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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 2486370 1984540 b Total plan assets (subtract line 7b from line 7a). 7c 2486370 1984540 8 income, Expenses, and Transfers for this Plan Year (a) Amount (b) Total a Contributions received or receivable from: 8a(1) 0 0 (2) Participants 8a(2) 77854 3 0 (3) Other income (loss). 8b -89813 -11959 c Total income (add lines 8a(1), 8a(2), 8a(3), and 8b). 8c -11959 d Benefits paid (including direct rollovers and insurance premiums to provide benefits). 8d 488641 e O 8g 0 11959 f Administrative service providers (salaries, fees, commissions). 8f 1230 g Other expenses 8g 0 489871 f Administrative service provider	b										
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j Transfers to (from) the plan (see instructions)	i			8i				-501830			
	j	Transfers to (from) the plan (se	ee instructions)	8j							

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

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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 2G 2J 2K 3D
 - 2L 2G 2J 2K 3D
- **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)			X					
b	ere there any nonexempt transactions with any party-in-interest? (Do not include transactions reported I line 10a.)			х					-
С	Was the plan covered by a fidelity bond?	10c	Х				:	300000	
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		Х					-
e	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	Х					11667	
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	Х					57885	
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	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and comp 5500))						Yes	X No	-
lf y b c d	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code of (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 instruct granting the waiver. Monther the waiver means the standard for this plan year. 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 of negative amount). Will the minimum funding amount reported on line 12d be met by the funding deadline?	tions, h of a	and e	nter th Day 12b 12c 12d	e date of t				
Part									_
13a	Has a resolution to terminate the plan been adopted in any plan year?	_		Y	′es X N	0			٦
	If "Yes," enter the amount of any plan assets that reverted to the employer this year								
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought u of the PBGC?		•••••				Yes	X No	
C	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.)	e piai	n(s) to						
1	3c(1) Name of plan(s):		13	c (2) El	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 reasonable	e cau	ise is	establ	ished.				_
I Locator				a bara Para		1.1.	0.1	ماريا م	

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.	03/06/2012	ED MYERS
HERE	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN	Filed with authorized/valid electronic signature.	03/06/2012	ED MYERS
HERE	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor