## Form 5500-SF

Department of the Treasury Internal Revenue Service

## **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 sections 6057(b) and 6058(a) of 2011

Inspection

This Form is Open to Public

OMB Nos. 1210-0110

1210-0089

Department of Labor Employee Benefits Security Administration the Internal Revenue Code (the Code). Pension Benefit Guaranty Corporation ▶ Complete all entries in accordance with the instructions to the Form 5500-SF.

P	art I 📗 Annual Repoi	rt Identification Information					
For	calendar plan year 2011 or	r fiscal plan year beginning 01/01/201	11	and ending 12/	31/2	011	
Α	This return/report is for:	∡ a single-employer plan	a multiple	-employer plan (not multiemployer)		a one-participa	ant plan
В	This return/report is:	the first return/report	the final r	eturn/report	_	_	
	·	an amended return/report	a short pla	n year return/report (less than 12 mon	ths)		
C	Check box if filing under:	☐ Form 5558 ☐	automatic	extension	ĺ	DFVC program	n
	Oncok box ii iiiiig dildoi.	special extension (enter description	1		L		
D	art II Basic Plan Inf	formation—enter all requested inform	,				
	Name of plan	TOTTIALIOII—enter all requested inform	iation	1.	1h	Three-digit	
		IC. OF TACOMA PROFIT SHARING PLA	AN			plan number	
				<u> </u>		(PN) ▶	001
					1c	Effective date of	
20	Dia a su su su da su su su su da	and the second s		(an a gianta annatana atan)	O.L.	01/01/1	
	Plan sponsor's name and a PHENS ENTERPRISES, IN	address; include room or suite number (	employer, if	for a single-employer plan)		Employer Identification (EIN) 91-132	
				<del> </del> -		Sponsor's teleph	
E 117	10TH CTREET EACT CHI	ITE 200		<b>'</b>	20	253-896-	
	12TH STREET EAST, SUI , WA 98424	TTE 200		<u> </u>	2d	Business code (s	ee instructions)
						238900	
		and address (if same as plan sponsor, e			3b	Administrator's E	
SIEF	PHENS ENTERPRISES, INC	C. OF TACOMA 5417 12TH S FIFE, WA 98		ST, SUITE 200	3.0	91-132	
				`	<b>3</b> C	Administrator's te 253-896-	0355
4	If the name and/or EIN of t	the plan sponsor has changed since the	last return/	report filed for this plan, enter the	4b	EIN	
		number from the last return/report.			4 -		
	Sponsor's name	to at the benefit of the other con-			4c	PN T	
_		nts at the beginning of the plan year		<u> </u>	5a		
	·	nts at the end of the plan year		<u> </u>	5b		
С		th account balances as of the end of the			5c		7
6a	, ,	ets during the plan year invested in eligit					X Yes No
_		r of the annual examination and report of					
		46? (See instructions on waiver eligibility		•			X Yes No
		either 6a or 6b, the plan cannot use F	orm 5500-	SF and must instead use Form 5500	<u>.                                    </u>		
	rt III   Financial Info			()5 : : ()		45-	
7	Plan Assets and Liabilities		_	(a) Beginning of Year 895987		(b) End o	993947
	•			033307			000041
_	•	line 7h from line 7a)		895987			993947
<u> </u>		line 7b from line 7a)	. 7с			(L) T	
8 a	Income, Expenses, and Tr Contributions received or r			(a) Amount		(b) To	oldi
ű			. 8a(1)	0			
	(2) Participants		. 8a(2)				
	(3) Others (including rollo	overs)	. 8a(3)				
b	Other income (loss)		8b	98658			
C	Total income (add lines 8a	a(1), 8a(2), 8a(3), and 8b)	8c				98658
d		rect rollovers and insurance premiums		0			
_				9			
e		prrective distributions (see instructions)		698			
Ť		oviders (salaries, fees, commissions)		098			
g	•						600
h :		8 8d, 8e, 8f, and 8g)					698 97960
- 1	Net income (loss) (subtrac	ct line 8h from line 8c)	. 8i				97960
	T	an (see instructions)					

