Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation

Short Form Annual Return/Report of Small Employee Benefit Plan

This form is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA), and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

1210-0089

OMB Nos. 1210-0110

2011

This Form is Open to Public Inspection

	Comple	te all entries in acco	rdance wit	h the instructions to the Form 5500	0-SF.			
Pa	art I Annual Report Identification	n Information						
For	calendar plan year 2011 or fiscal plan year be	eginning 01/01/20	11	and ending 1	2/31/2	011		
Α	This return/report is for:	nployer plan	a multiple	e-employer plan (not multiemployer)		a one-particip	ant plan	
В	This return/report is: the first return	urn/report	the final r	eturn/report				
	an amende	ed return/report	a short pla	an year return/report (less than 12 mo	onths)			
C	Check box if filing under: Form 5558	Ī	automatic	extension		DFVC progra	m	
	Ť	ــ ension (enter descript	_		l			
	art II Basic Plan Information—ent	er all requested inforr	nation		4 14			
	Name of plan 401(K) PLAN					Three-digit plan number		
CAD	401(K) PLAN					(PN) ▶	001	
						Effective date of	· plan	
						01/01/		
	Plan sponsor's name and address; include ro		employer, if	for a single-employer plan)		Employer Identif		er:
	OF SPOKANE, INC.	OTANE				(EIN) 91-17		
D 0	POV.553				2c	Sponsor's teleph 509-924		
	BOX 550 /MAN LAKE, WA 99025				2d	Business code (see instruction	15)
	······································					48420		.0)
	Plan administrator's name and address (if sa			e")	3b	Administrator's E	ΞIN	
CON	VEYERED AGGREGATE DELIVERY OF SPO	OKANE P.O. BOX 59 NEWMAN L		9025	30	91-17 Administrator's t		hor
					30	509-924		DEI
4	If the name and/or EIN of the plan sponsor h		last return/	report filed for this plan, enter the	4b	EIN		
_	name, EIN, and the plan number from the la	st return/report.			40	DNI		
	Sponsor's name	r of the plan year			4c	T T		
	Total number of participants at the beginning	, ,			5a			
b	Total number of participants at the end of the				5b			
С	Number of participants with account balance complete this item)			•	5c			7
6a	Were all of the plan's assets during the plan	year invested in eligi	ble assets?	(See instructions.)			X Yes	No
b	3							١
	under 29 CFR 2520.104-46? (See instructio			•			X Yes	No
_	If you answered "No" to either 6a or 6b, t	he plan cannot use l	Form 5500-	SF and must instead use Form 550	00.			
Pa	art III Financial Information			T	1			
7	Plan Assets and Liabilities			(a) Beginning of Year		(b) End		
а	Total plan assets		<u>7a</u>	162843			140688	
b	Total plan liabilities		7b	0			0	
С	Net plan assets (subtract line 7b from line 7a	a)	7с	162843			140688	
8	Income, Expenses, and Transfers for this Plant	an Year		(a) Amount		(b) T	otal	
а	Contributions received or receivable from:			3524				
	(1) Employers		<u>8a(1)</u>					
	(2) Participants		8a(2)	3600				
	(3) Others (including rollovers)		8a(3)	0				
b	Other income (loss)		8b	-6067				
С	Total income (add lines 8a(1), 8a(2), 8a(3), 8	and 8b)	8c				1057	
d	Benefits paid (including direct rollovers and it to provide benefits)		8d	23032				
е	Certain deemed and/or corrective distribution			0				
f	Administrative service providers (salaries, fe			180				
g	Other expenses	,		0				
h	•						23212	
i	Net income (loss) (subtract line 8h from line						-22155	
i	Transfers to (from) the plan (see instructions	,		0				
		·, ·····	··· 8j					

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Form	5500	-SF	2011	

Page	2	-	,		
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Part IV	Plan	Characte	aristics
ralliv	- FIAII	Guaraci	ยเอแรอ

