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REISCHLING PRESS, INC. 401K PROFIT SHARING PLAN AND TRUST       plan number (PN)       01         2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) REISCHLING PRESS, INC.       2b Employer detrification Number (EN)       2b Employer detrification Number (EN)       2b Employer detrification Number (EN)       2c Spons's telephone number 206:230-6523         3325 S. 116TH STREET SUITE 161 TUKWILA, WA 98168       2d Business code (see instructions) 333100       3b Administrator's name and address (if same as plan sponsor, enter "Same") REISCHLING PRESS, INC.       3b Administrator's telephone number 206:230-6523         4       If the name and/or EIN of the plan sponsor has changed since the last return/report.       3b Administrator's telephone number 206:250-656:3         5       Total number of participants at the beginning of the plan year.       5a         5a Total number of participants at the end of the plan year.       5a         6a Were all of the plan's assets during the plan year invested in eligible assets? (See instructions).       Yea       Yea         b Are you adming a valuer of the analyse aximation and report of an independent qualifier public accountant (IOPA) under 20 CFR 2520, 104-67 (See instructions on valuer eligibility and conditions.).       Yea       Yea       W         b Are you adming avaluer of the analyse admination and report of an independent qualifier public accountant (IOPA) under 20 CFR 2520, 104-67 (See instructions on valuer eligibility and conditions.).       Yea See       Yea       W	REISCHLING PRESS, INC. 401K PROFIT SHARING PLAN AND TRUST       plan number (PN) > 001         2a Plan sponser's name and address; include room or suite number (employer, if for a single-employer plan) REISCHLING PRESS, INC.       2b Employer identification Number (EN) > 101         3a Plan administrator's name and address; include room or suite number (employer, if for a single-employer plan) REISCHLING PRESS, INC.       2b Employer identification Number (EN) > 101         3a Plan administrator's name and address (if same as plan sponsor, enter "Same") REISCHLING PRESS, INC.       3b Administrator's EN 3223 5 11011 STREET TUKWILA, WA 88168       3b Administrator's EN 323100         3a Plan administrator's name and orders (if same as plan sponsor, enter "Same") REISCHLING PRESS, INC.       3b Administrator's EN 3232 5 11011 STREET TUKWILA, WA 88168       3c Administrator's telephone numb 200-250-6523         4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN, and the plan number from the last return/report.       4b EIN         5a Total number of participants at the end of the plan year.       5a         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         5a Are you adming a waiter of a anticipanet site of a nicepanet si	Pa	rt II Basic Plan Inform	nation—enter all requested information	ation						
Image: Construction of the plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan)          (PN)          (CN)           (D)          3226 S. 116TH STREET           (SN)           (D)             (D)           (D)             (D)           (D)           (D)           (D)           (D)           (D)           (D)           (D)           (D)             (D)             (D)           (D)           (D)           (D)           (D)           (D)           (D)           (D)           (D)	(PN) ▶       001         2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan)       1c Effective date of plan         Start Start No.       2b Employer Identification Number (EIN)       2c Sponsor's telephone number 200-250-6523         3dz4 S. 116TH STREET       3dz5 S. 116TH STREET       3dz6 S. 116TH STREET         SUITE 181       3dz8 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         3dz Plan administrator's name and address (if same as plan sponsor, enter "Same")       3b Administrator's EIN       3b Administrator's EIN         a Plan administrator's name and address (if same as plan sponsor, enter "Same")       3b Administrator's EIN       3b Administrator's EIN         a Spin administrator's name       address file fait       10KWLA, WA 98168       3c Cadministrator's EIN         d If the name and/or EIN of the plan sponsor has charge disc the last return/report.       3c Administrator's EIN       3c Administrator's EIN         d Ware all of the plan sasets during the plan year invested in eligible assets? (Se instructions.)       5a       5b         d Were all of the plan's assets during the plan year invested in eligible assets? (Se instructions.)       5c       5c         d Namber of participants with ecount balances as of the end or the plan year investof in alightendent qualified public accountra	1a	Name of plan	·			1b				
1c     Effective date of plan O101/2005       2a     Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) REISCHLING PRESS, INC.     2b       3325     S. 116TH STREET SUITE 161 TUKWILA, WA 98168     2c       3326     S. 116TH STREET SUITE 161 TUKWILA, WA 98168     2d       3a     Plan administrator's name and address (if same as plan sponsor, enter "Same") SUITE 161 TUKWILA, WA 98168     3b       4     If the name and/or EIN of the plan sponsor has changed since the last return/report.     3b       4     If the name and/or EIN of the plan sponsor has changed since the last return/report.     3c       5a     Total number of participants at the beginning of the plan year.     5a       5b     1c     Sponsor's of the plan's assets during the plan year invested in eligible assets? (See instructions.)       