F			eturn/Report of Small Employee Benefit Plan			OMB Nos. 1210-0110 1210-0089			
				ctions 104 and 4065 of the Employee	2011				
Department of Labor Retirement Income Security Act of 1				SA), and sections 6057(b) and 6058( Code (the Code).	This Form is Open to Public				
P	ension Benefit Guaranty Corporation	)-SF.	Inspection						
	Complete all entries in accordance with the instructions to the Form 5500-SF.      Part I Annual Report Identification Information								
For	For calendar plan year 2011 or fiscal plan year beginning     01/01/2011     and ending     12/31/2011								
	This return/report is for:		•	-employer plan (not multiemployer)		a one-participant plan			
B	This return/report is:			eturn/report					
-	an amended return/report a short plan year return/report (less than 12 months)								
С	C Check box if filing under:								
special extension (enter description)									
		nation—enter all requested informa	ation		16	Thursday Parts			
	Name of plan	OLOGIES, INC. 401(K) RETIREMEI	NT SAVIN	GS PLAN & TRUST	<b>D</b>	Three-digit plan number			
Non			T SAVINGS FLAN & TRUST			(PN) ▶ 001			
					1c	Effective date of plan 01/01/1999			
2a NOR	Plan sponsor's name and addre THWEST AEROSPACE TECH	ess; include room or suite number (er NOLOGIES, INC.	mployer, if	for a single-employer plan)	2b	Employer Identification Number (EIN) 91-1776817			
				-	2c	Sponsor's telephone number 425-257-2044			
	HEWITT AVENUE, SUITE 300 RETT, WA 98201-3767			-	2d	Business code (see instructions) 336410			
	Plan administrator's name and THWEST AEROSPACE TECHN	address (if same as plan sponsor, er IOLOGIES, INC. 2210 HEWITT			3b	Administrator's EIN 91-1776817			
			A 98201-3767			Administrator's telephone number 425-257-2044			
4 If the name and/or EIN of the plan sponsor has changed since the las				eport filed for this plan, enter the	EIN				
2	name, EIN, and the plan numb	er from the last return/report.			4c	DN			
-	Sponsor's name	the beginning of the plan year			40 5a	99			
	Total number of participants at the beginning of the plan year Total number of participants at the end of the plan year			4	••				
c				-	5b	142			
			•	-	5c	138			
6a	•	uring the plan year invested in eligibl		, ,		X Yes No			
b		e annual examination and report of a				X Yes 🗌 No			
_	under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.) If you answered "No" to either 6a or 6b, the plan cannot use Form 5500-SF and must instead use Form 5500.								
Pa	rt III Financial Informa	ation							
7	Plan Assets and Liabilities			(a) Beginning of Year		(b) End of Year			
а	Total plan assets		7a	7579474		7988120			
b	•		7b	7570474		7988120			
<u> </u>	· · ·	'b from line 7a)	7c	7579474					
8 a	Income, Expenses, and Transf Contributions received or recei			(a) Amount		(b) Total			
u			8a(1)	400343					
	(2) Participants		8a(2)	706981					
	(3) Others (including rollovers)	)	8a(3)	270105					
b	Other income (loss)		8b	-275865					
c		8a(2), 8a(3), and 8b)	8c			1101564			
d		ollovers and insurance premiums	8d	676489					
е	,	ive distributions (see instructions)	8e	5005					
f		s (salaries, fees, commissions)	8f	11424					
g	Other expenses		8g						
h	Total expenses (add lines 8d, 8	3e, 8f, and 8g)	8h			692918			
i		e 8h from line 8c)	8i			408646			
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.