- If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 9a
 - 2J 2K 2G 3D 2F 2E 2T
 - If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:

art	V Compliance Questions							
0	During the plan year:		Yes	No		Amo	unt	
	Was there a failure to transmit to the plan any participant contributions within the time period described in	10a		X		Aiic	, dill	
b	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported	10b		X				
С	Was the plan covered by a fidelity bond?	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				
е	Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service or other organization that provides some or all of the benefits under the plan? (See instructions.)	10e	X					978
f	Has the plan failed to provide any benefit when due under the plan?	10f		X				
g	Did the plan have any participant loans? (If "Yes," enter amount as of year end.)	10g		X				
h	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR	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						
art	VI Pension Funding Compliance							
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and comp 5500))					. []	Yes	No
12	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code	or sec	ction 3	302 of	ERISA?		Yes	X No
	(If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.) If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instruct granting the waiver. Month ou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.							
	Enter the minimum required contribution for this plan year			12b				
	Enter the amount contributed by the employer to the plan for this plan year			12c				-
	Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left o negative amount)	of a		12d				
е	Will the minimum funding amount reported on line 12d be met by the funding deadline?				Yes	П	lo	N/A
art					<u> </u>			1
	Has a resolution to terminate the plan been adopted in any plan year?				res X	No		
	If "Yes," enter the amount of any plan assets that reverted to the employer this year							
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought u of the PBGC?			ntrol		П	Yes	X No
С	If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the which assets or liabilities were transferred. (See instructions.)	e plar	n(s) to					
1	Sc(1) Name of plan(s):		130	(2) EI	N(s)		13c(3)	PN(s)
Cauti	on: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable	e cau	se is	establ	lished.			
Jnde	penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/re	rn/rep	ort, in	cludin	g, if applic			

belief, it is true, correct, and complete.

SIGN	Filed with authorized/valid electronic signature.	06/20/2012	TONYIA PINNEY
HERE	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN			
HERE	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor

Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Short Form Annual Return/Report of Small Employee Benefit Plan

This form is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA), and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

Complete all entries in accordance with the instructions to the Form 5500-SF.