6a     Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)     Yes       1c     Number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this term)     Yes       7a     5c     5b       7a     5c211     8u       7b	1c       Effective date of plan OII01/2005         2a       Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) REISCHLING PRESS, INC.       2b       Employer (dentification Number (EIN)         3325 S. 116TH STREET SUTE 181       20-250-6523       2d       Business code (see instruction 32320 S. 116TH STREET SUTE 161         342 Fina administrators name and address (if same as plan sponsor, enter "Same") mame, EIN, and the plan number from the last return/report filed for this plan, enter the name, EIN, and the plan number from the last return/report filed for this plan, enter the name, EIN, and the plan number from the last return/report.       3b       Administrator's EIN 91-1013222         3c       Number of participants at the beginning of the plan year.       5a       5b         3c       Number of participants at the end of the plan year.       5a         3c       Number of participants at the end of the plan year.       5a         3c       Administrator's telephone number complete this item)       5a         3c       Total number of participants at the end of the plan year.       5a         3c       Sup outplants at the end of the plan year invested in eligible assets? (See instructions.)       5b         3c       Number of participants at the end of the plan year invested in eligible assets? (See instructions on waiver eligible)       5c         3c       Administrator's telefffffffffffffffffffffffffffffffffff	REIS	CHLING PRESS, INC. 401K PR	OFIT SHARING PLAN AND TRUST							
22         Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) REISCH-LING PRESS, INC.         2b         Employer Identification Number (EIN)           3325 S. 116TH STREET SUITE 161 TURWILA, WA 99168         2c         Sponsor's telephone number 206:520-6523           32 Plan administrator's name and address (if same as plan sponsor, enter "Same") REISCH-LING PRESS, INC.         3225 S. 116TH STREET SUITE 161 TURWILA, WA 99168         3b         Administrator's EIN 91:013222           32         Vian address (if same as plan sponsor, enter "Same") REISCH-LING PRESS, INC.         3226 S. 116TH STREET SUITE 161 TURWILA, WA 99168         3b         Administrator's EIN 91:013222           4         If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN, and the plan unmber from the last return/report.         4b         EIN           a Sponsor's name         5a         5b         12           5a         5b         12           5a         5b         12           5a         5b         12           5a         5c         5b           5a         5c         5c           5a         12         5c           5a         12         5c           5a         12         5c           5b         12         5c	2a       Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan)       2b       Employer Identification Numbe (EIN)         3220 S. 116TH STREET       2d       Summers and address; include room or suite number (employer, if for a single-employer plan)       2b       Employer Identification Numbe (EIN)         3320 S. 116TH STREET       SUME 161       2d       Summers and address; if same as plan sponsor, enter "Same")       3d       Plan administrator's name and address (if same as plan sponsor, enter "Same")       3d       D Administrator's EIN       D Administrator's EIN       D D D Administrator's EIN       D D D D Administrator's EIN       D D D D D Administrator's EIN       D D D EIN       D D EIN <td< th=""><th></th><th></th><th></th><th></th><th></th><th>1c</th><th></th></td<>						1c				
REESCHLING PRESS, INC.       (EIN)       91-1013222         332 S5: 116TH STREET SUITE 161 TUKWILA, WA 98168       206-326-6623       2d         33 Plan administrator's name and address (if same as plan sponsor, enter "Same") REISCHLING PRESS, INC.       332 S5: 116TH STREET TUKWILA, WA 98168       3b       Administrator's EIN 91-1013222         34 If the name and/or EIN of the plan sponsor has changed since the last return/report.       3c       Administrator's EIN 91-1013222       3c       Administrator's EIN 91-1013222         35 Total number of participants at the beginning of the plan year       4       EIN       4       EIN         5a       5a       5a       16       12         c< Number of participants at the beginning of the plan year       5b       12         c< Number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item).       Sc       6         6 Aver end of the plan's assets during the plan year invested in eligible assets? (See instructions.)       St       Yes       Nc         b Ary you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA)       Yes       Nc         y ary ou claiming a waiver of the name and report field bublic accountant (IQPA)       Yes       Nc         b Ary you answered "No" to either 6 a or 6b, the plan cannot use Form 5500-SF and must instead use Form 5500.       Pan Asset	REISCHLING PRESS, INC.       (EIN)       91-013222         322 S. 116TH STREET SUITE 161 TUKWILA, WA 98168       2d Business code (see instruction 323100         3a Plan administrator's name and address (if same as plan sponsor, enter "Same") REISCHLING PRESS, INC.       3L2 S. 116TH STREET SUITE 161 TUKWILA, WA 98168       3b Administrator's name and address (if same as plan sponsor, enter "Same") REISCHLING PRESS, INC.       3b Administrator's name and address (if same as plan sponsor, enter "Same") REISCHLING PRESS, INC.       3b Administrator's name and address (if same as plan sponsor, enter "Same") REISCHLING PRESS, INC.       3b Administrator's name Same, EIN, and the plan number from the last return/report.       3c Administrator's telephone number 206-250-6523         4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the asponsor's name       4c PN         5a Total number of participants at the beginning of the plan year       5a         5 Total number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item).       § Yes []         6 Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)       § Yes []         7 Plan Assets and Liabilities       (a) Beginning of Year       (b) End of Year         7 Plan Assets.       7a       562211       842185         8 Income, Expenses, and Transfers for this Plan Year       (a) Amount       (b) Total         7 Plan Assets and Liabilitie										
