	Form 5500-SF	Short Form Annual R	OMB Nos. 1210-0110 1210-0089						
	Department of the Treasury Internal Revenue Service		Benefit		2011				
En	Department of Labor nployee Benefits Security Administration	Retirement Income Security Act of	1974 (ERI	ctions 104 and 4065 of the Employee SA), and sections 6057(b) and 6058(a Code (the Code).	f This Form is Open to Public				
-	ension Benefit Guaranty Corporation	Complete all entries in accord		Inspection					
Pa	art I Annual Report Id	lentification Information			0.11				
For	calendar plan year 2011 or fisca		1	and ending 12	2/31/2	2011	_		
Α -	This return/report is for:	X a single-employer plan	a multiple	-employer plan (not multiemployer)		a one-participant plan			
B -	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 mor	nths)				
C	Check box if filing under:	Form 5558	automatic	extension		DFVC program			
		special extension (enter descriptio	n)						
Pa	rt II Basic Plan Inform	nation—enter all requested information	ation						
	Name of plan				1b	Three-digit plan number			
FREI	GHT SYSTEMS, INC. 401(K) P	LAN				(PN) ▶ 002			
					1c	Effective date of plan 01/01/1997			
2a	Plan sponsor's name and addre	ess; include room or suite number (er	mplover. if	for a single-employer plan)	2b	Employer Identification Number			
	GHT SYSTEMS, INC.					(EIN) 91-1044745			
2181	8 76TH AVENUE SOUTH				2C	Sponsor's telephone number 253-872-5191			
	r, WA 98032				2d	Business code (see instructions) 484110			
	Plan administrator's name and GHT SYSTEMS, INC.	address (if same as plan sponsor, er 21818 76TH /	AVENUE S		3b	Administrator's EIN 91-1044745			
KENT, WA 98					3c	C Administrator's telephone number 253-872-5191			
4		lan sponsor has changed since the la	ast return/i	report filed for this plan, enter the	4b	EIN			
а	name, EIN, and the plan numb Sponsor's name	per from the last return/report.			4c	PN			
	•	the beginning of the plan year			5a		13		
b	Total number of participants at	the end of the plan year			5b				
С	Number of participants with ac	count balances as of the end of the p	olan year (d	defined benefit plans do not	5c		26		
62	1 /	luring the plan year invested in eligibl		(See instructions.)					
				ident qualified public accountant (IQP)			Ũ		
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.)								
Pa	If you answered "No" to eith rt III Financial Informa		orm 5500-	SF and must instead use Form 550	0.		—		
<u>га</u> 7	Plan Assets and Liabilities			(a) Beginning of Year		(b) End of Year	—		
a			7a	943935		848204			
b	•		7b				—		
С	Net plan assets (subtract line 7	7b from line 7a)	7c	943935		848204			
8	Income, Expenses, and Transf	ers for this Plan Year		(a) Amount		(b) Total			
а	Contributions received or recei		• (1)						
			8a(1)	36541	-				
	.,	· · · · · · · · · · · · · · · · · · ·	8a(2)	50041	-				
b)	8a(3) 8b	-17184					
c	· · · ·	8a(2), 8a(3), and 8b)	8c			19357	_		
d	Benefits paid (including direct rollovers and insurance premiums		100000						
to provide benefits)				102232	_				
e		tive distributions (see instructions)	8e	40056	-				
t		rs (salaries, fees, commissions)	8f	12856	-				
g		Ω_{α} of and Ω_{α}	8g			115088			
h i		8e, 8f, and 8g)	8h o:			-95731			
i	() ()	e 8h from line 8c) ee instructions)	8i			00101			
1			8j						

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

Page 2 - 1

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 2F 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 Duri	ng the plan year:		Yes	No	Α	mount			
	there a failure to transmit to the plan any participant contributions within the time period described in CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)	10a		Х					
	e there any nonexempt transactions with any party-in-interest? (Do not include transactions reported ne 10a.)	10b		Х					
c Wa	s the plan covered by a fidelity bond?	10c	Х			100000			
	the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud shonesty?	10d		Х					
insu	e any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, rance service or other organization that provides some or all of the benefits under the plan? (See uctions.)	10e	x			3086			
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					
	s is an individual account plan, was there a blackout period? (See instructions and 29 CFR 0.101-3.)	10h		Х					
	h was answered "Yes," check the box if you either provided the required notice or one of the eptions to providing the notice applied under 29 CFR 2520.101-3	10i							
	Pension Funding Compliance								
11 Is thi	is a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and com					Yes X No			
12 Is th	is a defined contribution plan subject to the minimum funding requirements of section 412 of the Code	e or se	ction 3	302 of	ERISA?	Yes X No			
a If a v gran	'es," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.) vaiver of the minimum funding standard for a prior year is being amortized in this plan year, see instru ting the waiver.	th				0			
_	ompleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.		F						
b Ente	r the minimum required contribution for this plan year			12b					
	r the amount contributed by the employer to the plan for this plan year			12c					
	ract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left ative amount)			12d		_			
e Will	the minimum funding amount reported on line 12d be met by the funding deadline?				Yes	No N/A			
Part VII	Plan Terminations and Transfers of Assets								
13a Has	a resolution to terminate the plan been adopted in any plan year?	····· <u>···</u>		1	res X No				
lf "Y	es," enter the amount of any plan assets that reverted to the employer this year	1	3a						
	b Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?								
	C 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.)								
13c(1) Name of plan(s): 13c(2) EIN(s) 13c(3) P									
Caution: A	A penalty for the late or incomplete filing of this return/report will be assessed unless reasonab	le cau	ise is	estab	ished.				