OMB Nos. 1210-0110 1210-0089

2011

This Form is Open to Public Inspection

	rt I Annual Report Identification Information	1 /01 /01	ocicionagiament valen	10/21/2011
For		1/01/20		12/31/2011
АТ	his return/report is for: 🛛 a single-employer plan	a multiple-	employer plan (not multiemployer)	a one-participant plan
Вт	his return/report is: the first return/report	the final re	turn/report	
		a short plai	n year return/report (less than 12 mor	nths)
C	Check box if filing under: Form 5558	automatic	extension	DFVC program
	special extension (enter description	n)		_
Da	rt II Basic Plan Information—enter all requested informa			
	Name of plan	411011		1b Three-digit
_	CAD 401(k) Plan			plan number
			-	(PN) 001
				1c Effective date of plan 01/01/2005
	2	lover if	for a single employer plan	2b Employer Identification Number
za	Plan sponsor's name and address; include room or suite number (e Conveyered Aggregate Delivery of	mployer, ii	lot a single-employer plan)	(EIN) 91-1721871
	Spokane			2c Sponsor's telephone number
	CAD of Spokane, Inc.			(509) 924-8868
	P.O. Box 550			2d Business code (see instructions)
	Newman Lake		WA 99025	484200
3a	Plan administrator's name and address (if same as plan sponsor, en	nter "Same	")	3b Administrator's EIN
	SAME		H	3c Administrator's telephone number
				Administrator's telephone number
4	If the name and/or EIN of the plan sponsor has changed since the I	ast return/r	eport filed for this plan, enter the	4b EIN
2/8/	name, EIN, and the plan number from the last return/report.			
_	Sponsor's name			4c PN
	Total number of participants at the beginning of the plan year		-	5a 9
	Total number of participants at the end of the plan year			5b 8
			-	
C	Number of participants with account balances as of the end of the	olan year (d	lefined benefit plans do not	50 7
	complete this item)		lefined benefit plans do not	50
	were all of the plan's assets during the plan year invested in eligib	le assets?	lefined benefit plans do not (See instructions.)	X Yes No
	Were all of the plan's assets during the plan year invested in eligib	le assets? an indepen	lefined benefit plans do not (See instructions.) dent qualified public accountant (IQP	
	were all of the plan's assets during the plan year invested in eligib	le assets? an indepen and conditi	lefined benefit plans do not (See instructions.) dent qualified public accountant (IQP	A) Yes No
6a b	were all of the plan's assets during the plan year invested in eligible. Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility	le assets? an indepen and conditi	lefined benefit plans do not (See instructions.) dent qualified public accountant (IQP	A) Yes No
6a b	Complete this item) Were all of the plan's assets during the plan year invested in eligible Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility If you answered "No" to either 6a or 6b, the plan cannot use F	le assets? an indepen and conditi	(See instructions.) (A) Beginning of Year	A)
6a b	Were all of the plan's assets during the plan year invested in eligib Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility If you answered "No" to either 6a or 6b, the plan cannot use F rt III Financial Information	le assets? an indepen and conditi orm 5500-	(See instructions.) (See instructions.) (See instructions.) (See instructions.) (See instructions.) (IQP ons.) (SF and must instead use Form 550	A)
6a b	Were all of the plan's assets during the plan year invested in eligible Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility If you answered "No" to either 6a or 6b, the plan cannot use Fort III Financial Information Plan Assets and Liabilities	le assets? an indepen and conditi orm 5500-	(See instructions.) dent qualified public accountant (IQP ons.) SF and must instead use Form 550 (a) Beginning of Year 162,84	A) Yes No No (b) End of Year 140, 688
6a b	Were all of the plan's assets during the plan year invested in eligib Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility If you answered "No" to either 6a or 6b, the plan cannot use F rt III Financial Information Plan Assets and Liabilities Total plan assets	le assets? an indepen and conditi orm 5500-	(See instructions.) (A) Beginning of Year	A) Yes No No (b) End of Year 140, 688
6a b	Were all of the plan's assets during the plan year invested in eligib Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility If you answered "No" to either 6a or 6b, the plan cannot use F III Financial Information Plan Assets and Liabilities Total plan liabilities	le assets? an indepen and conditi orm 5500-	(See instructions.) dent qualified public accountant (IQP ons.) SF and must instead use Form 550 (a) Beginning of Year 162,84	A) Yes No No (b) End of Year 140, 688
6a b Pa 7 a b	were all of the plan's assets during the plan year invested in eligible. Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility. If you answered "No" to either 6a or 6b, the plan cannot use First III Financial Information. Plan Assets and Liabilities. Total plan assets	le assets? an indepen and conditi orm 5500-	(See instructions.) dent qualified public accountant (IQP ons.) (a) Beginning of Year 162,84 (a) Amount	A) Yes No A) Yes No O. (b) End of Year 140,688 140,688 (b) Total
Pa 7 a b c	Were all of the plan's assets during the plan year invested in eligib Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility If you answered "No" to either 6a or 6b, the plan cannot use F III Financial Information Plan Assets and Liabilities Total plan assets	le assets? an indepen and conditi orm 5500- 7a 7b 7c 8a(1)	(See instructions.) (Gee instructions.) (dent qualified public accountant (IQP ons.) (a) Beginning of Year 162,843 (a) Amount	Yes No No No No No No No N
Pa 7 a b c	Were all of the plan's assets during the plan year invested in eligible Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility If you answered "No" to either 6a or 6b, the plan cannot use For the Financial Information Plan Assets and Liabilities Total plan assets Total plan liabilities Net plan assets (subtract line 7b from line 7a) Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from: (1) Employers (2) Participants	le assets? an indepen and conditi orm 5500- 7a 7b 7c 8a(1) 8a(2)	(See instructions.) dent qualified public accountant (IQP ons.) (a) Beginning of Year 162,84 (a) Amount	Yes No No No No No No No N