325 S. 116TH STREET         SUFE 161         TOWNEA, WA 98168         33         34 Plan administrator's name and address (if same as plan sponsor, enter "Same")         325 S. 116TH STREET         SUFE 161         SUFE 161         TUKWILA, WA 98168         326 Plan administrator's name and address (if same as plan sponsor, enter "Same")         326 S. 116TH STREET         SUFE 161         TUKWILA, WA 98168         327 At Inthe plan number from the last return/report.         328 Sonsor's name         5a Total number of participants at the beginning of the plan year         5a Total number of participants at the end of the plan year         5a Total number of participants at the end of the plan year         5b         5c         6a Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)         b Are you claiming a waiver of the annul examination and report of an independent qualified public accountant (IQPA)         0 Yes       No         1 You answered "No" to either 6a or 6b, the plan cannot use Form 5500-SF and must instead use Form 5500.         Part III       Financial Information         7       Plan Assets and Liabilities         7       (a) Beginning of Year         7       Plan Assets and Liabil	3325 S. 115TH STREET       2C       Sponsor's telephone number 206-206-6523         23100       32 Bhan administrator's name and address (if same as plan sponsor, enter "Same")       2d       Business code (see instruction 323100         33 Bhan administrator's name and address (if same as plan sponsor, enter "Same")       3b       Administrator's telephone number 206-206-6523         3100       32 Bhan administrator's telephone number 201-1013222       3c       Administrator's telephone number 206-206-6523         4       If the name and/or EIN of the plan sponsor has changed since the last return/report.       3b       Administrator's telephone number 206-206-6523         4       If the name and/or EIN of the plan sponsor has changed since the last return/report.       3c       Administrator's telephone number 206-206-6523         5a       Total number of participants at the beginning of the plan year.       5a       5b       5c         5a       Total number of participants at the od of the plan year.       5c       5c         6a       Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)       Yes       Yes         Yes       If You answered 'Wo'r to either 6a or 6b, the plan cannot use Form 5500-SF and must instead use Form 5500.       Part III       Financial Information         7       Total plan ibiblities       7a       562211       642/185         8	2a	Plan sponsor's name and addre	ess; include room or suite number (er	mployer, if	for a single-employer plan)	2b				
3325 5, 116TH STREET       206-250-6523         VLWULA, WA 98168       3220 1         33 Plan administrator's name and address (if same as plan sponsor, enter "Same")       325 5, 116TH STREET         SUTE 161       3225 S, 116TH STREET         SUTE 161       SUTE 161         TUKWILA, WA 98168       322 S, 116TH STREET         SUTE 161       SUTE 161         TUKWILA, WA 98168       322 S, 116TH STREET         SUTE 161       SUTE 161         TUKWILA, WA 98168       326 Administrator'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       4         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       5a         5c       Sc       Sc         6a       Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)       Yes       Nc         b Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA)       Yes       Nc         If you answered "No" to either 6a or 6b, the plan cannot use Form 5500-SF and must instead use Form 5500.       Yes       Nc         7a       562211       842185       62211       <	aggs 5, 116TH STREET UIXWILA, WA 98168       206-250-6523         2d Business code (see instruction 3230 BL administrator's name and address (if same as plan sponsor, enter 'Same') REISCHLING PRESS, INC.       3b Administrator's EIN 91-1013222         3a Plan administrator's name and address (if same as plan sponsor, enter 'Same') REISCHLING PRESS, INC.       3b Administrator's EIN 91-1013222         4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN, and the plan number from the last return/report.       3c Administrator's telephone numl 206-20-0623         4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN, and the plan number from the last return/report.       3b Administrator's telephone numl 206-20-0623         4 D EIN       Samos       5b         5 Total number of participants at the beginning of the plan year.       5a         5 Norme or of participants at the add the plan year.       5b         6 Wore all of the plan's assets during the plan year invested in eligible assets? (See instructions.)       Yes         b Are you claiming a waire of the annual examination and report of an independent qualified public accountant (IQPA)       Yes         9 Yes       If you answered "No" to either 6a or 6b, the plan cannot use Form 5500-SF and must instead use Form 5500.         Part III       Financial Information       7a         7 Data plan assets.       7a       602211	KLI3	CHEING FRESS, INC.				0.				