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.	06/01/2012	F FLYNN					
HERE	Signature of plan administrator	Date	Enter name of individual signing as plan administrator					
SIGN	Filed with authorized/valid electronic signature.	06/01/2012	F FLYNN					
HERE	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor					

Third Remove Saves This form is required to be field under sections pits and doing of the Employee and the section of 2010 and 00000 of 100000000000000000000000000000	_	Form 5500-SF	Short Form Annual I	Return Benefi	Report of Small Employ	yee	OMB Nos. 1210-0110 1210-0089				
Interpretation and the service and and the service of the	_	Internal Revenue Service	This form is required to be fi	led under	sections 104 and 4065 of the Employ	vee	2011				
Press P. Complete all entries in accordance with the instructions to the Form \$500-SF. Inspection Part the calendar plan year 201 or final plan year beginning 0.1/01/2011 and ending 12/31/2011 A Thin esturing/equit is for: a single-employer plan a multiple-employer plan (not multiamployer) a one-participant plan B This return/report is in an analysis a single-employer plan (not multiamployer) a one-participant plan C Check too if fifting under: in an analysis a sinot plan year return/report (less than 12 months) DPVC program Pressight: systema, Inc. 401 (k) Plan 10 Fifting-employer plan 0.2 0.2 Pensight: systema, Inc. 401 (k) Plan 10 Efforth-embloy of plan 0.2 Pensight: systema, Inc. 401 (k) Plan 10 Efforth-embloy of plan 0.2 If B Taxee digit systema, Inc. 401 (k) Plan 10 Efforth-embloy of plan 0.2 If B Pensight: systema, Inc. 401 (k) Plan 10 Efforth-embloy of plan 0.2 If B Pensight: systema, Inc. 401 (k) Plan 20 Efforth-embloy of plan 0.2 If B Pensight: systema, Inc. 401 (k) Plan 20 Efforth-embloy of plan 0.2 If B Pensight: systema, In	-	mployee Benefits Security Administration	Retirement income Security Ac	t of 1974 (i	ERISA), and section 6057(b) and 605	8(a) of	· · · · · · · · · · · · · · · · · · ·				
For the automate 21/01/2011 and unding 12/01/2011 A The full return report at any one region mail any one region mailed mail and any one region mail any one region mail any one region on region and region end of the region of the region of region and region end of the region of t	-	Pension Benefit Guaranty Corporation									
A This return/teport is cr			Jenurication Information		the instructions to the Form 550	JU-SF.					
A This return/report is : a single-employer plan a multiple employer plan (not multiemployer) a one-participant plan B The return/report is: the fast roum/report a alword plan year return/report a alword plan year return/report C Check tox if fling under: pool al determining out a alword plan year return/report DFVC program Section 2016 Section 2016 pool al determining out alword plan year return/report DFVC program Section 2017 The return/report is : an annoted return/report alword plan year return/report DFVC program Section 2017 Section 2017 The return/report is : alword plan year return/report DFVC program Section 2017 Section 2016 Section 2016 DFVC program DFVC program Section 2017 Section 2017 The return/report is : DFVC program DFVC program Section 2017 Section 2017 Section 2017 DFVC program DFVC program Section 2017 Section 2017 Section 2017 DFVC program DFVC program Section 2017 Section 2017 DFVC program DFVC program DFVC program Section 2017 Section 2017 DFVC program	Fo	or the calendar plan year 2011 or fis	cal plan year beginning	01/	01/2011 and ending	1	2/31/2011				
B This return/report is In the final return/report In the final return/report C Check box if filing under: In an amendad return/report In a short plan year return/report (less than 12 months) DPVC program E Check box if filing under: In an amendad return/report In a short plan year return/report (less than 12 months) DPVC program EXCLUSE Basic Plan information	Α	This return/report is for:	a single-employer plan	a multipl			F1				
C Check box if filing under:	В	This return/report is:	the first return/report				a one-participant plan				
C Check box if filing under: Print 5528 automatic skanstom operiod of all 21 holding Statut Basic Plan information		٦ ٦		7							
Image: Control in the image: Contro	С	Check box if filing under:	5 · · · ·	7		onths)					
Extended Basic Plan Information — enter all resurtated information. 1D Three-digit plan number (PN) & 002 1a Name of plan 1D Three-digit plan number (PN) & 002 2a Plan sponsor's name and address, include room or suite number (employer, if for single-employer plan) 2b Employer Identification Number (EN) 9.1-0.04745 2a Plan sponsor's name and address, include room or suite number (employer, if for single-employer plan) 2b Employer Identification Number (253) 872-5191 2a Name (EN) 9.1-0.04745 2c Plan sponsor's Marghone number (253) 872-5191 3a Plan administrator's name and address (if same as plan sponsor, enter "Same") 3b Administrator's EIN 3a Plan administrator's name and address of the sam expans sponsor, enter "Same") 3b Administrator's telephone number (253) 872-5191 3c Administrator's telephone number 4b EIN 5c 113 3c Administrator's telephone number (253) 872-5194 3c Administrator's telephone number (253) 872-5194 3c Administrator's telephone number (253) 872-61 3b Administrator's telephone number (253) 872-61 4 If the name andro EIN to plan sponsor, has charged since the last return/report fifed for this plan, enter the last return/report. 5	•			-	c extension		DFVC program				
Image of pain Prescription Image of pain Image of pain </th <td>1</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>4</td>	1						4				
Preight Systems, Inc. 401 (k) Plan 10 2a Pien sponsof s name and address; include room or suite number (employer, if for single-employer plan) 2b 2a Pien sponsof s name and address; include room or suite number (employer, if for single-employer plan) 2b 2a Pien sponsof s laphone number (cmployer, if for single-employer plan) 2b 2a Pien sponsof s laphone number (cmployer, if for single-employer plan) 2c 2a Pien sponsof s laphone number (cmployer, if for single-employer plan) 2c 2a Pien sponsof s laphone number (cmployer, if for single-employer plan) 2c 2a Pien administrator's name and address (if same as plan sponsor, enter "Same") 3b 3a Pina deministrator's name and address (if same as plan sponsor, enter "Same") 3b 3a Pina deministrator's telephone number 4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the anne. File name the plan number of participants at the edu of the plan year. 5a 3b Tata number of participants with a the edu of the plan year. 5b 5b Tata number of participants with advertion the plan year (defined beneft plans do not complete this lem), ware complete this lem), ware compost of an independent qualified public accutant (QPA) 4 Write and re plan sasets 2c 5a 113 5a <td></td> <td>Basic Plan Inform</td> <td>nation enter all requested info</td> <td>ormation.</td> <td></td> <td></td> <td></td>		Basic Plan Inform	nation enter all requested info	ormation.							