Form	5500	SF	201

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Part IV	Plan	Characte	aristics
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- If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 9a
- 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			1			
10	During the plan year:		Yes	No	Α	mount	
	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				70000
d	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	10d		X			
е	Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service or other organization that provides some or all of the benefits under the plan? (See instructions.)	10e		X			
f	Has the plan failed to provide any benefit when due under the plan?	10f		X			
g	Did the plan have any participant loans? (If "Yes," enter amount as of year end.)	10g		X			
h	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	10h		Х			
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		X			
art	VI Pension Funding Compliance						
	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and comp 5500))					Yes	X No
12	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code					Yes	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						
	Enter the minimum required contribution for this plan year		Г	12b			
	Enter the amount contributed by the employer to the plan for this plan year			12c			
	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)	of a		12d			
е	Will the minimum funding amount reported on line 12d be met by the funding deadline?				Yes	No	N/A
Part						<u> </u>	
	Has a resolution to terminate the plan been adopted in any plan year?			Пү	es X No		
	If "Yes," enter the amount of any plan assets that reverted to the employer this year		3a				
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought u			ntrol			
-	of the PBGC?					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.)	e plai	n(s) to				
1	3c(1) Name of plan(s):		130	c(2) Ell	N(s)	13c(3)	PN(s)
Cauti	on: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonabl	e cau	ıse is	establi	shed.		
	penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this retu Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/r						

belief, it is true, correct, and complete.

SIGN	Filed with authorized/valid electronic signature.	04/19/2012	THERESA O. KIST
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 sections 6057(b) and 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