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 2R 2T 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 Yes No During the plan year: Amount Was there a failure to transmit to the plan any participant contributions within the time period described in а Х 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program) ..... 10a **b** Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported Х 10h on line 10a.)..... Х С Was the plan covered by a fidelity bond?..... 10c 500000 d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud Х 10d or dishonesty? ..... Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, e insurance service or other organization that provides some or all of the benefits under the plan? (See Х 24428 10e instructions.) ..... Х f Has the plan failed to provide any benefit when due under the plan? ..... 10f Х Did the plan have any participant loans? (If "Yes," enter amount as of year end.)..... 79730 g 10g h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR Х 2520.101-3.) ..... 10h 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 complete Schedule SB (Form Yes 5500)).... 12 Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA? ... Yes (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, and enter the date of the letter ruling granting the waiver. ......Month \_\_\_\_\_ Dav Year If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13. 12b **b** Enter the minimum required contribution for this plan year..... 12c **C** Enter the amount contributed by the employer to the plan for this plan year..... d Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a 12d negative amount) ..... Will the minimum funding amount reported on line 12d be met by the funding deadline?..... Yes No N/A e Part VII **Plan Terminations and Transfers of Assets 13a** Has a resolution to terminate the plan been adopted in any plan year? ..... Yes Х No If "Yes," enter the amount of any plan assets that reverted to the employer this year ...... 13a b Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control Yes X No of the PBGC?..... If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to C which assets or liabilities were transferred. (See instructions.) 13c(1) Name of plan(s): 13c(2) EIN(s) 13c(3) PN(s)

## Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.

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.	06/11/2012	PAUL SOBOTTA
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 Short Form Annual Return/Report of Small Em Benefit Plan					OMB Nos. 1210-0110 1210-0089	
	Internal Revenue Service This form is required to be filed under section			sections 104 and 4065 of the Employe	ctions 104 and 4065 of the Employee		
	Department of Labor nployee Benefits Security Administration	Retirement Income Security Act the Inten	of 1974 (ERISA), and sections 6057(b) and 6058(a) of nal Revenue Code (the Code).		This Form is Open to Publi		
	ension Benefit Guaranty Corporation		ordance w	ith the instructions to the Form 550	0-SF.	Inspection	
	art I Annual Report Id calendar plan year 2011 or fisca	entification Information	01/01/	2011 and ending		12/21/2011	
		X a single-employer plan [	7			<u>12/31/2011</u>	
		the first return/report		le-employer plan (not multiemployer) return/report		a one-participant plan	
	This return/report is:	╡ <sup>,,,,,,</sup> ¦	-	-		<b>、</b>	
	No. I I I I I I I I I I I I I I I I I I I	an amended return/report	=	lan year return/report (less than 12 m	onths	, <u> </u>	
Check box if filing under:				ic extension		DFVC program	
	till Desis Diss lafam	special extension (enter descript		·····			
	rt II Basic Plan Inform	nation-enter all requested inform	mation	··· ···	[1h	Three-digit	
	,	TECHNOLOGIES, INC.	101 (b)			plan number	
			401(V)			(PN) • 001	
1	RETIREMENT SAVINGS PLAN & TRUST					Effective date of plan 01/01/1999	
a	Plan sponsor's name and addre	ess; include room or suite number (	employer.	if for a single-employer plan)	2h	Employer Identification Number	
1	NORTHWEST AEROSPACE	TECHNOLOGIES,				(EIN) 91-1776817	
-	INC.				2c	Sponsor's telephone number	
:	2210 HEWITT AVENUE,	SUTTE 300				(425) 257-2044	
	EVERETT	00112 000		WA 98201-3767	2d	Business code (see instructions) 336410	
al	Plan administrator's name and a	address (if same as plan sponsor, e	enter "Sam		3b	Administrator's EIN	
5	SAME						
					3c	Administrator's telephone number	
		an sponsor has changed since the	last return	/report filed for this plan, enter the	4b	EIN	
	name, EIN, and the plan numbe Sponsor's name	ar from the last return/report.			4c PN		
		the beginning of the plan year					
					<u>5a</u>		
		count balances as of the end of the			5b	11	
	complete this item)		pian year (	denned benefit plans do not	5c	1	
				(See instructions.)		X Yes 🗌 N	
b,	Are you claiming a waiver of the	annual examination and report of	f an independent qualified public accountant (IQPA)				
				ions.) SF and must instead use Form 550		X Yes 1	
	t III Financial Informa		01111 0000	of and must instead use form so	<b>.</b>		
	Plan Assets and Liabilities			(a) Beginning of Year		(b) End of Year	
ar			<ul> <li>A state of the sta</li></ul>				