2a Plen sponsor's name and address, include room or suite number (employer, if for single-employer plan) (PN) ► 0.02 2a Plen sponsor's name and address, include room or suite number (employer, if for single-employer plan) 2b Employer (dentification Number (EN) or 1/1 - 044745 21818 76 th Avenue South 2c Plan sponsor's telephone number (EN) 91-1044745 2d Business code (see instructions) 4d still 0 3b Administrator's EIN 3a Plan administrator's name and address (if same as plan sponsor, enter "Same") 3b Administrator's telephone number (administrator's telephone number for the last return/report filed for this plan, enter the asme, EIN, and the plan number for the last return/report. 4c PN 3a Total number of participants with account balances as of the end of the plan year. 5a 113 5a Total number of participants with account balances as of the end of the plan year (defined baveft plan do not bcc ze(motor the same asset) (See instructions). EX Fer Ze(N) 6a Were all of the plan sasets during the plan year invested in eligible assets? (See instructions). EX Fer Ze(N) EX Fer Ze(N) 7a 943,933 848,204 5c 26 26 7a 943,935 848,204 7b 943,935 848	16					1b	Three-digit				
2a Plan sponor's name and address, include noom or suite number (employer, if for single-employer plan) 0		Freight Systems, Inc.	401(k) Plan								
22 Plan sponor's name and address, include room or suite number (employer, if for single-employer plan) 0.1/01/1997 21818 76th Avenue South 2b Employer (denification Number (EN) of the plan sponor's telephone number (EN) 91-1044745 21818 76th Avenue South 2c Plan sponor's telephone number (EN) 91-1044745 22 Business code (see instructions) 33 Plan administrator's name and address (if same as plan sponor, enter "Same") 3b Administrator's EIN 34 Plan administrator's telephone number 3c Administrator's telephone number 35 Name and/or EIN of the plan sponor has changed since the last return/report filed for this plan, enter the asme, EIN, and the plan number from the last return/report filed for this plan, enter the asme, EIN, and the plan number for the last return/report. 3c Administrator's telephone number 36 Total number of participants with account balances as of the end of the plan year. 5a 113 57 Total number of participants with account balances as of the end of the plan year. 5c 2c 63 Were all of the plan seased during the plan year. 5c 2c 2c 64 Were all of the plan seased during the plan year. 5c 2c 2c 64 Were all of the plan seased during the plan year. 5c 2c						10					
The split cost stand and address, incude room or sule number (employer, if for single-employer plan) 2b Employer klenification Number (2B) 91-04479 5 21818 7 6th Avenue South 2c Flan sponsor's telephone number (2B) 872-5191 US Kent NA 98032 3d Plan administrator's name and address (if same as plan sponsor, enter "Same") 3b Administrator's telephone number (2B) Administrator's telephone number (2B) Administrator's telephone number (2B) Administrator's telephone number (2B) Administrator's telephone number 4 If the name and/or EIN of the plan sponsor, has changed since the last return/report field for this plan, enter the aname. EIN, and the plan number from the last return/report. 3b Administrator's telephone number 4 If the name and/or EIN of the plan sponsor, has changed since the last return/report field for this plan, enter the aname. EIN, and the plan number for participants at the end of the plan year. 5a 1113 5 5b 115 5 5b 12.5 6a Were all of the plan's assets during the plan year invested in eligible asset? (See instructions.) X X 17 voi answered "No" to either 6 as r6b, the plan cannot use Form \$500. X Yes No 70 Plan Assets and Libbilities 7a 943,935 848,204 12,935 7 7b 943,935 848,204 12,937 <	2:	Plan anotación de la									
21818 76th Avenue South (EIN) 91-104745 22 C Pian pagnaris telephone number (253) 872-5151 20 Busness code (see instructions) 484110 31 Pian administrator's name and address (if same as plan sponsor, enter "Same") 3b 32 Fian administrator's name and address (if same as plan sponsor, enter "Same") 3b 33 Administrator's telephone number 4 If the name and/or EIN of the plan sponsor has charged since the last return/report. 3c 34 Sponsor Name 4b 4 If the name and/or EIN of the plan sponsor has charged since the last return/report. 5a 35 Number of participants at the beginning of the plan year. 5b 36 Total number of participants at the odd of the plan year. 5c 36 Vera all of the plan sests during the plan year invested in aligble assets? (See instructions) 3c 37 Pian Assets and Liabilities 7a 943,935 38 Vera all of the plan sest during the plan year 5b 115 39 Yes [Internation] 50 124 39 Yes [Internation] 5c 2c 39 Yes [Internation] 5c 2c<	40	Freight Systems, Inc.	ss; include room or suite number (en	nployer, if f	or single-employer plan)	2b					
21816 / Pich Avenue South (253) 672-5191 US Kant VA 98032 23 Plan administrator's name and address (if same as plan sponsor, enter "Same") 3b Administrator's EIN 3a Plan administrator's name and address (if same as plan sponsor, enter "Same") 3b Administrator's EIN 3a Plan administrator's name and address (if same as plan sponsor, enter "Same") 3b Administrator's EIN 3a Sponsor's Name 4c PN 4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the asme, EIN, and the plan number for the plan year. 5a 5a Total number of participants at the ed of he plan year. 5a 5a Total number of participants at the ed of he plan year. 5c 5a Total number of participants with account balances as of the end of the plan year (defined benefit plans do not complete his liem). 5c 5a Total number of participants of the annual examination and report of an independent qualified public accountant (ICPA) under 28 CF 2820: 104-40 (See instructions.) Total plan assets 7a p43,935 848,204 7a p43,935 848,204 7a p43,935 848,204 7a p43,935 848,204											
