DFVC program				
	special extension (enter description)								
Pa	art II Basic Plan Information—enter all requested informa	,							
	Name of plan	20011		1b	Three-digit				
	N H. KOOY TRUCKING, INC. 401(K) PROFIT SHARING PLAN				plan number 001				
					(PN) ▶				
				1C	1c Effective date of plan 10/01/1980				
2a	Plan sponsor's name and address (employer, if for single-employer	nlan)		2h	Employer Identification Number				
	N H. KOOY TRUCKING, INC.	μ.α,			(EIN) 91-1056020				
1022	4 67TH AVENUE N.E.			2c	Plan sponsor's telephone number 360-474-8000				
	NGTON, WA 98223			24	Business code (see instructions)				
				Zu	484110				
	Plan administrator's name and address (if same as Plan sponsor, er			3b	Administrator's EIN				
JOH	N H. KOOY TRUCKING, INC. 19324 67TH ARLINGTON			20	91-1056020				
				30	Administrator's telephone number 360-474-8000				
4	f the name and/or EIN of the plan sponsor has changed since the las	st return/re	port filed for this plan, enter the	4b	EIN				
	name, EIN, and the plan number from the last return/report. Sponsor	r's name		4c	DNI				
	Total number of participants at the heginning of the plan year			5a	29				
b	b Total number of participants at the beginning of the plan year				25				
C	Total number of participants with account balances as of the end of		:	5b	20				
	complete this item)		•	5c	10				
6a	Were all of the plan's assets during the plan year invested in eligibl	e assets?	(See instructions.)		Yes No				
b	- ,				X Yes ☐ No				
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility a If you answered "No" to either 6a or 6b, the plan cannot use Fo		•						
Pa	art III Financial Information	21111 0000	or and mast motera ase rorm oo						
7	Plan Assets and Liabilities		(a) Beginning of Year		(b) End of Year				
а	Total plan assets	7a	174110)	175137				
b	Total plan liabilities	7b							
С	Net plan assets (subtract line 7b from line 7a)	7c	174110)	175137				
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount		(b) Total				
а	Contributions received or receivable from:	- 40							
	(1) Employers	8a(1)	9875						
	(2) Participants	8a(2) 8a(3)	3070						
h	(3) Others (including rollovers) Other income (loss)								
b	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8b 8c	-7348		2527				
c d	Benefits paid (including direct rollovers and insurance premiums	00			-				
u	to provide benefits)	8d	1500)					
е	Certain deemed and/or corrective distributions (see instructions)	8e							
f	Administrative service providers (salaries, fees, commissions)	8f							
g	Other expenses	8g							
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h			1500				
i	Net income (loss) (subtract line 8h from line 8c)	8i			1027				
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Form 5500-SF 2010	Page 2-
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Part IV	Plan	Characteristic	٠.
rall IV	- FIAII	CHALACIELISII	

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

-	During the plan year:		Yes	No		Ame	ount	
a '	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	Χ					972
	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	10b		Χ				
;	Was the plan covered by a fidelity bond?	10c	Χ				!	50000
	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	10d		Χ				
i	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		Χ				
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				
	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	10h		X				
	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 V	/I Pension Funding Compliance							
	s this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and com 5500))			ule SB	(Form		1 5	_
:	5500//						Yes ⁷	No
	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code						Yes Yes	-
(Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code (If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)	or se	ction 3	302 of	ERISA?		Yes	^X No
! (a	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code (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 instructions the waiver	e or se	ction 3	302 of	ERISA?		Yes 2	No g
a (Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code (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. Monobu completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.	e or se ctions, ith	and e	302 of Inter th	ERISA?		Yes 2	No g
a (a (df yo	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code (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 in the waiver. Monor completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13. Enter the minimum required contribution for this plan year.	e or se	and e	nter th Day	ERISA?		Yes 2	No g
a (dfyd b E c E	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code (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. Monobu completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.	e or se	and e	302 of Inter th	ERISA?		Yes 2	No g