ar I				7,579,47	4		
'ar` ≀ ≀⊺	Fotal plan assets			7,579,47	4		
'ari ≀ ∎⊺ ⊃⊺	Fotal plan assets Fotal plan liabilities			7,579,47		7,988,1	
'ar } 1 7 7 7 ; 1	Fotal plan assets Fotal plan liabilities	o from line 7a)		7,579,47		7,988,1	
<u>ar</u> i 1 1 1 1 2 1 1 1 1	Total plan assets Total plan liabilities Net plan assets (subtract line 7b ncome, Expenses, and Transfe Contributions received or received	o from line 7a) rs for this Plan Year able from:	7b 7c	7,579,47 (a) Amount	4	7,988,1	
<u>ar</u> i ↓ ↓ ↑ ↓ ↓ ↓ ↓ ↓ ↓	Total plan assets Total plan liabilities Net plan assets (subtract line 7b ncome, Expenses, and Transfe Contributions received or receive 1) Employers	o from line 7a) ors for this Plan Year able from:	7b 7c 8a(1)	7,579,47 (a) Amount 400,34	4	7,988,1	
¦ari 1 1 1 1 1 1 1 1 ( 1 (	Total plan assets Total plan liabilities Net plan assets (subtract line 7b ncome, Expenses, and Transfe Contributions received or receive 1) Employers	o from line 7a) ors for this Plan Year able from:		7,579,47 (a) Amount 400,34 706,98	4	7,988,1	
<u>'ar'</u>     a     c               	Total plan assets Total plan liabilities Net plan assets (subtract line 7b ncome, Expenses, and Transfe Contributions received or receive 1) Employers 2) Participants 3) Others (including rollovers).	o from line 7a) ors for this Plan Year able from:	7b 7c 8a(1) 8a(2) 8a(3)	7,579,47 (a) Amount 400,34 706,98 270,10	4 3 1 5	7,988,1	
<sup>1</sup> /ari ↓ ↓ ↓ ↓ ↓ ↓ ↓ ↓ ↓ ↓ ↓ ↓ ↓ ↓ ↓ ↓ ↓ ↓ ↓	Total plan assets Total plan liabilities Net plan assets (subtract line 7b ncome, Expenses, and Transfe Contributions received or received 1) Employers 2) Participants 3) Others (including rollovers) Other income (loss)	o from line 7a) rs for this Plan Year able from:	7b 7c 8a(1) 8a(2) 8a(3) 8b	7,579,47 (a) Amount 400,34 706,98	4 3 1 5	7,988,1 7,988,1 (b) Total	
ari 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Fotal plan assets         Fotal plan liabilities         Net plan assets (subtract line 7b ncome, Expenses, and Transfe Contributions received or recei	o from line 7a) rs for this Plan Year able from: a(2), 8a(3), and 8b)	7b 7c 8a(1) 8a(2) 8a(3) 8b	7,579,47 (a) Amount 400,34 706,98 270,10	4 3 1 5	7,988,1 7,988,1 (b) Total	
<u>'ar</u> ří , ⊤ , ∩ , ∩ , ∩ , ∩ , ∩ , ∩ , ∩ , ∩	Total plan assets Total plan liabilities Net plan assets (subtract line 7b ncome, Expenses, and Transfe Contributions received or received 1) Employers 2) Participants 3) Others (including rollovers) . Dther income (loss) Total income (add lines 8a(1), 8a Benefits paid (including direct ro	o from line 7a) rs for this Plan Year able from:	7b 7c 8a(1) 8a(2) 8a(3) 8b	7,579,47 (a) Amount 400,34 706,98 270,10	4	7,988,1 7,988,1 (b) Total	
'ar'         J         J         I        <	<ul> <li>Fotal plan assets</li> <li>Net plan liabilities</li> <li>Net plan assets (subtract line 7b ncome, Expenses, and Transfe Contributions received or received or received)</li> <li>1) Employers</li> <li>2) Participants</li> <li>3) Others (including rollovers)</li> <li>Other income (loss)</li> <li>Other income (add lines 8a(1), 8a Benefits paid (including direct ro o provide benefits)</li> </ul>	b from line 7a) rs for this Plan Year able from: a(2), 8a(3), and 8b) llovers and insurance premiums	7b 7c 8a(1) 8a(2) 8a(3) 8b 8c 8c	7,579,47 (a) Amount 400,34 706,98 270,10 (275,865	4 3 1 5 )	7,988,1 7,988,1 (b) Total	
1       2       2	<ul> <li>Fotal plan assets</li></ul>	p from line 7a) rs for this Plan Year able from: a(2), 8a(3), and 8b) llovers and insurance premiums	7b 7c 8a(1) 8a(2) 8a(3) 8b 8c 8c 8c 8c 8c 8c	7,579,47 (a) Amount 400,34 706,98 270,10 (275,865 676,48	4 3 1 5 ) 9 5	7,988,1 7,988,1 (b) Total	
2       1         1	Total plan assets Total plan liabilities Net plan assets (subtract line 7b ncome, Expenses, and Transfe Contributions received or received 1) Employers 2) Participants 3) Others (including rollovers) Dther income (loss) Total income (add lines 8a(1), 8a Benefits paid (including direct ro o provide benefits) Certain deemed and/or correctived doministrative service providers	2 from line 7a) prs for this Plan Year able from: a(2), 8a(3), and 8b) llovers and insurance premiums re distributions (see instructions)	7b 7c 8a(1) 8a(2) 8a(3) 8b 8b 8b 8c 8c 8c 8c 8c 8c	7,579,47 (a) Amount 400,34 706,98 270,10 (275,865 676,48 5,00	4 3 1 5 ) 9 5	7,988,1 7,988,1 (b) Total	
Image: second	Fotal plan assets         Fotal plan liabilities         Net plan assets (subtract line 7b         ncome, Expenses, and Transfe         Contributions received or received         1) Employers         2) Participants         3) Others (including rollovers)         Dther income (loss)         Fotal income (add lines 8a(1), 8a         Benefits paid (including direct ro         o provide benefits)         Certain deemed and/or corrective         Administrative service providers         Other expenses	2 from line 7a) rs for this Plan Year able from: a(2), 8a(3), and 8b) a(2), 8a(3), and 8b) a(3), and 8b) a(4), and (5), and (5), and (6), and (7), and (7	7b 7c 8a(1) 8a(2) 8a(3) 8b 8b 8c 8c 8c 8c 8c 8c 8c 8c 8c	7,579,47 (a) Amount 400,34 706,98 270,10 (275,865 676,48 5,00	4 3 1 5 ) 9 5	7,988,1 7,988,1 (b) Total	