21816 / Pich Avenue South (253) 672-5191 US Kant VA 98032 23 Plan administrator's name and address (if same as plan sponsor, enter "Same") 3b Administrator's EIN 3a Plan administrator's name and address (if same as plan sponsor, enter "Same") 3b Administrator's EIN 3a Plan administrator's name and address (if same as plan sponsor, enter "Same") 3b Administrator's EIN 3a Sponsor's Name 4c PN 4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the asme, EIN, and the plan number for the plan year. 5a 5a Total number of participants at the ed of he plan year. 5a 5a Total number of participants at the ed of he plan year. 5c 5a Total number of participants with account balances as of the end of the plan year (defined benefit plans do not complete his liem). 5c 5a Total number of participants of the annual examination and report of an independent qualified public accountant (ICPA) under 28 CF 2820: 104-40 (See instructions.) Total plan assets 7a p43,935 848,204 7a p43,935 848,204 7a p43,935 848,204 7a p43,935 848,204						2c	Plan sponsor's telephone number				
A Plan administrator's name and address (if same as plan sponsor, enter "Same") 3b Administrator's name and address (if same as plan sponsor, enter "Same") 3b Administrator's EIN 4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the as ponsor's Name 4b EIN 4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the as ponsor's Name 4b EIN 5a Total number of participants at the beginning of the plan year 5a 1113 5a Total number of participants at the end of the plan year 5b 1115 6a Were all of the plan sasets during the plan year invested in eligible asset? (See instructions.) 5c 26 6a Were all of the plan sasets during the plan year invested in eligible asset? (See instructions.) 5c 26 6a Were all of the plan sasets during the plan year invested in eligible asset? (See instructions.) 5c 26 7a you claiming a waiver of the namual examination and report of an independent qualified public accountant (IQPA) 5d 4d8, 204 7 If an Assets and Llabilities 7a 943, 935 848, 204 6 Income (Expenses, and Transfers for this Plan Year 6a (1) 6a (1) (2) Participants 8a (2) 36, 541 (3) Others (including rolovers) 8a (2) 36, 541 (4) Administrator served rolovers and insurance premiums to provide sentily form: 8a (2) 36, 541 (5) Other income (loss) <		21818 76th Avenue Sout	-h				(253) 872-5191				
3a Plan administrator's name and address (if same as plan sponsor, enter "Same") 3b Administrator's EIN 3a If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the as ponsor's Name 3c Administrator's EIN 4 If the name and/or EIN of the plan sponsor has changed since the last return/report. 4b EIN 5 Sponsor's Name 4c FN 5 Total number of participants at the beginning of the plan year. 5a 113 6 Total number of participants at the end of the plan year (defined benefit plans do not complete this item) 5c 26 6 Were all of the plan sasets during the plan year invested in eligible assets? (See instructions.) 5c 26 6 Were all of the plan's assets during the plan year invested in eligible asset? (See instructions.) 5c 26 7 Plan Assets and Liabilities 7a 943,935 848,204 7 Total plan assets 7a 943,935 848,204 7 Total plan assets (subtract line 7b from line 7a) 7c 943,935 848,204 7 Total plan assets (subtract line 7b from line 7a) 7c 943,935 848,204 <	US	Kent	WA 00000			2d	Business code (see instructions)				
4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the 3c Administrator's telephone number 4 If the name and/or EIN of the plan sponsor has changed since the last return/report. 4b EIN 3 Sponsor's Name 4c PN 5a Total number of participants at the beginning of the plan year. 5a 5a Total number of participants at the end of the plan year. 5c 5a Total number of participants at the end of the plan year. 5c 5a Total number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item). 5c 6a Were all of the plan sasets during the plan year invested in eligible asset? (See instructions.)											
If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the as return/report. 4b EIN A Sponsor's Name 4c PN 5a Total number of participants at the beginning of the plan year. 5a 113 b Total number of participants at the end of the plan year. 5b 115 c Number of participants at the end of the plan year. 5b 115 c Number of participants at the end of the plan year. 5c 26 c Number of participants at the end of the plan year. 5c 26 6a Were all of the plan's assets during the value assmination and report of an independent qualified public accountant (IOPA) IX Yes No if you answered "No" to either 6a or 6b, the plan cannot use Form 5500-SF and must instead use Form 5500. IX Yes No Financial Information 7a 943,935 848,204 7b Total plan assets . 7b 9 10 7a 1043,935 848,204 102,935 8 Income, Expenses, and Transfers for this Plan Year (a) Amount (b) Total (a) Participants . 8a(1) 36,541 36(1) (a) Charle plan assets (subtract line 7b from line 7a) 8a(2) 36,541 36,541 8a(2) 3a(3,3) 8a(1) 36,541 36,541 8a(2) <td></td> <td>Same</td> <td>a spian sponsor, en</td> <td>er "Same")</td> <td>)</td> <td>3b</td> <td colspan="3">dministrator's EIN</td>		Same	a spian sponsor, en	er "Same"))	3b	dministrator's EIN				
If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the as return/report. 4b EIN A Sponsor's Name 4c PN 5a Total number of participants at the beginning of the plan year. 5a 113 b Total number of participants at the end of the plan year. 5b 115 c Number of participants at the end of the plan year. 5b 115 c Number of participants at the end of the plan year. 5c 26 c Number of participants at the end of the plan year. 5c 26 6a Were all of the plan's assets during the value assmination and report of an independent qualified public accountant (IOPA) IX Yes No if you answered "No" to either 6a or 6b, the plan cannot use Form 5500-SF and must instead use Form 5500. IX Yes No Financial Information 7a 943,935 848,204 7b Total plan assets . 7b 9 10 7a 1043,935 848,204 102,935 8 Income, Expenses, and Transfers for this Plan Year (a) Amount (b) Total (a) Participants . 8a(1) 36,541 36(1) (a) Charle plan assets (subtract line 7b from line 7a) 8a(2) 36,541 36,541 8a(2) 3a(3,3) 8a(1) 36,541 36,541 8a(2) <td></td> <td></td> <td></td> <td></td> <td></td> <td colspan="6"></td>											