SUTE 161 ULKWLA, WA 98168       2d Business code (see instructions) 323100         3a Plan administrator's name and address (if same as plan sponsor, enter "Same") REISCHLING PRESS, INC.       3b Administrator's EIN 91-1013222         4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN, and the plan number from the last return/report.       ab EIN         5a Total number of participants at the beginning of the plan year.       5a       5b       12         5a Were all of the plan's assets during the plan year invested in eligible assets? (See instructions).       Yes       Nc         6a Were all of the plan's assets during the plan year invested in eligible assets? (See instructions).       Yes       Nc         6a Total number of Sec	SUTE 161 UTKWILA, WA 98168     2d     Business code (see instruction 323100       3a Plan administrator's name and address (if same as plan sponsor, enter "Same") REISCHLING PRESS, INC.     3b     Administrator's EIN 91-013222       4     If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN, and the plan number from the last return/report.     3c     Administrator's telephone num 206-250-6523       5a     Total number of participants at the edginning of the plan year.     5a       5a     Total number of participants at the end of the plan year.     5a       6     Number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item).     Sc       6     Wore all of the plan's assets during the plan year invested in eligible assets? (See instructions.)     Sr (See instructions.)       b     Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) under 29 CFR 2520.104-467 (See instructions on waiver eligibility and conditions.).     Yes        7     Plan Assets and Liabilities     7a     562211     642185       8     income, Expenses, and Transfers for this Plan Year     (a) Amount     (b) Total       7     C Stal nassets     7a     562211     642185       8     (a) Amount     (b) Total       7     C Replan sasets     7b     7b       7						20				
3a Plan administrator's name and address (if same as plan sponsor, enter "Same") REISCHLING PRESS, INC.       3325 S. 116TH STREET SUITE 161 TUKWILA, WA 98168       3b Administrator's EIN 91-013222         4       If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN, and the plan number from the last return/report.       4b EIN         5a Total number of participants at the beginning of the plan year       5a       5a         6 Number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item)       5b       12         6 Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)       Yes       Nc         7 Plan Assets and Liabilities       7a       562211       842185         8 Income, Expenses, and Transfers for this Plan Year       7a       562211       842185         8 Income, Expenses, and Transfers for this Plan Year       7a       562211       842185         8 Income, Expenses, and Transfers for this Plan Year       6a(2)       255248       33         8 Income, Expenses, and Transfers for this Plan Year       6a(2)       255248       342185         9 Under 20 (akting no lolvers)       8a(3)       25170       362211       842185         9 Total plan assets (subtract line 7b from line 7a)       7c       562211       842185 <t< th=""><th>33 Plan administrator's name and address (if same as plan sponsor, enter 'Same') REISCHLING PRESS, INC. 3325 S. 116TH STREET TUKVILA, WA 98168       3b Administrator's EIN 91-1013222         3c Administrator's EIN 91-1013222       3c Administrator's EIN 91-1013222         3c Administrator's EIN 91-1013222       3c Administrator's EIN 91-1013222         3c Administrator's EIN 91-101322       3c Administrator's EIN 91-101322         3c Administrator's EIN 91-101322       3c Administrator's EIN 91-10132         3c Administrator's EIN 91-10132       3c Administrator's EIN 91-10132         3c Administrator's EIN 91-10132       3c Administrator's EIN 91-10132         3c Administrator's EIN 91-101</th><th>SUIT</th><th>E 161</th><th></th><th></th><th></th><th>2d</th><th>Business code (see instructions)</th></t<>	33 Plan administrator's name and address (if same as plan sponsor, enter 'Same') REISCHLING PRESS, INC. 3325 S. 116TH STREET TUKVILA, WA 98168       3b Administrator's EIN 91-1013222         3c Administrator's EIN 91-1013222       3c Administrator's EIN 91-1013222         3c Administrator's EIN 91-1013222       3c Administrator's EIN 91-1013222         3c Administrator's EIN 91-101322       3c Administrator's EIN 91-101322         3c Administrator's EIN 91-101322       3c Administrator's EIN 91-10132         3c Administrator's EIN 91-10132       3c Administrator's EIN 91-10132         3c Administrator's EIN 91-10132       3c Administrator's EIN 91-10132         3c Administrator's EIN 91-101	SUIT	E 161				2d	Business code (see instructions)			
REISCHLING PRESS, INC.       3325 S. 116TH STREET SUITE 161 TUKWILA, WA 98168       3C Administrator's telephone number 206-250-652         4       If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN, and the plan number from the last return/report.       4b       EIN         a Sponsor's name       4c       PN         5a       0 total number of participants at the beginning of the plan year       5a       8         b Total number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item)       5b       12         6a       Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)       Yes       Yes       Nc         b Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (ICPA) under 20 CFR 25:0.014-469 (See instructions on waiver eligibility and conditions.)       Yes       Nc         ft you answered "No" to either 6a or 6b, the plan cannot use Form 5500-SF and must instead use Form 5500.       Part III       Financial Information         7       Plan Assets and Liabilities       7a       562211       842185         8       Income, Expenses, and Transfers for this Plan Year       (a) Amount       (b) Total         a Contributions received or receivable from:       8a(1)       143516       371	91-1013222         3125 5. 116TH STREET TUKWILA, WA 98168         312 dot 1000000000000000000000000000000000000	TUK	VILA, WA 98168								