1 1 1 1 1 1 1 1 1 1 1 1 1 1	Total plan assets         Total plan liabilities         Total plan assets (subtract line 7b         Income, Expenses, and Transfe         Contributions received or received         1) Employers         2) Participants         3) Others (including rollovers)         Other income (loss)         Other income (loss)         Cotal income (add lines 8a(1), 8a         Benefits paid (including direct ro         oprovide benefits)         Certain deemed and/or corrective         Administrative service providers         Other expenses (add lines 8d, 8a         Net income (loss) (subtract line 8d)	p from line 7a) rs for this Plan Year able from: a(2), 8a(3), and 8b) lovers and insurance premiums re distributions (see instructions) (salaries, fees, commissions) s, 8f, and 8g) 8h from line 8c)	7b 7c 8a(1) 8a(2) 8a(3) 8b 8c 8c 8c 8c 8d 8c 8d 8c 8d 8c 8d 8d 8d 8f 8g 8h 8i	7,579,47 (a) Amount 400,34 706,98 270,10 (275,865 676,48 5,00	4 3 1 5 ) 9 5	7,988,1 7,988,1 (b) Total 1,101,5	
Pari         Pari           1         1<	Total plan assets         Total plan liabilities         Net plan assets (subtract line 7b         ncome, Expenses, and Transfe         Contributions received or received         1) Employers         2) Participants         3) Others (including rollovers)         Dther income (loss)         Total income (add lines 8a(1), 8a         Benefits paid (including direct ro         o provide benefits)         Certain deemed and/or correctived         Administrative service providers         Other expenses         Cotal expenses (add lines 8d, 8e         Net income (loss) (subtract line 8         Total expenses (add lines 8d, 8e         Net income (loss) (subtract line 8	p from line 7a) rs for this Plan Year able from: a(2), 8a(3), and 8b) lovers and insurance premiums re distributions (see instructions) (salaries, fees, commissions) e, 8f, and 8g)	7b 7c 8a(1) 8a(2) 8a(3) 8a(3) 8a(3) 8a(3) 8a(3) 8b 8b 8b 8c 8c 8c 8c 8c 8c 8c 8c 8c 8c 8c 8c 8c	7,579,47 (a) Amount 400,34 706,98 270,10 (275,865 676,48 5,00 11,42	4 3 1 5 ) 9 5	7,988,1	

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v	012611

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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 instruction 2E 2F 2G 2J 2K 2R 2T 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:         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)         b       Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)         c       Was the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?         d       Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?         f       Has the plan failed to provide any benefit when due under the plan?         g       Did the plan have any participant loans? (If "Yes," enter amount as of year end.)         h       If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3)         g       Did the plan have any participant loans? (If "Yes," enter amount as of year end.)         h       If thow as answered "Yes," check the box if you							
2E 2F 2G 2J 2K 2R 2T 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:         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       X         b       Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)       10b       X         c       Was the plan covered by a fidelity bond?       10b       X         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         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).       10d       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         if If 10h was answered "Yes," check the box if you either provided the required notice or one of the exceeptions to providing the notice applied under 29 CF							
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       Am         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       X         b       Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)       10b       X       10b       X       10c       X	s:						
Part V       Compliance Questions         10       During the plan year:       Yes       No       Am         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       X         b       Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)       10b       X         c       Was the plan covered by a fidelity bond?       10c       X       10b       X         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       10d       X         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.)       10d       X       10d							
10       During the plan year:       Yes       No       Am         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)       Ioa       X         b       Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)       Iob       X       Iob       X         c       Was the plan covered by a fidelity bond?       Ioc       X	•						