name, ENY, and the plan sponsor has changed since the last return/report. 4b EIN a Sponsor's Name 4c PN 5a Total number of participants at the beginning of the plan year. 5a b Total number of participants at the end of the plan year. 5a c Number of participants at the end of the plan year. 5c c Number of participants at the end of the plan year. 5c c Number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item). 5c c Sa Valen under 20 CFR 2520.104-46? (See instructions on waiver eligibility and condutions.) 500. Financial Information Financial Information 7a 943,935 848,204 7b 7c 943,935 848,204 7b 8a(1) 8a(1) 19,357 8a(2) 36,541 36,541 3) Others (including rollovers). 8a(2) 36,541 3) Others (including direct rollovers). 8a(1) 19,357 8a 102,232 8a 19,3						3c .	Administrator's telephone number				
name, ENY, and the plan sponsor has changed since the last return/report. 4b EIN a Sponsor's Name 4c PN 5a Total number of participants at the beginning of the plan year. 5a b Total number of participants at the end of the plan year. 5a c Number of participants at the end of the plan year. 5c c Number of participants at the end of the plan year. 5c c Number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item). 5c c Sa Valen under 20 CFR 2520.104-46? (See instructions on waiver eligibility and condutions.) 500. Financial Information Financial Information 7a 943,935 848,204 7b 7c 943,935 848,204 7b 8a(1) 8a(1) 19,357 8a(2) 36,541 36,541 3) Others (including rollovers). 8a(2) 36,541 3) Others (including direct rollovers). 8a(1) 19,357 8a 102,232 8a 19,3	1	16.41		-							
a Sponsor's Name 4c PN 5a Total number of participants at the beginning of the plan year	4	If the name and/or EIN of the plan name, EIN, and the plan number	n sponsor has changed since the las	st return/rep	port filed for this plan, enter the	4b	EIN				
5a Total number of participants at the eqining of the plan year	a	Sponsor's Name	nom the last returnieport.								
bit of infinite or iparticipants at the end of the plan year		Total number of participants at the	e beginning of the plan year	• • •							
Complete this item) Sc 26 6a Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.) Sc 26 b Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) Xi Yes No b Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) Xi Yes No index of you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) Xi Yes No index of you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) Xi Yes No if you answered "No" to either 6a or 6b, the plan cannot use Form 5500-SF and must instead use Form 5500. Xi Yes No If you answered "No" to either 6a or 6b, the plan cannot use Form 5500-SF and must instead use Form 5500. Xi Yes No If you answered "No" to either 6a or 6b, the plan cannot use Form 5500-SF and must instead use Form 5500. Xi Yes No If you answered "No" to either 6a or 6b, the plan cannot use Form 5500-SF and must instead use Form 5500. Xi Yes No If you answered subtract line 7b from line 7a) To 7a 943, 935 848, 204 Incorme, Expenses, and Transfers for this Plan Y		Total number of participants at the	e end of the plan year		f	_					
Gate Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.) 5c 26 b Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) under 29 CFR 2520.104.46? (See instructions on waiver eligibility and conditions.) Image: Condition of the plan cannot use Form 5500.SF and must instead use Form 5500. Image: Condition of the plan cannot use Form 5500.SF and must instead use Form 5500. Image: Condition of the plan cannot use Form 5500.SF and must instead use Form 5500. Image: Condition of the plan cannot use Form 5500.SF and must instead use Form 5500. Image: Condition of the plan cannot use Form 5500.SF and must instead use Form 5500. Image: Condition of the plan cannot use Form 5500.SF and must instead use Form 5500. Image: Condition of the plan cannot use Form 5500.SF and must instead use Form 5500. Image: Condition of the plan cannot use Form 5500.SF and must instead use Form 5500. Image: Condition of the plan cannot use Form 5500.SF and must instead use Form 5500. Image: Condition of the plan cannot use Form 5500.SF and must instead use Form 5500. Image: Condition of the plan cannot use Form 5500.SF and must instead use Form 5500. Image: Condition of the plan cannot use Form 5500.SF and must instead use Form 5500. Image: Condition of the plan cannot use Form 510.Se instructions for the plan cannot use Form 510.Se instructions for the plan cannot use Form 510.Se instructions for the plan cannot use Form 510.Se instructions fore the plan cannot use Form 510.Se instructions for the plan canno	C	mumber of participants with accou	JNI Dalances as of the end of the pla	n voor (daf	See al la sur de la s	00	115				
J Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) Image: Constructions on waiver eligibility and conditions.) If you answered "No" to either & or 6b, the plan cannot use Form 5500SF and must instead use Form 5500. Image: Constructions on waiver eligibility and conditions.) If you answered "No" to either & or 6b, the plan cannot use Form 5500SF and must instead use Form 5500. Image: Constructions on waiver eligibility and conditions.) Image: Construction of the annual examination and report of an independent qualified public accountant (IQPA) Image: Constructions on waiver eligibility and conditions.) Image: Construction of the annual examination and report of an independent qualified public accountant (IQPA) Image: Constructions on waiver eligibility and conditions.) Image: Construction of the annual examination and report of an independent qualified public accountant (IQPA) Image: Constructions on the annual examination and report of an independent qualified public accountant (IQPA) Image: Construction of the annual examination and report of an independent qualified public accountant (IQPA) Image: Construction of the annual examination and report of an independent qualified public accountant (IQPA) Image: Construction of the annual examination and report of an independent qualified public accountant (IQPA) Image: Construction of the annual examination and report of an independent qualified public accountant (IQPA) Image: Construction on element (sublicities aconstruction on receivable from: Image: Construction	6a		<u></u>		• • • • •	5c	26				