TUKWILA, WA 98168     SC     Administrator's telephone number 206-220-05-23       4     If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the asymptotic mumber of participants at the beginning of the plan year     4b     EIN       3     Sponsor's name     4c     PN       5a     Total number of participants at the beginning of the plan year     5a     5a       c     Number of participants at the end of the plan year     5a     5b     12       c     Number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item)     5c     6c       6a     Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)     Xes     Xes     Ne       b     Are you claiming a waiver of the annual examination and report of an independent qualified public accountant ((QPA)     Xes     Yes     Nc       under 20 CFR 252.0104-467 (See instructions.)     Xes     Yes     Nc       Part III     Financial Information     7a     562211     842185       7     Plan Assets and Liabilities     7a     562211     842185       b     Total plan liabilities.     7b     562211     842185       6     Income, Expenses, and Transfers for this Plan Year     (a) Amount     (b) Total       6     Inconthoutions	TUKWILA, WA 98168     SC     Additional state of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN, and the plan number from the last return/report.     A     #			3325 S. 116T			3b	Administrator's EIN 91-1013222			
4       If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN, and the plan number from the last return/report.       4b       EIN         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 sponsor has changed since the last return/report filed for this plan, enter the name, EIN, and the plan number from 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 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's assets during the plan year invested in eligible assets? (See instructions.)       5c         6a       Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)       5c         6a       Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)       5c         6a       Were all of the plan's assets during the plan cannot use Form 5500-SF and must instead use Form 5500.       Fart III         7 Plan Assets and Liabilities       (a) Beginning of Year       (b) End of Year         7 Notal nassets (subtract line 7b from line 7a)       7c       562211       842185         8       Income, Expenses, and Transfers for this Plan Year       (a) Amount       (b) Total         6       Other including rollovers)       8a(2)       255246       (3)       Cherts (notuding rollovers)       8a(3)       25170 <td< th=""><th></th><th></th><th></th><th>A 98168</th><th></th><th>3c</th><th></th></td<>				A 98168		3c				
name, EIN, and the plan number from the last return/report.       4c PN         3a Total number of participants at the beginning of the plan year.       5a         5a Total number of participants at the end of the plan year.       5a         c 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's assets during the plan year invested in eligible assets? (See instructions.)       Stop         b Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA)       Yes         under 29 CFR 2520.104-46? (See instructions.)       Yes       Nc         b Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA)       Yes       Nc         If you answered "No" to either 6a or 6b, the plan cannot use Form 5500-SF and must instead use Form 5500.       Part III       Financial Information         7       Plan Assets and Liabilities       (a) Beginning of Year       (b) End of Year         a Total plan assets (subtract line 7b from line 7a).       7c       562211       842185         b Total plan assets (subtract line 7b from line 7a).       7c       562211       842185         6 Income, Expenses, and Transfers for this Plan Year       (a) Amount       (b) Total         a Contributions receivable from:       8a(1)	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 p	lan sponsor has changed since the la	ast return/	report filed for this plan, enter the	4b				
5a       Total number of participants at the beginning of the plan year       5a       5a       5b       12         c       Number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item).       5c       5c       6c         6a       Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)       Xes       Xes       Net         b       Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA)       Xes       Net         under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.)       Xes       Yes       Net         f you answered "No" to either 6a or 6b, the plan cannot use Form 5500-SF and must instead use Form 5500.       Part III       Financial Information       Yes       Net         7       Plan Assets and Liabilities       7a       562211       842185         b       Total plan assets (subtract line 7b from line 7a)       7c       562211       842185         8       Income, Expenses, and Transfers for this Plan Year       (a) Amount       (b) Total       6) Total         (2) Participants       8a(1)       143516       25770       6       62       62       62       62       62       62       62       62       62       60	5a       Total number of participants at the beginning of the plan year		name, EIN, and the plan numb								