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       X         b       Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)       10a       X         c       Was the plan covered by a fidelity bond?       10b       X       10b       X         d       Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?       10c       X       10d       X         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       X       10d       X         f       Has the plan failed to provide any benefit when due under the plan?       10f       X       10g       X         g       Did the plan have any participant loans? (If "Yes," enter amount as of year end.)       10g       X       10g       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.       10h       X       10h       X         10i       I       Ioi       Ioi       Ioi <td< td=""><td></td></td<>							
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         c       Was the plan covered by a fidelity bond?       10c       X       10c       X         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       10d       X         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.)       10d       X       10d       X         f       Has the plan failed to provide any benefit when due under the plan?       10f       X       10d       X         g       Did the plan have any participant loans? (If "Yes," enter amount as of year end.)       10f       X       10d       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       X       10d       X         10i       I       Pension Funding Compliance       10i       Ioi       Ioi       Ioi       Ioi       Ioi       Ioi       Ioi	ount						
on line 10a.)       10b       X         C       Was the plan covered by a fidelity bond?							
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         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.)       10d       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.)       10f       X         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       10i         Part VI       Pension Funding Compliance       10i       10i       10i							
or dishonesty?       10d       X         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.)       10d       X         f       Has the plan failed to provide any benefit when due under the plan?       10e       X         g       Did the plan have any participant loans? (If "Yes," enter amount as of year end.)       10f       X         h       If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR       10g       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       X         Part VI       Pension Funding Compliance       10i       10i       10i	500,000						
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.)         f       Has the plan failed to provide any benefit when due under the plan?         g       Did the plan have any participant loans? (If "Yes," enter amount as of year end.)         h       If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)							
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       10g 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       10h X         Part VI       Pension Funding Compliance         11       is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form 5500))	24,428						
g       Did the plan have any participant loans? (If "Yes," enter amount as of year end.)							
h       If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)         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.         Part VI       Pension Funding Compliance         11       Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form 5500))	79,730						
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							
Part VI         Pension Funding Compliance           11         Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form 5500))							
11 Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form 5500))	aang baya na palanan bahar 20 a						
	Yes X No						
	Yes X No						
(If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)							
a If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, and enter the date of the letter ruling granting the waiver							
If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.							
b Enter the minimum required contribution for this plan year							
C Enter the amount contributed by the employer to the plan for this plan year							
d Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a negative amount)							
· · · · · · · · · · · · · · · · · · ·	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?							
If "Yes," enter the amount of any plan assets that reverted to the employer this year 13a							
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) PN(s)						
Caution: A penalty for the late or incorporate filing of this return/report will be assessed unless reasonable cause is established.							
Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including, if applicable, SB or Schedule MB completer and signed by an encould actuary, as well as the electronic version of this return/report, and to the best of my know							
belief, it is true, correct, and complete.	a Schedule						

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