If you answered "No" to either 6a or 6b, the plan cannot use Form 5500-SF and must instead use Form 5500. Image: Control (Use Institution of Vear institution) 7 Plan Assets and Liabilities (a) Beginning of Year (b) End of Year 7 Plan Assets and Liabilities 7 943,935 848,204 6 Total plan assets 7 7 943,935 848,204 7 Total plan assets (subtract line 7b from line 7a) 7 7 943,935 848,204 8 Income, Expenses, and Transfers for this Plan Year 7 (a) Amount (b) Total 8 Income (contributions received) from: 8a(1) 8a(2) 36,541 (a) Other including rollovers). 8a(3) 8b (17,184) 8 Sc Sc Sc 19,357 9 Other income (loss) Sc Sc 19,357 9 Other outridue direct rollovers and insurance premiums to provide benefits) Sc Sc 19,357 9 Other income (add lines 8a(1), 8a(2), 8a(3), and 8b) Sc Sc 19,357 9 Other income (add lines 8a(1), 8a(2), and 8g) Sc Sc 19,357		Are you claiming a waiver of the a	ig the plan year invested in eligible a	issets? (Se	ee instructions.)	• •	•••• XYes No				
If you answerd "No" to either 6a or 6b, the plan cannot use Form 5500-SF and must instead use Form 5500. Image: State of the plan cannot use Form 5500-SF and must instead use Form 5500. Image: State of the plan cannot use Form 5500-SF and must instead use Form 5500. Image: State of the plan cannot use Form 5500-SF and must instead use Form 5500. Image: State of the plan cannot use Form 5500-SF and must instead use Form 5500. Image: State of the plan cannot use Form 5500-SF and must instead use Form 5500. Image: State of the plan cannot use Form 5500 - SF and must instead use Form 5500. Image: State of the plan cannot use Form 5500 - SF and must instead use Form 5500. Image: State of the plan cannot use Form 5500 - SF and must instead use Form 5500. Image: State of the plan cannot use Form 5500. Image: State of the plan cannot use Form 5500. Image: State of the plan cannot use Form 5500. Image: State of the plan cannot use Form 5500. Image: State of the plan cannot use Form 5500. Image: State of the plan cannot use Form 5500. Image: State of the plan cannot use Form 5500. Image: State of the plan (state of the pl		under 29 CFR 2520.104-46? (See	instructions on waiver eligibility and	Independe							
Bates Financial Information 7 Plan Assets and Liabilities (a) Beginning of Year (b) End of Year a Total plan assets 7a 943,935 848,204 b Total plan liabilities 7b 7c 943,935 848,204 8 Income, Expenses, and Transfers for this Plan Year 7c 943,935 848,204 8 Income, Expenses, and Transfers for this Plan Year (a) Amount (b) Total (1) Employers 8a(1) 8a(2) 36,541 (3) Others (including rollovers). 8a(3) 8b (17,184) C Total income (loss) 8c 19,357 8 d 102,232 8e 9 Other service provider slaries, fees, commissions) 8f 12,856 9 Other asset (ad lines 8d, 8e, 6f, and 8g) 8h 115,088 1 Net income (loss) (subtract line 8h from line 8c). 8h (12,8731)		If you answered "No" to either 6	Sa or 6b, the plan cannot use Form	1 5500-SF	and must instead use Form 5500	•••	· · · · XYes No				
a Total plan assets (a) Beginning of Year (b) End of Year b Total plan assets 7a 943,935 848,204 c Net plan assets (subtract line 7b from line 7a) 7c 943,935 848,204 c Net plan assets (subtract line 7b from line 7a) 7c 943,935 848,204 c Net plan assets (subtract line 7b from line 7a) 7c 943,935 848,204 c Net plan assets (subtract line 7b from line 7a) 7c 943,935 848,204 c Net plan assets (subtract line 7b from line 7a) 7c 943,935 848,204 d Income, Expenses, and Transfers for this Plan Year (a) Amount (b) Total c Other income (loss) 8a(1) 8a(2) 36,541 d Benefits paid (including rollovers). 8b (17,184) 19,357 d Benefits paid (including direct rollovers and insurance premiums to provide benefits) 8d 102,232 19,357 g Cher expenses 8f 12,856 8g 115,088 115,088 g Net income (loss) (subtract line 8 from line 8c) 8h (15,731) <t< th=""><th></th><th>Financial Informa</th><th>tion</th><th></th><th></th><th></th><th></th></t<>		Financial Informa	tion								
a Total plan assets 7a 943,935 848,204 b Total plan liabilities 7b 7b c Net plan assets (subtract line 7b from line 7a) 7c 943,935 848,204 8 Income, Expenses, and Transfers for this Plan Year 7c 943,935 848,204 8 Income, Expenses, and Transfers for this Plan Year (a) Amount (b) Total 9 Contributions received or receivable from: 8a(1) 8a(2) 36,541 (2) Participants 8a(2) 36,541 8a(3) b Other income (loss) 8a(2) 36,541 (3) Other income (loss) 8a(3) 8a(3) C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) 8b (17,184) C Total income (add lines 8a(1), 8a(2), and 8b) 8c 19,357 d Benefits paid (including direct rollovers and insurance premiums to provide benefits) 8d 102,232 f Administrative service providers (salaries, fees, commissions) 8e 8f 12,856 g Other expenses (add lines 8d, 8e, 8f, and 8g) 8h 115,088 115,088 <th>7</th> <th>Plan Assets and Liabilities</th> <th></th> <th></th> <th>(a) Beginning of Year</th> <th>T.</th> <th>(b) End of Year</th>	7	Plan Assets and Liabilities			(a) Beginning of Year	T.	(b) End of Year				
b Total plan liabilities 7b 848,204 c Net plan assets (subtract line 7b from line 7a) 7c 943,935 848,204 8 Income, Expenses, and Transfers for this Plan Year (a) Amount (b) Total a Contributions received or receivable from: 8a(1) 8a(1) (2) Participants 8a(2) 36,541 (3) Others (including rollovers). 8a(3) 8b (17,184) C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) 8c 19,357 d Benefits paid (including direct rollovers and insurance premiums to provide benefits) 8d 102,232 e Certain deemed and/or corrective distributions (see instructions) 8e 8d 12,856 g Other expenses 8g 115,088 8h 115,088 i Net income (loss) (subtract line 8h from line 8c) 8i (95,731) 8i	а	Total plan assets		. 7a		1					