Pa 7 a b c	Were all of the plan's assets during the plan year invested in eligib Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility If you answered "No" to either 6a or 6b, the plan cannot use F rt III Financial Information Plan Assets and Liabilities Total plan assets Total plan liabilities Net plan assets (subtract line 7b from line 7a) Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from: (1) Employers (2) Participants (3) Others (including rollovers)	le assets? an indepen and conditi orm 5500- 7a 7b 7c 8a(1) 8a(2)	(See instructions.)	Yes No No No No No No No N
Pa 7 a b c 8 a	Were all of the plan's assets during the plan year invested in eligib Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility If you answered "No" to either 6a or 6b, the plan cannot use F rt III Financial Information Plan Assets and Liabilities Total plan assets Total plan liabilities Net plan assets (subtract line 7b from line 7a) Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from: (1) Employers (2) Participants (3) Others (including rollovers) Other income (loss)	le assets? an indepen and conditi orm 5500- 7a 7b 7c 8a(1) 8a(2) 8a(3)	(See instructions.) (Gee instructions.) (dent qualified public accountant (IQP ons.) (a) Beginning of Year 162,843 (a) Amount	Yes No No No No No No No N
Pa b c b c	Were all of the plan's assets during the plan year invested in eligib Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility If you answered "No" to either 6a or 6b, the plan cannot use F rt III Financial Information Plan Assets and Liabilities Total plan liabilities Net plan assets (subtract line 7b from line 7a)	le assets? an indepen and conditi orm 5500- 7a 7b 7c 8a(1) 8a(2) 8a(3)	(See instructions.)	Yes No No No No No No No N
Pa 7 a b c 8 a	Were all of the plan's assets during the plan year invested in eligib Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility If you answered "No" to either 6a or 6b, the plan cannot use F III Financial Information Plan Assets and Liabilities Total plan assets	le assets? an indepen and conditi orm 5500- 7a 7b 7c 8a(1) 8a(2) 8a(3) 8b 8c	(See instructions.)	Yes No No No No No No No N
Pa 7 a b c 8 a	Were all of the plan's assets during the plan year invested in eligib Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility If you answered "No" to either 6a or 6b, the plan cannot use F III Financial Information Plan Assets and Liabilities Total plan liabilities Net plan assets (subtract line 7b from line 7a)	le assets? an indepen and conditi orm 5500- 7a 7b 7c 8a(1) 8a(2) 8a(3) 8b 8c	(See instructions.)	Yes No No No No No No No N
Pa b c b c d	Were all of the plan's assets during the plan year invested in eligib Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility If you answered "No" to either 6a or 6b, the plan cannot use F III Financial Information Plan Assets and Liabilities Total plan assets Total plan liabilities Net plan assets (subtract line 7b from line 7a) Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from: (1) Employers (2) Participants (3) Others (including rollovers) Other income (loss) Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) Benefits paid (including direct rollovers and insurance premiums to provide benefits) Certain deemed and/or corrective distributions (see instructions)	le assets? an indepen and condition 5500- 7a 7b 7c 8a(1) 8a(2) 8a(3) 8b 8c 8d	(See instructions.)	Yes No No No No No No No N
Pa b c d e f	Were all of the plan's assets during the plan year invested in eligib Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility If you answered "No" to either 6a or 6b, the plan cannot use F III Financial Information Plan Assets and Liabilities Total plan assets Total plan liabilities Net plan assets (subtract line 7b from line 7a) Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from: (1) Employers (2) Participants (3) Others (including rollovers) Other income (loss) Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) Benefits paid (including direct rollovers and insurance premiums to provide benefits) Certain deemed and/or corrective distributions (see instructions) Administrative service providers (salaries, fees, commissions)	le assets? an indepen and conditi orm 5500- 7a 7b 7c 8a(1) 8a(2) 8a(3) 8b 8c 8d 8e	(See instructions.) (See instructions.) (dent qualified public accountant (IQP ons.) (a) Beginning of Year 162,84: (a) Amount 3,52 3,60 (6,067	Yes No No No No No No No N
Pa b c b c d e f g	Were all of the plan's assets during the plan year invested in eligib Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility If you answered "No" to either 6a or 6b, the plan cannot use F rt III Financial Information Plan Assets and Liabilities Total plan liabilities Net plan assets (subtract line 7b from line 7a)	le assets? an indepen and conditi orm 5500- 7a 7b 7c 8a(1) 8a(2) 8a(3) 8b 8c 8d 8e 8f	(See instructions.) (See instructions.) (dent qualified public accountant (IQP ons.) (a) Beginning of Year 162,84: (a) Amount 3,52 3,60 (6,067	Yes No No No No No No No N
Pa b c d e f	Were all of the plan's assets during the plan year invested in eligible. Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility. If you answered "No" to either 6a or 6b, the plan cannot use Fort III Financial Information Plan Assets and Liabilities Total plan assets	le assets? an independent condition orm 5500- 7a 7b 7c 8a(1) 8a(2) 8a(3) 8b 8c 8d 8e 8d 8e 8f 8g	(See instructions.) (See instructions.) (dent qualified public accountant (IQP ons.) (a) Beginning of Year 162,84: (a) Amount 3,52 3,60 (6,067	Yes No No No No No No No N
Pa b c 8 a b c d e f g	Were all of the plan's assets during the plan year invested in eligib Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility If you answered "No" to either 6a or 6b, the plan cannot use F rt III Financial Information Plan Assets and Liabilities Total plan liabilities Net plan assets (subtract line 7b from line 7a)	le assets? an independent condition orm 5500- 7a	(See instructions.) (See instructions.) (dent qualified public accountant (IQP ons.) (a) Beginning of Year 162,84: (a) Amount 3,52 3,60 (6,067	Yes No No No No No No No N