2011

This Form is Open to Public Inspection

	art I Annual Report Identification Information				
For	calendar plan year 2011 or fiscal plan year beginning	01/01/2	011 and ending		12/31/2011
Α	This return/report is for:	a multiple	e-employer plan (not multiemployer)		a one-participant plan
	This return/report is:	the final r	eturn/report		_
_	an amended return/report	ł	an year return/report (less than 12 m	onths)	
_	H		extension		DFVC program
Ĺ	Officer box it fining direct:	J	CEXICION		
0803 <u> —</u> 30	special extension (enter description)				
17 10 7 10	art II Basic Plan Information—enter all requested inform	ation		46	Ţ
1a	Name of plan			TD	Three-digit plan number
	Stephens Enterprises, Inc. of Tacoma Pro	otit			(PN) ▶ 001
	Sharing Plan			1c	Effective date of plan
					01/01/1990
	Plan sponsor's name and address; include room or suite number (e	employer, it	for a single-employer plan)	2b	Employer Identification Number
	Stephens Enterprises, Inc. of Tacoma				(EIN) 91-1321580
	OI TACOMA			2c	Sponsor's telephone number
	5417 12th Street East, Suite 200			0.4	(253) 896-0355
	·			<b>2</b> a	Business code (see instructions) 238900
	Fife	ntor "Come	WA 98424	3h	Administrator's EIN
Ja	Plan administrator's name and address (if same as plan sponsor, el Same	inter Same	• )	O.D	Administrator 3 Lin
				3с	Administrator's telephone number
4	If the name and/or EIN of the plan sponsor has changed since the iname, EIN, and the plan number from the last return/report.	last return/	report filed for this plan, enter the	4b	EIN
а	Sponsor's name			4c	PN
	Total number of participants at the beginning of the plan year			5a	9
b	Total number of participants at the end of the plan year		,,,	5b	9
	Number of participants with account balances as of the end of the				
	complete this item)		**************************************	5c	7
6a	Were all of the plan's assets during the plan year invested in eligib		(Can instructions)		
					X Yes No
	Are you claiming a waiver of the annual examination and report of	an indeper	dent qualified public accountant (IQ	PA)	
	Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility	an indeper and condit	ndent qualified public accountant (IQ ions.)	PA)	
b	Are you claiming a waiver of the annual examination and report of	an indeper and condit	ndent qualified public accountant (IQ ions.)	PA)	
b	Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility if you answered "No" to either 6a or 6b, the plan cannot use F	an indeper and condit	ndent qualified public accountant (IQ ions.)	PA)	
b Pa 7	Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility if you answered "No" to either 6a or 6b, the plan cannot use Furt III Financial Information	an indeper and condit	dent qualified public accountant (IQi ions.)SF and must instead use Form 55	PA) 00.	X Yes No
b Pa 7 a	Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility if you answered "No" to either 6a or 6b, the plan cannot use Furt III Financial Information  Plan Assets and Liabilities	an indeper and condit orm 5500-	dent qualified public accountant (IQi ions.)SF and must instead use Form 55 (a) Beginning of Year	PA) 00.	X Yes No
Pa 7 a b	Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility if you answered "No" to either 6a or 6b, the plan cannot use Furt III Financial Information  Plan Assets and Liabilities  Total plan assets	an indeper and condit orm 5500-	dent qualified public accountant (IQi ions.)SF and must instead use Form 55 (a) Beginning of Year	7	X Yes No
Pa 7 a b	Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility if you answered "No" to either 6a or 6b, the plan cannot use Fort III Financial Information  Plan Assets and Liabilities  Total plan liabilities.	an indeper and condit orm 5500-	dent qualified public accountant (IQions.)	7	(b) End of Year 993, 947
Pa 7 a b c	Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility if you answered "No" to either 6a or 6b, the plan cannot use Furt III Financial Information  Plan Assets and Liabilities  Total plan assets  Net plan assets (subtract line 7b from line 7a)	an indeper and condit orm 5500-	(a) Beginning of Year 895, 98	7	(b) End of Year 993, 947
Pa 7 a b c	Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility If you answered "No" to either 6a or 6b, the plan cannot use Furt III Financial Information  Plan Assets and Liabilities  Total plan assets  Total plan liabilities  Net plan assets (subtract line 7b from line 7a)	an indeper and condit orm 5500-  7a 7b 7c 8a(1)	(a) Beginning of Year 895, 98	7	(b) End of Year 993, 947
Pa 7 a b c	Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility If you 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).  Income, Expenses, and Transfers for this Plan Year  Contributions received or receivable from:  (1) Employers  (2) Participants	an indeper and condit orm 5500-  . 7a . 7b . 7c . 8a(1) 8a(2)	(a) Beginning of Year 895, 98	7	(b) End of Year 993, 947
Pa 7 a b c 8 a	Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility if you 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)  Income, Expenses, and Transfers for this Plan Year  Contributions received or receivable from:  (1) Employers  (2) Participants  (3) Others (including rollovers)	an indeper and condit orm 5500-  7a 7b 7c 8a(1) 8a(2) 8a(3)	dent qualified public accountant (IQions.)	7 0	(b) End of Year 993, 947
Pa 7 a b c 8 a	Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility if you answered "No" to either 6a or 6b, the plan cannot use Furt III Financial Information  Plan Assets and Liabilities  Total plan assets  Total plan liabilities  Net plan assets (subtract line 7b from line 7a).  Income, Expenses, and Transfers for this Plan Year  Contributions received or receivable from:  (1) Employers  (2) Participants  (3) Others (including rollovers).	an indeper and condit orm 5500-  . 7a . 7b . 7c . 8a(1) . 8a(2) . 8a(3)	(a) Beginning of Year 895, 98	7 0	(b) End of Year 993, 947 (b) Total
Pa 7 a b c 8 a b c	Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility If you answered "No" to either 6a or 6b, the plan cannot use Firt III Financial Information  Plan Assets and Liabilities  Total plan assets  Total plan liabilities  Net plan assets (subtract line 7b from line 7a)  Income, Expenses, and Transfers for this Plan Year  Contributions received or receivable from:  (1) Employers  (2) Participants  (3) Others (including rollovers)  Other income (loss)  Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	an indeper and condit orm 5500-  . 7a . 7b . 7c . 8a(1) . 8a(2) . 8a(3)	dent qualified public accountant (IQions.)	7 0	(b) End of Year 993, 947
Pa 7 a b c 8 a b	Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility if you answered "No" to either 6a or 6b, the plan cannot use Furt III Financial Information  Plan Assets and Liabilities  Total plan assets  Total plan liabilities  Net plan assets (subtract line 7b from line 7a).  Income, Expenses, and Transfers for this Plan Year  Contributions received or receivable from:  (1) Employers  (2) Participants  (3) Others (including rollovers).	an indeper and condit orm 5500-  . 7a . 7b . 7c . 8a(1) . 8a(2) . 8a(3)	dent qualified public accountant (IQions.)	7 0	(b) End of Year 993, 947 (b) Total
Pa 7 a b c 8 a b c	Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility if you 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)  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)	an indeper and condit orm 5500-  . 7a . 7b . 7c . 8a(1) . 8a(2) . 8a(3) . 8b . 8c	dent qualified public accountant (IQions.)	7 0	(b) End of Year 993, 947 (b) Total
Pa 7 a b c 8 a b c d	Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility If you 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)  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)	an indeper and condit orm 5500-  . 7a . 7b . 7c . 8a(1) . 8a(2) . 8a(3) . 8b . 8c . 8d	dent qualified public accountant (IQions.)	7 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	(b) End of Year 993, 947 (b) Total
Pa 7 a b c 8 a b c d e :	Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility if you 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)	an indeper and condit orm 5500-  7a 7b 7c 8a(1) 8a(2) 8a(3) 8b 8c 8d 8e	dent qualified public accountant (IQions.)	7 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	(b) End of Year 993, 947 (b) Total
Pa 7 ab c 8 a b c d e f	Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility if you answered "No" to either 6a or 6b, the plan cannot use Furt III Financial Information  Plan Assets and Liabilities  Total plan assets  Total plan liabilities  Net plan assets (subtract line 7b from line 7a)	an indeper and condit orm 5500-  7a 7b 7c 8a(1) 8a(2) 8a(3) 8b 8c 8d 8e	dent qualified public accountant (IQions.)	7 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	(b) End of Year 993, 947 (b) Total
Pa 7 a b c 8 a b c d e f g	Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility If you 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).  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)	an indeper and condit orm 5500-  7a 7b 7c 8a(1) 8a(2) 8a(3) 8b 8c 8d 8e 8f 8g	dent qualified public accountant (IQions.)	7 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	(b) End of Year 993, 947 (b) Total