CNet plan assets (subtract line 7b from line 7a)7c943,935848,2048Income, Expenses, and Transfers for this Plan Year a Contributions received or receivable from: (1) Employers(a) Amount(b) Total(2) Participants(a) Amount(b) Total(3) Others (including rollovers)8a(2)36,541(3) Others income (loss)8a(3)8b(17,184)8c19,357Cortai income (add lines 8a(1), 8a(2), 8a(3), and 8b)8c19,357(a) Benefits paid (including direct rollovers and insurance premiums to provide benefits)8d102,232(a) Certain deemed and/or corrective distributions (see instructions)8e12,856(3) Other expenses8d, and 8g)8h115,088(4) Income (loss) (subtract line 8h from line 8c)8h115,088(5) Total expenses (add lines 8d, 8e, 8f, and 8g)8h115,088(6) Total expenses to (from) the plan (see instructions)8i8i	b	Total plan liabilities	• • • • • • • • • • •		243,235	+	848,204				
8 Income, Expenses, and Transfers for this Plan Year (a) Amount (b) Total a Contributions received or receivable from: (a) Amount (b) Total (1) Employers 8a(1) 8a(1) (2) Participants 8a(2) 36,541 (3) Others (including rollovers). 8a(3) 8a(3) b Other income (loss) 8a(2) 36,541 C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) 8b (17,184) C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) 8c 19,357 d Benefits paid (including direct rollovers and insurance premiums to provide benefits) 8d 102,232 e Certain deemed and/or corrective distributions (see instructions) 8e 8e f Administrative service providers (salaries, fees, commissions) 8f 12,856 g Other expenses 8g 115,088 i Net income (loss) (subtract line 8h from line 8c). 8i (95,731)		Net plan assets (subtract line 7b f	rom line 7a)		043 035	1	0 10				
a Contributions receivable from: (b) Total (1) Employers		Income, Expenses, and Transfers	for this Plan Year			+					
(2) Participants Ba(1) (3) Others (including rollovers). Ba(2) b Other income (loss) Ba(3) c Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) Bb c Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) Bb c Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) Bc d Benefits paid (including direct rollovers and insurance premiums to provide benefits) Bd f Administrative service providers (salaries, fees, commissions) Bf g Other expenses Bf f Administrative service providers (salaries, fees, commissions) Bf g Other expenses Bg h Total expenses (add lines 8d, 8e, 8f, and 8g) Bh i Net income (loss) (subtract line 8h from line 8c) Bi j Transfers to (from) the plan (see instructions) Bi	a		ble from:	Margar V . Styl	(1) / (1) / (1)		(b) Total				
(3) Others (including rollovers). ad(2) 36,541 b Other income (loss) 8a(3) c 8b (17,184) c 8c 19,357 d Benefits paid (including direct rollovers and insurance premiums to provide benefits) 8c 19,357 e Certain deemed and/or corrective distributions (see instructions) 8e 8e f Administrative service providers (salaries, fees, commissions) 8f 12,856 g Other expenses 8g 115,088 i Net income (loss) (subtract line 8h from line 8c). 8i (15,731)				8a(1)							
b Other income (loss)		•	••••••		36,541						
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) 8c 19,357 d Benefits paid (including direct rollovers and insurance premiums to provide benefits) 8c 102,232 e Certain deemed and/or corrective distributions (see instructions) 8e 8e f Administrative service providers (salaries, fees, commissions) 8f 12,856 g Other expenses 8g 115,088 i Net income (loss) (subtract line 8h from line 8c). 8i (15,731)	b										
a Benefits paid (including direct rollovers and insurance premiums to provide benefits) 19,357 b Benefits paid (including direct rollovers and insurance premiums to provide benefits) 8d 102,232 c Certain deemed and/or corrective distributions (see instructions) 8e 8e f Administrative service providers (salaries, fees, commissions) 8f 12,856 g Other expenses 8g 115,088 h Total expenses (add lines 8d, 8e, 8f, and 8g) 8h 115,088 i Net income (loss) (subtract line 8h from line 8c) 8i (95,731)		Total income (add lines Po(4) -	· · · · · · · · · · · · · · · · · · ·		(17,184)						
to provide benefits) 8d 102,232 e Certain deemed and/or corrective distributions (see instructions) 8e f Administrative service providers (salaries, fees, commissions) 8f 12,856 g Other expenses 8g 115,088 h Total expenses (add lines 8d, 8e, 8f, and 8g) 8h 115,088 i Net income (loss) (subtract line 8h from line 8c) 8i (95,731)		Benefits paid (including direct rollo	2), oa(3), and 8b)	8c	and a second and a second s		19,357				
e Certain deemed and/or corrective distributions (see instructions) 8e f Administrative service providers (salaries, fees, commissions) 8f 12,856 g Other expenses 8g 115,088 h Total expenses (add lines 8d, 8e, 8f, and 8g) 8h 115,088 i Net income (loss) (subtract line 8h from line 8c) 8i (95,731)				8d	102.232						
f Administrative service providers (salaries, fees, commissions) 8f 12,856 g Other expenses 8g 115,088 h Total expenses (add lines 8d, 8e, 8f, and 8g) 8h 115,088 i Net income (loss) (subtract line 8h from line 8c) 8i (95,731) j Transfers to (from) the plan (see instructions) 8i (95,731)	е		distributions (see instructions)								
g Other expenses 8g h Total expenses (add lines 8d, 8e, 8f, and 8g) 8h 115,088 i Net income (loss) (subtract line 8h from line 8c) 8i (95,731) j Transfers to (from) the plan (see instructions) 8i (95,731)	f	Administrative service providers (s	alaries, fees, commissions)		12 856						
b Total expenses (add lines 8d, 8e, 8f, and 8g) 8h 115,088 i Net income (loss) (subtract line 8h from line 8c). 8i (95,731) j Transfers to (from) the plan (see instructions) 8i 8i	g		• • • • • • • • • • • •		12,000						
Net income (loss) (subtract line 8h from line 8c). 8i (95,731) Transfers to (from) the plan (see instructions) 8i 8i	h	Total expenses (add lines 8d, 8e, 8	Bf, and 8g)				115 000				
Transfers to (from) the plan (see instructions)	i	Net income (loss) (subtract line 8h	from line 8c).								