Form	5500	QE.	201	4

Page	2	

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Part IV	Plan	Characteristics	s

- 9a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 2J 2K 2G 3D 2F 2E 2T
- b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:

37.	_	I									
Part	_	Compliance Questions									
10		ring the plan year:				Yes	No		Amount	į.	
	29	as there a failure to transmit to the plan any participant contributions of CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary	Correction Progra	am)	10a		Х				
b	on	ere there any nonexempt transactions with any party-in-interest? (Do line 10a.)	not include trans	actions reported	10ь		Х				
C	W	as the plan covered by a fidelity bond?			10c		Х				
d	Dic	the plan have a loss, whether or not reimbursed by the plan's fidelity	y bond, that was	caused by fraud	10d		Х				
е	We	ere any fees or commissions paid to any brokers, agents, or other per urance service or other organization that provides some or all of the I tructions.)	rsons by an insur	ance carrier,	10e	Х					978
f		s the plan failed to provide any benefit when due under the plan?			10f		Х				
g	Dic	t the plan have any participant loans? (If "Yes," enter amount as of ye	ear end.)		10g		Х			_	_
h	If ti	his is an individual account plan, was there a blackout period? (See in 20.101-3.)	nstructions and 2	9 CFR	10g		X				
j	1f 1	Oh was answered "Yes," check the box if you either provided the requestions to providing the notice applied under 29 CFR 2520.101-3	uired notice or or	ne of the	10i						
Part	VI	Pension Funding Compliance									
11	ls ti	his a defined benefit plan subject to minimum funding requirements?	(If "Yes," see ins	tructions and com	plete \$	Sched	ule SE	3 (Form	П үе	sП	No
12		this a defined contribution plan subject to the minimum funding requir							T Ye	-#	No
		Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)		.,	0, 00	0	02 01	CITION I	ш		
а	If a	waiver of the minimum funding standard for a prior year is being amo	ortized in this plan	n year, see instruc	ctions,	and e	nter th	ne date of th	e letter i	ruling	
16 v		nting the waiver.			th		Day		Year		
		completed line 12a, complete lines 3, 9, and 10 of Schedule MB (. ,,			Г	12b	г			
		er the minimum required contribution for this plan year					12c				_
ď	Sub	er the amount contributed by the employer to the plan for this plan ye ptract the amount in line 12c from the amount in line 12b. Enter the re pative amount)	esult (enter a min	us sign to the left	of a		12d				
е		the minimum funding amount reported on line 12d be met by the fun				_		Yes	No	П	N/A
Part										- hand	
_		s a resolution to terminate the plan been adopted in any plan year?						Yes X No)	_	
		Yes," enter the amount of any plan assets that reverted to the employ			_	$\overline{}$					
b	We	re all the plan assets distributed to participants or beneficiaries, trans he PBGC?	sferred to another	plan, or brought i	under	the co	ntrol		∏ Ye	• 🕅	No.
С	If d	uring this plan year, any assets or liabilities were transferred from this ich assets or liabilities were transferred. (See instructions.)	s plan to another	plan(s), identify th	ne plan	n(s) to					
1	3c(1	I) Name of plan(s):				130	(2) El	N(s)	13c(3) PN	1(s)
Cauti	on:	A penalty for the late or incomplete filing of this return/report w	III be assessed	uniess reasonab	le cau	se is	stabl	lished.			
SB or	Sch	nalties of perjury and other penalties set forth in the instructions, I den nedule MB completed and signed by an enrolled actuary, as well as the strue, correct, and complete.	clare that I have he electronic vers	examined this return/ sion of this return/	rn/rep	ort, in , and t	cludin o the l	g, if applica best of my k	ble, a So nowledg	chedu ge and	ile d
SIGN		Amin Pina	0/20/12	Tonyia	P:	ne	<u> </u>				
HER			ale	Enter name of in			_	s nlan admi	nietrator		
		Vanie Line	02012	Tonyi		Din.			matrator		
SIGN			ale	Enter name of in					or el-		