(a (ff yo b E C f	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code (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 in the waiver. Mono bu completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13. Enter the minimum required contribution for this plan year. Enter the amount contributed by the employer to the plan for this plan year. Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left	ctions,	and e	12b 12c	ERISA?	of the le	Yes 2	No g
(f your first the second secon	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code (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 in the waiver. Monor or completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13. Enter the minimum required contribution for this plan year. Enter the amount contributed by the employer to the plan for this plan year. Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left negative amount). Will the minimum funding amount reported on line 12d be met by the funding deadline?	ctions,	and e	12b 12c	ERISA?	of the le	Yes Petter rulin	No
(ff your first visit of the content	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code (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 in the waiver. Monou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13. Enter the minimum required contribution for this plan year. Enter the amount contributed by the employer to the plan for this plan year. Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left negative amount). Will the minimum funding amount reported on line 12d be met by the funding deadline?	ctions, tth of a	and e	12b 12c 12d	ERISA?	of the le	Yes Petter rulin	No g N/A
(da)	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code of "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 in the waiver. Monor or completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13. Enter the minimum required contribution for this plan year. Enter the amount contributed by the employer to the plan for this plan year. Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left negative amount). Will the minimum funding amount reported on line 12d be met by the funding deadline? Plan Terminations and Transfers of Assets Has a resolution to terminate the plan been adopted during the plan year or any prior year?	ctions,	and e	12b 12c 12d	ERISA?	of the le	Yes Exter rulin	No ng N/A
() () () () () () () () () () () () () (Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code (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 in the waiver. Monou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13. Enter the minimum required contribution for this plan year. Enter the amount contributed by the employer to the plan for this plan year. Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left negative amount). Will the minimum funding amount reported on line 12d be met by the funding deadline?	ctions, th	and e	12b 12c 12d 	ERISA?	of the le_Yea	Yes Exter rulin	No No N/A No
a (a (a (a (a (a (a (a	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code (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 for the waiver. Monobu completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13. Enter the minimum required contribution for this plan year. Enter the amount contributed by the employer to the plan for this plan year. Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left negative amount). Will the minimum funding amount reported on line 12d be met by the funding deadline? Will the minimum funding amount reported on line 12d be met by the funding deadline? Has a resolution to terminate the plan been adopted during the plan year or any prior year? "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 of the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought of the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought of the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought of the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought of the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought of the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought of the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought of the plan assets distributed to participants or beneficiaries.	or se	and e	12b 12c 12d 	ERISA?	of the le_Yea	Yes P	N/A No
(a (a (b (a (a	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code (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 for the waiver. Monobu completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13. Enter the minimum required contribution for this plan year. Enter the amount contributed by the employer to the plan for this plan year. Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left negative amount). Will the minimum funding amount reported on line 12d be met by the funding deadline? Will the minimum funding 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 of the PBGC? If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the funding this plan the plan this plan to another plan(s), identify the funding this plan the plan this plan that plan the plan this plan that plan the plan the plan that plan the pla	or se	and e	12b 12c 12d 	e date o	of the le_Yea	Yes P	N/A No