	<u> </u>	Transfers to (from) the plan (see in	structions)		n an		(95,/31)				

Form 5500-SF 2011

Page **2-**

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 2F 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:

				-
	(Compliance Questions	

10	During the plan year:						T	·	· · · · · · · · · · · · · · · · · · ·	
ē	Was there a failure to transmit to the plan any participant contribution	e suitte in star			·	Yes	No	ļ	Amount	
	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary	10a		x						
k	Distance any nonexempt transactions with any party-in-interest? (D)o not includ	e trans	m)	100					
		••••	• •		105		x			
C	and plant covorce by a indenity boring?				10c	x				
d	but the plan have a loss, whether or not reimbursed by the plan's fidel	lity bond the		caused by fraud						100,000
		• • • •	• • •		10d		x			
e	Were any fees or commisions paid to any brokers, agents, or other pe	ersons by an	insura	nce carrier			_	<u> </u>		
	and a set theory of other organization mat provides some or all of the	no how after	1 /1	1		v				
f					10e	X				3,086
a	Has the plan failed to provide any benefit when due under the plan?	• • • •	•••	• • • • • •	10f		X			
9 h	Did the plan have any participant loans? (If "Yes," enter amount as of y	year end.)	•••		10g		x			
	If this is an individual account plan, was there a blackout period? (See 2520.101-3.)	instructions	and 29) CFR						
i	If 10h was answered "Yes," check the boy if you either provided the		•••	• • • • • •	10h		x			
	provide providing the notice applied under 29 CFR 2520.101-3.	quirea notic	e or on	e of the	10;					
* <u>1986</u>	Fension Funding Compliance							te <u>en en</u>		1997 - 1997 -
11	Is this a defined benefit plan subject to minimum funding requirements 5500))	? (If "Yes." s	ee inst	ructions and comple	te Sol		SP (5			
12									Yes	XNo
12	is this a defined contribution plan subject to the minimum funding requi	irements of	section	412 of the Code or	sectio	n 302	of ERI	SA?		X No
~	(in the period real of real, real, and real period, as applicable.	.)								
а	If a waiver of the minimum funding standard for a prior year is being an granting the waiver	nortized in th	nis plan	year, see instruction	ns, an	d ente	r the d	ate of the I	etter rulina	
if y	granting the waiver . ou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (h		Day		Year	
b	Enter the minimum required contribution for this plan year	(Form 5500), and s	skip to line 13.						
С	Enter the amount contributed by the employee to the start year	••••	•••	•••••	•	· '	12b			
d	Enter the amount contributed by the employer to the plan for this plan y Subtract the amount in line 12c from the amount in line 12b. Enter the r	/ear	•••	• • • • • • •	•	·Ľ	12c			
	negative amount)	iesuit (enter	a minu	is sign to the left of a	I	1	2d			
е	Will the minimum funding amount reported on line 12d be met by the fu	unding dead	ine?		• •	· L		Yes		IN/A
8. A.	Plan Terminations and Transfers of Assets	<u>9</u>			<u>· ·</u>	•••	<u> </u>			
13a	Has a resolution to terminate the plan been adopted in any plan year?									
	If "Yes," enter the amount of any plan assets that reverted to the employ	· · ·		• • • • • • •	•••	·		<u></u>	Yes	XINO
b	Were all the plan assets distributed to participants or beneficiaries, trans	of and to	<u> </u>	• • • • • •	•••	· 1	3a			
							I			
с 	If during this plan year, any assets or liabilities were transferred from this which assets or liabilities were transferred. (See instructions.)	s plan to an	other pi	lan(s), identify the pla	an(s) 1	to	• •	••••	Yes	IX NO
1	3c(1) Name of plan(s):					130	(2) EIN		420(2)	
								(3)	13c(3) F	-1N(S)
Cautio	n: A penalty for the late or incomplete filing of this return/report will	l be assess	ed unle	ess reasonable cau	se is	establ	ished.		- 	
Under	penalties of perjury and other penalties set forth in the instructions. I deal	lara that I ha							Schedule	·
	Schedule MB completed and signed by an enrolled actuary, as well as the tis true, correct, and complete.	e electronic	versior	of this return/report	, and	to the	best o	f my knowl	edge and	
0						~				
्र स्थित - संदर्भ		5/211	P	- +· Le	ine	2 11	1 m	5		
ан тар -	D D	ate		Enter name of indiv	idual s	signing	, as pla	an adminis	trator	
59240 		+		FLO	118	e	FL	Non		
al poj ang L	Signature of employer/plan sponsor	ater 21		Enter name of indiv	idual	signing	1 96 65			

Date

21

Enter name of individual signing as employer or plan sponsor