b       Total number of participants at the end of the plan year       5b       12         c       Number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item)	b       Total number of participants at the end of the plan year.       5b         c       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's assets during the plan year invested in eligible assets? (See instructions.)       Ste         b       Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA)       Yes         in dre 20 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.         Part III       Financial Information         7       Plan Assets and Liabilities       (a) Beginning of Year       (b) End of Year         a       Total plan assets.       7a       562211       842185         b       Total plan ilabilities.       7b       562211       842185         c       Net plan assets (subtract line 7b from line 7a).       7c       562211       842185         8       Income, Expenses, and Transfers for this Plan Year       (a) Amount       (b) Total         a       Contributions received or receivable from:       8a(2)       255248       255248         (3)       Others (including rollovers)       8a(3)       25170       25170 <td< th=""><th></th><th>•</th><th>de la stata de la succes</th><th></th><th></th><th>-</th><th></th></td<>		•	de la stata de la succes			-				
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complete this item)	complete this item)						5b	124			
b       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 6a or 6b, the plan cannot use Form 5500-SF and must instead use Form 5500.         Part III       Financial Information         7       Plan Assets and Liabilities       (a) Beginning of Year       (b) End of Year         a       Total plan assets.       7a       562211       842185         b       Total plan assets (subtract line 7b from line 7a).       7c       562211       842185         8       Income, Expenses, and Transfers for this Plan Year       (a) Amount       (b) Total         a       Contributions received or receivable from:       8a(1)       143516         (2)       Participants       8a(3)       25170         b       Other income (loss)       8b       5741         c       Total lines 8a(1), 8a(2), 8a(3), and 8b)       8c       429675	b       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 6a or 6b, the plan cannot use Form 5500-SF and must instead use Form 5500.         Part III       Financial Information         7       Plan Assets and Liabilities       (a) Beginning of Year       (b) End of Year         a       Total plan assets.       7a       562211       842185         b       Total plan assets (subtract line 7b from line 7a)       7c       562211       842185         8       Income, Expenses, and Transfers for this Plan Year       (a) Amount       (b) Total         a       Contributions received or receivable from:       143516         (2) Participants       8a(2)       255248         (3) Others (including rollovers)       8a(3)       25170         b       Other income (loss)       8b       5741         c       Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)       8c       429675         d       Benefits paid (including direct rollovers and insurance premiums to provide benefits)       8d       148555         e       Certain deemed and/or corrective distributions (see instructions)       8e       1146         g       Other expenses.       8g <th>С</th> <th></th> <th></th> <th>•</th> <th>•</th> <th>5c</th> <th>69</th>	С			•	•	5c	69			
under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.)       Yes       No         If you answered "No" to either 6a or 6b, the plan cannot use Form 5500-SF and must instead use Form 5500.       Part III       Financial Information         7       Plan Assets and Liabilities       (a) Beginning of Year       (b) End of Year         a Total plan assets       7a       562211       842185         b Total plan liabilities       7b       1       842185         c Net plan assets (subtract line 7b from line 7a)       7c       562211       842185         8 Income, Expenses, and Transfers for this Plan Year       (a) Amount       (b) Total         a Contributions received or receivable from:       8a(1)       143516         (2) Participants       8a(3)       25170         b Other income (loss)       8b       5741         c Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)       8c       429675	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.         Part III       Financial Information         7       Plan Assets and Liabilities       (a) Beginning of Year       (b) End of Year         a       Total plan assets.       7a       562211       842185         b       Total plan isabilities.       7b       0       0         c       Net plan assets (subtract line 7b from line 7a)       7c       562211       842185         8       Income, Expenses, and Transfers for this Plan Year       (a) Amount       (b) Total         a       Contributions received or receivable from:       8a(1)       143516         (2)       Participants       8a(2)       255248         (3)       Others (including rollovers)       8a(3)       25170         b       Other income (loss)       8b       5741         c       Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)       8c       429675         d       Benefits paid (including direct rollovers and insurance premiums to provide benefits)       8d       148555         e       Certain deemed and/or corrective distributions (see instructions)       8e       1146 <th>6a</th> <th>Were all of the plan's assets d</th> <th>uring the plan year invested in eligibl</th> <th>e assets?</th> <th>(See instructions.)</th> <th></th> <th>X Yes No</th>	6a	Were all of the plan's assets d	uring the plan year invested in eligibl	e assets?	(See instructions.)		X Yes No			