(a (a (b (a (a	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code (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 for the waiver. Monor our completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13. Enter the minimum required contribution for this plan year. Enter the amount contributed by the employer to the plan for this plan year. Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left negative amount) Will the minimum funding amount reported on line 12d be met by the funding deadline? Will Plan Terminations and Transfers of Assets Has a resolution to terminate the plan been adopted during the plan year or any prior year? If "Yes," enter the amount of any plan assets that reverted to the employer this year. Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought of the PBGC? 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.)	or se	and e	12b 12c 12d 	e date o	of the le_Yea	Yes Particular Yes Yes Yes Particular Yes Particula	No gg N/A No No
(a (a (b (a (a	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code (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 for the waiver. Monor our completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13. Enter the minimum required contribution for this plan year. Enter the amount contributed by the employer to the plan for this plan year. Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left negative amount) Will the minimum funding amount reported on line 12d be met by the funding deadline? Will Plan Terminations and Transfers of Assets Has a resolution to terminate the plan been adopted during the plan year or any prior year? If "Yes," enter the amount of any plan assets that reverted to the employer this year. Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought of the PBGC? 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.)	or se	and e	12b 12c 12d 	e date o	of the le_Yea	Yes Particular Yes Yes Yes Particular Yes Particula	N/A No N/A

SIGN	Filed with authorized/valid electronic signature.	03/01/2012	JOHN H. KOOY
HERE	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN	Filed with authorized/valid electronic signature.	03/01/2012	JOHN H. KOOY
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

	Part I Annual Report Identification						
For	r the calendar plan year 2010 or fiscal plan year b	eginning	10/0	1/2010	and ending	09	/30/2011
Α	This return/report is for:	plan	multiple-e	mployer plan (n	ot multiemployer)	Γ	one-participant plan
В	This return/report is for:	t [final retur	n/report		-	2 mar panagana pana
	an amended ret	urn/report	short plan	vear return/rep	ort (less than 12 mont	ths)	
С	Check box if filing under: Form 5558	·	i	extension		,	DFVC program
		ـــا n (enter description	•			L.] Di vo piogiain
P	art II Basic Plan Information enter		<i>'</i>				
***************************************	Name of plan	r all requested into	mation.			1h 3	Three-digit
	JOHN H. KOOY TRUCKING, INC. 401(k) PROFIT SHAI	RING PLA	N		ļ r	olan number PN) ► 001
						1c E	Effective date of plan
2a	Plan sponsor's name and address (employer, if fo	r single-employer p	lan)				mployer Identification Number
	JOHN H. KOOY TRUCKING, INC.						EIN) 91-1056020
	19324 67TH AVENUE N.E.						Plan sponsor's telephone number (360) 474-8000
-	74110						Business code (see instructions)
3a		s plan employer, e	nter "Same	")			Administrator's EIN
	Same						
						3c A	dministrator's telephone number
	-						
4	If the name and/or EIN of the plan sponsor has ch	anged since the las	st return/rep	ort filed for this	plan, enter the	4b E	IN
	name, EIN and the plan number from the last retu	m/report. Sponsors	s Name			4c P	N
5a	Total number of participants at the beginning of the	e plan year				5a	29
b	Total number of participants at the end of the plan	year				5b	25
С	Total number of participants with account balance complete this item)	s as of the end of the	ne plan yea	r (defined benef	it plans do not	E.	
6a	Were all of the plan's assets during the plan year i	nvested in eligible	assets? (Se	e instructions)	• • • • • • •	5c	
b	Are you claiming a waiver of the annual examination	on and report of an	independe	nt qualified publ		• • •	La Les Livo
	under 29 CFR 2520.104-46? (See instructions on	waiver eligibility and	d conditions	5.)			· · · · XYes No
Da	If you answered "No" to either 6a or 6b, the pla art III Financial Information	n cannot use For	n 5500-SF :	and must instea	ad use Form 5500.		