Page <b>2</b> -	

Part IV	Plan	Charac	teristics

Form 5500-SF 2011

9a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 2A 2E 3D

d	If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Chara	Cicion		es iii t	ile ilistruction	13.	
Part	V Compliance Questions						
10	During the plan year:	$\overline{}$	Yes	No	Δ.	mount	
	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			7	0,000
đ	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		х				
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	****	Х		eretub*o	
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			
h	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	10h		Х			
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		Х			
Part	VI Pension Funding Compliance				<del></del>		-
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and com 5500))	plete	Sched	ule SE	3 (Form	Yes	X No
	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 instrugranting the waiver.  Mor ou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.	ctions,	and e	enter th	ne date of the	e letter ru	ling
	Enter the minimum required contribution for this plan year		Г	12b			
C	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 negative amount)	of a		12d			
е	Will the minimum funding amount reported on line 12d be met by the funding deadline?				Yes	No	N/A
o Part	services and the service of the serv						
A	Has a resolution to terminate the plan been adopted in any plan year?			, I	Yes X No		
	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 of the PBGC?			ontrol		Yes	X No
С	If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify twhich assets or liabilities were transferred. (See instructions.)	he pla	n(s) to				
1	3c(1) Name of plan(s):	<u> </u>	13	13c(2) EIN(s)			) PN(s)
Caut	on: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonal	le cau	ıse is	estab	lished.		
Unde SB o	r penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this ret Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return it is true, correct, and complete.	urn/re	port, ir	ıcludin	g, if applicat	ole, a Sch nowledge	edule and
<b>小</b>	1 1/18/12 Theresa 0.	Kis	st				
SIGI	The state of the s			nina a	s plan admir	nistrator	``
SIGI							
HER	Signature of employer/plan sponsor Date Enter name of i	ndivid	ual sig	ning a	s employer o	or plan sp	onsor