If you answered "No" to either 6a or 6b, the plan cannot use Form 5500-SF and must instead use Form 5500.         Part III       Financial Information         7       Plan Assets and Liabilities         a Total plan assets       7a         562211       842185         b Total plan assets (subtract line 7b from line 7a)       7c         562211       842185         8       Income, Expenses, and Transfers for this Plan Year       (a) Amount         (1)       Employers       8a(1)         (2)       Participants       8a(2)       255248         (3)       Other (including rollovers)       8a(3)       25170         b       Other income (loss)       8b       5741         c       Total including direct rollovers and insurance premiums       149555	If you answered "No" to either 6a or 6b, the plan cannot use Form 5500-SF and must instead use Form 5500.         Part III       Financial Information         7       Plan Assets and Liabilities       (a) Beginning of Year       (b) End of Year         a Total plan assets       7a       562211       842185         b Total plan liabilities.       7b           c Net plan assets (subtract line 7b from line 7a).       7c       562211       842185         8 Income, Expenses, and Transfers for this Plan Year       (a) Amount       (b) Total         a Contributions received or receivable from:       8a(1)       143516         (2) Participants       8a(2)       255248         (3) Others (including rollovers)       8a(3)       25170         b Other income (loss)       8b       5741         c Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)       8c       429675         d Benefits paid (including direct rollovers and insurance premiums to provide benefits)       8d       148555         e Certain deemed and/or corrective distributions (see instructions)       8e       1146         g Other expenses       8g       1146	b	Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA)								
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aTotal plan assets7a562211842185bTotal plan liabilities7b	aTotal plan assets7a562211842185bTotal plan liabilities7b	Pa									
Index plan basedsTelebTotal plan liabilities7bcNet plan assets (subtract line 7b from line 7a)7c5622118421858Income, Expenses, and Transfers for this Plan Year(a) AmountaContributions received or receivable from: (1) Employers143516(2) Participants8a(2)255248(3) Others (including rollovers)8a(3)25170bOther income (loss)8b5741cTotal income (add lines 8a(1), 8a(2), 8a(3), and 8b)8c429675dBenefits paid (including direct rollovers and insurance premiums148555	Image: constraint of the plan assetsTealb Total plan liabilities7bc Net plan assets (subtract line 7b from line 7a)7c5622118421858 Income, Expenses, and Transfers for this Plan Year(a) Amounta Contributions received or receivable from: (1) Employers8a(1)(2) Participants8a(2)(3) Others (including rollovers)8a(3)b Other income (loss)8bc Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)8cc Certain deemed and/or corrective distributions (see instructions)8ef Administrative service providers (salaries, fees, commissions)8f9 Other expenses8g	7	Plan Assets and Liabilities			(a) Beginning of Year					
CNet plan assets (subtract line 7b from line 7a)	CNet plan assets (subtract line 7b from line 7a)	а	Total plan assets		7a	562211		842185			
8       Income, Expenses, and Transfers for this Plan Year       (a) Amount       (b) Total         a       Contributions received or receivable from:       143516         (1)       Employers       8a(1)       143516         (2)       Participants       8a(2)       255248         (3)       Others (including rollovers)       8a(3)       25170         b       Other income (loss)       8b       5741         c       Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)       8c       429675         d       Benefits paid (including direct rollovers and insurance premiums       148555	Income, Expenses, and Transfers for this Plan Year       (a) Amount       (b) Total         a Contributions received or receivable from:       8a(1)       143516         (1) Employers       8a(2)       255248         (3) Others (including rollovers)       8a(3)       25170         b Other income (loss)       8b       5741         c Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)       8c       429675         d Benefits paid (including direct rollovers and insurance premiums to provide benefits)       8d       148555         e Certain deemed and/or corrective distributions (see instructions)       8f       1146         g Other expenses       8g       9g	b	Total plan liabilities		7b						
a Contributions received or receivable from:       8a(1)       143516         (1) Employers       8a(2)       255248         (2) Participants       8a(2)       255248         (3) Others (including rollovers)       8a(3)       25170         b Other income (loss)       8b       5741         c Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)       8c       429675         d Benefits paid (including direct rollovers and insurance premiums       148555	a       Contributions received or receivable from:       (1)       (1)       Employers       (1)       143516         (2)       Participants       (2)       255248       (3)       (2)         (3)       Others (including rollovers)       (2)       (2)       (2)         (3)       Others (including rollovers)       (2)       (2)       (2)         (3)       Others (including rollovers)       (3)       (2)       (2)         (4)       Other income (loss)       (2)       (2)       (2)         (5)       Other income (loss)       (3)       (2)       (2)         (6)       Other income (loss)       (3)       (3)       (3)       (3)         (7)       Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)       (3)       (4)       (4)         (7)       Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)       (3)       (4)       (4)         (6)       provide benefits)       (1)       (4)       (4)       (4)         (7)       Utility (1)       (3)       (4)       (4)       (4)         (4)       (1)       (4)       (4)       (4)       (4)         (7)       Utility (1)       (4)       (4)       (4)				7c	562211		842185			