7	Plan Assets and Liabilities		- 200 (SUN)	(-) -		T	
a	Total plan assets		-	(a) Be	ginning of Year		(b) End of Year
b	Total plan liabilities	• • • • •	7a		174,110		175,137
c	Net also seeds (subtract the Title of the State of the St		· 7b		174 440	+	
- 8	Income, Expenses, and Transfers for this Plan Yea	· · · · · ·	. 7c	ļ <u> </u>	174,110		175,137
а	Contributions received or receivable from:	u		(a) Amount	Allisa	(b) Total
	(1) Employers		. 8a(1)				
	(2) Participants		. 8a(2)		9,875		
L	(3) Others (including rollovers)		. 8a(3)				
þ	Other income (loss)		. 8b		(7,348)		
d	Total income(add lines 8a(1), 8a(2), 8a(3), and 8b) Benefits paid (including direct rollovers and insurar	ce promiume	. 8c				2,527
-	to provide benefits)		. 8d		1,500	1	
е	Certain deemed and/or corrective distributions (see		8e		1,500		
f	Administrative service providers (salaries, fees, cor	•	8f			1303	
g	Other expenses		8g				
h	Total expenses (add lines 8d, 8e, 8f, and 8g)		8h				1,500
i	Net income (loss) (subtract line 8h from line 8c).		8i			ii ii	1,027
j	Transfers to (from) the plan (see instructions)		8j				
_						100000	CONTRACTOR OF THE PROPERTY OF THE PARTY OF T

	Form 5500-SF 2010		,	Page 2-						
Par	IV Plan Characteristics			ugo 22						
	If the plan provides pension benefits, enter the applicable pension feature	re codes	from the L	ist of Plan Charac	teristic	Codes	in the in	nstructions:		
	3D 2E 2J 2K if the plan provides welfare benefits, enter the applicable welfare feature									
Par	t V Compliance Questions				·					
10	During the plan year:					Yes	No	Aı	nount	
а	Was there a failure to transmit to the plan any participant contribution v	within the	e time peri	od described in	10a	x				9,72
b	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Were there any nonexempt transactions with any party-in-interest? (Do	o not incl	lude transa	ctions reported		\vdash				
	on line 10a.)				. 10b		х			
c d	Was the plan covered by a fidelity bond?				. 10c	х			5	50,00
u	Did the plan have a loss, whether or not reimbursed by the plan's fidelior dishonesty?	ity bond,	, that was c	aused by fraud	. 10d		x			
е	Were any fees or commisions paid to any brokers, agents, or other per insurance services or other organization that provides some or all of the	ne benefi	its under th	e plan? (See			x			
f	instructions.)						x			
a	Did the plan have any participant loans? (If "Yes," enter amount as of y						x			
h	If this is an individual account plan, was there a blackout period? (See	instructi	ions and 29	CFR						
i	2520.101-3.)	quired n	otice or one	e of the			×			
Dor	exceptions to providing the notice applied under 29 CFR 2520.101-3.	<u> </u>	<u> </u>		. 101					
11	Pension Funding Compliance Is this a defined benefit plan subject to minimum funding requirements (5500))	6? (If "Ye	s," see inst	ructions and com	plete Sc	hedule	SB (Fo	orm	Yes [X No
12	Is this a defined contribution plan subject to the minimum funding requi (If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.	irements							Yes [X No
a	If a waiver of the minimum funding standard for a prior year is being an granting the waiver			Mo	tions, ar	nd ente	r the da Day_	ate of the let		
b,	rou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Enter the minimum required contribution for this plan year			-		Γ-	12b			
С	Enter the amount contributed by the employer to the plan for this plan y					_	12c			
d	Subtract the amount in line 12c from the amount in line 12b. Enter the regative amount)						12d			
	Will the minimum funding amount reported on line 12d be met by the fu	unding d	leadline?			· • •	. [Yes	No []N/A
Part	The second of Assets									
isa	Has a resolution to terminate the plan been adopted during the plan year If "Yes," enter the amount of any plan assets that reverted to the emplo	ear or any over this	y prior year vear	?		· [-	 3a	<u>· · · · · </u>	Yes 2	<u>K</u> No
b	Were all the plan assets distributed to participants or beneficiaries, tran	***************************************							·	
С	of the DDCC2						• •		∐Yes 2	€No
1	3c(1) Name of plan(s):					13c	(2) EIN	l(s)	13c(3) PN	 الا(s)
				· · · · · · · · · · · · · · · · · · ·						
	n: A penalty for the late or incomplete filing of this return/report wil									
SB or	penalties of perjury and other penalties set forth in the instructions, I dec Schedule MB completed and signed by an enrolled actuary, as well as th it is true, correct, and complete.	clare that he electro	t I have exa onic versio	amined this return n of this return/rep	/report, oort, and	includir I to the	ng, if ap best of	oplicable, a s f my knowle	Schedule dge and	
SIG	1 Davit Koon	•		JOHN H. KOC	Y					
HEF		Detta	41904	Enter name of ir		l signin	g as pla	an administr	ator	
SIG				JOHN H. KOC						
HER		Date	14/2013	Enter name of in	ndividua	l signin	g as en	nployer or p	an sponsor	