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C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)8c7201d Benefits paid (including direct rollovers and insurance premiums to provide benefits)8d84294e Certain deemed and/or corrective distributions (see instructions)8ef Administrative service providers (salaries, fees, commissions)8fg Other expenses8gh Total expenses (add lines 8d, 8e, 8f, and 8g)8hket income (loss) (subtract line 8h from line 8c)8ij Transfers to (from) the plan (see instructions)8j	h	() ()			7201				
d Benefits paid (including direct rollovers and insurance premiums to provide benefits)	_				1201			7201	
e Certain deemed and/or corrective distributions (see instructions) 8e f Administrative service providers (salaries, fees, commissions) 8f g Other expenses		Benefits paid (including direct r	ollovers and insurance premiums		84294				
f Administrative service providers (salaries, fees, commissions)	е	,							
g Other expenses 8g h Total expenses (add lines 8d, 8e, 8f, and 8g)	f								
b Total expenses (add lines 8d, 8e, 8f, and 8g) 8h 84294 i Net income (loss) (subtract line 8h from line 8c) 8i -77093 j Transfers to (from) the plan (see instructions) 8j 8j	g								
i Net income (loss) (subtract line 8h from line 8c)								84294	
	i	Net income (loss) (subtract line	e 8h from line 8c)					-77093	
	j		,	oj					

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

Part	rt V Compliance Questions									
10	During the plan year:			Yes	No		Aı	nount		
а	a Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu		10a		x					
b	b Were there any nonexempt transactions with any party-in-interest on line 10a.)		10b		х					
С	C Was the plan covered by a fidelity bond?		10c	Х					15000)0
d	d Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?		10d		Х					
е	e Were any fees or commissions paid to any brokers, agents, or oth insurance service or other organization that provides some or all o instructions.)	of the benefits under the plan? (See	10e		x					
f	Has the plan failed to provide any benefit when due under the pla	n?	10f		X					
g	g Did the plan have any participant loans? (If "Yes," enter amount a	s of year end.)	10g		Х					
h	h If this is an individual account plan, was there a blackout period? 2520.101-3.)	•	10h		x					
i	If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10		10i							
Part	rt VI Pension Funding Compliance									
11	Is this a defined benefit plan subject to minimum funding requirem 5500))							Yes	X N	lo
lf	 (If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applied If a waiver of the minimum funding standard for a prior year is bein granting the waiver. f you completed line 12a, complete lines 3, 9, and 10 of Schedule 	able.) ng amortized in this plan year, see instruc Mont e MB (Form 5500), and skip to line 13.	tions, th	, and e 	enter th Day	e date	e of the	letter ru	lling	0
b	b Enter the minimum required contribution for this plan year				12b					
c d					12c 12d					
е	e Will the minimum funding amount reported on line 12d be met by	he funding deadline?				Ye	s	No	N/A	٩
Part	t VII Plan Terminations and Transfers of Assets									
13a	a Has a resolution to terminate the plan been adopted in any plan year?				XY	′es	No			
	If "Yes," enter the amount of any plan assets that reverted to the e	employer this year	1	3a						0
b	Were all the plan assets distributed to participants or beneficiaries of the PBGC?							Yes	X N	lo
C	If during this plan year, any assets or liabilities were transferred free which assets or liabilities were transferred. (See instructions.)	om this plan to another plan(s), identify th	ne pla	n(s) to	1					
1	13c(1) Name of plan(s):			13	c(2) El	N(s)		13c(3) PN(s)
Caut	ution: A penalty for the late or incomplete filing of this return/rep	oort will be assessed unless reasonabl	e cau	ise is	establ	ished				
Unde	der penalties of periury and other penalties set forth in the instruction	s. I declare that I have examined this retu	ırn/rei	oort. ir	cludin	a. if an	plicable	e. a Sch	edule	

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.	05/11/2012	BRENDA TURNER
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