(1) Employers       8a(1)       143516         (2) Participants       8a(2)       255248         (3) Others (including rollovers)       8a(3)       25170         b Other income (loss)       8b       5741         c Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)       8c       429675         d Benefits paid (including direct rollovers and insurance premiums       148555	(1) Employers8a(1)143516(2) Participants8a(2)255248(3) Others (including rollovers)8a(3)25170b Other income (loss)8b5741c Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)8c429675d Benefits paid (including direct rollovers and insurance premiums to provide benefits)8d148555e Certain deemed and/or corrective distributions (see instructions)8e6f Administrative service providers (salaries, fees, commissions)8f1146g Other expenses8g1446	-				(a) Amount	_	(b) Total			
(1) Functional and the second seco	(1) Furthsparite finance       Output         (3) Others (including rollovers)       8a(3)         25170         b Other income (loss)       8b         C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)       8c         Admension of the provide banefits paid (including direct rollovers and insurance premiums to provide banefits)       8d         e Certain deemed and/or corrective distributions (see instructions)       8e         f Administrative service providers (salaries, fees, commissions)       8f         g Other expenses       8g	a			8a(1)	143516					
b       Other income (loss)	b       Other income (loss)		(2) Participants		8a(2)	255248					
C       Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	C       Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)       8c       429675         C       Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)       8c       429675         C       Benefits paid (including direct rollovers and insurance premiums to provide benefits)       8d       148555         E       Certain deemed and/or corrective distributions (see instructions)       8e       6         f       Administrative service providers (salaries, fees, commissions)       8f       1146         g       Other expenses       8g       6		(3) Others (including rollovers)		8a(3)	25170					
d Benefits paid (including direct rollovers and insurance premiums	d       Benefits paid (including direct rollovers and insurance premiums to provide benefits)       8d       148555         e       Certain deemed and/or corrective distributions (see instructions)       8e         f       Administrative service providers (salaries, fees, commissions)       8f       1146         g       Other expenses	b	Other income (loss)		8b	5741					
1/9655	to provide benefits)	С	Total income (add lines 8a(1),	8a(2), 8a(3), and 8b)	8c			429675			
	e       Certain deemed and/or corrective distributions (see instructions)	d		•	84	148555					
	f       Administrative service providers (salaries, fees, commissions)       8f       1146         g       Other expenses	е	· ,								
	g Other expenses	f		, , ,		1146					
		g		( · · · · ,							
			•					149701			
i Net income (loss) (subtract line 8h from line 8c)	i Net income (loss) (subtract line 8h from line 8c)	i	Net income (loss) (subtract line	8h from line 8c)	8i			279974			
Transfers to (from) the plan (see instructions)	j Transfers to (from) the plan (see instructions)	j	Transfers to (from) the plan (se	ee instructions)	8j						

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

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## Part IV **Plan Characteristics**

**9a** If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:

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2E 2F 2G 2J 3D 2T
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If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions: b

Part	۷	Compliance Questions							
10	D	uring the plan year:		Yes	No		Am	ount	
а	Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)				Х				
b					х				
C									100000
d	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?								
е	<ul> <li>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.)</li> </ul>								6072
f	Ha	as the plan failed to provide any benefit when due under the plan?	10f		Х				
g	Di	id the plan have any participant loans? (If "Yes," enter amount as of year end.)	10g	Х					3610
h		this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 520.101-3.)	10h	Х					
i	,								
Part	VI								
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form							No	
12	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA?							X No	
	(If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)								
а	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							ing	
-		completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.		Г					
b	Er	ter the minimum required contribution for this plan year			12b				
С					12c				
d	Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left o negative amount)				12d				
е	Will the minimum funding amount reported on line 12d be met by the funding deadline?						N/A		
Part	VI	Plan Terminations and Transfers of Assets							
13a	Ha	as a resolution to terminate the plan been adopted in any plan year?				Yes X	No		
	lf	"Yes," enter the amount of any plan assets that reverted to the employer this year	1	3a					
b		ere all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought the PBGC?						Yes	X No
C	lf	during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify t hich assets or liabilities were transferred. (See instructions.)							
1	13c(1) Name of plan(s):				13c(2) EIN(s) 13c(3) PN			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.	06/19/2012	DAVID GENS
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